

Director's Column

Welcome to the inaugural issue of *QUERI Quarterly*, a newsletter dedicated to VA's innovative Quality Enhancement Research Initiative (QUERI) and related issues. *QUERI Quarterly* will be published four times a year and will comprise several regular sections including a lead article or editorial; a special feature focusing on one or more QUERI groups; a section devoted to solicitations, impacts, funding updates, conference and meeting news, as well as my "Director's Column" on QUERI matters of interest.

This first issue of *QUERI Quarterly* features an article by Under Secretary Kenneth W. Kizer, M.D., M.P.H. in which he addresses the systemization of the VA's quality management program. QUERI is part of this effort and represents VA's commitment to providing veterans with the best, most cost-effective health care possible. This issue also presents an overview of the Diabetes Mellitus QUERI and advances this QUERI group has made, thus far, in identifying current gaps in care for patients with diabetes mellitus, interventions to improve care, and best practices. It is our intent to highlight important findings and the progress of QUERI groups in each issue.

I would like to thank all of the QUERI Co-chairs for their input on this first issue of *QUERI Quarterly*, and I look forward to working with you on future issues as you share the progress of this extraordinary program with us.

John G. Demakis, M.D.
Director, HSR&D

VA Systemizes Quality Management

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health
Department of Veterans Affairs

Substantial societal, demographic and industry-wide changes are rapidly transforming American health care. As one of the largest health care systems in the world, VA had to find innovative, dynamic ways in which to ensure high quality patient care during this health care revolution. Thus, VA began to "reengineer" its health care system in 1995. One of the key aspects of this ambitious undertaking was a quality transformation – the systemization of quality management (QM) – to ensure the provision of consistent and predictable high quality care.

Some of the guiding principles of VA's systemized QM include striving to achieve the highest possible quality of care rather than the "current" best, and making sure that all institutional processes, practices and policies contribute either directly or indirectly to quality of care. Improving QM depends on having readily available, relevant and reliable information about: what services are needed; who needs them; how they are provided; as well as relevant outcomes and costs.

VA's approach to systematizing QM also depends on being able to assemble and organize the experience and data from myriad individual quality assessment and quality improvement activities that operate at

many individual sites of care. To this end, VA has organized several major quality improvement activities including the Quality Enhancement Research Initiative (QUERI).

Along with John R. Feussner, M.D., VA's Chief Research and Development Officer, I launched QUERI to help facilitate the QM systemization. Founded on the principle that practice needs

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determine the research agenda, and research results determine interventions that improve the quality of patient care, QUERI's mission is to translate research discoveries and innovations into better patient care and systems improvement. QUERI will enhance broad-based, continuous quality improvement that is an essential management method and an organizational imperative that involves

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Diabetes Mellitus QUERI Overview

Diabetes Mellitus (DM) affects an estimated 10-16 million people in the United States and is one of the leading causes of morbidity and mortality among veterans. Complications associated with diabetes include some of the most feared: blindness, end-stage renal disease, and amputation. In 1994, there were 7,356 lower extremity amputations and 1,046 amputation revisions performed in VA facilities. And, in the same year, medication to treat outpatient veterans with diabetes accounted for 25% of all VA pharmacy costs, with those patients making 3.6 million visits to VA clinics. The cost to individuals and society as a whole is increasing. In 1997, the overall national economic cost of diabetes was staggering — \$77 billion, or nearly 10% of the US health service expenditures for that fiscal year.

Diabetes is obviously a serious threat to the health of millions of veterans and non-veterans and thus

was a clear choice for inclusion in VA's QUERI program. The QUERI-DM Executive Committee, co-chaired by Rod Hayward, M.D. and Leonard Pogach, M.D., works to identify the current gaps in diabetes care, interventions to improve care, as well as best practices. Furthermore,

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QUERI-DM will evaluate to what extent the adherence to recommended practice guidelines impacts patient outcomes and quality of life.

QUERI-DM has already taken the initial steps in the QUERI process by taking advantage of VA's large integrated health care system, including an extensive automated data

system. In collaboration with VA's National Center for Cost Containment (NCCC), baseline information has been collected to identify deficiencies in patient care and determine strategies for addressing these deficiencies. Data collected by the NCCC from 18 VA facilities revealed that in 1994 a substantial portion of diabetic patients had poor glycemic control. (Similar results have been reported in cohort studies and community practice.) In response to such deficiencies, VA recently developed national diabetes guidelines that emphasize 1) glycemic control, 2) early detection and intervention for eye, kidney and foot disease, 3) modifiable cardiac risk factors, and 4) instruction on patient self-management. QUERI-DM will focus on these practice guidelines, particularly glycemic control, modifiable cardiac risk factors, and foot care, and how best to enhance adherence to these guidelines.

However, QUERI-DM's main objective is to evaluate the implementation of diabetes care guidelines, system-wide, and examine the impact of this implementation on patient outcomes and costs. To this end, QUERI-DM has made several recommendations such as: the periodic reevaluation of guidelines with QUERI-DM acting as a resource for providing valuable information to assist the revision process; improvement of diabetes data collection and reporting systems that will involve the integration of data from several sources; monitoring of current VA and non-VA studies to develop cost-effective strategies promoting guideline adherence; and, most importantly, the evaluation of

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QUERI Quarterly is a publication of the Office of Research and Development's Health Services Research and Development Service. This quarterly newsletter will discuss important issues and findings regarding the Quality Enhancement Research Initiative. Initially, QUERI will focus on the following conditions due to their high volume and/or high risk among VA patients: chronic heart failure, diabetes, HIV/AIDS, ischemic heart failure, mental health, spinal cord injury, stroke, and substance abuse. *QUERI Quarterly* is available on the web at http://www.va.gov/resdev/prt/queri_q1.pdf and on our FAX service by calling (617) 278-4492 (please follow voice prompts). For more information or to provide us with feedback, questions or suggestions, please contact:

Geraldine McGlynn, *Editor*
Information Dissemination Program
Management Decision and Research Center (152M)
Veterans Affairs Medical Center
150 South Huntington Ave
Boston, MA 02130-4893
Phone: COM (617) 278-4433 or FTS 839-4433
FAX: (617) 278-4438 Email: geraldine.mcglynn@med.va.gov

Q & A QUERI

Dr. Mark Moskowitz, member of the QUERI National Research and Methodology Committee, answers a few timely questions about the review of QUERI solicited proposals.

Q. What is the difference, if any, between the review process for a QUERI proposal and the review of an Investigator-Initiated Research (IIR) proposal?

A. First and foremost, there is no difference in the rigor of the review. We are committed to making sure that the rigor of the review process and the quality of approved QUERI proposals are of as high quality as IIRs. In fact, it might be said that the QUERI proposals undergo a more focused scrutiny in that the review panel includes experts from the specific QUERI condition that the proposal focuses on. For example, proposals to improve diabetes care are reviewed by diabetes experts. One difference between IIRs and QUERI is that while IIRs are investigator initiated, QUERI proposals are in response to solicitations identified by experts in the field and specified in QUERI strategic plans.

Q. What is the composition of the QUERI review panels?

A. Similar to IIRs, the review panels for QUERI proposals consist of one primary reviewer and two secondary reviewers for each proposal. Besides the expertise for specific QUERI conditions,

panels also included non-VA experts who were able to compare the quality of projects to those outside VA.

Q. What about review criteria? Were there some things that you weighed more heavily than others?

A. Scientific rigor was, of course, essential. Also, QUERI research is being conducted to impact quality of care and NOT for the sake of collecting more data. The purpose of QUERI is to affect change. Accordingly, we looked for two essential elements: implementation and dissemination. Having Dr. Martin Charns from the MDRC on the overall advisory panel was of tremendous help in that he emphasized the importance of making sure the solicitations were sensitive to the implementation and dissemination phases of their projects. It is crucial that this research be implemented and disseminated so that it can make a real difference in patient care.

Q. Are there learnings from the review process that you would like to share with QUERI investigators?

- A. Yes, three main points:
- 1) Rigor is essential.
 - 2) It is important for the individual to read, know and understand reports already written about the specific QUERI condition they are proposing to work on so they know the context well.
 - 3) Put together a quality QUERI team of investigators who are able to work collaboratively and who are experienced in the research process.

Mark A. Moskowitz, M.D. is Vice Chairman of Health Care Policy, Professor of Medicine and Public Health at Boston University School of Medicine. Until January, 1999, he chaired HSR&D's Scientific Review and Evaluation Board. Dr. Moskowitz chaired a QUERI review session in March, 1999.

Solicitations Update

Late last year, QUERI solicited proposals that addressed system improvement in six areas: chronic heart failure, clinical practice guidelines, diabetes, HIV/AIDS, patient-centered outcomes, and substance abuse. Patient-centered outcomes and clinical practice guidelines addressed cross-cutting issues such as guideline effectiveness, adherence and implementation.

A total of 69 proposals were submitted and subsequently reviewed during the QUERI Review Meeting that was held this past March in Tampa, FL. Of the 69 proposals (60 Investigator-Initiated Research and 9 Service-Directed Research), 4 were approved with fundable scores and 12 were approved with modifications. The breakdown of approval by solicitation category is as follows:

Chronic heart failure	1
Clinical practice guidelines	3
Diabetes	5 (4 IIRs, 1 SDR)
HIV/AIDS	4 (1 IIR, 3 SDRs)
Patient-centered outcomes	2
Substance abuse	1

Diabetes Mellitus

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new/current approaches to implementing key care practices and their impact on patient outcomes. In addition, due to the high prevalence of foot complication in patients with diabetes, and data suggesting that up to 50% of amputations are preventable, QUERI-DM also recommends a special project designed to decrease this serious complication.

Efficacy studies prove that much of the morbidity and mortality associated with diabetes can be prevented. Rigorous evidence-based guidelines have been developed, yet significant gaps remain in our knowledge concerning the most efficient and effective ways to improve diabetes care. QUERI-DM strives to close these gaps and help provide the very best care for veterans, and non-veterans, who suffer from this potentially devastating disease.

If you would like more information regarding QUERI-DM, please visit their web site at <http://www.hsr.d.ann-arbor.med.va.gov/queri-dm/queri-dm.htm>.

This article is based on the paper "The Quality Enhancement Research Initiative for Diabetes Mellitus" by Sarah L. Krein, Ph.D., RN, Rodney A Hayward, M.D., Leonard Pogach, M.D., and Bonnie J. Bootsmiller, Ph.D., which will appear in the Fall issue of Medical Care.

GENERAL ANNOUNCEMENTS

1999 QUERI Annual Meeting

The 1999 QUERI Annual Meeting will be held in Reston, VA on May 20 and 21. VA's Chief Research and Development Officer, John R. Feussner, M.D., Director of HSR&D, John G. Demakis, M.D. and Associate Director for HSR&D QUERI, Lynn McQueen, Dr.P.H., R.N. will provide further context and guidance regarding QUERI efforts for all attendees. During the two-day meeting, QUERI co-chairs will have the opportunity to meet with their respective groups, as well as other QUERI groups, to discuss various QUERI issues. A summary of conference highlights will appear in the September issue of *QUERI Quarterly*.

Special Supplement

A Special Supplement to *Medical Care* that will focus on QUERI is being prepared for fall publication. Articles highlighting each QUERI group will appear along with articles on QUERI policy and procedures.

Primary Stroke Prevention

The Stroke QUERI group published evidence-based primary stroke prevention treatment recommendations in the spring issue of *VA Practice Matters*. The spring issue is available on the web at http://www.va.gov/resdev/prt/pm_s99.pdf.

Quality Management

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ongoing self-criticism, learning and change.

In addition, QUERI will assist VA's "regulatory" efforts that consist primarily of defining and setting standards and expectations for quality and other performance. Performance measures are linked to VA's strategic goals and are divided among five domains of value: technical quality, access to care, patient-reported outcomes, patient functional status,

and cost. Utilizing these multiple domains and measures provides an intrinsic check-and-balance system.

With its QM programs, such as QUERI, in place, the "new VA" can serve as a national laboratory for health care QM that will be able to offer important experiential information for health care systems worldwide.

Adapted from: Kizer, KW. The "New VA:" A national laboratory for health care quality management. American Journal of Medical Quality, 14(1), Jan/Feb 1999.

QUERI Quarterly is glad to accept submissions for publication consideration. We are especially interested in early QUERI findings, learnings and/or questions for the Q&A section. Please submit articles or other information of interest to our readers by Wednesday, August 18, 1999 for publication in our September issue. Contact Diane Hanks for more information at (617) 232-9500 ext. 5055 or email diane.hanks@med.va.gov.