



# *Partnered* Health Services Research: *CREATE*

(Collaborative Research to Enhance Transformation & Excellence )

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Health Services Research and Development

# Agenda

- CREATE Overview (History and Rationale)
- Partner and Investigator Responsibilities & Challenges
- CREATE Examples
- Lessons Learned
- CREATE Timelines
- COIN (brief description)
- Questions and Discussion



# Why Did HSR&D Need a New Funding Mechanism?

- Single, disconnected projects produce slow progress
- Investigators' vision of the issues and priorities important to the health care system may be narrow
- Researchers often only engage partners AFTER completing their research
- Lack of VHA leadership engagement (field and CO) reduces likelihood of health system adopting findings
- Design of projects may not promote implementation



# Recommendations from ORD and HSR&D Workgroups

- **Communication** – Enhance researcher communication with local, regional, and national clinical leadership
- **Coordination** – Provide mechanism to support “suite” of related projects
- **Collaboration** - Enhance research – health system collaboration; provide incentives for cross-center research collaboration
- **Implementation** – Increase attention to implementation in health services research projects and increase opportunistic “real world” implementation research



Work Group concepts evolved into:

# *CREATE and COIN*

*(“A Culture Change for HSR Investigators and  
VHA Stakeholders”)*



# CREATE Elements

- 3 to 5 coordinated, focused, multi-site research projects
- Veteran Impact integrated into objectives
- Health-system **partner(s)** engaged at **outset** and **maintained** throughout
- A “ground level” approach to determining VHA priorities
- Commitment among investigators, **partner(s)**, and HSR&D to support CREATE projects
- To increase rapidity of evaluation & funding, CREATE is a Service Directed Program
- Duration: CREATE maximum = 5 years
  - Individual project maximum = 4 years
  - Budget: \$1.1m annually, \$4.5m total (additional funds for project coordination)



# Goals of CREATE

- Accelerate pace of HSR&D research in critical areas
- Promote more effective research-health system partnerships
- Enhance research collaborations
- Speed implementation of research findings
- Demonstrate tangible impact of research on practice or health outcomes

“Whole that is greater than the sum of the parts”



# CREATE: Investigator-Partner Culture Change

- *Investigators commit to:*
  - Understand partner viewpoint and needs
  - Engage with partners in developing research objectives
  - Communicate with partners throughout research process
- *Partners commit to:*
  - Maintain engagement throughout the research process
  - Implement research products into health care system
  - Protect integrity of research results
  - In-kind and/or direct support at local, VISN and program levels





# CREATE: Challenges for Successful Partner- Researcher Collaboration

- *Research Mission:* Partners tend to focus on program evaluation, investigators on model-based, hypothesis driven evaluation
- *Idea-to-Project-Start Timetable* – Partners tend to envision months, researchers a year minimum
- *Project-Start-to-Finish Timetable:* Partners tend to envision months to 2 years, investigators envision 3-5 years
- *Project Impact* – Partners tend to focus on immediate application of results, researchers on their research passion and academic advancement
- *Proposal Rejection* – Partners tend to expect approval, researchers expect rejection.

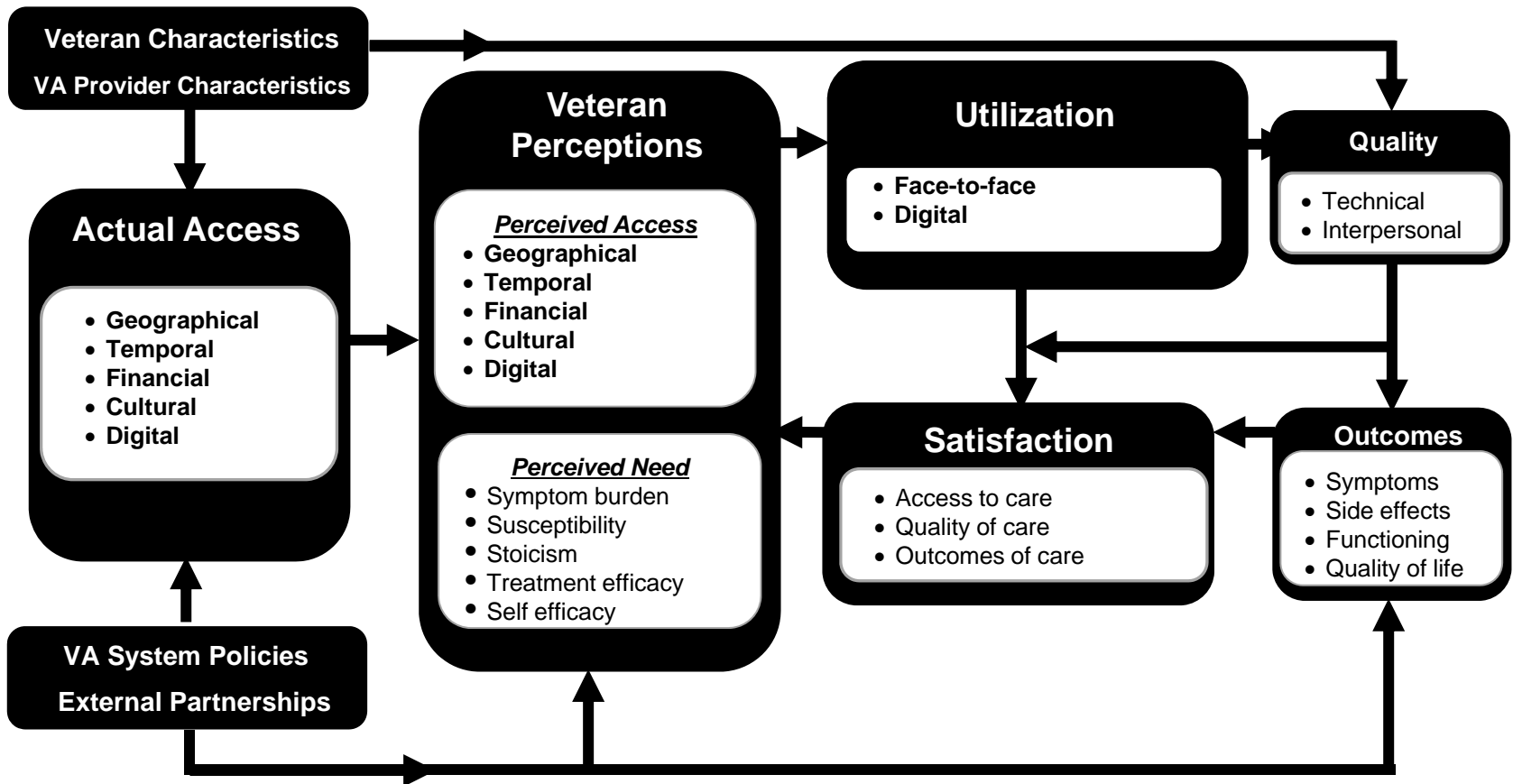


# CREATE: Basis for Successful Partner- Researcher Collaboration

Identify a suite of model based, hypothesis driven projects that address core health system issues of great importance to both investigators and partners, are sufficiently complex that answers are likely to be sought for years, and that are amenable to both early and late ‘wins’.



# Access to Care Model<sup>1</sup>



# CREATE Timelines – First Solicitation

- Open only to CoEs and REAPs
- 25 Letters of Intent submitted in July; 17 approved to submit Concept Papers
- Travel funding provided for researchers and partners to plan
- 17 Concept Papers reviewed in September
  - 8 investigator-partner groups approved to submit full proposals
- Full proposals due mid-December
- Scientific review of proposals in March, 2012
- Program review and approval in April, 2012
- Aim: Fund 4-5 CREATEs
  - Individual projects within non-funded CREATEs may be funded



# Approved Concept Papers from First Solicitation: (PI, Topic, *Partners*)

- Humphreys (Palo Alto) – Promoting Value and Access to Substance Use Services
  - *Mental Health Operations (10N), Off Mental Health Service, Health Economics Resource Ctr*
- Kerns (West Haven) - Enhancing Pain Management in PACT
  - *Patient Care Services, Office of Specialty Care, OMHS*
- Mann (Gainesville) - Improving Health of Rural Veterans with Disabilities
  - *Office of Rural Health, PM&R National Program*
- Mor (Providence) - Transforming Veteran Long Term Care
  - *Geriatrics & Extended Care, Community Living Centers*
- Petersen (Houston) - Improving Quality & Safety using Information Technology
  - *Primary Care, Office Nursing Services, Health Information Initiative*
- Pogach (East Orange) - Improving Diabetes Health Care
  - *Specialty Care, Pharmacy Benefits Management, Primary Care Operations (10N)*
- Sayer – (Minneapolis) - Improve Patient Engagement in Evidence-Based PTSD Treatment
  - *OMHS, Nat’l Cntr for PTSD, Primary Care*
- Yano – (Sepulveda) - Accelerating Implementation of Women’s Quality Care
  - *Office of Women Veterans, Family Services,*

# Review Criteria for CREATE

- Importance to health system
- Engagement and support of critical partners
- Scientific credibility and relevance
  - Knowledge advancement
- Integration of projects
- Likelihood that CREATE will substantially impact Veteran health



# Lessons Learned from First Round of CREATE Concept Paper Reviews

- Researchers and Clinical partners able to generate many good ideas addressing important topics
- Partners eager to lend support to important research
- Most common problems among *non-approved* concept papers:
  - Insufficient *science* and *innovation* (e.g. how will projects build critical knowledge?)
  - Projects not sufficiently interrelated (no visible synergy, could have been done as individual projects)
  - No clear vision of how the health system will use the findings.



# CREATE Timelines – Second Solicitation

- One CREATE program proposal per medical center
- CREATE Program PI must have been an HSRD-funded investigator
- Must involve projects from more than one medical center
- Must involve partner(s) at VISN or national level (i.e. local VAMC partnership insufficient)
- Travel funds to support research/partner planning available
- Concept papers due February 1, 2012
  - 5 page overview; 2 pages per project; 15 page total
- Concept papers reviewed in April (6-8 approvals expected)
- Full proposals due June 15
- Aim: Fund 4-5 CREATEs





# CREATE Summary

- **Engage** – Investigators & Partners
- **Horizon** – Think what system will need in 4 to 5 years
- **Goals** – Research (not program evaluation)
- **Knowledge** – Accelerate critical knowledge
- **Impact** – Improve Veteran care in measurable way
- **Barrier** – Shift in Partner priorities

<http://vaww.hsrd.research.va.gov/funding/>





# Centers of Innovation (COIN)

# COIN (Centers of Innovation)

- RFA under concurrence; will be released early 2012
- Replace Centers of Excellence and REAPs in 2013
- Strategic Plans in Discrete Focus Areas
  - Engaged Partners
  - At least one impact oriented component (CREATE or similar)
- Cross Medical Center Collaboration
- Mentoring
- Service to Partners (analysis, evaluation, etc.)
- Variable funding based on activity





***CREATE:***

**(Collaborative Research to Enhance Transformation & Excellence )**

**QUESTIONS?**



**VA** Defining  
**HEALTH** **EXCELLENCE**  
**CARE** in the 21st Century