

ESP

VA Evidence Synthesis Program

Synthesizing evidence for VA leadership to improve the health and health care of Veterans

Nicole Floyd, MPH
Operations Director

ESP Coordinating Center
Portland VA Health Care System

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What is the ESP?

ESP

Nimble

We adapt traditional methods, timelines, and formats to meet our partners' specific needs.

Rigorous

Rigor, transparency, and minimization of bias underlie all our products.

Relevant

Emphasis on Veteran population helps ensure our reviews are relevant to VA decision-makers' needs.

The VA **Evidence Synthesis Program (ESP)**, established in 2007, helps VA fulfill its vision of functioning as a continuously learning health care system. We provide timely, targeted, independent syntheses of the medical literature for the VHA to translate into evidence-based clinical practice, policy, and research.

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- ESP reports are used to help:
 - Develop clinical policies informed by evidence
 - Implement effective services
 - Identify evidence gaps and generate areas for new research in VA priority topic areas
- Four ESP Centers across the US
 - ESP Centers are led by practicing VA physicians and experienced VA health systems scientists with expertise in evidence synthesis methodologies.
- ESP Coordinating Center in Portland
 - Manages national program operations, ensures methodological consistency and quality of products, and interfaces with VA leadership and stakeholders
 - Produces rapid products to inform more urgent policy and program decisions

The ESP accepts [topic nominations](#) throughout the year, and nominations are considered every 4 months.



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Coordinating Center
Portland, OR

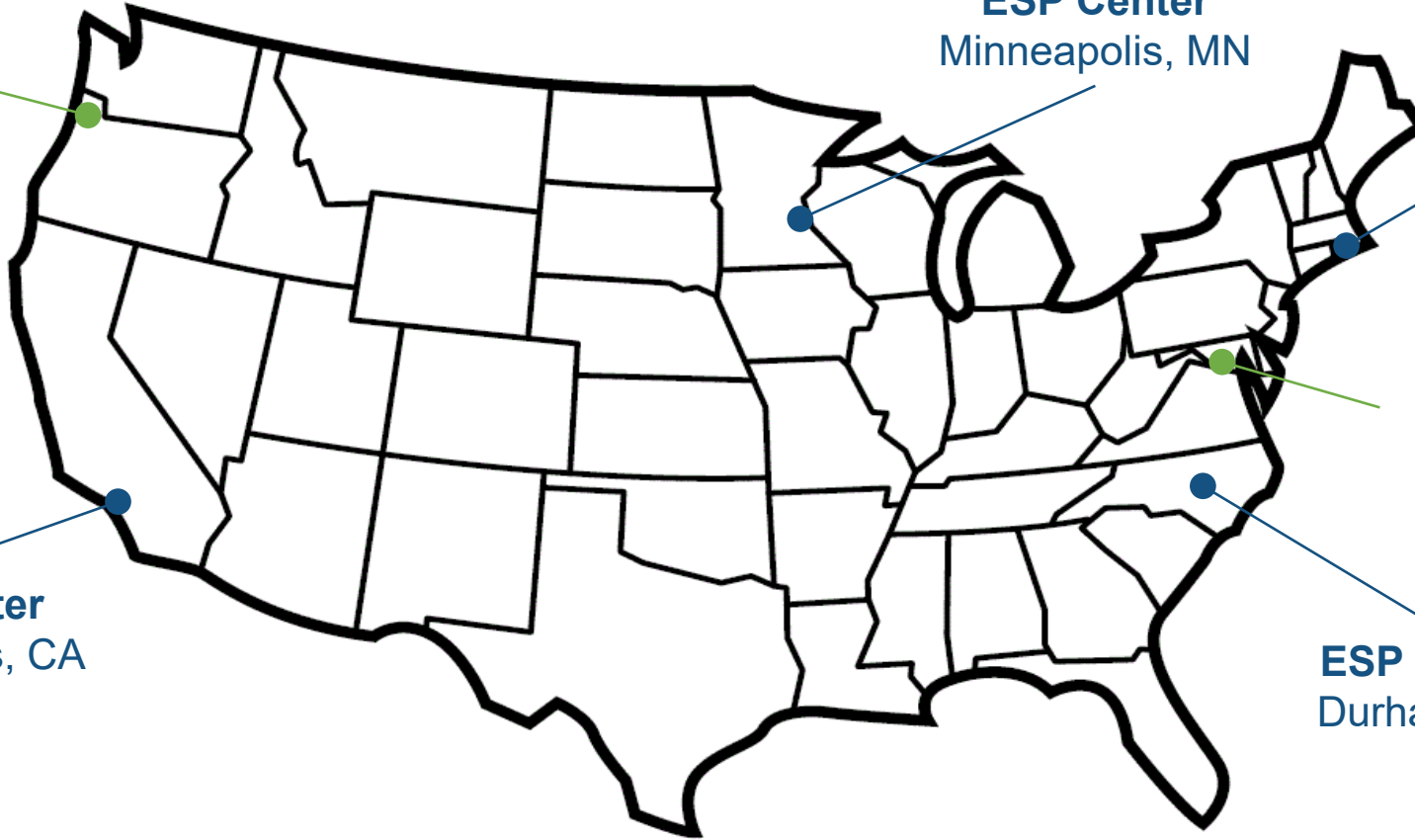
ESP Center
Minneapolis, MN

ESP Center
Providence, RI

HSR/VACO
Washington, DC

ESP Center
Los Angeles, CA

ESP Center
Durham, NC



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At least 15 reports produced annually

- Each ESP Center completes 3 systematic reviews (9–12 mos timeline)
- Coordinating Center produces 3-5 high-priority, time-sensitive reports (1-4 mos)

ESP Productivity since 2007



- Supported 117 VA program offices
- Engaged 285 Operational Partners
- Contributed to 8 VA Health Systems Research (HSR) State-of-the Art (SOTA) conferences.

When do you choose to fund a systematic review vs. new research?

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- ESP is a service-oriented research program, guided by the needs of health system decision-makers.
 - Topic nominations come from health system leadership; demand often exceeds program capacity.
 - ESP prioritizes topics that align with VA-ORD priorities, VA Secretary priorities, and VHA's Strategic Plan.
- ESP advances VA's research agenda through State of the Art (SOTA) conferences. SOTA conferences identify evidence gaps and define priority areas for new research.
 - [State of the Art Conference on VA Emergency Medicine \(SAVE\)](#)
 - [Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety](#)

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How does your organization support the ongoing financial and other resource needs of review teams?

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- **Dedicated ORD Funding** - SRs are supported through research funds, not competing with clinical services or operations.
- **Centers Sustain Skilled SR Staff** - Each center maintains SR-experienced personnel capable of producing ~3 reports annually.
- **Centralized Librarian & Platform Support** - Program-wide librarian expertise and shared SR platforms improve efficiency and quality.
- **Pipeline for Early-Career Talent** - Supports fellows and early-career investigators to participate in reviews.
- **Ongoing Workforce Development** - Provides training in evidence synthesis methods for junior staff, building long-term capacity.
- **Embedded in VA Health Systems** - Centers are co-located with COINs and partnered with strong academic institutions.
- **Access to Clinical & Subject Experts** - Embedded clinicians and SMEs ensure broad review capability and domain expertise.

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What is your organization willing to trade, or potentially sacrifice, for a faster systematic review?

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- **Narrower scope:** Requestors often prefer broad reviews, but narrowing the research question is seen as a negotiable sacrifice to meet faster timelines.
- **Prioritizing relevance over completeness:** There is some willingness to accept that a faster process may miss a small number of citations, if the most relevant evidence is still captured, e.g., limiting number of databases searched.
- **Use of AI with supervision:** AI tools can speed up steps like abstract screening, but they currently require substantial human oversight. Performance varies by project, so AI is helpful but not a complete solution.
- **Streamlined methods:** Some methods (e.g., risk of bias or quality assessment tools) could be shorter or more targeted while still maintaining rigor. Forgoing peer review of meta-analysis or literature search.
- **External delays:** Required public comment periods significantly slow review timelines, outside the research team's control.

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What are the biggest barriers to funding systematic reviews?

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- **High Labor Intensity** - Even with stable funding, SRs require sustained, specialized labor that limits annual capacity.
- **Dependence on Limited Expert Pools** - Clinical SMEs and methodological experts are finite and increasing demand strains availability.
- **Platform & Data Tooling Costs** - Maintaining and updating SR platforms, databases, and licenses requires continuous investment.

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Does your organization attempt to fund reviews with more narrow scopes and/or specific key questions as opposed to reviews with a broader focus?

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ESP offers a range of products depending on end-user needs:

- Early adopter of using streamlined SR methods to produce reports within 2-4 mos. to inform time-sensitive issues (2012)
 - Scope tailored to focus on parameters that would directly inform operational partners' decision-making, e.g., health outcomes vs intermediate outcomes
- Evidence Maps (2016)
 - Inform evidence-based system-level and provider-level decisions about the quantity and types of services to purchase or provide, e.g., CIH evidence maps related to the [Whole Health Initiative](#).
 - Identify and describe all studies published on [women Veterans' health](#) to identify evidence gaps and data sources for future research.

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- **Time for analysis, interpretation, and reflection:** Expert time—not automation—is where true value is added. Time is needed for methods expertise, contextualization, and team input (TEP, operational partners, internal discussions).
- **Stakeholder-driven question refinement (Standard 2.5.5):** Maintaining close engagement with end users is essential. Even if narrower or more “scientific” questions seem appealing, stakeholder needs must guide framing for maximum usefulness.

- **Inclusion of conference abstracts, trial registries, and other non-peer-reviewed sources (3.2.1–3.2.5):** These often contain low-quality or incomplete data and are time-intensive to process. Could benefit from topic-specific standards or more flexible guidance.
- **Searching non-English literature (3.2.6):** This is increasingly important for reducing bias and improving generalizability. Needs to remain, but refined with clearer processes, expectations, and supports (e.g., what to do when translation resources are limited).
- **Dual screening (3.3.3):** Still viewed as essential, especially for accuracy and reducing bias. Revise to incorporate standards or safeguards for AI-assisted screening workflows.

- **AI-related standards:** Need for explicit standards addressing:
 - where AI can be used
 - required human oversight
 - transparency and reporting expectations
 - performance evaluation and threshold criteria

- **Empirical evaluation of standards:** Need to test whether long-standing practices (e.g., searching a fixed number of databases) add real value, and for which types of questions.

Questions?

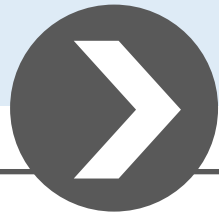
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If you have questions, feel free to contact:

Nicole Floyd, Operations Director
Nicole.Floyd@va.gov



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[ESP on the VA Intranet](#)



[Contact the ESP Coordinating Center](#)

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