



Fall 2022 Issue

Important 2023 Annual Conference Dates



Mark your calendars for the 2023 Annual Conference being held in Denver February 21-23! This year's theme is *Leveraging the Power of the Network in Rapidly Changing Times*. Your [Annual Conference Planning Committee](#) is hard at work to ensure that the time spent at the conference provides networking opportunities to spur collaboration on research initiatives that improve health and healthcare for individuals and populations as well as showcase scientific findings from HCSRN research projects. Be sure to visit the HCSRN for the latest information. To submit a panel presentation, [click here](#). To submit an abstract, [click here](#).

Below are some important dates:
The Abstract and Panel Submission sites are now open.
Abstract and Panel Submission Sites Close - **Friday, October 7**
Conference Registration Opens - **Monday, October 31**

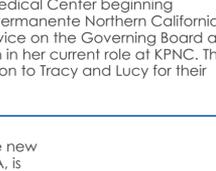
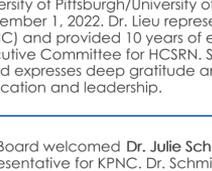
Call for Abstract Review Participants

The 2023 Annual Conference Planning Committee is issuing a call for abstract reviewers.

We are looking for individuals who can commit 2-4 hours per week during the review cycle which is Monday, October 14- Monday, October 28. It is expected that reviewers will be asked to review no more than 10 abstracts. Reviewers should be familiar with the current trends and needs within data science, relevant methods, and/or health services research, have knowledge of sound research practices and have prior experience reviewing abstracts.

Reviewing will be done via the HCSRN Review Panel website. If you are interested in participating in this important process, please provide the requested information via this [link](#).

Governing Board Transitions



The Governing Board of the Health Care Systems Research Network (HCSRN) is undergoing change. At the July meeting, HCSRN bid farewell to **Dr. Lucy Savitz and Tracy Lieu**. Dr. Savitz represented Kaiser Permanente Center for Health Research (KPCHR) and served on the Board for five years. She was Chair from 2019-2020, was a member of the Executive Committee and participated on the Vision Subcommittee during her tenure. She will be taking on a new role at the University of Pittsburgh/University of Pittsburgh Medical Center beginning September 1, 2022. Dr. Lieu represented Kaiser Permanente Northern California (KPNC) and provided 10 years of exemplary service on the Governing Board and Executive Committee for HCSRN. They will remain in their current role at KPNC. The Board expresses deep gratitude and appreciation to Tracy and Lucy for their dedication and leadership.

The Board welcomed **Dr. Julie Schmittziel** as the new representative for KPNC. Dr. Schmittziel, PhD MA, is the Associate Director of Health Care Delivery and Policy and a Research Scientist at the Kaiser Permanente Northern California Division of Research. She holds a bachelor's degree in Mathematics from the Massachusetts Institute of Technology, and an MA in Biostatistics and a PhD in Health Services and

Policy Analysis from the University of California, Berkeley. Dr. Schmittziel's career focuses on stakeholder engagement and translational research in diabetes and diabetes prevention, with a particular focus on improving medication adherence and cardiovascular disease risk factor control in diabetes patients. She has been principal or co-investigator on more than 40 delivery science and health policy research studies and has published more than 160 papers in peer-reviewed journals. She serves as the Co-Director of the National Institutes of Health-funded Diabetes Research for Equity through Advanced Multilevel Science Center for Diabetes Translational Research (DREAMS-CDTR). She also serves as the Co-Director of the T32 Training Program in Diabetes Translational Research, and is the Associate Director of the Kaiser Permanente Delivery Science Fellowship Program. She is currently the Chair of the AcademyHealth National Education Council.



Alan Bauck will be serving as the interim representative for KPCHR until a permanent representative is appointed. Alan is the Director of the Research Data and Analytics Center. In that role he leads teams for research data warehousing, statistical analysis, biostatistics and business analysts. In addition, Alan is the Director for the Kaiser Permanente Research Bank's (KPRB) Data Coordination Core, which focuses on building and enhancing data and systems to support research using genomic, phenotypic, and ancillary data. The KPRB is one of the nation's largest research biobanks and is dedicated to advancing health knowledge through genomic research. In his third role, Alan leads the Kaiser Permanente Center for Effectiveness & Safety Research Data Coordinating Center (KP CESC DCC). Alan has led aspects of the KP CESC DCC since its creation in 2009. Its goals are to promote high quality, consistent, and easy to use data across KP regional research centers. Alan also serves as the interim Finance Manager for the KPCHR and is overseeing the organization's transition to a new software platform for grants management.



The HCSRN Governing Board looks forward to working with Julie and Alan as they share their insights and expertise to advance the mission of the organization.

Scientific Data Resources Forum



Sharing Health Data for Better Outcomes: Signs of Progress, but We're Not Done Yet

Noor Ahmed, Peak Sen Chua, Sarah Greene
National Academy of Medicine

Access Passcode: FUL0xm7

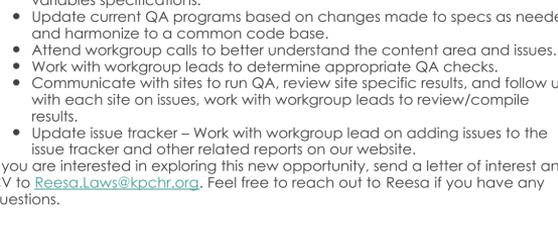
Progress in health care is intrinsically connected with sharing health data. While the field is replete with encouraging developments in digital health and big data that enable the rapid exchange and linkage of data and information across entities, health data sharing remains stunted in a number of areas, including biomedical research. Factors such as market competition, the potential for data misuse, growing costs of procuring data and supporting data exchange for secondary use, and the reluctance to share indicate that we are far from optimizing all of the health data we collect, whether for care or research.

Yet, many barriers are surmountable, as demonstrated by the 11 organizations profiled in the National Academy of Medicine (NAM) Special Publication, *Sharing Health Data: The Why, the Will, and the Way Forward*, released earlier this year. The publication illuminates possibility through different approaches to data sharing. NAM Co-authors Noor Ahmed and Sarah Greene shared insights from the publication at an [HCSRN webinar presented on June 14, 2022 \(password above\)](#). Many examples profiled in the report were motivated by the moral imperative of using health data more fully and effectively. Others were spurred to act in response to catastrophic occurrences, including the COVID-19 pandemic. All applied their data sharing efforts in service to large-scale issues in health care, ranging from patient safety, to control of health care costs, to maximizing investments in biomedical research. A key theme from the case studies was the unwavering attention to building trust through trustworthy behaviors. Interviewees also described the importance of engaging key stakeholders early and often throughout the process, and reinforcing the value proposition in maximizing health data, which is inherent, but not always explicit.

Sustaining these gains and moving toward ubiquitous data sharing requires continued efforts to modernize and harmonize data sharing policies and regulations to benefit the entire health care ecosystem, especially considering that traditional ideas of what constitutes "health data" continue to evolve. Policies at the federal and funding agency level are evolving to meet the moment, and related modernization and investments in the infrastructure that underpins data exchange can also help accelerate progress. This is an area where the HCSRN's infrastructure and longstanding investment in the Virtual Data Warehouse can serve as a model for others. Indeed, the pathbreaking work of the Sentinel Initiative's Distributed Research Network was cited in the report as a key progenitor to current data sharing initiatives.

As was noted in the June webinar by Ms. Ahmed and Ms. Greene, there are more pathways to explore, such as sharing research results with participants whenever possible, and involving patients/participants as data sharing approaches are developed. A recent study paints a disconcerting picture of the gap between the professed will to share, and the execution of actually sharing—thus, much work remains to be done. The NAM report concludes that the maxim about the "5 V's" of Big Data (volume, variety, velocity, veracity, and value) should give way to a more useful "4 A's" framework for making health data accessible, affordable, analyzable, and actionable by all stakeholders. Continuous learning in healthcare demands no less.

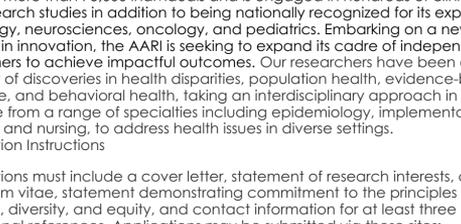
NOTE: The next SDRF presentation will be September 14 at 4:00 PM ET. Watch the HCSRN website for more information.



The HCSRN is looking for a QA programmer to work with our workgroups to write standardized QA programs, and review, compile and document results. HCSRN will cover the direct and indirect costs for 20%FTE of the QA's work time through an MOU agreement with their current organization. The position will generally focus on 1-2 content areas per year. The QA programmer will work closely with the current workgroup lead(s) to build and implement these programs. The three main components of the position are the following:

- Build basic level centralized QA with a focus on conformance to table and variables specifications.
- Update current QA programs based on changes made to specs as needed and harmonize to a common code base.
- Attend workgroup calls to better understand the content area and issues.
- Work with workgroup leads to determine appropriate QA checks.
- Communicate with sites to run QA, review site specific results, and follow up with each site on issues, work with workgroup leads to review/compile results.
- Update issue tracker – Work with workgroup lead on adding/issues to the issue tracker and other related reports on our website.

If you are interested in exploring this new opportunity, send a letter of interest and CV to Reesa.Laws@kpchr.org. Feel free to reach out to Reesa if you have any questions.



Advocate Aurora Research Institute – Posting for Research Scientists

The Advocate Aurora Research Institute (AARI) at Advocate Aurora Health (AAH) invites applicants for junior, mid-career and senior research scientist positions to lead research programs that align with our strengths and priorities in health equity, population health, health systems research, dissemination and implementation science, as well as research focused on children and families, aging and behavioral health. This is an exciting opportunity to lead a research program in a top health system and collaborate with research scientists, clinicians, and health system leaders.

The ideal candidates are innovative scientists, particularly diverse scientists, who bring new perspectives to AARI and thrive in a collaborative environment. Successful candidates for the junior level position should have at least one year of experience in public health, health services, or related research and a growing record of scientific publications. Candidates at the mid-career or senior level should have a track record of high impact peer-reviewed publications and extramural grant funding. Of particular interest are senior level scientists who are nationally and internationally recognized, lead extramurally-funded programs of research, and have experience collaborating in translational research environments.

Advocate Aurora Health (AAH) is one of the top 12 not-for-profit health systems in the country. As a leading employer in the Midwest, Advocate Aurora Health employs more than 75,000 individuals and is engaged in hundreds of clinical trials and research studies in addition to being nationally recognized for its expertise in cardiology, neurosciences, oncology, and pediatrics. Embarking on a new chapter in innovation, the AARI is seeking to expand its cadre of independent researchers to achieve impactful outcomes. Our researchers have been at the forefront of discoveries in health disparities, population health, evidence-based medicine, and behavioral health, taking an interdisciplinary approach in applying expertise from a range of specialties including epidemiology, implementation science, and nursing, to address health issues in diverse settings.

Application Instructions
Applications must include a cover letter, statement of research interests, current curriculum vitae, statement demonstrating commitment to the principles of inclusion, diversity, and equity, and contact information for at least three professional references. Applications may be submitted via these sites:

- Associate Research Scientist - <https://careers.aah.org/job/16451912/associate-research-scientist-milwaukee-wi/>
- Research Scientist - <https://careers.aah.org/job-search-results/?keyword=research%20scientist>
- Sr. Research Scientist - <https://careers.aah.org/job/14968436/research-scientist-master-milwaukee-wi/>

Application reviews will begin immediately, and positions will be posted until filled. For inquiries, please contact Stacy Costello at Stacy.costello@aaah.org; for questions about scientific interests, contact Dr. Michael Fendrich at michael.fendrich@aaah.org.