Center for the Study of
Healthcare Provider Behavior

VAIL
Veterans Assessment and
Improvement Laboratory
VISN 22 / SEPULVEDA

PACT
PATIENT ALIGNED CARE TEAM

Partnering with Operations: Special Considerations for Early Stage Investigators

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Career Development in the Age of Partner-Oriented Research
VA HSR&D Career Development Meeting   Washington DC
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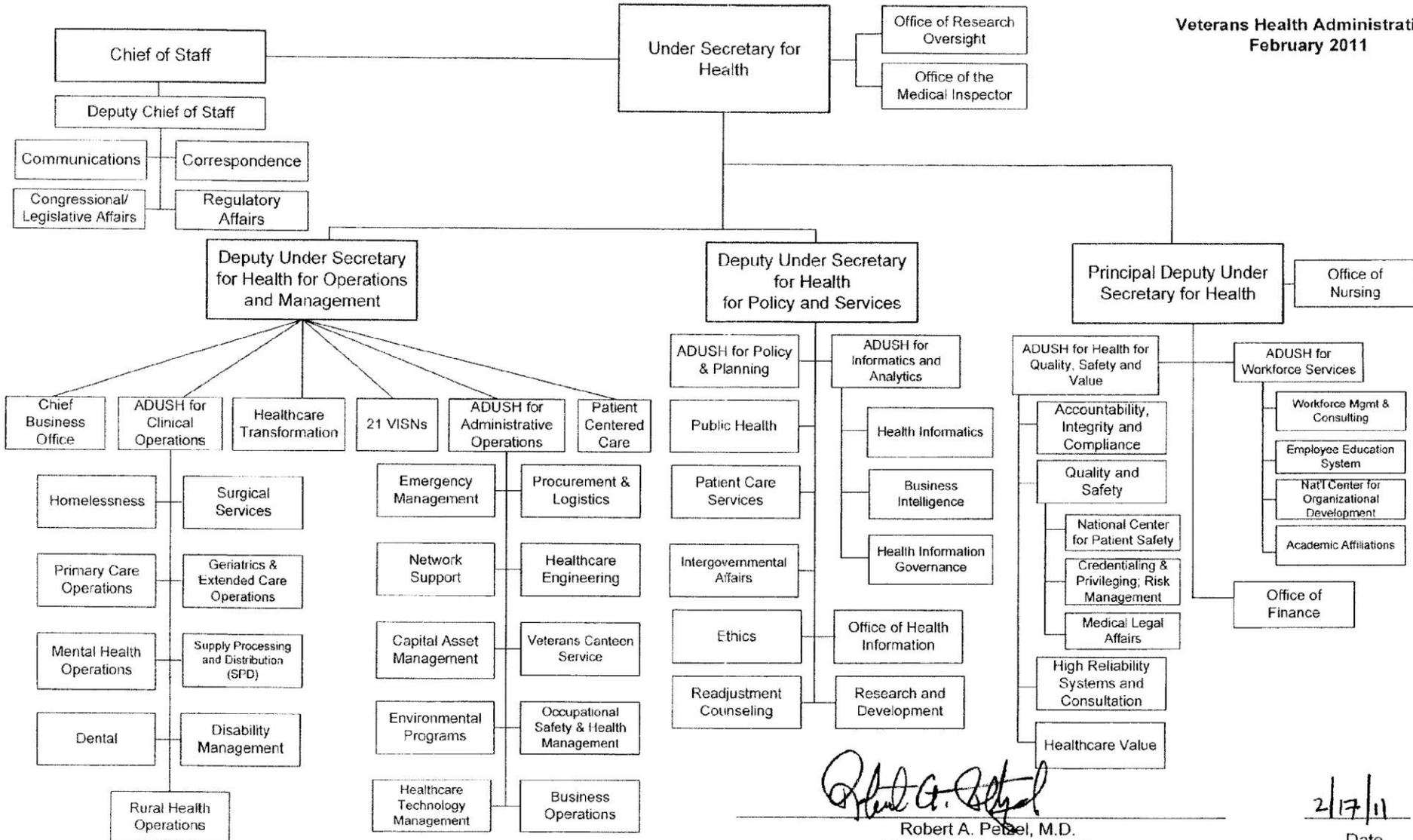
Partnering with Operations

- What is operations in the first place?

- What about policy partners?

- What does it mean to partner with operations and/or policy?

- Why is it important?

- How do you do it? When do you not?

What is Operations Anyway?

- Probably *not* what you thought it was…
  - Operations is *not* everything that is *not* research
- VHA is organized into <u>two</u> major groups:
  - Policy *and* Operations
- Old VA org chart had VA policy leaders in CO
  - VISNs were responsible for the field = "operations"
  - VACO had a "*VISN Director* for all VISN Directors"
    - Deputy Under Secretary for Health for Operations & Management (DUSHOM) (10N)
  - Tensions between VACO policymakers and operations
    - "Unfunded mandates", operations without sufficient voice
    - Disconnects between policy, planning and implementation

"Current" VA Organizational Chart (February 2011)

"Current" VA Organizational Chart (February 2011)
Simplified Version

USH

PDUSH

DUSHOM

DUSHPS

Operations & Management

Policy & Services

Yano (2012)
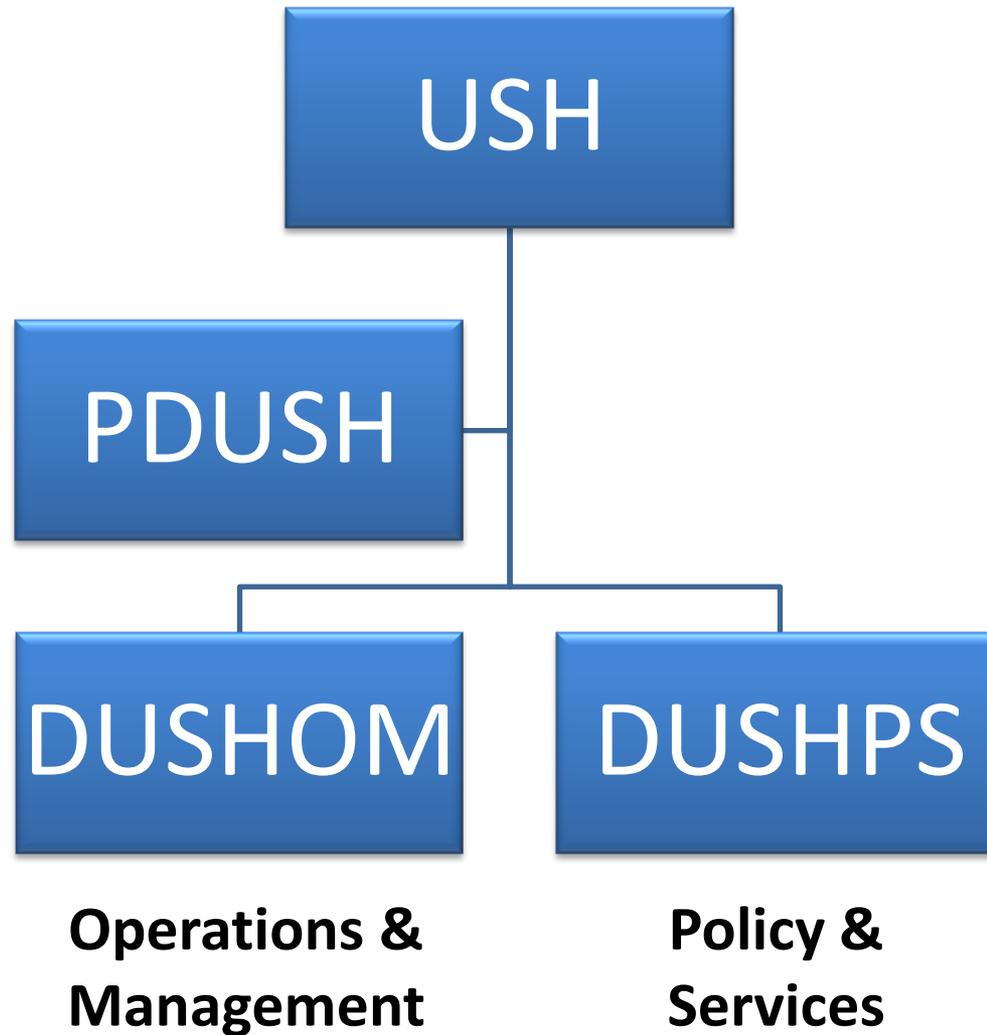
What is under Operations?

- ADUSH for Clinical Operations
- ADUSH for Administrative Operations
- Chief Business Office
- Office of Healthcare Transformation
- Office of Patient Centered Care
- 21 VISNs

Yano (2012)
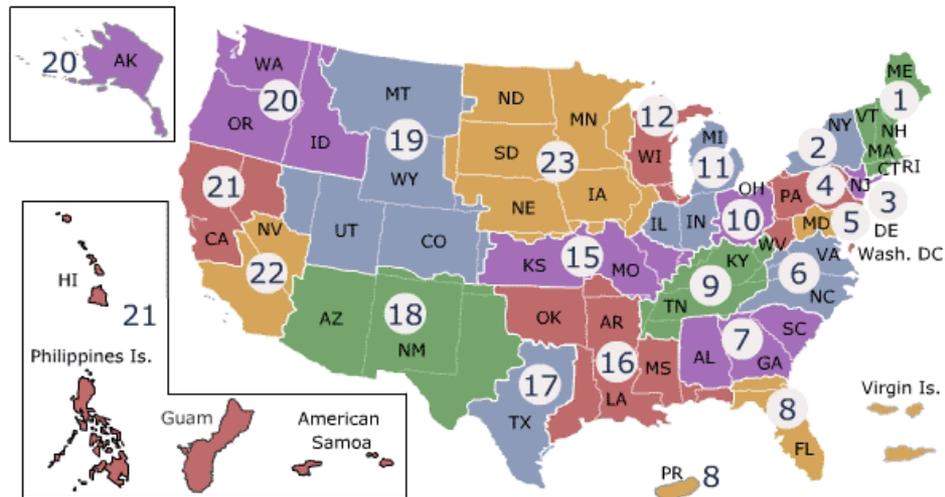
What is under Operations?

Clinical Operations

- Homelessness
- Surgical Services
- Primary Care Operations
- Geriatrics & Extended Care
- Mental Health Operations
- Supply Processing & Distrib
- Dental
- Disability Management
- Rural Health Operations

Administrative Operations

- Emergency Management
- Procurement & Logistics
- Network Support
- Healthcare Engineering
- Capital Asset Management
- Veterans Canteen Service
- Environmental Programs
- Occup Safety & Hlth Mgmt
- Healthcare Tech Mgmt
- Business Operations

What is under Policy?

- ADUSH for Policy & Planning
- ADUSH for Informatics & Analytics
  - Office of Health Informatics
  - Office of Business Intelligence
  - Office of Health Information Governance
- Office of Patient Care Services
- Office of Public Health
- Office of Intergovernmental Affairs
- Office of Readjustment Counseling
- Office of Health Information
- Office of Ethics
- Office of Research & Development

What is under Principal Deputy USH?

- ADUSH for Quality, Safety & Value
  - Accountability, Integrity & Compliance
  - Quality & Safety
  - High Reliability Systems & Consultation
  - Healthcare Value
- ADUSH for Workforce Services
  - Employee Education Service
  - Workforce Management & Consulting
  - National Center for Organizational Development
  - Office of Academic Affiliations
- Office of Nursing Services
- Office of Finance

Where does your work fit?

USH

PDUSH

DUSHOM

DUSHPS
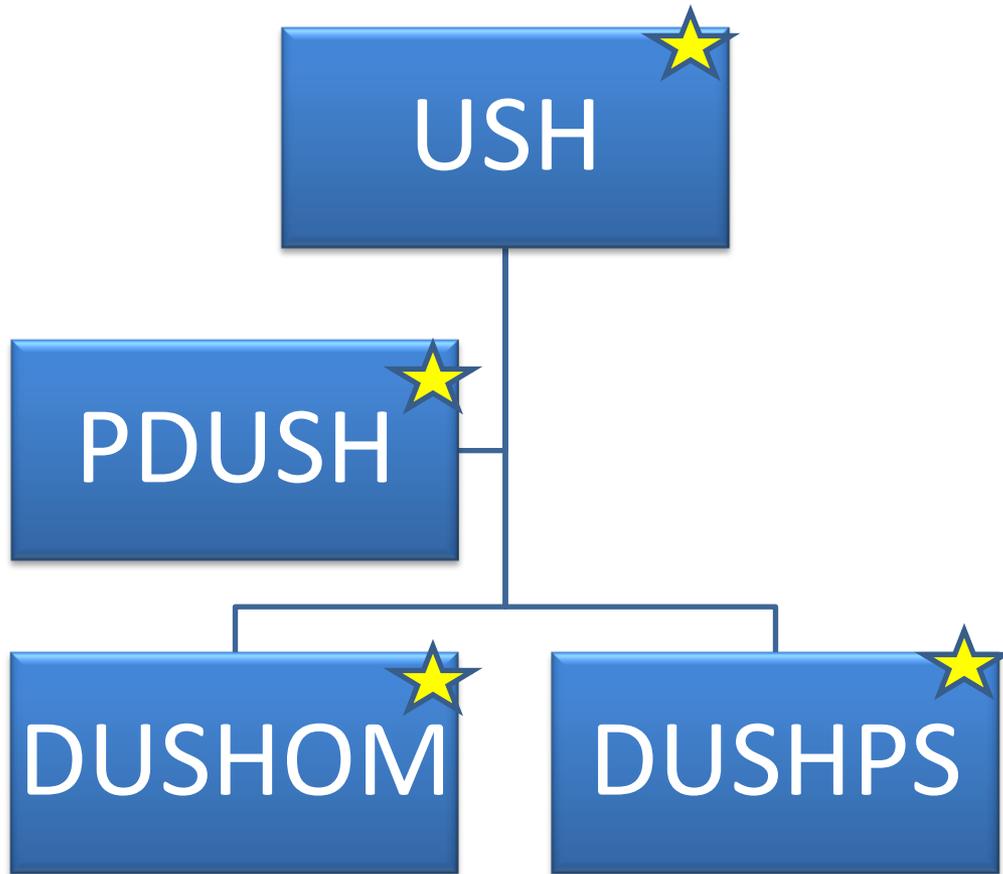
TIDES* as Case Example
- Primary care
- Mental health
- VISN-level care managers
- Informatics/feedback
- Performance measures (+ change)
- Nursing supervision
- Employee education

*TIDES = Translating Interventions for Depression into Effective Care Solutions
(QUERI funded implementation study) (Lisa Rubenstein PI & Ed Chaney Co-PI)

Where does your work fit?

- **Patient Aligned Care Teams (PACT)**
  - Office of Patient Care Services (Primary Care)
  - Office of Primary Care Clinical Operations
  - Primary care-mental health integration
  - Office of Patient Centered Care
  - Office of Healthcare Transformation
  - Office of Specialty Care Services
  - Office of Telehealth
  - And more...

Where does your work fit?

- **Women's health**
  - Office of Patient Care Services (used to be Office of Public Health & Environmental Hazards)
    - Women Veterans Health Strategic Health Care Group
  - Office of Analytics & Business Intelligence
    - Performance measures – gender disparities in quality
  - Office of Academic Affiliations
    - VA Women's Health Fellowships
  - Office of the Secretary
    - Women Veterans Task Force
  - VSOs, State Veterans Commissions, and more…

Enough to make you dizzy…

- Essential for you to get at least a general notion of players in your research area
- <u>Examples</u>:
  - Shouldn't try to do **diabetes research** without knowing about *Diabetes QUERI*
  - Shouldn't try to do **PTSD research** without knowing about the *National Center for PTSD*
  - Shouldn't try to do **mental health (MH) research** without knowing about *MH QUERI, Office of MH Services, VA-DoD Integrated MH Strategic Plan*, etc.

What does it mean to "partner"?

- **Partnering** is today's active term for what used to be (and still is) called "dissemination"
- Dissemination is typically *one-way* (**us to them**)

Yano (2012)

What does it mean to "partner"?

- Partnering can take many shapes and forms
- Need to determine what it is you need from each partner
  - Special knowledge (e.g., directives, new initiatives)
  - Entré to clinical care area
  - Resources (e.g., human, financial, IT)
  - Influence and support (i.e., help open doors, give you credibility, push you on your ideas)
  - A different form of mentorship

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Influence and Support Matrix

Level of Support

HIGH

LOW

The "Choir"
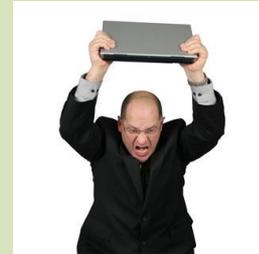
The "Change Agents"

The "Statues"

The "White-Aughts"

LOW   **HIGH**

Level of Influence

What does it mean to "partner"?

**Passive dissemination**   **"Intermittent reinforcement"**   **Full immersion**

Where are you now?
Where do you need to be?
How do you get there?
And are you sure you need to go there right now?

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How do I know if I'm ready to be doing partnered research?

- **What is the stage of your research?**
- **How aligned is your topic area and stage with current (or planned) VA priorities?**
  - Do I even know what those priorities are?
  - How do I go about finding them out?
  - Who should help me on that journey?
  - Who else might you bump into?

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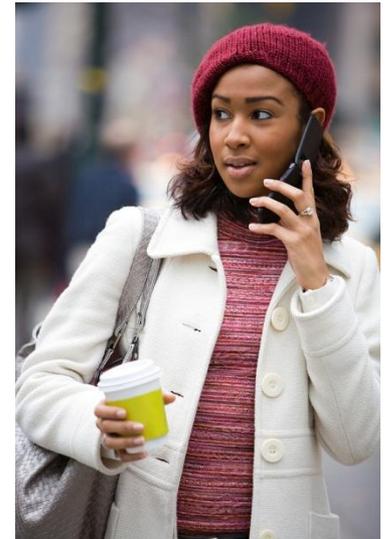
# How do I know if I'm ready to be doing partnered research?

- **What if my work is not aligned with VA priorities? Am I doomed?**
  - No, but you need to be strategic moving forward
    - Scientific reviewers remain interested *in your science*
    - Some funding streams may be less available, others more
  - Explore why your work is not aligned
    - Foundational – descriptive epidemiology, patterns of care
    - Too early – VA will be excited down the line…
    - Misstep – pediatrics and child health is your thing…or are you just a *step ahead of the curve*?

What does it take to start a partnership at an early career stage?

- Get help from your **mentor(s)** (or their mentors)
- Develop a **collaborative social network** of others in your area of research
- **Go to clinic** – learn about the issues that are facing frontline providers, managers, others
- Sit in on one or more **VISN and/or facility meetings** as a guest (or even a VHA workgroup)
- Learn the **language and priorities** of those working clinically and administratively

What does it take to start a partnership at an early career stage?

- **Take a step back and self-assess**
  - What do you bring to the table in a partnership?
    - Strong knowledge of the literature / field of research
    - Strong conceptualization of the issues / problems
    - Strong existing skillmix and fresh training
    - Armed with mentors to guide you (less likely to be a "cowboy/girl" or "loose cannon"…?)
    - Come from a known quantity (HSR&D)
    - Eager to solve a research-related problem
    - Fully paid VA employee (aka "free" for a time)
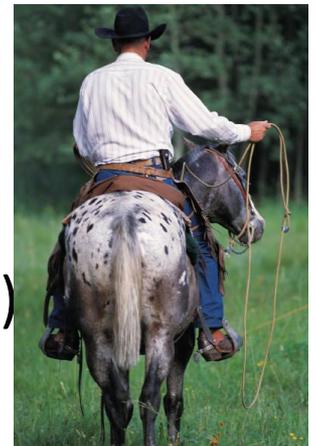
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What does it take to start a partnership at an early career stage?

- **Take a step back and self-assess**
  - What are your challenges?
    - I like working with computers, not people
    - I know what my research means outside the VA, better than inside the VA
    - I really am a cowboy/girl…and I have loose cannon days
    - My potential partners are difficult people
    - I will get "eaten alive" by operations
    - They will take my ideas and I'll lose control

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How do you engage and support partners?

- Recognize that *local* resources shape participation
  - Understand perceived time demands
  - Understand staffing resources (and decrements)
  - Determine prior experience with researchers
  - Can you develop tools/resources to help?
- Develop materials to orient partners
  - Slidesets, handouts, FAQs, posters, pocket cards…
  - Bridge language, values, priorities, activities

How do you engage and support partners?

- Get message right and repeat exposures
- Power of informal marketing, relationships
- Understand preferred communication modes
  - Providers prefer in-person, verbal presentations
  - Very polarized views on email
  - Use modes they already rely on
  - Example: Kizer and PACE
- Colleagues/peers are best teachers/marketers

Veterans Health
Administration
R&D
www.research.va.gov
Yano (2012)

How do you engage and support partners?

- Practice your most compelling argument
  - Explain how research will benefit providers
  - Demonstrate "no harm"
  - Document impacts on quality, costs
- Identify accountable stakeholders
  - Determine their issues and how they relate to your research
  - Understand their perspectives

Partnership: Who's in Charge?

- Control may be an illusion → need to maintain communication, flexibility, adaptability
  - **Ex:** CO adds other interventions to policy spreading your multiple RCT-supported intervention
  - **Ex:** Pilot operations grants building on research proposal components
  - **Ex:** Implementation trial on gender awareness intervention waiting for local R&D but event requires immediate launch in randomized site

Not All Partners are Created Equally but all have a place and perspective…

- Think *influence and support*…
- Remember that success usually requires multi-level effort and relationships
  - Interactions across and within levels complex
- Do not put all "eggs in one basket"
  - Today's strong partners could "retire" tomorrow
  - Understand the web of relationships, influence
- Partner-oriented research not for the "faint of heart," not relevant for all research stages

Research has *Staying Power*

- Peer-reviewed literature survives *forever…*
  - Or at least for the next 10-15 years or so
  - Peer review buys objective support for VA
- Building an evidence base may take decades
  - Benefit from standing on shoulders of others
- Partnerships benefit from the stability and careful nature of research trajectories
  - Today's research news may be upended tomorrow
  - Over time, knowledge translation/data = "power" to make a difference

Partnering with Operations & Policy:
Implications for Academic Advancement

- What does partnering get you in promotions?
  - Depends on your university
  - Not a substitution for papers (# or caliber)
  - Not a substitution for grants (# or caliber)
  - Need to balance potential "time sink" (service) with *potential impacts* at your career stage
  - Work with mentor(s) to determine how far you can go → get their "protection" as needed
  - Be able to document/demonstrate *impact*

Value of Partnering

- Opportunity for making a difference is why we're doing all of this to begin with, right?
  - Knowledge for sake of knowledge alone…why be in VA?
- Learning from partners (and having to defend our ideas)
  - Hones our skills and abilities
  - Strengthens research trajectory (proposal signif $\uparrow$)
  - Increases potential for research impact on practice, policy and performance (quality, outcomes, costs)