

Amy: Welcome everyone to the VA Quality Enhancement Research Initiative Winter 2022 Request for Applications. And I really want to thank Heidi and the folks at CIDER as well as Melissa Braganza who is going to be cohosting with me. And we hope to have some time at the end to answer questions especially about some of our new initiatives with the quality enhancement research initiative R&A. So next slide please.

So I'm going to give a general overview of QUERI and what we do and then talk about the particular request for applications and leave some time at the end for questions and answers, especially with the new request for application we just put out around the evidence-based policies center. But one thing to give folks some general context is that we are program under the Office of Research and Development in health services research and development specifically, which is one of the four branches that's funding research in the field. We fund nonresearch quality improvement implementation and rigorous evaluation activities, and we do so in the context of a larger healthcare system that has numerous program offices in the VHA. Veterans Health Administration that have varying responsibilities for delivering high-quality clinical care for veterans.

So we're one of many program offices, but we link up to many program offices in order to do our work and that's because we basically do a lot of focus on implementing and evaluating evidence-based practices and reverse ways to make sure that they have...the national policies and programs work at the clinic level. Next slide please. So here's our strategic methodology in terms of what we think about and what we have our investigators do primarily. So again, we fund over 50 centers around the US at VA facilities. And these centers mainly focus in three areas of methodologies. First is implementation. Basically to focus on planning, deploying and sustaining evidence-based practices to improve veteran care. And in addition, we also do rigorous evaluation.

We do a lot of evaluation of these implementation processes as well as evaluations of new programs and policies. Particularly as we become responsible for VA and VHA's fulfillment of the foundations for Evidence-based Policymaking Act, which requires agencies like the VA to justify their budgets using evidence and evaluation. And finally, we also focus on education and disseminations and sustainability of the methods that we do. So we focus a lot on training opportunities for investigators and clinicians alike to understand and learn how to use implementation strategies. How to develop an implementation playbook. How to work with multilevel stakeholders to get evidence-based practices adopted. And also to improve quality overall and with a focus on again, aligning the best of what we know in implementation research and evaluation science and applying it into the clinic level to solve major national problems in the VA. Next slide please.

So we said we fund over 40 centers across the VA and it's like 40 or 50, I

forget, but it's a lot. But basically, we have centers that are focused on implementation of evidence-based practices using implementation strategies. Those are our QUERI programs. We have 14 of them. We have the close to 30 partnered evaluation centers which focus on both implementation and evaluation of programs and policies. These are primarily paid for by another program office in the VA and we match the support in QUERI and our goal there is to build capacity for VA as a whole to do more rigorous implementation and evaluation and to link up those investigators to work with those program offices.

We also funded number of implementation program training hubs for investigators and practitioners alike to learn how to basically use implementation strategies and evaluation methods. And we also are increasingly funding resource centers that focus on big-ticket evaluation and implementation training and support. But also doing work that is more time sensitive and more national in scope to basically look at the role of implementation and evaluation in general in the VA. And to look at the implementation and evaluation of major programs and policies that the VA is growing out nationally. Particularly those that might be coming down through via legislative mandate or a top priority for the secretary and other aspects as well.

And finally, I should also say we have VISNs level support called the Department Implementation Initiatives and we have several them, and probably cover more of the VISNs here which this map doesn't do justice to. And those VISN partner implementation funding mechanisms are for priorities identified by VISNs and they're basically focused on applying and implementation process to implement evidence-based practices to specifically improve quality performance metrics chosen by the VISNs as areas of priority and need for their facilities. Next slide please.

So to reiterate again, our projects are not considered research. And why is that? That's because our funding source is clinical dollars called Medical Administration Dollars that come from the congressional appropriation that goes to medical services and administration to all the facilities and to program offices in VA. In contrast, our research program where we are housed, has a separate congressional appropriation for research dollars. What this means is that we are eligible and basically our mission is to do rigorous evaluation and implementation. And our focus is on the improvement of care to inform VA programs and policies as opposed to informing the larger sort of nature of generalizable knowledge.

So basically that QUERI projects and protocols are involving data collection. They could involve primary data collection, but it's basically considered nonresearch because the data that are collected, are fed back to providers or operational leaders to inform direct improvements in care. And this activity based on the redefined common rule as well as the VA policies, 1200.21

basically says that it's not considered research as long as you're not collecting extra data. And as long as you're not contributing that data to generalizable knowledge. That does mean that you can still publish, and that's okay. There are more and more journals accept nonresearch and quality improvement studies. And so number of our QUERI investigators publish their results as nonresearch. And basically, in this in terms of doing that, you get a separate indication for the program office that the work that you're doing with them and also with the VISNs is considered nonresearch. And we have a whole process of documentation of nonresearch activities that we shepherded through for each funded investigator.

And then finally, if there are situations where there needs to be additional data collection for research purposes, this could involve let's say further validation of surveys. It could involve some additional data that is not directly fed back to providers or leaders in terms of a quality improvement process. Then a determination ought to be sought by your local IRB to determine if that work is _____ [00:07:26]. We have a whole cyber seminar devoted to QUERI nonresearch protocols. It was led by Office Research and Development and QUERI and QUERI leadership and the links to recording and on the slide deck are available on the slides _____ [00:07:41]. Next slide please.

So what are the key characteristics in nonresearch activities? I mentioned these before, but basically just wanted to reiterate what makes QUERI different is that the primary purpose of our work is quality assessment and quality improvement. Rigorous quality assessment and quality improvement for internal VA purposes. In addition, that means that you can actually conduct randomization at certain levels. Ideally, randomization can still be used in nonresearch or quality improvement protocols as long as a randomization is not really looking at determining a new treatment or medication or a new program has not been tested before in the patient population. However, if you are randomizing at the provider or clinic or facility a regional level in terms of let's say you're randomizing and comparing two different ways of delivering an evidence-based practice or two different limitation methods.

Or if you're using a step wedged design, that is still...can be qualified as nonresearch activities because essentially, the questions that are being answered are really more about internal quality improvements to the VA national system. In addition, the work has to be designated as basically improving VA national programs and policies and not for generalizable purposes. Next slide please. So we also fund rigorous designs, and this is where we are really encouraging folks who apply for QUERI projects and centers to really use a rigorous design. And one of the resources to look at the rigorous designs has been the Jeff Kern paper on the hybrid implementation and effectiveness study designs.

This is just a schema here that just describes that the typical types of designs. I think and the ones that we focus on particularly are hybrid type III designs. And the reason is that we are at the...really the end of the translation spectrum when you think about it in terms of research. For folks to apply for QUERI funding, they really have to have an implementation plan or some strategy that they need to use to implement evidence-based practices. Or they need to be able to look at comparing the effectiveness of two different implementation plans. Those typically fall under hybrid type III. And that's what we typically fund in terms of the types of rigorous evaluations that we do in our QUERI programs and many of our projects.

In some situations, we do require randomization for programs at the regional or facility levels for programs and policies that require further work to inform VA quality improvement efforts. And those primarily are done within our partnered evaluation initiatives. But again, I think there's a lot of focus on the use of hybrid type III designs for those situations, because in many cases, what happens is, VA national leadership and they want to roll out a program right away. And so the program gets rolled out, but what often happens, is _____ [00:10:37] implementation research or an implementation science just rolling out and disseminating information about program is often insufficient. And so we really are encouraging designs to test different strategies to get those programs and policies basically working and effective in terms of their sustainment by basically looking at different strategies or implementation playbooks to enhance the uptake of those programs and policies. Next slide please.

In addition, one of the advantages of working in QUERI is that we also focus on multilevel stakeholders. So this is a schema that lists a lot of the different priorities of our stakeholders as well as the types of stakeholders who we engage primarily. Our focus has primarily been again, at the end of the translation spectrum, we are focused on implementation and evaluation of evidence-based practices as they get rolled out in routine real-world care. And so a lot of our stakeholders are focused at the provider and organization level in addition to patient or consumer level stakeholders. And in terms of focusing in these areas, again, one of the core goals that we have in QUERI is that we want to ensure that national programs and policies are working at the clinic level. And so that means that we involve multilevel stakeholders such as VA local leadership at facilities, at VISNs as well as national leadership as well.

There's also on this slide are some other large priorities from our parent organization, the Office of Research and Development. One of them for example is to increase the substantial real-world impact of research through addendum or rapid translation of research into practice. And so ORD and HSR&D particularly is funding more implementation research to actually validate and to study for generalizable knowledge different implementation strategies. In QUERI, we're more focused on applying implementation

strategies to move the needle on quality and to evaluate sustainability strategies based on those implementation processes. And also those evidence-based practices. Next slide please.

In addition, as a resource, the QUERI implementation roadmap is a great guide to basically understand how to build an implementation strategy or a playbook or process or even design the implementation and evaluation of a larger implementation study. There's a cyber seminar that was given on the QUERI implantation roadmap and the links are available on this slide deck. But basically the implementation roadmap follows a learning health system cycle and what it does is that maps out the stages in terms of thinking about planning and implementation design and implementation study as well as the evaluation of it. The pre-implementation phase is ensuring that you have a shared agenda with your stakeholders about what problem you're trying to solve. You have your influencers and stakeholders at the table. You identify the best practices to help solve the problem.

The implementation phase is identifying and assigning the best implementation processes and strategies to help frontline providers use those evidence-based practices. Then sustainment is about identifying potential owners of the results of the implementation study going forward. And what that means is that, essentially looking at how do you sort of learn to successfully implement evidence-based practices and how would you teach stakeholders how to continue implementing those evidence-based practices. And how you evaluate that implementation so that they have the business case by which they can continue the implementation process. Next slide please.

In addition, we also published are impact measures which did at the real-world impact of the research as well as what QUERI is doing in terms of its studies. So all the QUERI programs and centers are required to report on their impacts beyond their papers and grant for example. And the impacts here are really focused in these six categories. I'll point out ones in particular that are really foundational to the work we're doing and were foundational when we were interviewed and there was a GAO report on QUERI's success in translation of research and practice. One of the questions often asked by a lot of people in congress and elsewhere is that, how many veterans are actually getting the effective treatments that you developed.

And so that was a question posed to our office of research and development. And in QUERI, we actually have each of the programs tracked. How many providers are trained to deliver the evidence-based practice. And then how many veterans are receiving the evidence-based practice. And for us, those are foundational measures. Many of those measures you probably can see them as familiar from the re-aim and other implementation evaluation frameworks. But they're very foundational to the work we do because we want to be able to go back to our stakeholders and state the value of the

QUERI program.

In addition, we also look at more qualitative measures such as the degree to which these results are being communicated to stakeholders and to the extent to which the legislation or policies or programs were developed or shaped in response to the research. Or sorry, to the QUERI project that you conducted. Next slide please. So our current QUERI priorities were selected based on a voting process with our VA national leadership. And that included national program office and VISN leadership as well. These current QUERI priorities are selected every year.

We are just in the process of undergoing an update of our current priorities for next year's RFAs. But these were basically developed based on a three stage process of focus groups, of VA leaders, of a survey to the field of field-based leaders in VA operational leaders, as well as getting input from researchers. And then finally, arrange voting process at the network directors and national leadership council meetings that occur in the winter time. And so each year we do a new cycle where we elicit new priorities and we assign our RFAs or we focus our RFAs on those priorities.

So the priorities that were basically selected in last year or so and continue to be priorities are, improving in veteran experience and quality of virtual care options and community care. Addressing health disparities and veteran social determinants of health. Reducing adverse outcomes associated with delayed or suppressed care due to COVID. Reducing burnout and improving mental health among VA employees. Improving long-term care and home care services options for older veterans. And assessing and improving the quality of cost in community care. And actually just this week, we just rehash our priorities with national leadership, and many of these are still resonating going forward in terms of the needs to support VHA quality care improvements and so forth. Next slide please.

So the first announcement of funding we'd like to reiterate that we're offering is our QUERI Advance in Diversity and Implementation Leadership or ADIL fellowship program. And the purpose of ADIL is to grow a pipeline of implementation quality improvement and evaluation expertise for populations that reflect the diversity of the veterans that VA serves. What we hope to do with this opportunity is to promote VA as a national leader in applying high reliability learning organization and evidence-based policy methods. Having fellows work with the QUERI centers and QUERI investigators to hone in on their skills to lead and enact implementation quality improvement or evaluation projects is the goal of the advancing diversity and implementation leadership.

Our mission again is to improve better health by accelerating evidence into healthcare practice and policy. And we also want to continue being that trusted purveyor of knowledge and also action regarding implementation and

knowledge management and quality improvement methods. And in addition our values continued to be the excellent rigor, resilience, and flexibility as well. Next slide please. So more on the advancing diversity and implementation leadership funding opportunity. So this is also part of our funding opportunities that we have, and that involves hands-on learning on implementation and quality improvement or evaluation. Its involving a partnered initiative and mentored experience with a QUERI investigator.

In addition, nonresearch projects are emphasized here. In addition to that, the preparation for implementation leadership opportunities is key. So basically, we are really focused on not only just giving the fellowship opportunity a project to work on, but to also hone in on their skills to become independent implementers and evaluators as well. The amount of funding will be a maximum of a hundred thousand per year for up to two years. And again, we also include a wide range of candidates for this opportunity. Folks with terminal doctoral degrees as well as individuals with bachelors and master's degrees as well. Next slide please. So again, on the ADIL eligibility. So basically, it's open to candidates who are investigator staff or students affiliated with the QUERI center. In addition, that includes some potential candidates who might also be eligible to become a VA employee as well.

There's more information. VA opportunity, you can find that if you search for QUERI ADIL. It should be right on the website there. Next slide please. In addition, we had a previous cyber seminar on this evidence-based policy request for applications. So we'll hit the highlights here and we'll just reiterate some of the key core concepts of this RFA. So this is a new request for applications. It is separate from our global request for applications and it is a result of additional funding that QUERI received starting this year that's continuous to support VA with the implementation of evidence-based policy and evaluation. So the goal is to promote through establishment of centers, the use a rigorous but practical scientific methods and evidence to inform VA programs and policies. It will follow the winter HSR&D and QUERI timeline and applications. So the first applications will be due in December and the scientific merit review in March.

The funding for these centers will be up to 820,000 per evaluation center, and then we are funding hopefully 2 to 4 depending on essentially what we...essentially what we get. And in terms of priorities and what we are given in terms of evaluation priorities from VA national program offices. In addition, we'll be reviewing and funding a _____ [00:21:23] center applications up to 1.2 million a year for up to five years. Our partnerships...basically our applicants are encouraged to partner with national program offices, VISNs, and _____ [00:21:35] other institutions. But they will be assigned evaluation plans in coordination with our partnered evidence-based policy resource center. So prior experience and working with ops partners is going to be key. However, it's going to be where the centers themselves will be assigned specific evaluation topics based on the expertise

and the breadth and depth of knowledge that they have in terms of their center.

The other piece about these evidence-based policy centers is that they're different from typical centers even for typical QUERI centers. So if you used to think...if you're used to things going faster with QUERI projects as opposed to other research projects, these policy centers will move even faster than the typical QUERI project. There will be deliverables probably due and this is because the office management budget requires reports on evaluation activities for every government agency to fulfill the Evidence Act. And those reports will be made quarterly. So evaluation centers will be required to respond quickly to requests for information to enact evaluation plans that will be essentially peer-reviewed, but also quickly peer-reviewed to essentially help with the formation of the evaluation plans. And also to work in coordination with the partnered evidence-based policy resource center to basically implement these evaluation plans and to provide results and feed those results back to VA national leadership.

Which then get into reports that are required to the Office of Management and Budget to assure that VA is fulfilling the Evidence Act and that our budgets are being informed by evidence. And that is key. So essentially, we are beginning the process with these evaluation centers to have a national response to conducting annual evaluations that are required by government to essentially show that VA is using evidence and evaluation to inform its policies and its budgets. This is going to be a key part of that. So it will be rapid response, but at the same time, the center funding mechanism is allowing for stability and forming a team of the valuation experts in specific topic areas that they will be assigned evaluations. It's much like the evidence synthesis program that HSR&D funds. Next slide please.

So the center types will be funding two of four evaluation centers to conduct rigorous time sensitive evaluations based on high-priority topics. The topics are listed in the actual RAF and there are number of them. You saw some of them listed already in this cyber seminar. In addition, we will be funding one implementation evaluation _____ [00:24:07] center to support the implementation in multiple national evaluations in partnership with PEPRc. And facilitate the peer-reviewed and assignment of short-term time sensitive evaluations to QUERI programs as well as other time sensitive initiatives that may also come out of these evaluation plans. Next slide please.

So how this will work. So there will be a national workgroup devoted to basically prioritizing evaluations that the VA will conduct to fulfill evidence act core requirements. This workgroup will be including individuals that will also help VA or help the QUERI program identifies its priorities or its RFAs in general but help to narrow the selection to focus on particular evaluation plans that will be required and be sent up to be a leadership for inclusion into the required evaluation plans. In addition, we will have QUERI work with

PEPReC to coordinate evaluation plan assignments where they centers will be conducting. They'll be helping to draft the evaluation plans and actually conduct each of those evaluations. There will be probably two, three evaluations per year depending on volume.

Some of those evaluation plans may be updated year by year with another specific aim or goal added year-by-year. But essentially, the goal here is that evaluation plans need to generate results for each fiscal year to show that VA is generating evaluation results and feeding those results back to its programs and policies. In addition, we will also route some of these evaluation plans and encourage investigators to get more funding through their program offices through our mechanism, the partner evaluation initiative. And secondly, we'll have this implementation and evaluation _____ [00:25:53] center also assign evaluation plans if they're really time sensitive to some of our other resources and also to report back to the Office of Research and Development to see if there any evaluation plans that may require research as opposed to quality improvement evaluations. And then also provide mentoring and training opportunities in evaluation science as well as implementation _____ [00:26:16]. Next slide please.

So here are some frequently asked questions we've already received by the evidence at policies request for applications and we wanted to put these on the slide just so that we can also convey to you some of the expectations of this request for applications. So a key question that's come out is, are we expected to reach out to operations offices to develop our two proposed evaluation plans? So one of the key criteria is, we want each of the applications to write two proposed evaluation plans based on their background and expertise in the priorities listed. We are not expecting you to get letters of support. In fact, chasing after letters of support at this stage is probably...essentially, they're not really encouraging it.

If you do have previous experience working with operational partners, there is a section in the application where you can describe that. But the actual letters of support from the program offices are not required. The reason is this, is that the program offices may have their priority evaluation topics which is great, but we will need to have a net...sort of a national VHA leadership consensus about which evaluation plans will actually get routed to Office of Management and Budget to count as our evaluation plans, and which ones will be prioritized. And there may be situations where two more program offices may agree on a typical...on one of our evaluation plans and so they may put their heads together to work with the group to ensure that the evaluations be conducted. For many of these evaluation topics, they're very broad and naturally they're going to span different program offices.

So the goal here is to have the whole be the sum...greater than the sum of the parts and to answer really big ticket evaluation questions that impact VA national healthcare that will basically transcend to program office at this

stage. In addition, we also got a great question, is the expectation that these two proposed evaluations would be the first evaluations the center would conduct? Not necessarily, but we just want to be able to see how you're thinking through the evaluation plans. And basically the purpose is to outline and to show how the center has the expertise, quick thinking, and responsiveness, and effective communication, and coordination skills, flexibility, and resources to conduct time sensitive rigorous evaluations.

And in addition to that, there's actually the fiscal year 22 annual evaluation plan that VA agreed-upon has been made public and has published a link to that evaluation plan, which will give you really good examples of current evaluations that QUERI is helping to manage. It's actually online and it's public and it's also the link itself is available in the RFA. Next slide please. So some additional frequently asked questions. Should we try to include expertise in our center for all 13 evaluation priorities? We're basically looking for coverage for at least two to four areas of priority. And we may negotiate across the centers to help with some priority topic areas depending on the situation. Some of those priorities are probably going to be taking a few years to mature in terms of what the VA wants to see in terms of the valuation. But basically, it would be important to show that you're not just laser focused on one particular priority, but you have sort of the thinking to be able to tackle two to four areas as well.

Another question that came up, a really good one is, if considering a mentorship opportunity, should that be integrated into one of the proposed evaluations or for the center application in general? Should they essentially think about a separate submission as advancing diversity and implementation leadership project? So basically, we will accept applications if the center wanted to take on additional fellows. We're very interested in synergy, so if you have ideas for individuals who might be a great candidate for an ADIL fellowship and would want to work on evidence-based policy, we want to leverage that opportunity. So yes, indeed we would definitely want to encourage those kind of leveraged opportunities. And in addition to that, essentially...especially if you can route that individual for potential leadership opportunities as well. Next slide please.

So in addition, applicants are encouraged to consult with the HSR&D QUERI resource centers. And also, there's a great resource for OMB about evaluations and it's connected here. And then also there's a recording of the RFA cyber seminar. Next slide please. Great. Now finally we get to dive into the QUERI global request for applications. And this is probably our continued installment of our RFAs that cover the rest of our QUERI funding opportunities. So we will go through these one by one. In addition to also remind folks that, funds are one year funds. They're not like research funds that can be carried over. So for any QUERI money, it has to be spent within the fiscal year. And so just something to keep in mind.

So first we have our QUERI partner evaluation initiatives. These are basically funds where the partner matches the funds. It can be a VISN or a national program office. Essentially, they also direct the questions of what they want evaluated. Partnered evaluation initiatives differ from the evidence-based policy centers because the partner evaluation initiatives actually focus on particular programs or policies from a specific national program office priority. So essentially, if you have a program office that is focused in a particular program or policy, this is an ideal...and they have the money to match, this is an ideal way of working with them directly. QUERI provides the matched funding that is allowable to...that enables the investigator to get bureau credit for that as well for at least for that portion of the funding.

The second thing we have is the QUERI VISN partnered implementation initiative. The startup and full proposals. These are where VISNs identify gaps in quality especially in their lower performing sites and they asked to basically get implementation and evaluation support to implement best practices to narrow the gap or to move the needle on quality of care. And these are direct implementation initiatives. So they're not studies in a traditional sense, but they're implementation initiatives, but they do have an evaluation component. And the focus there is to essentially laser focus on a particular problem to be solved that is within one VISN but may be shared by multiple VISNs and essentially focus on sort of the remedies and the evidence-based practices and the quality improvement strategies used to solve that problem. Or to basically move the needle on the quality of care to improve the quality of care that addresses that problem.

And then finally, we have our implementation strategy learning hubs. Essentially, this is our capacity building for education and training around implementation practice. This is basically an opportunity that you have a critical mass of individuals who know how to design and use implementation strategies in both research and practice. We would very much be interested in getting applications from your group to build essentially a cottage industry of those implementation strategies so that you're able to train and spread your knowledge to other groups including practitioners and researchers down the road. Next slide please.

So partner evaluation initiatives. And again the objective here is to support rigorous evaluations of programs or policies identified by the partner and then the partner partially pays for that evaluation. Essentially this is one of our ways in which we can spread our opportunities to have more evaluations conducted in VA and have more of VA's essentially programs and policies be supported by evidence and evaluation. So this is one of our oldest funding mechanisms. QUERI has been working a lot and evidence-based policymaking because of the nature of what we do for a number of years now. And so this is one of our signature funding opportunities and it also allows investigators to be able to be funded and co-funded through us to

continue working with those partners over time to actually continue evaluation work in specific areas. Next slide please.

So quick overview of the PEI funding announcement. Its data-driven focus. The goal is to basically to use rigorous, but practical research methods including what we talked about before the hybrid designs. It is operation partner directed. So the project goals are basically questions that the operations partner wants to solve or wants to address. We provide the matched funding of 150,000 maximum per year for up to three years. And then there are different levels of matched funding requirements, which I think on the next slide if you want to switch over there.

There are minimum requirement matched funding from the national program offices of VISNs and other federal or not-for-profit foundations as well. So additional requirements here are listed in detail. In terms of looking at what we commonly most commonly fund our national program office focus partner evaluations. That really actually has been a big benefit to the national program offices. Many of them don't have the capacity to conduct evaluations or really sort of look at the nature of what their programs are funding. We are increasingly getting more VISNs to participate in this and there is actually of movement by VISNs to do more evidence and evaluation work because of the Evidence Act. And then in addition to that, there are also opportunities to match funds through other federal agencies and not-for-profits as well. Next slide please.

So basically, the next funding opportunities are partnered implementation initiative. So the goal here is really practical. It's to implement evidence-based practices at the frontline clinical level for healthcare priorities chosen by VISN leadership and in doing so using implementation strategies. The anticipated impacts are to modernize systems and reduce clinical variation and to improve veteran health by rapidly implementing evidence-based practices particularly in sites experiencing quality gaps in the healthcare area. Next slide please. There is a quality prevent focused in the partner implementation initiative funding announcement. So the focus is on active deployment of evidence-based practices. This funding announcement originated years a few ago.

I think back in 2017 where VISNs were increasingly getting interested in getting more on the ground support for quality improvement activities, and doing so, wanted to make sure that the quality proven activities were making a difference in moving the needle on quality. Though it really brings together the best of both worlds, the ability to use rigorous methods, evidence-based practices to basically implement and evaluate the use of these evidence-based practices with quality improvement and implementation of methods to move the needle on quality of care. But the VISNs do choose the priority. And each year they will update that list of priorities. They will vote on their top priorities, but the VISNs themselves reserve the right to pick what priority

they want to focus on. Now several VISNs may get together and focus on the same priority, and that's great because then you are able to use this mechanism to expand the work that you're doing. And we'll talk about that in a second. Next slide please.

So there is a phase to this. So a started PII award is focused on one VISN and is to basically...it's sort of a demonstration like, can you implement evidence-based practices in our lower performing sites and move the needle on quality using an implementation strategy. Once you've been able to do that in at least one site, then the full proposal is given where there's additional funding for longer-term initiative to actually spread the evidence-based practice and to continue moving the needle on quality across multiple sites. And there is actually the focus here is on the spread. So you're essentially at that very tail end of the translation spectrum. You've got your implementation plan; you've got your evidence-based practices. The goal now is to spread with the partnership, the strong partnership with the VISN level. Next slide please.

Finally, we have the QUERI implementation strategy in learning hubs. And the objective here is to again expand training opportunities for VA employees with the use of specific implementation strategies. And we say employees because we include researchers as well as practitioners and leaders as well. The impacts here are to increase VA community awareness and expertise with implementation science. So imagine having more of our frontline managers our clinical leaders using quality improvement implementation science methods themselves to actually move the needle on quality. And also to help them raise the standards of the VA research around implementation science and to basically support the role of implementation science by allowing the opportunity for researchers to learn new implementation strategies. How to actually use them. How to measure fidelity to them. How to write a playbook. How to write a...essentially how to train others in using the implementation strategy so that they can use that as part of their research if they want to continue doing research on those implementation strategies or are comparing different implementation strategies. Or they need an implementation strategy to do some other dissemination research as well. Next slide please.

So learning have the funding announcement is real will focus. The goal is to provide frontline providers, investigators, and operational staff with the practical skills needed to implement effective practices. So we're getting way beyond the theories and frameworks many of you are probably familiar with in implementation science. We want to actually see them come alive and get used in terms of how did they actually...how you sort of build an implementation strategy. How you sort of apply it to real-world. The funding available is 50,000 per year each year for up to three years. We are basically expecting to fund only one hub for a specific implementation strategy. And the funds are used...are fairly flexible in terms of use of these funds. Next

slide please.

So key summary of the RFA changes. One of the changes that was made and basically, we will have more information in the RFA itself, but submission of involved personnel and collaborators spreadsheet information is _____ [00:41:09] between November 15 to December 14. So we need to have that in by that funding...sorry, not that funding, but that time period. In terms of waivers, no nonveteran waivers are required. Director's letter inclusion has additional language supporting protected time especially for clinician investigators. And then also the centralized transcription service program if you are choosing to use that. The quote for the amount of the cost is no longer required for the HSR&D projects. So there's no details there. Next slide.

So finally, our global scientific merit review timeline and that also includes our evidence-based policies center timeline. So October to November, the intent to submit submission process happens. December the applications are submitted. Early December at the latest. Early March is when our scientific review will be held. And then we will notify you later that month the review outcome. And then the start date will be April 1 of 2022. Next slide. So we're happy to answer questions at this stage. Hopefully we left enough time. Feel free to reach out myself or Melissa at _____ [00:42:27]queri@va.gov. Additional information and links are provided here as well. Thank you so much for your time and we look forward to seeing your submissions. Thank you again.

Unidentified Female: Great. Thank you, Amy. We do have one pending question here. For the audience, please take this opportunity. We do have some good time for questions. Use that Q&A screen on the right-hand side of your screen. The question that we have here. Regarding the evaluation center budget, RFA says you need to propose two evaluation projects or talk how you would go about it. Should budget be reserved for those projects or the proposed budget intended to be for personnel almost exclusively?

Amy: So the proposed budget should be for the personnel primarily. They should be...basically, imagine you have an evaluation team that you get assigned evaluations to do every fiscal year. So basically, what I would think about is proposed two evaluation plans that highlight the types of methods and processes that you would need to do other evaluation plans. But essentially, this is a personal driven center. So this is basically having a group of experts and their staff on retainer to take on evaluation plans that may change year after year. So one sort of analogy that might be helpful is if, anyone has ever worked with state or local governments in doing evaluations for let's say states under let's say for example, Medicaid or if you've done evaluation work for other federal agencies such as health resources services administration or even CMS.

Oftentimes they fund at the fiscal year as well. And often times they will have an evaluation center conduct evaluations for them where the deliverables, meaning the _____ [00:44:21] such as the essentially preliminary results as well as final results will have required deliverable due dates every quarter. We're still negotiating exactly what that would look like because we don't want to overburden evaluation centers. But that is one analogy. Another analogy is our evidence synthesis program that HSR&D funds. Each year and actually each quarter they want more rapidly, but let's go back to when they used to do every year.

Every year they would...each evidence-based synthesis center got assigned a topic to basically do an evidence synthesis on. It's really the same idea. It's basically getting that assigned topic, but the evidence-based synthesis center had the same people working. They were on retainer to work on it, and so we do want to have individuals who are able to work across different aspects of doing evaluation, qualitative, quantitative skills, have the interdisciplinary but also be able to deep dive and actually do the evaluation work. So you don't want to sort of make your center just focused on a bunch of consultants. You want to be able to hire people who do the work as well. I hope that answers your question.

Unidentified Female: If not, hopefully they will resubmit. Okay, next question here. How many PII proposals are you planning to fund.

Amy: I think it depends on what we did in terms of demand and interest. There is basically a lot of those PIIs really depend on a consensus of what the VISNs would like to see in terms of moving the needle on quality of care. Right now we have three fairly large ones in the hopper right now. It really will depend on whether or not the VISNs coalesce in terms of wanting to get some other priority areas funded as well.

Unidentified Female: Great. Thank you. The next question. Can evaluation with the VA partner of a VA dashboard used for patient care be considered a QUERI project? It does not address one of the current QUERI priorities.

Amy: So let's see. Could you repeat that? Sorry, I couldn't hear part of that.

Unidentified Female: Sorry my voice is breaking up too, that's not helping. Can evaluation with a VA partner of a VA dashboard used for patient care be considered a QUERI project? It does not address one of the current QUERI priorities.

Amy: Yeah, I think it depends. I think what you would want to think about is working...whether or not that operational partner would have the funding available to do a partner evaluation center with you. And so that's one route. The other thing too is, I mean, we are relatively a small program, which is why we can't fund every priority out there and we have to really think about just essentially prioritizing what collectively VA leadership would want to

see funded. So I mean, ideally and we are funding pretty much priorities that were identified by national leadership as the top priorities. And that's essentially, they're sending...they pay us in terms of medical dollars. So they tell this us, this is what you want to focus on. So it would have to sort of really fit into one of those priorities.

However, if the program office can make the case of a particular program or dashboard is going to help essentially address one of those national priorities, then that might be a really good way of perhaps a client for partner valuation initiative. If they're interested in pursuing this further, have them contribute to the funding of this. I think at some point and what we're trying to do is not only reserve our funding for top priority since we are small program, we have to reserve it for priorities selected by VISN and national leadership. Having said that, we are offering training opportunities and also opportunities to learn about evaluation skills so that other people...other program offices can essentially take on that that evaluation role and maybe support it themselves.

In addition, there is also ways in which research could be tapped into in terms of funding the testing and further implementation of new dashboards for example. So there's never a complete like...there's always some overlap in some of the priorities. So one thing to think about is whether or not it might fit into one of the health services research and development research priorities and couch the project as a research project to inform generalizable knowledge about implementation and informatics. So I think the skies the limit. We're really wanting to make sure good ideas find a home between research and QUERI, so sometimes it's a matter of the grants personship involved in terms of writing those proposals.

Unidentified Female: Great. Thank you. The next question here. For PII proposal, is there a list of network priorities?

Amy: Those will be in the actual RFA. So the network priorities, basically they collectively agreed on those six priorities and so the best thing to do is get familiar with those priorities and then have a conversation with their VISN leadership. Your CMO, your director and just basically the idea is, it's really the VISNs need to say, this is something is keeping me awake at night. I want to see our sites move the needle on quality in this area. And essentially if it matches one of their QUERI top priorities that were chosen by VISN directors, then they would be eligible for this.

Unidentified Female: Great. Thank you. That is all of the pending questions that we have at this time.

Amy: Well, thanks everyone for their time and also your interest in QUERI. And we really appreciate and look forward to seeing your applications.