

NEWS FOR THE NETWORK

In this issue:

- [Save the Date: September SDRF Features the CDC](#)
 - [Meet this issue's featured junior investigator: Stephanie Hooker](#)
 - [VDW Update and the New Patient Reported Outcomes Workgroup](#)
 - [COVID-19 Task Force Update](#)
 - [Member News and Opportunities](#)
-

Save the Date: September SDRF Features CDC and COVID-19

Join your HCSRN colleagues on September 23 for the HCSRN SDRF presenting the CDC work in COVID 19. You should have received your invitation already to hold this date/time on your calendars but watch for more specifics coming soon!

We are always looking for presentations for the HCSRN monthly SDRF (Scientific Data Resources Forum). If you have a topic that you feel Network members would be interested in hearing about please reach out to: [Jeanette May](#), HCSRN Executive Director.

[Back to top](#)

Meet Junior Investigator: Stephanie Hooker

Stephanie was interviewed by Mark Jurkovich. Mark is the Director of Scientific Data Infrastructure for HCSRN.

Dr. Stephanie Hooker has been with the HealthPartners Institute for approximately a year and brings an impressive background with her. She is a Psychologist with a PhD in Clinical Health Psychology and an MPH with an emphasis on applied biostatistics from the University of Colorado.

Mark: With your science and health care background and the opportunities they can present, why did you look to research for a career and why, specifically health research?



Stephanie: My desire to obtain a very specific psychology PhD, Clinical Health Psychology,

was in part due to my interest in how physical health impacts mental health and vice versa. I have a strong interest in understanding health behavior change (e.g., physical activity) to prevent and treat chronic illness and behavioral health concerns. The opportunity to interact with others doing a variety of healthcare research is exciting and presents a different path and opportunity.

Mark: What type of research studies have you been involved with since starting at HPI?

Stephanie: To date, primarily two areas. I have been working with Dr. Rebecca Rossum on her mental health and opioid studies, where I have had the chance to see how much we still need to learn to better understand how we might help those with this addiction. I am also getting an opportunity to work with the team that has developed the Wizard for the HealthPartners care system and that is letting me explore in some ways to impact the care of chronic illnesses and mental health.

Mark: Is there something in your specialty area that led you towards a research institute associated with a care system rather than an academic institution?

Stephanie: It might not necessarily be my specialty area as much as it is that developments within our Institute are perhaps more readily and easily adopted by the care systems than we might see in academia. The Wizard is a good example of that. Additionally, the way the Institute is designed, you have interactions with researchers with many interests. My background and interest in Health Psychology spans more than psychology alone, so this seems like a great fit.

Mark: You mentioned that one of your hobbies is quilting. What tweaked your interest in that and what keeps you at it?

Stephanie: I think it might have something to do with putting together pieces to see the big picture. That might be an individual way of doing what I have so far emphasized in my career.

[Back to top](#)

VDW Update

The VDW continues to evolve to meet the needs of the HCSRN research community. The dramatic changes to our world that we have and are experiencing due to the pandemic also impact our VDW. Many of our workgroups have been busy understanding and adapting to the data changes coming out of Electronic Health Records Systems because of the speed and number of changes to coding systems, etc.

Specific workgroup updates include the following:

Utilization Workgroup: The dramatic switch away from in person visits during the pandemic is requiring a lot of new thinking and development for our utilization work group. The thoughts

VDW workgroups play a leadership role in all aspects of the VDW. If you are interested in participating in a group please contact:

[Reesa Laws](#), HCSRN VIG
Technical Lead.

expressed by many care system executives is that telehealth/virtual visits are here to stay. The need to identify the many different types of virtual visits and appropriately relate them to a patient's overall care is creating a lot of thoughtful discussion, and the workgroup is working on mapping and adding virtual visits to our current tables.

Lab Workgroup: Our labs workgroup has also been very busy. There have been a variety of new and updated LOINC codes and new test types that seem to be changing almost weekly.

Patient Reported Outcomes Workgroup (new): In addition to all of the activity related to COVID, we are also excited to have a new work group and developing data area, patient reported outcomes (PRO's). Many thanks to two of our VIG members for stepping up to co-lead this workgroup, Mark Gray and Dan Vaughn. The PRO workgroup is just getting started. Since the KP sites through CESR have already implemented this data content area, the newly formed workgroup will be leveraging the experience and established table structure for the VDW. The group is looking forward to the upcoming kick-off meeting and moving forward with this exciting initiative.

FHIR is here and help is needed!

An increasingly common standard for information transfer, FHIR, is making its way into the research world. It has the potential for changing how information is received by HCSRN member research institutes, which might impact the VDW or at least the cost of updating and maintaining it.

If you are interested, please contact [Mark Jurkovich](#) for additional information.

Some of you may have attended the recent "NIH Community Workshop on Jumpstarting Access to Clinical Data for Covid-19 Research". Both speakers and government officials cited FHIR as a tool that may be the most effective way of obtaining clinical data.

FHIR has the potential to alter how our care systems communicate both with external entities as well as internally where multiple systems may be feeding information into EPIC or another EHR. It also will likely change how health plans obtain some of their data from clinicians and outside sources.

As FHIR begins to move into the research world, it may be important for us to determine how it might impact the framework and information transfer we currently receive from our multiple sources. Additionally, possible coordination with our care systems and plans may help reduce costs.

We are looking for a few researchers and a few data specialists to form a small committee to identify where and how we might best address the research needs and possible changes in how we obtain data for the VDW. Some of you may have experience with interoperability, HL7, or information transfer using other tools and that would be most helpful.

COVID-19 Task Force Update

HCSRN launched its COVID-19 Task Force several months ago. Led by Steve Waring, Essentia Health, the Task Force quickly developed a definition comparison table and submitted a manuscript for consideration to the Learning Health Systems Journal. The group is now focusing its efforts on disparities work related to COVID-19 and is planning on a second manuscript submission in the next few months. Please contact, [Jeanette May](#), HCSRN Executive Director, if you would like to be a part of this important work.

[Back to top](#)

Member News and Opportunities

The AGING Initiative would like to share an upcoming funding opportunity on behalf of the U.S. Deprescribing Research Network(USDn).

USDn seeks an investigator team to participate in a funded electronic data harmonization initiative related to deprescribing. Currently, 4 health systems will soon begin participation in a Data Harmonization workgroup to demonstrate approaches to using routinely available electronic health data in trials of deprescribing. We are seeking a 5th site to join this workgroup. The project will span 24 months, with \$70,000 of funding available for the new site. Please [visit our website to view the RFA](#) and submit an application. **The deadline to apply is September 25, 2020, 11:59 PM (PST).** If you have questions, please email: admin@deprescribingresearch.org.

Maccabi Institute (HCSRN Member) and Harvard School of Public Health form partnership.

A collaborative research program between Maccabi and the Harvard TH Chan School of Public Health has been launched with the goal of fostering a meaningful partnership and establishing a prolific and mutually enriching research program. Planned work for the collaboration is broad in scope and includes aspects of pharmaco, clinical, and infectious disease epidemiology, but additionally dedicates substantial attention to research focusing on aspects of human health and disease that are determined by factors in the environment.

The HCSRN through Kaiser Northwest Center for Health Research is part of the AHRQ Accelerating Change and Transformation in Organizations and Networks (ACTION) IV IDIQ Award.

This will allow the HCSRN members to be a part of proposals specific to ACTION IV Network awardees in areas that may include the collection, synthesis and analysis of original or available data on the scope of a current challenge and examination of critical factors underlying it; scans of the environment and literature and syntheses of available evidence and experience; consultation with stakeholders, subject matter experts or other key informants; needs assessments; creation of and support for learning communities or learning collaboratives; observation of promising practices in natural settings; simulations; creation and trials of prototypes and/or other design activities.

[Back to top](#)

Learn More: <http://www.hcsrn.org/en/>

