

Diffusion of Excellence: Assessing a System to Find, Replicate, and Distribute Promising Creative Ideas throughout the Veterans Health Administration

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Abstracts

The Diffusion of Excellence (DoE) program of the Veterans Health Administration (VHA) offers a framework for locating, replicating, and disseminating promising ideas throughout the biggest integrated healthcare system in the US. DoE uses a Shark Tank-style competition to find innovations that have been effectively applied in the VHA. In order to duplicate promising approaches, VHA facility and regional directors bid resources. Over the course of a year, winning facilities and regions get outside facilitation to help with replication and implementation. Following that, DoE employees assist in the spread of effective practices throughout the country's VHA. Techniques: We provide the findings of a continuous, long-term, mixed-methods implementation evaluation of DoE, structured around the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) Framework. Qualities of VHA facilities, focus groups with Shark Tank bidders, surveys of DoE program participants, semi-structured interviews with national VHA program office leaders, VHA healthcare system/facility executives, practice developers, implementation teams, and facilitators, Shark Tank application and bid details, and tracking practice adoptions through a Diffusion Marketplace are some of the data sources. In conclusion: As part of a learning health system dedicated to ensuring that everyone has access to high-quality treatment, DoE has created a sustainable procedure for identifying, replicating, and disseminating good practices.

Keywords: Health Administration, innovation, program evaluation, Veterans.

1. Introduction

The ultimate goal of all healthcare systems is to give everyone fair access to the best care possible while staying within the constraints of the resources at hand. Due to the COVID-19 pandemic's realities, these objectives can only be achieved by well-run firms that also attend to the needs of their employees, including teamwork and worker well-being. The significance of adopting a population health approach—which takes into account how healthcare systems' services affect the health of patients, caregivers, communities, and the general public—has also come to light more and more (Berwick , 2008).

Many healthcare organizations have attempted to become learning health systems in order to fulfill their mission. In learning health systems, teams with competence in both quality improvement and research/evaluation work to find, implement, and assess opportunities to address health system challenges by combining data, improvement, and implementation science and practice. Apart from tackling the daily difficulties of healthcare operations, these learning health systems integrate the perspectives of frontline personnel with scientific methodologies to create and evaluate novel approaches to tackle the problems confronting healthcare systems (Jackson , 2013; Van, 2022).

To foster healthcare innovations, several sizable healthcare systems have set up innovation centers, programs, or events. Enhancing clinical service delivery, effectively managing administrative requirements, and creating novel medical gadgets or computer programs to address particular patient issues are just a few examples of these advances. These initiatives and places for innovation are more than just research centers. Regardless of the particular healthcare system, research centers aim to generate novel, broadly applicable information. The programs and innovation centers frequently work with researchers and can result in discoveries that have broad applications. However, improving the care and services provided by a particular healthcare system is a focus of innovation centers and initiatives (Corrigan , 2020; Leykum , 2022).

Health Administration for Veterans (VHA):

In the US, the VHA is the biggest completely integrated healthcare delivery system. It addresses Veterans' health needs using a population-based approach and provides a comprehensive variety of primary, mental health, and specialty treatment. Social determinants of health are also addressed by services (e.g., detecting and managing homelessness). The VHA also boasts the largest health professions training program in the US, a comprehensive medical and health research program, and a major role in disaster relief and emergency planning (Bodenheimer , 2014; Washington, 2016).

DoE, or VHA diffusion of excellence:

In order to improve the quality of services offered to Veterans throughout the VHA, the initiative was established in 2015 with the intention of finding and disseminating good practices. Currently, DoE is a member of the VHA Office of Healthcare Innovation and Learning (OHIL), which is home to the VHA Innovation Ecosystem. DoE started a VHA Shark Tank competition in 2016 with the intention of finding promising methods that have proven effective at nearby VHA care sites and then assisting in their replication at other sites.

Selecting practices that show promise:

Practices that have been effectively implemented in several places are preferred. Eligible promising practices must have shown a quantifiable beneficial impact in at least one VHA parent healthcare system or facility. However, the level of traditional scientific evidence supporting these advances varies, ranging from randomized clinical trials and controlled observational studies to an indication of success in a single site. Promising approaches might therefore be referred to as evidence-informed (Sikka , 2015; Starfield, 2001).

(1) complies with VHA priorities and strategic goals; (2) addresses a particular issue that affects Veterans, VHA members, or the VHA overall; (3) contains data showing a positive effect on the issue and satisfaction of Veterans or the targeted individuals (e.g., VHA employees or Veteran caregivers); (4) outlines the resources needed (e.g., staff time, equipment); and (5) shows that it can be duplicated in a new parent healthcare system or facility in less than a year. A priori, none of these factors are more important than the others.

Every application is reviewed by frontline employees and subject-matter specialists. Each Shark Tank cohort selects about 100 semifinalists. Beginning with the fourth Shark Tank, members from the VHA Quality Enhancement Research Initiative (QUERI) evaluate semifinalists as well. They provide scores to practices based on clinical soundness, evidence, feasibility, and potential effect (Nieuwsma, 2022).

Diffusion market:

In February 2020, the Diffusion Marketplace became live. In October 2021, it was made publicly accessible outside the VHA. Healthcare organizations, both inside and outside the VHA, have the chance to look for ideas that might solve certain problems through the Diffusion Marketplace. Practices found through the DoE Shark Tank and collaborative partners like the VHA Innovators Network—DoE's sister initiative inside the Innovation Ecosystem, which teaches frontline personnel to turn ideas into promising practices—are examples of innovations in the marketplace.

The evaluation team's structure:

The VHA Quality Enhancement Research Initiative (QUERI) awarded funding for the DoE partnered evaluation of Spreading Healthcare Access, Activities, Research, and Knowledge (SHAARK) in April 2017 after an open, peer-review grant process. During a planning phase that started in the summer of 2016, Diffusion of Excellence leadership and evaluators collaborated to produce the assessment proposal. Three extensions have been granted for the original two-year grant. Through the DoE, the VHA Office of Rural Health and the VHA Quality Enhancement Research Initiative (QUERI) have been co-funding the evaluation from April 1, 2019 (Everett, 2022; Greulich, 2023).

2. Recommendations:

This paper is a non-research assessment of a VHA program's quality improvement. Nonetheless, the assessment is predicated on improvement science and implementation techniques. Many of the opportunities and challenges seen through the DoE's evaluation are seen in other large health systems trying to understand the impact and structure of numerous new non-research innovation programs that have been established over the last ten or so years, even though the VHA is different from private-sector health systems and those in other parts of the world.

Particular data gathered by DoE has changed over the course of the program and must take into consideration the viability of gathering data for operational and assessment purposes rather than for research. The Diffusion Marketplace, for instance, was introduced in

February 2020, shortly before the COVID-19 pandemic's peak disruptions of society began. Although the capabilities of the Diffusion Marketplace have grown over time, it would not be possible to collect all the data we would like to have for assessment.

This, in our opinion, is a strength of the review since it indicates that the DoE uses the most recent, methodologically sound evaluation results. Additionally, the evaluation can adapt to modifications in the program and healthcare system (e.g., the COVID-19 pandemic and the creation of the Diffusion Marketplace). This limits longitudinal studies, too, because we were unable to employ the same techniques and time points for data collection throughout the duration of the continuing evaluation activity.

3. Conclusion:

In Conclusion, Through the utilization of DoE's infrastructure and procedures, hundreds of promising practices that are sustainable and being implemented across the country's VHA system have been effectively recognized. It is crucial to keep thinking about ways to extend these initiatives in rural care settings, which might not have the same infrastructure available to support innovations as urban care settings. In addition to maintaining momentum during the COVID-19 pandemic, the program and its evaluation approach provide other big learning health systems with an example of a program that has developed and changed over more than seven years.

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