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Moving Equity Research to Health System Impact

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Question

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How many health services researchers does it take to change a light bulb?



Question

- How do we move VHA equity research from *understanding* disparities to *reducing* disparities?
- How do we balance tension between being *responsive* to the health system vs. *innovating* to help lead the health system.

Role of Research

- Convince people there is a problem
- Understand what causes of the problem are
- Identify possible solutions to problem
- Determine whether the solutions are making a difference

Summary

- Context
- 3 opportunities
- 3 challenges
- 3 potential pitfalls

Context for Change

- System is under a variety of pressures
 - Increasing clinical demands, flat resources
 - Transformation priorities
 - New leadership
 - Intermittent crises
- Hard to get attention and traction on issues that aren't highest system priorities
- Political vectors

Opportunities

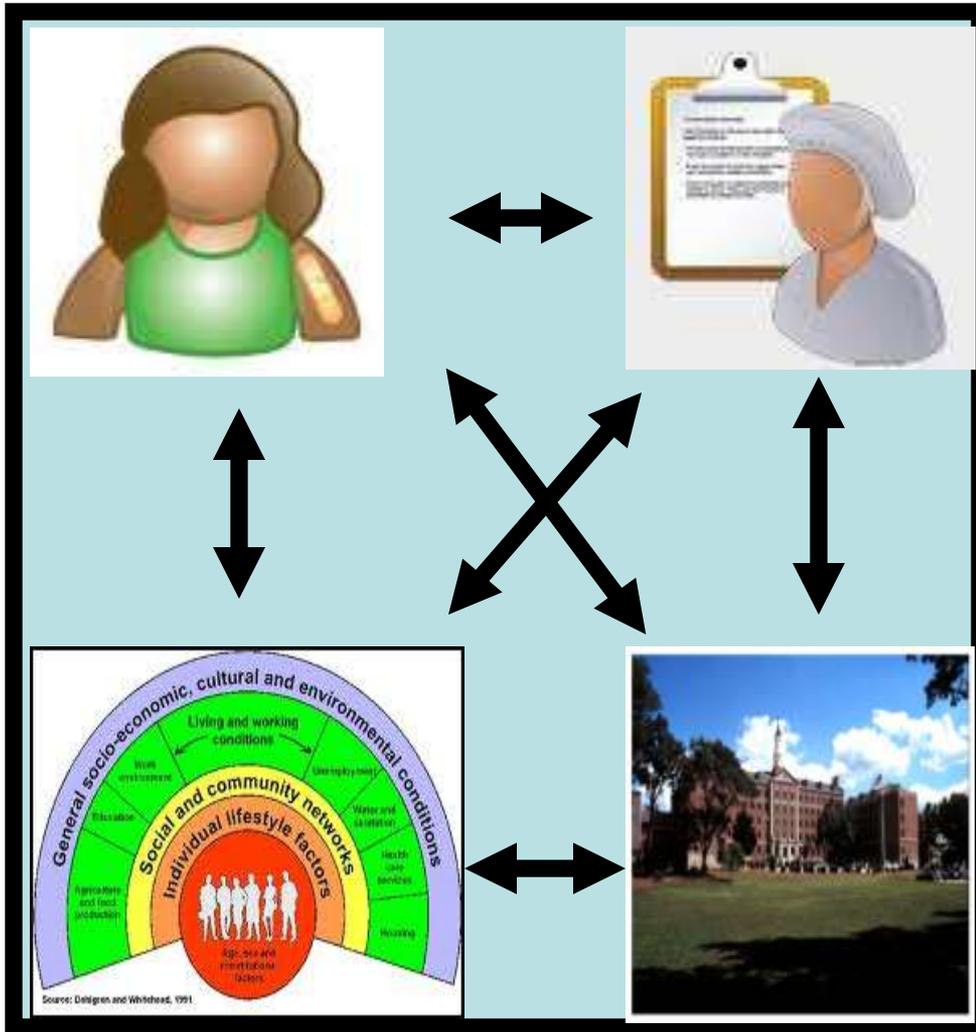
- VHA in a unique position to lead understanding of disparities
 - Remove influence of insurance, financial incentives
- Better position to implement change in integrated health system
- Diverse workforce
- Insights from disparities relevant to goals of moving to patient-centered care

Challenges

- Who is the stakeholder for disparities research?
- How can we generate pull for disparities research ?
 - Especially if “political vectors” not aligned
- What “solutions” are ready to implement?
- How do we address contributors that fall outside the health system?

Who Is the Stakeholder for Equity Research?

- Need to reach out to multiple partners
- Link to other activities (PCMH)
- Prepare for when someone / something does make disparities in VHA a priority



**Patient
Satisfaction**

**Processes
Of Care**

**Health
Outcomes**

Lessons From Implementation

- No simple solutions
- “Pull” solutions much more effective than “push” interventions
- Need to align with priorities of the system
- Need to think about implementation throughout research process
- Changing beliefs vs. behavior

Cautions

- Balkanization of disparities research
 - N conditions x N process x N patient group
- Frame question in alignment of solutions
 - Look for cross cutting themes
 - Solutions will not be implemented one condition, one care process or one group at a time
- Think beyond the physician and individual provider as key to change

What We Need to Support Implementation

- Focus on questions that system cares about
- Understand the clinical context for change
- Produce tools, training, and models to promote spread
- Align with other elements of VHA

Conclusions

- (How would one convince a busy CMO to invest in solving disparities— right thing to do)
- Solving disparities will involve solving challenge of patient-centered care
- Reducing disparities involves improving the effectiveness of how we spend our effort
- Take advantage of potential of team care
 - Bypass barriers
- Examine patient role in disparities