

VA-Academic Partnerships: Challenges and Rewards for New VA Mental Health Investigators

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Abstract This study presents the perspectives of academic-VA partners who have recently completed a randomized clinical trial within a VA outpatient clinic. The authors reflect on the challenges and rewards of implementing academic-VA community clinical research partnerships with the aim of assisting new VA investigators and VA collaborators. Staff resistance, time demands, processing delays, and unforeseen barriers represent challenges. However, they are balanced by numerous rewards, including establishment of a research clinic, innovative staff training, and advancement of effectiveness knowledge in community settings. Implications and recommendations for successful VA-academic partnerships are described to help future projects minimize challenges and maximize rewards.

Keywords VA-academic partnership · Veterans · Community partnership

Introduction

Increasing attention has been directed towards translating and applying efficacious psychosocial treatments for psychological disorders into real-world clinics, ranging from community mental health clinics to public medical settings such as Veteran Affairs (VA) clinics (Kilbourne et al. 2007, 2008). For example, Jones and Wells (2007) provide important strategies for the development and engagement of community health clinics and academic partnerships. However, relatively little work reflects on VA-based mental health research, the nature of the academic-VA partnerships that often drive such efforts, or the on-the-ground logistics required to make such efforts succeed. Despite these challenges, the VA is in many ways an ideal environment to conduct research with its comprehensive electronic medical system, availability of patients, and explicit goal to provide evidence based treatments (VA Mental Health Handbook 1160.01). This paper, written from the joint perspective of academic-VA clinic partners in a recently completed hybrid clinical trial for anxiety disorders, reflects on the specific challenges, rewards, and recommendations for implementing successful clinical research and academic-clinic partnerships in real-world VA settings. We aim to assist in closing a critical knowledge gap regarding the practical skills required to make such efforts succeed for investigators new to the VA system. Most of the issues presented are not specific to VA settings and are likely present in other community-academic partnerships.

Our efforts are timely. According to the 2008 Uniform Mental Health Services Handbook, VA facilities are “strongly encouraged to engage in research and clinical innovation to develop new strategies of care. Ongoing improvements in the VHA system depend on these

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approaches to developing best practices.” Further, the VA system has a strong commitment to attracting and maintaining new VA research investigators. Based on our ongoing research experience, we aim to provide a primer to conducting mental health in a VA setting via an academic partnership.

Background

The Anxiety Disorders Clinic (ADC) at the San Diego VA Healthcare System (VASDHS) aspires to provide evidence based treatments and comprehensive psychosocial assessments to veterans who suffer from anxiety disorders. Patients in the clinic have a primary psychiatric diagnosis of an anxiety disorder(s), namely, panic disorder, social phobia, specific phobia, generalized anxiety disorder (GAD), obsessive–compulsive disorder (OCD), or civilian post-traumatic stress disorder (PTSD). Within the clinic, approximately 75 % of clinic patients are male, 64 % are White/Caucasian, 20 % Black/African-American, 8 % Hispanic-American/Latino, and 8 % Asian-American. The VA-academic partnership began when the lead author, Program Director of the ADC, contacted a group of university-based anxiety disorder treatment researchers with the goal of bringing more innovative empirically supported behavioral treatments for anxiety disorders to the ADC. During a series of meetings, we developed a win–win arrangement—VA staff would receive additional training and access to more resources to provide evidence based treatments and the university would be able to implement a funded treatment research project in a community setting.

Through this partnership, we were able to investigate psychotherapy outcomes for veterans with anxiety disorders. Veterans were randomized to Mindfulness Based Stress Reduction (MBSR) or Cognitive-Behavioral Therapy (CBT) groups for the treatment of anxiety disorders. To staff the groups, we drew on a diverse array of treatment providers including VA psychology trainees (interns and post-doctoral fellows), VA mental health professionals, and community-based therapists. Over the course of the project, the VA Anxiety Disorders specialty clinic was transformed into a treatment outcomes research clinic offering a broader range of interventions and treatment providers.

Identification of Key Challenges, Rewards and Recommendations

The themes presented in this investigation were derived from multiple sources including formal written study participation evaluations and ongoing informal feedback from

the academic investigators (3 individuals), VA investigators (1), consultants (3), VA staff (1), and on-site trainees (6). Further, weekly project meeting minutes were reviewed. After gathering the information, we selected challenges, recommendations, and rewards that were not specific to the local VA and had a minimum of 2 sources of support.

Challenges to Conducting Mental Health Research in VA Clinics

Staff Time

The most significant hurdle we faced in implementing a treatment study was the amount of additional time required from VA staff and clinicians for project implementation. As is common among all collaborations, we underestimated the amount of time needed for task completion and did not foresee additional responsibilities (e.g., organizational duties, longer-than-anticipated clinical diagnostic screenings). Balancing VA mandates while attempting to maintain the high standards and integrity of the research project necessitated particularly careful planning. Further, it was necessary at times to take time-demanding detours to resolve issues in a manner that prioritized patient care as well as ensured that procedures adhere to the research plan. Such deviations included coordinating how to complete VA-mandated trainings for community-based providers who were not available during VA business hours, paying research participants via complicated VA accounting structures, and having VA employees enter documentation for community (non-VA) therapists who could not obtain access to the electronic medical record system. Calculating extra time beyond well-informed academic setting baseline estimates will assist in realistically setting aside the necessary time for VA research study implementation.

Working with Institutional Review Board

Prior to the initiation of the project, we needed to allow several months for Institutional Review Board (IRB) and VA Research and Development (R&D) approval. Many VA facilities use their associated University IRB, which means that your project will be reviewed twice, thus lengthening the amount of time before official approval. In our case, we required IRB approval from two academic institutions (the academic partner’s institution and the academic affiliate of the VA) in addition to the VA, which took approximately 4 months. Be advised that in addition to standard university IRB paperwork, many VA facilities have additional requirements such as data security plans and additional VA trainings.

To minimize IRB-related delays, we advise developing a good working knowledge of your VA research department procedures in that all VA facilities and University IRB procedures are different. Additionally, we recommend meeting regularly with your Research and Development (R&D) leadership as well as your own service (if applicable) at the initiation of the project to clarify mutual goals and expectations. Most VA facilities have developed a site-specific research handbook that provides basic information on the details of this process.

All staff must be approved by VA R&D prior to working on the project. This process can be more time-consuming than getting IRB approval, particularly if you are seeking approval for community (non-VA) providers. Specific reasons for the delay included security clearance, inter-service agreements, prolonged paperwork processing time, and procedures not clearly spelled out or written in any instruction or guide book.

Unforeseen Challenges

VA investigators should plan on encountering unanticipated challenges. Several such challenges arise from the intersection of providing patient care under the umbrella of research. Determining if the services you are providing could be considered standard care as opposed to experimental research is a first step. The research-related services we provided were considered standard care and thus, veterans were able to receive travel benefits; however, they were billed for their services. We recommend consulting with your service to determine the best way to organize electronic clinics and scheduling.

When providing services that are above and beyond normal routine activities, additional physical space is necessary to conduct research activities. Space limitations are an issue in many VA settings; consequently, we found it was important to set up room assignments for screening and group treatment appointments well in advance. You will also need to check with your spacing committee to determine whether you are permitted to reserve office space for research purposes. We found that the best strategy was to work around existing room assignments by providing services during low hospital volume hours such as evenings and Friday afternoons.

Rewards for Conducting Mental Health Research in a VA Setting

Given the many challenges of conducting clinical research in a VA setting, the rewards are important to highlight (See Table 1). First and foremost, conducting clinical research allowed us to offer empirically supported treatments to our

veterans—a goal that as noted, is strongly shared by the VA and federal government. Conducting treatment research within VA settings assesses whether such treatments will also be effective for veterans. Raising the quality of interventions offered to veterans and scientifically evaluating their veteran-specific efficacy yields tremendous benefits for present and future VA patients. Second, as discussed in more detail below, VA therapy trainees and staff generally enjoyed the opportunity to learn and implement cutting-edge treatments. Third, conducting clinical research facilitated the transformation of our well-run clinic into well-run research clinic with standard, empirically validated diagnostic and assessment protocols and structures. This transformation has had an enduring impact on our clinic. We now have a small army of staff and research volunteers trained in administering informed diagnostic and assessment protocols, which results in more comprehensive services for veterans.

Not only are there many rewards to conducting research within a VA, but in many ways the VA represents an ideal place for conducting research. A multitude of veteran-focused funding mechanisms are available to VA staff at all career levels. Many VA facilities are partnered with universities, providing access to research experts, staff trainings, and a broader range of treatment options for veterans. VA facilities also serve as major training institutions for clinical psychology graduate students, interns, post-doctoral fellows, and psychiatry residents, all of whom may be eager to contribute to research projects. Our computerized electronic medical record system is the largest of its kind, allowing providers to get details on requested services, presenting problems, and services received. Most VA facilities offer ready access to well characterized patient populations. Finally, many VA clinics serve predominately male populations which may be

Table 1 Rewards and challenges of conducting mental health research through a VA-academic partnership

Top 5 rewards to conducting VA treatment-based research

1. Positive enduring impact on clinic structure and organization
2. Promotion of evidence based practices within clinic
3. Providing specialty training to staff and trainees
4. Offering Veterans more comprehensive, empirically-supported mental health screening and follow-up assessments
5. Increasing the treatment options available for Veterans

Top 5 challenges to conducting VA research

1. Amount of additional staff time and support
2. Working with grant administrations for payment of contractors
3. Paperwork for hiring new staff
4. Lengthy time for project approvals
5. Compliance with all VA patient care mandates while also conducting controlled research

advantageous in that males less commonly present for treatment for certain psychiatric conditions, including many anxiety and mood disorders.

Recommendations and Necessary Conditions for Conducting VA Mental Health Research

Transitioning to a Research Clinic

The best way to capture potential research participants is through the establishment of a screening clinic. Many VA mental health clinics already have existing screening clinics that all newly referred patients must pass through, and therefore, are well positioned for initiating clinical research. However, for the sake of evaluating research outcomes, a screening clinic must also be equipped to assess treatment outcomes. Upon initiation of the research study, all new referrals were given an individual screening appointment to discuss treatment options. The screening allowed staff to ascertain whether veterans were eligible for research-based clinical care, provide initial feedback and psychoeducation, and begin to develop a treatment plan.

After completion of the research project, we maintained our screening clinic, which provides veterans with a wide range of treatment options, often including access to other VA research studies. We also continue to assess treatment outcomes, thus informing the ongoing effectiveness of our treatments. The establishment of the screening clinic thus represents a major benefit of participating in clinical research.

Support of VA Leadership and Staff

Supportive VA leadership represents a critical component to conducting research in the VA. Meeting with and securing approval from local VA leadership (e.g., Service Chief, Director of Clinic) is necessary before initiating the project. Leadership creates a culture that promotes and encourages scientific inquiry. Prioritizing and rewarding research productivity, allotting a reserved number of hours per week for research, and sharing procedures and methodologies across services assisted in the implementation of our project; each was facilitated by supportive leadership.

Support from staff and trainees within the clinic is also crucial for the success of clinical research. Front line workers who view the research as a helpful component of patient care and believe in the mission of providing and advancing evidence-based treatments will strongly facilitate the research project. Without them, it can be difficult or impossible to move forward. We found that clinic staff who had been in a stable VA system for a period of time

often expressed resistance to transitioning to a research based clinic. Long term staff needed time to express their concerns and ideas about how the research process should proceed in the clinic. We found that experienced staff offered useful insights into the VA system that avoided many pitfalls. In the end, merging existing VA procedures and ideal research methods formed a crucial component of a successful research process.

Use of Community-Based (non-VA) Study Therapists and Consultants

Our experience highlights the importance of ongoing screening, training, and supervision of outside consultants on VA policies and procedures, especially if they have not had experience in a VA setting. In the process of hiring several community-based (non-VA) therapists, we developed extensive experience with the challenges inherent in this enterprise. Above all, we learned that screening consulting staff for motivation and commitment to the project is critical. All individuals working on the project, VA staff or outside contractors, need to complete online training and receive background checks. Further, consultants need to know apriori about VA policies related to hiring, emergency procedures, data security, and documentation mandates. If use of outside consultants can be avoided, it is easier to use staff or trainees that are VA employees.

Recruitment and Retention

Recruitment of veterans to mental health research is challenging but yet quite possible. We found that ample time must be devoted to informed consent and recommend that the onsite principal investigator be available for questions or concerns. Veterans may be suspicious about the motives of research and how it may reflect on their medical record or service connections. Education regarding the costs and benefits of participating in research also proved crucial for veterans. Our project investigated treatments that were found to be evidence-based in other settings and was consistent with the ongoing standard of care in our clinic. The fact that veterans knew they would be receiving the same treatment services regardless of whether they participated in the research project likely helped with recruitment. Furthermore, veterans often demonstrated a strong desire to help other veterans in the future by participating in VA research—an important (indirect) benefit to communicate with potential research participants.

Once veterans are successfully recruited into a treatment study, we recommend tracking retention rates as an index of treatment acceptability and completion success. An average of 71 % patients initially presented to research group treatments as scheduled. During the course of the

treatment groups, we lost 31 % of research patients to attrition, which is comparable to our average non-research VA attrition of 30–35 %. Our attrition rates are comparable to non-VA treatment outcome reports with the similar treatments (e.g., Barlow et al. 2000; Issakidis and Andrews 2004). Reasons for attrition included a change in schedule by the patient, acute health issues, or not believing the services were helpful. In each instance, staff contacted the veteran to explore treatment options (e.g., psychiatry appointments, referrals to other clinics).

Staff Feedback

Towards the end of the study, we asked our staff and consultants to provide anonymous, open-ended, questionnaire-based feedback on their experiences working in the research project. Ten individuals completed the feedback questionnaire. Study therapists believed the quality of services provided to veterans was good to excellent. They noted being mostly satisfied with research support staff within the clinic. However, they ranged from indifferent to dissatisfied regarding paperwork requirements, interactions with staff in our R&D, and our grant routing organization. Of note, the most significant complaint surrounded compensation of contractors: *“I expected delays, but the way it was handled was inconsistent and disgraceful.”* Overall, however, the therapists enjoyed receiving the research-related treatment trainings, participating in the development and implementation of the study manuals, and running the treatment groups: *“The extra training and working with the patients was great!”*

Clinical screeners noted that they could benefit by having additional support staff to assist with non-clinical demands such as filing and making follow-up phone calls. They enjoyed *“getting veterans into empirically supported treatments”* as well as the specialized supervision and training on diagnostic issues. Although the screenings ran fairly smoothly, they noted frustration with getting in touch with patients for 3-month follow-up assessments. At times, follow-up calls were in the excess of five phone contacts in addition to sending additional letters and follow up questionnaires.

Implications for Behavioral Health

While there may be challenges to conducting research in VA mental health clinics, VA settings provide a rich environment in which to conduct research. Rewards for VA-academic partnerships include providing cutting-edge

treatment options to veterans, establishing an organized research clinic, providing advanced training for staff and students, and advancing knowledge about the utility of treatments for veterans. Similar challenges and rewards are likely present in other community-academic partnerships such as community-based hospitals and mental health clinics. Upon project initiation, investigators will benefit from knowledge of local VA policy and procedures, and by keeping local VA leadership informed. Clarifying expectations to staff, trainees, and contractors is critical. Investigators should plan on unforeseen challenges and extra time commitment. However, the more often that VA staff undertake onsite research with the goal of advancing clinical care for veterans, the easier such research will be to conduct and the more our knowledge of empirically supported treatments for veterans will grow.

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