

Director's Letter

I am pleased to announce the establishment of a new Cancer QUERI Center (CRC-QUERI). Established in August 2001, the new Center will be located at the Minneapolis VA Medical Center in Minnesota. The Research Coordinator for CRC-QUERI is Michelle vanRyn, PhD, MPH, and the Clinical Coordinator is John H. Bond, MD.

With a focus on colorectal cancers (CRC), the new CRC-QUERI is a collaborative effort between HSR&D and the National Cancer Institute, as part of NCI's Quality of Cancer Care Initiative. The organizational centerpiece of the initiative is the Quality of Cancer Care Committee (QCCC). The QCCC was created to ensure that decisions by the Federal government regarding the care of patients with cancer will be consistent with the best scientific evidence available on quality outcomes. Thus, a collaboration with QUERI, a quality improvement program designed to translate evidence into practice, seems a natural partnership.

Spearheading the VA/NCI collaboration, within NCI, are Dr. Robert Hiatt, Deputy Director of the Division of Cancer Control and Population Sciences and Chair of the QCCC, Dr. Joseph Lipscomb, a Branch Chief for Outcomes Research, and Dr. Molla Donaldson, a Health Policy Analyst with Outcomes Research.

Continued on page 2

A Report on HIV Care in the VA

Human Immunodeficiency Virus (HIV) infection causes a chronic progressive disease that leads to death if untreated. Over the course of 5 to 10 years, HIV typically results in significant immune depletion, chronic symptoms, and vulnerability to a variety of opportunistic conditions that characterize AIDS (Acquired Immune Deficiency Syndrome). The VA is the largest provider of HIV care in the United States, thus the highest quality care of HIV infected patients is a priority.

As part of its mission to improve the quality of care for veterans with HIV and promote system-wide improvements, the Quality Enhancement Research Initiative for HIV/AIDS (QUERI-HIV), based at the VA San Diego Healthcare System, administered a national survey, the VHA Survey of HIV/AIDS Programs and Practices, to senior HIV clinicians at VA medical centers across the country. The survey collected information about VHA programs and practices for HIV screening and care delivery for veterans with HIV/AIDS in order to assess variations in care and opportunities for improvement. The survey sought to answer several specific questions about HIV care.

To what extent has the VA adopted screening policies?

Results of the survey show that only about one-third of VAMCs that currently serve patients with HIV/AIDS have established policies for screening for HIV infection (through antibody testing) for any specific

group of patients. Further, not more than one-tenth of VA hospitals have written policies regarding testing for the detection of acute HIV infection early in the course of the disease and prior to development of antibodies for specific groups of patients.

How is HIV care organized?

More than 70 percent of VAMCs manage their patients HIV infection in a specialty clinic or program (e.g., infectious disease, oncology or special HIV/AIDS program), with the next largest provider group seeing patients with HIV/AIDS in a primary care setting in conjunction with an HIV expert. Special HIV clinics are typically open two or fewer half-days per week, and VA inpatient care for HIV/AIDS is almost exclusively provided in traditional medicine wards rather than dedicated HIV/AIDS units. More than half of all facilities have on-call access to HIV experts 24 hours per day.

Who is providing care for HIV disease?

Most HIV providers within VA have more than 10 years experience

Continued on page 4

In This Issue

Aggressive treatment for LDL cholesterol in veterans with diabetes Page 2

CHF QUERI assesses outpatient coding Page 3

Upcoming events Page 4

Aggressive Treatment of LDL Cholesterol in Veterans with Diabetes

Diabetes affects an estimated 10-16 million people in the United States; in the VHA one out of every eight patients seen has diabetes. Further, middle-aged persons with diabetes have two to four times the risk of

macrovascular disease (e.g., coronary artery disease and stroke) and overall mortality compared to similar persons without diabetes.

Studies suggest that patients with diabetes and known coronary artery disease may achieve more benefit than the general population from aggressive treatment with statins of Low Density Lipoprotein Cholesterol (LDL-C) of values greater than 130-140 mg/dL.¹⁻² Therefore, the elimination of substantially elevated LDL-C levels in individuals with type 2 diabetes is likely to be highly cost-effective and must be one of the highest priorities for VA diabetes care.

A report released in 1998 by the Health Care Analysis and Information Group (HAIG) suggests that the VA is doing as well, or better, than most health care systems in both measuring and treating LDL-C levels for patients with diabetes. However, there is still substantial room for improvement in monitoring and treating hyperlipidemia, thus one of the key goals of the QUERI Diabetes Mellitus (QUERI-DM) translation plan is to decrease the number of veterans with diabetes who have substantial elevations of LDL cholesterol (LDL-C > 140mg/dL).

As part of this effort, QUERI-DM is currently evaluating an intensive, multi-faceted clinician focused intervention that consists of a VISN-wide Diabetes Summit, the dissemination of educational materials, continuing medical education presentations, and the distribution of facility and team profiling reports and patient lists — all designed to reduce the number of high-risk individuals such as those with substantially elevated LDL-C values.

Thus far, the evaluation has shown that in FY98 average LDL-C values for facilities in the QUERI-DM intensive intervention VISN ranged from 113mg/dL to 133mg/dL. In FY99, all of the facilities showed improvements in their LDL-C measures among patients with diabetes with average values ranging from 110mg/dL to 118mg/dL. Mean LDL-C values in FY00 ranged from 101mg/dL to 125mg/dL. This observed improvement in LDL-C translates into a conservative estimate of 300-500 lives saved due to the decreased risk of cardiovascular-related mortality. Additional evaluation of these trends, including comparing LDL-C values and treatment in the VISN that utilized the intervention with other VA healthcare facilities, is expected to be finished in January 2002.

Sarah Krein, PhD, RN
Executive Committee Member
Rod Hayward, MD
Research Coordinator
QUERI-DM

1. Pyorala K, Pedersen TR, Kjekshus J, Faergeman O, Olsson AG, Thorgeirsson G. Cholesterol lowering with simvastatin improves prognosis of diabetic patients with coronary heart disease. A subgroup analysis of the Scandinavian Simvastatin Survival Study (4S). *Diabetes Care.* 1997; 20:614-20.

2. Haffner SM. The Scandinavian Simvastatin Survival Study (4S) subgroup analysis of diabetic subjects: implications for the prevention of coronary heart disease [editorial; comment]. *Diabetes Care.* 1997; 20:469-71.

**For more information on QUERI-DM, visit their website at: <http://www.hsrd.ann-arbor.med.va.gov/QUERI-DM/QUERI-DM.htm>.*

Director's Letter

Continued from page 1

As the second leading cause of death from cancer and the third most common type of cancer, the 5-year survival rate is over 90 percent when colorectal cancer is diagnosed in its earliest stage. However, less than one-third of these cases are detected early. Thus, the first priority of CRC-QUERI is translating research to promote best practices designed to improve CRC screening and colonoscopic follow-up. A second priority will be enhancing the quality of CRC treatment and end-of-life care.

CRC-QUERI joins our other QUERI groups, which have made remarkable progress toward translating research findings into practice since their inception three years ago.

Recently, Dr. John Feussner, VA's Chief Research and Development Officer, congratulated HSR&D for their new collaboration with the National Cancer Institute on the QUERI initiative in cancer. Both Dr. Feussner and I welcome CRC-QUERI and look forward to its successes.

John G. Demakis, MD
Director, HSR&D

CHF QUERI Assesses Coding in VA Outpatient Clinic File

CHF QUERI researchers have completed an assessment of the accuracy of the VA Outpatient Clinic File (OPC) for identifying patients with chronic heart failure. Studies which used VA administrative databases to select a cohort of patients with a specific medical condition had, until recently, been restricted in the way in which patients could be identified, since only the VAs discharge database contained diagnostic codes. This restricted study cohorts to patients who had been hospitalized, and could bias the study sample and subsequent findings toward the more severely ill.

Beginning in October 1996, the OPC was expanded to include diagnostic data recorded at each outpatient visit. If patients with CHF are accurately recorded in this outpatient file, it would allow for the identification of all veterans with CHF treated at VHA facilities, regardless of whether they were hospitalized. This unbiased sample could then be used to advance our knowledge regarding the various patterns of care received by these patients and, in particular, the types of care associated with better outcomes. Although some studies had been done on the quality of data in VAs inpatient database, less is known about the accuracy of the outpatient clinic files.

Thus a study was designed to determine whether the OPC was a reliable resource for identifying CHF study subjects by assessing the accuracy of the diagnostic data. The validation study began with the random selection of 600 outpatients from 12 VA medical centers across the country. Half of the subjects were coded in the FY98 outpatient database

as having CHF. The other half had no outpatient diagnosis of heart failure.

In the next step of the study, medical records for these patients were obtained from the Veterans Health Information Systems and Technology Architecture (VISTA) computer system of each of the twelve hospitals. Two physicians on the project then independently reviewed medical record abstracts for all subjects, assigning them to one of four categories: (1) has CHF; (2) does not have CHF; (3) equivocal; or (4) not enough information. The physicians' judgment as to each subject was the gold standard against which the coding of CHF in the outpatient database was compared.

The comparison of the physicians' judgments with the coding in the outpatient file demonstrated that the VA outpatient database is highly reliable with respect to diagnostic coding of CHF. For example, of the 187 outpatients the physician reviewers diagnosed with CHF, 183 were coded with CHF in the OPC. The overall sensitivity was 98%, while specificity was 89%.

These study results were encouraging. A database of all CHF patients, constructed using diagnostic information in the FY97 through FY00 outpatient clinic files, now includes over 250,000 VA patients with CHF. This large national database is being used by CHF QUERI investigators to answer a wide variety of research questions, including geographic and temporal variations in the utilization of VA services by patients with the full spectrum of CHF severity.

*Nancy Petersen, PhD
Executive Committee Member
CHF QUERI*

* This study was part of a grant on Resource Utilization and Outcomes in Patients with Chronic Heart Failure awarded to CHF QUERI by the American Heart Association and Pharmaceutical Roundtable. This work was also supported by VA's Office of Research and Development, HSR&D, and CHF QUERI Coordinating Center. For more information about this study, contact Donna Espadas at the CHF QUERI Coordinating Center by phone (713) 558-4573 or e-mail despadas@bcm.tmc.edu.

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: colorectal cancer, 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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Upcoming Events

Fourth QUERI Annual Meeting

HSR&D will hold its fourth QUERI Annual Meeting on December 12-14, 2001 in Orlando, Florida. Further information about this year's meeting will be posted on the QUERI website at <http://www.hsr.d.research.va.gov/queri.cfm>.

Conference focuses on translation

Funded by the Agency for Healthcare Research and Quality (AHRQ) and hosted by the

University of Texas Health Science Center, the 16th Annual Primary Care Research Methods and Statistics Conference will be held November 30 - December 2, 2001 in San Antonio, TX. The conference theme is "Translating Research into Practice," with an emphasis on methodology, statistics, and practice-based research networks. Several QUERI translation experts will attend the conference to learn and share information.

Submissions

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates or other information of interest to our readers by Friday, November 30, 2001 for publication in our January 2002 issue. Submit to Diane Hanks at diane.hanks@med.va.gov.

Do you find QUERI Quarterly helpful? Let us know at:

<http://www.va.gov/resdev/prt/idp/>

HIV Care in the VA

Continued from page 1

treating patients with HIV/AIDS, and have treated more than 120 such patients. VA's with special HIV clinics report significantly higher patient volumes per provider, although their providers have about as many years of experience treating patients with HIV as do providers treating HIV patients in non-specialty settings. VA's with special HIV clinics have twice the number of infectious disease MDs, but half the total number of MDs providing HIV care compared to VAMCs that mainstream care. Conversely, VAMCs that mainstream care have more than 5 times the number of internal medicine MDs, which is consistent with this care being delivered in primary care settings. The survey also shows that 60 percent of VAMCs do not hold multidisciplinary team conferences for reviewing the health care needs of patients with HIV/AIDS, although this is partly because of the small number of providers who have lower caseloads that allow the time and flexibility in scheduling to accommodate such conferences.

Are providers aware of and using HIV practice guidelines?

Fewer than half of the VAMCs serving patients with HIV have adopted HIV practice guidelines. The aspects of care most commonly addressed in local guidelines include initial work-up and screening, opportunistic infection prophylaxis, and the use of antiretroviral therapy. Most VAs use HIV guidelines as general reference material rather than incorporating them into charts via flow sheets or integrating them as computerized prompts or flags.

Recommendations for improving care

Providers in this survey identified several "very-to-extremely effective" ways to promote guideline adherence, including:

- electronic reminders at the point of care,
- regular meetings of providers to identify ways to improve care, and
- one-on-one meetings of providers with HIV experts.

Providers' perceived barriers to guideline implementation included:

- concerns about patients not adhering to provider recommendations,

- inadequate time during patient visits, and
- no systematic ways to identify patients who would benefit from guideline-concordant care.

QUERI-HIV continues its work to improve the quality of HIV care by testing the strategies that the surveyed providers said they preferred. One study is investigating the effects of computerized clinical reminders and a rapid cycle quality improvement collaborative on process and outcome measures. If successful, these results will support system-wide implementation of these strategies to improve HIV care in the VA.

"VHA Survey of HIV/AIDS Programs and Practices: Results of a National Survey," Yano EM, Phillips B, McWhorter V, Asch S, Owens D, Menke T, Chang S, Bozzette S.

*For more information about QUERI-HIV, contact their Administrative Coordinator, Candice Bowman, PhD, RN at (858) 552-4325, or by e-mail at cbowman@vapop.ucsd.edu.