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Director's Letter

"Between the health care we have and the care we could have lies not just a gap, but a chasm," states the Institute of Medicine's newly-released report, *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001, National Academy Press). The report calls for dramatic changes in the way Americans view their health care, in how care is delivered, and in the regulatory, political and other environments in which health care delivery systems operate. I'm proud to say the report acknowledged QUERI as "one of the strongest examples of synthesizing the evidence base and applying it to clinical care…,"— and as a model for the rest of the nation.

In April the Research and Methodology Committee (R&M) met to review the QUERI groups' 2001 strategic and translation plans. The results were positive overall and reviewers were particularly impressed with the speed with which the QUERI groups have learned translation, the selection of clinically important topics for impact measurement, and the evolution of innovative designs for translational studies. A key cross-cutting theme identified by the R&M is the need for all QUERI groups to work closely with the Office of Quality and Performance (OQP), particularly on guideline development, dissemination, implementation, and evaluation. Other cross cutting themes include

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Improving Treatment for Opioid Dependence

Opioid agonist therapy (OAT) is the most effective treatment for opioid dependence, but not all veterans have access to OAT. In FY99, 6,550 – or just over one-quarter of about 25,500 opioid dependent veteran patients made one or more visits to a VA methadone program. There are currently 33 OAT programs in VHA, and, until recently, no new programs had been started in more than a decade. There are also several areas of the country where there are long waiting lists for OAT programs, or no such programs at all. Thus, there is a pressing need to improve access to opioid agonist therapy.

Although opioid agonist therapy is the most effective treatment for opiate dependence, only about 50 percent of patients newly admitted to OAT programs respond with decreased illicit drug use. Given the high societal cost of opioid dependence, improving outcomes for OAT is a high priority. Available evidence strongly supports the efficacy of four specific OAT treatment practices:

- using an adequate dose of opioid agonist (methadone, LAAM, or buprenorphine);
- providing adequate quantity and quality of counseling;
- recommending maintenance on the agonist rather than early detoxification; and
- contingency management, which is the use of reinforcements (i.e., take-home doses) to improve motivation for therapeutic change.

Effective implementation of these practices results in decreased illicit opiate use and increased program retention, outcomes which are strongly associated with improved psychosocial and physical function, and decreased mortality. (See Figure 1)

Two surveys conducted by the Program Evaluation and Resource Center in Palo Alto, CA have documented significant variation in some of these treatment practices (e.g., Hamilton and Humphreys, 1996). For example, more than 50 percent of OAT patients on stable agonist doses are receiving doses under the minimum recommended dose of 60 mg methadone or its equivalent. Further, nearly one-third of opioid agonist therapy treatment programs routinely recommend detoxification, while another third sometimes does. Anecdotal evidence suggests that counseling also varies considerably, and has decreased due to budget constraints. Few if any OAT programs, in VHA or elsewhere, implement contingency management in the most effective way.

QUERI Substance Abuse conceived the Opioid Agonist Treatment Effectiveness Study

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In This Issue

Increasing Influenza Vaccination Rates in Veterans with Spinal Cord Injury

During the past 50 years, acute and long-term survival rates for persons with spinal cord injury and disease (SCI&D) have improved dramatically. This lifelong condition requires continuous efforts to prevent secondary complications and maintain quality of life.[1] In particular, persons with SCI&D are more likely to die as a result of influenza or pneumonia than individuals in the general population.[2,3] However, there is strong evidence that annual influenza vaccination is effective for preventing influenza and subsequent respiratory complications. Influenza immunization is supported by the VA as part of preventive SCI&D care.[4,5] In FY1998, data from a VA study that employed the External Peer Review Process (EPRP) suggested very low rates of influenza vaccination in the SCI&D population in comparison to the VA as a whole, 26.2 percent versus 71.2 percent, respectively.[6]

Spinal Cord Injury (SCI) QUERI is conducting a pilot study to identify appropriate strategies that will increase the rates of influenza vaccination in the SCI&D population. To explore strategies, it was necessary to identify the current barriers and facilitators to providing influenza vaccines in this population. SCI QUERI surveyed providers and patients by telephone at 12 SCI centers. Provider questions addressed specific strategies to facilitate vaccination and specific barriers encountered in providing the vaccine. Patient questions addressed issues of attitudes, knowledge, and behaviors regarding vaccination.

The results of the provider survey (n= 18) indicated that there was little variability between sites in vaccination strategies used during the pretest period. Regarding the patient survey (n=377), approximately 35 percent of the patients had either never received the influenza vaccine or had not received the vaccine in two years or more. The most frequent reason given for not having received a vaccination during the last influenza season was that the respondent did not believe that it was important (44%). Only half the patients interviewed were aware that the vaccine was recommended for persons with SCI&D and that pulmonary complications are the most frequent cause of death in persons with SCI&D. The patient survey had identified significant knowledge gaps in this population concerning respiratory health, suggesting that education is needed.

A multi-pronged intervention was then developed and piloted at four SCI Centers. Intervention sites and matched comparison sites were selected based on past performance on EPRP and patient and provider survey results. The intervention was implemented during the influenza vaccination season and focused on both providers and patients.

Post-test data are being collected from patients, providers and through medical records at the study sites. Patient surveys will determine the rate of patients' receipt of influenza vaccine during the current season. The rate at which providers offered the vaccine during each eligible patient encounter will be determined by chart review using EPRP. Post-test provider interviews will assess the strategies employed at the sites during the past influenza season. The impact of the intervention will also be indirectly measured by assessing health care utilization due to pneumonia and other acute respiratory infections. In addition, a cost analysis will assess the potential costs and savings of the intervention to VA in terms of vaccine rates and health care utilization.

Future Efforts

It is anticipated that results of the pilot work will demonstrate a positive impact on vaccination rates in SCI&D by identifying successful vaccination strategies. Utilizing these strategies, SCI QUERI is developing a more extensive translation effort that will focus on all 23 SCI Centers. Additional strategies being considered include computerized-clinical

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the need for planning strategies and interventions that will contribute to positive clinical change and lasting organizational change.

As QUERI groups continue their translation efforts in collaboration with OQP during the coming months, there is considerable opportunity, as well as a responsibility, to play a leadership role in improving the effectiveness, efficiency and outcomes of health care in VA and in the nation. I'm confident we are up to the challenge.

John G. Demakis, MD
Director, HSR&D

Breakthrough Series Collaborative

A number of VA health services researchers have participated in the *Breakthrough Series Collaboratives* sponsored by the Institute for Healthcare Improvement (IHI), the McColl Institute, and the Robert Wood Johnson Foundation. This exciting project fosters collaboration among health care organizations in order to facilitate rapid changes in a specific clinical or operational area that lower costs and improve patient outcomes. A Breakthrough Series Collaborative brings together the clinical, technical and social support necessary to implement and support condition-specific changes in health care organizations.

A Depression and Asthma Collaborative was carried out between 9/99 and 4/01. The Collaborative involved about 50 practices. The Substance Abuse and Mental Health Services Administration (SAMHSA) co-sponsored the project, and a number of practices in this Collaborative belonged to the Bureau of Primary Health Care practice network. Approximately half of the practices signed up to improve depression, and half to improve asthma care. Several faculty for each condition planned educational sessions, assembled relevant materials, and assisted practices with their planning and implementation efforts. Additional faculty with expertise in the Breakthrough approach, including Ed Wagner MD, MPH, Lloyd Provost PhD (statistician), and Andrea Kabcenell, RN, MPH, supported and guided both asthma and depression faculty and practices. Three two-and-a-half day meetings involving all faculty and several representatives from each practice were carried out over an eight month period. Ongoing communication between meetings was maintained through conference calls, a list-serv, and a website that posted monthly and quarterly reports from the practices.

IHI has applied this Breakthrough Series approach to a wide variety of other conditions and health care issues, such as diabetes, geriatric care, end-of-life care, HIV/AIDs, and congestive heart failure. All of the Breakthrough Collaboratives work to move care toward the Chronic Care Model first described by Dr. Ed Wagner, and highlighted in the recent Institute of Medicine report on the quality of medical care. [Visit the IOM website at http://www.iom.edu/ for more information on this report.] This model emphasizes the importance of following patient populations with specific conditions, using evidence-based treatments, and managing patients proactively. Case management, patient self-management, and collaboration among a provider team with the necessary expertise to meet patient needs are all key elements of a proactive approach.

Given the Chronic Care Model framework and the faculty's ongoing involvement, the practices in the Breakthrough Series are able to accomplish major care improvements. Several practices in our Collaborative had already participated in one or more previous Collaboratives, and were able to quickly incorporate the changes for depression or asthma care. The Breakthrough Series approach is clearly relevant to the translation process envisioned by QUERI, and a number of VA projects using the Breakthrough Series approach – or key elements from it – are already underway.

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For more information on the Institute of Healthcare Improvement's Breakthrough Series, visit their website at http://www.ihi.org/collaboratives

Give us feedback about QUERI Quarterly using the web at http://www.va.gov/resdev/prt/idp/

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/. For more information or to provide us with feedback, questions or suggestions, please contact:

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Improving Treatment

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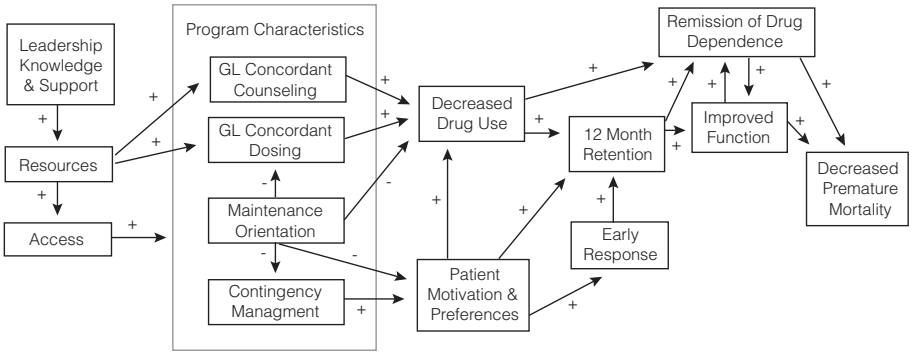
(OPIATES) to improve effective implementation of the four treatment practices aforementioned in order to more effectively decrease illicit opiate use and increase program retention. The QUERI Substance Abuse Executive Committee has worked with policymakers to promote increased funding of opioid agonist therapy. As a result, three new OAT clinics will be opened this year, with an additional three clinics expanding their capacity. Access should also be improved when buprenorphine receives FDA approval for the treatment of opioid dependence, which is expected later this year.

In the guideline implementation project, OPIATES will initially identify eight OAT programs that have significant variation from guidelines, and work with them to develop a performance monitoring system that focuses on the above four practices. QUERI Substance Abuse will then help programs use a facilitated form of the "Plan-Do-Study-Act" (set goals, measure progress, set new goals) quality improvement method that is common across VA facilities. The intent will be to decrease illicit drug use by 10 percent and improve 12-month retention by 10 percent within the first year, and again the second year. We also aim to produce a Quality Improvement Kit for OAT programs that will contain all of the elements necessary to implement the guidelines. The kit will be available not only within VHA, but will also be available to community clinics and other federal agencies.

Opioid dependence is a national problem of significant proportions, and has been growing in recent years. If successful, the OPIATE Study will make a substantial contribution to improving access to and quality of opioid agonist treatment programs nationwide.

Figure 1. Model of treatment process and outcome in opioid agonist therapy based on current evidence.



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**For more information about QUERI SAM*, contact their Administrative Coordinator, Janice Beyer at (650) 493-5000, ext. 22808, or e-mail at janice.beyer@med.va.gov.

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Vaccination rates

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reminders, nurse standing orders, as well as including pneumococcal vaccination.

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*This QUERI research was supported by VA's Office of Research and Development, Health Services Research and Development Service, and the Office of Quality and Performance through a Service-Directed Project Award. For more information on the SCI QUERI vaccination intervention, visit their website at http://www.sci-queri.research.med.va.gov/

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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 Tuesday, July 31, 2001 for publication in our September issue. Submit to Diane Hanks at diane.hanks@med.va.gov.