



Preventive care is an important goal for persons with spinal cord injury and disease (SCI&D), particularly since they are at increased risk of complications due to their disability. Areas such as vaccinations to reduce respiratory infection, and changes in behaviors to reduce smoking and obesity are important to improve the overall health and quality of life for persons with SCI&D. In addition, many of the problems that persons with SCI&D face require that the patient have significant involvement in their own care. Pressure ulcer prevention and psychosocial issues are two areas in which self-management strategies may be particularly beneficial.

Improving Quality of Health for Veterans with SCI&D

Smoking Cessation

Almost one-third of veterans with SCI&D smoke despite the fact that they are at particularly high risk for respiratory complications due to their injury. SCI-QUERI is developing an evidence-based smoking cessation project that will improve delivery of tobacco cessation care and increase the number of veterans with SCI&D who choose to quit smoking.

Obesity in Veterans with Spinal Cord Injury and Disorders

With nearly two-thirds of veterans with SCI&D being overweight or obese, SCI providers are facing a major challenge in how to assess and treat obesity. SCI-QUERI has been funded by VA's Rehabilitation Research & Development Service (RR&D) to identify and evaluate simple, practical, inexpensive bedside techniques that can be used by clinicians to determine overweight and obesity status. In addition, this study is exploring associations between obesity, functional status, clinical conditions, and quality of life in order to better define the sequelae of obesity and to target areas for future intervention.

Self-Management of SCI-related Conditions

SCI-QUERI is working with clinicians at the Cleveland SCI Center to develop a home telehealth program to improve patient self-management skills for

preventing pressure ulcers (PrUs). PrUs are a major source of morbidity, decreased quality of life, and mortality, and pressure ulcers account for about one-third of all SCI/D hospital admissions. Prevention and early detection of PrUs are important goals. VA has been a leader in the use of telehealth technology to monitor patients' self-care needs using in-home messaging devices with disease management protocols (DMPs). Clinicians in Cleveland developed a set of DMP items that address patient knowledge, feedback behavior change, monitoring of symptoms and vital signs. Funding is in place for a rapid response project to have an expert panel of clinical practice guideline members validate and prioritize these DMP items. This study addresses issues of patient self-management, prevention, access to care, and early detection/intervention. The ultimate goal will be to test and validate items that will be administered to patients via in-home messaging devices in a future study.

My HealtheVet

QUERI is working with My HealtheVet (MHV) developers to create an SCI-specific condition center. This area on the web portal will contain information on SCI-specific issues and self-management practices including the Consumer Guides developed in conjunction with several evidence-based clinical practice

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guidelines. Once the condition center is in place, SCI-QUERI will work with MHV coordinators to enroll veterans with SCI and evaluate their use, satisfaction, and suggestions for additions and changes for the SCI Condition Center and MHV in general.

Psychosocial Issues

More than half of patients with SCI&D

experience chronic pain, with one-third of all pain problems described as “severe.” Multidisciplinary intervention is recommended as the best approach for treating pain following SCI&D. The SCI-QUERI team is examining current pain management practices for veterans with SCI&D in the VA health care system, and projects are underway to assess the applicability of multidisciplinary models of pain care among veterans

with SCI&D. In addition, persons with SCI&D are three times as likely to experience clinical depression as medically healthy persons. SCI-QUERI is examining the prevalence of depression, comorbidity of depression and pain, and current depression management practices for veterans with SCI&D. This will set the stage for implementation projects designed to improve care for depression among veterans with SCI&D.

How Do I Learn More?

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Web Resources

For more information about the QUERI program in general, visit the national QUERI website at:
www.hsrdr.research.va.gov/queri

For more information about SCI-QUERI, visit their website at
www.sci-queri.research.med.va.gov/

Access QUERI's

“Guide for Implementing Evidence-Based Clinical Practice and Conducting Implementation Research” at:
www.hsrdr.research.va.gov/queri/implementation

SCI-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for SCI-QUERI is **Frances M. Weaver, PhD** and clinical co-coordinators are **Barry Goldstein, MD, PhD** and **Margaret Hammond, MD**. This executive committee includes other experts, representatives of service organizations, and consumers in the field of spinal cord injury: Vivian Beyda, DrPH (United Spinal Association); Stephen Burns, MD; Fred Cowell (Paralyzed Veterans of America); Susan Garber, MA, OTR, FAOTA; David Gater, MD, PhD; Chester Ho, MD; Helen Hoenig, MD; Audrey Nelson, PhD, RN; Arthur M. Sherwood, PE, PhD (National Institute on Disability and Rehabilitation Research); Ann M. Spungen, EdD; and **Phil Ullrich, PhD** (Implementation Research Coordinator).