QUERI’s Mission

To enhance the quality, outcomes and efficiency of VA health care by systematically translating (implementing) clinical research findings and evidence-based recommendations into routine clinical practice
QUERI’s Attributes and Culture

• “QUERI is not research”
• “QUERI time”: rapid results, rapid response efforts, short timelines, management decision making timeframe, learn-while-doing
  – (“do it fast or do it right” vs. “do it quickly and correctly or don’t do it at all”)
• Outcome- and impact-oriented
QUERI’s Attributes and Culture (cont.)

• Service-directed, *mission-driven* vs. investigator-initiated, *emergent*

• Collaborative, interdisciplinary, team approach
  – Research, operations, external stakeholders (VSOs, non-VA researchers, non-VA clinical/policy leaders)
  – Clinician scientists, social/behavioral scientists, clinical leaders, managers
  – Internal collaborations (see list)
  – External collaborations (NIH, AHRQ, CDC, QuIC, QCCC; International; DoD)
Nine QUERI Centers Address Specific Health Conditions

- Chronic Heart Failure (CHF)
- Colorectal Cancer (CRC)
- Diabetes (DM)
- HIV/AIDS (HIV)
- Ischemic Heart Disease (IHD)
- Mental Health (MH)
  - Schizophrenia
  - Depression
- Spinal Cord Injury (SCI)
- Stroke (STR)
- Substance Use Disorders (SUD)

Planned: Inter-QUERI Working Group on Hypertension; QUERI Center in Traumatic Amputations
QUERI Program Structure

• Coordinating Center Structure, Leadership
  – “Center without walls”: core- and field-based staff
  – Research Coordinator (*Director, PI*)
  – Clinical Coordinator (*Clinical Liaison, Assoc Director*)
  – Implementation Research Coordinator
  – Administrative Coordinator

• Center and Program Guidance
  – Center-specific Executive Committees (*Steering Committees*): 10-12 member inter-disciplinary, VA/non-VA
  – Program-level National Advisory Council, Research and Methodology Review Committee
QUERI Program Structure (cont.)

• Center Funding and Activities
  – Core funding ($350K/year across primary, secondary sites) for coordination, technical assistance, pilot work, VA and non-VA liaison, consultation and collaboration
  – IIR, SDR, SDP funding for research, improvement projects
QUERI Collaborations

• VHA offices
  – Office of Quality and Performance
  – Office of Patient Care Services
  – Office of Information
  – Employee Education System

• Other VHA programs
  – National Clinical Practice Guidelines Advisory Council
  – Performance Measures Work Group
  – National Leadership Board
  – network/facility leadership
  – MIRECCs, GRECCs, PADRECCs
  – Hep-C Resource Centers, Patient Safety Centers
<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Identify high risk/high burden conditions</td>
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<td>2.</td>
<td>Identify best practices</td>
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<td>3.</td>
<td>Define existing practice patterns in VA and variations from best practices</td>
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<td>4.</td>
<td>Identify (or develop) and implement programs to promote best practices</td>
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<td>5.</td>
<td>Document outcome and system improvements</td>
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<td>6.</td>
<td>Document improvements in health related quality of life</td>
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QUERI’s Research/Implementation Pipeline

1. Pilot projects
   - Clinical research, mainstream HSR
   - Implementation policy
   - Implementation research
   - Clinical trials, guideline development
   - Ongoing evaluation and feedback

2. Small-scale demonstrations
   - Variations studies
   - Outcomes studies
   - Data, measures

3. Regional demonstrations
   - Program, tool development
   - 1. Pilot projects

4. “National Rollout”
Annotated QUERI Six-Step Process

Step 1: Select Diseases/Conditions/Patient Populations

1A. Identify and prioritize (via a formal ranking procedure) high risk/high burden clinical conditions

1B. Identify high priority clinical practices/outcomes within a selected condition

Step 2: Identify Evidence-Based Guidelines/Recommendations

2A. Identify evidence-based clinical practice guidelines

2B. Identify evidence-based clinical recommendations

Notes: See Step C for development of evidence/recommendations
Annotated QUERI Six-Step Process

Step 3: Measure and Diagnose Quality/Performance Gaps

3A. Measure existing practice patterns and outcomes across VHA and identify variations from evidence-based practices (quality, outcome and performance gaps)

3B. Identify determinants of current practices

3C. Diagnose quality gaps and identify barriers and facilitators to improvement

Notes: Step 3C is pre-improvement
Annotated QUERI Six-Step Process

Step 4: Implement Improvement Programs

4A. Identify quality improvement strategies, programs and program components or tools (e.g., via literature reviews)

4B. Develop or adapt quality improvement strategies, programs, program components or tools (e.g., educational resources, decision support tools)

4C. Implement quality improvement strategies and programs

Step 5/6: Evaluate Improvement Programs

5. Assess improvement program feasibility, implementation and impacts on patient, family and system outcomes

6. Assess improvement program impacts on health related quality of life (HRQOL)
Annotated QUERI Six-Step Process: 
*Pre-QUERI Steps*

**Step M: Develop Measures, Methods and Data Resources**

- **M1.** Develop and/or evaluate patient registries, cohort databases, data warehouses
- **M2.** Develop and/or evaluate case-finding or screening tools
- **M3.** Develop and/or evaluate structure, process or outcome measures
- **M4.** Develop and/or evaluate organizational structure/system, clinical practice, utilization or outcome databases

**Step C: Develop Clinical Evidence**

- **C1.** Develop evidence-based clinical interventions, recommendations (clinical research)
- **C2.** Develop evidence-based health services interventions (health services research)
QUERI Projects and Activities, 2003

Over $11M in funded activities

- 8 Centers ($2.8M)
- 23 Service Directed Projects ($3.5M)
- 22 Investigator-Initiated Research projects ($3.3M)
- 6 Service-Directed Research projects ($982K)
- 98 Locally-Initiated (Coordinating Center) projects (core LIPs)
Sample Projects:
Data, Measures, Research Tools (Step M)

• Registries and cohort databases
  – VA Cancer Care Outcomes Research and Surveillance data system (CanCORS)
  – VA CHF Cohort database
  – VA HIV/AIDS, SCI registries
  – Data warehouse/”roll-up” enhancements

• Case-finding, screening algorithms

• Measure development (structure, process, outcome)
  – develop/evaluate assessment tools (SUD: GAF, ASI)
  – validate/supplement administrative/chart data (SCI)
Sample Projects: Variations Studies (Step 3)

- CHF: substantial practice, outcomes variations
- SCI: low adherence to vaccination recommendations
- IHD: wide variations in LDL measurement, control
Sample Projects: Implementation, Quality Enhancement (Steps 4/5/6)

- SCI Vaccine Initiative led to VHA-wide policy targeting SCI patients for flu vaccination--and to increased vaccination rates; *Program Manual* available
- CHF Coordinated Care Program improved patient stability at/after discharge and reduced readmission rates, with positive patient satisfaction
- MH Depression initiative has increased appropriate identification and management of depression in primary care
- MH, SUD programs increased appropriate use of anti-psychotics and opiate agonist therapy, respectively; *Program Manuals* and tools available
Summary: QUERI Contributions

QUERI contributes to improvements in veterans’ health and health care by:

• Identifying, measuring and studying (diagnosing) VHA quality gaps
• Developing and implementing quality enhancement programs and tools
• Producing important knowledge and insights regarding VHA quality enhancement processes, barriers and facilitators
• Actively contributing to VHA’s clinical policy development and quality improvement programs
www.va.gov/resdev
www.hsrdr.research.va.gov/research/queri

• Publications:
  – Newsletters (QUERI Quarterly, other HSR&D)
  – QUERI Fact Sheets
• Project, publication databases
• Links to QUERI center websites
• Grant solicitations, new initiatives
HSR&D Resources:
Health Economics Resource Center (HERC)

• Mission: to improve the quality of VA health economics research
• Services: help desk, guidelines, guidebooks, and datasets
• Contact information:
  – www.herc.research.med.va.gov
  – herc@med.va.gov
  – Tel: 650-617-2630 (Pacific Time)
  – Director: Paul Barnett, PhD
HERC training resources

• HERC health economics teleconferences
  – 4th Wednesday of the Month
  – Contact herc@med.va.gov

• Health Economics Course
  – Next scheduled for Fall 2004
HERC resources for health economists new to VA

• Special issue of *Medical Care Research and Review* on VA cost determination

• Guidelines for cost-effectiveness analysis
HSR&D Resources:
VA Information Resource Center (VIREC)

Strategic Goals:
• Create a growing knowledge base of information about VA and select non-VA data for VA researchers
• Share knowledge about databases and information systems with researchers
• Represent the interests of VA researchers using databases and information systems
VA Databases Documentation

- Medical SAS® Inpatient and Outpatient datasets
- Pharmacy Benefits Management (PBM) data
- VA long term care data
- Decision Support System (DSS) national clinical extracts
- Veterans Health Information Systems Technology and Architecture (VISTA) clinical data
VIReC Information Dissemination

- Toolkit for New Users of VA data
- Research user guides to VA databases
- *VIReC Insights* – monograph series
- *Data Issues Brief* – monthly
- HSRData listserv
- Help Desk
- Director: Denise Hynes, RN, PhD
VIReC Special Projects

- VA-Medicare Linked Datasets
- HIPAA and Data Security Issues
- Informatics Support for QUERI
  - Data Issues Workgroup (DIWG)
  - Liaison with OI, OQP, Database Stewards
  - National Unmet Data Needs
  - QUERInfo Listserv maintenance
  - Joanne Stevens, RN, BSN, Project Coordinator
    Stevens@research.hines.med.va.gov
- Amputation QUERI resources (e.g., databases related to amputation and prosthetics) to be posted on the VIReC website this month