

**Director's Letter**

HSR&D is pleased to announce two new solicitations that invite research on: "Terrorism: HSR Studies Relevant to Preparation for and Response to Nuclear, Chemical, Biological, or Explosive Attacks," and "Translating Research into Practice."

The implications of domestic terrorism on public health changed dramatically on September 11, 2001. VHA is therefore expanding its research priorities to support health services research that is focused on improving VA's capacity to prepare for and respond to domestic attacks using nuclear, biological, chemical, and/or explosive weapons. Research priorities in these areas include: recognition capability, command and control, communications, medical response, decision-making, psychosocial aspects, and technical guidance after exposure or attack.

The VHA Translation solicitation is a collaborative effort between HSR&D and the Agency for Healthcare Research and Quality (AHRQ). This solicitation calls for innovative and rigorous research and evaluation projects related to the translation of research findings into measurable improvements in quality, patient safety, health care outcomes, cost, use, and access. Testing effective and efficient interventions that have the potential to improve clinical practice, enhance patient safety, and sustain practitioner behavior change

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## REcycling Smokers through Effective Treatment (RESET)

Each year in the United States, nearly half a million individuals die prematurely from tobacco-related diseases, resulting in over \$50 billion in excess medical care expenditures.<sup>1</sup> The burden of tobacco use is even greater within the VA because veterans are more likely to smoke, and to smoke more heavily, than non-veterans.<sup>2,3</sup> Due to the costly morbidity associated with tobacco use, treating tobacco use is one of the most cost-effective preventive medicine measures available.<sup>4</sup>

Effective and cost-effective interventions to treat tobacco use have been captured in an Agency for Health Care Policy and Research (AHRQ) Clinical Practice Guideline.<sup>1,5</sup> The Guideline includes four key recommendations:

1. Identification and treatment of smokers must be institutionalized within health care settings.
2. All identified smokers should be offered treatment.
3. Pharmacological treatments should be used with all smokers attempting to quit (except where contraindicated).
4. And, treatment may need to be repeated over time.

However, five years after the release of this Guideline, its key recommendations have not been fully integrated into VHA primary care. Systematic identification of smokers is rare; interventions for smoking cessation are not being consistently

offered; and, despite strong evidence for their efficacy, pharmacological treatments are still used in only a small fraction of all attempts at quitting. Thus, smoking cessation treatment is a ripe target for translation research.

A recently funded Substance Abuse QUERI Translation Project — REcycling Smokers through Effective Treatment (RESET) — will assess the effectiveness of strategies designed to systematize the identification of smokers who are interested in quitting and matching them with appropriate treatments. In a previous survey, the investigators determined that most smokers who had made an unsuccessful quit attempt using pharmacological therapy were ready to try to quit again within a year. This project will use the Pharmacy Benefits Management (PBM) database to identify veterans, at 7-8 participating VA medical facilities, who have received pharmacological treatment (nicotine replacement therapy or Zyban) for smoking cessation in the past year. Participating veterans will receive one of two interventions: patient phone call with a tailored provider prompt, or a standard

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# Maximizing Vaccination Rates for Veterans with SCI&D

During the past 50 years, acute and long-term survival rates for persons with spinal cord injury and disease (SCI&D) have improved dramatically. However, persons living with SCI&D are at risk of developing pulmonary complications. For example, they are more likely to die as a result of influenza or pneumonia than persons in the general population. The VA has mandated offering annual influenza vaccine to all veterans whose health is at high risk from influenza. Yet, in 1998 data from chart reviews conducted at the SCI Centers indicates that only 26 percent of the patients received influenza vaccination compared to an overall VA rate for high-risk patients of 71 percent. The SCI QUERI team identified this as a problem and proposed a translation project designed to increase vaccine administration and thus reduce vaccine-preventable diseases.

## ***Pilot Project***

Preliminary formative data collection focused on three areas of inquiry – patients, practitioners, and system/organization. Structured telephone surveys were conducted with patients and practitioners to identify perceived barriers and facilitators to providing influenza vaccines for patients with SCI&D. Sixty-five percent of the patients reported having received influenza vaccine during the prior year. However, the patient survey identified significant knowledge gaps about respiratory health and vaccines, suggesting that education was needed. Practitioners reported problems tracking patient vaccination records. While some strategies were in use to increase vaccine delivery, only a few sites sent annual reminder letters about influenza vaccine.

Next, a multi-pronged package of vaccine promotion activities was developed and tested. Again, strategies focused on patients, practitioners, and the system/organization. Formative data was collected throughout, and activities were modified as needs arose. Patients received reminder letters and educational materials. Practitioners received reminders to vaccinate patients and information on the effectiveness of influenza vaccine. System and organizational issues were monitored during conference calls with a designated group of practitioners. System issues included difficulties in locating records of vaccinations when patients received care at different sites.

Patient surveys, mailed after the immunization season, demonstrated a moderate positive effect for the vaccine promotion package. Vaccination rates at centers with the intervention were higher than at centers with usual care (60.5% vs. 54.3%). Age was a significant factor when vaccination rates for patients aged 65-and-older were compared to rates for patients less than 65 years old (73.0% vs. 48.7%). Further, racial groups reported different vaccination rates (Asians 63.2%, whites 58.8%, and blacks 48.3%).

Among patients who reported getting no flu shot in the past year, reasons given included: “It was offered, but I refused” (46.8%), “I don’t think it is worth my trouble” (37.1%), and “It was not offered to me” (29.2%). Each response suggests a different intervention. Forty percent of patients who had received a flu shot did so at an SCI Center; an additional 36% received their shots at other VA settings. This may have contributed to a discrepancy in vaccination rates between chart reviews and patient surveys.

## ***National Initiative***

Findings from the pilot study indicate strategies SCI QUERI can consider to increase vaccination rates at all 23 SCI centers. For example, providing patients with information and reminders about when and where to get a flu shot, with sub-groups of patients receiving specialized interventions. Further, a risk-communication module will be developed for practitioners to use when a patient refuses the vaccine. SCI QUERI team members also will facilitate the implementation of two organizational strategies: standing orders for nursing staff to administer the vaccine to all eligible patients, and integration of a national computerized clinical reminder (CCR) for vaccinations. CCRs specifically address issues involved in documentation of vaccine administration. All of these efforts will be subject to formative and evaluative data collection so that adjustments can be made as needed.

*Marcia Legro, PhD*

Translation Coordinator, SCI QUERI

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## ***Submissions***

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates or other information of interest to our readers by **Wednesday, May 1, 2002** for publication in our June 2002 issue. Submit to Diane Hanks at [diane.hanks@med.va.gov](mailto:diane.hanks@med.va.gov).

## QUERI Holds 5<sup>th</sup> Annual Meeting

Focusing on “Systematizing and Enhancing Translation,” the 5<sup>th</sup> QUERI Annual Meeting was held December 12-14, 2001 in Orlando, FL. This year’s meeting was attended by more than 150 participants, including members of the QUERI Executive Committees, National Advisory Council, Research & Methodology Committee, HSR&D staff, and various collaborators and translation consultants. Translation consultants’ expertise covers many areas, including clinical psychology, infectious disease, internal medicine, organizational behavior, and public health nursing.

The conference agenda was dedicated to understanding the evolving role of translation in bridging research and practice, as the program develops definitions and systematic approaches in the coming year. Conference workshops targeted key translation issues relevant to QUERI investigations, such as translation frameworks, design and methods, and issues concerning evidence and data. There were also several breakout sessions on service-directed projects, cross-cutting projects, diagnostic analysis, the use of informatics and automated tools, and methods for working with QUERI collaborators, especially the Office of Quality and Performance. Participants shared approaches, insights, strengths, limitations, and lessons learned through their experiences within their individual QUERI groups.

This year, each QUERI group will expand its focus on the translation process and the impact of that process upon the system by targeting a specific “tracer finding” within each group. The term “tracer finding” refers to the main finding(s) or area of ongoing translation work within a QUERI group. The goal is to be able to ‘trace’

impact (change/progress) for a particular translation effort over a period of time; thus, the impact of translation projects that focus on these tracer findings will be measured in terms of patient outcomes or system change.

One example of assessing the impact of a specific tracer finding can be found in the Diabetes Mellitus (DM) QUERI translation project that focuses on reducing the number of veterans with diabetes who are at high risk due to suboptimal blood pressure and/or high LDL cholesterol. As part of this ongoing and expanding effort, QUERI-DM has examined the impact of their interventions in this area and found that several factors helped their intervention succeed including: VISN support and resources, the identification of clinical leaders, and improved networking among facilities. The HIV/AIDS QUERI group’s work to increase the proportion of patients receiving highly-active antiretroviral therapy (HAART) management will continue to be a primary focus, as it traces the impact of guideline implementation and behavior change strategies developed to increase the number of veterans with HIV who

receive HAART. These are examples of how QUERI can implement and measure change both in patient and system outcomes, and in the practice of providers, patients, and administrators.

QUERI will continue to grow. Over the next two years, HSR&D expects to fund a new QUERI group that will target Stroke, and another that will focus on Dementia and Alzheimer’s disease. QUERI will expand cross-cutting activities such as guideline implementation and informatics, and will further enhance its partnerships inside and outside VA. In addition, HSR&D QUERI staff, working with the QUERI groups and translation consultants and collaborators, is in the process of assembling a QUERI Translation Guide that will incorporate QUERI policies, instructions, and translation tools. This guide will provide everyone involved or interested in the QUERI process with reliable, consistent information about translation roles and processes.

*The 6th QUERI Annual Meeting will be held in Washington, DC, December 11-13, 2002.*

*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 disease, mental health, spinal cord injury, and substance abuse. *QUERI Quarterly* is available on the web at [www.hsr.d.research.va.gov/publications/queri\\_quarterly/](http://www.hsr.d.research.va.gov/publications/queri_quarterly/)

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## REcycling Smokers

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(untailored) patient letter with a generic provider prompt. A third group of veterans will be randomly assigned to a “usual care” control condition.

In the more intensive intervention condition, veterans will be screened with a brief telephone interview to determine smoking status, experience with past quit attempts, interest in making another quit attempt, and preferences for specific drug and behavioral treatments. Those who are still smoking and interested in making another quit attempt will have this specific information communicated to their primary care provider in a tailored consult delivered via the Computerized Patient Record System (CPRS). In addition to the specific patient information described above, the tailored consult will include all the information included in the generic consult (described below).

The patient letter in the second, less intensive intervention will encourage recipients to contact their facility about smoking cessation treatment options. The letter will mention their recent quit attempt, describe the treatment options available through the VHA, provide guidance on where to receive additional information on these options, encourage patients who want to quit smoking to present their treatment preferences to their provider, and include site-specific information on how to access smoking cessation resources at their clinic.

The patient letter will be coupled with a generic prompt to primary care providers that will be sent via the CPRS. The consult will: state that the patient made a recent quit attempt using pharmacological therapy; highlight that more than 80% of veteran smokers who have made an unsuccessful attempt to quit are

interested in trying again within one year, and that their chances of success should be higher in their next attempt; recommend follow-up to assess current smoking status and deliver an intervention for tobacco use; provide standard protocols for pharmacological treatment options; and provide information on local smoking cessation services.

By targeting the subgroup of smokers who are the most motivated and likely to be successful, the steps toward improving smoking cessation treatment promoted in this project should be reinforcing ones for VA providers. If successful, this translation project will be an important advance in targeting veterans who are especially likely to quit smoking, and in linking them with effective smoking cessation treatment.

*Melissa R. Partin, Ph.D., PI*  
*Anne M. Joseph, M.D., Co-PI*

*For more information about this project, contact Melissa Partin, PhD at (612) 725-2000, ext. 3841 or by e-mail at melissa.partin@med.va.gov. For further information about Substance Abuse QUERI, contact Janice Beyer at (650) 493-5000, ext. 22808 or by e-mail at janice.beyer@med.va.gov.*

### References

1. U.S. Department of Health and Human Services, Public Health Service, Agency for Health Care Policy and Research, Centers for

## SAVE THIS DATE!

VA HSR&D will sponsor the **American Heart Association 4<sup>th</sup> Scientific Forum on Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke** to be held October 12-14, 2002, in Washington, D.C. Co-founded four years ago by a VA HSR&D investigator (Nathan Every, M.D., M.P.H.), this conference has grown tremendously to become a leading national and international forum on cardiovascular outcomes research and quality improvement.

The preliminary program, abstract forms, and registration information will be posted by March 15, 2002 on the American Heart Association Web site at [www.americanheart.org](http://www.americanheart.org). The deadline to submit abstracts is June 14, 2002. Contact John Rumsfeld, M.D., Ph.D. ([john.rumsfeld@med.va.gov](mailto:john.rumsfeld@med.va.gov)) for further questions or information about the meeting.

- Disease Control and Prevention. *Smoking Cessation: Clinical Practice Guideline*. Washington, D.C., April 1996.
2. Klevens RM, Giovino GA, Peddicord JP, et al. The association between veteran status and cigarette-smoking behaviors. *Am J Prev Med* 1995; 11: 245-250.
  3. McKinney WP, McIntire DD, Carmody TJ, Joseph AM. Veterans and smoking. *Public Health Reports* 1997; 112: 212.
  4. Warner KE. Cost effectiveness of smoking cessation therapies: Interpretation of the evidence and implications for coverage. *Pharmacoeconomics* 1997; 11: 538-549.
  5. Fiore M, Baily W, Cohen, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*, Rockville, MD, U.S. Department of Health and Human Services. Public Health Service. 2000.

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across multiple health conditions, populations, and health care systems is a priority. For more information about these solicitations, see the HSR&D website at <http://www.hsrd.research.va.gov/research/funding/solicitations/> or contact Lynn McQueen, DrPH, Associate Director for QUERI at [lynn.mcqueen@hq.med.va.gov](mailto:lynn.mcqueen@hq.med.va.gov) or (202) 273-8227.

Both of these solicitations offer exciting opportunities for health services researchers, and I look forward to receiving many innovative proposals in response.

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*Director, HSR&D*