



Using Data & Information Systems in Partnered Research

FY24 Session 3:

Leveraging Operational Partnerships and a Sustained Efficiency Model to Conduct and Report Rigorous Policy Evaluations on a Rapid Timeline: Opportunities and Lessons Learned on a VA Specialty Care Workforce Evaluation

July 16, 2024

Hosted by 

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Jessica Berumen, DrPH, MPH, CPH

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Using Data & Information Systems in Partnered Research Cyberseminar Series

*Presentations from the field focusing on VA data use
in quality improvement and operations-research partnerships.*

Sessions cover...

- Use of VA data and information systems in QUERI Projects and Partnered Evaluation Initiatives
- Operational data resources and QI-related data
- Challenges in using and managing multiple data sources
- VA resources to support data use
- Experiences working within operations/research partnerships





UPCOMING PARTNERED RESEARCH SESSIONS

Third Tuesday of the month | 12:00 - 1:00 PM ET

Date	Topic
9/17/24	Evaluating national policy: Military environmental exposure legislation

Visit the [VIReC Cyberseminars](#) page for more information & registration links.

Visit [HSR's VIReC Cyberseminar Archive](#) page to watch previous sessions.



Where can I
download a
copy of the
slides?



SAMPLE EMAIL

A Practical Approach to Working with VA-Purchased Community Care Data

Thursday, October 13, 2022

2:00 PM | (UTC-04:00) Eastern Time (US & Canada) | 1 hr

Please download today's slides

~~Please click here for today's live captions~~

Join webinar

More ways to join:

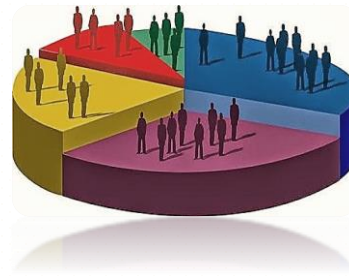
Join from the webinar link

<https://veteransaffairs.webex.com/veteransaffairs/j.php?>

Poll #1:

*What is your primary **role** in VA projects?*

- Investigator, PI, Co-I
- Statistician, methodologist, biostatistician
- Data manager, analyst, or programmer
- Project coordinator
- Other – please describe via the chat function



Poll #2:

How many years of experience working on VA evaluation and/or research projects?

- None – I'm brand new to this!
- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more



Leveraging Operational Partnerships and a Sustained Efficiency Model to Conduct and Report Rigorous Policy Evaluations on a Rapid Timeline

Opportunities and Lessons Learned on a VA Specialty Care Workforce Evaluation

Jolie Haun, PhD, EdS

Jessica Berumen, DrPH, MPH, CPH

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**SALIENT
QUERI**

Strategic Policy Evidence-Based
Evaluation Center

PEPReC

Partnered Evidence-based Policy Resource Center
A VA QUERI Center



The Dream Team

Jacquelyn Heuer

William Lapcevic

Catherine Byrd

Noel Diaz

Rachel Benzinger

Julie McMahon-Grenz

Justin McDaniel

Amy Alman



AGENDA

SALIENT Center

Specialty Care Workforce Evaluation

Sustained Efficiency Model

Operational Collaboration

PEPReC Perspective

Operational Perspective

Summary of Practices for Consideration



StrAtegic PoLicy EvIvidence-Based Evaluation CeNTer

Mission: Conduct partnered evaluations with operational and Partnered Evidence-Based Resource Center (PEPReC) partners to translate evaluation results into action and policy.

Objective 1

Leverage Lean methodologies to ensure appropriate methodologies are used for each evaluation

Objective 2

Optimize impact through dissemination of products such as executive summaries and playbooks

Objective 3

Develop, identify, and prioritize best practices in evaluation science

Objective 4

Provide training to support development of diverse implementation science expertise

Project Introduction



Specialty Care Workforce Evaluation



Project Goal

In FY22,
Congress
passed the
PACT Act

Mandates that VA assess staffing levels at medical centers nationwide and develop an evidence-based approach to estimating staffing needs

SALIENT
Staffing
Project Goal
(FY 23-26)

Develop evidence-based and population-based workforce guidelines to assess current Specialty Care (SC) staffing needs at VA

Estimate necessary changes to meet specific access metrics, such as wait time targets

Assess Staffing



Develop Guidelines



Meet Target Goals



Original Staffing Project Design

Collaboration with CEIR

- Originally SALIENT was going to work with the Center for Evaluation and Implementation (CEIR)
- Work together on data collection, analytic methods



Branching Off

- SALIENT branched off and re-organized to:
 - CEIR → Primary Care (PC)
 - SALIENT → Specialty Care (SC)

Exploratory Sequential Mixed Methods Design

```
graph TD; A[Exploratory Sequential Mixed Methods Design] --> B[Qualitative Phase inform Quantitative Phase to lead efforts in SC across VA stations.]; B --> C[Iteratively inform interim reports based on the pre-determined congressional timeline]; C --> D[Final report and presentation to provide data-driven workforce guidelines for 139 stations; site-specific circumstances included.]
```

Qualitative Phase inform Quantitative Phase to lead efforts in SC across VA stations.

Iteratively inform interim reports based on the pre-determined congressional timeline

Final report and presentation to provide data-driven workforce guidelines for 139 stations; site-specific circumstances included.

The Plan at a Glance

Specialty Care Services

The initial Specialty Care services included in this effort were designated based on their high value, high wait time status

Gastroenterology

Orthopedics

Cardiology

Urology

Pulmonology

Oncology

ENT

Rheumatology

FY 23 Discovery Phase



Discovery Activities
Reporting
Findings



FY23 Discovery Phase Aims

Evaluation Action

Provide field support for Specialty Care modeling efforts

Apply results of models to workforce management decisions/strategic planning

Project Activities

Attend strategic meetings with PEPRc and collaborating teams as scheduled

Conduct weekly SALIENT team meetings

Leverage PEPRc data to inform a rapid iterative process of development

Evaluation & Deliverables

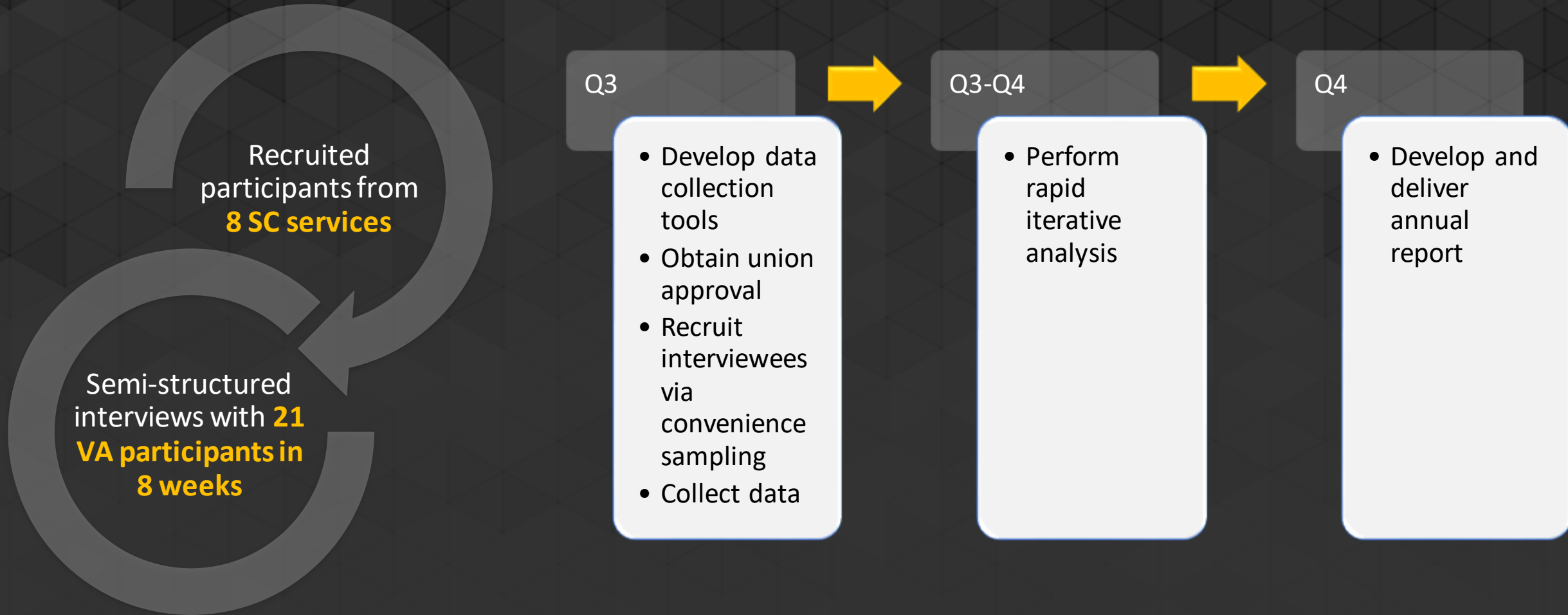
Qualitative data to inform workforce guideline modeling

Develop rapport with representatives of targeted service sites to stage data collection and model development

Identification of specific Specialty Care Service topics to be addressed in survey phase

Synthesize iterative feedback with PEPRc

Discovery Phase Methods



FY23 Discovery Phase Sample



≤2 Interviews per Service

8 Services



6 VA Stations

Respondent Type

- **Clinician**
- **Administration**



Discovery Phase Findings



**Key Services &
Most Common
Procedures**



Essential Staff



**Staffing
Challenges to
Workflow and
Productivity**



**Reported
Solutions for
Unmet Staffing
Needs**

Accomplishments

Key services & most common procedures by Service

Interview Question Example:

Can you tell me about the range of programs and services at your facility offered within [your specialty service] and how these services vary based on your facility's complexity level and staffing capability?

Gastroenterology

- Key services – Gastroenterology, Hepatology, Endoscopy
- Colonoscopies, endoscopies

Orthopedics

- Joint injections (e.g., knees, shoulders), minor surgeries (e.g., carpal tunnel release, splinting, casting)

Cardiology

- Arrhythmia Services, Heart Failure and Transplant Service, Cardiac Cath Lab, Electrophysiology (EP) Lab

Urology

- Cystoscopies, Urodynamic testing, vasectomies, circumcisions, UroLifts
- Busiest surgical service & 2nd busiest service in VA enterprise

Pulmonology

- Bronchoscopies, endobronchial ultrasounds (EBUS)

Oncology

- Primarily outpatient care
- Highly specialized care, largely dependent on cancer types

Rheumatology

- Imaging, joint injections
- Primarily outpatient care

Otolaryngology (ENT)

- Key services – Otolaryngology, Otology, Rhinology, Head and Neck Cancer
- Biopsies, nasal implants, turbinate reduction

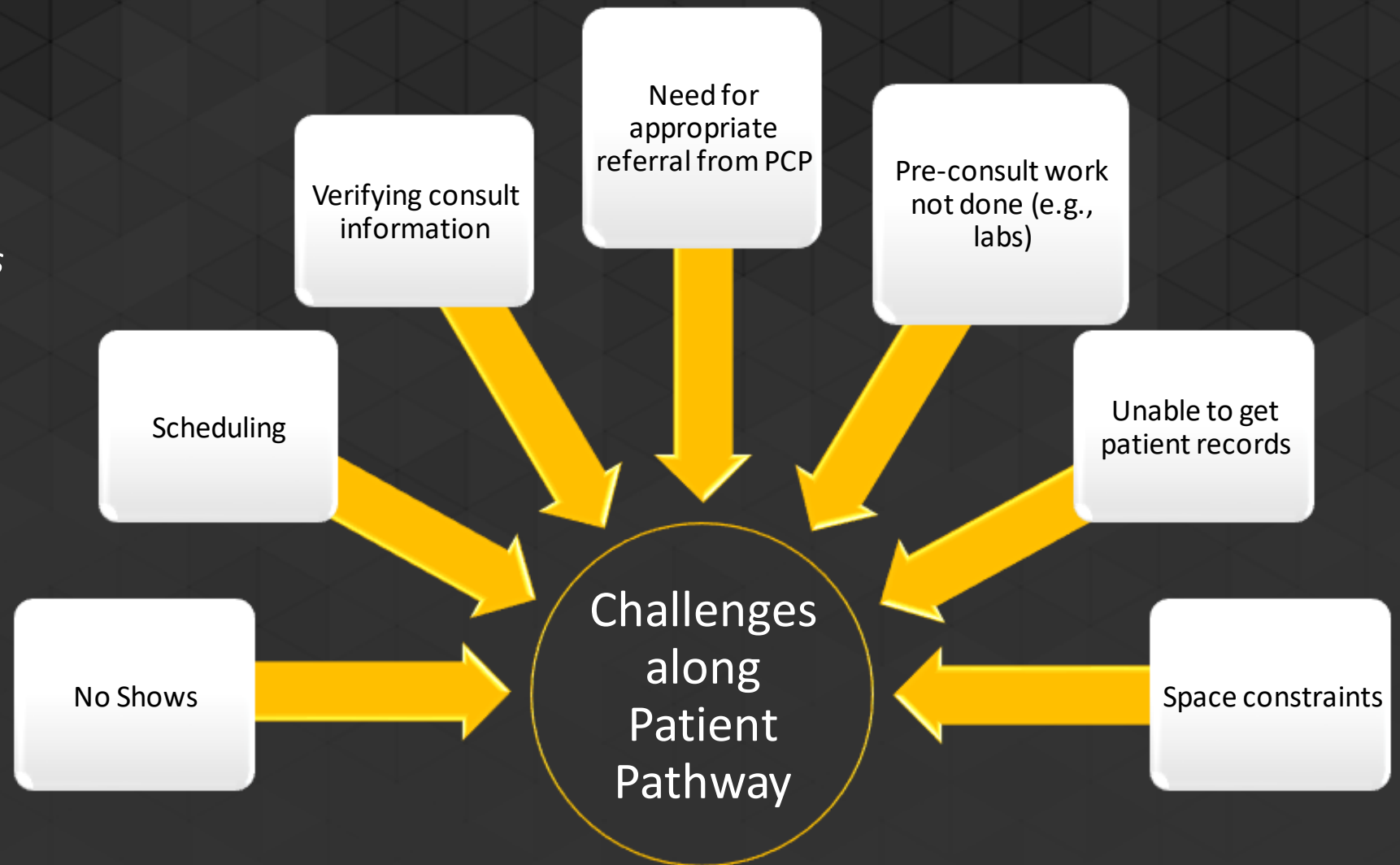
Audiology (ENT)

- Hearing tests, vestibular tests, cochlear implants

Barriers to Workflow for Patients

Interview Question Example:

What are some patient or provider challenges along this pathway that might affect care delivery?

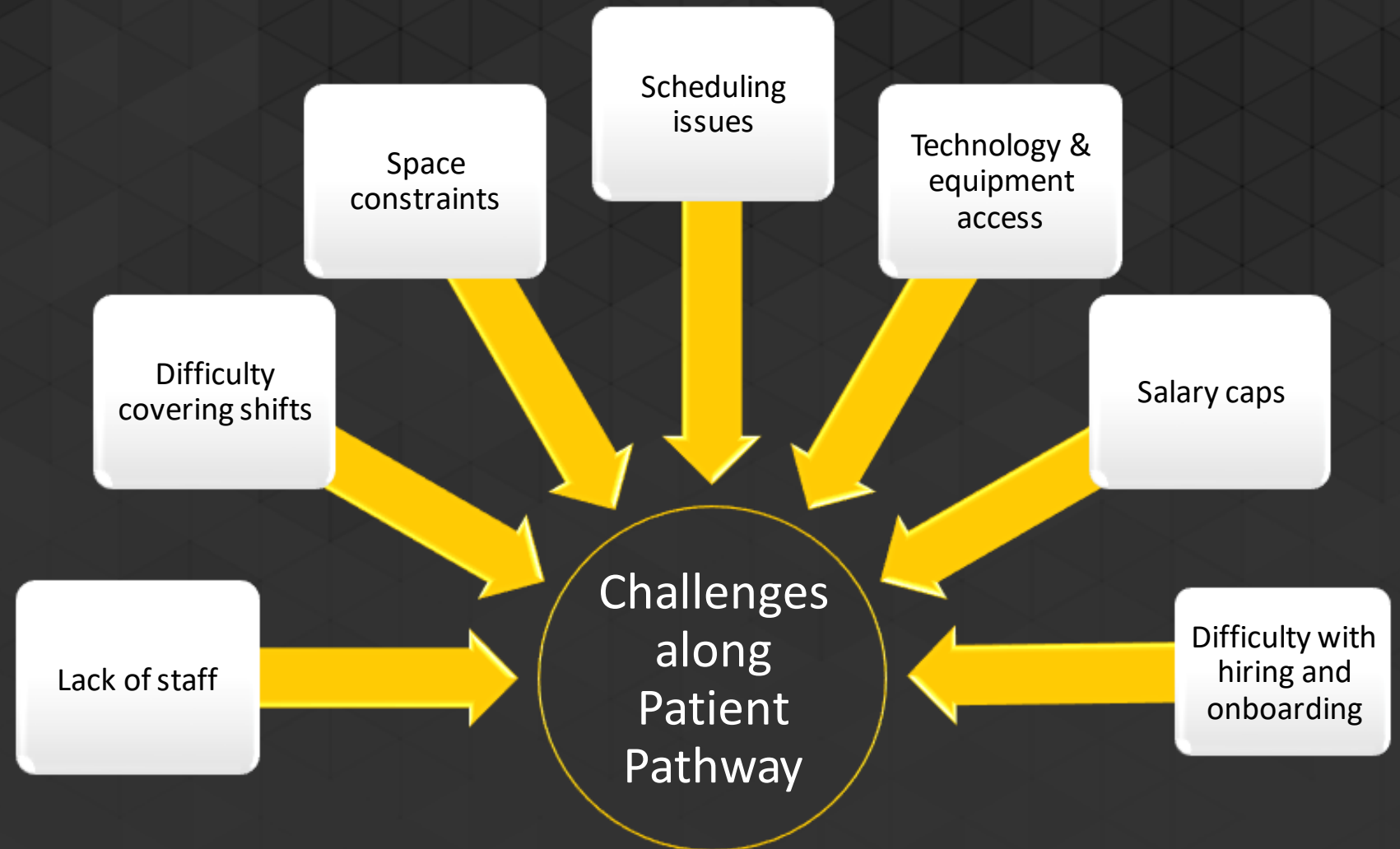


Barriers to Workflow for Staff

Interview Question Examples:

Can you tell me about factors that affect work rate or productivity in your specialty service?

Can you give me some examples of the unique technology or infrastructure that your specialty service needs to delivery outpatient care?



Coordination with Other Services



Interview Question Example:

How does your specialty service interface with or depend on other specialties or support services?

Specialty	Surgery	Anesthesiology	Pathology	Radiology	Oncology	Cardiology	Pulmonology	Labs	Primary Care	PM&R
Gastroenterology	X	X	X	X	X					
Orthopedics				X				X		X
Cardiology		X		X			X	X		
Urology		X		X		X				
Pulmonology				X	X	X			X	
Oncology	X		X	X			X			
Rheumatology										X
Otolaryngology (ENT)			X	X						
Audiology (ENT)				X					X	

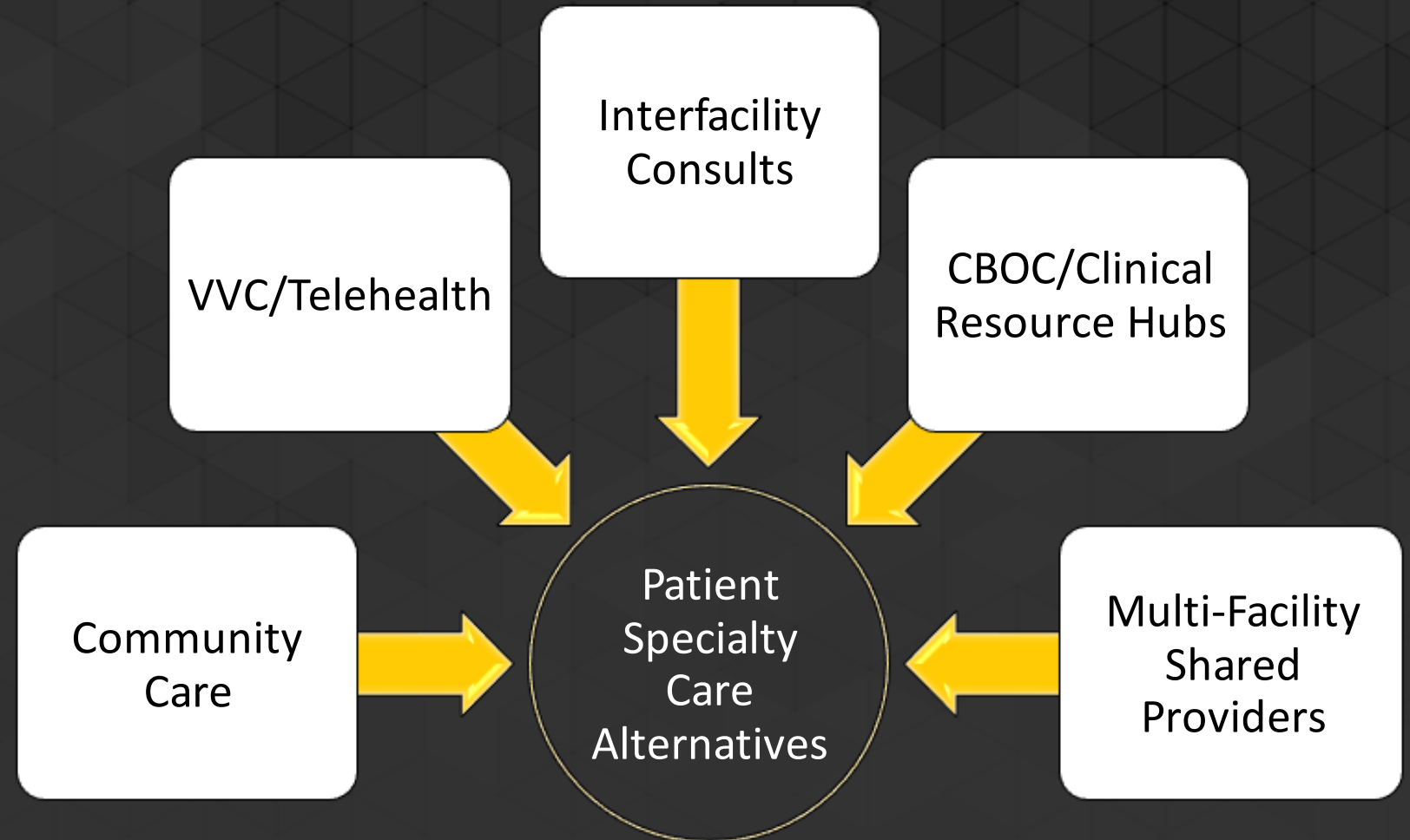
Patient Specialty Care Alternatives

Interview Question Examples:

How are interfacility consults, telehealth, clinical resource hubs, and multi-facility shared providers used ...

...augmenting VA capabilities to provide access to specialty care services...?

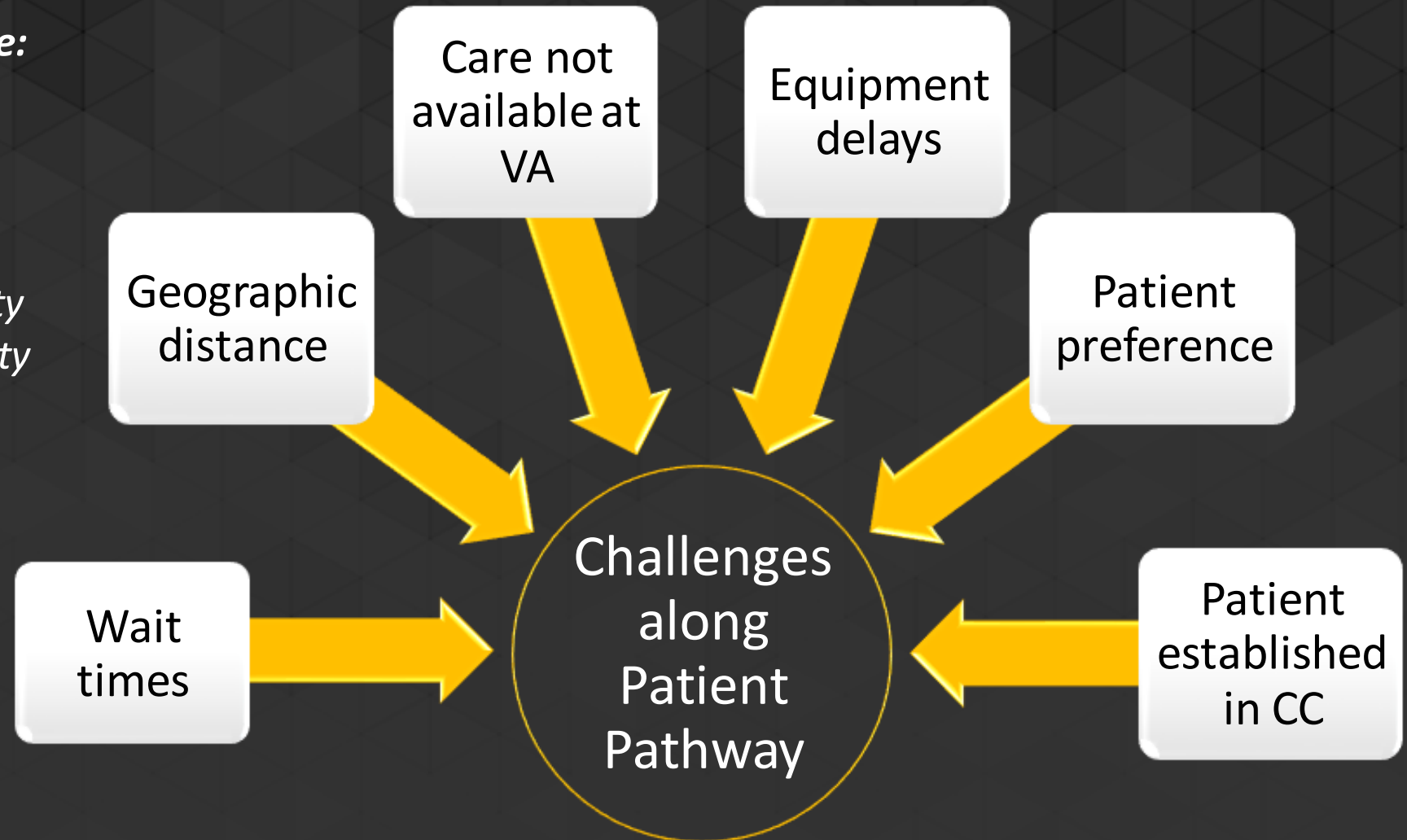
Are there services where VA is more or less reliant on CC support?



Reasons for Utilizing Community Care

Interview Question Example:

What is the role of community care in augmenting VA capabilities to provide access to specialty care services in your specialty service?



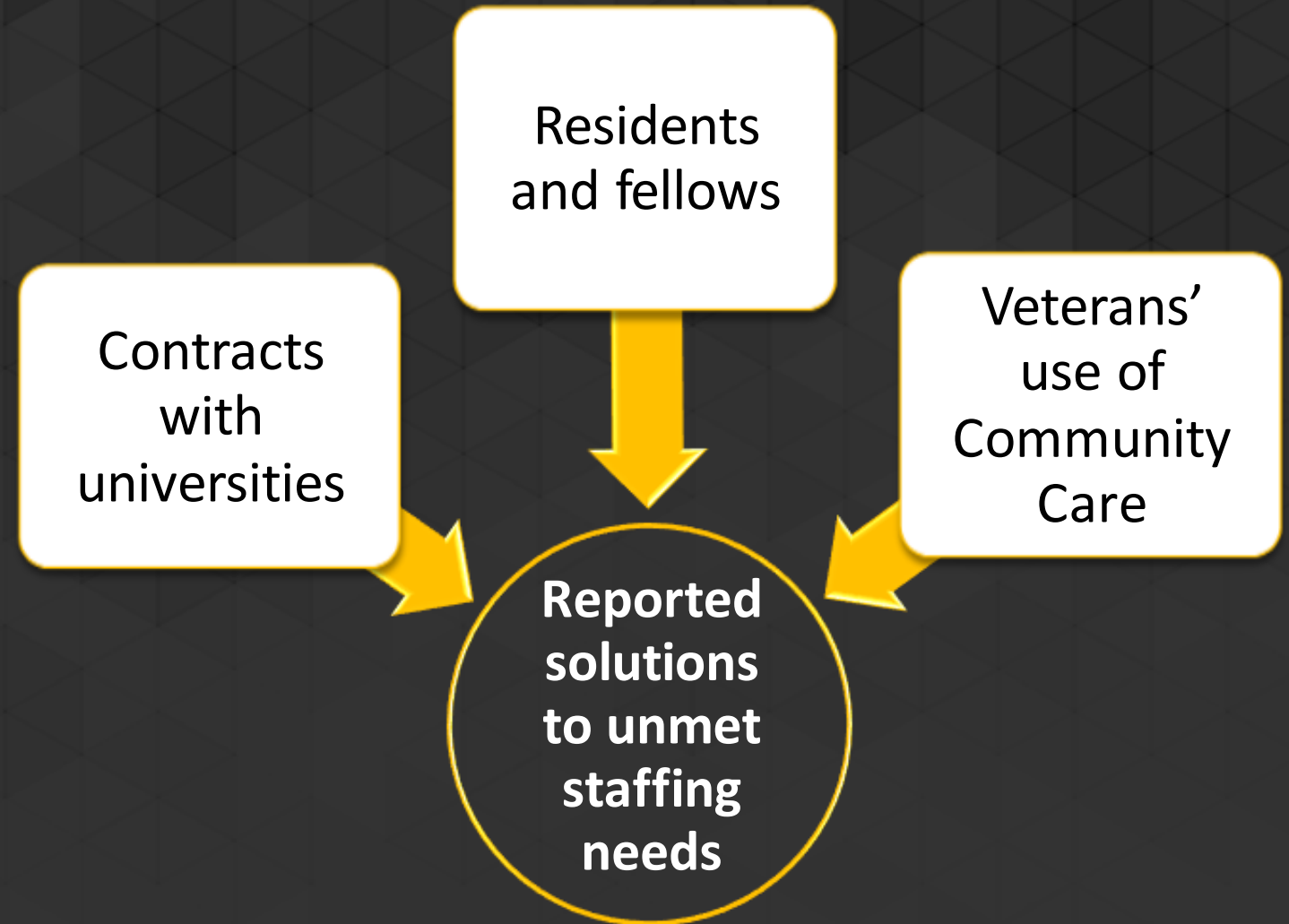
Reported Solutions to Unmet Staffing Needs

Interview Question Examples:

How do you supplement your work force through ...

...relationships outside the VA?

...contracts with attending physicians?



Next Steps in FY24

FY23 efforts
informed PEPReC
Wait Time
Dashboard
development

Wait Time
Dashboard data
inform targeted
FY24 interviews

Qualitative
data inform
development
of national
staffing
survey

**Goal: Develop staffing
guidelines to improve
access to care for
Veterans within
regulated wait times**



Sustained Efficiency Model

Overcoming Barriers
Data Management
Operational Partnership & Reporting



Sustained Efficiency Model



**Processes
& Strategies**



**Templates
& Applications**

Feedback Process



Meet with operational partner about focus



Construct draft (script, guide)



Internal revisions



Send to operational partner for review and feedback



Revise

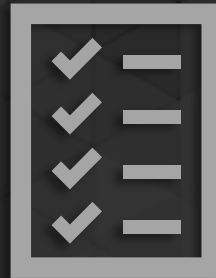
Internal Piloting & Feedback



Snowball Sampling

Recruitment Emails

Iterative Process



Data Collection

Interview Guides

Feedback Loop with Operational Partners



Analysis and Reporting

Revisions based on project needs

Optimizing Proficiencies



Special Communications in Administrative Processes

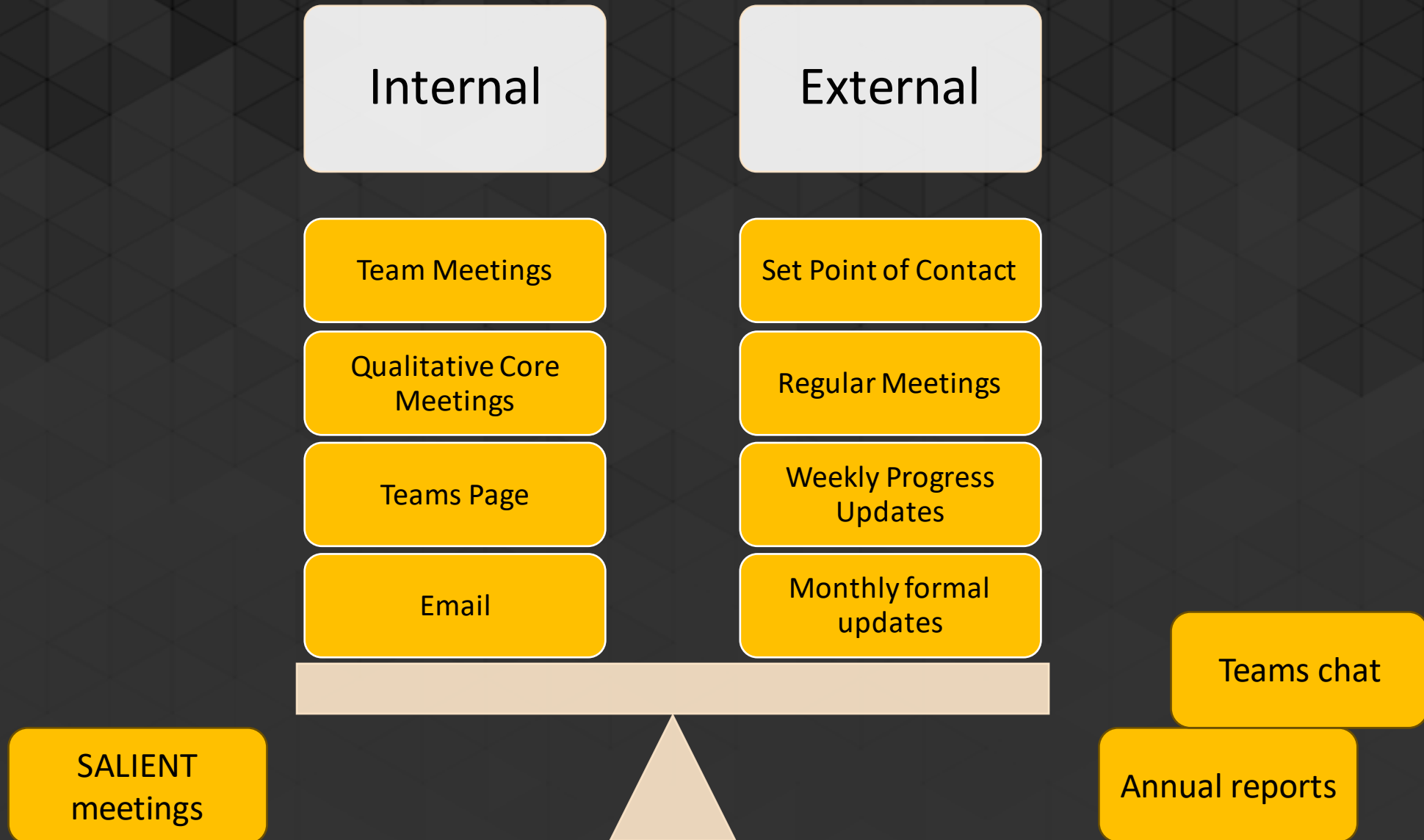
- Union Notification
- Standard Operating Procedure Development



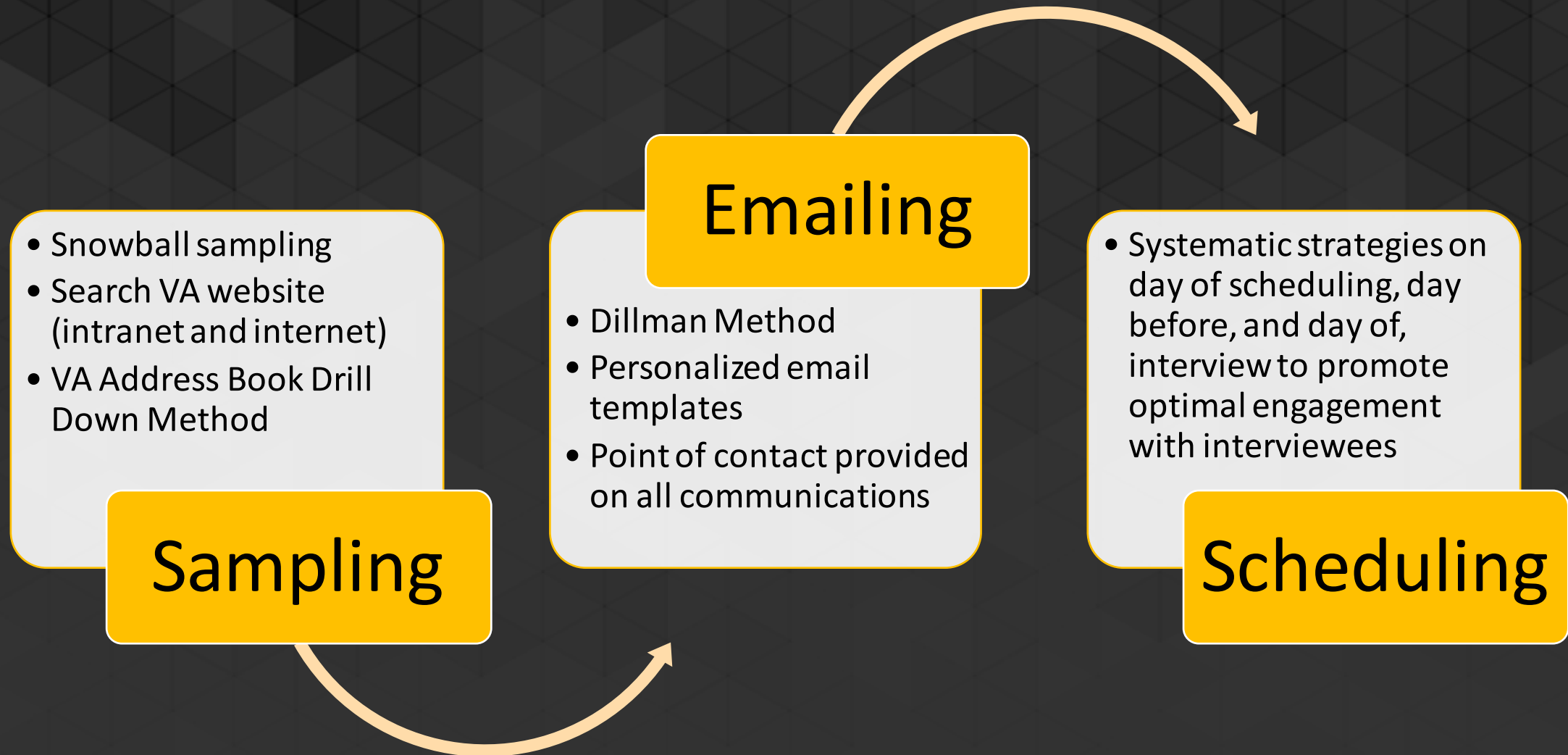
Qualitative Team Member Training

- Methodology of evidence-based best practices
- Introduction to data collection tools
- Observation of data collection (model & real)
- Practice (role play) in all roles
- Supportive introduction in role

Communication Systems



Recruitment & Communications



Leveraged existing relationships to cross-pollinate recruitment efforts

- Local resources
- Collaborative resources
- Operational partner resources



Barriers & Wins: Contact List/Convenience Sampling

GOAL

***Conduct
Discovery Phase
interviews with
participants in 8
specialty
services***



Barriers

- Inadequate number of names
- Limited response from initial convenience sample

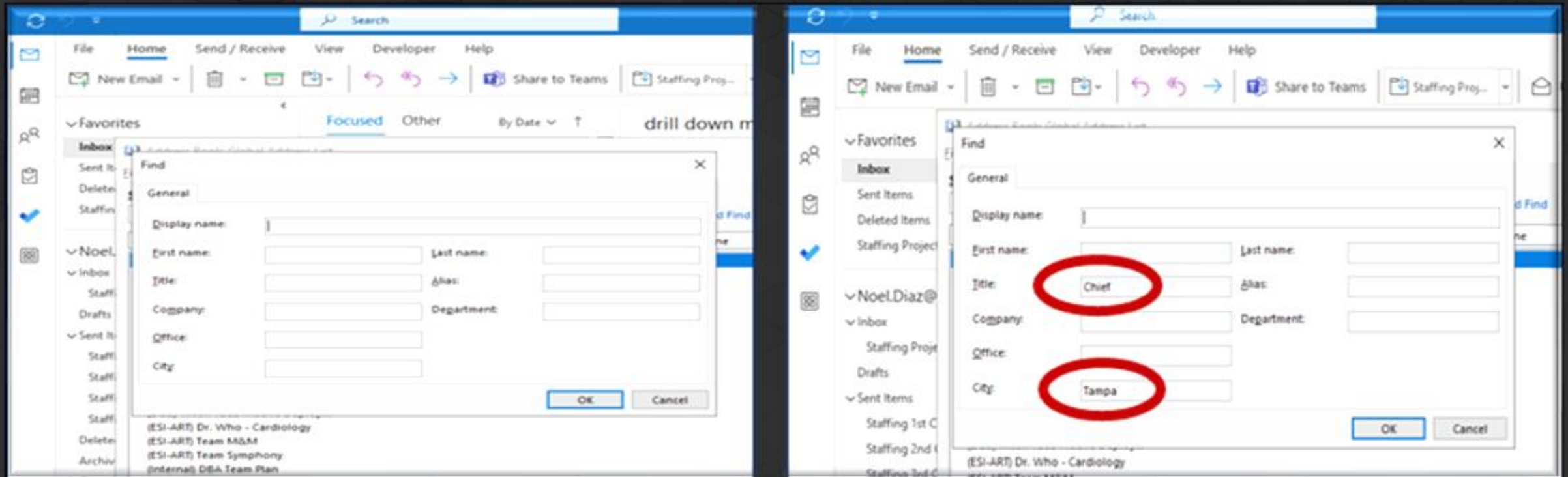


Successes

- Coordinated with PEPReC to elicit more names
- Snowball sampled & requested referral names from participants
- Received lists from Cardiology, Rheumatology, Gastroenterology, Oncology, Pulmonology, Orthopedics
- Developed a “drill down” method using Outlook Address Book

Sustained Efficiency & Partnering Practices

Samples of *recruiting searches* in Outlook's Global Address Book



Recruitment & Interviews

Barriers & Wins: Rapid Complex Recruitment Plan

GOAL

Coordinate complex, multi-faceted recruitment across multiple VA systems



Barriers

- High number of emails with multiple people occurring
- Multiple staff members working at conducting interviews



Successes

- Set up internal recruitment calendar in Teams
- Designated one recruitment POC and systematic communication and documentation protocols

Efficiency & Partnering Practices: Tracking & Scheduling



Recruitment Tracking System

Recruitment & Interviews are tracked through a live document on Microsoft Teams

- # of recruitment emails sent
- # of responses received
- # of interviews scheduled
- # of interviews completed



Interview Calendars

1st calendar is kept on a live Microsoft Teams

- Participant information (specialty service, cohort, etc.)
- Recruitment emails send date
- Scheduled & interview details
- Tracks refusals & referrals

2nd calendar is a separate project Outlook calendar

- Interview calendar invitations are sent through this calendar
- Track a/v consent and demographics received through this calendar

Barriers & Wins: Rapid Reporting

GOAL

Rapidly report and exchange data with PEPRReC, while remaining adaptive and responsive



Barriers

- Complex data management needs to be analyzed and reported on rapid timeframe



Successes

- Created tailored data management system for real-time data collection/input

Qualitative Data Management

Notes template provides team members with a **formal process for initial data review.**

Light yellow – notes from interviews, may include extraneous data

White – first level of data analysis, allows for removal of information that is not pertinent

Interview Notes Template

<p>2. What non-LIP [techs, RNs, LPNs, social workers, MSAs (schedulers), etc. support staff] are associated with [your specialty service]?</p> <ul style="list-style-type: none"> • Required Prompt: What is the range of services provided by these staff? • Required Prompt: Can you tell me about any specific tasks (e.g., conducting cardiac stress testing) that are entirely performed by non-LIP staff? <p>Note: LIP, licensed independent practitioner, is inclusive of physicians, nurse practitioners, physician assistants, dentists, podiatrists, and psychologists</p>	
Yes <input type="checkbox"/>	What non-LIP [techs, RNs, LPNs, social workers, MSAs (schedulers), etc. support staff] are associated with [your specialty service]?
No <input type="checkbox"/>	•
Yes <input type="checkbox"/>	Required Prompt: What is the range of services provided by these staff?
No <input type="checkbox"/>	•
Yes <input type="checkbox"/>	Required Prompt: Can you tell me about any specific tasks (e.g., conducting cardiac stress testing) that are entirely performed by non-LIP staff?
No <input type="checkbox"/>	•
Key Themes:	
•	
Yes = 1 No = 0	What non-LIP [techs, RNs, LPNs, social workers, MSAs (schedulers), etc. support staff] are associated with [your specialty service]?
•	
Yes = 1 No = 0	Required Prompt: What is the range of services provided by these staff?
•	
Yes = 1 No = 0	Required Prompt: Can you tell me about any specific tasks (e.g., conducting cardiac stress testing) that are entirely performed by non-LIP staff?
•	

Qualitative Data Management

Data Management

- Allows for **multiple users** to input data **simultaneously**
- **Ensures integrity** of generated qualitative datasets
- Removes **risk of data loss**



2. What non-LIP [techs, RNs, LPNs, social workers, MSAs, schedulers), etc. support staff] are associated with test?

What is the range of services provided by these staff?

Can you tell me about any specific tasks (e.g., conducting cardiac stress testing) that are entirely performed by non-LIP staff?

Qualitative Data Management

- Exported into spreadsheet and coded
- Cross-verified by team members to **ensure consistency and validity** of codes



Analysis Matrix

2.What non-LIP [techs, RNs, LPNs, social workers, MSAs (schedulers), etc. support staff] are associated with [your specialty service]?	Nurse Case Manager	Coordinators	Clinical Manager	Clerks	RNs	LPNs	MSAs	Social Workers	Schedulers	Techs
<ul style="list-style-type: none"> •Social worker •RNs •Service coordinator •Clinic coordinators 			1		1			1		
<ul style="list-style-type: none"> •They have 4 RNs, 2-3 schedulers (share with other specialties), and a phone answering service. 					1				1	
<ul style="list-style-type: none"> •2 MSAs but it adds up to 1 FTE- allow more flexibility so it's better 							1			

Barriers & Wins: Rapid Reporting

GOAL

Rapidly report constantly changing data/information to PEPRReC and have data ready for on-demand update requests



Barriers

- Complex recruiting, interview, and preliminary data needed to be reported
- Data/information was changing multiple times a day



Successes

- Created unique reporting templates for rapid reporting
- Designated one individual to update templates

Reporting to Operational Partner (PEPReC)

Samples of reporting from August 2023

Recruitment activities were **tracked and shared** with Operational Partner on **a weekly basis.**

Discovery Phase Interviews		
	Current Time Period	Total
Pre-recruitment activities	Designed recruitment emails Finalized interview guide Submitted for union approval Compiled recruitment list	Designed recruitment emails Finalized interview guide Submitted for union approval Compiled recruitment list
# of contact emails sent (pre-union approval)	0	20
# of recruitment emails sent	47	59
# of responses to date	19	23
# of interviews scheduled	13	17
# of interviews completed	12	16

Discovery Phase Interviews			
Target: n=20 or as time permits			
Time Period	Goal	People Scheduled	Conducted
Week of 7/31	3	4	4
Week of 8/7	3	2	2
Week of 8/14	3	1	1
Week of 8/21	3	6	6
Week of 8/28	3	3	3
Week of 9/4	3	3	
Week of 9/11	3		
Week of 9/18	Reporting		
Week of 9/25	Reporting		
Totals:		19	16

Recruitment & Interviews

Reporting to Operational Partner

Samples of reporting from August 2023

Interviewee List

Positions included the following



Deputy Assistant Chiefs of Staff (ACOS)



Administrative Staff



Section and Service Chiefs



Program Managers Physicians



Nurse Practitioners



Nurse Managers



Nurse Coordinators

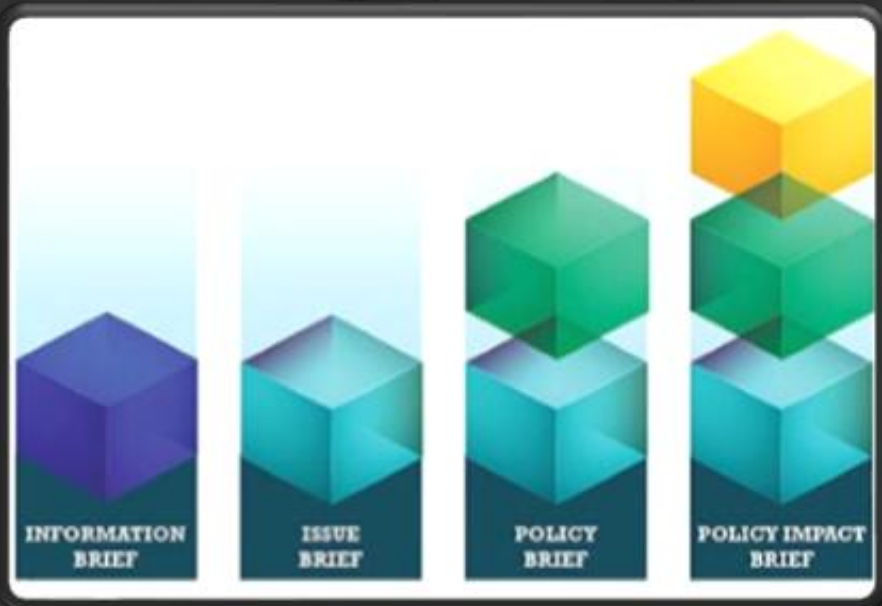
Discovery Phase Interviews

July & August Interviewees

VAMC	Specialty	Position	Date of Interview
TPA	Orthopedics	Service Chief	7/31/2023
TPA	Cardiology	Nurse Practitioner	8/1/2023
SLC	Urology	Service Chief	8/2/2023
SLC	Urology	RN Urology Nursing Coordinator	8/2/2023
SLC	Audiology	Chief Audiology & Speech Pathology • Audiology Services	8/10
TPA	Cardiology	Physician	8/10
SLC	Orthopedics	NP Surgery Services	8/14
SLC	Oncology	Section Chief, Oncology Services	8/21
SLC	ENT	RN Case Manager/Coordinator	8/22
Boston VA	Pulmonology	NP	8/23
North TX	Rheumatology	Staff Physician	8/23
North TX	Rheumatology	Staff Physician, Manager	8/23
North TX	Rheumatology	Staff Physician	8/23
Boston VA	Rheumatology	Physician	8/29
SLC	Orthopedics	Administrative Officer • Surgical & Anesthesia Services	8/30
SLC	Orthopedics	RN Case Manager/Coordinator	8/30
SLC	Cardiology	RN, Nurse Manager Cardiology	Sched. 9/6

Formalized Briefing Process

Resources for Writing Briefs | POLARIS | Policy and Strategy | CDC



INSERT POLICY BRIEF TITLE HERE

Insert author names here

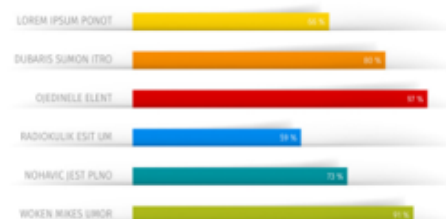


INTRODUCTION & EVIDENCE

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Massa tempor nec feugiat nisl pretium fusce id velit. Gravida cum sociis natoque penatibus. Eu non diam phasellus vestibulum lorem sed risus ultricies.

CHART



KEY FINDINGS & IMPLICATIONS

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Massa tempor nec feugiat nisl pretium fusce id velit. Gravida cum sociis natoque penatibus. Eu non diam phasellus vestibulum lorem sed risus ultricies. Faucibus a pellentesque sit amet porttitor. Sit amet facilisis magna etiam tempor orci eu lobortis. Ac felis donec et odio pellentesque diam volutpat. Cursum in hac habitasse platea. Est ullamcorper eget nulla facilisi etiam dignissim diam.

POLICY RECOMMENDATION

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VA Quality Enhancement Research Initiative
EVIDENCE INTO PRACTICE

For more information, check out:
<https://www.queri.research.va.gov/>

This center was funded by XXXX

Project lead contact: Name
title, email address

Principal Investigator:
Mary Jo Pugh PhD, RN

Multiple Principal Investigators:
Jolie Haun, PhD EdS
P. Jon White, MD

Operational Partner's Perspective: *Fostering Relationship + Trust*

The logo for PEPReC is displayed on a white rounded rectangular background. It features the acronym "PEPReC" in a bold, blue, sans-serif font. A thick red horizontal line with a slight upward curve at its ends is positioned below the acronym. Underneath the red line, the full name "Partnered Evidence-based Policy Resource Center" is written in a smaller, blue, sans-serif font, followed by "A VA QUERI Center" in the same font and color.

PEPReC

Partnered Evidence-based Policy Resource Center
A VA QUERI Center

A VA QUERI CENTER

Partnered Evidence-based Policy Resource Center

Who is PEPReC?

Partnered Evidence-based Policy Resource Center

QUERI evaluation center, academic partnership with Boston University



Provide VHA leadership with evidence-based solutions to policy questions

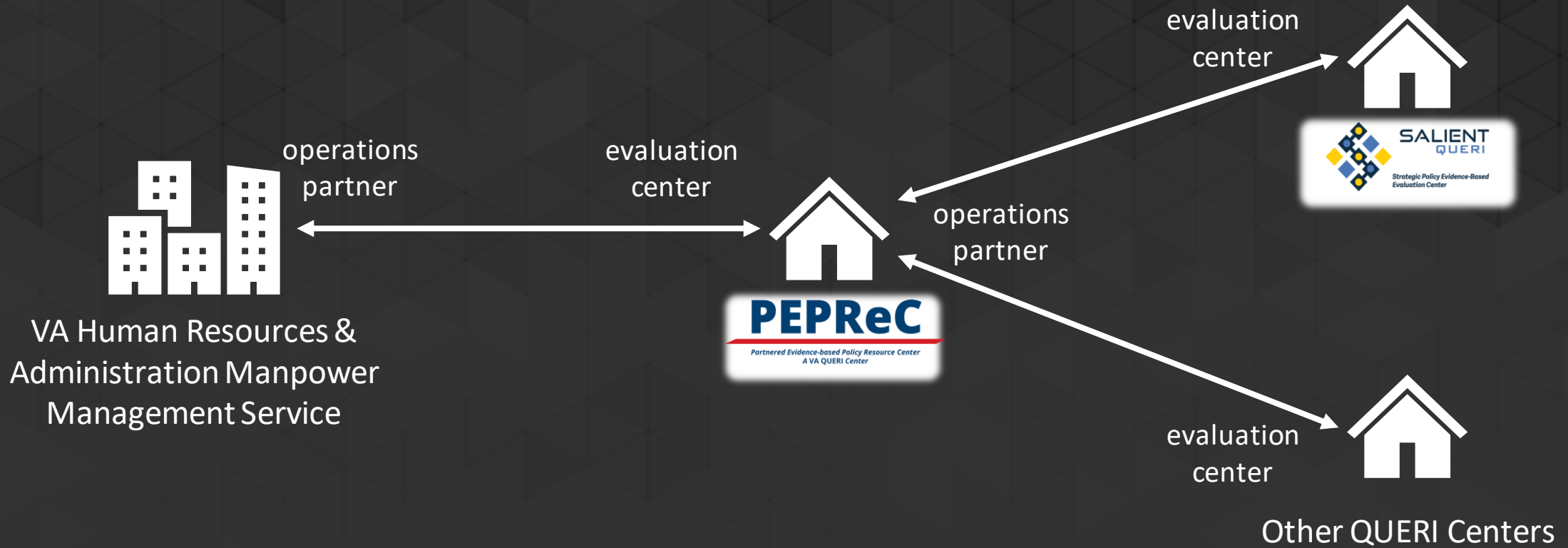


Staffed by economists, statisticians, data analysts, policy analysts, students

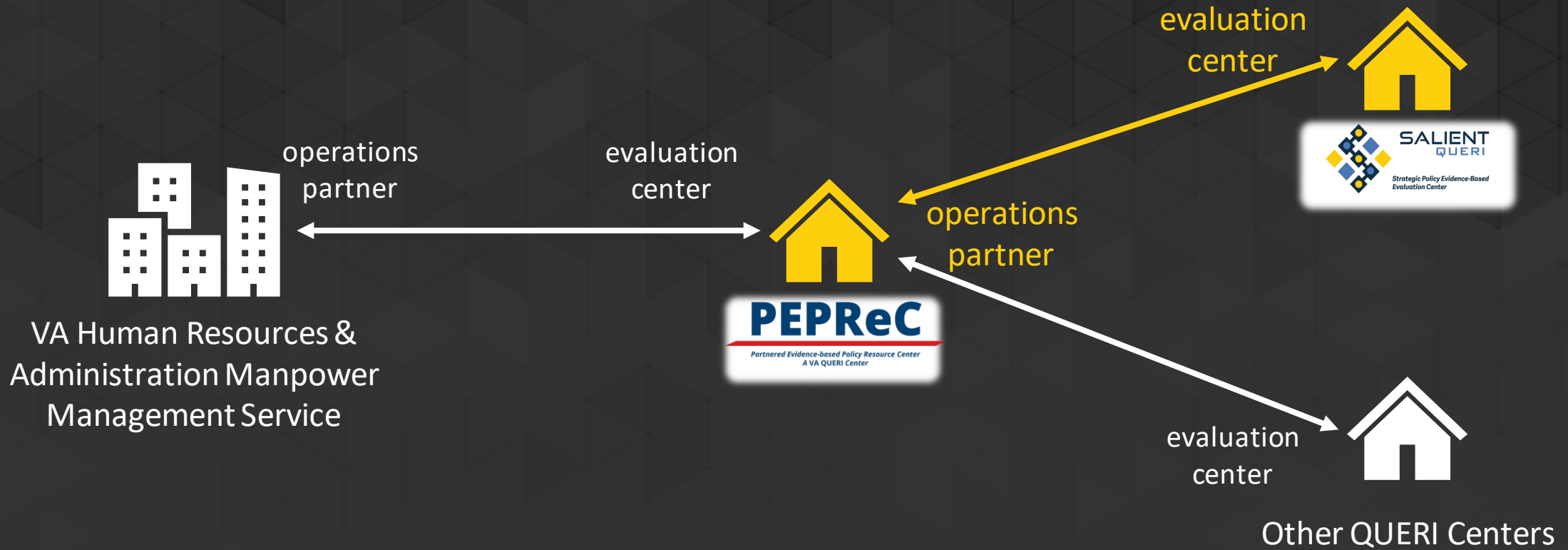


Expertise in access to care, mental health + suicide prevention, workforce, legislation implementation, econometric modeling, policy analysis, translation + dissemination

Workforce Guidelines Project



Workforce Guidelines Project



Operational Partner Perspective: Keys to Success



Define roles and expectations



Identify and emphasize strengths



Maintain flexibility and course-correct when needed



Optimize communication frequency and format

Evolution of the Partnership



FORMALIZE INTERIM REPORTING



LEVERAGE DATA COMMUNICATION
AND VISUALIZATION SKILLS



MOVE FROM SPRINTS TO
SUSTAINMENT

PEPReC as evaluator

- Being the operations partner is new for PEPReC
- Most of PEPReC's work is done as the evaluator



Relationship building



Slow burn



Clear communication



Prove quality of work



Prove relevance of work



Prove timeliness – be ahead of policy



Prove reliability – deliver

EXAMPLE 1

Office of Veterans Access to Care

- Longstanding relationship between PEPRc and OVAC (now IVC)
- Trust built over years

EXAMPLE 1

Office of Veterans Access to Care



- Policy team **tracked MISSION Act passage** from nascent idea to law
- Wrote summaries of law for internal/external dissemination



- Noticed that medical scribes were getting attention in law
- **Wrote policy brief and JAMA Health Forum article** about the impact of medical scribes on clinic function



- Susan Kirsh saw publications and **reached out** to Steve Pizer to conduct the mandatory evaluation of the medical scribes pilot (Section 507 of MISSION Act)



- **Years-long collaboration**, ensuring an evidence-based approach to pilot implementation and sound evaluation findings on impact

EXAMPLE 2

Chief Strategy Office

- Longstanding relationship between PEPRc and CSO
- Trust built over years
- VHA's implementation of **Evidence Act**
 - Learning Agendas
 - Annual Evaluation Plans
 - Capacity Assessments
 - Strength of Evidence Checklist

EXAMPLE 2

Chief Strategy Office



- Office of Community care (now IVC) asked CSO to help with **response to Congress** about adjustments to MISSION access standards



- CSO asked PEPRc to **help model the impact** of changes to MISSION access standards on Veteran reliance on VA care



- 2022 – PEPRc **provided robust statistical analysis** demonstrating the impact of various policy scenarios (e.g., incorporating virtual care, changing the wait time or drive time standards)



- 2024 – CSO **again asked PEPRc** to provide modeling assistance for same biannual congressional request

Presentation Summary



Sustained Efficiency & Partnering



Sustained Efficiency & Partnering Practices

Special Communications in Administrative Processes

Qualitative Team Member Training

Iterative Development of Data Collection Tools

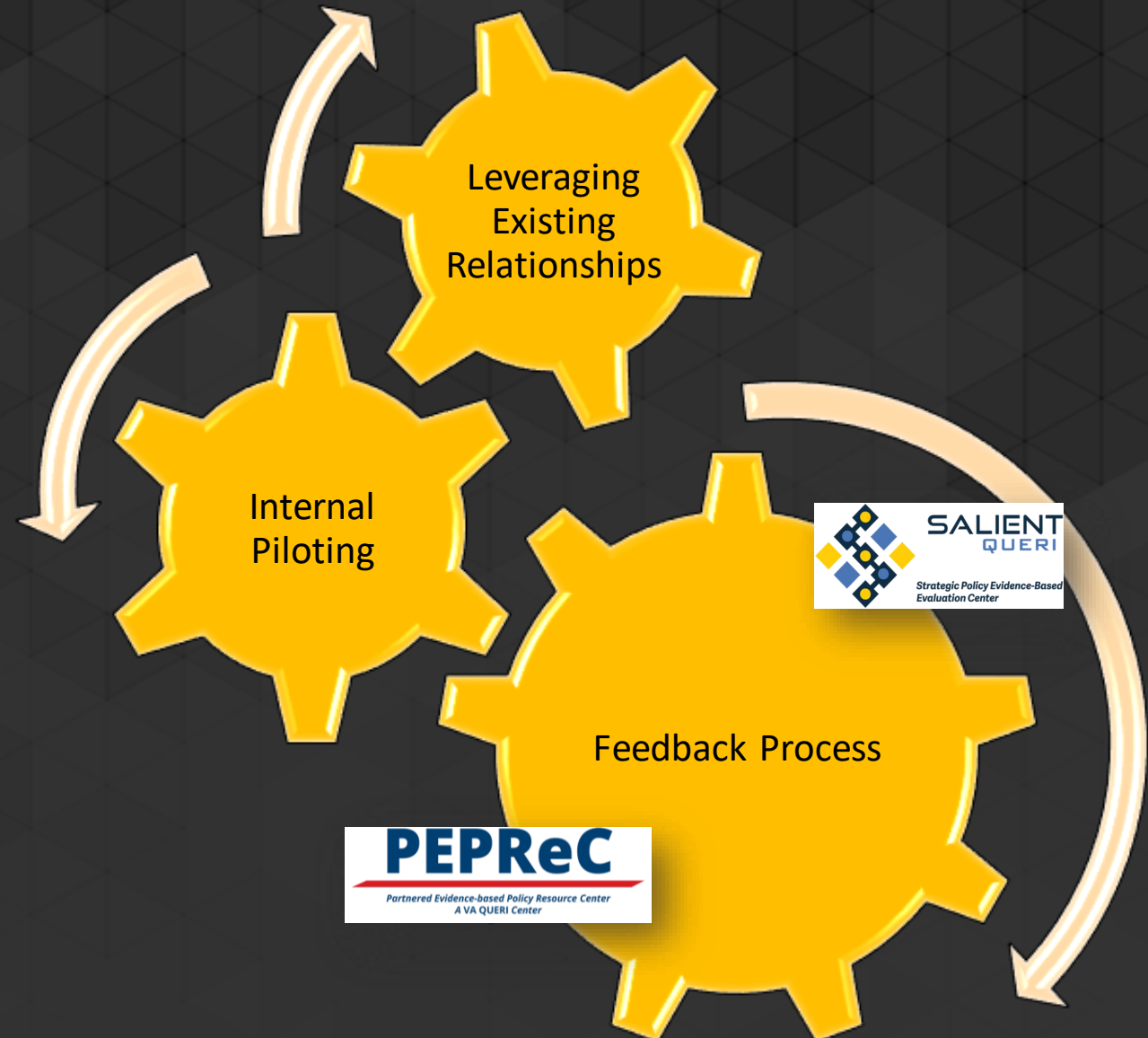
Tailored Data Management System

Internal & External Communication Systems

Sampling Strategies

Dillman Method

Systematic Tracking & Scheduling Strategies



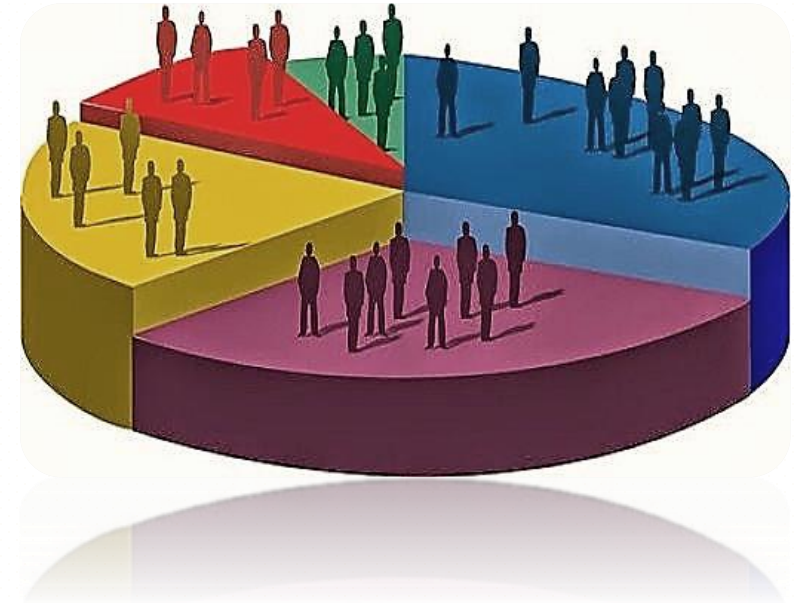
SALIENT Center

**Objective 3: Develop, identify, and prioritize
best practices in evaluation science**

Poll #3:

Do you have evaluation and/or partnering practices that should be considered as a “best practice?”

- Yes, I do and I’d like to share
- No, but I’d like to know more about best practices in evaluation science
- Not Applicable
- Other - Please describe via the chat function



Thank You



SALIENT
QUERI

*Strategic Policy Evidence-Based
Evaluation Center*

PEPReC

*Partnered Evidence-based Policy Resource Center
A VA QUERI Center*



Partnered Research
BONUS SLIDES

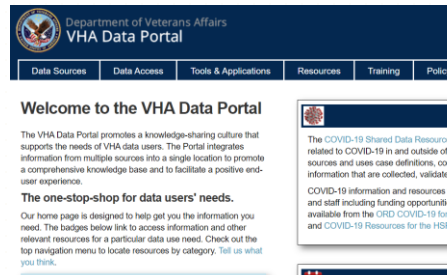


Resources for VA Data Users

Select image to visit page



VA Information Resource Center (VIReC) (VA Intranet)



VHA Data Portal (VA Intranet)



VIReC Cyberseminars



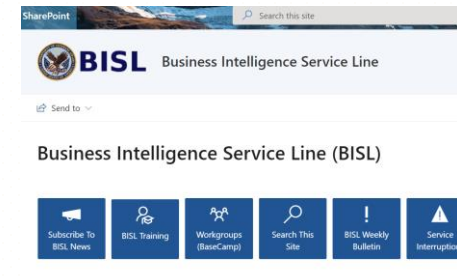
VA Millennium EHR Data Documentation (VA Intranet)



Quick Guide: Resources for Using VA Data (VA Intranet)



VA Informatics and Computing Infrastructure (VINCI) (VA Intranet)



BISL/CDW (VA Intranet)



Health Economics Resource Center (HERC) (VA Intranet)





Questions about using VA Data?

HSRData Listserv

- Community knowledge sharing
- ~1,800 VA data users
- Researchers, operations, data stewards, managers
- Subscribe by visiting vaww.virec.research.va.gov/Support/HSRData-L.htm (VA Intranet)

VIReC HelpDesk

- Individualized support
- Request Form: varedcap.rcp.vaec.va.gov/redcap/surveys/?s=KXMEN77LXK (VA Intranet)

