



Indianapolis

Center of Excellence

Director: Michael Weiner, MD, MPH,

Executive Summary for Fiscal Year 2011

The mission of the VA HSR&D Center of Excellence on Implementing Evidence-Based Practice (CIEBP) is to advance the science of transforming the healthcare system to deliver consistently excellent care within and beyond the VA. Our vision is to become the leading national resource for studying and disseminating effective approaches to improving the health system. Our strategy is to partner with clinicians, patients, leaders, managers, and other investigators in interprofessional teams to innovate, conduct research, and drive broad-scale adoption of changes to foster improvement. Institutional partners include the Indiana University School of Medicine, Regenstrief Institute, Inc., The Regenstrief Center for Healthcare Engineering, Indiana University-Purdue University Indianapolis (IUPUI), and Purdue University.

The CIEBP improves the health and healthcare of Veterans by identifying, implementing, and evaluating effective approaches to improving systems and transforming health care. We develop health informatics interventions and other tools for the implementation of evidence-based practice, employ state-of-the-art methods for organizational change to improve the delivery of care, and rigorously implement and evaluate complex interventions to ensure sustained changes. Our research priorities are as follows.

1. Develop, apply, and disseminate models of care that are safe, effective, patient and relationship-centered, timely, efficient, and equitable.
2. Identify and disseminate effective approaches for organizational change and redesign.
3. Implement, evaluate, and disseminate systems interventions to transform the delivery of care, considering individual, relational, and organizational factors.
4. Implement and integrate health informatics into improved work processes and care delivery.

Summary of Center Activities: Since its establishment seven years ago, the CIEBP has succeeded in recruiting a full complement of investigators, established standard operating procedures, created a portfolio of funded research and maturing organizational partnerships. Notable accomplishments in FY11 include the following.

1. We advertised and held interviews for a new Associate Director.
2. We prepared plans for a CREATE program, submitted a letter of intent, and regrouped with our team to prepare for the second round of applications.
3. The CIEBP expanded into 4,000 square feet of additional renovated space.
4. Four new investigators joined the CIEBP.
5. Fellowship programs continue to grow with the addition of five new fellows.
6. The Human-Computer Interaction (HCI) Laboratory has expanded.
7. Continued strong relationships and work with the recently renewed stroke QUERI program.

The following HSR&D grants were newly approved.

* Care Management for the Effective Use of Opioids (IIR; Matt Bair, PI)

* Evaluation of VLER-Indiana Health Information Exchange Demonstration Project (IIR; David Haggstrom, PI)

- * Demand, Cost, and Access of Radiotherapy in VA, Fee, & Non-VA Facilities (PPO; Dustin French, PI)
- * Identifying Strategies to Improve Communication in Chronic Pain Care (CDA-2; Marianne Matthias, PI)
- * Rich-context Evaluation of an Intervention for Stroke Performance Improvement Using Systems Redesign Engineering (SDP; Edward Miech, PI)
- * Stroke Self-Management: Effect on Function and Stroke Quality of Life (SDP; Teresa Damush, PI)
- * Process Evaluation of Illness Management and Recovery in VA Mental Health Services (RRP; Alan McGuire, PI)
- * VISN Implementation of VA Acute Stroke Care Centers: Formative Evaluation (RRP; Teresa Damush, PI)

Challenges: The biggest challenge for CIEBP is advancing science amidst a shrinking pool of research funding. HSR&D core and grant funding decreased in FY11, while the cost of conducting research continues to increase. The increase in time from first application to final funding means that more resources—such as salaries and administrative support of grant-writing—are required before a grant is awarded. We continue to leverage available funds as much as possible, seek support from the medical center and affiliates when appropriate, and maximize the quality of our work. Acquiring specialized computer products continues to be challenging, especially when grants are awarded on different funding cycles than the contracts that provide technologies for those grants. We work closely with our local OI&T officials and have been gaining experience with VINCI's approaches to more centralized data management and analysis.

Future directions: FY12 will see CIEBP applications for both the CREATE and COIN programs. We expect growth in our core areas, including informatics and communications. We expect ongoing strength and development of our fellowship programs and submission of at least two CDA applications. Stroke QUERI and VERC remain strong partners for us. We anticipate that new work in health information exchange will also continue and grow.