

Director's Letter

Providing “boundless” opportunities for the “future of medicine” regarding quality improvement is how Under Secretary for Health Thomas Garthwaite, MD referred to the Quality Enhancement Research Initiative (QUERI) in his address to attendees at the 4th Annual QUERI Meeting. QUERI convened 140 researchers and clinicians in Reston, VA, on Jan. 10-12, 2001 to discuss progress and future goals.

Rapid advancement toward translating research into outcome and system-wide improvements is well underway through the collective efforts of the eight disease-specific QUERI groups. For example, over the next twelve months groups are working on: reducing readmission rates for veterans with chronic heart failure, reducing the number of veterans with diabetes who also have high blood pressure and/or cholesterol, improving antipsychotic treatment for veterans with schizophrenia, and improving influenza vaccination rates among veterans with spinal cord injury.

Critical to ongoing efforts to systematize translation is the evolution of collaborative relationships both within and outside VHA with the common goal of improved health for veterans. Jonathan Perlin, MD, PhD, Chief Officer of VHA's Office of Quality and Performance, who participated in a panel discussion at the Meeting, expressed OQP's willingness and

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QUERI IHD Evaluates Interventions for Adherence to Lipid Management Guidelines

Numerous studies demonstrate that lowering serum cholesterol levels reduces coronary events in addition to cardiac death and total mortality. This effect is most evident in patients with pre-existing coronary heart disease.¹⁻⁴ In 1997, VHA implemented comprehensive guidelines for the care of patients with ischemic heart disease (IHD). This “guidelines” module, related to outpatient care, specifies that for patients with known IHD, the goal for low-density lipoprotein cholesterol (LDL-c) is ≤ 100 mg/dL, which is consistent with the National Cholesterol Education Program – Adult Treatment Panel (NCEP-ATPII) recommendations.⁵

QUERI-IHD investigators recently completed a rapid response project that examined lipid data for all IHD patients in VISNs 1, 10, 16 and 20.⁶ Analyzed at the VISN level, the average rate of current LDL-c testing was 66 percent, and current lipid-lowering agent treatment was 56 percent. The portion of IHD patients who had attained the goal of LDL-c ≤ 100 mg/dl was 42 percent. The results of this QUERI-IHD study also indicate that variation at the facility level is greater than at the VISN level, and that there is a clinically relevant gap between guideline recommendations and the actual care being delivered by a number of VA facilities.

To address this gap, QUERI-IHD

is focusing on implementing interventions to improve adherence with the secondary prevention guidelines for patients with IHD. For example, clinical champions were identified at each of the eight facilities in VISN 20 and were invited to an interventions “kick-off” meeting. Participants at the meeting reviewed the evidence-based literature on the optimal care of patients with IHD, received data on lipid practice patterns for IHD patients in their own facility, and heard about effective methods for changing provider behavior, such as lipid clinics, point-of-care reminder systems, and audit/feedback interventions.

Interventions were organized in five of eight facilities and included two pharmacist-run lipid clinics, two point-of-care reminder systems, and a combined intervention that included audit/feedback to primary care providers and a patient education component. The other sites conducted meetings about the project

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QUERI Diabetes Collaborates with the CDC

Diabetes affects an estimated 10-16 million people in the United States.¹ While diabetes is an important health care issue for the nation as a whole, it also ranks among the leading causes of morbidity, mortality, and costs in VHA.² Due to the high health care costs, devastating complications, and the presence of effective interventions to prevent many of these complications, diabetes has become the focus of many quality monitoring and improvement initiatives. Translating Research into Action for Diabetes in the VA (TRIAD-VA) is an observational study that is being conducted by the QUERI Diabetes Mellitus (QUERI-DM) group in collaboration with the Centers for Disease Control and Prevention (CDC), and will, for the first time, allow us to benchmark diabetes care in VA with several private sector health plans.

This project is designed to collect information on a number of structural and organizational factors at both the provider and facility level, and to examine how these factors influence key diabetes care processes and outcomes. This study is being

expanded so that organizational information will be collected from all VA facilities and not just the six facilities (selected due to their geographic proximity to the CDC TRIAD sites) that will be used for comparison with the CDC's community TRIAD sites.

The QUERI-DM products associated with this project include: 1) benchmarks with the private sector, and, 2) a complete catalogue of VA diabetes-related initiatives, programs and system specific factors that promote optimal diabetes care and outcomes. This information can then be used to identify effective approaches to enhancing diabetes care (and perhaps the care of persons with other chronic illnesses) within and outside VA.

**For more information about this study, contact:*

Rodney Hayward, MD, 734-930-5100, rhayward@umich.edu
Director, QUERI-DM; or
Sarah Krein, PhD, RN, 734-930-5142, sarah.krein@med.va.gov

Co-Director, QUERI-DM
Center for Practice Management and
Outcomes Research
VA Ann Arbor Health Services
Research and Development

*For further information about QUERI-DM in general, visit their website at <http://www.hsrd.ann-arbor.med.va.gov/QUERI-DM/QUERI-DM.HTM>.

1. Center for Disease Control and Prevention. Diabetes Surveillance, 1997. Department of Health and Human Services.
2. Krein SL, Hayward RA, Pogach L, Bootsmiller BJ. Department of Veterans' Affairs Quality Enhancement Research Initiative for Diabetes Mellitus. Medical Care. June 2000; 38(6):I38-I48.

QUERINFO

QUERInfo is a national electronic mail (e-mail) group founded by the national QUERI office in Washington, DC. The server is maintained by the VA Information and Resource Center (VIREC) in Hines, IL, as a forum to promote and enhance communication among all QUERI participants, including the eight QUERI Coordinating Centers, members of the Research and Methodology Committee, and translation experts.

The purpose of this listserv is to share relevant information about QUERI issues among all QUERI participants. For more information about this discussion group, please send an e-mail message to: listserv@virec.research.med.va.gov.

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enthusiasm for collaborating with QUERI. For example, Dr. Perlin is working with me to lead the review of translation proposals responsive to two new QUERI translation solicitations co-sponsored by HSR&D and OQP. In addition, QUERI Diabetes Mellitus is working with the Centers for Disease Control and Prevention (CDC) on an observational study that will, for the first time, allow us to benchmark diabetes care in VA with several private sector health

plans. (Read more about this in the article, "QUERI Diabetes Collaborates with the CDC.") The National Cancer Institute (NCI) has agreed to co-sponsor a new QUERI group devoted to cancer.

QUERI will continue to refine and enhance systematizing translation until providing the right care at the right time to the right patient becomes routine across the VHA. The Fifth Annual QUERI Meeting is scheduled for December 5-7, 2001.

*John G. Demakis, MD
Director, HSR&D*

Mental Health QUERI: Translation 2001

Mental Health QUERI (MHQ) strives to improve the quality of care for veterans with schizophrenia or major depressive disorder by translating research knowledge into clinical and organizational practice. MHQ's current translation efforts focus on two projects: a plan to improve antipsychotic treatment practices for schizophrenia, and a project that aims to translate collaborative care models for depression into diverse VA primary care settings. These projects are facilitated quality improvement efforts that will develop and disseminate educational materials and toolkits, with active implementation phases involving evidence-based behavioral change strategies, and continuous monitoring and evaluation of these strategies.

The translation project for improving antipsychotic treatment focuses on a multi-component quality improvement intervention designed to improve critical medication management practices for veteran patients with schizophrenia. MHQ has found that two VHA guideline-recommended practices — prescribing moderate antipsychotic doses and prescribing novel antipsychotics to inpatients with schizophrenia who have not responded to conventional agents — are variably performed in VHA, and that guideline-concordant practices are associated with superior outcomes. Based on this evidence, it is believed that improvement in antipsychotic prescribing practices for schizophrenia will result and contribute to improved outcomes for veterans with this severe and disabling disorder.

The short-term goal of this project is to demonstrate the intervention's impact with regard to these guideline-recommended prescribing practices, through an MHQ facilitated quality

improvement project in VISN 16. The project's primary research objective is to determine the effectiveness of the intervention at translation sites in comparison to the matched control sites with regard to: 1) increasing the proportion of patients with schizophrenia who receive guideline-concordant antipsychotic doses, and 2) increasing the proportion of inpatients with schizophrenia who are switched from conventional antipsychotics to novel antipsychotics.

The VISN 16 project will test the MHQ-facilitated intervention at four translation sites, with four matched facilities serving as comparison sites. Comparison and translation sites will have the same basic components, but comparison sites will have limited implementation assistance. The translation sites, in contrast, will have intensive implementation support, including site visits and focus groups for educational purposes, recruitment and training of opinion leaders, implementation of clinical reminders to perform guideline-recommended

prescribing practices, and frequent performance measurement and feedback.

Because MHQ's ultimate goal is to translate research findings throughout VHA, MHQ proposes concurrently developing products and information tools for national dissemination, implementation, and evaluation activities and to pilot test this broader translation strategy in VISNs 3 and 22. Once successful impact has been demonstrated in VISN 16, MHQ will be prepared for system-wide translation at the national level.

*For additional information regarding the MHQ translation project on improving antipsychotic treatment for schizophrenia, contact Richard Owen MD, MHQ Research Coordinator at owenrichardr@exchange.uams.edu. Lisa Rubenstein, MD, who leads the MHQ study on collaborative care models for depression in primary care settings, may be reached at lisar@rand.org.

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. 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 www.va.gov/resdev/prt/alpha.htm 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)
Boston VA Healthcare System
150 South Huntington Ave, Boston, MA 02130-4893
Phone: (617) 278-4433 • FAX: (617) 278-4438
E-mail: geraldine.mcglynn@med.va.gov

Submissions: Please submit articles, updates or other information of interest to our readers by April 25, 2001 to Diane Hanks at diane.hanks@med.va.gov

IHD Evaluates Interventions

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with providers at their facility, but did not organize additional ongoing interventions.

The impact of the interventions in the eight facilities was assessed by analyzing rates of LDL-c measurement, the number of patients on lipid-lowering treatment, mean

current and available when needed.

Sandra Pineros, PA-C, MPH

Anne Sales, MSN, PhD

Helene Starks, MPhD

QUERI-IHD

**For more information about QUERI-IHD, contact their Administrative Coordinator, Helene Starks at (206) 764-2868, or e-mail at helene.starks@med.va.gov.*

Non-intervention sites

Current LDL-c measurement up by 4%
 Patients on lipid-lowering agents up by 8.1%
 Patients at goal increased by 9.5%
 Mean LDL-c values decreased by 10.1 mg/dL

Intervention sites

Current LDL-c measurement up by 7%
 Patients on lipid-lowering agents up by 8.7%
 Patients at goal increased by 11.8%
 Mean LDL-c values decreased by 9.6 mg/dL

LDL-c values, and the proportion of patients at goal (LDL-c \leq 100 mg/dl). Findings comparing the three-non intervention sites to the five intervention sites were as follows:

The only statistically significant differences between the intervention and non-intervention groups were in LDL-c measurement. These results suggest a strong secular trend, with all facilities showing improvements in lipid measurement and management for patients with IHD.

The next phase of the project, beginning this summer, will focus on translating these findings to other VISNs. As work in this area progresses, integration with the Office of Quality and Performance (OQP) is essential. Working as partners, HSR&D and OQP will assure that the information needed by providers, patients, managers and others is

1. Scandinavian Simvastatin Survival Study Group. Randomized trial of cholesterol lowering in 4,444 patients with coronary heart disease: the Scandinavian Simvastatin Survival Study (4S). *Lancet*. 1994; 344:1383-1389.
2. Sacks FM, Pfeffer MA, Moye LA, et al. The effect of pravastatin on coronary events after myocardial infarction in patients with average cholesterol levels. *N Engl J Med*. 1996; 335:1001-1009.
3. The LIPID Study Group. Prevention of cardiovascular events and death with pravastatin in patients with coronary heart disease and a broad range of initial cholesterol levels. *N Engl J Med*. 1998; 339:1349-1357.
4. Pedersen TR, Olsson AG, Faergeman O, et al. Lipoprotein changes and reduction in the incidence of major coronary heart disease events in the Scandinavian Simvastatin Survival Study (4S). *Circulation*. 1998; 97:1453-1460.
5. Expert panel on detection, evaluation, and treatment of high blood cholesterol in adults: Summary of the second report of the National Cholesterol Education Program (NCEP) expert panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel II). *JAMA*. 1993; 269:3015-3023.
6. Sales A, Pineros S, Starks H, Sun H. QUERI Lipid Project Helps Chart Course for Better Treatment of Patients with Ischemic Heart Disease. *FORUM* 2000, November.

Lisa Rubenstein receives Under Secretary's Award

Lisa Rubenstein, MD, MSPH, FACP, member of the HIV/AIDS QUERI Executive Committee, recently received the 2001 Under Secretary's Award for Outstanding Achievement in Health Services Research. Established in 1998, this award honors the highest level of achievement in VA health services research and recognizes an individual who has conducted research that significantly enhances understanding of the factors affecting the health of veterans, or that has led to a major improvement in the quality of veterans' health care; has made a substantive contribution to the future by inspiring a new generation of investigators through excellence in training and mentorship; and has enhanced the visibility and reputation of VA research through national leadership.

Dr. Rubenstein's exemplary record demonstrates her unwavering commitment to veterans and to the improvement of VA health care. Nationally recognized as a leader in the design and evaluation of systems to improve the quality of health care, Dr. Rubenstein has spearheaded the development of various innovative HSR methods, including functional status computer feedback, scale-based methods of quality of care and sickness assessment, and structured implicit review. QUERI is fortunate to have Dr. Rubenstein as part of its team. Investigators with such expertise, talent and dedication are invaluable.