

Director's Column

Following the successful completion of several of QUERI's quality enhancement projects, we are now working to efficiently integrate QUERI's effective quality enhancement programs into routine care throughout the Veteran Health Administration's 21 VISNs (Veterans Integrated Service Network). Several recent activities have contributed to this goal, producing significant progress.

During the recent QUERI National Meeting, all eight QUERI groups presented findings from their initial projects, and many highlighted specific quality enhancement interventions. Immediately following these presentations, two special VISN/VHA Leadership Panels provided feedback to the groups on these interventions. Panel members also offered recommendations for integrating QUERI's quality enhancement programs into routine practice within VHA.

The Leadership Panel discussions at the National Meeting led to an invitation to present two of QUERI's quality enhancement programs at the quarterly meeting of the VISN Clinical Management Officers (CMO) and Quality Management Officers (QMOs). At the meeting, Mental Health QUERI described its program to improve adherence to guideline recommendations for antipsychotic dosing for patients with schizophrenia,

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## Improving Opioid Agonist Therapy

Opioid agonist therapy (OAT) is the most effective treatment for opioid dependence currently available and is also highly cost-effective.<sup>1-3</sup> The primary goals of the Opioid Agonist Therapy Effectiveness (OpiATE) Initiative are to increase access to OAT within the VA health care system, as well as to improve the quality of available treatment through the implementation of evidence-based OAT practices.

### Improving access

From FY 1999 to FY 2002, the total number of VA patients with an opioid dependence who had at least one visit to an OAT clinic during which they received medication increased by 20%. In addition, three new VA OAT clinics have been opened within the past year. However, there is still a substantial gap between the number of VA patients with a diagnosis of opioid dependence (25,000) and the number of patients that are currently enrolled in VA OAT programs (6,000), and many networks and large cities are still without VA opioid agonist therapy clinics.

### Improving treatment

In order to improve the quality of treatment for veterans with an opioid dependence, the OpiATE Initiative has focused on improving concordance with four evidence-based practices:

- **Higher agonist dosing:** Individualized dosing with the

majority of patients requiring 60 mgs or more of methadone per day.

- **Counseling support:** Weekly visits for new and unstable patients, monthly visits for stable patients.
- **Maintenance Orientation:** Retaining patients as long as needed, even indefinitely.
- **Contingency Management:** Providing systematic incentives for progress.

The OpiATE Initiative team developed the OpiATE Monitoring System (OMS) to measure and feed back performance in all four of these practice areas.

The OpiATE Initiative is piloting the OMS within nine VA OAT clinics. By participating in OMS, each clinic received a two-day site visit for education on the best-practice recommendations, the quality improvement process, and the use of OMS forms and tools. A facilitator then assisted the clinic leadership in identifying gaps between clinic practices and best-practice recommendations and consulted with the clinics about the use of OMS tools and strategies.

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# Barriers to Optimal Use of Computerized Clinical Reminders: The SCI QUERI Experience

The VA recommends that all persons with spinal cord injuries (SCI) be vaccinated against influenza and pneumococcal disease. To increase vaccination rates among veterans with spinal cord injuries, the SCI QUERI's Vaccine Initiative Project (VIP) team members have helped put evidence-based interventions into practice. As a result, influenza vaccine rates at VA SCI Centers have increased from 28% to 62% over the past several years, and pneumococcal polysaccharide vaccine (PPV) rates show a similar trend. Four evidence-based intervention strategies were used to increase vaccination rates:

- patient reminder letters and education,
- practitioner information,
- computerized clinical reminders (CCRs),
- and nurse standing orders.

This article reports on one of these intervention strategies: the use of CCRs for influenza and PPV.

## **Computerized Clinical Reminders**

VIP team members collected and shared information about CCRs with the 23 SCI Centers, and with information technology (IT) personnel in the affiliated hospitals. The team analyzed this information and identified barriers to the optimal use of these CCRs. Barriers were then resolved by working with local and national IT personnel.

## **Identifying Barriers**

Several barriers were identified by the VIP team. For example, each VA facility used unique protocols for granting staff access to the CCRs. As a result, SCI practitioners were not systematically granted access. Another

barrier was created by IT programming within the medical facilities. For instance, in some settings CCRs were linked to encounter forms that were only available when recording outpatient care, thus they were unavailable for recording inpatient vaccinations.

The VIP team also uncovered a subtle but important problem with the influenza CCR. The majority of CCRs are designed for regularly occurring clinical events and, therefore, are programmed to signal that a patient is "due" again in a fixed number of days. In most facilities, the CCR for influenza vaccine is programmed to become "due" 365 days after a vaccination. However, depending on when patients received last year's flu shot, their next vaccination would be due anywhere between 183-365 days. A practitioner who relies on an inaccurate 'due date' could miss an opportunity to vaccinate. Many IT personnel are still working to resolve this programming issue. This is relevant for all patients, not only those in SCI Centers.

The VIP team gathered additional useful comments about computerized clinical reminders, and found that most

personnel appreciate CCRs for various reasons. For example, the templates in the reminders allow (and prompt) entry of complete, consistent vaccine-related data, resulting in accurate patient medical records for future reference and vaccination audits. Further, clinical staff appreciated that information entered in a CCR is automatically transferred into the patient's electronic chart and workload database. The CCRs also have the potential for generating reports about the vaccine status of patients seen at SCI Centers.

The VIP team will facilitate this use of CCRs over the next year to ensure that personnel at the SCI Centers can review their progress toward the goal of providing influenza and PPV vaccinations to all of their patients.

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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 eight 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, and Substance Use Disorder. *QUERI Quarterly* is available on the web at [http://www.hsrd.research.va.gov/publications/queri\\_quarterly/](http://www.hsrd.research.va.gov/publications/queri_quarterly/)

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# QUERI NATIONAL MEETING: Sustaining & Expanding Impact: Translation Lessons for the Future

At the recent QUERI National Meeting, HSR&D brought together researchers, clinicians, VA leaders, translation experts, and non-VA leaders in the field of quality improvement to discuss QUERI's progress and, particularly, its integration within the overall VHA quality enhancement strategy. The National Meeting included individual QUERI group presentations, plenary sessions that focused on QUERI collaboration activities, and workshops on various topics relevant to sustaining and expanding QUERI impacts.

## **Highlighting quality improvement (QI) interventions**

All eight condition specific QUERI groups – chronic heart failure, colorectal cancer, diabetes, HIV/AIDS, ischemic heart disease, mental health, spinal cord injury, and substance use disorders – are working to translate research findings into improved patient outcomes and system-wide changes. Presentations by each group highlighted current QI interventions that have been tested and show promising results. For example,

- The Mental Health QUERI (MHQ) group developed a program to reduce antipsychotic dosing for patients with schizophrenia that occurs outside guideline recommendations.
- Chronic Heart Failure (CHF) QUERI created the CHF Coordinated Care Program (CCP) to reduce the high rate of hospital readmissions for veterans with chronic heart failure within VHA.
- Spinal Cord Injury (SCI) QUERI has developed a *Vaccine Initiative Handbook* to guide clinicians and

managers in increasing their VHA facilities' vaccination rates for high-risk patients, such as those with SCI and disease.

- Substance Use Disorders (SUD) QUERI developed the OpiATE Monitoring System to support opioid agonist therapy clinics and their efforts to improve clinical practices and patient outcomes for opioid dependent veterans.

Special panels made up of VISN and Central Office leaders provided valuable feedback to each of the groups following their presentations.

## **Workshops/Plenary sessions**

Workshops and plenary sessions presented at the meeting focused on various topics vital to QUERI's progress, such as: clinical policy, evidence synthesis, collaborations, IRB protection programs, and quality enhancement intervention and evaluation methods.

For example, the workshop titled *VHA Clinical Policy: Development, Promotion, and Measurement* featured presentations by representatives from many of the major national-level programs and activities related to clinical policy and practice development, promotion, and measurement/monitoring. One of the plenary sessions, titled *National and International Collaborators and Parallel Activities*, featured speakers from the Department of Defense (DoD), the United Kingdom National Health Service (NHS), Kaiser-Permanente, and the Agency for Healthcare Research and Quality (AHRQ). Participants in this plenary session discussed efforts to identify and develop specific collaborations and

continued interactions between QUERI and other health care delivery organizations.

## **Leadership Panel**

A leadership panel addressed the attendees about the importance of quality improvement efforts and QUERI, in particular. This panel included Robert Roswell, MD, Under Secretary for Health; Jonathan Perlin, MD, PhD, Deputy Under Secretary for Health; Nelda Wray, MD, MPH, VA's Chief Research and Development Officer; John G. Demakis, MD, Director of HSR&D; and Brian Mittman, PhD, a leading translation consultant. The panel stressed that QUERI's success is due to the dedication and talent of its researchers combined with the strong involvement of collaborators, in particular, VHA's Office of Quality and Performance and Patient Care Services.

QUERI will continue to work with others in VHA toward the integration of quality improvement research with VHA's health care delivery policies and practice. Significant progress is being made, as QUERI groups complete initial quality enhancement projects and produce programs and tools ready for system-wide application.

HSR&D looks forward to next year's QUERI National Meeting that will be held in Washington, DC in early December, 2003.

## OPIOID AGONIST

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### **Initial Results from OMS**

Among the participating clinics, the percentage of patients receiving 60 mgs or more of methadone per day at baseline ranged from 43% to 78%. With the assistance of the OMS facilitator, clinic leadership reviewed all patients who were receiving low doses of methadone to assess the appropriateness of the dose. They concluded that, depending on the clinic, only 20% to 40% of patients were appropriately maintained on doses of less than 60 mgs. These percentages reinforce the need to evaluate patients on an individual basis rather than apply a blanket dosing rule. Using the OMS tools and ongoing consultation with the OMS facilitator, OpiATE Initiative clinics demonstrated mean dose increases ranging from 4% to 35%.

The counseling received by patients was assessed as meeting minimal best-practice recommendations for all clinics at baseline. Qualitative data indicate progress on revision of clinic policies to be more consistent with maintenance orientation and contingency management principles.

### **Lessons Learned**

Many valuable lessons were learned through the OpiATE Initiative. For example:

- The translation process (steps

## **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 **Friday, May 2, 2003** for publication in our June 2003 issue. Submit to Diane Hanks at [diane.hanks@med.va.gov](mailto:diane.hanks@med.va.gov).

involved in bringing research into practice) must be individualized to fit the needs of the individual sites.

- The Quality Improvement process takes time; even with repeated contacts it can take up to 6 months to demonstrate substantial changes in practice.
- Clinics that have the strongest abstinence policies are discharging patients too quickly if they cannot comply with strict rules regarding illicit substance use. Our "model" clinic, which was essentially compliant with all recommendations at baseline, had rates of illicit substance use in the moderate range.

The pilot phase of OMS implementation is reaching its completion. The next steps for the OpiATE Initiative will be to transition our pilot clinics to self-directed use of the OMS that will incorporate a stand-alone OMS toolkit.

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For more information on the OpiATE Initiative and the OpiATE Monitoring System, contact Hildi Hagedorn at 612-467-3875 or [Hildi.Hagedorn@med.va.gov](mailto:Hildi.Hagedorn@med.va.gov).

## **Stroke Solicitation Deadline**

The deadline to file a notification of intent to apply for core support funding to establish a new QUERI Center for Stroke is March 14, 2003; full proposals are due May 14, 2003. This new Center is expected to target aspects of stroke-related care such as prevention, stroke complications, and stroke rehabilitation, with less emphasis on diagnosis and acute care. All VA medical facilities are eligible to apply.

For details about how to apply for this solicitation, visit the HSR&D web site at: [http://www.hsr.d.research.va.gov/for\\_researchers/funding/solicitations/#hsrd\\_queri](http://www.hsr.d.research.va.gov/for_researchers/funding/solicitations/#hsrd_queri), or call Becky Kellen at (202) 254-0216 for more information.

### References

- 1) Ball J.C., & Ross, A. (1991). *The Effectiveness of Methadone Maintenance Treatment*. New York: Springer Verlag.
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- 3) Marsch, L.A. (1998). The efficacy of methadone maintenance interventions in reducing illicit opiate use, HIV risk behavior, and criminality: A meta-analysis. *Addiction*, 93, 515-532.

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while CHF QUERI presented its Coordinated Care Program (CCP) to improve quality and reduce hospital readmissions for veterans with chronic heart failure. Following the two presentations, the CMOs/QMOs discussed specific mechanisms for collaboration to further evaluate and implement QUERI programs throughout VHA.

Close collaboration with VISN and CO leadership is a central element of QUERI's plans to progress from small-scale quality enhancement demonstration projects to larger projects conducted across multiple VISNs. These projects represent QUERI's ultimate goals to systemize quality enhancement and achieve better healthcare quality and outcomes for all veterans.

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