Amy: Thank you, Heidi. And thank you to the CIDER team for this special presentation a new RFA that the VA QUERI program is about to release, so we wanted to provide enough background information for folks if they are interested in applying to learn a little bit more about what we're looking for and also to address any questions you might have. And as Heidi mentioned, these slides will be available post presentation as well, and we'll make this information available, obviously, in the RFA which will be released by October 1st. I also want to thank Melissa Braganza, our QUERI Program Manager, as well as Melissa Garrido and Steve Pizer and others from the Partnered Evidence-Based Policy and Resource Center, or PEPReC, which will be one of the key players working with awardees as part of this initiative.

So just a brief overview of essentially what are these new QUERI evidence-based evaluations center, what the RFA cover? So basically, our goal is to fund two to four evidence-based policy focused evaluation centers and one coordinating center. Basically, these evaluation centers will be taking on national, what we would call, big ticket evaluation proposals, evaluations themselves on high-priority healthcare topics or topics affecting veterans' health. Basically, the evidence-based policy evaluation centers will support VA's fulfilment of the Evidence-Based Policymaking Act, which was passed in early 2019 and requires that all government agencies, including VA, use evidence in evaluation to justify their budgets.

So we have already seen an increased demand in evaluation, and we've also seen increased demand of really what I would call high-level or big ticket evaluation questions, not so much specific to a veteran population or a specific disease or a specific treatment but general questions such as the impact of virtual care on veteran quality of care and cost and in veteran experience. Those sorts of big-ticket questions.

Secondly, this RFA will be posted October 2021 by October 1st. Proposals will be due early December, and funding is expected to—for the proposals who meet criteria, can start as early as March 2022, later March 2022. The centers will focus on areas of expertise and have evaluations assigned to them. So essentially, centers ought to cultivate a few areas of expertise in which evaluation plans would be assigned to them. This would be in coordination with QUERI's PEPReC center, and more information on PEPReC is available on the link. And they have also done a lot of work, a lot of the groundwork already in helping VA fulfill the Evidence-Based Policymaking Act.

QUERI, these also QUERI non-research funding, so it would be from—basically we're looking for evaluation centers in the range of 500,000 to a million dollars a year per center for up to four years. The exact amount of money is negotiable, and it depends on the capacity of those evaluation centers to take on evaluation plans. In addition, we also are strongly encouraging not only our program office and partnerships at the VA national

program office level, but we're also strongly encouraging institutional partnerships to fulfill the goals of these evaluation centers.

And what we mean by that is we're strongly encouraging the use of contracting to perhaps get evaluation policy, economic, mixed methods, policy analysis systems, and informatics types of expertise available at your partnering universities for example. So we are very much open and encouraging contract mechanisms to build capacity for these types of evaluations because, again, these are going to be really broad high-level evaluation efforts looking at national data and will be by definition interdisciplinary in nature.

The other thing about these evaluation centers that make them different with other traditional QUERI or even HSR&D centers is that there will be quarterly reporting requirements. This is not our fault. This is basically due to the fact that the evaluation plans will be mandated and made public by the Office of Management and Budget as part of the evidence act, and so that there also will be requirements in the future to have quarterly reporting requirements. So for those of you have ever worked for state governments and never worked with other government organizations that have done quarterly requirements, this will probably be familiar in that regard to you. So those are kind of the bottom lines, the big picture of what this RFA is all about.

So I will go into a little bit more background. According to the evidence act, just to give some brief background on the reason why we're in this business at this point, as many of you know, QUERI was established in 1998, and our mission is to improve veteran health by accelerating adoption of evidence into practice. And for the past 20 years, that field has really evolved in the form of implementation, improvement, evaluation, and sciences and increasingly has been embraced by the fields of evidence-based policy making and policy analysis.

So back in 2015 when we had launched a number of evaluations around the veteran's choice act, evidence-based policy had become a QUERI funding priority. It became a core component of our strategic plan in 2016 to 2020 and was enhanced due to the evidence act passage by a bipartisan congress, bipartisan support in 2019. And so we have continued that priority in our 2021 to '25 strategic plan. This is because the Foundations for Evidence-Based Policymaking Act, or the evidence act, requires federal budgets to be justified and using evidence and evaluation. The VA has already adopted several key components of the evidence act. They've already had QUERI review budgets and legislative proposals for level of evidence.

There's also been an increased need to do evaluations. In addition to the evidence act, there are also many legislative mandates that have been passed by congress and then also with the White House that have also focused on the

need to do essentially more evaluations to determine level of evidence and also evaluation to basically inform policy. And we will talk a little bit more about what we mean by a broad definition of evaluations.

VHA, Veterans Health Administration, the undersecretary at the time delegated core evidence act requirements to QUERI. A lot of this is high-level reduction of what you would consider a set of deliverables that are required by OMB. One is the learning agenda, which essentially is a document that aligns activities around evidence generation and evaluation that the VHA does with the VA overall strategic plan. The draft VA strategic plan for 2022 and 2028 is currently going through concurrence. It will be sent to OMB shortly.

In addition, QUERI has done capacity assessments where we've interviewed over 25 different program office in VHA about their capacity to do evaluation, and obviously there's been a lot of interest in evaluation. But not every program office has the ability to do their own evaluation. What this RFA does that is unique is that there will be what I call big-ticket questions that the evidence act will require VA to answer, and it will take not just one program office but several program offices working together. And so these would be pretty much very high level questions that we would have these evaluation centers focus on, and these would be big-picture questions. So they would be essentially crosscutting across different program offices.

In addition, we've worked on developing—or PEPReC has developed a legislative proposal evidence checklist. And then in addition to that, we've also developed the first waves of the yearly evaluation plan requirements that OMB has done, so we've basically used our existing QUERI centers to do some of those evaluations as well as PEPReC doing heavy lifting on some of the initial evaluation work.

So why is the evidence act important to VA? I'll just be quick about this. The evidence act is law. It will influence agency budgets. These documents will be made public. The Office of Management and Budget is the overseer of the evidence act and is very much involved in really line by line reviewing a lot of these budget proposals and a lot of these evidence and evaluation proposals as well. This has also been a culture within OMB for many, many years, so this really builds on—actually, way back in 1996 when the Government Performance and Results Act was passed where government agencies were required to have strategic plans and priority goals. And then it modernized in a 2010 legislation that was bipartisan. And then also the 1996 Clinger Cohen Act which required having every government agency to have chief informatics officers and having data available for evaluations.

This has been further supported through a recent White House memo on restoring trust and government through scientific integrity and evidence-based policymaking, so this is pretty much well-supported by two of the

branches of the federal government. It helps VA strategically respond to other legislative mandates, though there's been numerous legislative mandates for veterans' care that have slipped in an evaluation there and there. The latest is, for example, on service dog implementation. So that is one that may come up as a potential topic. In addition, it is also aligned with VHA priority goals. Many of you've probably heard about high reliability organization and also learning organization principles as well.

So these evidence act evaluation plans, this is basically the reason why we have this RFA. We will need to product yearly evaluation plans that then get executed by field investigators, like yourselves, to help fulfill or help VA fulfill the evidence act requirements. So this is basically that it is going to be yearly evidence act evaluation plans, usually on maybe three to four high-priority topic areas that get developed during the budget cycle. So for example, we developed evaluation plans for FY23 that were in this past fiscal year—actually, we're at the end of fiscal year '21. So these are planned maybe a year and a half in advance, so there is time to refine the methods and things like that.

They will need to meet requirements for significance. This is an OMB term that they've essentially given to us saying do not do evaluation—don't do a thousand evaluations. We want you to do some really focused areas of evaluation but make them broad and high level and essentially answering important questions that are veteran centric, focused on vulnerable, marginalized, and at-risk populations, and that they produce a pathway to informed improvements, which is why I think QUERI is in a great position to do these evaluations given our focus on implementation. There's a document that OMB produced called N2127 that defines evaluation broadly, and that includes assessment using systematic data collection and analyses in one or more programs and policies and organizations.

In VA, program evaluation is considered non-research. That is something to also keep in mind, so these would not be required to have IRB review. We would basically take care of that using the standard QUERI non-research method. Evaluation plans ought to be asking a range of questions, not only does a program or policy work, looking at the quintuple aim outcomes, such as quality, equity, patient experience, and workforce experience. But how does it work across different settings and populations? And I think very importantly from an implementation science perspective, what will it take to sustain this program?

So this is why QUERI has really embraced this concept of evidence-based policy, and we feel that we're well-positioned. And thanks to all of you who are QUERI investigators or wanting to be QUERI investigators because of your talents, that we do a lot of implementation informed evidence-based policies. So we go beyond just the program surveillance. We want to see if those programs work, how they work. What will it take to make them stick

essentially? So we do that because our philosophy is we strive to ensure that treatments, programs, and policies work at the clinic level for veterans.

We have the implementation roadmap for quality improvement which aligns the evaluation and quality improvement goals to inform program and policy implementation mainly by essentially involving multiple stakeholders and essentially embedding evaluation across multiple levels. We also are very much focused on the learning agenda for the evidence act. We've done a lot of writing and including a lot of stakeholder inputs into drafts and writeups that we have also produced. The learning agenda essentially was written by QUERI investigators, primarily thanks to PEPReC and others, and that has now been included in the VA strategic plan, which is again still in draft form.

We also—and mainly focus on our methodology, and this is sort of a high-level example of how we think about how we prioritize things in QUERI in general. But it also is a map of how we also really consider different priorities and how we thought about prioritizations, especially when it comes to understanding what will the VA want to do in terms of evaluation topics? We look across many different operational partners and stakeholders to come up with this, to come up with some of the top evaluation priorities for this. We also have done on a routine basis since 2017 a survey and essentially focus groups survey and live voting of top priorities of VHA leadership, and we will continue that process as part of this initiative as well. So this is how, essentially, these evaluation topics will be assigned.

So the QUERI Spectrum Evaluation. So QUERI already funds lots of evaluations, and you're probably wondering where do these evaluation centers fit in the universe of what we fund? Essentially, we basically fund short, medium, and long-term evaluations, and the evaluation centers are going to be assigned what I would consider medium-term evaluations, one to two years in scope. Maybe up to three years depending on how big the questions are and essentially what they are trying to address. The process here is meant to be essentially very handing off of different priorities and evaluations. So, for example, there might be some initial evaluation work assigned to QUERI program rapid response teams, which is a mechanism where our QUERI programs are on retainer to take very time sensitive national evaluation or implementation projects.

Some of them may end up—could be, doesn't have to be, but they could be evaluations that the evaluation centers take on more broadly. In addition, some evaluation centers' evaluation plans may also be spun off into sort of what I would call long-term evaluation service that could be provided to a program office if this—again over the course of several years, could then end up being sustainable for both the QUERI investigator team as well as the program office. So imagine doing an evaluation focused on geriatric health and may be a spinoff evaluation, partner evaluation center with geriatric's and extended care could be formed based on some of the results and further

questions that come out of the evaluation plans from these evaluation centers.

So we're very much focused on essentially creating a system of retainership where we have stability and funding for our investigators through these evaluation centers to basically broker the conduct of not only these big-ticket evaluations of broad topics, but to perhaps use that as a platform for your own investigators to spinoff evaluation topics that you can maybe do on a more specialized basis with a program office. So think of these as capacity building for your own teams.

So one of the distinctions, though, with evaluation center and what we've already funded in QUERI, so QUERI's often funded a lot of different initiatives. We're different from research. We are different from HSR&D and the rest of ORD. A lot of things that we fund are technically not investigator initiated. I mean, many of you probably have some wonderful ideas for evaluation plans, but definitely the evaluation plans would be assigned to you and, of course, matched based on expertise and interest. But they would be really broad evaluation topics that come from VHA VA leadership. They're relatively time sensitive, so work would have to begin that fiscal year. There won't be like a six-month run-in period. Work would have to be done immediately once the evaluation gets assigned. There needs to be a broader array of evaluation expertise, so mixed methods, qualitative, quantitative, clinical, and health informatics areas. To some extent, policy and economic analyses as well.

They will be highly encouraged to invoke a rigorous, such as a randomized design or something with at least a control group, especially if you're asking questions of whether not a program or policy works. They will involve connecting with multilevel partnerships with different program offices, different researchers. Groups like that. Again, the topics and content evaluations are going to be more directive, so the methods may be more directive. The topics. But the trade-off is this, I mean, there's a lot more stability to that. There's a lot more opportunity to access national data where you would as an investigator initiating your own research, would have to build that dataset yourself. So imagine the trade-off being the questions may be directed, the methods may be a little bit more directive, but you get access to data that a lot of people wouldn't have access to.

And then finally, it's high visibility to OMB. There is a link embedded in this slide presentation, which is the FY22 public annual evaluation plan. This is the one that QUERI, mainly through PEPReC, his written and supported. There's a VHA section and a VBA section. Take a look at that because it kind of gives you a flavor for essentially what we're looking. But I pulled out particularly essentially a learning agenda question, which goes into the strategic plan, which is as an example, how can VA ensure that veterans have access to timely care in their preferred setting? So obviously, a very broad question, so we're not looking for really disease specific or really veteran or

like population specific evaluations. But we're looking for evaluation questions like particular programs that are getting national attention. So, for example, at one point, Congress wanted to see if implementing medical scribes would be more effective for veterans and more effective for their care.

So the evaluation question became, how do medical scribes affect clinic function and patient satisfaction? And that is compared to medical scribes of different types and to a control group of sites. A second evaluation question involved, how effective are the mission act based on deserved scores, which was a methodology that the mission act mandated for VA to measure the level of undeservedness of facilities and essentially how effective was that for basically developing mitigation strategies in addressing underserved facilities. So these essentially were ways in which the undeservedness of certain communities could be addressed with evaluation questions. So again, very broad in terms of their scope and meant to be that way in respect.

QUERI evaluations, again, are not considered research. I will just briefly touch upon this slide. Many of you are familiar with this. Take a look at the cyber seminar. You will learn how to essentially apply for non-research protocols. These will not be sent to the IRB. The common rule has expanded the definition of non-research to include program evaluation anyway, but we have this extra feature of that, the fact that our funding is medical services. It's not research, so is not tied to require IRB review. So that's something to also emphasizes well. There's, again, I wanted to give some progress on the evidence and deliverables. So there's been a lot of groundwork since 2019 thanks mainly to PEPReC and basically helping the VA fulfill the evidence act. And it wasn't until now that we've been able to get additional funding to start _____ [00:20:57] more evaluations based on this.

So we've created FY22 and 23 evidence act evaluation plans. The topics are listed here. For FY22, that included opioid pain treatment, suicide prevention. Then for FY23, there was more on virtual care and COVID access to care as well. In addition, the capacity assessment in FY21, evaluations have been conducted. This is like evaluating our own system, like how much evaluation capacity do we have? And essentially, we've identified over 35 VA program offices with evaluation capacity in various forms. So given the fact that there are many more program offices than 35, there's a lot of work that we'll need to do, and especially crosscutting across different offices. And there's been a strength of evidence assessment, and then we've also worked on implementing the evidence act evaluation plans.

And then also strongly related to this is our initiative called the Advancing Diversity and Implementation Leadership, or ADIL, so we are strongly encouraging folks to apply for ADIL because it does include evidence-based policy in addition to implementation, TY, and evaluation science training as well.

So basically, I'll go over the nuts and bolts of the RFA. We'll talk about what we're going to be looking for in the evaluation centers and then the coordinating center. So essentially the goal of this is to support infrastructure to conduct big-ticket rigorous evaluations on VA national programs in a broad way for policies, in a broad day that are identified and selected as priority evaluation topics by VA national leadership. In addition, it also expands QUERI's ability to support VA and VHA fulfillment of the evidence act required annual evaluation plans and other legislative mandated evaluations. So those could include evaluation requirements from the new National Defense Authorization Act and other legislation.

In addition, it helps us to build national capacity amongst VA investigators and affiliates to conduct rigorous evaluations in VA with a focus on implementation and quality improvement science and clinical outcomes. In addition, to the focus that PEPReC has taken on economic analyses, business case analysis as well. So we're looking at the way we're really processing the way that these evaluations will flow is essentially this five-part cycle that we got endorsed by the governance board. VHA leadership has endorsed this process. So when QUERI was asked to take on major components and help the VA fulfill the evidence act goals, we needed to come up with a process of communicating between VA leadership VHA leadership and then essentially involving a local, regional, and national stakeholders in identification of priorities.

So this is really much based on what we'd done for the past few years were QUERI has gone to VA national leadership and said, what are your priorities? Please help us rank order your priorities. We will put out money for implementation evaluations. And so we have a process that starts in the fall that essentially has VA local, national leaders nominate priorities. These could be like virtual care, COVID long-term impact. It could be on homelessness, whatever the priorities are. And we get into some cogent sentences, and then we have VA and VHA leadership rank and confer on the priorities, usually picking five to ten. So that ends up becoming what's in our RFA for this particular evaluation plan.

So the initial parties essentially were based on VA leadership that got into the evaluation plans for previous fiscal years are current fiscal years. The evaluation topics are then vetted and assigned to the evidence-based policy centers, and then through a process of internal peer view, we would have the evidence-based policy centers draft, develop, and execute evaluation plans that do get vetted back to PEPReC and to VACO QUERI leadership. And then they go ahead and conduct those evaluations in the field-based centers. The results and deliverables go back to VACO to us, to VACO and to OMB. And then we basically inform programs and policies through VHA budget reviews and also VHA and VA leadership as well.

There's a whole evidence-based policy council set up at the big VA level,

and then there's also going to be a workgroup that will be chartered shortly at the VHA level to manage a lot of this process, too, and oversee it. But essentially, the core cycle is being fueled by efforts thanks to PEPReC and their work as well as, and I many respects, to the Chief Strategy Office and the VA finance office as well.

So more on the RFA. So what are some of the current priorities we would be interested in seeing? So a broad list, we have about at least 13 priorities. These are based on current priorities identified by VISN directors, by VA program office leads, as well as priorities that have been picked from FY22/28 VA strategic plans. They are highly, I think, in many respects, different from what most QUERI centers work on, but, again, this is a different RFA. And we're looking for very broad evaluations to be conducted in these areas. So military toxic exposures, particularly health services and organizational policies in addition to clinical outcomes. Women's health initiatives. There's been a lot of interest in providing quality of care reproductive health and prosthetic services for women veterans, as well as veteran employment outcomes. EHR modernization, including effective quality improvement and change management strategies.

Suicide prevention continues to be a high priority especially for transitioning service members. Veteran experience and quality of virtual care options. Health disparities in veteran social determinants of health, although this can probably crosscut across all these other priorities. In addition, delayed or suppressed care due to COVID-19. There's also this is in part due to some initiatives out of HHS called the Arc of Health which is something that White House is also focused on, climate change, including impact on veteran health, wellbeing, health equity, and economic opportunity. That's our focus area.

Burnout provider experience in outcomes among VA employees and trainees. Noninstitutional care, long-term care, and home care services. Effectiveness in implementation programs to eliminate homelessness among veterans, and quality and cost of community care. So very broad topics we understand, but we also have the opportunity and can afford the opportunity to ask broad evaluation questions because these will be national in scope and essentially looking at getting you access to national data to answer these questions.

So quick overview of the funding announcement in a deep dive into what we're looking for, and then hopefully we'll have time at the end for PEPReC to maybe say a few additional words and to also address any questions as well. So an overview of the funding announcement. Essentially, we are looking at the goal is to promote the use of rigorous but practical scientific methods and evidence to inform VA programs and policies. We're going to follow the typical winter HSR&D QUERI timeline, so, again, applications due early December. We have an intent to submit period in early November. We'll have scientific merit review and decisions by the end of March 2022.

The funding and duration for a QUERI center, we're looking between 500K to one million. For the coordinating center, around one million or maybe a little bit higher than that, again subject to negotiation. Partnerships, we're highly encouraging not only national program office partnerships but partnerships with universities, especially through contracting mechanisms, so as a means of maybe forward funding, especially time sensitive evaluations going forward. And then the reporting requirements are to ensure timely responses to the evidence act, legislative mandates, and basically the evaluation centers will need to respond quickly to requests for information and materials from VACO, QUERI, ourselves, or PEPReC in addition to submission of the traditional midyear and annual reports, describing key activities and impacts.

So again, we're hoping to fund two to four evaluation centers, to actually conduct these rigorous time-sensitive evaluations based on the high-priority topics and in coordination with PEPReC. We are also intending to fund an implementation and evaluation coordinating center to support another goal of VA which is to train more people in evaluation and also to facilitate peer review and assignment of short-term, time sensitive evaluations. So it's a long list of 13 priorities, and imagine we have a priority that is just so short-term that it just needs help right away, that this coordinating center would be essentially assigning those time sensitive, really like three- to six-month evaluations to existing QUERI programs in the field.

In addition, there is a lot of focus on training and learning goals for conducting what I would call implementation-influenced evaluation and evaluation methods, and essentially to track the impacts of the evaluations globally to meet evidence act goals. So the actual evidence policy centers, the evidence-based policy evaluation centers are expected to conduct approximately two evaluations per year, identified by VA or VHA leadership as top policy priorities. Evaluation plans may last one to three years. They may actually—you're allowed to add questions in subsequent years. Evaluations greater than one year may include additional evaluation objectives. The evaluation topics that will be assigned by VACO, QUERI, or PEPReC, the centers are based on areas of the center's identified areas of expertise and capacity.

So essentially if you are familiar with the Evidence Synthesis Program, essentially, they do the same thing. They assign topics based on interest and expertise. Centers develop evaluation plans using a standard template. If you want to see an example, that would be the FY22 public evaluation plan for the VA. And we also we will be tracking impacts using QUERI action impact measures framework, as well as the quintuple aim outcomes. Other features at evaluation centers include that they will be independently operated. They will be their own center but will meet regularly with VA, VHA leadership and QUERI, VACO, and PEPReC. Multidisciplinary teams should be willing to take on more than one or two priority topic areas, so we are not looking for

like one topic area at one evaluation center. We want you to think of at least two priority topic areas to focus on.

So in many respects, a lot of those priority areas, I mentioned the 13 that will be in the RFA and do overlap, so we're not expecting you to be too wide in one area versus another. But we are not looking to have topic specific evaluation centers. We're looking to create evaluation centers that would be able to work on, ideally, more than two, maybe three or four priority topic areas so that we can maximize flexibility in assignments. And there's also a way of becoming interdisciplinary as well. Must have quantitative and qualitative methods expertise. In addition to that, we are highly, highly encouraging economic budget impact analyses, policy analyses, implantation improvement science, systems integration, clinical informatics expertise as well.

We also are looking for strong experience working with ops partners and understanding the flow of information be quicker than typical research studies and also a proven track record of producing deliverables in a tight timeline and an interest in track record in diversity and inclusion because, again, we want to make these evaluation centers hubs of training and opportunities for our ADIL fellows as well as other fellowship opportunities in diversity, promoting diversity, equity, and inclusion. The evaluation centers often have three cores. One is operations, which essentially is coordinating the deliverables, the communication of those, working with different stakeholders. The methods core focused on preparing and executing the evaluation plans. And knowledge translation core, which is focused on developing a communication and evaluation of the impacts of deliverables themselves and also the mentoring if you have an ADIL fellow that is working with you in your center.

Four years of funding contingent on meeting key milestones and the opportunity if we do continue and we are strongly encouraging these evaluation standards to continue beyond four years, so we definitely want to build capacity here and to build stability and funding for these. So the evidence-based policy and coordinates _____ [00:33:57] Coordinating Center is to support the implementation of multiple national evaluations, peer review, and assignment of short-term, time-sensitive evaluations to QUERI. To train employees in evaluation implementation QI methods and to work closely PEPReC to not only help assign but track impacts of the evaluation plans to meet evidence act goals. The _____ [00:34:19] Coordinating Center, again, ought to be operations of the administration and rapid response to the evaluation. That's implementation QI-focused evaluation, so they may take on rapid evaluations themselves. And to focus on a learning component, training, and evaluation and implementation methods. Four years, again, contingent on meeting key milestones.

Here's a scheme of what we think—we believe this is going to work out. So

we have PEPReC already with a lot of experience working in evidence-based policy. They really spearheaded and helped VA and VHA with the initial deliverables for the evidence act quickly, becoming as this grows and builds in terms of responsibilities and capacity, they will be working with the individual evaluation centers that get awarded. In addition to that, they will be assigning evaluation plans, and then also reviewing completed evaluations. And that will be in coordination with the coordinating center, the implementation evaluation and coordinating center, which would also have an operations rapid response component doing their own evaluations and learning as well and doing training and mentoring and evaluation methods as well.

So in addition, applicants are encouraged to consult with HSR&D and QUERI resource centers to learn a lot more, especially with PEPReC and to learn more about what they're doing. The Health Economics Resource Center has a plethora of great information as well, as well as VA's Information Resource Center. And then also it's worth a look at the OMB resource on evidence-based policymaking and how they think about evaluation. The link to their memo about that is also available as well.

So here's the scientific _____ [00:36:09] timeline of what we're looking for. So it is fairly tight, but we do want to get some of these funded. The sooner the better so we can spend our FY22 money. So there's an intent to submit submission due early November, just when we published the RFA, we will have the exact dates. So that's coming out fairly soon in the next couple weeks. We also will have the applications due in early December, so it's like a traditional pathway here. Scientific merit review is early March. We will make the notification review outcome by later in March with essentially by April 1st—should say 2022, not 2021. We're not going back in time, but it will be able first 2022 for new QUERI center start dates.

So we will end there, and I'll just leave the slide up and maybe open up with questions and discussion and additional information from PEPReC. But feel free to reach out to myself and or Melissa. There's the link, the internal intranet link to the RFAs that we, again, will be posting these on October 1st. Be sure to check out the FY22 annual evaluation plan from big VA. Kind of gives you a sense of the types of evaluation questions and how they get approached. And then finally, more information on the _____ [00:37:25]. We are always taking applications to that. That will be on the QUERI website as well. So thank you so much for your time. It leaves us about 42—not 42 but 22 minutes for some questions and answers. But I'll turn it over quickly to Melissa Garrido and Steve Pizer if they want to add anything from the perspective of PEPReC. Thank you.

Melissa Garrido: Thanks, Amy. This is Melissa Garrido. I was happy to talk to anybody offline afterward, too, as questions come up. I know this is a lot of information in a short amount of time. Just wanted to emphasize a couple of points that Amy

made about the need for very regular reporting and deliverables. OMB is a unique partner to work with. They like to have a lot of information on what we're doing for different evaluation plans, especially how they are tied to different budget decisions and budget legislative proposal decisions within VHA. And as Amy mentioned, there are some examples online that fiscal year '22 annual evaluation plan provides some examples of different deliverables and milestones that you might associate with a given project. And, Amy, there a couple of mechanics questions within the Q&A. I wonder if you want to address those before we open it up for general questions.

Amy: Absolutely. I'm actually trying to open them up. If someone can read them to me, that would be great. I'm having trouble viewing them.

Melissa Garrido: Sure. So one question is, do we suggest evaluation questions that our team is capable of addressing, or is the focus of the application on expertise of our team and our ability to address a broad range of program evaluation questions?

Amy: Yeah, that's a great question. So we want you to be prepared to address a broad range of questions. But we also are really, I think, the reason why PEPReC is helping to coordinate this is that we do expect dialogue, and we often think that some of the best insight and ideas for addressing evaluation questions come from the field. So there is going to be some back-and-forth. I think in many respects, you're going to get an evaluation topic that is going to be fairly high level and will need to figure out what angle to take in that evaluation. What we don't want to see and let's say like for example that we are trying to discourage really, I would say, disease-specific or population-specific evaluations for a broad evaluation topic. We want to get them as broad as possible, but we also recognize there might be specific programs that VHA has endorsed or VA has endorsed the need evaluation and could address that specific topic.

So that's subject to negotiation as well because oftentimes you would probably have the best knowledge about what's out there. You've talk to the operational partners, you kind of know what are the best practices, so we expect that kind of information and expertise to flow back to us as much as we're going to be directing the topics down to you.

And then I think the other question is, are multiple centers allowed to work together? Yeah, absolutely. We always have encouraged QUERI centers to work amongst each other, and so there may be a situation where there could be a really broad evaluation topic. And it will depend on the circumstances. But I imagine for some of them, there may be an opportunity to have one center take on a chunk and then the other center take on another chunk. I can see that already for some of the really large evaluation topic areas that might involve some multidisciplinary teams. And for one evaluation center that has focused a lot on, let's say, informatics and some areas around clinical care,

you may be able take a piece versus another center taking on more of an economic analysis.

But again, we want to also provide evaluation plans to centers as standalone projects as well. It's a little bit easier to have lanes of effort, too. So again, we're flexible, but we also work—we also notice that things kind of work in a more fluid way when there's lanes of effort and there's clear boundaries between who's doing what.

Melissa Garrido: I'm trying to scroll through the questions here. We have quite a few coming in, so one is, how thematically similar do the various priority areas need to be? Question went away as more are coming in.

Amy: Yeah, that's right. Okay. Yeah, no, a great question. I think that I would like to basically—these centers are going to be different from what you've probably seen as traditional research centers where research centers often build deep, or they build deep specialized expertise in a particular area. We feel that if you're a health services researcher, you've got enough expertise to do a broad range of things. You've got the methods. You've got a lot of the stuff under your belt. Having said that, we also realize, too, that people often congregate together with like-minded areas of expertise and interests. And so we are encouraging, essentially, the ability for an evaluation center to take on more than one topic area. I mean, we have to do that. I don't think we would survive if we funded—it's like if you ever worked in care management, imagine it's not sustainable to have a care manager in like 18 different conditions. At some point, some of this stuff is fairly universal across topics.

But we also realize, too, that you're going to congregate in areas of expertise, which is great, just basically be willing and flexible to take on evaluation topic assignments as they come. And they may be slightly different, but sometimes working on something that's different can also enhance the methods that you're using for another area. So that's part of science, too, so we do want to encourage a broader array of interest and expertise as to the extent possible.

Melissa Garrido: There's a question that I'm going to tackle the answer to. There's a question about evaluating both clinical and research data in the evaluations. I am going to expand up on that question a little bit to suggest that the evaluations that are associated with the various priority areas, a lot of these are evaluations to inform system-level or managerial changes. So building on what Amy said about not generally being specific to a single clinical condition, think more about questions that might inform resource allocation or staffing to various areas or understand how best to target different interventions for care.

Amy: Yeah, absolutely. I think in addition to that, you're going to get—someone also asked, I think, will you have access to data sets? And I said absolutely yes. We're going to basically—because these are going to be evaluations that

are directed by VA, VHA leadership, our job is to basically get you the best data possible. And that means if that's breaking down barriers that would normally be a problem for an investigator-initiated research project, our job is to help break down barriers and get those data for you. And that's essentially happening in some of the early-stage evaluation work that we've had to cosponsor. We also do that basically with buy-in from the national program offices. Many times, they have access to data that would otherwise not be available for researchers.

I would emphasize, too, that we really, really want to work with non-research data. And like Melissa said, a lot of this is managerial or organizational-level data. But in many respects, we have the opportunity as QUERI funding—with the QUERI funding being clinical medical services, to work in non-research space and to conduct non-research—basically evaluations that would be considered non-research and not be required to undergo IRB review or subject to the data repository requirements for researchers. I mean, that research should be in research and this is program evaluation, which is mainly considered non-research, even outside the VA.

Let's see, other questions. Will the RFA allow for more than one PI? Yes, I think I'm all into multiple PIs. I think that basically that we will accommodate if you want to have more than one PI, we'll let you do that.

We addressed the data issue. In the actual RFA, there was a question—this is a good one. Should we give examples of program evaluation plans? There is actually a section in the RFA that will describe what you need write up. That includes, I believe, providing an example of a program evaluation plan. We also want to get a write up of your previous experience in doing program evaluation for national ops partners and success stories for that as well. So we're looking for folks who are, again, used to working with operational partners with the tight timelines, the ability to work with non-research protocols, and the ability to collaborate and connect across different stakeholders.

The additional questions—it's good we're getting a lot of questions. So and every time I scroll, I keep losing my place, and I can't read all the questions. So if I missed questions, someone can also shout them out. Heidi, if you can shout them out as well, that'd be great. How many topics, projects—okay, yeah, we're essentially at least two big evaluations per year, but they occur across more than one year. And that's why, again, we're flexible in the funding per year, and that's why we're essentially not holding down a certain minimum or maximum eval funding.

There was also good question, do you need specific commitments from VA program offices? Not at this point because these are going to be—and you don't need to get—we're not requiring you to get like 20 letters from national program offices. I think you want to show that you've had a track record in

working with national program offices and especially if you've been able to publish evaluations with national program offices. Again, a lot of these evaluation plans will be directed. It will have VA national leadership support. We will essentially work on getting that support to you. Certainly, if you have prior experience working with program offices, we'd love to know about that as well, so write that up in your preliminary study section or whatever section it's been specified. But we do want to know about your experience in working with different program offices.

I hope I got through all the questions. Were there others I missed?

Melissa Garrido: I think there's one that you missed about providing more information about what the coordinating center will do okay.

Amy: Okay, alright. Good, I'll address that. Steve, did you have something you wanted to say first? I just want to make sure.

Steve Pizer: Yeah, well, I was just going to add—I wanted to prompt that same question. But I also wanted to address some of the other questions that have come up about flexibility and different topics and to circle back to the idea of contracting with the university, one or more. It's one of the things that I think we can from our own experience, it has given us a lot of flexibility in terms of topics and expertise. By having a contracting mechanism with our local university, we've been able to pull in people when we needed them and expanded when we needed to in whatever directions we needed to go. Very, very helpful for flexibility, as well as for financial flexibility to take resources from when we have them and use them when we need them. So that's a really helpful too. But yeah, so, Amy, if you could address the coordinating center, that would be good.

Amy: Yeah, absolutely. And to also add to what you just said about contracting mechanisms, these are really important because QUERI money must be spent each fiscal year. It's not like HSR&D money where you have a little bit of flexibility. You can essentially carryover some of it. You have to spend all your money by the end of fiscal year, and we've had success with QUERI evaluation or QUERI funded evaluation centers that have a contract with the university that's able to forward fund a lot of the work for the next fiscal year and then getting the money off the books in the current fiscal year. So we're encouraging that because it's a great way of doing this kind of work in obviously a really important way, especially working with academic affiliates which traditionally have been strong partners with VAs.

So about the coordinating center, so what are we looking for, for the coordinating center? Essentially, it's going to be higher-level support on learning and teaching evaluation and training on evaluation methods, implementation, and evaluation methods. In addition, it's also coordinating rapid response evaluations that may not be the right size for an evaluation

center to take on, but it could be a rapid evaluation that a QUERI program or they themselves would take on, three to six months short-term evaluation.

Essentially, these are mainly more on the quality improvement spectrum, but I could be from essentially we often are getting a lot of request to do internal VA national evaluations. So the distinction is, is that oftentimes the evaluations that are legislatively mandated like through the National Defense Authorization Act or through the evidence act, through the evaluation plans, you have some time actually to plan out the evaluation and to actually launch it and weight a year to get some results. So that's essentially what we're aiming for, for the evaluation centers.

But the coordinating center may need to take on and also may need to assign what I would call rapid response team or rapid evaluations at the three- to six-month timeframe. These typically are coming from VHA leadership. They're usually coming from internal, not so much legislation, but internal priorities that you are given to do work on. And we've done a bunch of those, and the example I think we gave was the COVID vaccine rollout. That was not in any of the initial evidence act evaluation plans because at the time, the first cohort of those evaluation plans were written essentially right when COVID was hitting, so we didn't even have the vaccines. So we didn't really have a sense of that, so we ended up doing a rapid response evaluation on the COVID-19 vaccine rollout as an assigned evaluation. And then in addition, there was also a rapid evaluation requirement for quality improvement techniques for the sale metrics in VHA.

So these are VHA specific questions, but we also want to, again, build capacity and retainership for centers to exist to do some of these rapid evaluations. But most of the evaluation work is really going to be saved for these one- to two-year big-ticket evaluation questions. The final thing that the coordinating center will do is work with PEPReC to coordinate deliverables and communication about impacts across evaluation centers. So their job is to also provide that information up the chain to VA leadership as well as to other stakeholders in the VA.

I see other questions. See if I can squeeze them in. So the question about would the coordinating center get first dibs on a topic? Not necessarily, so it really depends. We're going to be using a national _____ [00:54:00] advisory workgroup to help with prioritization of evaluation plans. Some of them just may be a different flavor. They may be more short-term. The evaluation plans for the evidence act, essentially there could be about 10 to 20 evaluations that VA needs to do. And these would be essentially—maybe not all of them would be—I would say maybe let's say the majority of them would be one to two years in length. But a fraction of them will end up in writing in the public document of the evidence act evaluation plan for VA.

But that doesn't mean that VA is only doing two evaluations a year that's

required to—it's not only doing a handful of evaluations. They could be doing more evaluations, so essentially, we want to build capacity to do more evaluations that are national in scope in the VA, to work across VA program offices to answer big-ticket VA questions. The evidence act is not just interested in seeing what evaluations we're doing. They want to see a select set of them, and it's usually about half a dozen. But we're expecting to do a lot more, like 12 to 20, maybe 24. Maybe more. And basically, we know that there's a demand to do these longer-term one- to two-year evaluations from a collection of program offices. And we may need to assign those to different program offices depending on, again, their interests and areas of expertise.

So we've had really good experience, and we learned a lot with the ESP Coordinating Center, and then ESP Center. So the coordinating center may take on short-term evidence syntheses, by the longer-term ones get assigned to the centers in the field. So that might be a use case for determining how we would negotiate that, but it's not like you're going to get the worst evaluations in the pile. So we're going to try to really spread these out in a way that makes it reasonable and aligns with your areas of expertise and interest.

Steve Pizer: If I can say, add a little bit, that the process of doing the capacity assessments every year, we have not done them for a few years. There's not enough evaluation capacity in VHA to address the learning agenda and the stream of evaluation requests every year. So we need to build capacity, and it's not an environment of scarcity in terms of work. It's quite the opposite. So we're trying to build capacity and spread it around, and we know that people will develop expertise in areas and relationships along with that. And we expect to build on those and to get better every time.

Amy: Yeah, exactly. And I would also add, too, that there is probably the number of—the types of evaluations will likely expand. And they will also be a lot more focused in the areas of health services that you're familiar with if you've ever—if you study public health, health services, health economics. We can also say, well, there's program offices doing their own evaluations. I mean, the Office of Mental Health has three evaluation centers. There's evaluations being done in Office of Rural Health. I would say what's unique about this is that our goal is to take on broad questions that cut across program offices that are really about needing to link up different data sources to look at a common problem that might affect veterans over time.

I mean, virtual care is a great example because there's virtual care in all sorts of places, and many different program offices own different facets of that area, even if there's an Office of Virtual Care. So I think in general, we are looking to allow people to work on really big-ticket topics and hopefully serve as a foundation to piggyback additional clarify and research on top of that down the road, so capacity building.

And I know we had like one more minute, so any other questions I didn't see? I saw a couple about VA contracts and what that means for university-affiliated and VA investigators. Again, this is something where we found the IPA mechanism, for example, to be kind of cumbersome because you have to get people on and off, it cycles, and you have to have them be at the university for three years. But imagine you have a cadre of people in your school of public health or in your business school or your engineering school or your informatics school who would be excellent candidates to do some of these broad evaluation topics and then methods and analyses, that is what we are trying to do here. I mean, essentially, we feel that oftentimes the VA can have difficulty hiring certain types of physicians in health services research because it just wasn't built to do health services research.

And from when essentially Office of Personnel Management came up with position descriptions like 70 years ago, the field has changed in 70 years. So we recognize that, and we want to allow and encourage the use of contracts to involve more investigators. And IPA's do not pay for students, by the way, but contracts do. And imagine you have graduate students who are very talented in these areas you can also involve.

Heidi, I think my time's up. Anything else?

Steve Pizer: So just the last question is whether the Q&A transcript will be available elsewhere. Maybe that's a question for Heidi?

Heidi: Yeah, so we will be sending out this entire session for transcribing. It usually takes us a couple weeks to get it all back and posted, but that will be available within the next week or two. It will not be available when the archive notice is sent out of the couple days.

Steve Pizer: And anybody who wants to followup about PEPReC about contracting issues, there's a lot of conversation that we could have about that. So just send us a note, and we will schedule something and be happy to follow with you.

Heidi: Fantastic. And so with that, unless any of you have any closing remarks you'd like to make, it sounds like you already have, we can get today's session closed out.

Amy: I think we're done. Thanks so much, Heidi. Thanks to CIDER. Thank you, PEPReC, for answering all the questions. And thank you all for participating in long, exciting conversations.