QUERI IHD–In Depth

VA is seeking to improve the quality of care in veterans with ischemic heart disease. One of the ways VA is working to improve this care is by establishing the QUERI Ischemic Heart Disease (IHD) group. The short-term objectives for QUERI IHD are to define baseline practice patterns, and to identify and implement quality improvement initiatives in acute coronary syndromes, coronary revascularization, and lipid management in patients with known IHD. The long-term objectives are to disseminate and implement quality improvement strategies; promote the development of a national database; and measure process and outcome of care in veterans with IHD.

The QUERI IHD Coordinating Center is working on multiple projects to support these objectives and has already made significant progress. Completed work includes the development of the Acute Myocardial Infarction (AMI) Report that highlights process and outcome of care for veterans with AMI in multiple VA Medical Centers. (See results in feature article.) In addition, the QUERI IHD Coordinating Center in Seattle is leading a project to develop the Lipid Measurement and Management System – a database that will combine clinical and lipid data in patients with IHD from five VISNs. This study will generate its first report this fall.

Veterans with AMI Receive High Quality Care in VA

Despite the dramatic fall in ischemic heart disease (IHD) mortality rates over the last three decades, IHD still remains the number one cause of death in the United States. Acute myocardial infarction (AMI) is a prevalent and costly form of IHD that affected over 150,000 veterans in 1997 alone. Given the impact of AMI on veteran patients, the QUERI Ischemic Heart Disease group (QUERI IHD) is focusing on the quality of care for veterans admitted with AMI. As part of this effort, QUERI IHD recently compared the quality of care provided for veterans with AMI in the VA healthcare system with the quality of care received in the private sector. The data used in this comparison were obtained from multiple sources including chart reviews and clinical trials. Benchmark data were obtained from the National Registry of Myocardial Infarction, the nation's largest ongoing registry with over 100,000 patients admitted to 1500 hospitals.

Early findings from this QUERI IHD study show that in both primary and tertiary VA facilities, VA has comparable or superior quality of care for veterans with AMI in comparison to the private sector. Briefly stated:

- Key validated quality measures for veterans with AMI exceed those in the private sector in the use of aspirin, beta blockers,

ACE inhibitors, and in the avoidance of calcium channel blockers.

- Because some patients cannot be treated with all guideline recommended therapies due to absolute or relative contraindications, guideline compliance for treatment of AMI within VHA may be approaching optimal levels.

- Cardiac procedure use was comparable or greater than the private sector.

However, the saying that "there is always room for improvement" holds true here as well. Findings also indicate that VA needs to decrease the time from patient arrival at a treatment facility to the administration of a thrombolytic agent. On average, "time to treatment" exceeds guideline recommendations.

QUERI IHD continues working to promote IHD best practices and ultimately improve patient outcomes.

Q&A QUERI

In the following interview, **John G. Demakis, M.D.**, Director, Health Services Research and Development (HSR&D) Service, shares his vision for QUERI and discusses the future of this dynamic program.

Q. How do you perceive QUERI's progress thus far? Are there particular challenges that lie ahead?

A. There are eight different QUERI groups and their progress varies because each started from a different base state. Overall, I'm pleased and feel that all eight groups are making progress using the QUERI steps. [See below for specific steps in the QUERI process.] The biggest challenge for all of the groups, however, is the translation issue. This was discussed at the last QUERI Research & Methodology (R & M) Committee meeting, and we believe that the QUERI groups need to be even more aggressive in disseminating, translating and integrating their findings into patient care.

Q. Is that something they can effectively do at this time? In other words, are there enough "new findings" at this early stage of the initiative?

A. This varies according to the group. Translating findings into practice and changes in policy and patient outcomes presents challenges that were identified during the review process of each QUERI group's strategic plan. All of the groups are working on translation in some way, but the R&M committee feels that they all need to increase their efforts in a systematic fashion. We have encouraged all of the QUERI groups to identify champions or opinion leaders at each facility. It is imperative for each QUERI group to identify leaders in the facilities who can help them shepherd their findings through to practice and policy changes.

Q. Do you see each QUERI group having to strategize on how to do the translation, or do you see the development of crossover processes that all the groups will use?

A. A little of both. We asked each group to think about this issue and come up with a plan on how to best implement this process. I will ask HSR&D's Veterans Evidence-based Research, Dissemination and Implementation Center (VERDICT) in San Antonio and the Information Dissemination Program at the MDRC in Boston to put together a national strategy for translation. There will have to be unique strategies for each group, but I think having some national models or policies will assist them. The issue of translation will be the theme of our annual QUERI meeting in February.

Q. How will QUERI be integrated with other VA quality initiatives?

A. This is also part of the translation issue. Translation has to happen at the local level but also at the network and national levels. We are in constant communication with the Office of Quality and Performance. There's a new leader coming on board shortly, and I hope to engage him in the QUERI process. With his help, the efforts can proceed at all three levels – local, network and national.

Q. Crosscutting issues, such as database improvement and costs and utilization, are important to all of the QUERI groups. How are these issues being coordinated across the QUERI groups?

A. The information and database pieces are being coordinated. We have engaged the Office of Informatics and they have designated a person, Julie Harvey, to work with us. She is up-to-date on QUERI and will have this initiative as one of her main responsibilities. We have asked the QUERI groups to identify the issues that need attention from that office, and we will communicate those issues to Ms. Harvey.

Q. What are your primary goals for QUERI over the next five years?

A. My goal is that in 5 years people will say the QUERI initiative made a significant difference in our care for veterans. I would like to be able to

Steps in the QUERI process:

1. Identify high-risk/high volume diseases or problems.
2. Identify best practices.
3. Define existing practice patterns and outcomes across VA and current variation from best practices.
4. Identify and implement interventions (including performance criteria) to promote best practices.
5. Document that best practices improve outcomes.
6. Document that outcomes are associated with improved health-related quality of life (HRQOL).

Clinical Practice Guidelines on the Internet

Clinical practice guidelines improve the quality of care by decreasing the variability in healthcare decision-making and by reducing healthcare costs. A public resource for comprehensive, evidence-based clinical practice guidelines is now available online through the National Guideline Clearinghouse™ (NGC). Sponsored by the Agency for Healthcare Policy and Research (AHCPR), in a public/private partnership with the American Medical Association (AMA) and the American Association of Health Plans (AAHP), the NGC™ is a valuable quality improvement tool.

Each guideline is abstracted and presented in a standardized format along with information about how it was developed. Users may also download the full text for any guideline. Comparisons of guidelines covering like topics are also presented, along with major interventions and areas of agreement and disagreement. The NGC™ provides over 400 guidelines, and new guidelines are added regularly.

For further information or details on how to submit guidelines to the National Guideline Clearinghouse™, visit the NGC™ website at http://www.guideline.gov or contact:

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Q & A QUERI

show that QUERI, working together with other groups of clinicians and managers, has been an integral part of improving the quality of care and outcomes of our patients. This has got to be clearly shown with hard data—good outcomes are improved and bad outcomes are decreased. If we can show this in 5 years for each QUERI group, then QUERI will be a great success.

Q. Dr. Kizer was especially supportive of QUERI. What effect will his departure from VHA have on QUERI funding?

A. Dr. Garthwaite, Acting Under Secretary for Health, is very supportive of QUERI and chairs our National Advisory Committee for QUERI. I plan to show Dr. Garthwaite the progress that QUERI has made and its promise for the future, and I have no doubt he will be very enthusiastic. There is a question of how much he will be able to support this initiative in the difficult budgetary times VA is currently experiencing. We should have a good idea of the VA budget sometime in October, and if there is budget relief, it will be easier to support more of QUERI's activities.

Q. Is there anything you are particularly excited about in QUERI's future?

A. Both Diabetes and Heart Disease (including ischemic heart disease, chronic heart failure, and stroke) have had quality improvement programs for some time, and QUERI has further energized their processes. These groups have been very successful in leveraging QUERI funds to show improvement in process issues, and in the short term will show some interesting outcomes improvements as well. It's also exciting to see some of the QUERI groups that didn't have as much experience in these areas, for example, Mental Health and Spinal Cord, utilize the QUERI process with such enthusiasm and dedication. I'm very encouraged by each group's progress.

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The main focus for QUERI IHD's second year will be on interventions to close the gap between cholesterol measurements in veterans with IHD and the generally accepted guideline recommendation. We have started programs at seven VA Medical Centers so that veterans with ischemic heart disease and an LDL cholesterol >100 mg/dl will reach target levels. Programs include new lipid clinics, computerized reminders and direct patient reminders. We will also evaluate the use of the newly approved platelet blocking agents.

Nathan R. Every, M.D., M.P.H.
Director, QUERI IHD
Coordinating Center
Seattle, WA VAMC

* For more information about QUERI IHD, please contact Anne Keane, PA-C, JD, Project Administrator, QUERI IHD Coordinating Center: phone: (206) 720-4452; e-mail: akeane@u.washington.edu.

QUERI Annual Meeting 2000
The third annual QUERI meeting will be held on February 2-3, 2000 in Reston, VA. The theme of this year's meeting will be "Translating Research into Practice." The annual meeting brings together the QUERI Executive Committees and members of the eight QUERI Coordinating Centers to focus on their specific group plans and processes. This meeting also serves as an opportunity for QUERI leaders and participants to discuss a broad array of important cross-cutting issues affecting the QUERI process. For further information about this meeting, contact Lynn McQueen, Dr.P.H., R.N., Associate Director for HSR&D QUERI, at (202) 273-8227 or e-mail at lynn.mcqueen@mail.va.gov.

QUERI UPDATES

CHF QUERI surveys cardiology care across the VA
Approximately 4.8 million adults suffer from congestive heart failure (CHF). The CHF QUERI Coordinating Center, based at the Houston HSR&D Center of Excellence, is creating a VA CHF Database Cohort. To date, there are 187,841 VA patients in the cohort. The database consists of all VA patients with the diagnosis of heart failure in 1997 or 1998. Using this database, the CHF Coordinating Center will provide periodic analyses of risk-adjusted rates for long-term care, acute hospital use, ambulatory care use, and mortality rates. Analyses will be performed system-wide, at VA network and facility levels, to document CHF treatment throughout the VA healthcare system. Preliminary risk-adjusted data will be available by late fall 1999.

SCI QUERI focuses on pressure ulcers
Pressure ulcers compromise the health status and quality of life of many persons with spinal cord injury (SCI). Much information has been collected regarding best practices for pressure ulcer treatment, but gaps in knowledge and practice persist. VA Office of Research and Development's HSR&D Service invites eligible VA investigators to propose Investigator-Initiated Research (IIR) projects that: 1) evaluate the effectiveness of secondary prevention programs in identified SCI populations at risk for repeated episodes of pressure ulcers; and/or 2) evaluate the effectiveness of technologies, interventions, products and/or specific care management strategies for pressure ulcer prevention or treatment in veterans with SCI, who either have pressure ulcers or are assessed to be at high risk of developing pressure ulcers. More detailed information on the Request for Application (RFA), *Priorities in Spinal Cord Injury: Pressure Ulcer Prevention and Treatment* can be found at http://www.va.gov/resdev/queri/sciiir6-992.htm.

Stroke QUERI works to improve care on several levels
Stroke QUERI focuses on the prevention, management and rehabilitation of patients with stroke. Facilitated by a panel of national stroke experts, Stroke QUERI has developed a stroke management "toolbox" that will serve as a blueprint for high quality stroke care throughout VA. Another ongoing major effort is a systematic facility-level survey to determine VA's anticoagulation management for patients with atrial fibrillation and identify any gaps in the treatment process. Post-stroke rehabilitation efforts are also a high priority for Stroke QUERI and include the validation of ICD-9 algorithms used to identify stroke patients across sites. Once complete, risk-adjusted models will be used to identify facilities for targeted intervention. For further information and updates on Stroke QUERI, please visit their web site at: http://hsrd.durham.med.va.gov/queri/default.htm.

DEADLINE FOR NEXT ISSUE: NOVEMBER 4th, 1999
Please submit articles, updates or other information of interest by Monday, November 4th, 1999 for publication in the December issue of *QUERI Quarterly*. Email all submissions to diane.hanks@med.va.gov or feel free to call Diane Hanks at (617) 232-9500 ext. 5055 for more information.