**HSR, Partners and the New Electronic Health Record**

We need to learn to be a little more nimble. I think one reason that we haven’t always been seen as part of the daily activity of policymakers and clinical leaders in the VA is that sometimes our timelines are too long. IT takes years to get research funded and conducted and even longer if we look at publication. So, we’re really thinking about how we can do work on a faster cycle. We’re trying to get rid of this idea that you get money for research, you go off, you work in your little hole, and nobody disturbs you until your research is done, and then suddenly you come out and here you have a big unveil of your findings. I think what we’re learning is that researchers are continuing learning while they’re doing their research—that you can feed some of that back to your partners, and that your partners are glad to have that learning. And that doesn’t necessarily compromise your research.

We have to be a bit more nimble as a funder of research in our process for reviewing and funding those proposals, and I think we, along with the QUERI program, under Amy Kilbourne, have done some innovative things to try to get research stood up more quickly. So, with the MISSION Act and before that with the Choice act, we actually were able to put out calls for proposals and get some planning projects started up very quickly, and begin that process and then get larger amounts of funding out later, but not take a year to get started on something we knew was critical.

One of HSR&D’s most recent examples of rapid response funding has been with regard to the coronavirus pandemic. Several high-profile projects were rapidly funded and results had an impact on both treatment and understanding of who was affected by coronavirus.

We’re trying to bring what we learn to the Cerner rollout. It’s going to take anywhere from 5 to 10 years, so why not bring some researchers on the ground as that implementation is taking off, learn about works, what doesn’t work, how to do it better, take that learning into the next phase of implementation, and try to continually roll that out. As you make a transition to a new record, we’re obviously concerned about provider productivity we’re concerned about patient safety, we’re concerned about the experience of the patient, the experience of the clinician, as they work with a new record. We know there’s going to be a transition, we don’t’ expect to be able to solve that, but what we want to do is be able to solve that so each successive cycle of implementation gets a little bit better.