

Director's Letter

Taking research findings and translating them into improved patient care and system-wide improvements is what the Quality Enhancement Research Initiative (QUERI) is all about. Translation was the theme of this year's QUERI Annual Meeting, and will be QUERI's focus for the year 2000. Yet translation does not come easily to researchers. Once our findings are published, we often move on to the next project. However, as applied researchers we know that this is not enough. We have to show that our research findings can be practically applied to patient care and systems improvement. As Johann Wolfgang von Goethe once said, "Knowing is not enough; we must apply. Willing is not enough; we must do." Over the past year, QUERI has made rapid progress. All of the QUERI groups (Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, Stroke, and Substance Abuse) are doing very well, and some are ready to undertake the translation process. All of the QUERI groups are actively involved in translation planning for their respective projects.

Translation is about providing the right care at the right time to the right patient – in a seamless, routine manner. This is what QUERI is all about.

*John G. Demakis, M.D.
Director, HSR&D*

QUERI Annual Meeting 2000 Focuses on Translation

Over 100 VA researchers, administrators, managers and staff convened on February 2-3 in Reston, VA for the third annual Quality Enhancement Research Initiative (QUERI) meeting, in order to focus on translating the latest QUERI findings into optimal patient outcomes and system-wide improvements. Thomas Garthwaite, M.D., Acting Under Secretary for Health, and VHA's highest ranking official, welcomed conference participants and spoke about QUERI's unique design. QUERI links management decisions to evidence so that providers, patients, administrators and others can make the best possible decisions about care. Improved quality of patient care is at the heart of the QUERI mission.

In reviewing the exciting work accomplished thus far by the eight QUERI groups (Chronic Heart Failure, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, Stroke, and Substance Abuse), Dr. Garthwaite noted "pragmatic discoveries and plans that will allow us to advance the care in these particular areas, (and) to improve the quality of care and the design of the system that will have a positive effect on the lives of many veterans."

Next John R. Feussner, M.D., Chief Research & Development Officer, praised all those involved in making QUERI's first two years a success, and then moved on to the current challenge — translating QUERI's findings and tools into

clinical actions that impact health care and improve patient outcomes. Dr. Feussner challenged QUERI participants to continue coordinated efforts to **systematize** quality improvement by institutionalizing national partnerships within VA. Systematizing care processes and making the practice of evidence-based medicine routine for providers and others contributes to the emerging role of VA as a national leader of quality integration.

The QUERI initiative is led by VA's Health Services Research & Development Service (HSR&D), whose Director, John G. Demakis, M.D., highlighted QUERI's rapid progress thus far. For example, last year 135 projects were conducted across QUERI groups. These projects are being developed for clinical practice around the country. More than 110 products (tools) have been developed or are on their way to the patient's bedside, and outcomes are being released and considered in relation to VA policy.

To continue the momentum already established, QUERI participants are focusing on **translation** during the year 2000. With this in mind, the

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Survey of Mental Health Guideline Implementation

The Mental Health QUERI (MHQ) focuses on two disorders that are prevalent among veterans: major depressive disorder and schizophrenia. Major depressive disorder (MDD) is a chronic, relapsing condition and one of the most common mental illnesses. While antidepressant medication and psychotherapy reduce symptoms in 50-70% of the patients who begin a course of high-quality care, depression is often underdiagnosed and inadequately treated. Schizophrenia, affecting more than 2 million Americans, also often lacks appropriate medication management. Studies indicate that 50% of patients with schizophrenia who are discharged from hospitals do not remain in treatment and, subsequently, experience poor outcomes.¹

With these treatment concerns in mind, MHQ recently developed and conducted a survey designed to characterize efforts to implement clinical practice guidelines for major depression and schizophrenia at the VISN (Veterans Integrated Service Network) and VAMC (Veterans Affairs Medical Center) levels, including efforts to promote best-practice clinical care. Each VISN's Mental Health Liaison was contacted, as well as the Chief of Mental Health Services from 66 VAMCs (a stratified

random sample of VAMCs, 3 per VISN, stratified on academic affiliation). Data are reported from 91% of VISN Liaisons and 76% of the VAMC sample. The survey focused on:

- which guidelines for MDD and schizophrenia were being implemented by VISN or VAMC,
- current and planned activities to facilitate guideline implementation,
- the extent of outcomes monitoring associated with guideline implementation, and
- barriers to guideline implementation.

Results of the survey of Mental Health Liaisons showed that the majority of VISNs reported guideline implementation in at least some of their facilities. The majority (80-100%) reported using the following strategies to implement guidelines: guideline dissemination, education regarding guidelines, performance measurement, and feedback of performance data to clinical/managerial staff. In addition, the majority of responding VISNs (55%) reported that they were evaluating the impact of guideline implementation efforts for MDD, while 40% reported that they were evaluating the impact of guideline implementation for psychoses.

The most common evaluation measures for MDD guidelines included: proportion of patients screened for MDD, outpatient follow-up visit within 30 days of hospital discharge, and percent of patients diagnosed with MDD who were in treatment for it. The most common evaluation measures for psychoses guideline implementation were re-admissions and change in scores on the Global Assessment of Functioning (GAF).

VISN Liaisons reported several barriers to guideline implementation, including the complexity of the guidelines, limited time in primary care, clinician resistance, costs of novel antipsychotics, and problems associated with using VA data systems for performance monitoring.

Results from the survey of VAMCs indicated that, for MDD guideline implementation, most focused on: screening, diagnostic evaluation, medication management, and referral

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QUERI Co-Chair Elected to American Society for Clinical Investigation

Sam Bozzette, M.D., Ph.D., co-Chair of QUERI HIV/AIDS, was recently elected to the American Society for Clinical Investigation. Founded in 1909, this prestigious national organization promotes the cultivation of clinical research and includes as its members those physician scientists and clinical investigators who have conducted “meritorious original clinical investigations.” The American Society for Clinical Investigators publishes the very well-regarded *Journal of Clinical Investigation*.

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: 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/category.htm#queri and on our FAX service by calling (617) 278-4492 (please follow voice prompts).

For more information or to provide us with feedback, questions or suggestions, please contact: Geraldine McGlynn, *Editor*, Information Dissemination Program, Management Decision and Research Center (152M), Veterans Affairs Medical Center, 150 South Huntington Ave, Boston, MA 02130-4893; Phone: (617) 278-4433, FAX: (617) 278-4438, E-mail: geraldine.mcglynn@med.va.gov

QUERI Annual Meeting 2000

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Keynote Speaker, M. Lynn Crismon, Pharm.D, addressed attendees on “Translating Evidence Into Practice: Dissemination, Implementation, and Evaluation.” Dr. Crismon’s research and practice focus on pharmacotherapeutic interventions to improve the clinical outcomes of patients with severe mental illness and brain disorders. Over the past several years, he has been involved in the translation process by working to change clinical behavior using a medication algorithm. Dr. Crismon spoke about the challenges and lessons learned about translation during ongoing, successful efforts by the Texas Medication Algorithm Project

in Austin, Texas, for which he is the co-Director.

The QUERI meeting agenda was designed to help QUERI investigators work on the three key elements of the translation process (dissemination, implementation, and evaluation), and included five workshops: “Quality Assurance Tools” (e.g., performance measures), conducted by Jacqueline Pugh, M.D. and Peg Baumann, M.D.; “Translation” (an example of translating a research finding), conducted by Martin Charns, DBA; “Translating in the Field” (e.g., identifying opinion leaders), conducted by Brian Mittman, Ph.D. and Michael Davies, M.D.; “Dissemination Methods”, conducted by Geraldine McGlynn, M.Ed. and Diane Hanks, MA; and “Translation at

Headquarters” (promoting national policy change), conducted by Carol VanDeusen Lukas, Ed.D., and Greg Neuner, MBA, CHE. Following the workshops, the eight QUERI Executive Committees met separately to strategize their translation plans, which were then presented to participants on the final day of the conference.

Next year’s Annual QUERI Meeting is tentatively scheduled for January 10-12, 2001. For more information about QUERI, please contact QUERI’s Associate Director, Lynn McQueen, Dr.P.H., R.N., who organized this year’s annual meeting with great success, at (202) 273-8227, or e-mail at: lynn.mcqueen@mail.va.gov.

Performance Measure for Schizophrenia Treatment

Schizophrenia is a chronic condition and a major focus of the Mental Health QUERI (MHQ) effort. One of the most disabling mental disorders, schizophrenia affects more than 2 million Americans and, in the last four fiscal years, more than 33,000 veterans were discharged from VA hospitals with a primary diagnosis of schizophrenia. The efficacy of antipsychotic medication in treating this disease has been demonstrated in numerous studies. Several clinical

practice guidelines, including those published by the American Psychiatric Association and the Schizophrenia Patient Outcome Research Team (PORT), recommend a daily dose of 300 to 1,000 mg of chlorpromazine or equivalent doses of other antipsychotics for the treatment of acute exacerbation of schizophrenia.

Given the importance of maintaining patients on the appropriate medication, MHQ conducted a study to determine the proportion of patients with schizophrenia who are treated with the recommended dose of antipsychotics. Subjects of this MHQ study were patients with schizophrenia who were hospitalized short-term, and then followed at six months. At the time of hospital discharge, the daily dose of antipsychotic medication was determined by reviewing the medical records and computerized pharmacy data. The prescribed medication was then converted to an equivalent

dosage of chlorpromazine (CPZE) for comparison with the guideline recommended range. At six-month follow-up, the severity of the patients’ symptoms was assessed.

Results of this study showed that patients who had been prescribed doses that were outside of the recommended guidelines had significantly greater symptom severity, taking into account patient characteristics and medication compliance. These findings suggest that the proportion of patients with schizophrenia who are prescribed guideline recommended doses of antipsychotics can serve as a useful performance measure. Performance measures assess critical aspects of care, such as guideline recommended medications that have a strong relationship to patient outcomes¹. This measure can then be used to screen patients for potentially

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Submissions

QUERI Quarterly is glad to accept submissions for publication consideration. Please submit articles, updates or other information of interest to our readers by Tuesday, April 25, 2000 for publication in our June issue. Submit to Diane Hanks at diane.hanks@med.va.gov.

Survey

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to specialty care. For psychoses guideline implementation, the majority of VAMCs in this study reported emphasizing diagnostic evaluation and medication management.

Forty-two percent of VAMCs reported evaluating the impact of guideline implementation for MDD. Common evaluation measures included screening for MDD, number of referrals from primary care, and changes in Beck Depression Inventory scores. For psychoses, 25% of respondents reported evaluating the impact of guideline implementation. Common evaluation measures for psychoses guidelines included: re-admissions, changes in length-of-stay, and GAF scores. The facilities also reported barriers to guideline implementation, including limited time in primary care, complexity of guidelines, clinician resistance, lack of time for continuing staff education, and the labor-intensiveness of documenting guideline concordance.

In summary, the Mental Health QUERI survey found that the majority of VAMC and VISN mental health leaders reported guideline implementation efforts for MDD and schizophrenia. Educational activities are the most common approach to implementation. Moreover, some facilities and networks are conducting their own efforts to evaluate guideline implementation. This survey suggests that additional efforts could be made to implement and evaluate mental health guidelines, and there are barriers to these efforts that need to be addressed. Mental Health QUERI plans to continue to monitor these activities, and to develop and disseminate tools, such as mental health clinical reminders and pocket cards, to promote guideline implementation.

New QUERI Stroke Solicitation

Stroke is the third leading cause of death in the U. S. and a major cause of morbidity and functional impairment. Each year approximately 750,000 people suffer from stroke and nearly one in five die. Three million stroke survivors live with various degrees of neurological impairment that affect patients physically, psychologically and economically. In VA, approximately 15,000 veterans annually receive acute inpatient care for stroke, and about 70% of stroke survivors receive rehabilitation care at an estimated cost of \$40 million.

In order to enhance the quality of care and the quality of life for veterans who have suffered a stroke or are at risk of stroke, a new solicitation for Investigator-Initiated Research (IIR) Proposals has been issued by VA's Health Services Research and Development Service (HSR&D) on "Priorities in Stroke Prevention and Management." This announcement invites IIR proposals in four areas of stroke prevention, management and rehabilitation. The four areas of research specifically include:

- Hypertension - evaluation of intervention effectiveness and compliance issues related to hypertension.
- Acute Stroke Management - evaluation of the effectiveness of decision support tools designed to promote best practices.
- Quality of Life - development and testing of Health-Related Quality of Life (HRQOL) measures for stroke.
- Post-stroke Rehabilitation - comparison of stroke outcomes across VA facilities and VISNs.

Interested researchers should respond to this solicitation as soon as possible. The first step is to submit a Letter of Intent (LOI). The deadline for proposals (after receiving approval of the LOI) is May 1, 2000. Please visit the QUERI Stroke website at <http://hsrd.durham.med.va.gov/queri/default.htm> for more information.

For more information regarding this report, visit the Mental Health QUERI website at <http://www.va.gov/resdev/queri.htm> or <http://vawww.mentalhealth.med.va.gov/mhq>

¹Fisher EP, Marder SR, Smith GR, Owen RO, Rubenstein L., Hedrick SC, and Curran GM. The Mental Health Quality Enhancement Research Initiative (MHQ). *Medical Care*, in press.

on the further development of this performance measure and its possible dissemination in order to enhance performance measurement efforts related to the treatment of veterans with schizophrenia.

¹McGlynn EA. Choosing and evaluating clinical performance measures. *Joint Commission Journal of Quality Improvement*, 24(9):470-479. 1998.

This article was contributed by the Mental Health QUERI Coordinating Center. For more information, please contact Geoffrey M. Curran, Ph.D. at (501) 257-1808.

Schizophrenia Treatment

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inappropriate medication management for schizophrenia and, therefore, lead to improved patient outcomes.

Mental Health QUERI is working

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