

QUERI RESOURCE CENTER

Partnered Evidence-Based Policy Resource Center (PEPReC)

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Overview

The Partnered Evidence-Based Policy Resource Center (PEPReC) is a QUERI resource center designed to provide timely, rigorous data analysis to support the development of high-priority policy, planning, and management initiatives and quantitative program evaluations. VA policymakers and managers are tasked with improving access to and quality of VA care, while simultaneously financing Veterans' choices of non-VA care at a time when demands on the VA budget are growing rapidly. Consequently, there is an urgent need for evidence-based policy, planning, and management to:

- Accurately forecast the demand for VA care;
- Efficiently deploy resources where they're most needed;
- Monitor performance, including access to care; and
- Make sound decisions about major new investments.

PEPReC's core mission includes refining VA measurements of access to care, productivity, demand, and capacity, as well as investigating relationships among them to improve policy and planning. PEPReC also will help monitor and evaluate impacts of major investments, such as the electronic health record modernization (EHRM) currently being planned with CERNER. In response to requests, PEPReC assists operations and research partners with program evaluation design, data capture, verification, and analysis. PEPReC also analyzes large administrative databases, primarily from VA, Medicare, and Medicaid. In consultation with VA's Office of Policy and Planning, PEPReC uses statistical and econometric models to forecast supply and demand responses to policy initiatives and changes in healthcare and labor market conditions. Studies are prioritized by their anticipated impact on VA policy and healthcare system needs, as well as the availability of resources from the operations partner to support the proposed study.

PEPReC has three major objectives:

- Use data-driven economic and statistical models to forecast VA demand, capacity, and productivity to support budgeting, investment, and purchasing decisions
- Develop, validate, monitor, and refine performance metrics to optimize access to and quality of care.
- Design and support randomized and quasi-random program evaluation objectives.

Cumulative Impacts

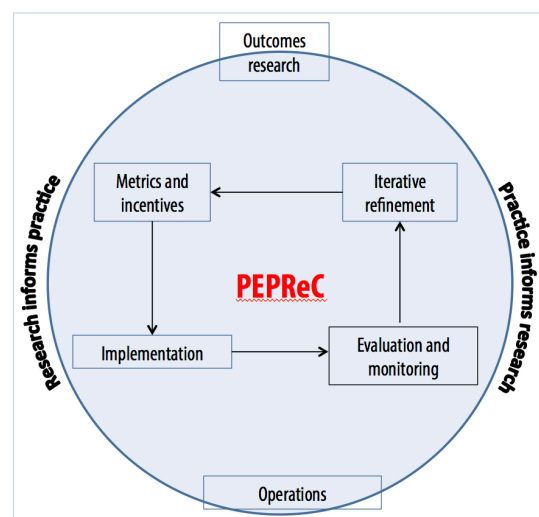
- Measured relationships between capacity change and waiting time, and briefed VA senior leadership on capacity/waiting times framework.
- Developed measures of work-based and population-based clinician productivity.
- Measured positive relationship between DoD data sharing and patient satisfaction with provider's knowledge of patient's history.
- Executed analyses on JLV satisfaction, duplicate imaging, and FOBT (fecal occult blood testing) f/u to support Interagency Program Office (IPO) metrics development committees.
- Supplied performance metrics for report to IPO.
- Developed randomized evaluation designs related to opioid tracking, suicide risk prediction, and Veteran-Directed Home and Community-Based Services.

- Successfully launched STORM (Stratification Tool for Opioid Risk Management) randomized evaluation.
- Designed randomized evaluation of caring letters frequency and format for transitioning service members.
- Disseminated lessons learned in design of randomized program evaluations through journal articles, presentations, and technical assistance to VA investigators.
- Predicted turnover for VA nurses and physicians.
- Developed model to identify underserved facilities, as mandated by the MISSION Act

PEPReC and the Learning Healthcare System

The overarching goal of PEPReC is to be an engine for VA's learning healthcare system, in which it resides (see Figure). In the learning healthcare system, research informs practice (e.g., establishing the evidence base for guidelines, monitoring, and incentives) and practice informs research (e.g., providing performance measurement, operational data, as well as policy direction). PEPReC will participate in this process by:

- Designing metrics and incentives, informed by existing research;
- Collaborating with operations to implement those metrics and incentives;
- Evaluating results with randomized, quasi-experimental, or strong observational designs; and
- Suggesting and making refinements, reflecting results and operational constraints and objectives.



Review Panel

In addition to the Director of HSR&D, the PEPReC Review Panel includes representatives from VA's Office of Policy and Planning, VHA Clinical Operations, Office of Mental Health & Suicide Prevention, and the Office of Health Informatics.



U.S. Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative