Facilitator: The next speaker is Karen Drumlins [ph] talking about bringing the voice of veteran in to partner research.

Karen: Thank you so much for the opportunity to share some work with you today. I am representing the Little Rock Coin [ph], and I’m going to be talking about some qualitative methods we’ve used in a partnered evaluation project. This project had been funded by our partners, The VA Office of Laurel [ph] Health and Query. Our project co-PIs [ph] are Teresa Hudson from Little Rock and Alison Lippman from the Seattle Coin [ph]. This is a mixed methods evaluation that we’re just now finishing up, and it centers on the needs, experiences, and preferences of veterans living in rural areas. And I’d like to acknowledge my qualitative team, in particular, who helped and were my team for everything.

 The qualitative work was conducted across the country in counties representing all VA regions. This gives you just a little picture on where we were drilling down. And we conducted semi-structured telephone interviews with two hundred five veterans. And this was divided in to ten counties, five with lower than average utilization of VHA care and five with higher than average utilization, and the interview covered a variety of domains. It was basically a guided conversation with the veteran to say what are your health care needs, what are you concerns in life overall, what are you experiences in accessing your care whether in the VA or not and their satisfaction, preferences in a few specific areas as well.

`` We elected to use rapid analysis techniques, and the techniques that we used were adapted from a really great cyber seminar lead by Alison Hamilton a few years ago. And we decided to use this because of some of the advantages. We had a specific time frame – two years – to do the evaluation, and the qualitative work was not even gonna stretch over two years. It was mostly done in year two. We had the need for developing products quickly, for getting feedback to our partners on a regular basis in quarterly calls or as needed. Now the features of rapid techniques, they are focused, they are action oriented, driven by a pragmatic need to get that qualitative data, and it’s very well suited for a team approach which we needed to use. We had investigators in different parts of the country.

 The approach begins after the interview immediately by a data reduction process using a summary template. And here I’m gonna give you a sense of what that liked like. This is the top half of it, so you see we’ve got some of our domains and their subdomains, and you're extracting data in to here summarizing what the veteran said, and you can even put your quotes right in here. So each template gives you a really nice snapshot of an interview episode.

 The next step is to compile all of these summaries in to a display, and this technique uses a matrix, a Word document that you use to make a table. And for each county we had about twenty interviews, up to twenty-two. And so you would compile them in to the matrix. This gives you a sense of just two of our participants in one county where you see that we’ve summarized their feedback and italicized quotes so they're very easy to see. We have ten of these, so we have one for each county. And by reading across we can see what an individual veteran says, and reading down the domain we can then identify patterns in our data as well as things that are more idiosyncratic that participants [audio breaks]

 Now visualizing patterns - as we look within a domain we then can develop ways to visualize those patterns that we identify. And for our most recent update to our partners, we were homing in upon the barriers and facilitators to using and accessing the VA in particular. So this table gives us a way to look across our counties at the common barriers and facilitators to accessing and using VA care. And if you look at the first one, this is delays in receiving care. This was a universal barrier across all five cold counties. We do see it appearing in the hot counties – these are the higher than average utilization counties - but it’s not a universal barrier for all five. So it suggests for us that maybe this is something that deserves some further examination in looking at the low utilization counties acquisition of delay and care.

 And then, of course, as quantitative researchers we wanted that voice of the veteran to shine through. So in addition to visualizing patterns in a particular domain, the matrix allows us to pull quotes and to give some flesh to those patterns, give some actual stories. So in the top one we see – here’s a male veteran who is very satisfied with his VA care, really loves his team, loves everything about going to the VA, but it’s taking five weeks to get an appointment with the primary care provider. And for this veteran that’s just too long to wait. That’s a long time, but he still is using VA. Then we have the distance barrier. Here we see a female veteran with PTSD. She loves going to her mental health provider at the VA, so she’s willing to drive the distance, but her symptoms make the distance particularly stressful and problematic. So we see those things coming together here in this example.

So we’d like to share the advantages and challenges that we have encountered in using these methods. It certainly has allowed us to begin analysis immediately following data collection. So immediate, continual analysis. We have some barriers for certain interviews to uploading recordings to the network. Qualitative researchers are probably familiar with this. Sometimes your ISO doesn’t allow you to use certain devices, and we have this barrier. And so we were able to work directly from notes or from recordings that weren’t yet uploaded in order to continue with analyses. It allowed us to quickly compile all the interviews in a given county. For one county, about twenty interviews, it only took about five hours to compile. That’s pretty quick for getting a full picture of all your qualitative data.

So we concluded that these methods do, in fact, allow us to provide timely feedback to our partners, and so they were successful. Questions remain and these aren’t only our questions. Our colleagues across the country using similar methods have these same questions. Are we capturing enough complexity and representing that? Are we engaging with our data deeply enough? In other words, what are we missing, if anything? But we can think of methods like these as stepping stones to other qualitative methods that may allow even deeper engagement. It doesn’t need to be the end of our engagement with the data, but it does allow us to give feedback quite rapidly, and so we do recommend it for this kind of project.

We’re still evaluating the methods and hope to have more recommendations but we’d like to highlight two here today. Workload – very similar to research – feels very much the same, but the timeline of evaluation is more compressed. And with the interim feedback you need to get it can be a little different. So you may need to consider a larger interviewing team and hire \_\_\_\_\_\_\_ [00:09:44.9] percentages. We want budgets to be reasonable and accurate, but as one of our team members said to me, tell them don’t be too optimistic because we were occasionally very, very crunched.

Then there’ s the division of labor. You're under pressure to get the numbers, get those interviews done, but you want the time for reflection and discussion. So consider that division of labor and whether you might want to divide data collection and analysis – different team members doing those things. We also, midway through, stared to plan some down time for the three PhD level analysts so that we could take that time for reflection while we still had some team members continuing to interview during that time.

We’d really like to thank all the veterans who gave so generously of their time and their feedback. We had so much fun doing this, and really loved talking with them. And thank you so much to our partners for the opportunity to do this work.

[Applause]

Unidentified Male: I really love this work and I, as you are and you said at the end here – I’m Alan Gifford. I’m from VA Boston. You may have said this, and I do apologize if you did – we have our various constituents coming to us very often saying we have this problem, we have this question we have to get some information on, we need an answer in a month, in three months, something like that. So given what you did, and I think you explained the weaknesses, but you also had some important insights, is this – give me a sense of whether and to what degree this methodology is a full or partial answer to that request. Can you deliver to a partner in three months? Can you say, okay, we can do this. We can get some information in three months. We can get this launched, we can give you some information in one month. Could you do the kind of thing you did and be responsive in that way?

Karen: I think you can. Scale. Scope. That’s the challenge. So there are limitations to how many interviews you could be doing, obviously, in that period of time. Recruitment. Those things are always going to be challenges. I know in this project I can say that there was a new question added part way through the collection stream, and that was about long-term care. And ORH said, we’re really getting interested in long-term care. While you're at it can you find out? We had not yet been asking. It was very easy to add it to the interviews, very easy to add it to our templates and in to the matrix for the final, so we weren’t able to ask everyone, but we were able to incorporate that quickly and start to tell them what we were hearing as we were hearing it. We were hearing most of them want to get their care at home, for example. We were hearing that.

I think it can be scaled such that you could do it in just a few months if you are able to recruit that quickly and be talking to the people. You are going from interview - within an hour you can be doing that template, getting the snapshot of that, and you can start your matrix as soon as you have the first interview. So I think it’s a potential answer to those needs that come to us very quickly, and where we want to be responsive.