Minutes

Research and Office of Integrated Veteran Care (IVC) Meeting

Friday, May 5, 2023 at 12:00PM EST

Agenda

| # | Topic | Lead Speaker |
| --- | --- | --- |
| 1 | Discussion – Program Integrity Tool – Megan Vanneman | Dr. Megan Vanneman, PhD, MPH  Research Scientist  Salt Lake City, VA Medical Center |
| 2 | Researcher in Residence (Recruitment) | Dr. Kristin Mattocks, PhD  Associate Chief of Staff/Research  VA Central Western Massachusetts |

Action/Follow-up Items

| # | Action Item | Date Assigned | Person | Due Date | Status |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |

Published Papers:



Minutes:

Megan Vanneman – PIT Data Tool

Office of Integrity and Compliance (OIC) is the owner of the PIT data; historically meant to be used for fraud/waste/abuse – only resource available to Clinical Decision Support (CDS)

Issue: PIT data to be taken down and Researchers would lose access

CREEK worked with OIC to ensure access is not interrupted

As of this morning, Megan and team have been researching static copy of PIT (data stopped on February 21, 2023)

VINCI may only have a copy from November 2022

Already drafted language for an announcement from CREEK once data available

What is the future of PIT data or will CDS be the sole source? (Megan to touch base with OIC about this)

Hillary: BIC function moved to OIC – IVC office has been staying close to OIC, but the long-term plan is unknown (Megan to follow up with OIC team for an update)

Kristin Mattocks - Update on Submission of CORE Application

Successfully submitted for new CREEK (ACCENT CORE); full application will cover both access and community care (CC); submitted in April 2023 to Health Services Research and Development (HSR&D); July 1 is when new work will begin

Entered into proposal – kickoff new CORE with an in-person meeting in September 2023 in Portland potentially

Kristin Mattocks – HSR&D Researcher in Residence Program

Drs. LaPuz/Yende: both supportive of recruiting

Dr. LaPuz: Fellow in Residence – main impetus is to be able to look into the question of whether Veterans Community Care Program (VCCP) did what it needed to do? Did IVC improve outcomes/Veteran satisfaction while at the same time improving access?

What IVC is seeing is Veteran satisfaction is a little less for CC because of the coordination of care piece - IVC would like to look into this in terms of outcomes

What’s counterintuitive is that IVC has gotten Veterans appointments within 28 days but has sacrificed coordination of care; impact on outcomes is also unknown

VCCP – IVC has harmed Veterans because they were ultimately not provided better access

Drs. Mattocks/Yende – to meet offline to determine how to operationalize; Dr. Mattocks to set up a separate call

Update: Grants are to be submitted December 1 and June 1 – Letters of support for IVC (Dr. Mattocks to forward letters within the week)

Dr. LaPuz Comments

Referral Coordination Initiative (RCI) is to provide Veterans with information as to where they can get better care

Research reflects that CC is just as good – IVC wants to incorporate this into the RCI process and is re-evaluating not just access, but quality as well; For quality, where are the better outcomes? Example: Customer Relations Management (CRM) goes through a series of questions for the Veteran and a note is created that can be exported to CPRS/Cerner; hoping to come up with a CRM for RCI (this is in the works); currently in Clinical Contact Center (CCC), as nurse triage process is done through the CRM

Dr. Yende: Residential Treatment Programs – looking at outcomes in terms of VA care and CC (quality of care is a concern outside of VA)