

QUERI Implementation Roadmap:

Supporting More Rapid Innovation, Implementation, and Sustainability in a Learning Health Care System

Amy M. Kilbourne, PhD, MPH
Nicholas Bowersox, PhD
David Goodrich, EdD
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CEIR

Center for Evaluation and Implementation Resources

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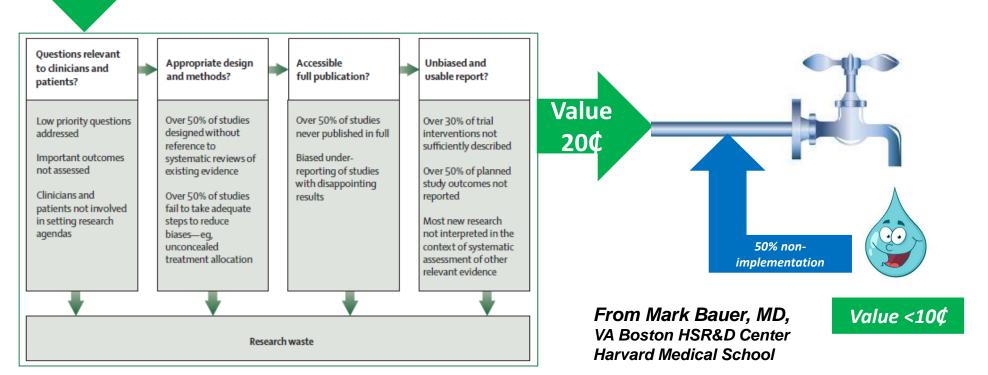




Why QUERI? Effective Practices are Not Routinely Implemented

80% of medical research dollars do not result in public health impact.

—Chalmers & Glasziou, Lancet 2009

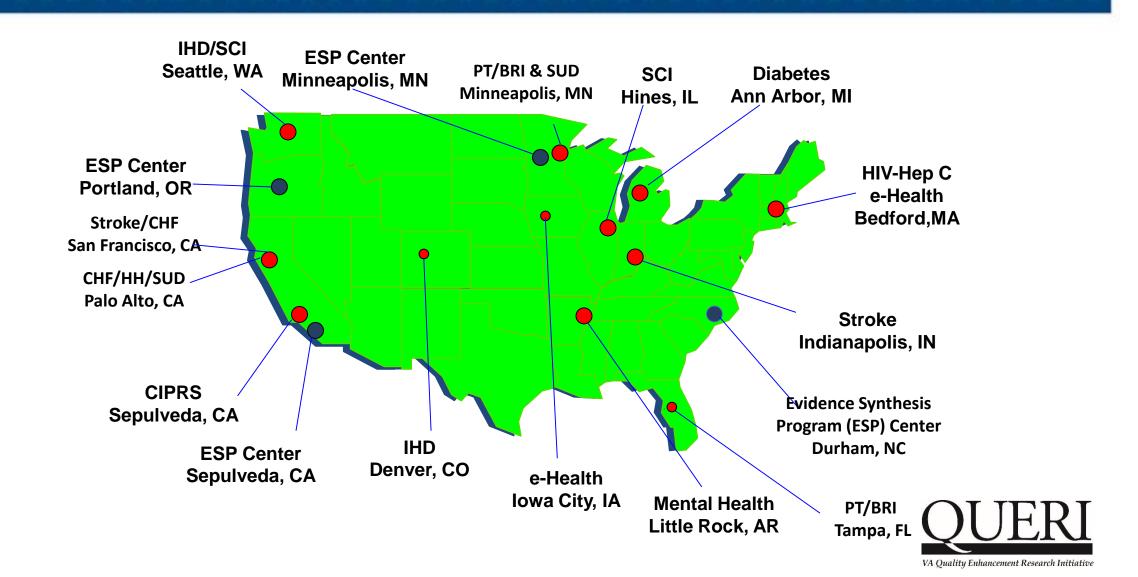


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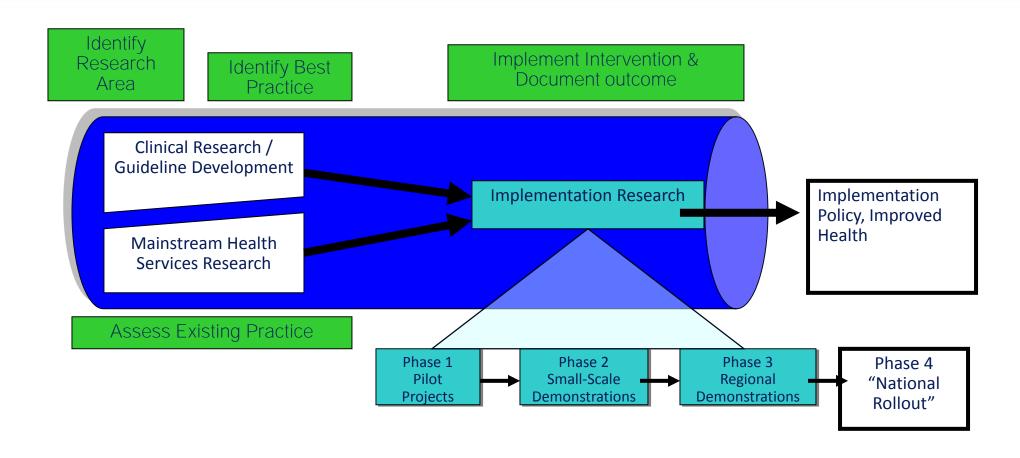
Source: Mark Bauer, MD, VA Boston HSR&D Center Harvard Medical School



QUERI Centers circa 2014



QUERI Implementation Pipeline circa 2008





Persistent Research-to-Practice Gap

- Research not aligned with national/local policies/priorities
- Effective practices not designed with frontline providers in mind
- Variation in organizational capacity, commitment
- Top down implementation strategies often have a short-term focus
- Effective implementation strategies empower providers to innovate/own process
- Implementation is an iterative process, not always linear



Ensuring QUERI is responsive and relevant to national and local priorities

QUERI: Current Goals & Impacts



Rapid deployment of effective practices in routine care using implementation (quality improvement) strategies

Over 50 effective practices implemented <1 year

Focus on later-majority sites

VISN Partnered Initiatives



Support rigorous evaluations of national programs or policies using rapid, "non-research" protocols

20+ Partnered Evaluation Initiatives

15 QUERI Programs

Informed National VA policies/legislation

Evaluation Resources



Expert knowledge and implementation for operations leaders to scale up/spread effective practices

Resource Centers: ESP, CEIR, PEPReC

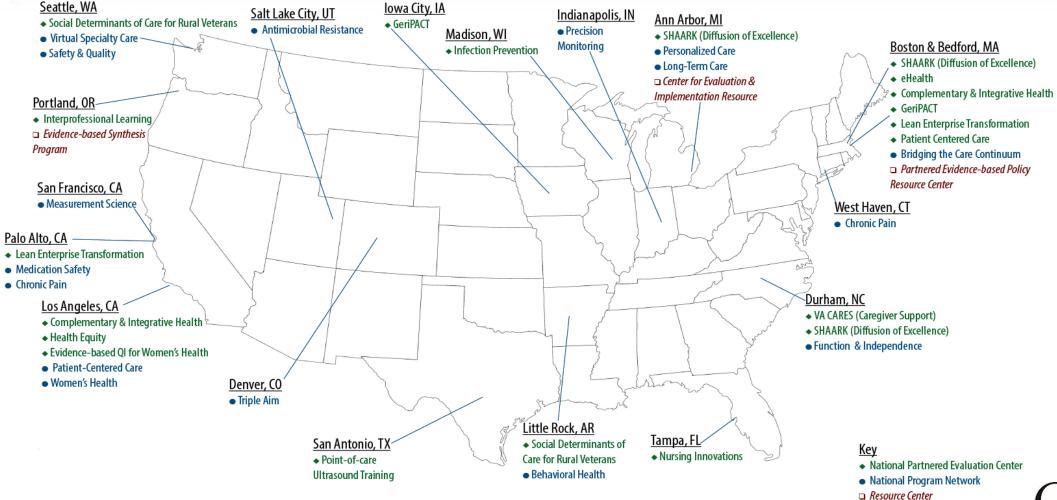
Evidence reviews: VA operations leaders

DEI Implementation

Training Network



Over 40 QUERI Centers Today





QUERI: Promoting Learning Health Care Systems

- VACO priorities often focus on national management issues (access, budget, workforce) that are
 the concerns of managers/policymakers
- QUERI Programs/Partnered Evaluations/ESP Centers often focus on specific care processes, programs, or populations (concerns of clinicians)



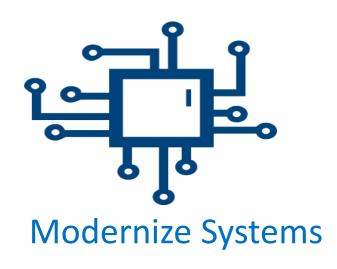
Initiatives of managers/policymakers cannot be successful unless they can work at the clinic level

- QUERI aligns national leadership priorities (top-down) with local provider engagement (bottom-up)
- QUERI can provide the **clinic-level expertise** through a deep understanding of implementation barriers/facilitators and the strategies to mitigate them
 - Require comprehensive data on providers, business processes, clinical outcomes, ROI



Top 5 Priorities for VA













Suicide Prevention



Top Clinical Priority Nominations QUERI Live Voting at December 2017 NLC Meeting

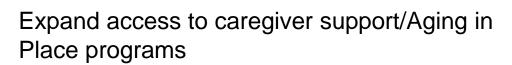


28% Implement effective care coordination models for community care



Increase access to virtual care services for Veterans

16% Improve access to medicationassisted opioid use & pain treatment





Improve gender-specific care (women's health, prostate cancer)

Improve timeliness and efficiency of specialty care services



Enhance primary care efficiency

Improve recruitment/retention of mental health providers

Deploy whole health best practices



24% Enhance implementation of suicide prevention services



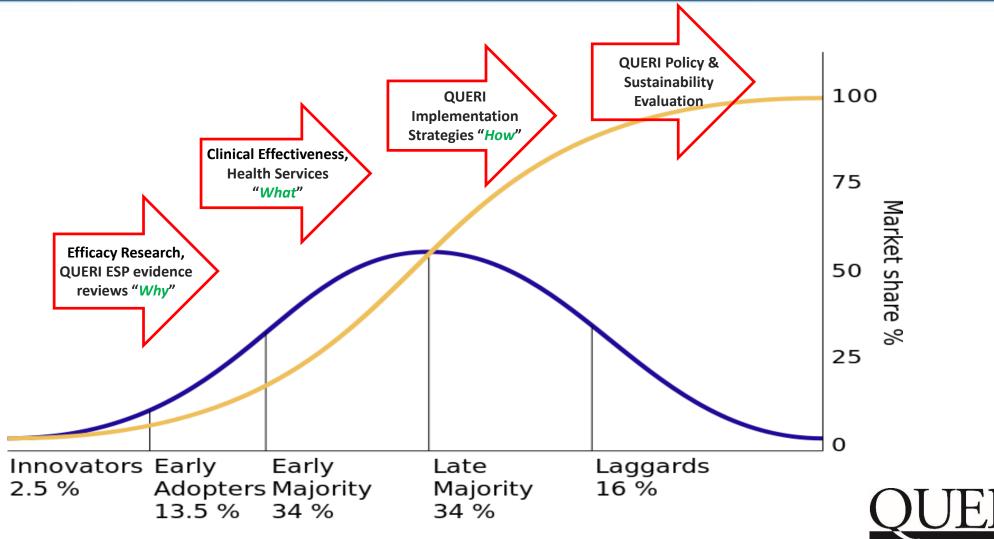
QUERI Included in FY2019 VHA Performance Plan

Medical Center and Network Direct Performance plan goals include requirements to scale up and spread promising practices, encouraging adoption of "best practices" explicitly defined as treatments <u>based on QUERI projects</u> as well as those derived from VA research or Diffusion of Excellence Gold Status practices

New QUERI-VISN Partnered Implementation Initiatives promote scale up and spread of best practices for top clinical priorities chosen by VISN leaders (live voting at National Leadership Council), benchmarked to SAIL metrics

VA Quality Enhancement Research Initiative

QUERI and Diffusion of Innovations



VA Quality Enhancement Research Initiative

^{*} Diffusion of Innovations, Everett Rogers

Examples of QUERI Program Implementation Strategies

Relative Intensity of Strategy

Evidence-based Quality Improvement

A systematic approach to developing local research-clinical partnerships to produce tailored evidence-based care models or redesigns (Rubenstein et al, 2010)

Replicating Effective Programs

User-friendly practice manual allowing adaptation, provider training, ongoing technical assistance (Hamilton et al, 2018; Huynh et al, 2018, Wang et al 2018)

Audit+Feedback

Remote electronic extraction of local quality performance and provide feedback (Jamtvedt, 2006; Ivers, 2012)

Facilitation

Interpersonal process of diagnosing barriers to uptake, providing encouragement and advice in mitigating barriers, co-develop action plans to resolve barriers to implementation. Blended Facilitation uses Internal and External Facilitators (Kirchner et al, 2015)

De-implementation

Un-learning by engaging clinicians in rational choice to stop practice, substitution approach where an alternative practice is introduced (Prasad et al, 2014)

Value-based incentives





Trends Underscoring the Need for an Updated Implementation Roadmap

- Empower frontline providers to lead performance improvement
 - High-performing, high reliability health care system*
 - Learning Health Care System
- Increase diversity of partnered implementation opportunities
 - Increased demand for expertise in implementation and evaluation beyond one-offs
 - Guidance on how to partner effectively and agree on common objectives
- The imperative for clear communication between researchers and operations
 - Reduce jargon traditional QI terminology vs. implementation science language
- Pragmatic and learning emphasis less linear approach to research
 - Rapid, responsive, and iterative experimentation with the goal of learning and innovation
 - More opportunities for local input, ownership
- Establishment of a common set of terms and principles to guide researchers AND operations in implementing, spreading, and sustaining EBPs
- Guidelines to foster effective use of data and metrics to benchmark impact



Roadmap Guiding Principles

- Implementation as a **multi-phase process**, (e.g., Dynamic Adaptation Process, Replicating Effective Programs frameworks)
- Requiring specificity in technical skills, capacity, fidelity; variation in diffusion across different settings over time, as well as opportunities to adapt (user-centered design)
- Learning health care system principles (teaming, psychological safety, etc.)
 - Transactional Leadership to create "push" for an EBP
 - Transformational Leadership: "pull" for providers to integrate EBP into routine care
- Address multi-level barriers and solutions
 - Consolidated Framework for Implementation Research (CFIR) and the Theoretical Domains Framework (TDF) to address individual & organizational determinants
 - Use of tailored but well-specified implementation strategies (ERIC Project)
- Rigorous evaluation methods, designs, analyses (e.g., RE-AIM evaluation framework)



QUERI Implementation Roadmap Components

- 3 Phases: pre-implementation, implementation, and sustainability
- 3 levels within each phase describing activities to:
 - 1. Support the uptake/sustainment of the EBP
 - 2. Activate stakeholders or local delivery capability
 - 3. Optimize use of data and measurement to asses progress
- Phases are iterative cycles of experimentation and refinement expect to pilot & pivot (and sometimes, lather, rinse, repeat)
- Ongoing adjustments to optimize fit to local contexts and patient populations
- Flexible application planning and evaluation of national program deployments or supporting scale-up and evaluation of local promising practices



QUERI Implementation Roadmap: Pre-Implementation

Support & sustain uptake of effective practices using implementation strategies

	Pre-implementation	Implementation	Sustainability
	Identify a problem and solution	Implement an intervention	Sustain an intervention
What is being	Agree on a high-priority need	Select implementation strategies	Plan for spread and maintenance
implemented?	 Identify EBPs and settings 	 Tailor strategies to local settings 	Monitor for changes in EBP
impiementeu:	Define improvement aim(s) and scope	 Disseminate implementation plan 	Weigh costs of maintaining EBP
	Clarify core elements of EBP	Disseminate plan support tools	
	Engage stakeholders	Activate implementation teams	Transition ownership to stakeholders
Who and what settings are	Garner leadership/stakeholder support	Convey top-down practice support	Provide management support
	Assess improvement capacity	"push" to local sites from leadership	Plan and budget for resources
involved?	Identify barriers to change, solutions	 Empower bottom-up "pull" to enhance stakeholder buy-in at local level 	Support continuous learning and innevation in least states added to the same.
	Package EBP with delivery adaptations	 Create stakeholder feedback channels 	innovation in local stakeholder teams
	Develop measures and data	Monitor implementation progress	Ongoing Evaluation and Reflection
What is being measured?	Design evaluation to match aims	 Convey performance goals 	Consumer outcomes
	Identify benchmark quality indicators	 Report progress to stakeholders 	Delivery of EBP (fidelity vs. adaptation)
	Establish baseline performance	 Make data accessible 	Stakeholder engagement
	Select data, metrics, and goals	Adjust plan based on feedback	System-level outcomes

Pre-Implementation Pearls

- Resource: Evidence-based Synthesis Program systematic reviews
- Engaging operations early and often: identify stable point people
- Assessing local capacity for change, variation over time
- Define core elements of EBP, apply user-centered design thinking to encourage adaptations
- Identify data sources including provider networks (in VA the most effective sources might be within a program office)



QUERI Implementation Roadmap: Implementation

Support & sustain uptake of effective practices using implementation strategies

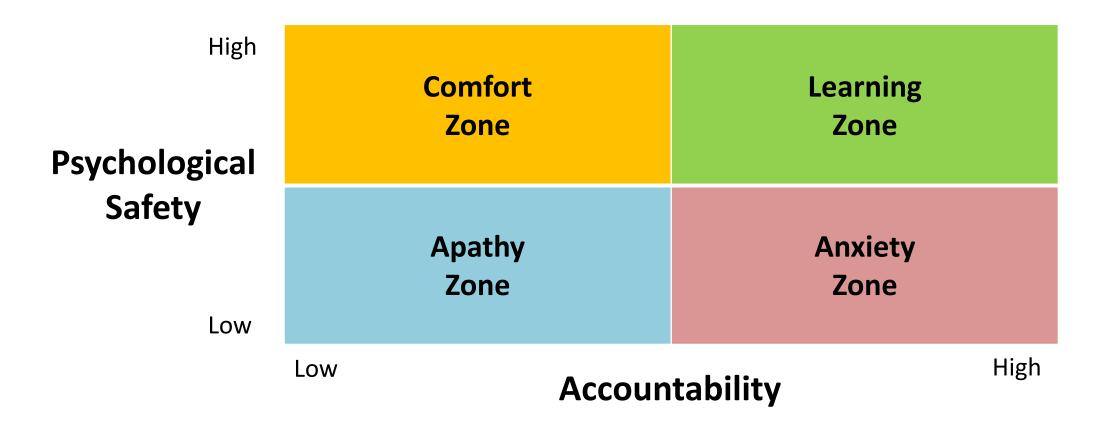
	Pre-implementation	Implementation	Sustainability
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	Engage stakeholders	Activate implementation teams	Transition ownership to stakeholders
Who and what settings are involved?	 Garner leadership/stakeholder support Assess improvement capacity Identify barriers to change, solutions Package EBP with delivery adaptations 	 Convey top-down practice support "push" to local sites from leadership Empower bottom-up "pull" to enhance stakeholder buy-in at local level Create stakeholder feedback channels 	 Provide management support Plan and budget for resources Support continuous learning and innovation in local stakeholder teams
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Implementation Pearls

- Operationalize discrete implementation strategies to foster cross study comparisons
 - Transformational –focused strategies
 - Transactional –focused strategies
- Systematically track tailoring of implementation strategies
- Include leadership and organizational practices that foster learning climates/cultures that motivate providers and build local delivery system capacity for future EBPs
 - Accountability is not incompatible with innovation (see next slide)
- Effective use of data helps foster learning and monitoring clinical impact
 - Data must be accessible not only to managers but also to frontline providers and users
 - Learning happens best in environments that support candid discussion of failures, successes
- QUERI Resources:
 - Center for Evaluation & Implementation Resources (CEIR)
 - QUERI-DEI Implementation Strategy Learning Network



Push versus Pull: Accountability IS compatible with Psychological Safety*



QUERI
VA Quality Enhancement Research Initiative

^{*} From **Edmondson, AC**. The competitive imperative of learning. *HBS Centennial Issue. Harvard Business Review*. 2008. 86(7, 8); 60-7.

QUERI Implementation Roadmap: Sustainability

Support & sustain uptake of effective practices using implementation strategies

	Pre-implementation	Implementation	Sustainability
	Identify a problem and solution	Implement an intervention	Sustain an intervention
What is being implemented?	Agree on a high-priority need	Select implementation strategies	Plan for spread and maintenance
	Identify EBPs and settings	 Tailor strategies to local settings 	Monitor for changes in EBP
	Define improvement aim(s) and scope	 Disseminate implementation plan 	Weigh costs of maintaining EBP
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Sustainability Pearls

- Identify owners of the sustainability process
- Business case should include ongoing implementation costs, impact metrics
- Involve policymakers, awareness of potential policy shifts
- Link to national and local initiatives
- High-reliability Organizations (AHRQ, Weick & Sutcliffe, 2015)
 - Preoccupation With Failure
 - Reluctance to Simplify
 - Sensitivity to Operations
 - Deference to Expertise
 - Commitment to Resilience



QUERI Impact Measures

(National Academy of Medicine Levels of Impact)

Domain (NAM)	Measures
Alignment	Benchmark to VHA performance metrics
Partnership	Shared operational resources
Informing the field	Subject of decision-maker meeting, hearing Peer-reviewed publications
Inspiring action	Products/methods used by VA providers # providers trained in EBP/Veterans receiving EBP
Effecting Change	Policies/practices shaped in response Benchmarking on VHA-wide measures



Putting it All Together: QUERI Roadmap in the Learning Health Care System

QUERI: Continuously Evolving to Meet the Needs of a Changing VA

- 2014 Choice Act Independent Assessment recommended VA identify and disseminate best practices for high-quality care
- MISSION Act: high-reliability, high-performing health care system
- New partnerships help QUERI extend its reach to engage locally
 - Diffusion of Excellence/QUERI Implementation Strategy Learning Network
 - QUERI-VISN Partnered Implementation Initiatives
- New Deputy Undersecretary for Discovery, Education, & Affiliate Networks (DEAN)
 - Research, Academic Affiliations, Innovation Ecosystem
 - Diffusion of Excellence



Diffusion of Excellence Process & Goals

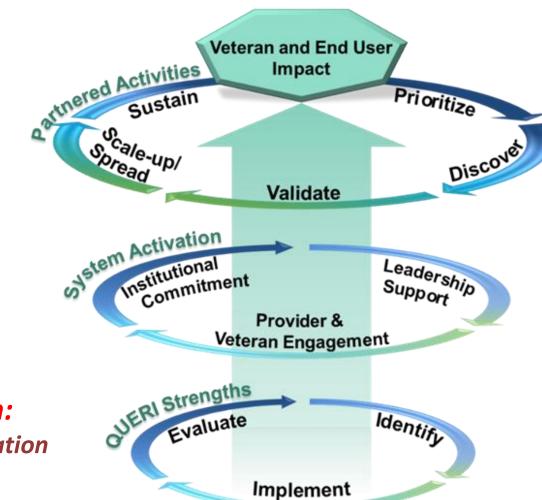




Applying the QUERI Roadmap Phases in a **Learning Health Care System**

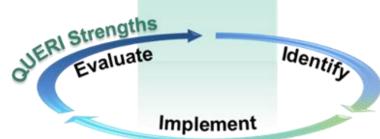
Sustainability:

Foster a commitment to excellence



Implementation: Empowering the front line

Pre-Implementation: Minimize negative variation





Integrating VA QUERI Programs to More Rapidly Respond to VA Priorities with High Reliability

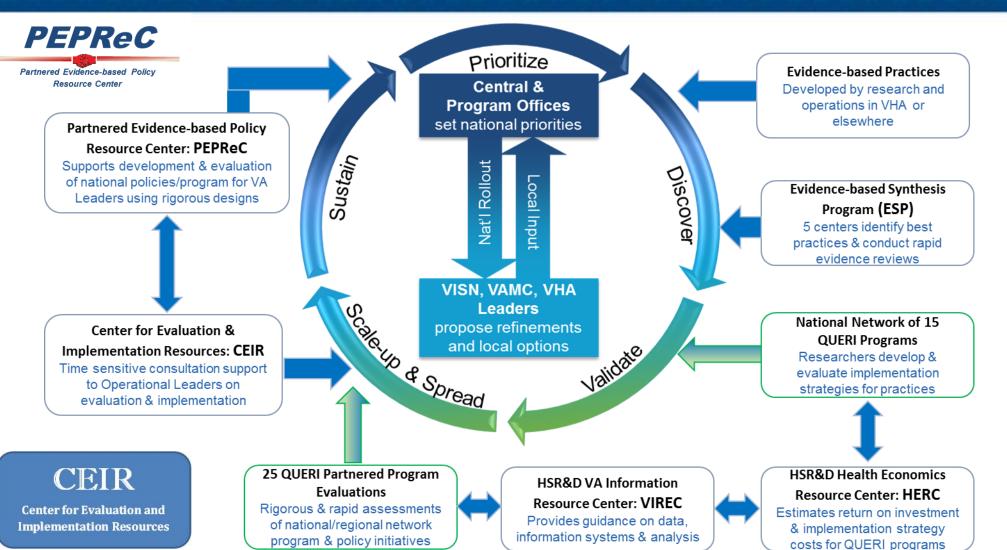
Evidence-based

Synthesis Program

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Steve Pizer



THANK YOU!

Questions and Comments Welcome!

Amy.Kilbourne@va.gov













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