

# Local Support for Research

**MINNEAPOLIS VA**

**VISN 23**

Hanna.Bloomfield@va.gov

# strategies

**Articulate how research helps the clinical and education missions**

**Ensure leadership hears from you often**

**Be a team player**

**Negotiate at opportune moments**

# VERA \$

Do NOT use as a weapon in your fight for support

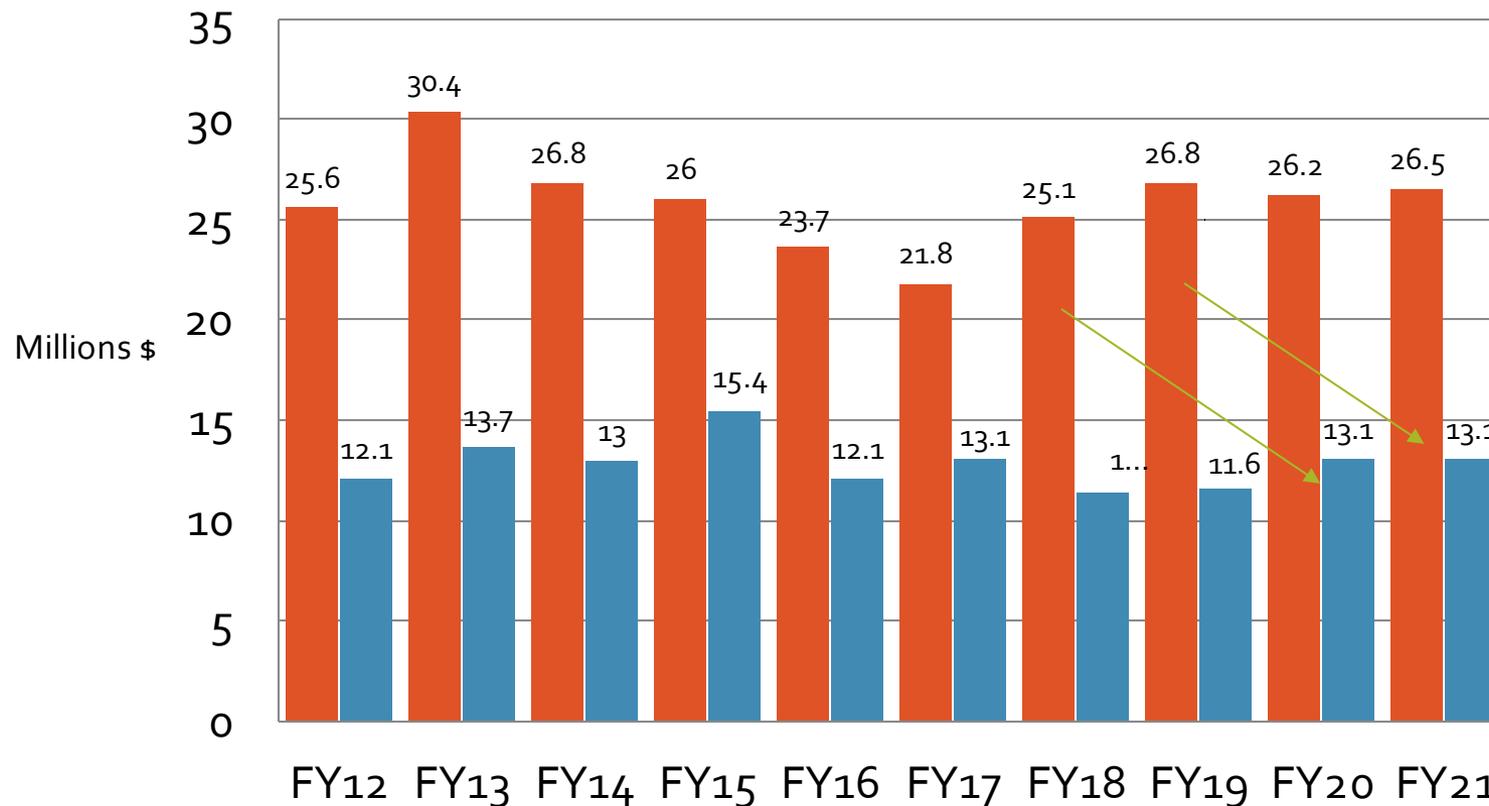


Terry Keane

Forget the VERA \$,  
get your leadership  
excited about your  
vision for research

# but periodically remind them...

MVAHCS Research  
Expenditures/VERA \$ by Fiscal Year



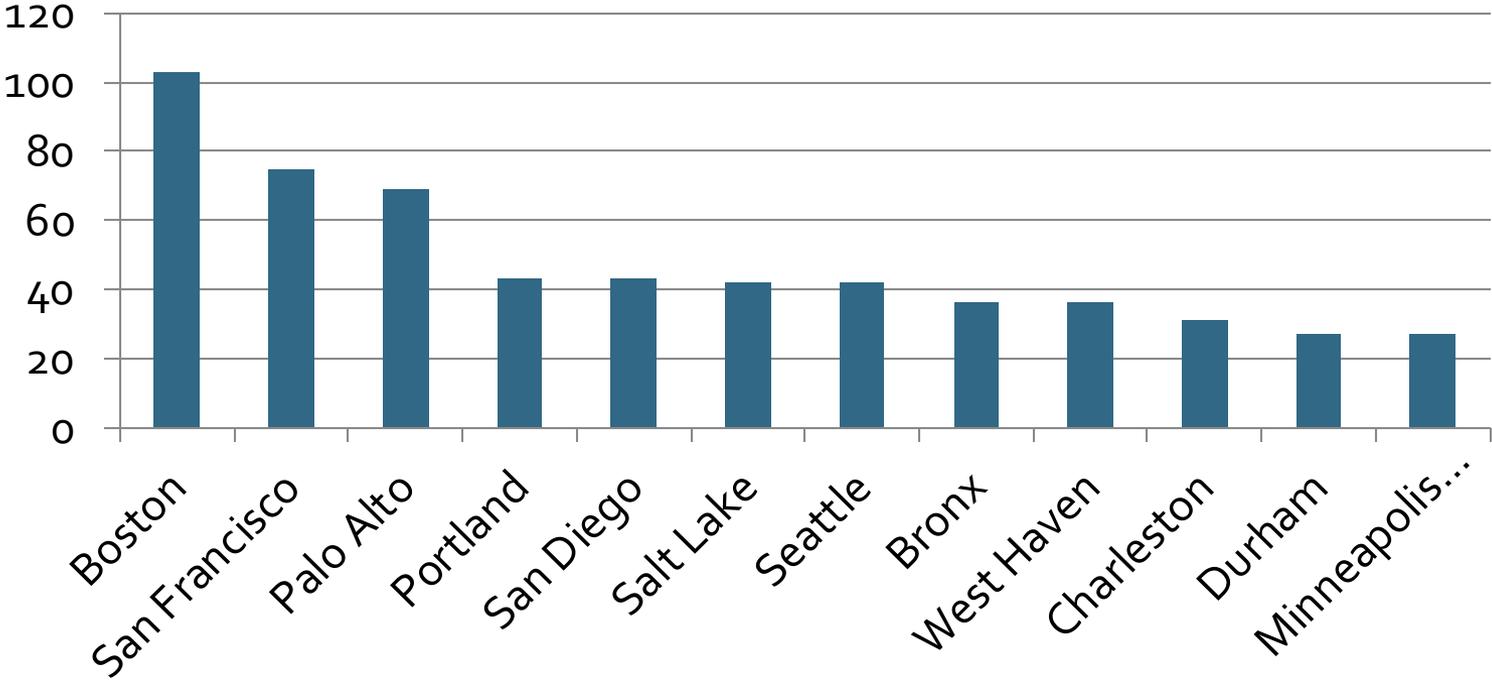
**RED** bars: undiscounted research expenditures.

**Blue** bars: VERA allocation to medical center based on 2-year-prior expenditures and (varying) national price for research (NPR)

# Research Expenditures by Facility

## Top Twelve FY2021

Millions (\$)



# strategies

**Articulate how research helps the clinical and education missions**

Ensure leadership hears from you often

Be a team player

Negotiate at opportune moments

# Veterans like it !

## Rosie Glenn



*Navy veteran and law school graduate*

- “[Research] is so worth it because you’re going to learn about yourself and can share that with others. It’s important that you share knowledge so that you aren’t the only one to learn from your experiences...It’s awesome how much you learn.”

# why VA research matters

**Over time,** leads to improved population health and well-being through the discovery of new knowledge

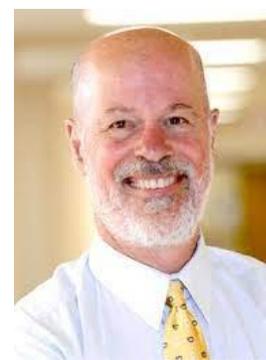
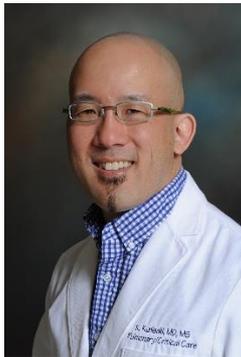
# why VA research matters

## In real time

**enhances the clinical and education missions by**

- attracting outstanding clinicians/educators*
- enhancing access to care/novel therapeutics*
- garnering positive media attention*

# outstanding clinicians



# access to care/novel therapeutics

Enabling a paralyzed Veteran to stand up and move his legs after implantation of an experimental spinal stimulation device

Our participation in COVID trials enabled our hospitalized patients to have access to therapies (e.g. convalescent plasma) not available otherwise

Antibiotic guidance for UTI's was revised at MVAHCS within months of the publication of Dr. Drekonja's clinical trial results

"...we learned that one Veteran was falling in his shower. We were able to connect him to OT and the VA installed grab bars in his shower"

"I was able to get clofazimine for a patient with Mycobacterium infection by going through the IRB"

"I was frequently able to connect research participants who were clearly exhibiting signs of need for care with mental health services"

# positive media attention

Just in the last few months...



**StarTribune**

July 4



Tammy Butterick PhD

Mouse Research on Burn Pits



June 12



Uzma Samadani MD

Spinal Stimulator Clinical Trial

# strategies

Articulate how research helps the clinical and education missions

**Ensure leadership hears from you often**

Be a team player

Negotiate at opportune moments

# identify opportunities

*to bring them good news*

- ❑ Quarterly meetings with ET
- ❑ Monthly Medical Center leadership meetings



# strategies

Articulate how research helps the clinical and education missions

Ensure leadership hears from you often

**Be a team player (just say YES!)**

- Volunteer
- Support institutional priorities

# recent examples

DEI

**Summer Internship Program**  
for college students from  
groups underrepresented in  
biomedical science fields

**Harassment Policy**  
protecting our staff from  
participants and co-workers

**JUST Say YES!\***

COVID

**Research nurses**  
**Face shields**

\*I chair credentialing committee, search committees, misconduct investigations

# strategies

Articulate how research helps the clinical and education missions

Ensure leadership hears from you often

Be a team player

## Negotiate at opportune moments

- New RFPs for Centers or other large programs
- New clinician investigator recruits
- New ORD initiatives that dovetail with medical center priorities

# examples

When offered the ACOS/R position, I negotiated a package to support 4 research office positions

When confronting an HR screw-up, I asked for an additional FTE to hire a research nurse manager (long story)

We always negotiate for Medical Center support when submitting Center grants or renewals

We often negotiate for Medical Center Support when recruiting clinical investigators

*This only works if you have built good will and can get leadership excited about what you will do with the resources*

MINNEAPOLIS VA

**VISN 23**

# VISN 23 initiative



- Mark Yorek and I approached leadership summer of 2021
- Research Advisory Community of Practice (8 facility ACOS/R)
- First meeting November 9, 2021
- Admin support from CMO office
- Initial Agenda Item: **VISN Research Symposium**

August 9-10 2022

1 keynote speaker



60+ participants

12 oral presentations



8 faculty presentations

5 breakouts



44 posters



# VISN 23 RA-COP

Harnessing the power of smaller sites to recruit for multi-site trials

Supporting pilot studies within the framework of the VISN strategic initiative program

Providing shared resources for smaller sites (e.g. research pharmacist)

Getting more positive research stories in the media

Providing FTEs to back-fill clinician-investigator time to do funded research





# VISN 1 Career Development Award (CDA) Program

Kristin M. Mattocks, Ph.D., M.P.H.

VISN 1 Career Development Award Director

And

Associate Chief of Staff/Research

VA Central Western Massachusetts Healthcare  
System

# VISN 1 Research Partnership

- \* VISN 1 has long history of research support and enhancement
- \* Monthly ACOS/R calls
- \* VISN Research Lead (volunteer or paid)
- \* Ongoing VISN financial support of research programs, including:
  - \* VISN 1 Clinical Trials Network (2-3 research coordinators/facility financed by VISN)
  - \* VISN 1 Career Development Award Program

# VISN 1 Career Development Award Program

- \* Began in ~2008 with vision from Dr. Mayo-Smith, VISN 1 Network Director with ongoing support from Mr. Ryan Lily (current VISN 1 Network Director)
- \* CDA-1 program had been eliminated on national level, so the goal of this program was to serve as a “local” CDA-1 program that would be preparatory for national CDA
- \* 2 years of funding (salary only).
- \* Roughly 25-30 applicants/year
- \* Can be HSR&D, CSR&D, BLR&D, RR&D
- \* Awardees required to secure academic appointment by the time of the VISN award

# VISN 1 Review Committee

- \* Long-standing review committee comprised of 5 VISN 1 ACOS/R and other reviewers with specialized knowledge in clinical, basic science, and health services research. Will add extra committee members depending on unique nature of applications
- \* Long tradition of in-person review meetings in July (often in Worcester, MA: centrally located in VISN 1)
- \* We used to do two review sessions/year but shifted to an annual review.
- \* Candidates notified in August: funding begins October 1<sup>st</sup>.

# VISN 1 CDA Funding

- \* Strong relationship with VISN Finance Office.
- \* Annual funding between \$1.5-\$2.0 million/year (usually 4-5 first year awardees and another 4-5 second year awardees).
- \* Funding is from VISN 1 Network's VERA allocation (reference: VHA Office of Finance, Volume 2018, Issue 002: November 17, 2017).
- \* 75% of funding from VISN, 25% facility

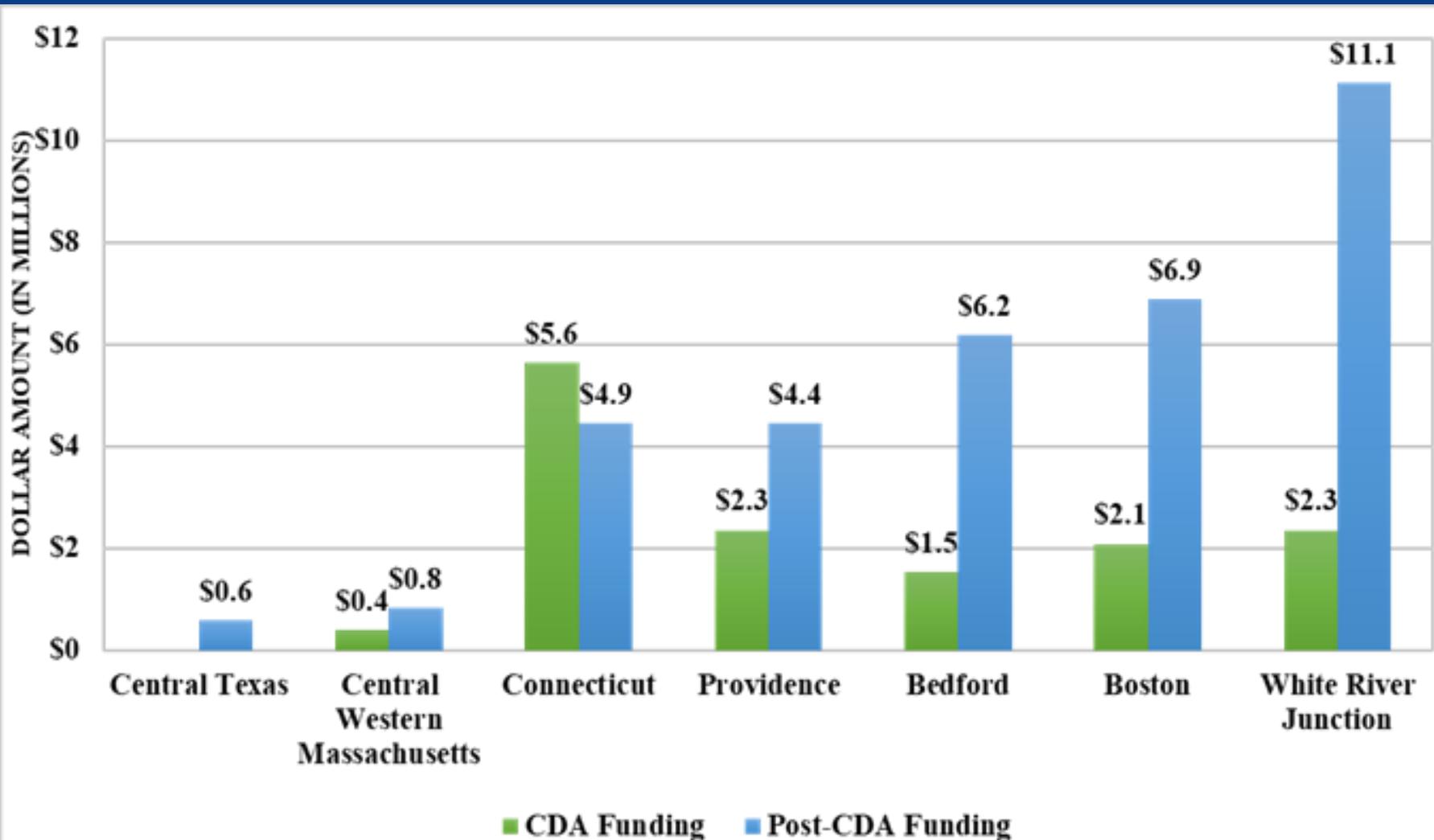
# VISN 1 CDA Program Statistics

- \* To date, the VISN has funded 69 CDA candidates since 2010
- \* Overall, 41% of recipients from VA Connecticut, followed by Boston, Providence, White River Junction, Bedford, and VA Central Western Mass.
- \* No submissions (to date) from Manchester (NH) and Togus (ME). Further development needed for these facilities.
- \* Overall, 64% of recipients had PhDs, 31% MDs, 7% MD/PhD
- \* Gender: 56% female, 44% male

# VISN 1 Return on Investment (ROI)

- \* In 2020, the VISN asked for a ROI on the VISN CDA program.
- \* To understand what progress the VISN 1 CDA alumni have made, we contacted alumni to understand their career progress/funding since the CDA.
  - \* 60 recipients, but 12 active, so emailed 48 “alumni”
  - \* 12 no longer had VA email addresses
  - \* Emailed 36 alumni, received responses from 34 (94% response rate)
- \* Since 2010, the VISN has invested \$13,216,569 in the CDA program.
- \* VISN 1 CDA alumni have received \$29,903,151 in Principal Investigator funding following their VISN 1 CDA.
- \* ROI is 126% of original VISN investment

# CDA/Post-CDA Awards by Facility



# VISN 1 CDA “alumni” funded grants (as of 2/21)

Facility	Post-CDA Funded Grants**	
	As PI	As Co-I
Bedford	14	12
Boston	13	14
Central Western Massachusetts	2	1
Connecticut	12	18
Providence	10	8
White River Junction	10	10

\*\*Funding includes VA (CDA, IIR), DoD, NIH, private foundations

# Narrative Feedback on VISN 1 CDA

- \* The VISN 1 CDA funded the qualitative work and initial steps in survey development that grounded my successful VA HSR&D CDA application. I gained experience in two types of research methodology in a short time and strengthened relationships with the research mentors who then supported my HSR&D CDA.” - **Varsha Vimalananda, Bedford (2014)**
- \* The VISN 1 CDA provided me with the skills that are highly valued in investigational headache research. I've also gained recognition as a specialist in the field of headache medicine within VA. The work performed during my VISN 1 CDA has been presented at international scientific conferences and has laid an important foundation for future research in the field.” – **Emmanuelle Schindler, Connecticut (2018)**
- \* “The VISN 1 CDA provided a springboard for my research career. Good timing and luck helped me obtain leadership roles as well. Provided structure for mentorship.” – **Jack Tsai, Connecticut (2010)**

# 2021-2023 VISN 1 CDA Recipients

- \* **Aunon, Frances, PhD.** VA Connecticut Healthcare System. Project Title: "Pre-piloting a motivational interviewing-based intervention for lethal means safety in primary care"
- \* **DiSano, Krista, PhD.** White River Junction Healthcare System. Project Title: "Neuroinflammation and neuropsychiatric consequences of brain injury: Determining the role of central nervous system barrier integrity in mediating outcomes"
- \* **Gaffey, Allison, PhD.** VA Connecticut Healthcare System. Project Title: "Sleep, multi-morbidity, and healthcare utilization: A coordinated approach to improve sleep health outcomes for Veterans"
- \* **Hartman, Rebecca, MD, PhD.** VA Boston Healthcare System. Project Title: "Risk Prediction of Aggressive Melanoma in Veterans"
- \* **Sung, Minhee, MD.** VA Connecticut Healthcare System. Project Title: "Factors that impact long-term buprenorphine retention among Veterans with opioid use disorder: A mixed-methods study"

# 2022-2024 VISN 1 CDA Recipients

- \* McKenzie Peltier, PhD (VACT): Proof of Concept: Brexanolone to target stress-induced alcohol use among male and female Veterans with Posttraumatic Stress Disorder (PTSD)
- \* Edward Manning, MD (VA Connecticut): Aging of the Human Pulmonary Artery: Analyzing Gene Expression to Tissue Remodeling
- \* Steve Tobochnik, MD (VA Boston): Effect of glioma genetic variation and local neuronal activity on peritumoral epileptogenicity
- \* Danielle Wesolowicz, PhD (VA Connecticut): Development of an adaptive text message intervention to enhance use of pain self management strategies

# VISN 1 CDA Training Program (post-award)

- \* All VISN 1 CDA recipients participate in a monthly CDA “training program” led by Dr. Mattocks
- \* As noted earlier, generally 10ish CDA recipients/year (including 1<sup>st</sup>/2<sup>nd</sup> year recipients).
- \* Goals of training program:
  - \* To establish relationships with other VISN CDA recipients
  - \* To expose VISN CDA recipients to other prominent VISN 1 researchers who may be beneficial to their future careers
  - \* To learn about success/failures of notable VISN researchers (and to learn about work/life balance)
  - \* To introduce VISN CDA recipients to alumni to learn more about “what’s next” after conclusion of VISN CDA

# Recent VISN CDA Training talks

- \* Dr. Mary Brophy: VISN Clinical Trials Network/Precision Oncology
- \* Dr. Rani Elwy: Implementation Science and an Overview of VA QUERI Program
- \* Dr. Ann McKee: The VA Brain Bank
- \* Dr. Becky Yano: HSR&D (national) CDA program: Characteristics of successful applications
- \* Dr. Will Becker: Innovations in VA Pain Care
- \* Dr. Dawne Vogt: National Center for PTSD
- \* VISN 1 CDA alumni: ~ 2 panels/year

# Summary

- \* Successful VISN 1 CDA program that prepares junior investigators for national CDA program, as well as other VA and non-VA funding streams
- \* VISN 1 has enjoyed a 126% ROI over the past decade from the VISN 1 CDA program
- \* VISN 1 CDA program is currently being replicated by other VISNs across the United States
- \* Critical to have strong VISN CDA leadership/commitment and continued engagement during awardee's CDA program

# For More Information

- \* Including application materials, list of all CDAs funded, alumni report, please visit:

[www.newengland.va.gov/research/v1cda](http://www.newengland.va.gov/research/v1cda)

(Or just Google VISN 1 CDA)....

- \* Questions? [Kristin.mattocks@va.gov](mailto:Kristin.mattocks@va.gov)

# VISN 12 Research Committee

---

ANN ROSENTHAL, MD

ACOS/RESEARCH, MILWAUKEE VAMC



# History

---

The VISN research subcommittee was initiated in 2017.

Initial plans for the committee included:

- Goals were for improved communication to VISN leadership related to research activities in the VISN with emphasis on compliance issues.
- The research subcommittee chair reported to the VISN CMO
- The committee was to report twice yearly to the VISN Academic Affairs committee and was a subcommittee of Academic Affairs.
- Membership included ACOS/Rs and AOs from each VISN facility with a research program.



# Early Committee Activities

We had quarterly meetings.

We wrote our own charter.

We did not have the opportunity to report to the AA committee or any committee.

Member engagement was tepid.

We collected information at each site about metrics, centers, strengths and weaknesses.

As the chair, I was asked to clarify research issues for the CMO, participate in compliance activities at the other sites, or to check the work of a site in regard to responding to ORO site visits.

# Increased Engagement

Thanks to the wonderful enthusiasm of William Wolf, ACOS/R at Hines and Kevin Hull of the CARES network, we were inspired to take some ownership of committee activities. Ideas that arose from their infectious enthusiasm included the following:

- Enhancing and increasing research collaboration across the VISN
- Using resources at the CARES network or individual research centers to help other sites with specific projects
- Hiring research personnel at the VISN level, duties might include:
  - monitor activities at each site so this could be communicated to the CMO
  - assist with compliance issues
  - identify opportunities for collaboration

# Additional ideas for supporting collaborative research across VISN12

---

\* **Establish a Scientific Core** – develop the network of VISN12 investigators and increase integration with clinicians; focus on key areas of strength, VA priority and potential for success (e.g. oncology, geriatrics, women’s health, mental health) with the goal to promote research endeavors that engage multiple investigative teams among VISN12 sites; leverage capabilities of existing Centers at VISN12 sites

\* **Establish an Operations Core** – develop and support the infrastructure needed to coordinate multi-site trials and assist in development of research initiatives; infrastructure can integrate with the CSPCC located at Hines

\* **Support Field Operations** – fund staffing for key components of a clinical research unit at each VISN12 site; provide for adequate protected time for clinicians to participate

# Charter Evolution

---

Our charter was expanded in 2021 to include the following

- 1) The research subcommittee is the forum for research leaders from VISN12 to meet with one another regarding VA research and to advise the VISN leadership on affairs that involve research activities important to the VA and academic affiliates.
- 2) The subcommittee will identify challenges and benefits to interactions between VA research, academic affiliates and clinicians to promote collaboration between sites and accelerate translation of research knowledge into clinical practice and education.
- 3) The subcommittee will share formal and informal communications and dialog through VISN council presentations and VISN leadership.
- 4) Representatives of the NPCs should be included in committee membership.

Accomplishments  
to date

---

We have continued to have quarterly meetings with good attendance.

---

We have gotten to know each other and have used fellow committee members as resources.

---

We have answered questions from the VISN leadership.

---

We are planning a VISN12 VA Research Week project on aging this year.

# Challenges

---

Turnover in VISN 12 leadership: We had 4 CMOs in 5 years and currently have no permanent VISN director

Unclear reporting structure: Who should this committee should report out to ? Health care delivery or academic affairs , or both ??

Lack of resources: initial plan was for chair not to be an ACOS, but currently there is no paid effort for this position. Additional administrative support would be appreciated.

Unclear needs of VISN leadership: What information do they need? Do we need another layer of compliance people? What is their vision for research at the VISN level ?

## Lessons learned

Despite being 5 very different research services, we have a lot in common.

We are lucky to be geographically close enough to share studies and personnel.

There are untapped opportunities for research support and communication at the VISN level which will benefit all of the research mission at VA.