

**CURRICULUM VITAE  
OF  
MINDY E. FLANAGAN, PhD**

**BUSINESS ADDRESSES**

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**EDUCATION**

12/2004	PhD Psychology Statistics Minor	University of Missouri Columbia, MO
07/1999	MA Psychology	University of Missouri Columbia, MO
05/1997	BA Psychology	Cornell College Mt. Vernon, IA

**PROFESSIONAL EXPERIENCE**

2018-present	Senior Research Scientist Informatics	Parkview Research Center Fort Wayne, IN
2007-present	Research Consultant	Roudebush VA Medical Center Indianapolis, IN
2007-present	Research Consultant	Indiana University Indianapolis, IN
2005-2007	Health Research Scientist	Roudebush VA Medical Center Indianapolis, IN
2004-2005	Evaluation Assistant	Luther Consulting Indianapolis, IN

1997-2004                      Research Assistant/  
Graduate Instructor                      University of Missouri-Columbia  
Columbia, MO

### HONORS

1997              Phi Beta Kappa              Cornell College  
Mt. Vernon, IA

1996              Mortar Board              Cornell College  
Mt. Vernon

### AFFILIATIONS

Parkview Regional Medical Center              1109 Parkview Plaza Drive  
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### RESEARCH AND PUBLICATIONS

Complete List of Published Work in MyBibliography:

<https://www.ncbi.nlm.nih.gov/myncbi/1pC19aexaqlAw/bibliography/public/>

### ONGOING RESEARCH SUPPORT

7/1/2017 - 3/31/2021              VA HSR&D IIR                                      McGuire (PI)  
Cognitive-Behavioral Therapy for Chronic Pain: do Modifications Affect VEterans or  
implementatioN (CBT-CP MAVEN)  
This project will include a VHA-Wide survey of CBT-CP providers that will assess common  
modifications made to CBT-CP in the field (Aim 1). This survey will also be used to identify  
participants in a prospective observational study of provider motivations to modify CBT-CP  
(Aim 2) as well as the effects of modification on Veteran outcomes (Aim 3a) and CBT-CP  
implementation (Aim 3b).

7/1/2018 - 6/30/2022              VA HSR&D IIR                                      Frankel (PI)  
Improving Patient Care and Physician Resilience through Effective Veteran-Centered  
Communication and Documentation Practices  
The overall objective of this proposal is to optimize PCPs use of computer-based  
technology in managing the administrative burdens of preparing for, enacting and  
documenting ambulatory visits. The specific aims are to: 1) identify EMR documentation  
practices that relate to high quality Veteran centered, well documented care that is  
satisfying on both sides of the stethoscope; 2) describe the range of strategies highly  
effective physicians use to prepare for, enact, and complete visit documentation; and 3)  
test the feasibility of a peer coaching intervention designed to improve the quality, efficiency  
of Veteran-centered and workplace resilience of PCPs.

7/1/2018 - 6/30/2022      VA HSR&D CDA      Rattray (PI)  
From Military to Community Life: Reintegrating Veterans with Invisible Injuries  
This career development award proposal adopts an innovative, longitudinal perspective on post-separation experiences to understand how OEF/OIF/OND Veterans with invisible injuries navigate military to civilian reintegration. The specific aims are to:

- 1) Examine variations in early transition experiences among Veterans with invisible injuries;
- 2) Determine longitudinal factors that shape community reintegration and quality of life among Veterans with invisible injuries; and
- 3) Partner with Veterans, community and family stakeholders, and VA clinicians to identify supports, strategies, and unmet needs for Veterans experiencing reintegration challenges.

### COMPLETED RESEARCH SUPPORT

4/1/2017 - 3/31/2020      VA HSR&D IIR 15-300-2      McGuire (PI)  
Evaluation of Recovery-oriented Acute INpatient Mental Healthcare (RAIN-MH)  
The aims of this study are to: 1) Examine the implementation of recovery-oriented services within VHA; 2) Describe the implementation process, including challenges and strategies to overcome them; and 3) test the hypothesis that Veterans served by high recovery units will be more engaged in outpatient services and experience lower relapse rates than Veterans served by low recovery units.  
Role: Co-Investigator

10/1/2015 - 3/31/2017      Robert Wood Johnson Foundation      Toscos (PI)  
Perceptions of Telemental Health among Adolescents and Young Adults  
This study has the following research questions: 1) How do individuals in adolescence/early adulthood identify and engage trusted agents and reliable sources of information to make choices about obtaining mental health care? 2) What are the perceptions of telemental health when compared with more traditional venues for mental health care among persons in adolescence/early adulthood? 3) What are key elements of a high-value telemental health experience among persons in late adolescence/early adulthood? 4) What is the health system's role in providing telemental health offerings and/or connecting resources with community need?  
Role: Consultant

7/1/2014 - 6/30/2017      VA HSR&D IIR 12-090      Frankel (PI)  
Culture and Context Affect High Reliability in Transfers of Care  
The Specific Aims are: Aim 1: Understand the thought processes and mental models that guide expert resident physicians' end of shift handoff preparation, enactment, and post handoff activities; Aim 2: Observe and record end of shift handoffs to describe variations in residents' communication behaviors and interactions; Aim 3: Develop and pilot an innovative manualized curriculum for teaching and improving end of shift handoffs.  
Role: Co-Investigator

6/1/2013 - 1/31/2017      Patient-Centered Outcomes Research Institute (PCORI)  
Doebbeling (PI)  
Improving Healthcare Systems for Access to Care by Underserved Patients

Our primary goal is to help develop procedures to help underinsured people efficiently and effectively get the care they need for common health problems. We will interview patients, staff and providers in order to better understand the barriers, challenges and successful strategies that are used to get needed healthcare. We will organize the interview findings into categories that will be formally reviewed and prioritized by a panel of patients, healthcare providers and experts. We will then use simulation to model the way patients are enrolled in healthcare plans and scheduled for appointments to test alternatives and identify strategies for improving these processes. Finally, we will implement the new strategies and compare efficiency and satisfaction.

Role: Co-Investigator

9/15/2012 - 8/31/2016      NIMH Grant R21/R33      McGuire (PI)  
Illness Management and Recovery Treatment Integrity Scale Validation and Leadership Intervention Development (IT-IS VALID)

The current project includes four aims: 1) establish the content validity of the IMR Treatment Integrity Scale (IT-IS), 2) test the construct validity of the IT-IS, 3) develop an IMR-specific, collaborative goal-setting supervision intervention, and 4) pilot the intervention's efficacy.

Role: Co-Investigator

7/1/2014 - 6/30/2016      VA HSR&D IIR 12-102      Weiner (PI)  
Improving Consultation Management between Primary Care and Sub-Specialty Clinics  
The Specific Aims are: Aim 1: Identify barriers, facilitators, and suggested improvements to 1) the consultation request and communication process and 2) the mechanisms that specialty providers use to communicate findings to outpatient primary care providers. Aim 2: Characterize provider teamwork and communication exchanges between primary care providers and specialists, including communication breakdowns and effective communication strategies. Aim 3: Develop and test process and EHR design changes for consultation management and compare those changes to the current consultation request process and EHR.

Role: Co-Investigator

2/1/2012 - 4/30/2015      VA HSR&D IIR 11-030      Rollins (PI)  
BREATHE in the VA  
The purpose of this research study is to rigorously test the impact of the BREATHE intervention in a randomized design and determine longer-term effects of the training, to examine the organizational contextual factors increasing or reducing burnout, and to design an overarching intervention framework for the implementation of BREATHE that includes organizational factors.

Role: Co-Investigator