



# SPECIAL 25TH ANNIVERSARY ISSUE

In this issue, FORUM looks back on and commemorates 25 years of funding for VA's Health Services Research and Development Service (HSR&D). To everyone who has contributed to HSR&D's growth and success over the years, thank you for your excellent work. We look forward to the next 25 years.

TRANSLATING RESEARCH INTO QUALITY HEALTH CARE FOR VETERANS

# FORUM

VA HEALTH SERVICES RESEARCH & DEVELOPMENT

FEBRUARY 2002

## COMMENTARY

### HSR&D at 25: Celebrating the Past and Anticipating the Future

By John G. Demakis, M.D., Director

At this year's Health Services Research and Development Service (HSR&D) Annual Meeting, we will celebrate 25 years of congressional funding for HSR&D. It seems appropriate to take the time to celebrate the past and anticipate the future.

#### Celebrating the Past

In 1976, as the first seven HSR&D projects were funded, the total HSR&D budget was \$3.6 million. The field of health services research was in its infancy in theory and methodology. The proper place and use of health services research in VA's health care delivery system were still unknown and tentative.

Twenty-five years later, in fiscal year 2001, HSR&D had 143 active projects with an annual budget of \$45 million in congressionally appropriated funds, and \$49 million in medical support funds. In addition, our researchers have competed for an estimated \$8.3 million in other federal and non-federal grants and received \$4.8 million in VA funds from Central Office or VISNs for management consultation. In all, HSR&D investigators are doing a total of \$107.1 million of research as we start our 26th year of funding.

HSR&D is now well-grounded in theory and our methodologies have become more sophisticated. VA-funded research now appears regu-

larly in all the major medical journals as well as several health services research journals. VA clinicians and managers increasingly turn to HSR&D to help answer difficult health systems problems.

Over the years, HSR&D built a solid infrastructure and communication channels to enable us to answer the growing needs of VA clinicians and managers. The establishment of the VISN/HSR&D Liaison Committee resulted in identification of new health services research questions, which led to new solicitations for proposals in access to care, primary care, minority health issues, gender issues, patient safety, and others.

#### Creating Resources for Research

Since 1998, four new Centers of Excellence (COE) have been established to join the existing nine. The new COEs were chosen to fill important gaps in our research portfolio: evidence-based medicine, chronic disease, minority health, and rehabilitation outcomes.

Two new Resource Centers were funded to serve as national resources for the VHA: the VA Information Resource Center (VIREC) and the Health Economics Resource Center (HERC). Our newest Resource Centers join our Management

Decision and Research Center (MDRC).

Our Research Career Development and Career Scientist programs continue to train new investigators and give them a solid foundation in health services research. Approximately 10 to 15 new investigators "graduate" each year. The great majority of these talented men and women remain in VA and become successful VA investigators.

The Quality Enhancement Research Initiative (QUERI) is an ambitious attempt to bring together managers and clinician investigators to develop a data-driven, outcomes-oriented approach to systematize quality improvement. Presently, nine conditions have been targeted by QUERI: colon cancer, chronic heart failure, diabetes, HIV/AIDS, ischemic heart disease, mental health, spinal cord injury, stroke, and substance abuse.

Although each QUERI group is at a different phase in its progress, several have already contributed to improving patient outcomes. The recent Institute of Medicine report, *Crossing the Quality Chasm*, highlighted QUERI as "one of the strongest examples of synthesizing the evidence base and applying it to clinical care."

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**C**OMMENTARY

**Commentary**

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**Looking Ahead**

While we have much to celebrate in VA HSR&D, there is still much to do. We have entered a new era in health care, where change is the only constant and fast-paced change is the norm. Changes will continue to unfold within our health care organization, in medical technologies and, of course, in the needs of our veterans. In addition, we have a new Secretary of Veterans Affairs and will soon have a new Under Secretary of VHA. Undoubtedly, they will have their own vision for our agency and will propose new initiatives and directions. Each of these changes will require changes in our health care delivery system and provide opportunities for HSR&D to continue to make significant contributions.

How can HSR&D prepare for the many changes ahead? Hockey great Wayne Gretzky was once asked how he became such a prolific scorer. He answered that he never skated to where the puck was, but where he expected the puck to be. He was the master of anticipation. We also need to look ahead to where health care will be in the next five to 10 years and prepare for these expected changes. Some top priorities include:

■ **Quality Improvement:** Systematizing quality improvement should continue to be a major focus of our efforts. Through QUERI, we have become leaders in the field but we still have much to learn. Moving research findings from the laboratory to the bedside is what translation is all about. We are only now learning what works and what doesn't work.

We will continue to fund Service Directed Projects that concentrate on translating research findings into improved patient outcomes in the nine QUERI conditions. QUERI must be expanded to

include other high-risk conditions for veterans such as chronic lung disease, pneumonia, and dementia. In 2002, we plan to publish our first findings on what works and what does not in translation – a manual on lessons learned.

■ **Databases:** VHA has excellent clinical databases on inpatient, outpatient, and long-term care. Yet they are lacking in condition-specific measures that would help us track patient outcomes. Presently, expensive and laborious chart reviews must be done to determine the outcomes of new medical or systems interventions. With the addition of a few variables, most of which have already been identified, VHA could have an excellent outcomes-oriented database that would help us to better treat our patients.

■ **Management Research:** With the increased emphasis on organizational change, we need to significantly increase our management research portfolio. We need to understand more about the organization, structures, and management of our health care system. We have already studied the implementation of service lines, looked at hospital integrations, developed integration scorecards, and evaluated community-based outpatient clinics. Several of these initiatives were commissioned by our Under Secretary and/or VISN Directors. We will continue to work closely with VA managers to identify new areas to investigate and evaluate and to expand and enrich VA's management databases.

■ **Patient Safety:** Patient safety is a high priority in the public's mind and certainly a high priority in VA. There are many opportunities for HSR&D to contribute to patient safety. We should work to enhance and expand our relationships with our patient safety colleagues in the field and work together on developing strategies and tools that prevent adverse events and ensure appropriateness of care.

■ **Cooperation with Other Federal Agencies:** We will strive to increase our cooperation with other federal funding agencies. We envision a series of joint solicitations in which projects would be jointly funded and carried out both in VA and non-VA settings. This will increase the power and validity of our results and improve generalizability. This will also be an excellent opportunity to compare outcomes in VA and non-VA health care settings.

We have already started down this path with modest success. In a joint project with CDC, we are currently comparing outcomes of diabetic patients in VA and non-VA hospitals. We will also soon release a joint solicitation with the Agency for Healthcare Research and Quality on the translation of research findings into practice. Again, the projects will be jointly funded and include VA and non-VA health care systems.

The National Cancer Institute has funded VA's newest QUERI group on colon cancer. The findings from the Colon Cancer QUERI will be used to enhance other cancer outcome projects funded by NCI. This is the latest example of two federal agencies working together to improve patient care.

■ **Capacity:** For HSR&D to continue to be responsive to the needs of VHA, we must have personnel and infrastructure in place. In addition to the COEs, Resource Centers, and a growing number of well-trained investigators, we have recently started the Research Enhancement Award Program, which encourages facilities with three or more funded investigators to apply for core funds.

Finally, although change will be with us for the future, what will not change is the dedication of VA researchers to improve the health and care of veterans and the nation. We will continue to seek ways to improve the accessibility, quality, cost and efficiency of the health care services we provide.

**R**ESPONSE TO COMMENTARY

## HSR&D Is Poised To Help VA Meet New Challenges

*By Robert H. Roswell, M.D., Director, VISN 8*

During the past 25 years, VA's HSR&D program has made many notable achievements, as Dr. John Demakis describes in this issue of *FORUM*. Dr. Demakis also provides a strong sense of direction for the future of HSR&D in a new era of health care. Just as health care has changed dramatically over the last 25 years, so have VA's health care delivery infrastructure, services, and programs, along with the demographics of the veterans we serve. These changes will continue to present VHA with new challenges, and as Dr. Demakis suggests, we must rely upon our strong HSR&D programs for help in meeting these challenges.

VHA has become a nationally recognized leader in quality and patient safety. Yet budgetary constraints, coupled with a tremendous increase in users, threaten our ability to safeguard our patients and the care they receive. These concerns are paramount as we implement the Secretary's recent decision to continue open enrollment for all veterans, which will present significant management challenges, including:

- How will we monitor the health status of those veterans waiting to enroll in VA care and those waiting for their initial appointment?
- How will we assess the most significant needs of all veterans – including those who are not current users of our system but who will need VA care in the years ahead?
- How will we assure that the infrastructure needed to provide this care is preserved?
- How will we meet the long-term care and end-of-life needs of current veterans without irrevocably committing our capital resources to care lines that may not be needed by future generations of veterans?

■ How will we preserve and enhance those services that meet the specialized needs of veterans?

Clearly, these are areas where HSR&D's management research can be very helpful as we plot the course of VHA.

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**W**e must rely upon our strong HSR&D programs for help in meeting VA's challenges.

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The QUERI program that Dr. Demakis speaks of is a remarkable step forward in our efforts to focus research on specific conditions seen with a high prevalence among veterans, and then apply these research findings to improving patient care. Yet despite the success of this program, it is limited to a relatively small number of disease states, and most of the outcomes are associated with the management of a particular disease process in an individual patient.

- How should VA evaluate the veteran population in its selection of areas for new QUERI programs?
- Can the QUERI process address the health management and outcomes of a disease cohort in contrast to individual veterans?
- How can QUERI help us reach those veterans with undiagnosed and untreated disease?
- And, ultimately, can QUERI improve the health of the entire veteran population – and do it cost-effectively?

While somewhat ambitious, these challenges are ready and waiting for our HSR&D talents.

Recent events have underscored VA's fourth mission to provide contingency medical support to the Department of Defense, and to respond to national emergencies. We have developed thorough plans to evacuate military casualties from a remote battlefield and airlift them to a U.S. receiving center, where transfer to a VA medical center will proceed in an orderly fashion. Sadly, however, a major portion of our current war is being waged on U.S. soil.

- How will VA respond to large numbers of domestic casualties of a chemical agent or nuclear event staged by a terrorist group?
- What steps should we take to enhance surveillance and early identification of a biological agent weaponized against the U.S. population?
- Even more significant, like the Gulf War, our current conflict involves the possible exposure to a number of potentially hazardous agents. What steps must be taken now to assure our ability to track potential exposures, monitor any adverse health outcomes, and provide necessary health care to those who may be exposed?

Although finding these answers will be difficult, our efforts must be supported by our HSR&D expertise.

Twenty-five years of growth and expansion have led to a world-class HSR&D program. This is a precious resource that VA must use as we face ever-increasing challenges in assuring that needed health care services are available for both current and future generations of veterans. I look forward to an exciting and promising future for our nation's veterans health care system, with enhanced management decision support from VHA's own HSR&D program.



# HSR&D: Highlights

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<ul style="list-style-type: none"> <li>■ HSR&amp;D created to coordinate and consolidate health services research (HSR) activities within the VA health care system</li> <li>■ Carleton Evans, MD, first Director of HSR&amp;D</li> </ul>	<ul style="list-style-type: none"> <li>■ HSR&amp;D establishes Affiliation Programs</li> </ul>	<ul style="list-style-type: none"> <li>■ Congress provides first funds for HSR&amp;D projects</li> <li>■ Seven Investigator-Initiated Research (IIR) projects funded</li> </ul>	<ul style="list-style-type: none"> <li>■ Richard Greene, MD, Director of HSR&amp;D</li> </ul>

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<ul style="list-style-type: none"> <li>■ Service Directed Research Program (SDR) established</li> <li>■ New Field Program established: Palo Alto, CA</li> <li>■ First HSR&amp;D Bulletin published, "Chest Pain Diagnosis"</li> <li>■ HSR&amp;D sponsors national invitational conference on Decision Support Technology (DST)</li> </ul>	<ul style="list-style-type: none"> <li>■ Prakash L. Grover, PhD, Acting Director of HSR&amp;D</li> <li>■ Second HSR&amp;D Bulletin published, "Foley Catheter Care"</li> </ul>	<ul style="list-style-type: none"> <li>■ Dennis E. Roth, MBA, Acting Director of HSR&amp;D</li> <li>■ Field Program Review group established</li> <li>■ HSR&amp;D Bulletins published:               <ul style="list-style-type: none"> <li>— "The Impact of Algorithms on the Cost and Quality of Health Care Provided by Nurse Practitioners in a VA Setting"</li> <li>— "Prospective Modeling and Prediction of Influenza Vaccine"</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ Daniel Deykin, MD, Director of HSR&amp;D</li> </ul>

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<ul style="list-style-type: none"> <li>■ SOTA II, "Databases: A Resource for Research and Decision Making"</li> <li>■ First HSR&amp;D Management Lecture, "Managing for the Future: Enriching the Collaboration Between Management and Health Services Research"</li> <li>■ Research Agenda-Setting Conference, "Oral Health for Aging Veterans"</li> </ul>	<ul style="list-style-type: none"> <li>■ New COE established: Sepulveda, CA</li> <li>■ Management Lecture, "The Future of Hospitals and Health Care Management Under Health Care Reform"</li> </ul>	<ul style="list-style-type: none"> <li>■ VHA reorganizes into 22 Veterans Integrated Service Networks (VISNs)</li> <li>■ Nursing Research Initiative established</li> <li>■ Management Lecture, "How to Turn a Hospital System into a Health Care System"</li> <li>■ SOTA III, "Technology Assessment: A Tool for Technology Management and Improved Patient Outcomes"</li> <li>■ Primary Care in VA Primer published</li> </ul>	<ul style="list-style-type: none"> <li>■ John R. Feussner, MD, MPH, Chief Research &amp; Development Officer</li> <li>■ Shirley Meehan, MBA, PhD, Acting Director of HSR&amp;D</li> <li>■ SOTA IV, "Leading Organizational Transformation"</li> <li>■ Health Care Technology Assessment in VA Primer published</li> <li>■ First issue of VA Practice Matters: Influenza Immunization</li> </ul>

# of a Journey Through Time

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- Peter G. Goldschmidt, MD, DrPH, DMS, Director of HSR&D
- Affiliation Program includes nine VAs in affiliation with seven university HSR programs
- Applications to start HSR&D Field Programs are solicited

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- HSR&D funds first new Field Programs: Durham, NC; Ann Arbor, MI; Seattle, WA; and Little Rock, AR

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- First HSR&D Annual Meeting hosted by the Durham Field Program
- New Field Program funded: Hines, IL

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- Special Projects Program in Perry Point, MD, established
- New Field Programs established: West Roxbury, MA; Iowa City, IA; and Salt Lake City, UT

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- "Evaluating Geriatric Assessment Units: A Conference to Determine Future Research Directions," sponsored by VA HSR&D, The Robert Wood Johnson Foundation, and the National Institute on Aging
- VA becomes cabinet-level organization

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- All Field Programs reviewed; some reconfigured; all become Centers of Excellence (COE) with a particular HSR focus
- Career Development Program established
- Two new COEs established: Bedford, MA, and Houston, TX

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- First Career Development awards funded
- First Centers for Cooperative Studies in Health Services (CSHS) established: — Palo Alto Medical Center in CA — VA Hospital in Hines, IL
- Developmental Project Program established

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- HSR&D postdoctoral program established to train associated health professionals
- New CSHS Center established at Seattle VAMC
- Management Decision and Research Center (MDRC) established
- State of the Art Conference (SOTA I), "Community-Based Long-Term Care"

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- John G. Demakis, MD, Acting HSR&D Director
- CSHS program incorporated into OR&D/CSP
- Three Primers published: — Using Outcomes to Improve Health Care Decision Making — Program Evaluation for Managers — Risk Adjustment: A Tool for Leveling the Playing Field

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- John G. Demakis, MD, Director of HSR&D
- The Under Secretary's Award for Outstanding Achievement in Health Services established
- VA Information Resource Center (VIREC) established
- Two new COEs established: San Antonio, TX, and Minneapolis, MN
- Quality Enhancement Research Initiative (QUERI) established
- Management Lecture satellite broadcast, "Quality Care for Veterans: Truths and Myths about Implementing Clinical Practice Guidelines"
- Clinical Practice Guidelines Primer published

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- Health Economics Resource Center (HERC) established
- Rudolf Moos, PhD, receives Under Secretary's Award

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- Organizational Change Primer published
- Nelda Wray, MD, MPH, receives Under Secretary's Award

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- Two new COEs established: Pittsburgh/Philadelphia and North Florida/South Georgia VA Health Care System
- Research Enhancement Award Program (REAP) established
- Colorectal Cancer QUERI group established
- SOTA V, "Making Informed Consent Meaningful"
- Lisa Rubenstein, MD, MSPH, receives Under Secretary's Award

**P**ERSONAL PERSPECTIVE

## Looking Back: HSR&D Then and Now (or “Reflections Of An Old-Timer”)

*By Shirley Meehan, M.B.A., Ph.D., Deputy Director, HSR&D*

What a difference a few decades make.

When VA established the Health Services Research and Development Service (HSR&D) in 1973 within the Office of Research and Development, it combined a small planning and evaluation unit with an administrative research group and a medical automated data processing (ADP) systems group. The HSR&D Service was created with the express purpose of bringing the evolving tools of management science and operations research to bear on the increasingly complex problems of managing a growing health care system. HSR&D was expected to use diverse tools and methods such as medical sociology, cost-effectiveness analysis, information systems, statistics, and health planning to better understand and manage the complex issues facing the VA health care system.

In the early days, we focused on issues involving prevention, health maintenance organizations, and automating patient records. Central Office staff planned and conducted the projects. We solicited projects from field investigators and conducted our first HSR&D peer review session (an ad hoc review group) in the summer of 1975.

We reviewed 13 projects and funded the first seven investigator-initiated research projects in fiscal 1976. The VA-University Affiliation Program was established with modest funding – \$50,000 – to encourage VA medical centers to collaborate with health services research centers newly created by the National Center for Health Services Research (now the Agency for Healthcare Research and Quality). This early effort planted the seed for the subsequent HSR&D Field Programs and ultimately the current Centers of Excellence.

### Nurturing the Health Services Research Enterprise

Not surprisingly, health services research was not well recognized or understood among VA researchers. Most early studies tended to focus on narrowly defined clinical problems specific to a particular facility. As a result, projects initially supported by HSR&D tended to compare alternative programs at an individual hospital.

The first director of HSR&D was Carl Evans, M.D. Following Carl’s move to the Institute of Medicine, physicians Richard Greene and then Peter Goldschmidt took over leadership of HSR&D. Dr. Greene emphasized prevention as a major initiative but found his time at HSR&D cut short when he was asked to take on additional responsibilities, ultimately becoming assistant chief medical director for R&D.

Peter Goldschmidt (1981-1986) stressed the importance of applying health services research as a management tool. He expanded capacity by creating the HSR&D Field Programs and a Special Projects Office. He involved Central Office managers in assessing research ideas and the potential application of research findings to health care practice. Top managers sought help with reducing waiting times in clinics through special research projects, and commissioned other projects in response to congressional mandates (for example, evaluation of adult day health care).

During the 1980s, both the science and the resulting HSR&D products steadily improved. The Service also recognized the importance of highlighting and disseminating key research findings for broad application within the VA system. Managers helped identify and syn-

thesize research results for publication in bulletins targeted explicitly to those most likely to implement this information – for example, stressing the value of postcard reminders for improving flu shot compliance to associate chiefs of staff for ambulatory care. Despite progress, we sometimes felt like we were spreading news into a silent abyss.

### A Personal Journey

I began my career with VA’s medical ADP group in 1971 as a management intern, and was one of the computer systems analysts transferred to the new HSR&D Service. I was thrilled with the move into R&D, since it coincided with graduate courses I was taking in management of R&D at George Washington University. I became interested in how other major health care organizations were trying to apply research to practice.

By the mid-1980s, I began my dissertation, focusing on the dissemination and application of knowledge. I sought out other large health care organizations with internal health services research units and explored how they used study results. The case studies I conducted suggested that successful implementation of research results hinged on whether and how much an organization’s leaders valued evidence-based management.

As we moved into the 1990s under Dr. Dan Deykin’s leadership, top VA managers began to recognize the importance of health services research and how it could help solve the emerging problems they faced. Dr. Deykin was particularly interested in positioning the Field Programs as Centers of Excellence and national expert resources.

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**W**ITH APPRECIATION

## Shirley Meehan: HSR&D's Guiding Hand Over the Years

*By Stephan D. Fihn, M.D., M.P.H.*

In celebrating the 25th anniversary and 20th annual meeting of the HSR&D Service, we naturally take the time to reflect upon the Service's spectacular growth and accomplishments, for they are truly remarkable. Equally remarkable has been one constant throughout these two and a half decades of tumultuous change: the dedicated and loyal service of Shirley Meehan. Shirley's ubiquity, coupled with her quiet competence and self-effacing demeanor, might make it easy to overlook her critical role in the successes of HSR&D. To those familiar with HSR&D, however, Shirley's contributions are difficult to overestimate.

Shirley received her undergraduate education at the University of California, from which she graduated with great distinction, earning a degree in medieval history (perhaps accounting for her perceptive understanding of the Byzantine ways of the VA). She then spent time in Okinawa as a columnist for the *Japanese Times* and as a public relations officer. In 1971, she took her first position with the Veterans Administration as an intern in the Department of Data Management. Shortly thereafter she became a management intern for the associate chief medical director for data processing, followed by a stint as a computer systems analyst.

In 1973, Shirley assumed her first position in the fledgling HSR&D Service as a project leader and computer systems analyst. Within eight months she was appointed as the assistant to the director of the HSR&D Service. The rest is history.

In 1975, Shirley was assigned responsibility for oversight of the Merit Review (IIR) Program. In 1976, she became the program planning specialist – looking after the increasingly complex portfolio that the HSR&D Service was accu-

mulating. And in 1992 she was appointed deputy director, a position she has held through the present, punctuated by periods as acting director in 1995 and in 1996.

Along the way, Shirley earned both an M.B.A. and a Ph.D. from George Washington University and published several papers. She also has a son who graduated from Williams College last year.

This chronology, however, tells only a part of the story. Consistently throughout her career in VA, Shirley has delivered unstintingly dedicated service that has made her name practically synonymous with HSR&D. It is, in fact, hard to imagine an HSR&D Service without her. Her constructive input has been felt in almost every facet of HSR&D's expansion and operations. She, more than anyone else in the HSR&D program, has been the "go-to" person for thorny problems and, almost without fail, she has delivered thoughtful and imaginative solutions. She has been the right hand of several HSR&D directors. She has been a steadying influence when times were tough and the engine that moved HSR&D forward when times were good.

Throughout it all, Shirley has won the admiration and affection of the entire HSR&D Service, ranging from the naïve new investigator to the seasoned center director and the hard-boiled service director. Her kindness, optimism, and unassuming manner have universally endeared her to those with whom she has worked.

Shirley's contributions have also been noticed outside the HSR&D Service. Recently, she was awarded the Elnora M. Rhodes Service Award by the Society of General Internal Medicine, acknowledging the substantial influence that her work has had on promoting research in general internal medicine — and, in turn, advancing the careers of



young physicians who are dedicated to conducting this research.

It is no overstatement to say that HSR&D's accomplishments during the past 25 years have been due in large part to the dedication and proficiency of Shirley Meehan. For this, all who have worked on behalf of the HSR&D Service are grateful.

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**Meehan**

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However, Central Office could only act like a loosely structured switchboard in linking the health services research needs of VA managers with the appropriate expertise in our Centers. In response, Dr. Deykin conceived and developed the HSR&D Management Decision and Research Center (MDRC) to help managers clarify questions and develop appropriate research or consultation approaches.

**HSR&D Flourishes**

Dr. Deykin also addressed growing concerns about HSR&D capacity by establishing the HSR&D Career Development program for clinicians and the Research Career Scientist program for non-clinician doctorates. HSR&D continued to thrive under the leadership of Ken Kizer as Under Secretary, Jack Feussner as Chief R&D Officer, and, soon thereafter, John Demakis as HSR&D Director. Dr. Demakis continued the expansion of national HSR&D resources with a database and information resource center, a health economics resource center, and a team for measurement excellence.

In December 2001, we completed the 25th year of HSR&D appropriated funding. The differences between then and now are striking in many areas.

■ Then, our appropriated funds were approximately \$3 million. Now, they are \$50 million for fiscal 2002.

■ Then, we reviewed approximately 13 investigator-initiated research (IIR) projects at our first review session. Now, we review approximately 40 twice annually.

■ Then, we had seven IIR projects. At the close of fiscal year 2001, we had 118. Then, we had 10 Affiliation Programs. Now, we have 13 Centers of Excellence.

■ Then, we had no resource centers. Now, we have three – plus a special projects office and a major measurement initiative.

■ Then, we had no career development, research career scientist, or training programs. In fiscal year 2001, HSR&D supported 61 Career Development awardees and six research career scientists.

■ Then, dissemination was purely ad hoc; now, we have a special information dissemination program.

■ Then, we thought about how to get our research results noticed. Today, we are leaders in the field of translation research and spearhead an entire program, the Quality Enhancement Research Initiative (QUERI), designed to translate research findings into practice to improve health care quality.

■ Then, we relied on investigator-initiated research ideas almost exclusively. Now, we have a bal-

anced program of solicited and unsolicited investigator-initiated research, as well as service-directed research.

■ Then, we were seeking to develop high-quality tools. Now, we are seeking better ways to get our recognized products into practice and measure their impact.

■ Then, we were struggling to plan new initiatives; now, we are succeeding in getting the terrific ideas of our excellent researchers and managers fully implemented.

■ Then, we were struggling to create demand for our products; now, we are struggling to meet it.

■ Then, we were striving to create a new program. Today, we strive to ensure continued excellence and to identify and support research that will address the needs of tomorrow.

I've worked in the VA health services research system for almost 30 years. It has been and continues to be an exciting experience. I've had the great privilege of participating in the growth of a new field and working with some of the most inspiring researchers and managers I ever could have known. I am continually impressed and humbled by the dedication, expertise, and contributions of the researchers, VA clinicians, managers, and my fellow HSR&D staff members.