

**U.S. Department of Veteran Affairs
Office of Research and Development
Quarterly Meeting of the National Research Advisory Council (NRAC)
March 1, 2023
Minutes**

Committee Members Present

Dr. Ronald Poropatich, Chair
Dr. Sanjay Doddamani
Dr. Steven Dubinett
Dr. Dallas Hack
Dr. Melina Kibbe
Matthew Kuntz, JD
Dr. Cato Laurencin
Dr. Rajeev Ramchand
Dr. Paula Schnurr
Dr. Julie Tomaska

Committee Members Excused

Thomas Zampieri, PA

Speakers/Presenters

Dr. Wendy Tenhula
Dr. Joseph Constans
Dr. Rachel Ramoni
Dr. Robert O'Brien
Mr. Anthony Laracuente
Dr. Mark Roltsch
Dr. Shakeria Cohen

Attendees

Liza Catucci, DFO
Rashelle Robinson, Alternate DFO

Attendees Excused

Kristan Buotte, Consultant/Note-Taker

The virtual meeting of the VA's National Research Advisory Council (NRAC) took place on March 1, 2023. Ms. Liza Catucci, the Designated Federal Officer (DFO), introduced herself and reminded the attendees that the meeting was public, and members of the public were not allowed to ask questions or make comments during the meeting. Questions and comments from the public may be made during the public comment period submitted in writing to Ms. Catucci.. The minutes of the meeting will be made available to the public. The NRAC chair, Dr. Ronald Poropatich, took over the proceedings, and he thanked Ms. Catucci and Ms. Rachelle Robinson,

the Alternate Designated Federal Official, for all their work and effort in organizing the meeting. Dr. Poropatich also thanked Dr. Rachel Ramoni, Chief Research and Development Officer (CRADO), and Dr. Wendy Tenhula, Deputy CRADO, for joining. He then introduced the speakers and thanked them for taking the time to present. Dr. Poropatich also spoke about filling the vacant NRAC position and his desire to have face-to-face meetings again. Dr. Poropatich asked for comments from the board members and VA leadership on the call regarding the possibility of resuming in-person meetings. There was a consensus among the group to proceed with a hybrid approach consisting of one in-person meeting per year with the rest being held virtually.

Dr. Poropatich invited Dr. Wendy Tenhula to provide an **overview of the VA ORD Research Annual Report to the NRAC**. She thanked the ORD communications team for assisting her with creating the report. The report covered the accomplishments of FY22 and served as a snapshot of the accomplishments. The report was put together by the ORD communications team and aimed to give the committee an idea of the areas of focus and scope, while serving as a source of information for the committee to evaluate their work. Dr. Tenhula emphasized that appropriate portfolio balance and program management are essential to their successes. The aim of their work is to bring about improvements in care, how care is organized and delivered, and focus on recruiting and training the best researchers.

Dr. Tenhula provided a snapshot of the number of sites across the VA system. In terms of publications, there are 104 sites that are authored or coauthored by VA investigators. The appropriation for 2022 was \$882 million, and the total research budget of \$2.26 billion includes the VA. Additionally, there were almost 3,700 active funded principal investigators in 2022, and over 7,000 individual funded research projects. Dr. Tenhula discussed the five strategic priorities, including promoting diversity and building community through VA research, which were added last year. The report also included details about the organizational alignment and enterprise transformation effort that VA research is undergoing. Dr. Tenhula presented the six lanes of effort or the L2 layer of the organization, which includes strategic priorities outcomes in communications, investigators, scientific review and management, enterprise optimization, enterprise protections, regulatory and outreach, finance, and operations and workplace culture. She explained how these lanes fit together to help them reach their goals. Dr. Tenhula also discussed the VA research enterprise vision and the qualities that are unique to VA research, such as operational excellence and real-world outcomes. The report highlighted areas of high priority and special emphasis for VA research. Dr. Tenhula reviewed each of these areas in detail, explaining the priority and efforts that have been undertaken.

Dr. Tenhula discussed the progress made in various areas of research. In military environmental exposures, the team conducted outreach and engagement with Gulf War and Vietnam Veterans to understand their health concerns and the value of participating in research. They also looked at differences in exposures among those who served in the ground war theater, those who served offshore, and those who served outside the war theater, identifying differences in exposures and their impact on health. The team noted interesting findings in the last year in the Vietnam Veteran survey work in traumatic brain injury. Under cancer and Precision Oncology, the team established infrastructure to support research in Precision Oncology and specific trials that have

advanced research in the area. The team also launched 2 pilot sites for the Million Veteran Program (MVP) Precision Mental health study, MVP Mind, to enroll 500 Veterans with mental health and substance use disorders. They also completed an evidence synthesis review of brain and mental health biomarkers and launched a clinical translation pilot on the use of pharmacogenomic markers to guide the prescription of opioids. The team also collaborated with the Office of Mental Health and Suicide Prevention (OMHSP) to support providers in delivering brief cognitive behavioral therapy to address suicidal ideation and launched a study on the association between suicide risk and living at high altitude.

Dr. Tenhula reviewed the continued COVID-19 research and seminal findings, which included the establishment of the COVID-19 Disrupted Care National Project and a COVID-19 Observational Research Collaboratory (CORC). Dr. Tenhula mentioned that the Million Veteran Program crossed the 925,000-enrollee milestone, and they have more than 75 ongoing MVP studies. She also highlighted the efforts to personalize Veterans' care by purchasing scientific computing with software and storage of research data hosted in a cloud environment. She discussed the funded studies to evaluate and refine outcome measures of upper limb prosthetic use in women Veterans and another study to characterize prosthetic prescription use and satisfaction for women Veterans with major lower limb amputation. Lastly, she mentioned the summary of their communication efforts with internal and external stakeholders, which included increases in website users and sessions. Dr. Tenhula hopes that the report provided to the committee will be a key source of information to provide grades and lead to additional recommendations or ideas that will go forward to the Secretary.

Dr. Poropatich thanked Dr. Tenhula for her presentation and then asked if there was a way for the NRAC board members to provide feedback on the report. Ms. Catucci responded that there was no official survey process, but that board members could email her with their thoughts and recommendations. Dr. Tenhula concurred and suggested that board members could hold the discussion and provide feedback at the next meeting or send feedback via email. Dr. Poropatich then suggested that the next meeting could include an agenda item for providing feedback on the annual report, and asked if there were any other questions for Dr. Tenhula before she moved on to the next topic.

Dr. Poropatich introduced the next speaker, Dr. Rachel Ramoni, the CRADO, **to provide the Research Enterprise Update**. The transformation of the Office of Research and Development into an integrated VA research enterprise is essential to make the VA more efficient and effective with funding and achieve real-world outcomes. Dr. Ramoni explained that they are switching from being just a source of intramural funding and a policy-making office to serving as the headquarters of the enterprise.

One significant change they are making is shifting from distributing funding by discipline to distributing funding via integrated portfolios. This means having some cross-disciplinary work and allowing those like Health Services Research, for example, to have a broad portfolio so they can continue to work on a specific areas like health equity more broadly applied to a wide range of health and health management scenarios.

Dr. Ramoni also explained that they are testing different prototypes of integrated portfolios to inform their final structure, which is scheduled to be launched in the Fall of 2024. They are transforming into an integrated whole that can function as an enterprise, making it less challenging to do multi-site studies, especially when working with outside sponsors. They aim to establish persistent enterprise-wide infrastructure, making it easier for the National Cancer Institute or other organizations to approach them for an enterprise-wide undertaking.

Dr. Ramoni presented the VA's new actively managed portfolios (AMPs). These portfolios are designed to bring together a team that works together from basic science to health services research and will have a single point of contact for clinical partners. Currently, there are plans for these portfolios in Precision Oncology, Pain and Opioid Use, Health Systems Research, Mental and Behavioral Health. The VA aims to accelerate reviews, prioritize opportunities, and collect shared data elements across these portfolios. Dr. Ramoni emphasized that these portfolios will be tested with different models, including leadership, review processes, and research focus. The final structure will be implemented in fall 2024, but actively managed portfolios will come in and out of existence based on priorities. During the transition period, current funding commitments will be honored and applicants will continue to submit proposals using the current process. However, the VA hopes to harmonize processes across funding opportunities, making it a more standardized approach in the future.

Dr. Poropatich thanked Dr. Ramoni for her presentation on actively managed portfolios and opened the floor for questions. Dr. Kibbe commended the presentation, stating that reorganizing the VA's research aspects was a significant transformation. She asked whether investigator-initiated research would still be supported. Dr. Ramoni responded, explaining that they were shifting from a decentralized approach to more coordinated research. While some funding would be committed to clinical timelines, the majority of the funding would remain investigator-initiated. They would work to de-duplicate proposals as much as possible and continue to have broad portfolios. Dr.

Kibbe thanked Dr. Ramoni and acknowledged the scale of what they are doing. Dr. Poropatich brought questions to a close, and Dr. Bever concurred with Dr. Ramoni's response.

Dr. Poropatich introduced Dr. Joseph Constans, senior manager for Suicide Prevention and the Clinical Science Research and Development Program. Dr. Constans **presented an update on Suicide Prevention research data**. He discussed the question of whether there has been a downward trend in suicide by Veterans with prior VA contact versus Veterans with no VA contact.

Dr. Constans presented data on the proportion of Veteran suicide decedents who had received VA services in the past year. He explained that approximately 60% of Veteran suicide incidents were in the population of Veterans who had not received VA services in the past year, while 40% were in Veterans who had received VA services in the past year. Within the group of Veteran suicide incidents who had received VA services in the past year, 40% had recent VA encounters (i.e. within the past year), while the remaining 60% had not had any VA contact in the past year. He then went on to categorize the no-VA-contact group further, looking at those who had enrolled but had no contact, those with some VBA contact, and those with no contact in either VHA or VBA.

The presentation then moved on to address the question of whether there had been a downward trend in Veteran suicide for those with prior VA contact versus those with no VA contact. Constans explained that he would be using the original conceptualization of "no VA contact" as meaning no VA contact in the past year. He also took the opportunity to promote the public access to the data, which is available on the VA Suicide Prevention website and includes the annual report, the data methods, and an Excel spreadsheet with the raw data.

Dr. Constans then presented graphs showing the adjusted rates of suicide for recent VA users versus all other veterans, and discussed how the rates have changed over the past 20 years. He noted that the rate of suicide was higher for recent VA users, but that the decrease in suicide had been slightly greater for Veterans who had not used VA in the past year from 2019 to 2020. Dr. Constans discussed the confusion that can arise from mixing absolute numbers of deaths with adjusted rates, and presented graphs of both the total number of suicide deaths observed and the total population estimates for recent VBA users and non-recent VBA users over the past 20 years.

Mr. Matthew Kuntz asked Dr. Constans if there was any way to know if non-VHA users were eligible for mental health services, and Dr. Constans responded that the eligibility issue is not embedded in the data collected by the Office of Mental Health and Suicide Prevention. Dr. Constans offered to reach out to John McCarthy, leader of the of the data surveillance team to in the Office of Mental Health and Suicide Prevention, to see if the information could be provided.

Dr. Poropatich led the next presentation and discussed **the Office of Research and Development (ORD) response to alternative strategies subcommittee White Paper** that he, Matthew Kuntz, and Steven Dubinett were a part of. The subcommittee examined different funding strategies that the VA could consider, such as partnering with other entities like the DoD or seeking a congressional plus up. While the subcommittee report was submitted in December 2020, they have not received a formal reply from the ORD. Dr. Tenhula, Dr. Clancy, and Dr. Ramoni were asked for their thoughts on whether to keep this issue open, and Dr. Tenhula suggested that they come back to the group on the agenda for the June meeting to discuss the recommendations and how they align with some of the enterprise transformation efforts. Dr. Bever also suggested getting private foundations involved in the discussion, and Dr. Tenhula concurred. Ronald Poropatich agreed to bring this topic to the next discussion.

Dr. Poropatich expressed his appreciation for the feedback provided by Dr. Bever and Dr. Tenhula. He suggested putting an item on the agenda for the June 7th meeting to follow up on guidelines. He also proposed sending out the subcommittee report to the NRAC committee again as it may be helpful to other committee members in their research interests. Dr. Poropatich requested that Dr. Catucci capture this information for the agenda item and send out the report as a read-ahead.

Dr. Poropatich introduced Dr. Robert O'Brien, Scientific Program Manager for the Health Services Research and Development (HSR&D), to **present an update on Veterans Homelessness research data**. Dr. O'Brien started by stating that virtually all the studies in his presentation and portfolio were or are being conducted with some level of collaboration with the National Center or the Homeless Program Office. He explained that there were some questions about how recent or current ORD-funded studies impact actual VA practices, and to answer this,

he had input from investigators and both the National Center for Homelessness among Veterans and the Homeless Program Office.

Dr. O'Brien discussed the VA's Homeless Patient Aligned Care Teams (PACTs), which are designed to work closely with homeless Veterans in the field. He explained that the emergence and sustainment of over 60 PACTs are a reflection of the critical partnerships the VA has with these organizations. O'Brien mentioned that Drs. Cortez and O'Toole have conducted major studies on PACTs, and he highlighted that the studies were so intriguing that they were being implemented before they could even be completed.

He mentioned that he worked with Dr. O'Toole on one study, and they had to change the study to accommodate the feedback received from the Homeless Programs Office on how the PACTs were working. He also discussed an evaluation of the VA's fidelity to the Housing First model, a broad model not limited to the VA, that suggests providing housing before trying to provide services is more successful, with better outcomes.

Dr. O'Brien then discussed the VA's financial empowerment initiatives. He mentioned that the DoD funded a pilot study of money management intervention that was completed back in 2018. However, it has informed the establishment of several streams of VA work, including the development of the National Center for Veterans Financial Empowerment. He also highlighted that an ongoing demonstration project funded by the American Rescue Plan will provide over \$2,000,000 in awards for money management services through the supportive services for Veteran programs.

Lastly, Dr. O'Brien discussed the VA's work with a peer support intervention for Veterans recently released from incarceration. He explained that working with peers led to successful long-term housing results and enabled the Homeless Program Office to include more peer support interventions in their work. Dr. O'Brien emphasized the significance of the VA's research and the importance of collaboration with external organizations to effectively tackle homelessness among Veterans.

Dr. Poropatich opened the floor for questions, and Dr. Laurencin asked about how research is being integrated into national programs, specifically the Permanent Housing Placement Challenge. He wanted to know how research is influencing the initiative and how evidence can be hardwired into new initiatives to ensure they are based on research findings. Dr. O'Brien acknowledged the importance of Dr. Laurencin's questions and offered to speak with the National Center and Homeless Programs Office to get more information about how research is being integrated into the initiative. He also suggested that the strategic planning they plan to do together will address some of the ideas Dr. Laurencin brought up. Dr. Laurencin offered to help in any way he can and expressed his desire to be part of the discussion.

Dr. Poropatich introduced the next speaker, Dr. Melina Kibbe, who is a vascular surgeon, Dean of the University of Virginia School of Medicine, and an accomplished researcher.

Dr. Kibbe provided an **update on a new Subcommittee for the NRAC on Expanding Research Reach**. She explained that they have been making progress with the subcommittee, had a few meetings and have narrowed down their focus to two main areas. The first area is

improving the process for non-VA PhDs to apply for VA eligibility to increase the reach and collaboration with academic affiliates. The second area is removing barriers to working with academic affiliates, with two subsections focusing on the process to allow the VA to lease university research space and the process to obtain partial and full off-site waivers.

Dr. Kibbe mentioned that the subcommittee met and is now asking for a significant amount of data from Ms. Catucci. She thanked Ms. Catucci for sending some of the data they had been requesting and explained that obtaining data on each of these areas will likely result in additional follow-up questions.

Dr. Ramoni inquired about enhancing co-recruitment with academic affiliates and whether there was potential for startup packages to be put forward. Dr. Kibbe responded that this was something she was very interested in, as it is a win-win for both the VA and the affiliate. However, she also noted that the barriers related to doing VA research at academic affiliates offsite is not a small thing and that they had discussed this issue during the subcommittee's meeting on Monday.

Dr. Poropatich introduced Mr. Antonio J. Laracuate, the director of ORD Field Operations, who **provided an update on H1B Visas and ORD centralization of human resources in the field.** Mr. Laracuate began his presentation by thanking the group for their advocacy on the 209 issue, which helped them get it through. He then provided updates on the HR Centralization Initiative, which began the previous week. This initiative involved the full transition of HR services from the VISNs to the Workforce Management Consultation (WMC). Mr. Laracuate explained that the centralized HR would address issues such as pay, time, promotion, classification, and most importantly, recruitment.

He described VA research's complex hiring authorities, and stated that it used to take eight to twelve months to bring on board people to do research. Two years ago, they initiated a plan for centralized HR, and it finally came through. Laracuate stated that the centralization of about 4,600 VA employees will help address various issues such as pay, time, promotion, classification, and recruitment issues. He added that they had put submitted a plan to ensure that these 4,600 employees were moved over without any consequences, and starting on March 12th, they will begin accepting recruitment actions for new positions to be filled for researchers across the nation.

Mr. Laracuate also explained how the process had been communicated to the stations and the field stations through some training sessions held the previous week. He shared an email from one of their research offices saying that they had never received a classification action that happened overnight. He was excited about this development, as something that would take six months in many cases was happening overnight. He added that he could not set the standard that high for classification because everyone would want something overnight. However, it showed that the process was starting to work.

Mr. Laracuate then shared a slide that illustrated the transition and how it occurred. On October 5, 2022, they gained support from the Workforce Management Committee, and on October 15th, 2022, they provided a letter to the VISN offices.

After a meeting break, Dr. Poropatich introduced the next speakers, Dr.

Mark Roltsch and Dr. Shakeria Cohen, from the clinical science and biomedical lab research and development teams to **present an update on the Diversity, Equity and Inclusion Committee's (DIC) activities.**

Dr. Cohen began by acknowledging the members of their team, which included co-chairs and a management committee that oversaw their spending.

The first major update was the change of their name from the Diversity, Equity and Inclusion Workgroup to the Diversity, Equity and Inclusion Committee. This was done to align their name with their ongoing initiatives and to promote diversity, equity, and inclusion within the Office of Research and Development, among VA researchers.

One of their key initiatives is to build a training pipeline for junior investigators from underrepresented groups and to strengthen Health Equity within the VA. Dr. Cohen provided updates on the conferences their members have attended to raise awareness about their group and to seek potential partnerships with other organizations.

She mentioned that Dr. Roltsch attended the National Association of Veterans Research and Education Foundation, while she and Carol Fowler and Shannon Jordan attended the HBCU conference in DC. Both Dr. Roltsch and Dr. Fowler also attended the summer research principal investigating meeting, while Dr. Cohen and Dr. Fowler attended the Student Veterans of America Conference.

In addition to attending numerous conferences, the DIC also put out many supplements in the field to support mental research experiences and partnerships among underrepresented groups and institutions. In the fall of 2022, they funded eleven diversity supplements and three minority serving institutions.

They also announced that they would support another grant writing workshop in the spring and that 14 publications highlighting research in the areas of health disparities and health equity within the VA would be published in the HealthEquity Journal in the spring. Many investigators within ORD and the MVP program, including Ramoni, Clancy, and Close, submitted articles and these publications will be distributed to government officials, including senators, and leadership.

In summary, the DIC provided an informative update on their ongoing initiatives, which included attending conferences, providing supplements to support research, and publishing articles on health disparities and equity.

Dr. Roltsch presented some preliminary data and mentioned that if senior leadership approves, they could initiate a RFA (request for application) in 2024 for their summer research program with funding starting 2025. Dr. Laurencin asked about the supplements for the grant and Dr. Roltsch explained that they are awarded based on merit and are \$100,000 a year for two years. Dr. Poropatich thanked them for the great work and Dr. Rajeev Ramchand asked if they specifically recruit Veterans or those enrolled in military service for their program. Roltsch replied that they do emphasize Veterans and children of Veterans and have programs with a significant number of Veterans. Dr. Poropatich thanked them again for their presentation and overview of their work.

Dr. Poropatich opened the **public comment period**, inviting attendees to ask questions or comment on anything they heard during the discussion. Ms. Emily Blair Rubright, a health policy advisor for Senator Moran on the Senate Veterans Affairs Committee, thanked the group for their kind words about the Cleland Dole Act that was passed at the end of the last Congress in December, emphasizing the significant work that had gone into it. Dr. Poropatich thanked her and asked her to extend their best wishes to Senator Moran and all the people of Kansas. When Dr. Poropatich asked for other thoughts or questions, Dr. Ramoni expressed her appreciation for the committee's work and the positive impact it has had on VA research. Dr. Poropatich agreed, saying that the committee had identified topics for the next meeting on June 7 and that he was grateful for everyone's time and effort in working to improve the health and welfare of Veterans and their families. Ms. Catucci added that she will be sending reminders to the NRAC members about the upcoming ethics training.

Dr. Poropatich concluded the call with a thank you to everyone who has joined in on the day's discussion.

Next Meeting:

The next meeting of the NRAC will be held on June 7th, 2023, from 11 a.m. to 2 p.m. EST.

Action Items:

- Ms. Catucci will include an agenda item for the June 7th NRAC meeting for members to provide feedback on Dr. Tenhula's overview of the VA ORD Research Annual Report
- Dr. Poropatich will discuss during the June 7th NRAC meeting the response from the Office of Research and Development (ORD) on the Alternative Strategies Subcommittee White Paper
 - Ms. Catucci will capture this information in an agenda item for next meeting and send out the subcommittee report to the NRAC committee as a read-ahead.
- The NRAC committee will make a determination for whether to proceed with a hybrid meeting approach consisting of one in-person meeting per year with the rest being held virtually.

Adjournment:

The meeting was adjourned at 1:43 p.m. ET.

DocuSigned by:
Ronald Poropatich
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Ronald Poropatich, MD, MS
Chair, NRAC