The Role of Research Partnerships in Building a Learning Healthcare System: HSRD Initiatives

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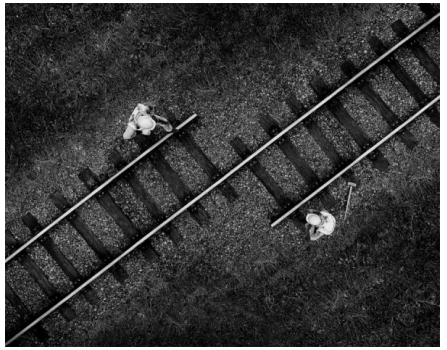
Director, HSRD: “

Why Doesn’t Our Research Have More Impact?

- Research timelines >> Health system needs
  - First submission to publication > 6 years
  - System makes decisions without good information
- Mismatched priorities and incentives
  - Health systems want specific and timely answers based on “good enough” data
  - Researchers follow funders priorities, advance through publications, prioritize rigor over timeliness
- We don’t plan for taking research to scale
  - Don’t understand “value proposition” to system



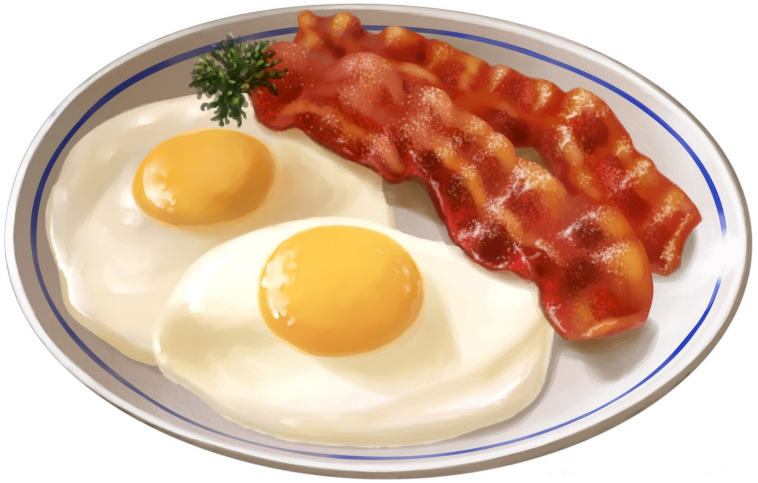
Recommendations from AHRQ/PCORI/VA/Kaiser Conference on Embedded Research

- Strengthen bi-directional relationships between research and C suite
  - Clarify system priorities and find alignment with research
- Build portfolio of projects/funding aligned with system priorities with mix of timing and deliverables
- Shared governance accountability between research and operations
- Expand toolbox of study designs to match system need
- Position research on continuum with QI
- Develop new career trajectories for embedded researchers

What Problems Can Closer Partnership With Delivery System Solve?

- If you address a problem the system cares about, they will identify road blocks to your ideas and invest in implementing the solution.
- We need to distinguish problems of “evidence”– *WHAT* to do? – from problems of implementation or of resources – *HOW* to do it or How to *PAY* for it

Models for Supporting Partnered Research



1. Research funded: **Research consortia**
2. **HSRD-funded** Researcher in Residence
3. **Research Into Veteran Results** initiatives
4. Imbedding research into ongoing initiatives
5. Partner funded and shared funding models: **QUERI Programs and Partnered evaluation centers**

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1. Research Consortia

- Build a learning community across VA on high-priority topics – Opioids/Pain; Suicide; Access; Virtual Care
  - Improve coordination/communication with stakeholders
  - Monitor research portfolio and identify gaps
  - Improve collaborations to address gaps
  - Improve data to facilitate research
  - Communicate progress to multiple audiences

Research:Health System Collaborative Network
VA Women's Health Research Network

2010-present

CONSORTIUM • PBRN
VA WOMEN'S HEALTH RESEARCH NETWORK
Supporting Practice and Research Collaboration

Women's Health Research Consortium

- Training and education
- Methods support
- Research development
- Dissemination support

Women's Health Practice Based Research Network

- ↑ recruitment of women
- ↑ multisite research
- Engage local clinicians, leaders
- ↑ implementation/impact

Multilevel Stakeholder Engagement

VA policymakers, operations leaders, frontline staff, **women Veterans**

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2. Researcher in Residence

2) QUERI Programs and Partnered evaluations

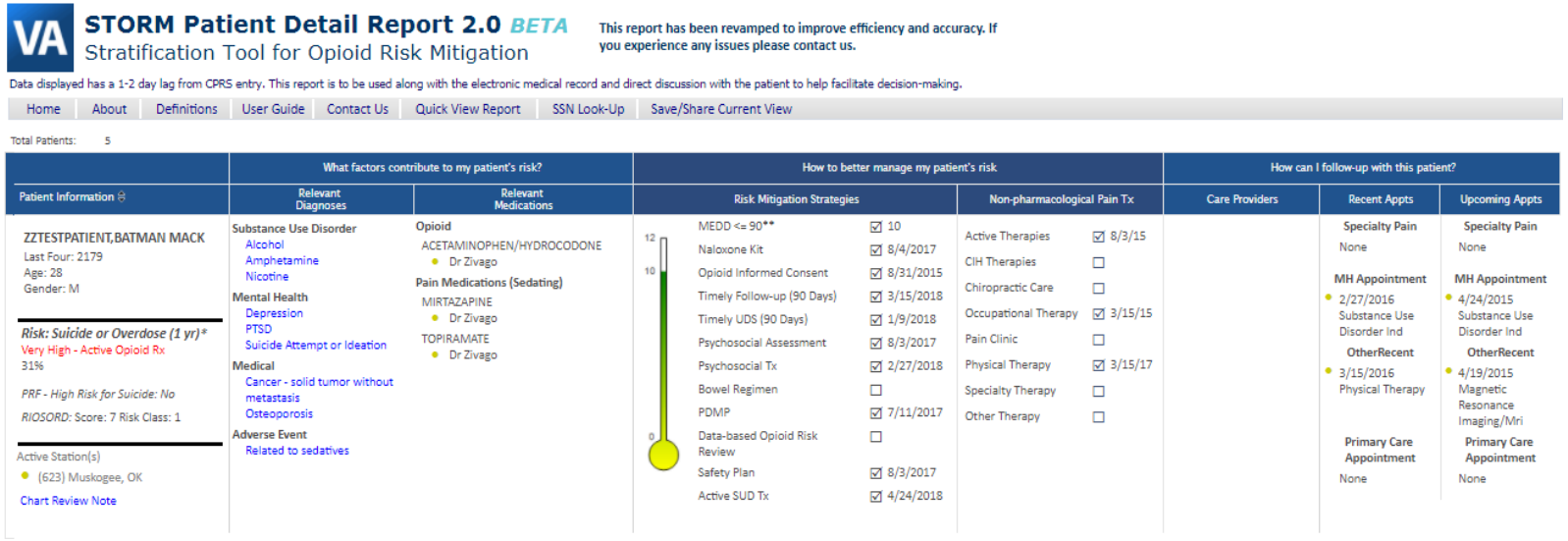
  –Amy Kilbourne to cover

3) **Researcher in Residence**

- requests from program partners for help
- 3 month residency supported by HSRD
- Build relationship, understand data, address priorities

3. Imbed Research into Ongoing Initiatives Randomized Program Evaluations (RPEs)

- Identifying and intervening for Veterans at highest risk of **suicide**
- **Flexible community benefits** for high-risk older Veterans
- Risk tool + intervention for **high-risk opioid use**
- **Tele-dermatology** consults for remote Veterans
- Reducing unnecessary **PPI use**
- New screen for **interpersonal violence**



VA **STORM Patient Detail Report 2.0** *BETA*
Stratification Tool for Opioid Risk Mitigation

This report has been revamped to improve efficiency and accuracy. If you experience any issues please contact us.

Data displayed has a 1-2 day lag from CPRS entry. This report is to be used along with the electronic medical record and direct discussion with the patient to help facilitate decision-making.

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Total Patients: 5

Patient Information	What factors contribute to my patient's risk?		How to better manage my patient's risk		How can I follow-up with this patient?		
	Relevant Diagnoses	Relevant Medications	Risk Mitigation Strategies	Non-pharmacological Pain Tx	Care Providers	Recent Appts	Upcoming Appts
ZZTESTPATIENT,BATMAN MACK Last Four: 2179 Age: 28 Gender: M *Risk: Suicide or Overdose (1 yr)** Very High - Active Opioid Rx 31% *PRF - High Risk for Suicide:* No *RIOSORD:* Score: 7 Risk Class: 1 Active Station(s) (623) Muskogee, OK Chart Review Note	**Substance Use Disorder** Alcohol Amphetamine Nicotine **Mental Health** Depression PTSD Suicide Attempt or Ideation **Medical** Cancer - solid tumor without metastasis Osteoporosis **Adverse Event** Related to sedatives	**Opioid** ACETAMINOPHEN/HYDROCODONE Dr Zivago **Pain Medications (Sedating)** MIRTAZAPINE Dr Zivago TOPIRAMATE Dr Zivago	MEDD <= 90** ☑ 10 Naloxone Kit ☑ 8/4/2017 Opioid Informed Consent ☑ 8/31/2015 Timely Follow-up (90 Days) ☑ 3/15/2018 Timely UDS (90 Days) ☑ 1/9/2018 Psychosocial Assessment ☑ 8/3/2017 Psychosocial Tx ☑ 2/27/2018 Bowel Regimen ☐ PDMP ☑ 7/11/2017 Data-based Opioid Risk Review ☐ Safety Plan ☑ 8/3/2017 Active SUD Tx ☑ 4/24/2018	Active Therapies ☑ 8/3/15 CIH Therapies ☐ Chiropractic Care ☐ Occupational Therapy ☑ 3/15/15 Pain Clinic ☐ Physical Therapy ☑ 3/15/17 Specialty Therapy ☐ Other Therapy ☐		**Specialty Pain** None **MH Appointment** 2/27/2016 Substance Use Disorder Ind **OtherRecent** 3/15/2016 Physical Therapy **Primary Care Appointment** None	**Specialty Pain** None **MH Appointment** 4/24/2015 Substance Use Disorder Ind **OtherRecent** 4/19/2015 Magnetic Resonance Imaging/Mri **Primary Care Appointment** None

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4. Research Into Veteran Results - RIVRs

- Each COIN selected a research-developed intervention ready for greater spread
- Up to 5 year funding to build partnerships and support for scaling to new sites
- You'll be hearing more about this in November

Conclusions

- The goal of stronger research : program partnership is increasing impact of research on Veterans.
- Partnerships don’t just happen – they need support to reduce communication barriers.
- We hope this curriculum will help you identify research questions that will make a difference.
- Research funders and academic systems also need to change to make this a viable model for rising researchers.