

INFLECTION

ANNUAL REPORT 2016



ATLAS
RESEARCH



inflection point

noun

- 1 (mathematics) a point of a curve at which a change in the direction of curvature occurs.
- 2 (in business) a time of significant change in a situation; a turning point.

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To Our Stakeholders

We entered 2016 having set ambitious goals for the expansion of our work with enterprise-level clients across our core markets, and we set no less aggressive targets for revenue growth and profitability. After the years-long decline and accompanying uncertainty that characterized the government services market during the period of sequestration and government shutdowns, relative budget



stability and clarity began to return, only to be followed by the inevitable uncertainty that comes with an election year.

In the face of market churn and political unpredictability, we continued to make critical investments in the talent,

systems, and infrastructure that fuel growth. The return on those investments — notable among them, our 100 percent revenue growth for the year — have brought Atlas Research to an inflection point, well-resourced with deepened strategic capabilities and poised to dramatically expand our support of federal clients charged with planning and executing strategic transformations.

Our Clients

During 2016, the Department of Veterans Affairs (VA) — the second largest agency of the federal government — arrived at a turning point of its own. In the wake of the widely reported crisis that gripped VA two years earlier, agency leadership undertook an unprecedented reform effort that began showing measurable progress in 2016. Atlas is privileged to serve as a trusted advisor and partner on dozens of projects at the leading edge of efforts to drive change across the agency.

To name a few examples, we performed critical planning and support functions for the recently established Veterans Experience

Office (VEO); helped conceptualize and run a competition to surface innovative solutions that improve Veteran experiences and that can be leveraged system-wide; worked to develop unified identity profiles for Veterans across all VA benefit programs; and helped stand up the new Office of Enterprise Shared Services. The scale and complexity of transforming a sprawling federal agency with an annual budget of \$152 billion+ and upward of 365,000 employees is such that the Harvard Business Review saw fit to feature the effort in a December 2016 piece that made mention of work in which Atlas teams have been directly involved.

While we greatly expanded an already strong presence in the VA market, we also maintained our foothold across a majority of the operating divisions of the Department of Health and Human Services (HHS) and won our first Department of Defense (DoD) contract, through which we provide support to the Program Executive Office (PEO) of the Assembled Chemical Weapons Alternative (ACWA) occupational health program.

Strategic Vehicles

The VA's Program Management Lean Six Sigma (PMLSS) broad purchasing agreement was awarded to Atlas on a competitive basis in the fall of 2015 and proved to be an efficient and flexible contract vehicle for both the government and Atlas. PMLSS became a game-changing enabler of growth, positioning Atlas at the center of VA transformation, where the company's reputation for delivering on complex, enterprise-wide engagements was cemented.

In the summer of 2016, Atlas was awarded two Human Capital and Training Solutions (HCaTS) indefinite-delivery indefinite-quantity (IDIQ) contracts to provide customized training and development, human capital strategy, and organizational improvement consulting services to federal clients. We were one of only three firms to win across all service areas in both the unrestricted and set-aside categories. The \$11.5 billion government-wide acquisition contract (GWAC) has a 10-year ordering period (with an additional five years allowed for task order completion); and with government reform near the top of the new administration's list of governing priorities, HCaTS is emerging as our next strategic flywheel.

Our Talent

We welcomed more new talent in 2016 than we have during any other year since the company's founding. Integrating and aligning such a large infusion of new staff in such a short period of time has not been without its challenges, but we have been effective by continuing to cultivate a culture that values excellence, collaboration, adaptability, and innovation. We understand that our people are our most valuable asset, and we treat them as such. Atlas pursues and performs meaningful work, and we seek employees with whom the opportunity to do purposeful work resonates.

Community Engagement and Recognition

In keeping with our long-held commitment to building and running the kind of company for which we would be proud to work, 2016 was a year in which we continued to invest in organizations and events that benefit communities in need. Atlas was privileged to sponsor the TAPS Honor Guard Gala, the Winterhaven Homeless Veteran Stand Down, the Leukemia & Lymphoma Light the Night Walk, and the National Disabled Veterans Winter Sports Clinic.

And we were once again humbled to be recognized by our industry peers for our performance and reputation for excellence, as we climbed to slot #1,665 on the Inc. 5000 List of Fastest Growing Private Companies, received the Small and Emerging Contractors Forum Award of Excellence, and heard Atlas' name called at the SmartCEO Washington Future50 Awards. We share the govcon ecosystem with our partners, clients, and competitors, and it is always gratifying when they recognize our efforts to contribute to the integrity and health of the industry.

Looking Ahead

We look to 2017 with great anticipation and confidence that the strategic investments we have made and continue to make will solidify Atlas' place as a thriving, middle-tier firm, with the talent and resources to continue our success.



Ryung Suh, MD
Chief Executive Officer

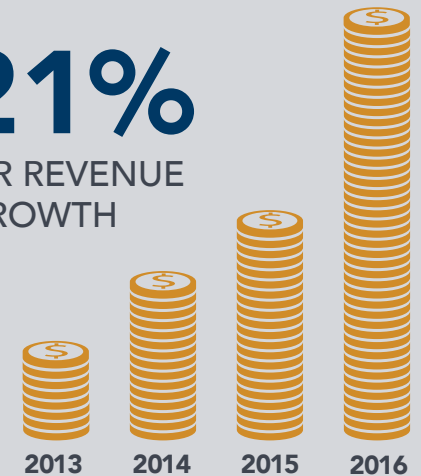


Mark H. Chichester, JD
President

2016 HIGHLIGHTS

421%

3-YEAR REVENUE
GROWTH

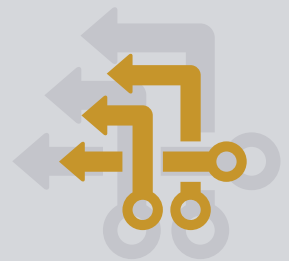


TOTAL WINS IN 2016

(new contracts, options
exercised, and new vehicles)

34 ACTIVE CONTRACT VEHICLES

15 Prime Vehicles
19 Sub Vehicles



TRANSFORMATION

As disruptive forces redefine the imperatives that drive the management of large, complex organizations, leaders are challenged as perhaps never before to anticipate and respond to change — not just with near-term improvements in financial performance, but increasingly with wholesale reinvention of prevailing operating models. Organizational transformation is a high-stakes undertaking that requires enterprise-spanning vision and proven methodologies that touch organizational strategy, structure, process, people, and culture.





The Next Great Customer Service Organization

Transforming customer service at VA with industry best practices

When we interact with a high-performing customer service organization, we know it. The service providers win our trust. They are effective. They understand what we need and how to achieve it. They make it easy for us. And, as a result, we feel valued.

Organizations that deliver exceptional customer service don't do so by chance. Their employees embrace proven principles and practices, and do so with a sense of urgency. When VA needed strategic insight and support moving the organization in that direction, the Veterans Experience Office (VEO) turned to Atlas Research.

VEO is responsible for transforming the customer experience across the entirety of Veteran interaction with VA. This includes all touch-points: call centers, websites, mail, email, and in-person contacts. VEO asked Atlas for help with standardizing VA-wide digital identity records for Veterans (see story on page 22) and improving the performance of VA's many contact centers (see story on page 12). At the same time, VEO partnered with Atlas to improve how the VEO itself does its job. Atlas teamed with the VEO Program Management Office (PMO), providing business process and management expertise that was deployed to quickly identify and address gaps and

prioritize the PMO's work to achieve synergy with other Veteran experience improvement efforts.

For example, Atlas conducted a companion project for VEO aimed at sharply reducing the number of versions, and improving the quality of communication, of benefit information and appointment confirmations. The Atlas PMO support team helped guide the development of a concurrence process that improved the speed and quality of decisions on more than 10,000 different versions of correspondence, all done with the Veteran perspective foremost in mind.

Atlas is making similar contributions across other critical VEO efforts, including improvements in VA back-office systems, strengthening of Veteran engagement, and design and implementation of systems for evaluating and reporting progress. The ultimate goal has been, and will continue to be, service excellence in every interaction with a Veteran. ■

A woman with dark curly hair, wearing a white lab coat, is looking through the eyepiece of a white microscope. Another person with long dark hair is partially visible in the foreground, looking towards the microscope. The background shows a laboratory setting with various pieces of equipment.

Commercial Health Innovation Lessons Learned

Taking direct scheduling of specialty appointments from local innovation to national implementation

How does a national service organization improve performance? The recipe seems simple: study high-performing parts of the organization, glean best practices, and replicate them enterprise-wide. Following the recipe isn't so simple. The organization must surface those best practices that are portable and scalable; its leadership must buy in and put resources behind them; and the organization's frontline employees must be empowered, encouraged, and enabled



to implement them. Atlas is helping the Veterans Health Administration (VHA) execute this entire process with direct scheduling of audiology and optometry appointments.

Before 2016, VHA required the nine million Veterans who rely on it for health care to visit their primary care physician before seeing a specialist for routine eye and ear exams. Then Under Secretary for VHA, now VA Secretary, Dr. David Shulkin, was aware that commercial health care systems were making demonstrable progress eliminating “pass-through” visits as a way to cut wait times for specialty appointments and free up more productive time for primary care doctors. Dr. Shulkin directed VHA to assess whether this approach could work for its facilities and, if so, to proceed with a nationwide rollout, with an end of calendar year suspense.

Atlas’ deep knowledge of VA Medical Center (VAMC) operations and experience implementing national programs made the firm an ideal partner with VA. The rollout had to be efficacious enough to take root and succeed at all 143 participating VAMCs, yet flexible enough to ensure that each facility could adapt the new process to its own operations. To make the year-end deadline, Atlas Lean Six Sigma experts designed “rapid improvement events” ranging from one to two days in length, depending on each facility’s readiness to implement.

Atlas organized sessions around the country, where facilitated teams worked to adapt direct scheduling processes according to the needs of each facility. Emphasis was placed on getting input and ideas from key stakeholders whose work would have to change to increase the likelihood of securing their buy-in and greatly improving prospects for success. The Atlas team also gathered data on implementation for management reporting and follow-up support, as per the unique needs of the respective facilities.

By the end of 2016, all 143 participating VAMCs had successfully switched to direct scheduling. Wait times to see specialists dropped by 23 days for audiology and 19 days for optometry, and VHA was eliminating pass-through visits to primary care physicians at the rate of 16,000 per month. The number of Veterans expected to benefit from these changes by the end of 2017? Almost a million. ■

Transformation efforts by the Department of Veterans Affairs (VA) are gaining momentum. After re-orienting itself to the Veteran’s perspective, VA has allowed Veterans to schedule routine audiology and optometry appointments without first seeing their primary care provider. Nearly 300 contact centers are becoming a national customer service network that will work with a unified digital identity for each Veteran across all benefit programs. Veterans are even getting mobile apps for those programs. Atlas is contributing to all these changes, with the same focus: enabling Veterans to drive their own engagement with one of the most important organizations in their lives.



CONSTANCE BENNETT

Vice President
Atlas Research



As Atlas employees, we bring our humanity to our work: our shared corporate values, our passion, and our concern for others. We freely share our knowledge and skills, because collaborating benefits us as well as our clients and the populations they serve.



KAMRAN SARTAJ

Senior Manager
Atlas Research

First and Lasting Impressions

Improving one of VA's most important interactions with Veterans

There are no second chances to make a first impression. For Veterans, the first impression of their health care benefit is often formed through the process of getting an examination that determines their Compensation and Pension (C&P) rating. The exam process was widely viewed as lengthy, confusing, and to blame for getting Veterans off on the wrong foot with two VA administrations that profoundly impact the customer experience: the Veterans Benefit Administration (VBA) and Veterans Health Administration (VHA).

In early 2016, then VA Secretary Robert McDonald announced VA's 12 "breakthrough priorities" for improving the Veteran experience, including the transformation of the C&P exam process. He gave VBA less than a year to deliver measurable results. An Atlas team was engaged through the Program Management Lean Six Sigma (PMLSS) blanket purchase agreement and hit the ground running. The team targeted eight different aspects of the C&P process, as identified by VBA, and established a separate charter for each. The improvement projects focused on improving communication with, and education for, Veterans and VA employees, simplifying exam scheduling, placing VBA personnel at C&P exam sites, improving the quality of claims submitted to VBA, and surveying Veteran satisfaction.

Atlas helped VBA execute on the charters by prototyping improved approaches and developing pilot tests to be conducted at multiple sites in the field. A lot was riding on each project because the results had to successfully scale throughout VBA as well as across the 143 VA Medical Centers (VAMCs) nationwide that are charged with administering C&P exams.

By October of 2016, surveys showed that overall Veteran satisfaction with the C&P exam process had climbed from 70 percent to 82 percent. Increasingly, Veterans knew what to expect, and scheduling appointments was easier. Detailed playbooks made optional process changes easy for individual facilities. Perhaps most important, everything was in place for national rollout, giving Veterans a positive first impression of vital benefits provided by a grateful nation. ■

Stories that Transform Lives

Escaping addiction through the power of storytelling

Half of all U.S. citizens can expect to experience symptoms of a mental or behavioral health issue at some point in their lives. Addiction is one of the worst, affecting well over 20 million people, yet only a small fraction of them receive treatment. The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes a key reason for this disconnect between need and care: few people with substance abuse issues have heard first-person stories from others who escaped addiction.

SAMHSA engaged Atlas to help transform this situation, with a strategy based on intimate yet powerful personal stories told by regular people, in digital form. Digital storytelling can reach anyone with a computer, tablet, or smartphone. These first-person stories are also effective when shown in a group setting facilitated by healthcare or community organizations. Just as importantly, digital stories about overcoming addiction can be viewed privately by those seeking the courage to reveal their substance issues to others.

Atlas experts conducted a thorough review of peer-reviewed literature and industry best practices for identifying and sharing treatment success stories through digital platforms, and then facilitated a series of interviews with leading experts in digital storytelling, video production, and the emerging field of narrative medicine.

Atlas drew on this extensive knowledge base to create a “[How-To Guide](#)” to assist SAMHSA grantees and other stakeholders in employing digital storytelling to share personal recovery stories. The guide, available on the SAMHSA website, breaks down the process of creating a digital story step by step, making it easy for storytellers to capture their stories on video and publish them effectively on websites, Facebook, and other social media. Atlas also created helpful [online tutorials](#) that SAMHSA features on its YouTube channel.

The digital storytelling guide has been distributed to hundreds of SAMHSA stakeholders, including hospitals, clinics, rehab centers, community mental health centers, home health care workers, telemedicine services and other treatment providers. Along with the guide, these stakeholders received information on how to approach potential storytellers in ways that encourage these remarkable individuals to share their life-changing stories with others. ■



A young girl with long dark hair in a braid, wearing glasses, a light blue shirt, and a grey cardigan. She has a pink cast on her right arm and is sitting on a white surface. The background is blurred, showing a person in a blue shirt.

When Children Go to the ER

Refocusing the nation's only federal program for improving pediatric emergency care

The Health Resources and Services Administration (HRSA) contracted with Atlas in 2016 to serve a new population of concern: children in need of emergency medical services, who make up more than 25 percent of the annual 130 million visits to U.S. hospital emergency rooms.

HRSA's Emergency Medical Services for Children (EMSC) program is dedicated to improving the pediatric components of emergency medical care. EMSC recently concluded a major effort to improve what is known as "pre-hospital" emergency care, or rapid-response treatment delivered by ambulances and other first responders. With the help of Atlas, the program began transitioning to a focus on the hospitals themselves, a majority of which are not fully prepared to provide definitive emergency care to children.

An Atlas team helped the EMSC program staff set a new strategy, articulate an approach, and leverage the influence and resources of stakeholders to improve hospital emergency care for children. Key deliverables include a five-year plan and a framework for developing and implementing hospital-based performance measures. To inform and engage hospitals regarding these processes, Atlas was also charged with delivering a white paper and briefing paper, which set out the evidence-based case for transforming pediatric emergency care in the U.S. ■

Efficiency Gains through Shared Services

Launching a new VA office to improve the services its people depend on

In the face of unrelenting change and increasing demand for public sector organizations to do more with less, the federal government is pursuing initiatives to streamline the manner in which it delivers services, with an emphasis on core administrative functions that are common across government and within large agencies like VA. Key among those initiatives is an effort to expand the use of high-quality, high-value shared services that transform the decentralized, fragmented, and incompatible support systems and processes that make it difficult — at times impossible — to deliver seamless service.

Atlas partnered with VA on an initiative to move shared services and support functions into an enterprise model that allows for centralized strategic management and rapid improvement. The first step was standing up an Office of Enterprise Shared Services (OESS), which was accomplished in a matter of months, as Atlas experts drew from their experience implementing shared services strategies in other organizations. The Atlas team also stood up a Human Resource (HR) Enterprise Center within OESS and transitioned it into a VA training function that was ripe for a strategic reorientation.

The program management plan for OESS, which Atlas developed, was designed to be future-ready, with a staffing model and

strategies for incremental expansion as the office transitioned shared services into the enterprise model. One of those strategies is making the transitions a win for key stakeholders, including employees in the field, who need to understand how they and the Veterans they serve benefit.

Moving forward, Atlas will look to continue supporting OESS in its efforts to optimize functions from the customer perspective and document the successful transition of service lines into OESS — and accomplish that without disrupting service delivery or losing valuable local autonomy and flexibility. ■





Great Government Service = Great Customer Service

Delivering superior service for Veterans everywhere, every time

Think about your favorite brand-name service business. Maybe it's the one that serves your morning coffee or rents you a car when you travel. You can go anywhere in the country and expect that business to do the same things, in the same ways, to deliver a consistent customer experience. Atlas Research is helping the Department of Veterans Affairs (VA) do the same.

VA has made a strong commitment to customer service. The top priority of the Department's "MyVA" program has been to improve the quality of the

experience Veterans have when seeking and receiving services and benefits. In 2016, Atlas took on an engagement aimed at turning around one of the most frequent interactions and important aspects of the Veteran's experience: contact via phone.

Many services and benefits require appointments or explanations, which typically start with a phone call from a Veteran to a VA contact center. While it's natural for Veterans to think of VA as one unified organization, the reality is that VA operates more than 200 contact centers nationwide. They operate with a wide range of systems, infrastructure, and procedures, and many serve a single line of business

While it's natural for Veterans to think of VA as one unified organization, the reality is that VA operates more than 200 contact centers nationwide.

and have only limited ability to stray from their narrow focus, such as scheduling appointments. They may be national, regional, or local. Toll-free numbers abound.

VA engaged Atlas to help transform the contact center capability into a high-quality service organization with consistent policies, practices, and training. An Atlas team was

brought in to conduct an initial assessment and demonstrate the significant improvement in the Veteran experience that could be achieved with the standardization of call center performance best practices. Atlas business process professionals then advanced 16 initiatives that could be applied flexibly and scaled nationally. Under one of the initiatives, all call centers moved to begin employing common performance metrics, such as the length of call times and hold times, with each center setting targets matching the particular needs of the Veteran being served.

VA embraced the strategy and charged Atlas with prototyping the highest-impact improvements for implementation in 2017, with the express goal of piloting the improvements at one of the largest contact centers. Through this work, VA is improving contact center performance on a national scale and changing — for the better — the way Veterans experience and view the agency. ■

“

The only constant is change, and in Washington, there is no bigger change than a new presidential administration from the opposing party. For federal agency career staff, this can mean anxiety and a strong desire to prove the value of current programs and initiatives. The best response is to help the new administration objectively understand what the agency is accomplishing so there can be constructive continuity within the change. Atlas helped VA achieve this by transforming its information-sharing apparatus into a modern, user-friendly system that minimizes the stresses and inefficiencies that can accompany transition.

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SEAN BAILEY
Manager
Atlas Research

BREAKTHROUGH

One of the hardest things for large organizations to accomplish is a step change in performance — shifting to new a paradigm, re-orienting the mission, scaling a good idea from one site to hundreds. Atlas Research stands shoulder to shoulder with clients, providing the expertise and organizational cultural perspective and understanding that complex problems demand.





Quality Health Care for Women Veterans

Driving evidence-based quality improvement in women's health care

It's widely known that the Veterans Health Administration (VHA) is currently transforming itself to improve service delivery. Yet, there has been a quieter transformation going on for a generation. A health care system that once predominantly served male Veterans is seeing a rapid increase in the number of female Veteran patients.

Women now make up more than 9.6 percent of the total Veteran population; the Department of Veterans Affairs (VA) reported 2,051,464 female Veterans as of September 30, 2016. As more women seek care at VHA sites of care, VHA is working hard to respond to the new reality.

In 2016, Atlas Research completed onsite assessments of women's health care programs at 140 VA Medical Centers (VAMCs), collaborating with VHA to leverage the assessment results with the goal of driving evidence-based quality improvement in women's health care for selected sites of care around the country.

Atlas used the assessment results and other data to help the VHA's Office of Women's Health Services (WHS) identify under-performing sites of care, with a subset randomly selected for further attention. Atlas teams are conducting three-day quality improvement working sessions at each location, which will result in evidence-based quality improvement action plans tailored to each of the sites' unique needs. ■



Dr. Shulkin's Shark Tank

Leveraging employee competition to surface best practice innovations

For TV producers, pilot episodes serve as a testing ground of sorts to gauge whether an intended series will be successful. It's hard to produce a hit, but Atlas Research showed how it's done in 2016: with tight plotting, high drama, a colorful cast, and applause-worthy outcomes for Veterans and Veterans Health Administration (VHA) employees across the country.

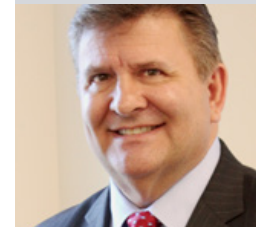
Promising Pilot

In 2015, VHA prioritized the dissemination of innovative practices with proven success at one or more of 1700 sites of care. It was a major program but one with a striking focal event. Atlas was engaged and nimbly ran a process to gather information on hundreds of practices across the nation's largest integrated health system, identify the top 20 candidates, and present them to regional and medical center directors in a "shark tank" competition, like the one on ABC's popular reality show.

During the live online event, each project originator made a two-minute pitch, and the sharks — network and medical center directors — "bid" on the practice by committing resources for replication of the innovation in their own facility or region.



One of the enduring challenges for leaders of large organizations is that centrally mandated changes often fail in the field. There's a disconnect between the plan and reality: people are not job descriptions, and 'the field' is not boxes on an org chart. We help clients empower all that humanity to own the local implementation of new ideas and adapt them flexibly. We apply Lean Six Sigma techniques not only to eliminate waste and process variations but also to engage and excite people. Instead of challenging the change, they become champions of change.



KEN BERGERON
Senior Manager
Atlas Research

After all bids were in, Atlas conducted a final analysis for VHA management and a panel of expert advisors and matched 13 of the 20 practices with a winning bidder. VA Secretary Dr. David Shulkin, then Under Secretary for Health, designated eight of the 12 practices for eventual national rollout and tasked the Atlas team with facilitating the replication of the winning practices at second sites and modeling how to do the same on a national scale. There was a lot of buzz, and the team was soon hard at work on Shark Tank II.

Upping the Ante with a Successful Sequel

As in the pilot, nominations for practices under Shark Tank II were open to anyone employed by a VHA site of care or research facility. Nominees were encouraged to propose practices addressing topics of critical interest or need, such as women's health, mental health, and opioid abuse.

The number of nominations jumped to 435, and Atlas facilitators assembled the first-round evaluators for a training session on selection criteria. More than 100 practices made it to the second round, where the selection criteria and evaluators were even more rigorous. After the top 20 candidates were identified, the Atlas team members drilled the presenters on how to create a two-minute video pitch and handle rapid-fire questions from the "sharks" in sixty-second Q&As that followed.

Nearly 50 sharks participated via video link (up from 28 in the January edition). Before that, Atlas whetted the participants' appetites by showing them previews of the video pitches and detailing how to evaluate practices, consult with their staffs, select bid resources, and prepare questions.

After Dr. Shulkin kicked off the show, the participants were ready to deal. All 20 practices got bids, with some reaching double figures; the total number of bids soared past 120. Thirteen practices were ultimately selected for replication at a second site. Originators and implementers were invited to a celebratory summit conference afterwards, where they strategized next steps. They were also rewarded with six months of support from Atlas experts, to make sure that the first replications succeeded as prototypes for wider diffusion.

As they say in Hollywood, this franchise has legs: Atlas will be organizing another shark tank competition for VHA in 2017. ■



A Legacy in the Making

Ensuring successful activation of a 1.7 million ft² medical center in New Orleans

The “activation” phase for a new medical center is when everything must come together: both the “hard” activation of equipment, furniture, fixtures and furnishings, and technology; and the “soft” activation involving people, policies, and systems. They all must be synchronized and organized into activation phases corresponding to each part of a new medical center as it is completed and opened to patients. In 2016, Atlas was hard at work on two activations for the Department of Veterans Affairs (VA).

When Hurricane Katrina flooded the VA Medical Center (VAMC) in New Orleans in the summer of 2005, the VA worked around the clock to restore services. Just months later, Veterans Health Administration (VHA) made plans for creating an all-new, state-

of-the-art health care campus a few blocks from the old facility. The new center, totaling 1.7 million square feet of space, is now officially known as the [Southern Louisiana Veterans Health Care System](#) (SLVHCS). Throughout its development and activation, the replacement medical center has been known as “Project Legacy,” to acknowledge the service and sacrifices of Veterans.

One of the signature features of the facility is that every mission-critical infrastructure system is more than 20 feet above ground level, with independent back-up power that can keep the campus running for five days. But the flood-proofing of Project Legacy is not the only break with the past.

VHA was also determined to avoid delays and cost overruns, so it stood up a government Program Management Office (PMO) under Project Legacy, to oversee and manage planning, design, construction, and activation activities. The PMO vision was to adopt a more rigorous, systematic process based on project management best practices, stronger governance, and more transparent status reporting than in past VA construction projects. The VA Acquisition Academy provided high-level collaboration and guidance based on lessons learned from other medical center activations, and the PMO engaged key stakeholder groups, including Veterans, in the planning and design process. To ensure success in both the pre-planning and implementation phases of activation — a process that begins 18 to 24 months prior to a facility opening for operations — Project Legacy stood up four pillars of activation covering physical, service, regulatory, and integrated product team readiness. A SharePoint based Activation Information Management System (AIMS) was designed by the Acquisition Academy Program Management School for Project Legacy’s PMO to enable accountable and transparent communications. The PMO turned to Atlas Research for project management support to facilitate activation tasks and priorities with each service/clinical program and track and report regularly on progress, barriers, and risks.

For New Orleans, this meant supporting the PMO in the management and tracking of the expedited hiring of 1,100 staff; development of more than 800 procurement packages; delivery and installation of more than 40,000 pieces of medical equipment; development of more than 500 policies and standard operating procedures governing the operation of the new medical campus; building of more than 400 medical informatics systems

Atlas facilities activation experts brought industry best practices to bear, successfully creating VA’s first-ever integrated master schedule for activating a major replacement hospital.

and templates; and identification of employee training requirements for more than 65 services/clinical programs.

Atlas facilities activation experts brought industry best practices to bear, successfully creating VA’s first-ever integrated master schedule for activating a major replacement

hospital. This substantially reduced schedule and management risks. Atlas worked with partners in the activation effort that provided Project Legacy leadership an empowering decision support system based on real-time data, including a forecasting dashboard based on Microsoft Project Service and High-Level Integrated Master Schedules, so that they could avoid or mitigate potential challenges that might impede progress.

In December 2016, the first phase of Project Legacy was activated on schedule. On hand to celebrate the milestone were SLVHCS Medical Center Director Fernando O. Rivera, New Orleans Mayor Mitch Landrieu, and Louisiana Governor John Bel Edwards. The entire Atlas activation team shared the sentiments of Director Rivera, who said at the ribbon-cutting ceremony, “We are a dedicated and determined team with much perseverance and passion for Veterans and the care that they so richly deserve.” ■



A Better Experience for Rural Veterans

Disseminating promising innovations to advance rural health care

Atlas Research has developed deep expertise in bringing innovative practices to bear on client challenges, leading the Office of Rural Health (ORH) within the Veterans Health Administration (VHA) to charge Atlas with evaluating promising

practices put forward by VHA health care providers and developing dissemination materials for an even larger set of approved practices.

The ORH mission is to ensure quality care for the three million Veterans who live in rural communities and rely on VHA for health care. The facilities that serve rural Veterans, like all rural health care providers, face operational and resource challenges that urban facilities do not, making it essential to assess, spread, and evaluate rural care delivery innovations.

Atlas got to work fast, taking just a few months to evaluate six nominated practices that had accumulated within ORH over the previous two years without progressing to the next level. Atlas employed a rigorous and systematic process for evaluating the promising practices, which allowed ORH to make an informed decision on whether to disseminate them, and how.

The team then turned to an equally important challenge: improving how ORH spreads the word about promising practices so that rural facilities grasp the benefits more fully and quickly. This critical communication phase increases the likelihood that the identified practices will spread and take root — to the ultimate benefit of rural Veterans.

In the fall, an Atlas team began developing the dissemination materials for ten promising practices related to geriatric health care, and another ten practices are on tap for 2017. ■

Critical Staffing Innovations

Reducing the time required to hire service providers for Veterans

The United States faces shortages of physicians and nurses, and research indicates that the gaps are growing. This poses a particular challenge to the Department of Veterans Affairs (VA), which operates the nation's largest health care system — and has many open positions waiting to be filled. In response, VA launched the MyVA Critical Staffing program and engaged Atlas Research to develop solutions. The top priority was to reduce the average time to hire doctors, nurses, medical support assistants, and other critical staff.

The Atlas team launched a collaborative process to develop solutions, build support in the field, and win approval from VA leaders in a steady cadence. This approach cut the time to develop solutions and also reduced implementation risk.

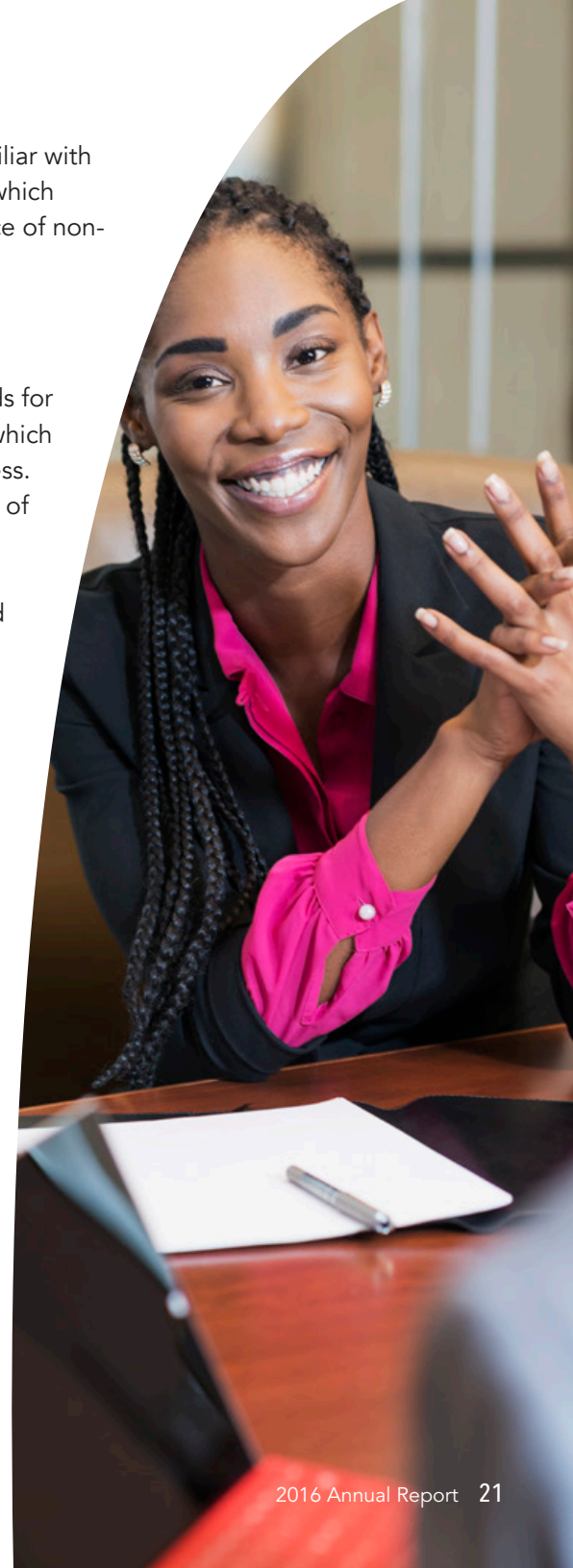
Atlas, in partnership with Sigma Health, then supported VA in conducting rapid process improvement workshops with leaders and influencers from the Veterans Health Administration's (VHA's) Veteran Integrated Service Networks (VISNs). Working collaboratively with participants, facilitators used Lean Six Sigma techniques to identify ideas and opportunities for achieving two key outcomes: taking steps out of critical staff hiring processes and shortening the steps that remained.

Atlas consultants analyzed workshop results and made recommendations ranging from small adjustments in the field to significant changes affecting VA policy. The team included

human resource experts familiar with the VA policy environment, which helped accelerate acceptance of non-traditional solutions.

One major change was the elimination of reviews by professional standards boards for medical support assistants, which takes weeks out of the process. To help measure the success of the Critical Staffing initiative, Atlas created metrics showing the quantitative and qualitative benefits of the recommendations.

The team will continue to support VISN implementation of more than 50 recommendations for streamlining hiring processes. It is noteworthy that, when the new presidential administration froze all federal hiring as one of its first actions, it exempted VHA hiring of health care practitioners so that it could continue staffing up — relying on improved processes that help VA keep a vital promise to Veterans. ■



“

Project planning and implementation can be daunting, irrespective of scale or complexity. Delivering large, high-visibility projects without cost overruns or scope creep can at times seem impossible, as planning, mission alignment, and the achievement of critical milestones do not always translate to success. Atlas helps clients meet challenges head-on and achieve critical objectives with risk-based program and project management solutions adapted to the unique context of the engagement. Through the integration of reliable, mission-critical data, we bring transparency and accountability that empowers each of our clients to navigate their maze.

”



GAYATHRI VISSA

Director
Atlas Research

Business Process and Data Use Alignment at the Enterprise Level

Giving Veterans a seamless IT experience

Today's Veterans are accustomed to having a digital identity that goes wherever they do. They use intuitive apps that simultaneously deliver and protect that identity when they work, shop, meet, and play. Can the Department of Veterans Affairs (VA) deliver a similar seamless experience across its various benefit programs? Atlas Research is embedded in a nationwide effort to answer "yes."

The primary challenge is not to find or develop better technology; it's to align business processes and use data across systems. The reality on the ground is that VA has grown organically over generations, developing multiple lines of business in health care, education, and finance. Many benefit programs and major facilities developed their own systems and sets of data. Now, Atlas is helping the Veterans Experience Office (VEO) harmonize and standardize systems and data with Enterprise Customer Data Management (ECDM).

One priority is to develop and deploy a Master Customer Record for each Veteran, to ensure that every VA employee is working with identical and current information for that individual. This will help speed service delivery and eliminate inefficiencies, such as returned mail and call center time spent updating addresses and phone numbers. It will also connect social and demographic information to the Master Customer Record, which will help improve everything VA does for Veterans.

Atlas ECDM experts began bringing industry best practices to the effort in 2016. One example: They analyzed and documented VA business processes and data requirements

and developed conceptual data models for the Master Customer Record. Following on that foundational work, Atlas was contracted to support the design, configuration, and delivery of a “future state” architecture that uses existing assets and ensures compatibility with future database technology, including modeling of business processes — in both their current and future state. ■



TURNING POINT

Every major project or management change has critical moments that determine the reality and perception of the final result. It takes experience to recognize these turning points, knowledge to analyze them accurately, and expertise to turn them to advantage. Atlas Research delivers this experience, knowledge, and expertise as a trusted advisor for organizations that are in transition – whether in response to changes in the world around them or as part of a deliberate effort to leverage change for strategic advantage.



A New VA Medical Center Turns Into the Home Stretch

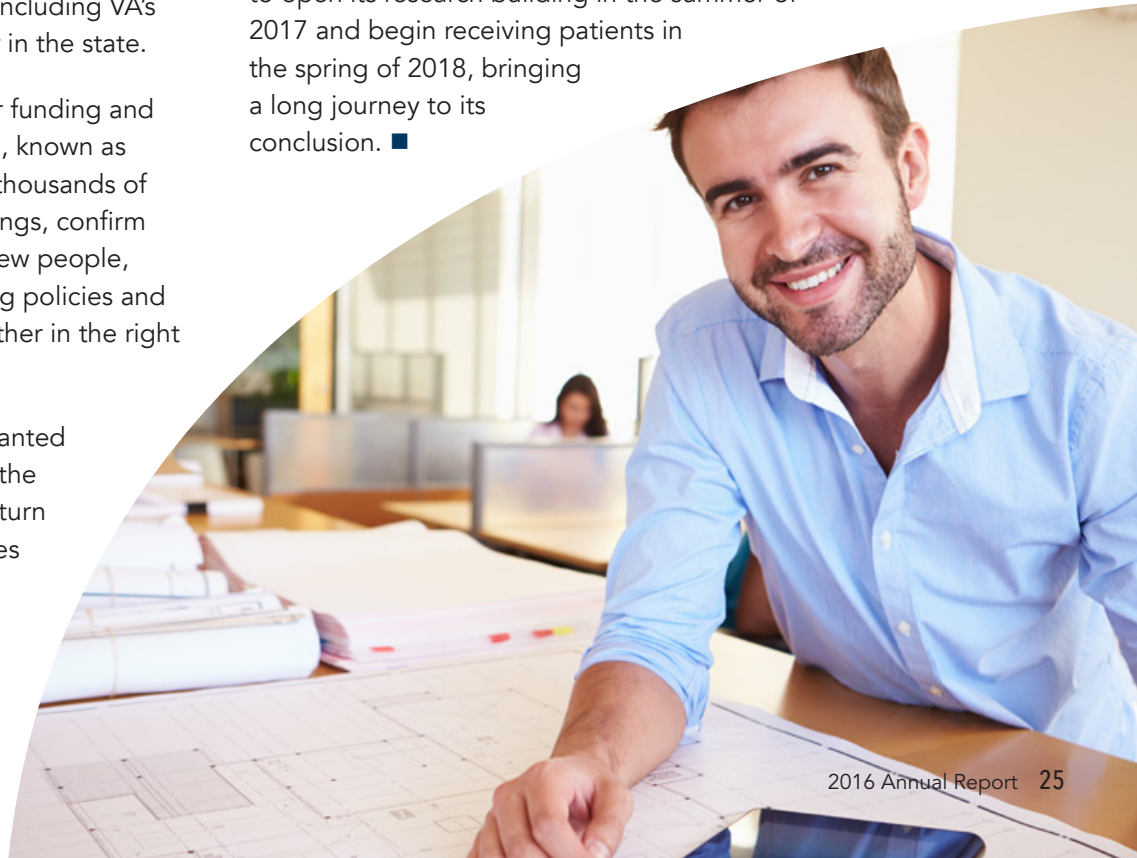
Capping construction of a 1.2 million ft² health facility with expert activation

In 2005, the Veterans Health Administration (VHA) drew up plans for one of its most ambitious projects ever: replacing the Eastern Colorado Health Care System facility near Denver with a new 1.2 million ft² facility, comprising nine buildings plus parking and site infrastructure. The project, known as “Project Eagle,” will provide nearly 400,000 Veterans in Colorado and adjacent states with state-of-the-art services, including VA’s first Spinal Cord Injuries and Disorders Center in the state.

Ten years later, the project had survived major funding and construction challenges. But the home stretch, known as “activation,” still lay ahead: coordinating the thousands of logistical steps to equip and furnish the buildings, confirm their data and communication systems, hire new people, develop and implement hundreds of operating policies and procedures — and sequence everything together in the right order, on time and on budget.

Due to the massive scale of this project, VA wanted to augment their knowledge and skill base in the activation process. They knew exactly who to turn to: Atlas has built a strong capability in facilities transformation, focused on bringing industry best practices to bear on major hospital projects in the public sector.

When members of the team arrived in the summer of 2016, with more than 100 years of combined experience, they quickly made their presence felt by recognizing and addressing critical disconnects between the formal scope of work and those things that actually needed to be done to advance the activation effort. They offered recommendations for closing some gaps in planning and resources, and provided execution support to keep the activation on schedule. The Eastern Colorado Health Care System plans to open its research building in the summer of 2017 and begin receiving patients in the spring of 2018, bringing a long journey to its conclusion. ■





C.R.E.A.T.E.

Promoting Veteran-centered medical research

In the world of medicine, the Veterans Health Administration (VHA) stands apart as the nation's largest integrated health care system, with more than 1700 points of care. The Health Services Research & Development Service (HSR&D) has been one of the nation's leading medical research organizations for decades. These two administrations, taken together, put VA in a unique position to conduct medical research informed by health care delivery across an expansive system.

Since 2011, HSR&D has been pursuing this agenda through an initiative known as "CREATE": Collaborative Research

to Enhance and Advance Transformation and Excellence. This coordinated research effort is designed to advance clinical care for Veterans in areas of particular interest to VHA providers, including Post-Traumatic Stress Disorder (PTSD), women's health, pain management, long-term care, substance abuse, disease prevention, hospital-based infection, and rural behavioral health. The fundamental principle of the program is that researchers funded by CREATE must include one or more VHA health care partners from a VA program office or medical center. In practical terms, this means that experienced professionals in two complementary fields —

The final report delivered good news that re-energized CREATE administrators and researchers: partnerships between research and practice have the potential to improve both the relevance and adoption of research findings.

researching health care and providing it — are working together in synergy, to discover and develop better health care options for Veterans.

Given the ambitious nature of the CREATE program — particularly its requirement that science-based researchers and human-focused providers develop their own ways to collaborate — HSR&D wanted an expert evaluation of the benefits,

challenges, and opportunities. Atlas Research won the work with its combined expertise in research models and methodologies, health care delivery, the Veteran's experience, and sophistication in conducting qualitative research.

An Atlas evaluation team conducted more than 100 interviews with principal investigators, partners, and CREATE directors. The final report delivered good news that re-energized CREATE administrators and researchers: partnerships between research and practice have the potential to improve both the relevance and adoption of research findings. Such collaborative research still comes with logistical challenges, but HSR&D now knows that they are worth overcoming to keep VA at the forefront of medical science and practice. ■

“

It's a basic truth. Federal agencies cannot successfully meet their respective missions without their people and the work they do: the training and skills they have, the way they're engaged and organized, and how well they are led. By combining expertise on what works well outside of government, with knowledge and insights on how government works from the inside, Atlas is helping federal clients prepare, organize, and lead their people to do their best work.

”



ALICE MUELLERWEISS
Director
Atlas Research

A young man with dark hair and a goatee, wearing light blue scrubs, is looking towards an older man in a white lab coat. The older man is partially visible on the left side of the frame. The background is a blurred clinical setting.

Opening New Doors to Health Equity

Connecting minority youth with health care research and practice

Despite the increasing diversity of the U.S. population, there persists a shortage of diverse health care professionals with the cultural and linguistic competencies to effectively provide care. In response, the Department of Health and Human Services (HHS) Office of Minority Health (OMH) launched an initiative to expand the pipeline of health professionals from diverse backgrounds.

The Youth Health Equity Model of Practice (YHEMOP) facilitates undergraduate, graduate, and doctoral student placements with health care and public health organizations engaged in health equity-related work. OMH turned to Atlas to provide program management, recruiting, education, and research and evaluation support for YHEMOP. Atlas consultants also provided program evaluation services, through which best practices were identified and policy recommendations formed.

Members of the inaugural class of YHEMOP were matched with a wide range of opportunities in academic institutions, federal government offices, Regional Health Equity Councils, and professional associations. Atlas provided OMH with a comprehensive report on the program's first year, which documented the near-term return on investment and provided a basis for an expansion of the program that is expected in 2017. ■

The Bridge Between Research and Quality Care

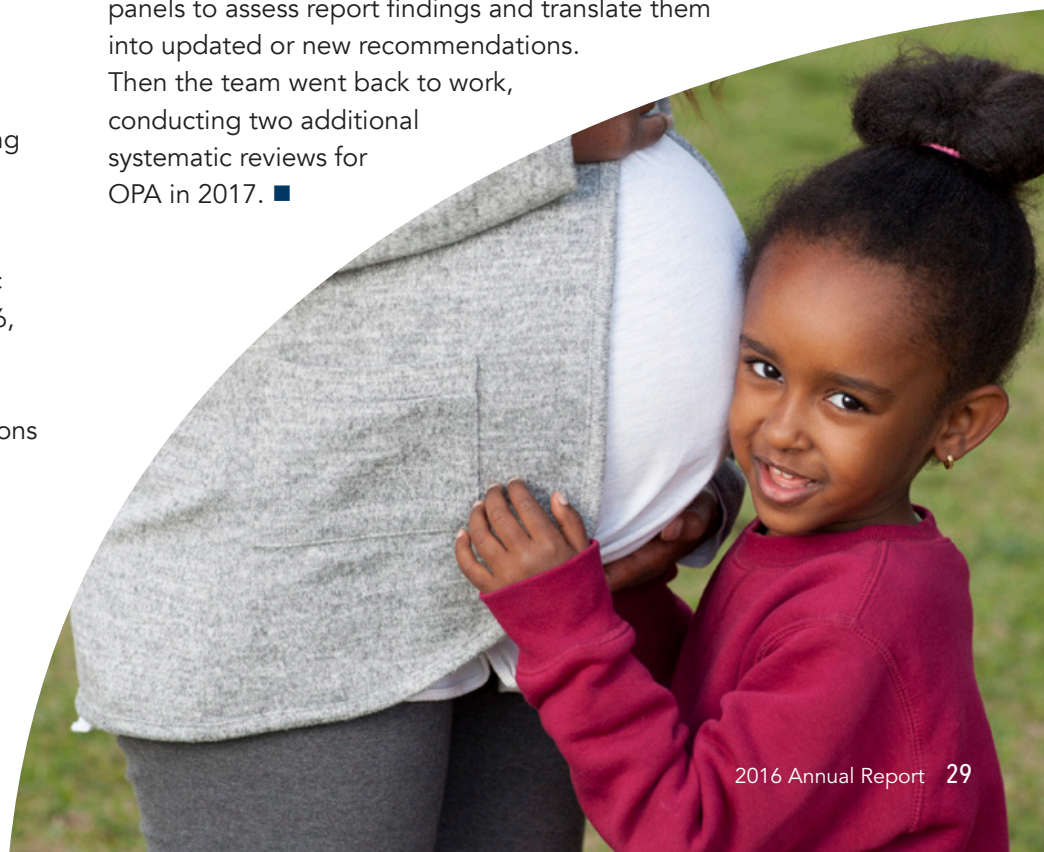
Surfacing evidence to enable effective family planning for millions of Americans

Health care is driven by evidence. Just as new drugs require extensive testing before they are approved, the “standard of care” in all medical fields is based on evidence of past success. This makes it essential for health care providers and policy-makers to stay abreast of current research. One of their key tools is systematic review: the in-depth analysis of relevant research in a particular area, to find solid evidence for updating recommendations and guidelines followed by health care practitioners.

Atlas Research has developed and fielded a robust systematic review capability to support federal health clients and, in 2016, applied it in three projects for the Office of Population Affairs (OPA), an HHS organization at the forefront of family planning and reproductive health. OPA’s guidelines and recommendations for Quality of Family Practice (QFP), developed jointly with the Centers for Disease Control and Prevention’s Division of Reproductive Health, directly affect more than four million men and women who receive care from approximately 3,950 OPA-funded public and/ or nonprofit sites across the country. Many other healthcare practitioners also follow the QFP recommendations.

The reviews conducted by Atlas consultants supported updates of existing QFP recommendations regarding family planning and community engagement and education. The team first defined the scope of approach for each systematic review in conjunction with subject matter experts. Then it developed an analytic framework that included the key questions to be answered. For example, a key question in reviewing research on family planning for adolescents was whether adolescents change their behavior as a result of particular interventions.

Atlas reviewers also defined criteria for which studies to include in a review, out of more than 21,600 abstracts of peer-reviewed, widely published research studies, and designed a strategy for capturing relevant research from the studies selected. Systematic review results were organized to maximize their value for OPA in updating current recommendations. After presenting OPA with study results, Atlas organized and facilitated expert review panels to assess report findings and translate them into updated or new recommendations. Then the team went back to work, conducting two additional systematic reviews for OPA in 2017. ■



PROFILE

Atlas Research is a sought after and trusted partner to federal clients challenged to deliver results on high-stakes organizational transformation and performance improvement initiatives. We combine analytic rigor and proven methodology to deliver evidence-based, future-ready solutions that endure. Our bright, committed, and adaptive employees are passionate about the work and the opportunity to help bring about meaningful change.



ATLAS
RESEARCH



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Community Engagement

Community engagement is fundamental to Atlas' corporate character. It is part of our ethos and reflected in the actions of our people. From our stewardship of those facing health disparities, to our support of organizations and programs that benefit Veterans, we work to make a difference in the health and wellness of people and communities that we touch through our work.



Resilience through Rehabilitation: Supporting Wounded Warriors

Atlas Research again was a proud sponsor of the National Disabled Veterans Winter Sports Clinic, held annually in Snowmass Village, Colorado. The week-long event, organized by the Department of Veterans Affairs (VA) and Disabled American Veterans (DAV), is the largest rehabilitative program of its kind in the world today. In addition to financial support, Atlas sent employee volunteers.

In its fourth decade, the clinic is open to U.S. military Veterans enrolled in the Veterans Health Administration (VHA) system and who have suffered traumatic brain or spinal cord injuries, orthopedic amputations, visual impairments, certain neurological problems, and other disabilities. The clinic offers adapted physical activities, workshops, and educational sessions to aid these Veterans in their rehabilitation.

Nearly 400 disabled Veterans attended the April event. Some learned adaptive skiing techniques with sit-skis, mono-skis, and bi-skis, while stand-up skiers took to alpine and Nordic skiing. For those not inclined to hit the slopes, the clinic offered instruction in rock climbing, scuba diving, snowmobiling, curling, sled hockey, and self-defense.



In Support of Caregivers: Creating a Greater Community

Atlas senior executives attended the 2016 Advocacy Awards hosted by Easter Seals for the District of Columbia, Maryland and Virginia on April 19th. The event, in its twelfth year, honors advocates who have demonstrated exemplary commitment to advancing opportunities for children and adults with disabilities or special needs, including disabled Veterans and wounded warriors. All proceeds from event fundraising support East Seals programs in the region, helping ensure that beneficiaries have opportunities to live, learn, work, and play in their communities.

Atlas Research was again a proud sponsor of the event, and Atlas volunteers supported event organizers in attracting additional sponsors. Among more than 600 guests were leaders and distinguished guests from business, government, and the military. Robert J. McDonald, then Secretary of the Department of Veterans Affairs (VA), was in attendance, and the award presenters included Rosalyn Carter, Elizabeth Dole, and Hollywood star John Travolta. The 2016 awards program highlighted community-based caregiving under the theme of "Creating A Greater Community." Since its inception, the Easter Seals Advocacy Awards event has raised more than \$4.5 million, helping expand services to a growing number of Veterans, military personnel, and their families.



Support for Survivors: Standing with Families of the Fallen

Atlas Research was again a proud Freedom Sponsor of the 23rd annual Tragedy Assistance Program for Survivors (TAPS) Honor Guard Gala, held April 6, 2016 in Washington, DC. TAPS is an independent, nonprofit organization that offers support and services to family members coping with the death of a loved one who has served in the military or supported a military mission. Founded in 1994, TAPS provides its services and support, including a national peer support network and connection to grief resources, at no cost to surviving families and their loved ones.

More than 55,000 men, women and children have benefited from TAPS programs, and the Honor Guard Gala pays tribute to them on a national stage while raising funds to continue TAPS's work. At the 2016 event, Masters of Ceremony Kyra Phillips of CNN and John Roberts of Fox News welcomed senior military officials, corporate and association executives, military survivor families, political leaders, and Administration officials as well as Atlas volunteers and members of the company's executive team.

Client Portfolio

Department of Veterans Affairs (VA)

MyVA Program Support Office

National Center on Homelessness Among Veterans

Office of Acquisitions, Logistics, and Construction (OALC)

- Strategic Acquisitions Center (SAC)

Office of Enterprise Integration (OEI)

- VA Center for Innovation (VACI)

Office of Human Resources and Administration (OHRA)

- Office of Human Resources Management (OHRM)

- VA Learning University (VALU)

Office of Information and Technology (OI&T)

- Enterprise Program Management Office (ePMO)

Office of Operations, Security, and Preparedness (OSP)

Office of Public and Intergovernmental Affairs (OPIA)

Office of the Secretary

Veterans Experience Office (VEO)

Veterans Benefits Administration (VBA)

Office of Disability Assistance (ODA)

- Compensation Service

- Benefits Assistance Service

Office of Economic Opportunity (OEO)

- Loan Guaranty Service

Office of Management

Office of Strategic Planning

- Office of Business Process Integration (OBPI)

Office of Interagency Care Collaboration and Integration (OICI)

VBA/DoD Program Office

Veterans Health Administration (VHA)

Office of Administrative Operations (AO)

- Procurement and Logistics Office

- Healthcare Technology Management

Office of Clinical Operations (CO)

- Access and Clinical Administration

- Office of Connected Care

- Office of Research and Development

- Geriatrics and Extended Care (GEC) Services

- Homeless Program Office

- Mental Health Services

 - National Center for Post-Traumatic Stress Disorder (NCPTSD)

 - Military Sexual Trauma (MST) Support Team

- Women's Health Services (WHS)

Office of Communications

Office of Community Care

Office of the Deputy Under Secretary for Organizational Excellence (DUSHOE)

- Office of Internal and Audit Risk Assessment (OIARA)

- Office of Quality, Safety, and Value

Office of Policy and Services

- Office of Policy and Planning

Office of Rural Health (ORH)

Office of Research and Development

Eastern Colorado Health Care System

National Workers Compensation Program

Patient Care Services

Southeast Louisiana Veterans Health Care System

Department of Health and Human Services (HHS)

Agency for Healthcare Research and Quality (AHRQ)

Centers for Disease Control and Prevention (CDC)

- Division of HIV/AIDS Prevention (DHAP)

Centers for Medicare and Medicaid Services (CMS)

- Center for Clinical Standards and Quality (CCSQ)
- Center for Consumer Information and Insurance Oversight (CCIIO)
- Center for Medicare and Medicaid Innovation (CMMI)

Health Resources and Services Administration (HRSA)

- Maternal and Child Health Bureau (MCHB)
- Federal Office of Rural Health Policy (FORHP)

National Institutes of Health (NIH)

- National Heart Lung and Blood Institute (NHLBI)

Office of Minority Health (OMH)

Office of Special Health Affairs

Office of the Assistant Secretary for Health (OASH)

- Office of Adolescent Health (OAH)
- Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
- Office of Minority Health (OMH)
- Office of Population Affairs (OPA)

Substance Abuse and Mental Health Services Administration (SAMHSA)

- Center for Substance Abuse Treatment (CSAT)

Department of Labor (DOL)

Veterans' Employment and Training Service

Women's Bureau

Department of Defense (DOD)

Air Force Medical Service

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury

Joint Program Executive Office for Chemical and Biological Defense

Military Health System

U.S. Army, Program Executive Office

Commercial/Non-Profit

Commission on Accreditation of Healthcare Management Education (CAHME)

Deloitte Center for Health Solutions

DC Department of Health Care Finance

DC Department of Disability Services, Developmental Disabilities Administration

National Association of Community Health Centers (NACHC)

Precision for Medicine

The Commonwealth Fund

Georgetown University, School of Nursing & Health Studies

United Service Organizations

University of Michigan Health System

West Virginia State Legislature

Service Areas



Organizational Transformation,
Innovation, and Modernization



Program Management and
Operational Efficiency



Strategic Communications



Change Management



Human Capital and Training



Information Technology



Research, Studies, and Evaluation



Health Care Delivery Improvement

Recognition

SECAF Award of Excellence

The Small and Emerging Contractors Advisory Forum (SECAF) announced Atlas Research as the recipient of its 2016 Award of Excellence, which recognizes companies that demonstrate excellence within their community, in the government contracting industry, and towards employees.

Inc. 5000 Fastest-Growing Private Companies

Inc. magazine placed Atlas Research at position 1,655 on its annual list of the 5,000 fastest-growing private companies in the United States, up from position 2,533 in 2015.

Washington SmartCEO Future50

Washington SmartCEO magazine named Atlas Research one of the "Future50" fastest-growing mid-sized companies in 2016 for the Washington, DC area, based on three-year averages for employee and revenue growth.

Contract Vehicles

Government-Wide

GSA – Professional Services Schedule (formerly MOBIS)

GSA – Human Capital and Training Solutions (HCaTS) Pool 1

GSA – Human Capital and Training Solutions (HCaTS) Pool 2

GSA – Human Capital and Training Solutions Small Business (HCaTS SB) Pool 1

GSA – Human Capital and Training Solutions Small Business (HCaTS SB) Pool 2

GSA – Performance Management and Continuous Process Improvement (PM/CPI)

GSA – Schedule 70 (IT 70)

NIH – Chief Information Officer-Solutions and Partners 3 (CIO-SP3)

Department of Veterans Affairs

Transformation Twenty-One Total Technology Next Generation (T4NG)

Program Management Lean Six Sigma (PMLSS) Subject Matter Experts

Agile Delivery of VA Imminent Strategic and Operational Requirements (ADVISOR), Service Groups 1-3

Learning University (VALU) Initiative 4B: Career and Employee Development Training Custom Solutions

National Center for PTSD Educational Products

Department of Health and Human Services

AHRQ – Evidence-Based Practice Center V

AHRQ – Knowledge Transfer

AHRQ – Planning Evaluation & Analysis Task Order Contract (PEATOC)

CDC – Qualitative Inquiry Methods to Understand Issues in HIV Prevention, Care, and Treatment

CMS – Federally Funded Research and Development Center

CMS – Measure and Instrument Development and Support

CMS – Research, Measurement, Assessment, Design & Analysis (RMADA)

CMS – Strategic Partners Acquisition Readiness Contract (SPARC) IDIQ

FDA – Scientific Computing

HHS – Accelerating Change & Transformation in Organizations & Networks III

HHS – Program Support Center

HHS – Technical Services for ASPE, AHRQ, and ONC

HRSA – Evaluation Studies Services II, Domains 1-2

SAMHSA – IDIQ, Domains 1-5, Domains 1-2

Department of Defense

Air Force Medical Services Clinical Advisory/Technical Services (CATS)

Military Health Performance Improvement Support Services IDIQ

Joint Program Executive Office for Chemical and Biological Defense (JPEO-CBD) Omnibus Program Engineering and Technical Support (OPETS) IDIQ

Department of Labor

NeighborWorks America – Education, Health and Workforce Development Sector Subject Matter Expertise

Medicare Payment Advisory Commission (MedPAC) - Advisory and Assistance Services in the Areas of Health Care Financing and Medicare



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