

## QUERI: A New Direction

In 1998, VA created the Quality Enhancement Research Initiative (QUERI)—a bold step into uncharted territory called “implementation research,” representing a new path toward quality improvement (QI). Eight QUERI Coordinating Centers were created, each focusing on a different disease or condition prevalent among veterans including cancer, diabetes, heart disease, HIV/AIDS, mental health, substance use disorders, and spinal cord injury. Thus far, QUERI Centers have achieved remarkable success, developing and testing interventions that have resulted in:

- Doubling of adherence to antidepressant medication;
- Reducing the use of inappropriately high doses of oral antipsychotic drugs for schizophrenia, with a concomitant decrease of 10% in antipsychotic drug costs;
- Improving provider adherence to guideline-based recommendations for the treatment of HIV;
- Increasing opioid agonist therapy by 20% among patients with narcotic addiction;

- Decreasing readmissions for patients with chronic heart failure by up to 10%; and
- Doubling the rate of influenza vaccination among spinal cord injury patients.

QUERI Centers also have evaluated QI interventions such as computerized, guideline-based recommendations, and the routine feedback of patient-reported health status to primary care physicians. In the process, QUERI investigators have contributed to the *science* of implementation with studies that examined human factors, informatics, organizational context, as well as the nature of evidence.

Along the way, the QUERI program encountered significant challenges that include understanding an array of VHA policy and procedures; developing collaborative links with key elements of the organization that were also invested in QI efforts, such as VA’s Office of Quality and Performance (OQP), Patient Care Services (PCS), and the Office of Information (OI); and gathering adequate data regarding the prevalence, treatment and outcomes of their target medical conditions. In addition, QUERI investigators had to ascertain the benefits, especially in relation to cost-effectiveness, of various interventions at the facility or VISN level. One challenge unique to QUERI was that the disease-specific orientation of their Centers restricted the scope of their work and inhibited collaboration, to some degree. For example, several

QUERI Centers are devoted to conditions for which hypertension is a primary causative risk factor or a major contributor to bad outcomes: stroke, ischemic heart disease, and diabetes. Yet, for none of these Centers is improvement of care for hypertension a major focus.

Despite these challenges, QUERI made remarkable progress.

As QUERI heads into its 7<sup>th</sup> year, it is time to take the experience and lessons learned to shape a new, even more innovative initiative.

### QUERI-II – The Next Generation

The next generation of QUERI is now being redesigned to become even more effective in promoting changes that directly improve quality of care. Among the goals are to:

- Create a durable partnership between researchers and system leaders;
- Apply evidence-based approaches to a broader spectrum of conditions affecting veterans;
- Expand opportunities for researchers to participate in national initiatives; and
- Continually assess the VA research pipeline and its effects on the care of veterans.

As part of this process, QUERI investigators will continue to study and implement research results directed at high-priority problems identified collaboratively by national leadership and researchers. QUERI-

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# New Online Journal for Implementation Science

Rapid progress in creating and disseminating new scientific knowledge relies on two traditional channels of communication – journals and conferences. When new fields of science emerge, research communications are often scattered across a wide range of these channels, mixed in with articles and presentations from the better-established fields from which the new field is emerging. Until the new field is sufficiently well-established to warrant its own dedicated communication channels, scientific exchange is hampered and progress can be slowed.

This is the current situation in the field of healthcare implementation science – the study of methods, mechanisms and processes by which effective, evidence-based clinical practices and quality improvement strategies become broadly implemented in routine healthcare delivery settings. In recent months, implementation researchers from VA's Quality Enhancement Research Initiative (QUERI), and elsewhere, have increasingly recognized the diffuse nature of their field and related communication challenges, as well as

the lack of dedicated conferences and journals for the exchange of scientific information about implementation research. Discussions about the need for a dedicated journal led to the formation of an ad-hoc plan-

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***The journal will be published as an online, open-access journal through BioMed Central. (www.biomedcentral.com)***

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ning group comprising VA and non-VA implementation research leaders. These discussions resulted in plans for a new online journal that will focus on implementation research.

- Tentatively titled *Implementation Science*, the journal will complement existing journals serving the healthcare quality improvement (QI) and implementation fields by focusing on core research problems and issues. Although efforts will be made to facilitate journal articles and content useful for QI practitioners, teachers, and man-

agers, the core mission and target audience for the journal will be implementation researchers.

- The journal will bridge the full range of perspectives comprising implementation research by attracting authors and readers from disparate disciplines, such as evidence-based medicine, knowledge utilization, social science and management perspectives on QI and healthcare practice change. Members of the editorial board will be sought from a broad range of disciplines, institutions and countries to further broaden the journal's value and relevance.
- The journal will be published as an online, open-access journal through *BioMed Central* ([www.biomedcentral.com](http://www.biomedcentral.com)). This will support efforts to ensure the interdisciplinary and international representation and relevance of the journal, and will allow for rapid publication and dissemination and full access by implementation researchers, practitioners, and policy audiences worldwide.

VA's Health Services Research and Development Service (HSR&D) has committed resources to support the journal, and is evaluating a proposal to have the journal's main editorial offices at HSR&D's Center for Information Dissemination and Education Resources.

QUERI and other HSR&D investigators interested in learning more about the journal or in contributing to the planning process or editorial process should contact Dr. Brian Mittman at [brian.mittman@med.va.gov](mailto:brian.mittman@med.va.gov).

*Brian Mittman, PhD*  
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*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 nine 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, stroke, and substance use disorders. *QUERI Quarterly* is available on the web at [www.hsrd.research.va.gov/publications/queri\\_quarterly/](http://www.hsrd.research.va.gov/publications/queri_quarterly/).

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

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## QUERI Joins with HSR&D National Meeting

This year QUERI joined with the 2005 Health Services Research and Development Service (HSR&D) National Meeting held from February 16-18 in Baltimore, MD. The meeting brought together about 500 researchers, clinicians, and policy makers who participated in plenary sessions, exhibits, workshops, and a poster session. Hosted by HSR&D's Center for Quality of Care and Utilization Studies (Houston, TX), the conference addressed numerous health care issues surrounding quality improvement and chronic diseases, such as: chronic care models, patient-centered care, HIV, post-traumatic stress disorder (PTSD), diabetes, and heart disease.

QUERI investigators submitted abstracts for the HSR&D National Meeting and 27 were accepted, including 3 workshops, 2 oral presentations, and 22 posters. Workshops focused on implementation research; the trajectory toward national roll-out for collaborative care for depression; and building the business case

for quality improvement and health services research. Oral presentations discussed two QUERI success stories: significantly increasing respiratory vaccinations among veterans with spinal cord injury, and the positive impact on quality of care following the implementation of HIV clinical reminders. Poster topics covered an array of health care issues important to veterans, including smoking cessation, opioid agonist therapy, colorectal cancer screening, diabetes care quality, and the management of depression and alcohol use. Additionally, QUERI investigators participated in the VA Quality Scholars pre-meeting session, as well as the Management Research Interest Group. Meeting participants and organizers appreciated the synergies gained by bringing implementation researchers together with traditional health services researchers.

Meeting highlights included the presentation of the Under Secretary's Award for Outstanding Achievement in Health Services

Research by VA's Acting Under Secretary for Health Jonathan Perlin, MD, PhD, MSHA, FACP. The award was presented to Rodney Hayward, MD, Director of HSR&D's Center for Practice Management and Outcomes Research in Ann Arbor, MI and former Research Coordinator for the Diabetes Mellitus QUERI group. In his new role as DM-QUERI's Senior Scientific Advisor, Dr. Hayward leads the collaboration between DM-QUERI and the Ann Arbor COE as they continue to conduct research to translate clinical findings into practice and to understand facilitators and barriers to the implementation of research findings.

To learn more about this year's HSR&D National Meeting and to view the abstracts, go to [www.hsrd.research.va.gov/about/national\\_meeting/2005/](http://www.hsrd.research.va.gov/about/national_meeting/2005/).

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## New Chronic Heart Failure QUERI

Chronic heart failure is associated with high mortality, poor quality of life, and is the number one reason for discharge from the VA medical service. The mission of the new Chronic Heart Failure Quality Enhancement Research Initiative (CHF-QUERI) is to improve survival and quality of life for all veterans with heart failure by implementing best practices. The best way to achieve this is through the increased use of care that has proven to prolong survival, while maintaining or improving quality of life, and through improved recognition of heart failure. Of the life-prolonging medical treatments (i.e., angiotensin converting enzyme (ACE) inhibitors, beta-blockers, and spirono-

lactone), CHF-QUERI will focus on beta-blockers because their use is sub-optimal and a large number of patients are candidates for therapy. CHF-QUERI will also examine the appropriate use of implantable cardioverter defibrillators (ICDs), which are highly effective at preventing sudden death. In addition, CHF-QUERI will work on the prevention of symptomatic heart failure by identifying patients in the asymptomatic stage of the disease (reduced left ventricular ejection fraction), or with risk factors for the development of heart failure (ischemic heart disease and hypertension). Another goal is to reduce hospitalization rates for patients with heart failure.

The new CHF-QUERI Center will be operational later this year. The Research Coordinating Center will be located in Palo Alto, CA, and the Clinical Coordinating Center will be in San Francisco, CA. Paul Heidenreich, MD, a cardiologist and health services researcher with a focus on the quality and cost-effectiveness of cardiac care, is the Research Coordinator. Barry Massie, MD, a Professor of Medicine at the University of California at San Francisco and an internationally renowned leader in the treatment of heart failure, is the Clinical Coordinator.

# HSR&D Introduces New Cyber Seminar Program

HSR&D's Center for Information Dissemination and Education Resources (CIDER) is coordinating the new HSR&D Cyber Seminar program. The program is being developed to provide information on a wide range of topics of interest to HSR&D investigators in a format that can be accessed 24/7. Cyber seminars employ state-of-the-art web-based conferencing technology that enables dynamic interaction among presenters and seminar participants from one's desktop. This allows participants to benefit from interactive demonstrations and discussions in real time. In addition, archived versions of seminars will be available on the web for viewing.

HSR&D Resource Centers – Health Economics Resource Center (HERC), Measurement Excellence and Training Resource Information Center (METRIC), VA Information Resource Center (VIREC), and CIDER will develop initial seminar

topics and content. HERC staff and invited experts will present sessions on current health economics research and methodology. In addition, HERC is offering a 14-week Health Economics Course that will cover topics such as: cost measurement, VA and non-VA cost and utilization data sources, methods of economic evaluation, modeling and measurement of health care outcomes, and patient utilities. This course meets for an hour and a half on alternate Wednesdays beginning March 2, 2005.

VIREC staff will offer one-hour seminars on topics that include VA mortality data, the VA pharmacy database and research applications, VA-Medicare datasets for research, risk adjustment, and the Health Data Repository. These courses will be held every two months beginning April 5, 2005.

METRIC staff are working to create archived presentations on a

number of topics such as modifying existing instruments, deciding how often to measure, interpreting clinically significant differences, and the science of self-report. These will be available late this spring.

CIDER staff are coordinating the production of a number of seminars for HSR&D researchers and VA managers. These sessions include archived versions of several workshops presented at the 2005 HSR&D National Meeting, as well as invited presentations by experts within and outside of HSR&D. For more information about cyber seminars go to — [www.hsr.d.research.va.gov/for\\_researchers/cyber\\_seminars/catalog.cfm](http://www.hsr.d.research.va.gov/for_researchers/cyber_seminars/catalog.cfm) to view the Cyber Seminars Catalog of upcoming and archived seminars, or contact Laurel Long at [laurel.long@med.va.gov](mailto:laurel.long@med.va.gov).

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II Centers would be established from the outset to include a collaborative group of health services and clinical

investigators and leaders from PCS, OQP, and OI, as well as VA operational leadership, in order to create a framework for the national spread and sustainability of optimal interventions.

QUERI groups and projects will assemble a national network of committed representatives from all quarters of VHA with the intent of “fast-tracking” the rollout of evidence-based practice across VA. To test the feasibility and effectiveness of the QUERI-II concept, a few projects would be established initially and would co-exist with original QUERI Coordinating Centers and/or Centers of Excellence. And although a Center would have an administrative base in one or two

geographic sites, its work would be distributed nationally. One or two VISNs, however, might serve as primary sites for data collection and pilot testing for interventions.

It is time to capitalize upon our initial successes and build upon them to further improve the health care provided to our veterans. Like the men and women it serves, the VA does not rest on its laurels but continues to strive toward increasingly higher goals.

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and  
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### 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 May 2, 2005** for publication in our June issue. Submit to Diane Hanks at [diane.hanks@med.va.gov](mailto:diane.hanks@med.va.gov).