

HEALTH SERVICES RESEARCH AND DEVELOPMENT (HSR&D) CENTERS

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides guidance for the establishment and governance of Health Services Research and Development Service (HSR&D) Centers.

2. SUMMARY OF CHANGES: The principal changes in this Handbook clarify and incorporate additional information on Centers within HSR&D. Specific new information includes: The addition of requirements and guidelines for the Centers of Innovation (COIN) following initiation of this program.

b. The deletion of requirements and guidelines for the Centers of Excellence (CoE) and Research Enhancement Award Program (REAP), due to the termination of these programs.

c. Clarification of the source of support and mechanisms of review for Quality Enhancement Research Initiative (QUERI) Coordinating Centers.

3. RELATED ISSUES: VHA Directive 1204.

4. RESPONSIBLE OFFICE: The Health Services Research and Development Service (10P9H) is responsible for the contents of this Handbook. Questions may be referred to 202-443-5600.

5. RESCISSIONS: VHA Handbook 1204.03, dated November 4, 2008, is rescinded.

6. RECERTIFICATION: This VHA Handbook is scheduled for recertification on or before the last working day of February 2019.

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HEALTH SERVICES RESEARCH AND DEVELOPMENT (HSR&D) CENTERS

1. PURPOSE: This Veterans Health Administration (VHA) Handbook provides guidance for the establishment and governance of Health Services Research and Development Service (HSR&D) Centers. **AUTHORITY:** Title 38 United States Code (U.S.C.) 7301(b) and 7303.

2. BACKGROUND:

a. HSR&D Centers are designed to strengthen health services research by enhancing opportunities for intellectual exchange and collaboration; mentoring inexperienced investigators; and providing administrative infrastructure; technical expertise; and information technology support. While individual HSR&D Centers have specific and varied objectives, all contribute to the Office of Research and Development's (ORD) goal of sustaining a strong program of health services research that impacts VHA policies, health care practices and outcomes for Veterans.

b. HSR&D supports several types of research centers: Centers of Innovation (COIN), Resource Centers, and, in conjunction with Patient Care Services Special Purpose Funds, Quality Enhancement Research Initiative (QUERI) Coordinating Centers.

3. SCOPE: HSR&D may announce the opportunity for Department of Veterans Affairs (VA) investigators to submit proposals to establish new HSR&D Centers of an existing or new type. Each HSR&D Center award is to a specified core group of investigators, with a unified, long-term strategic plan that meets HSR&D objectives. Most HSR&D Centers have a strong academic affiliation and may collaborate with one or more VA facilities in other locations. HSR&D Centers are initially awarded through, and their continuation is contingent upon, competitive merit review funding. Initial funding is for a specified period (usually 5 years). Early termination is possible following an annual administrative review if performance measures indicate a decline in productivity, a lapse in eligibility for funding or unavailability of funds.

4. CENTERS OF INNOVATION: The HSR&D Centers of Innovation (COIN) program enables multidisciplinary teams of investigators to assemble the intellectual resources and practical tools to pursue long-term agendas in health services research, to demonstrate the impact of research on VA health care, and to nurture young investigators. Each individual COIN has a particular research focus and unique strengths. HSR&D provides the COIN with core funding, enabling a critical mass of investigators to leverage that support and develop long-term programs of research.

a. Each COIN is selected by HSR&D following competitive merit review using the specific criteria and procedures outlined in the solicitation for proposals.

b. COIN funding is provided for a specified period with renewal contingent upon annual assessment, competitive review and the availability of funds.

c. The COIN leadership team must include a physician whose salary support is contributed by the VA medical facility. All COIN leaders are expected to devote at least 50 percent effort (0.5 Full-time Equivalent (FTE)) to COIN activities.

d. COIN leaders and most investigators are expected to meet eligibility criteria for VA research support. *NOTE: Eligibility for VA Research Support is further discussed in VHA Handbook 1200.15.*

e. The COIN staff of clinician and non-clinician researchers are expected to be available both as potential collaborators or consultants to other researchers in VA and throughout the health services research community, and as advisers to HSR&D and VA Central Office.

f. COIN leaders support collaborative partnerships between researchers and VA program offices, Veterans Integrated Service Networks (VISN), and other operational offices to ensure research is relevant to partners and accelerates improvements in VA health care.

g. COIN leaders and investigators are required to report to the Associate Chief of Staff for Research and Development (ACOS for R&D) at their facility all research activities including research program initiatives, infrastructure development, resource and recruitment issues and any potential problems. The ACOS for R&D must be notified immediately if a research project encounters a problem that threatens adherence to the approved research plan or completion within the approved-funding period and budget. *NOTE: Formal communication through ACOS for R&D is described in Research Business Operations VHA Handbook 1200.2.*

5. RESOURCE CENTERS: HSR&D Resource Centers support health services research by providing technical assistance, consultation services, and collaboration with VA researchers and VA Central Office. Each Resource Center provides unique expertise; for example, Resource Centers may provide expertise in the use of VA databases in research, dissemination and education activities or economic analysis.

a. Resource Centers are selected by HSR&D following competitive merit review using the specific criteria and procedures outlined in the solicitation for proposals.

b. Resource Center funding is provided for a specified period with renewal contingent upon productivity, competitive review, and availability of funds.

c. Resource Center leadership (Principal Investigator) is expected to devote at least 50 percent effort (0.5 FTE) to Resource Center activities.

d. Resource Center leaders and most participants in Resource Center activities are expected to meet eligibility criteria for VA research support.

e. Resource Center leaders and investigators are required to report to the ACOS for R&D at their facility all research activities including research program initiatives, infrastructure development, resource and recruitment issues and any potential problems. The ACOS for R&D must be notified immediately if a research project encounters a problem that threatens adherence to the approved research plan or completion within the approved-funding period and budget. *NOTE: Formal communication through ACOS for R&D is described in Research Business Operations VHA Handbook 1200.2.*

6. QUERI COORDINATING CENTERS: QUERI is a national initiative funded by Patient Care Services Special Purpose Funds designed to translate research findings, in collaboration

with clinical leadership, into optimal patient outcomes and system-wide improvements. Organized around major clinical and system priorities in VA, QUERI Coordinating Centers use a six-step process to link research and quality improvement. The QUERI steps provide the structure for identifying best practices, promoting their use, measuring the impact of translation activities on patient outcomes and providing feedback to promote continuous quality improvement and effective implementation to the organization as a whole.

a. A Director and a Clinical Coordinator co-manage the daily activities at a QUERI Coordinating Center, with support from an Administrative Coordinator.

b. Implementation Research Coordinators at the QUERI Coordinating Center provide expert guidance on implementation science and quality improvement strategies across QUERI projects.

c. Each QUERI Coordinating Center has an Executive Committee composed of clinicians and researchers to provide scientific oversight and guidance.

d. Each QUERI Coordinating Center is provided with core funding to carry out activities that meet the goals described in its annual strategic and translation plans.

e. QUERI has a separate funding mechanism for investigator-initiated implementation studies.

f. QUERI Coordinating Centers and programs are reviewed yearly to make recommendations regarding funding and overall strategic direction.

g. QUERI Coordinating Center leaders and investigators are required to report to the ACOS for R&D at their facility all activities including program initiatives, infrastructure development, resource and recruitment issues and any potential problems. The ACOS for R&D must be notified immediately if a problem is encountered that threatens adherence to the approved study or completion within the approved funding period and budget. **NOTE:** *Formal communication through ACOS for R&D is described in Research Business Operations VHA Handbook 1200.2.*

7. RESPONSIBILITIES OF THE DIRECTOR HSR&D: The Director HSR&D is responsible for:

a. Oversight of the HSR&D Centers program including scientific, budgetary, and ethical issues and setting policies and procedures governing Center management.

b. Communicating to medical facility leadership key decisions affecting staffing and funding of HSR&D Centers at their facility.

8. REFERENCES:

a. VHA Handbook 1200.15, Eligibility for VA Research Support.

b. VHA Handbook 1200.2, Research Business Operations.

- c. VHA Handbook 1204.05, Operational Procedures for Activities Sponsored by the Health Services Research and Development Service (HSR&D).
- d. VHA Handbook 1200.18, Intellectual Property.
- e. VHA Handbook 1200.16, Off-Site Research.
- f. VHA Handbook 1204.01, Scientific Research and Development Proposals.
- g. VHA Handbook 1200.12, Use of Data and Data Repositories in VHA Research.