

Director's Column

Dr. Nelda Wray, Chief of VA's Office of Research & Development (ORD) recently convened several Blue Ribbon panels to guide ORD in achieving its goal of "Today's VA Research Leading Tomorrow's Health Care." One of these panels – the Blue Ribbon Panel on Implementing Evidence-Based Clinical Practice – was charged with developing a plan by which ORD could enhance its implementation research program, so that research regarding best practices will be rapidly put into practice to improve the health and care of veterans. To achieve this goal, the panel recommends that ORD develop and implement a process for integrating "ripe" evidence-based clinical recommendations and research findings into routine practice. QUERI was designed around this concept. As the panel stated in their report, "QUERI... has been VHA's major effort to promote research on the integration of evidence into clinical practice, to improve health care quality and outcomes."

QUERI's eight Coordinating Centers, each focusing on a specific condition that is prevalent among veterans, have made significant progress toward this goal over the past five years. QUERI Coordinating Centers conduct a diverse portfolio of projects and several are in the process of designing rollout strategies for quality improvement programs that

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IHD-QUERI to Evaluate Cardiac Care in the VA

Coronary heart disease is one of the most prevalent health problems of veterans using the VA health care system. One of the most acute and emergent manifestations of coronary heart disease is acute coronary syndrome, comprised of both acute myocardial infarction (heart attack) and unstable angina. These two diagnoses account for more than 25,000 admissions to VA hospitals per year.

Recent studies have raised concerns about the quality of VA's cardiac care. For example, a recently completed comparison of cardiac care between Medicare and the Veterans Health Administration raised concerns about processes and outcomes of care for patients admitted to VA medical centers with a diagnosis of acute myocardial infarction (AMI).¹ Another study showed lower cardiac procedure use after AMI among VA patients compared to Medicare patients, and recent work suggests the underuse of clinically needed angiography in the VA.²

In response to these findings, several broad-ranging VA initiatives have been undertaken, including a retrospective chart review of all patients with acute coronary syndrome (ACS), development of a national cardiac catheterization lab database, and operational changes in the structure and delivery of cardiac care to patients with ACS.

The Ischemic Heart Disease Quality Enhancement Research Initiative (IHD-QUERI), in

collaboration with the Office of Quality and Performance (OQP) and Patient Care Services, will conduct a study to assess the process and outcomes of care for VA patients with ACS. Investigators will use all available data on the:

- Completeness and timeliness of risk stratification and diagnosis;
- Timeliness of reperfusion through thrombolysis (dissolving blood clot), or primary percutaneous coronary intervention (e.g., angioplasty), when needed;
- Transfer of ACS patients from non-VA to VA settings, and other types of patient transfer as part of the process of care; and
- Proportion of patients receiving diagnostic angiography, revascularization, guideline recommended discharge medications, and care from cardiologists (either VA or non-VA), when indicated.

In addition, investigators will assess risk-adjusted patient mortality during and after hospitalization, as well as hospital readmission rates. This will be a collaborative approach to obtain

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QUERI Collaboration Targets Substance Use and Depression

A new demonstration project is underway in VISN 16 to develop and test a quality improvement program in VA substance use treatment settings that will initiate and sustain evidence-based management of comorbid depression. Four facilities in the VISN will participate in this study. The project is co-sponsored by the Mental Health QUERI (MHQ) and Substance Use Disorders QUERI (SUDQ) Coordinating Centers.

The intervention will enable substance use treatment programs to implement an evidence-based treatment algorithm that will improve the recognition of depression and facilitate the initiation of antidepressant pharmacotherapy. Substance use and depressive disorders commonly co-occur in substance use treatment settings, and comorbid depression has been consistently linked to poor substance use treatment outcomes. Current efficacy data suggest that antidepressant medication can improve both depression and substance use outcomes among comorbid patients. Guideline-concordant use of antidepressant medication for persons with comorbid substance use and

depressive disorders, however, is not routine in many VA substance use treatment settings. This study seeks to address the gap in implementation.

Previous research demonstrates that the simple dissemination of guidelines and/or evidence does little to influence provider or system behavior. Instead, a multi-component intervention focusing on a program-wide diffusion of innovation is necessary to maximize the adoption of new evidence-based practice. This study, divided into two phases, will develop and test such an intervention.

Phase 1

Phase 1 of the study will provide necessary data on barriers and facilitators to quality improvement in the participating programs. Data collection will involve surveys concerning readiness to change, as well as face-to-face interviews with program directors, clinical staff, and cohorts of patients. In addition, researchers will study the process and administration of care. Data then will be used to develop the treatment algorithm and improvement intervention, which will also involve close collaboration with representatives

from the participating programs and from an Advisory Panel of experts in depression management and quality improvement (members of the MHQ and SUDQ Executive Committees).

Phase 2

Phase 2 of the study tests the translation intervention and will examine program- and patient-level outcomes. Program-level outcomes will include feasibility, extent of adoption of the algorithm, and provider attitudes and beliefs about the intervention's design and effectiveness. Patient-level outcomes will include measures of medication adherence, depressive symptoms, substance use outcomes, general functioning, and services use.

Lessons learned from this study will benefit the VA in many ways. If the depression management protocol proves effective and adoptable, MHQ and SUDQ will develop a rollout strategy for more widespread implementation of the protocol. Given the prevalence of comorbid depression in this population, widespread adoption of an effective protocol would foster large-scale improvements among veterans in substance use treatment.

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* For more information about MHQ and SUDQ, visit their respective websites at:

www.mentalhealth.med.va.gov/mhq/index.shtml and
www.chce.research.med.va.gov/chce/content/queri.htm

QUERI Quarterly is a quarterly publication of the Office of Research and Development's Health Services Research and Development Service. This newsletter discusses important issues and findings regarding the Quality Enhancement Research Initiative. QUERI focuses on eight conditions due to their high volume and/or high risk among VA patients: chronic heart failure, colorectal cancer, diabetes, HIV/AIDS, ischemic heart failure, mental health, spinal cord injury, and substance use disorders. *QUERI Quarterly* is available on the web at http://www.hsrd.research.va.gov/publications/queri_quarterly/

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Research Translation Viewed as Urgent Mission

Nelda Wray, MD, Chief of VA's Research and Development, has a new vision – "Today's VA Research Leading Tomorrow's Health Care." One of the keys to the success of this vision is translating research and implementing best practices into routine health care. QUERI, which has made great strides in this area of work, continues to add to translation knowledge and lessons, and new VA Research and Development initiatives will expand this work.

Translation research has also become very important to the health care community at large. As Carolyn Clancy, MD, Director of the Agency for Healthcare Research and Quality (AHRQ), stated in her opening remarks at the "Translating Research Into Practice" (TRIP) conference recently held in Washington, DC, "It's time to go beyond conferences and talking; it's show time." Referring to the recent health care quality study which reported that on average, Americans receive only about half of guideline-recommended care.¹ Dr. Clancy set the tone for the three-day conference by stressing the urgency of developing faster methods to facilitate the translation of research findings into clinical practice. In her opening remarks, she emphasized the need to convince key players – researchers, policy makers, providers, payers, the news media, and the public – about the importance of this mission. Noting that translation must be a group effort, she also focused on increasing partnerships in order to make change easier.

One group attending the conference that is already partnering with AHRQ in their translation efforts was the researchers and clinicians who are part of VA's QUERI program. This initiative was born from VA's health

care system reorganization, that included the systematization of quality improvement to ensure the provision of consistent and predictable high quality care. Thus, VA organized major quality improvement activities, such as QUERI, which was founded on the principle that practice needs determine the research agenda, and research results determine interventions that improve the quality of patient care. QUERI now facilitates systematic, continuous translation of research findings and evidence-based recommendations into routine clinical practice.

In discussing AHRQ's future funding issues at the TRIP conference, Dr. Clancy spoke of "user-driven" research. In other words, those who apply for future AHRQ research funding must know who will benefit from their research and who will use the information. Focusing on translation, researchers must also have a plan for ongoing consultation with "users" and must share key findings with "users" before their research findings are published. Dr. Clancy cautioned that publications alone do not change practice. Newt Gingrich, former Speaker of the House of Representatives, and member of AHRQ's Advisory Council, addressed attendees about the need for a bridge between "those who know" and "those who do." He also emphasized knowing what practitioners need before setting a research agenda.

Since its inception in 1998, QUERI has become a leader in translation research, collaborating with both VA and non-VA organizations, such as AHRQ and the National Cancer Institute. For example, QUERI and AHRQ are joint sponsors of a TRIP research funding program that invites innovative and rigorous research and evaluation projects related to the

translation of research findings into measurable improvements in quality, health care outcomes, cost, use, and access. QUERI has reached an important milestone as it moves from a largely internal focus on research and demonstration projects to the challenging task of implementing quality improvement programs system-wide. QUERI presented some of its most recent accomplishments during the TRIP conference poster session, while QUERI researchers attended various seminars on topics such as "Translating Research into Clinical Practice Guidelines," "Implementing Research to Improve Patient Safety," and "Transforming Organizational Cultures for TRIP."

QUERI attendees found the TRIP conference stimulating, generating considerable discussion about several of the perspectives and approaches outlined. It was clear to all participants that there are many potential partners for future collaboration, both within the U.S. and in other countries, and QUERI will continue to seek out new partners for this important work.

1. McGlynn E, Asch S, Adams J, Keesy J, Hicks J, DeCristofaro A, Kerr E. The Quality of Health Care Delivered to American Adults. *The New England Journal of Medicine* June 26, 2003;348(26):2635-2645.

QUERI National Meeting

HSR&D will hold its sixth National Meeting on December 10-12, 2003 in Washington DC. Researchers, clinicians, and VA leaders will come together to focus on QUERI and implementation research.

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the information needed to develop strategies for improving cardiac care for veteran patients.

Much of the patient information needed for this study can readily be obtained from existing data sources, such as the National Patient Care Databases at Austin, TX, or the Computerized Patient Record System (CPRS). On the other hand, data on disease severity and cardiac impairment are more challenging to collect. However, for many patients with AMI this information will be available through the enhanced External Peer Review Program (EPRP) administered by OQP. Further, the Cardiac Assessment, Reporting and Tracking System (CART) is being developed under the auspices of the IHD-QUERI Research Coordinating Center in

Seattle, WA. This new system will be tested in several sites before being deployed throughout VA's health care system.

It is essential to compare risk-adjusted outcomes, such as mortality and readmission rates, in order to ensure that patients in different facilities and health systems are receiving care that does not disproportionately increase their risk of adverse events. The primary goal is to deliver the highest quality of care to veterans who experience acute coronary syndrome.

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1 Office of Policy & Planning. *Program Evaluation of Cardiac Care Programs in the Veterans Health Administration*. April 11, 2003; Department of Veteran's Affairs: Washington, DC. Report: www.va.gov/opp/eval/va_cardiac_care.htm

2 Petersen LA, et al. Regionalization and the underuse of angiography in the Veterans Affairs Health Care System as compared with a fee-for-service system. *The New England Journal of Medicine*, 2003; 348(22):2209-17.

* For more information about IHD-QUERI, visit their website at <http://www.hsrdev.seattle.med.va.gov/ihdqueri/>

QUERI Submission Deadline

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates or other information of interest to our readers by **Monday, November 2, 2003** for publication in our December issue. Submit to Diane Hanks at diane.hanks@med.va.gov.

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have proven successful in small-scale evaluations. For example, the Mental Health QUERI Coordinating Center developed a program to reduce antipsychotic dosing that occurs outside of guideline recommended ranges, and Chronic Heart Failure QUERI developed a program to address the problem of high readmission rates among veteran patients with this burdensome and costly disease.

Both of these innovative QUERI programs have been successfully tested in local VISN networks and are preparing for expansion.

As QUERI has evolved, many lessons have been learned. We are now in the process of documenting these valuable lessons in several products, including a web-based QUERI Guide. Through shared learning and continued collaboration with both VA and non-VA agencies conducting health care quality improvement research, we will work

toward Dr. Wray's vision to implement and systematize evidence-based practice methods into everyday health care.

John G. Demakis, MD
HSR&D Director

*To view the Blue Ribbon reports, including Dr. Wray's comments, go to the ORD website at www.va.gov/resdev/fr/blue_ribbon