

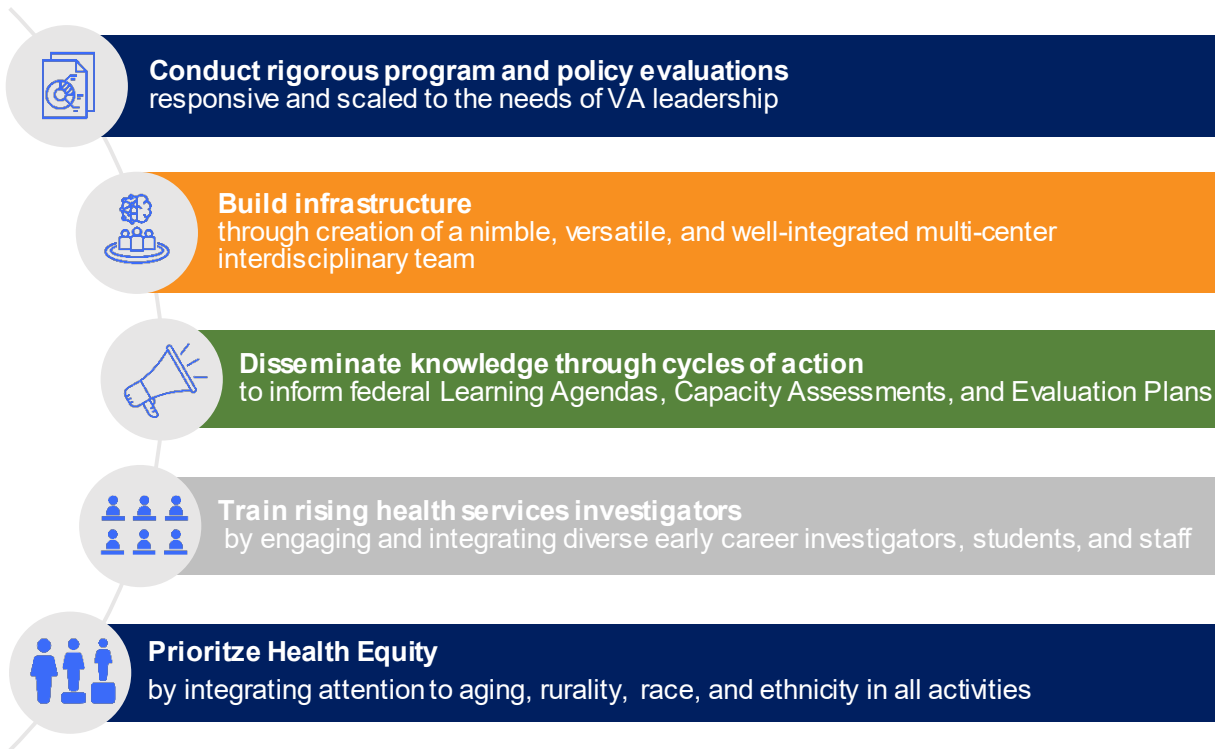
# CPIC Evidence-Based Policy Evaluation Center



*Conducting rigorous program and policy evaluations responsive and scaled to the needs of U.S. Department of Veterans Affairs*

The Charleston, Providence, and Iowa City (CPIC) Evidence-Based Policy Evaluation Center conducts operational evaluations to improve the health and well-being of Veterans. This multi-center collaboration leverages a wide range of methodological and content expertise, and regional and operations partnerships, to provide knowledge to meet the mandates set forth in the Evidence Act and other Congressional legislation in support of VA's mission.

## CPIC Goals



## CPIC Organization

- Operations Core** is responsible for overall CPIC leadership, communications, and global project management and is led by Dr. Neal Axon.
- Methods Core** is responsible for the design and execution of CPIC's projects and evaluations and is led by Dr. James Rudolph.
- Knowledge Translation Core:** is responsible for all dissemination activities, including tailoring materials to specific audiences and formats and is led by Dr. Michelle Mengeling.

## CPIC Priority Areas

VA cares for over 6 million Veterans, more than half of whom are over age 65, and a third of whom live in rural areas with limited access to healthcare. The MISSION Act and other recent Congressional legislation have raised important questions for VA capacity assessment and evaluation plans relevant to aging and long-term care, access to care especially for rural Veterans, assessing the quality and costs of community care, and optimal allocation of scarce resources.

**CPIC's top priority is aiding VA leaders in implementing these evolving policy recommendations.**



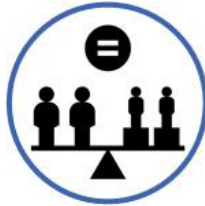
### Rural Health

Rural Veterans face multiple challenges to accessing high-quality healthcare. There is roughly one primary care physician for every 2,500 rural patients



### Aging

VA cares for over 3 million Veterans over age 65 years. VA provides education, resources, support, and services for older Veterans and their caregivers



### Health Equity

VHA's vision is to provide appropriate individualized health care to each Veteran in a way that eliminates disparate health outcomes and assures health equity



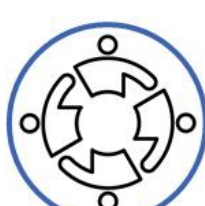
### Primary Care

Primary Care provides long-term, patient-provider relationships, coordinates care across health services, educates, and offers disease prevention programs



### Telehealth

VA is the nation's largest provider of telehealth and continues to expand telehealth options and develop innovative new technologies and groundbreaking digital health research



### Community Care

VA provides care to Veterans through community providers when VA cannot provide the care needed

## Ongoing CPIC Evaluations

### Evaluating Access to Home and Community-Based Services (HCBS) for Veterans

- Overall Goal: To assess the equitable availability of VA HCBS provided through the Office of Geriatrics and Extended Care (GEC) and the Office of Integrated Veteran Care (IVC).
- Objectives: 1) Develop measures of HCBS rural utilization and network adequacy, and 2) Examine staff perceptions of network adequacy and barriers to HCBS use.

### Assessing Return on Investment in VA High Reliability Organization (HRO) Initiatives-Focus on Human Resource-Related Outcomes

- Overall Goal: This initial assessment of VA HRO initiatives supports the VA's mission to build and maintain trust with shareholders through proven stewardship, transparency, and accountability by assessing HRO initiatives led by the VA Office of Quality and Patient Safety.
- Objectives: 1) Measure staff turnover for VA staff participating in HRO training activities, 2) Estimate return on investment based on savings attributable to reduced staff turnover, and 3) Qualitatively explore staff perspectives regarding benefits of HRO implementation.

## Veteran Engagement

*CPIC will collaborate with Veterans in designing projects, conducting evaluations, and identifying effective and optimal communication strategies.*

For more information, check out:

<https://www.queri.research.va.gov/>

If you would like to learn more or partner with us, please contact Casey Buchanan, PhD, CPIC Program Coordinator at [casey.buchanan1@va.gov](mailto:casey.buchanan1@va.gov)

### Principal Investigators:

R. Neal Axon, MD, MSCR

James L. Rudolph, MD, SM

Michelle A. Mengeling, PhD, MS