

HSRD Town Hall

ORD Reorganization and Impact on HSRD

January 18, 2023

VA



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Welcome and Introductions

Panel Members

- David Atkins, MD, MPH, Director, HSRD
- Chris Bever, MD, Deputy CRADO for Investigators, Scientific Review, and Management (ISRM)
- Liza Catucci, MPH, Deputy Director, HSRD
- Christine Nguyen, MHA, PMP, Health Science Specialist, HSRD
- John Verwiel, Deputy Director, Office of Finance, ORD

Moderator

- Heidi Schlueter, HSR&D Cyber Seminar Program Manager, CIDER



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Town Hall Overview

1. ORD Enterprise Reorganization (C Bever)
 - Recap goals
 - ISRM accomplishments
 - Plans for remainder of FY2023 and FY2024
2. Health Systems Research Broad Portfolio (HSR BP) (D Atkins)
 - Overview
 - COINS and COREs
 - Budget/ funding solicitations
 - Fellowship training and career development
3. Q&A on Topics Not Already Covered (C Bever and D Atkins)



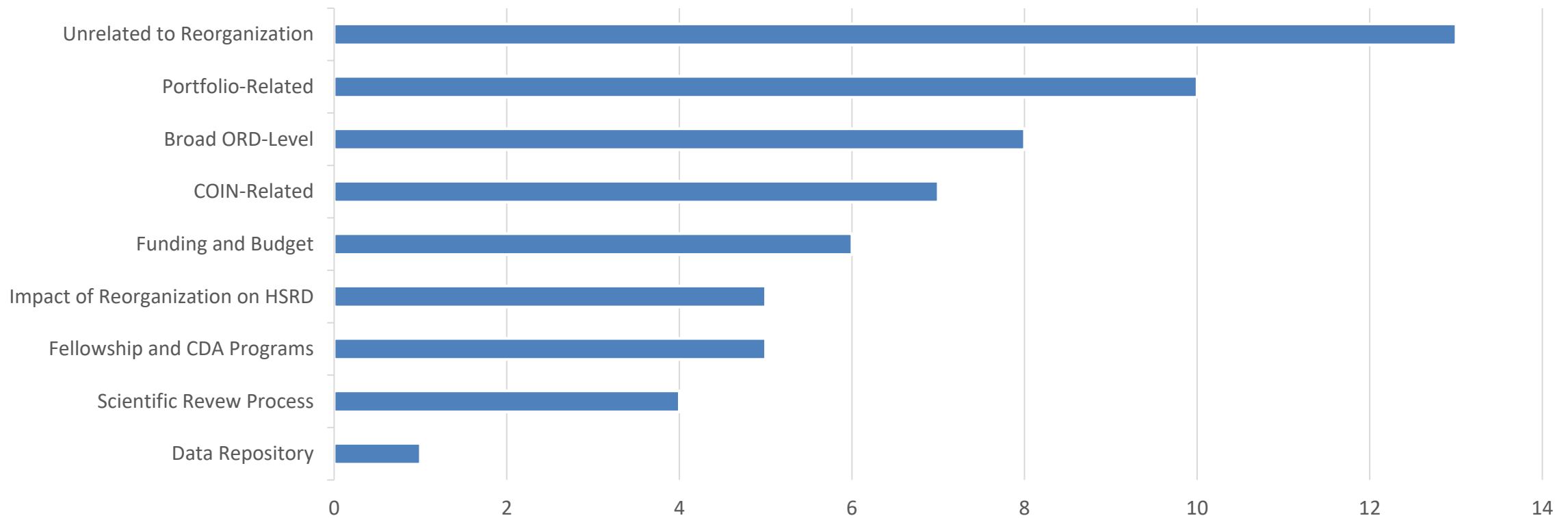
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Questions Received (n=59)

Number of Questions in Each Category

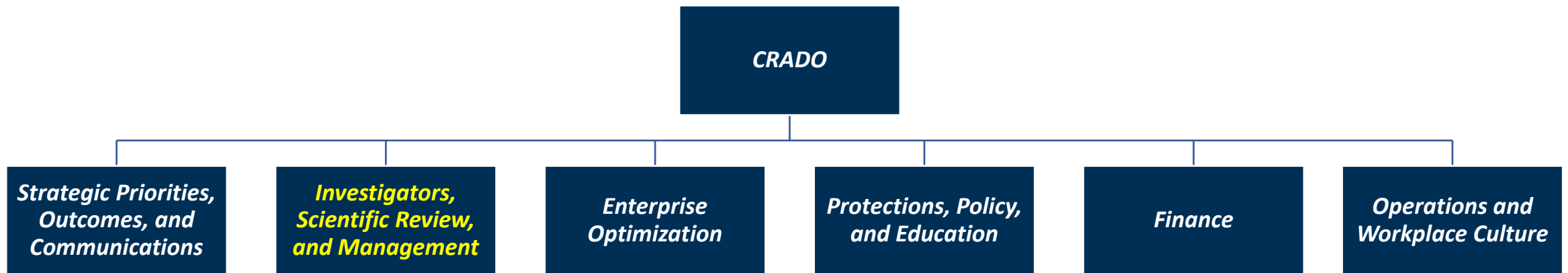


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ORD's New Leadership Structure



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Recap: Goals of the ORD Enterprise Reorganization

- Reduce barriers to working as a research enterprise
- Increase visibility, impact, and support for VA research
- Increase and improve consistency of communication and collaboration with program offices
- Establish research portfolios around areas of *most important Veteran needs* to coordinate a program of research to produce measurable impacts – **Managed portfolios**
- Reduce overlap and unnecessary duplication of research across services

Reorganization Accomplishments

Managed Portfolio Initiative Accomplishments



Defined framework, key capabilities, and requirements for Managed Portfolios



Established Precision Oncology Managed Portfolio unit and role charters



Completed Precision Oncology portfolio analysis



Designed and implemented a policy for accelerated review of priority research



Created a process and framework for Managed Portfolios to identify Critical Research Priorities and set strategic goals

Broad Organizational Design Accomplishments:



Launched Precision Oncology as the first prototype Managed Portfolio



Established the ISRM Leadership Council to support the organizational design of ISRM



Established requirements with CRADO



Developed the design for initial testing of Managed Portfolios



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Restructuring ORD Research



Established structures and processes for Managed Portfolios



This initiative will focus on the design and testing of research portfolios focused on the real world needs of Veterans



The restructuring of ORD research from Service-based funding to portfolio-based funding

FY 23 will be a year of designing and testing.

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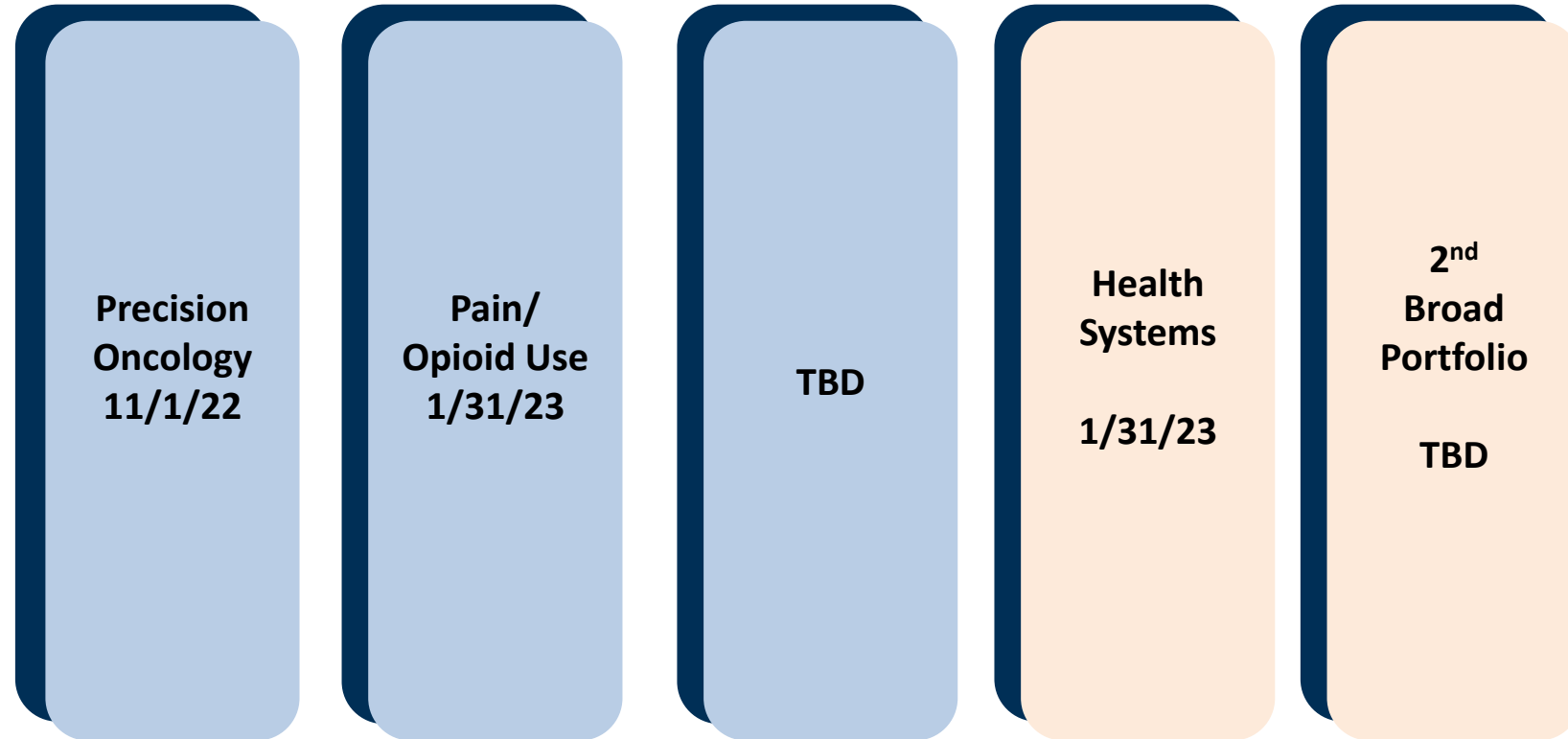
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How is ISRM transitioning from Services-Based Research to Portfolio-Based Research?

The Four Services of Research Disciplines



Managed Portfolios

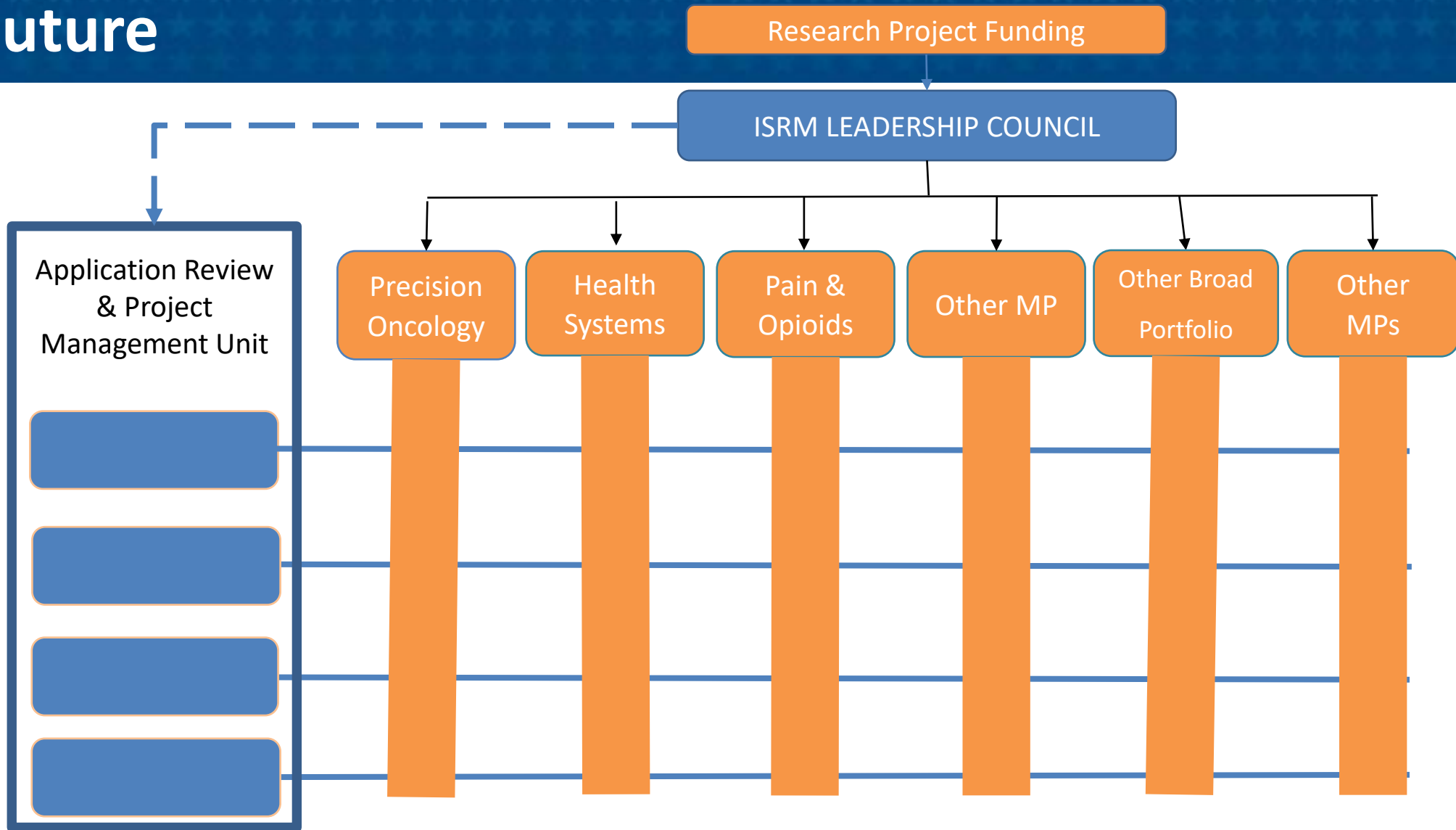


Each Portfolio will be developed in a way to encourage cross-collaboration throughout the Field

Current

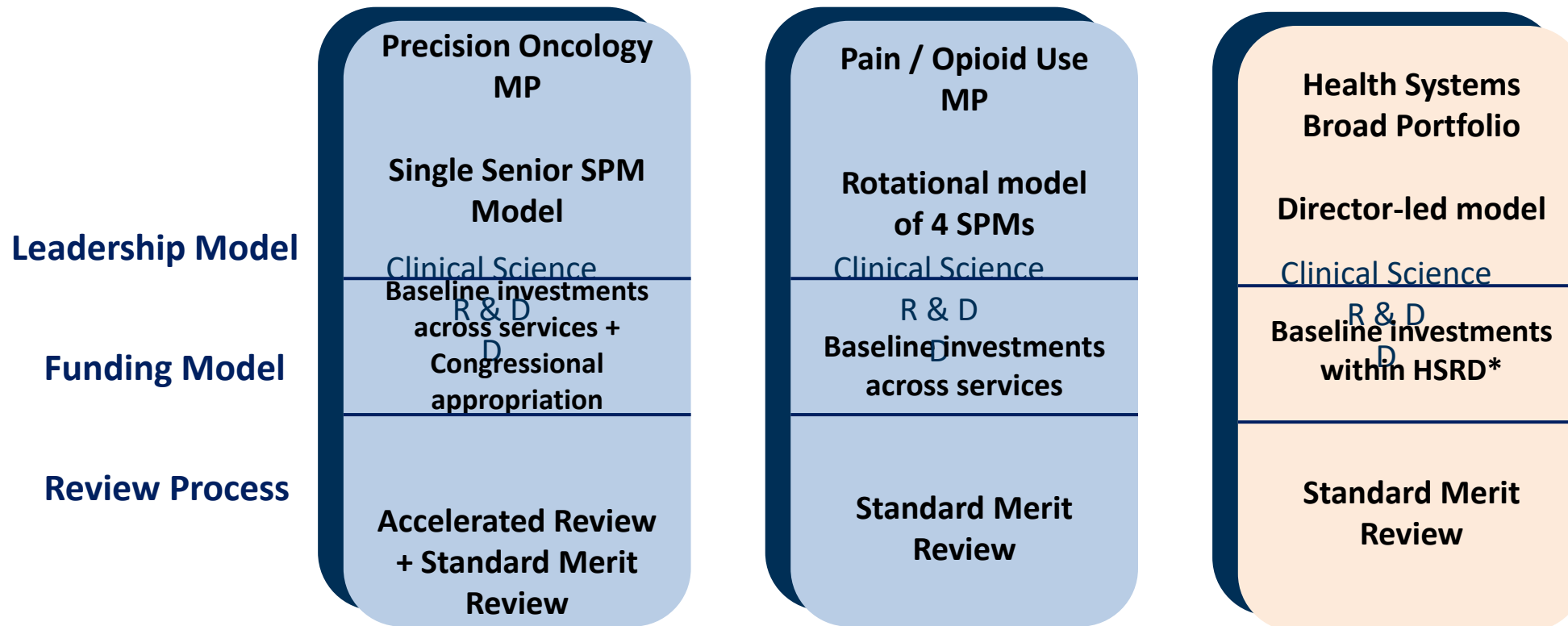


Future



ISRM Organization Initiative: Testing New Portfolio Designs

ISRM will pilot-test different leadership models, funding models, and review processes through MPs



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Key Points Regarding ISRM's Transition

- ISRM's transition from service-based funding to portfolio-based funding will be incremental and deliberative over the next 2 years
- Current funding commitments and those made during the transition period will be honored and administered as normal
- Field researchers should continue to submit proposals as they normally do as standard Merit Review and Career Development processes will remain unchanged
- New portfolios will offer new opportunities for larger projects that don't fit current service caps and for rapid projects (e.g., Precision Oncology's accelerated review process) for the highest priority urgent research
- Under problem-focused portfolios, researchers won't have to tailor their proposal to an individual service

Potential Benefits for HSR in Reorganization

- Focus on impact, working with partners, and implementation will build on existing efforts with HSRD
- Focus on answering most important questions will allow to build the right study rather than fitting to arbitrary budget caps
- Researchers can focus on most important ideas without worrying about how study will align with typical priorities of one service vs. another
- Areas that overlap 2 services – e.g., clinical epidemiology, drug safety and effectiveness – may advance more quickly

Rationale for Health Systems Research Broad Portfolio

- We address health care organization and delivery questions that cut across individual conditions
- We have substantial synergy and overlap in our methods and between our priority areas (e.g., access, quality, equity)
- We can support answering questions within individual disease-specific portfolios (e.g., how to measure quality; ensuring access, safety, and equity; patient experience)
- Many of our program partners are not organized around individual conditions (e.g., GEC, OHE, Whole Health, Primary Care, Women's Health, Quality and Safety)
- We provide capacity to address emerging priorities (e.g., COVID, EHR modernization)

Process for Developing Health System Portfolio

- Transitioned workgroups established for HSRD strategic planning
- Two workgroups:
 - Organizing HSRD into manageable priority areas – Becky Yano
 - Identifying challenges and solutions to pursuing HSR within a disease-specific model – Steve Dobscha
- HSRD leadership presented plan to ORD leadership in November
- Plan approved – testing of model to begin in January 2023

Health System Research Broad Portfolio (HSR BP)

Access, Community
Care, Rural Health

Mental Health
(including Suicide,
PTSD, etc.)

Chronic Pain/Opioid
Use Disorders

Health Equity/Social
Determinants of
Health, Homelessness

Complex Chronic Care,
Primary Care/
Prevention, Whole
Health

Disability, Function,
Long Term Care, and
Aging

Women's Health Care

Quality, Safety, and
Value

Health Informatics
Data Science, Virtual
Care, EHR
Modernization

Translation,
Implementation &
Improvement Science
Veteran Engagement

COVID and Other
Emerging Areas

HSR BP Budget and Funding Solicitations

- HSR BP will have a budget of \$125,865,569 for FY23:
 - \$97,025,363 for projects in the HSR BP Priority Areas
 - \$28,840,206 for HSR BP infrastructure (i.e., COINs, CORes, Resource Centers, ESP)
 - We are requesting additional FY23 funds to support management of priority areas within the broad portfolio
- We will continue to solicit research under a broad parent RFA, using a priorities document to describe priority areas
- We will support new portfolio reviews, SOTAs and field-based meetings to update priorities

Centers of Innovation (COINs)

- Support for **COINs** remains strong
- No major change in the number of or funding for COINs anticipated
 - I have proposed that COINs remain within Health Systems Research broad portfolio, but some remaining issues are being discussed
 - Solicitation for new COINs/COIN renewals is anticipated this Summer
 - ✓ COINs likely will be asked to identify areas within HSR BP priorities where they help play a leadership role
 - ✓ COINs will be asked to identify opportunities to collaborate across service boundaries (e.g., with RRD, CSRD, MVP, etc.)
 - We continue to emphasize that COINs support broad infrastructure and
 - are not about a single topic area and conversely,
 - leadership in any single topic area cannot be confined to a single COIN

Consortia of Research (COREs)

- Many of the expectations of portfolios mirror the functions of COREs
 - Portfolio review and priority setting
 - Communication and coordination with partners
 - Supporting rapid studies on priority areas
 - Improving data quality
 - Organizing information and responding to requests
- We will continue to support and grow COREs as a way to support both Health Systems priority areas and ORD portfolios
- COREs may be asked to broaden their scope in supporting new portfolios (e.g., including attention to non-HSRD work)

Fellowship Training and Career Development

- BOTTOM LINE: No material effect of reorganization on training programs
- OAA Advanced Fellowship in HSR was updated to a Learning Health System model and will not be materially affected
- CDA Program will continue with an HSR-specific review panel
 - Submissions and resubmissions will be unaffected
 - Portfolios might provide opportunities to enhance CDAs in specific areas
- HSRD Diversity Supplements will continue

What is Not Changing

- Current funding commitments and those made during the transition period will be honored and administered as normal
- HSR-specific review panels will continue, although boundaries between panels may be updated to reflect revised priority areas
- We hope staffing will grow to support the new responsibilities
- We pledge to be open and transparent about any new structures, processes or opportunities

Issues Still Under Discussion

- How to prevent creation of new silos and promote cross-portfolio collaboration
- How to assign studies that overlap HSP and topic-specific portfolios
 - e.g., studies of disparities in pain treatment
- How to balance top-down, partner-directed priorities with broader bottom-up, investigator-initiated ideas based on state of science, longer-term goals
- How final funding decisions will ensure fair consideration of research across the research spectrum from early discovery to applied research
- How to measure success of new portfolios
- How to coordinate multiple advisory bodies within ORD

Question 1

Respondent: C Bever

Will the ORD consolidation be structured or philosophically re-framed to be more accommodating to research (e.g. observational research) that may straddle “basic” versus “applied” sciences/proposals?

For example, would this consolidation result in more favorable programmatic evaluation of intervention proposals that would include supplemental assessments of individual medical or cognitive differences that may hint at mechanisms of intervention or would post-facto identify sub-populations for whom an intervention or treatment policy change would be most impactful?

Question 2

Respondent: C Bever

...I am concerned about categorizing research priorities by topic area, if the topics become too narrow.

In mental health research, the field is increasingly moving towards dimensional models of pathology, rather than categorical. This includes dimensional approaches to the current priority areas of trauma exposure/traumatic stress/PTSD. Re-aligning VA research priorities by mental health diagnostic categories could thus pose a problem by running counter to the direction the field is moving.

- a) Has ORD leadership given consideration to this potential problem?
- b) If so, what solutions have been posed or determined?
- c) To what extent are mental health experts involved in the re-alignment efforts?

Question 3

Respondent: D Atkins

From my read of the realignment, it seems like we are heading back to a silo-ing by disease. I am primarily an HSRD researcher. The current alignment naturally pushes researchers to work across diseases and take on more systems issues that underlie healthcare processes for all diseases (e.g., healthcare disparities).

What can you tell us about how the realignment will prevent the silo-ing of research by disease?

Question 4

Respondents:
C Bever and D Atkins

Will any efficiencies be gained for the investigators/PIs in grant submissions, JIT process, etc., with this realignment?

Question 5

Respondent: D Atkins

- How will the day-to-day lives of investigators change with reorganization?
- I would like clarification of how this will affect COINs or individual investigators. For example, the idea that hiring will be improved is terrific. It sounds like, besides the new priority areas, much will remain the same for investigators and COINs, in terms of investigator-initiated research, budgets, funding, etc.? What will change?

Question 6

Respondent: D Atkins

I am an early career investigator on an ADIL (QUERI supplement) am preparing an application for an HSR&D CDA for Summer cycle (June 2023). What might happen to the CDA resubmission process during subsequent cycles? Will I still have the opportunity to resubmit twice?

Question 7

Respondent: D Atkins

Has the VA thought about creating a repository of research coaches or mentors for employees who are students precepting at the VA? Or instead a repository of coaches or mentors for employees who need support with evidence-based practice projects?

Question 8

Respondent: D Atkins

...how might re-organization help provide funded research centers allocate its resources (including its connections to academic affiliates) to help program offices apply the latest scientific and statistical technology to fulfill statutory, regulatory, and judicial reporting requirements addressing issues of data, data access, and application of advanced analytics.

Question 9

Respondents:
D Atkins and C Bever

I was wondering what plans you have for non-COIN investigators. This could be an opportunity to create a virtual COIN where we could get experienced support for our grants.

Question 11

Respondents:
D Atkins and C Bever

What happens when pain/opioids AMP is stood up? Will there be a new RFA or will we continue to use existing RFAs?

Question 10

Respondents:
D Atkins and C Bever

- How will the individual AMPs interact with the HSR&D Broad Portfolio?
- How will cross-cutting topics be handled by the AMPs and other portfolios?

Question 12

Respondent: D Atkins

Are there plans for the HSRD portfolio to include community-engaged health services research (e.g., suicide)?

Question 13

Respondent: D Atkins

What are the structures we need to have in place to ensure that Whole Health is adequately represented across the various research portfolios rather than just as one specific domain of focus?

The concepts of Whole Health are relevant to every area of VA practice including management of specific diseases and we need some thought as to how we build that commitment in to the new ORD structure.

Question 14

Respondent: D Atkins

How can we encourage more collaboration on health disparities research across and within VISNs?

Question 15

Respondent: D Atkins

How will the extant literature and evidence base inform priorities for each portfolio as well as the actions of individual reviewers/review groups? Pincus and Rolin (2017) called for a more thorough need to evaluate the evidence base of science policy to help ensure funding portfolios were reflective of the evidence for what would support the development of effective treatments that can be disseminated and implemented.

Question 16

Respondent: D Atkins

While our COIN is small, our focus topic is bigger than HSR and touches many of the larger actively managed portfolios that are developing (oncology, suicide, etc.). However, as a small fish, we have historically struggled to establish the connectivity with the larger portfolios.

Are actively managed portfolios required to engage in outreach for investigators who might not be 'core' investigators within an actively managed portfolio?

Question 17

Respondents:
C Bever and D Atkins

How will portfolio performance be evaluated? What if the portfolios don't work?

Question 18

Respondent: D Atkins

What plans are there to critically evaluate the current scientific review process?

NIH did a thorough exploration of racial/ethnic disparities in funding. This seems like a good opportunity to review the current SMRB system and determine whether it is operating as we expect.

Question 19

Respondents:
C Bever and D Atkins

- How will funding priorities be structured in the new alignment, within portfolios or some other way?
- How will we ensure that there is support across the range of research topics and types of research from basic to HSR?
- How will we ensure the field knows about changes in priorities and funding opportunities?

Question 20

Respondent: D Atkins

An ORD-wide reorganization presents the opportunity to redesign not only how researchers do science of value to the VA, but how they are paid to do so. Has there been any thought to rethinking the current 100% “soft money” approach to funding (particularly) non-clinical scientists, perhaps creating mechanisms for stable, career employee science positions that don’t depend on grant funds for their fundamental salary?

Question 21

Respondent: D Atkins

- Are there efforts by HSRD to create code repositories or open database project to contribute de-identified data for additional analyses?