

## Working Together to Improve Care for Ischemic Heart Disease

Ischemic heart disease (IHD) is the leading cause of death in the United States for both men and women, with more than \$100 billion in direct and indirect costs. It is also one of the most frequent indications for hospitalization within the VA health care system. IHD-QUERI works to implement best practice recommendations and research findings for optimal IHD care. As part of these efforts, a primary goal is to improve quality of care for veteran patients suffering from acute coronary syndromes (ACS). This article discusses two projects aimed at increasing our understanding of care for patients with ACS. As you will see, the success of these projects depends upon our strong collaboration with VA's Office of Patient Care Services and the Office of Quality and Performance, among others.

### **Cardiac Care Initiative**

As part of a 10-point Cardiac Care Initiative that began in April 2003, all VA medical facilities with inpatient acute care services were

required to submit a plan for quality improvement for managing patients with acute coronary syndromes. In close collaboration with the Office of Patient Care Services (PCS) and the Office of Quality and Performance (OQP), IHD-QUERI is in the process of monitoring how these facilities are implementing their plans.

To date, more than 100 interviews have been conducted within the majority of VA facilities with acute care services. Interview content focuses on the elements of the plan submitted, the actual priorities and goals of the medical center/VISN/service, and details of what has been accomplished. Barriers and facilitators to change also have been discussed. In the next phase of this evaluation, we will survey key participants at each facility to obtain critical inventory information (e.g., number of cardiology beds, cardiologists, and interventional/diagnostic capacity), and to assess the organizational climate and leadership support. In the third phase, another round of interviews will be conducted to determine the status of change and improvement four to five years after the Cardiac Care Initiative was started.

In the first year since the plan was initiated, key process improvements have already been observed, including faster times to EKG in emergency settings, more rapid cardiology consultation, and increases

in the proportion of veterans receiving needed revascularization.

### **Cardiac Care Follow-up Clinical Study**

A complex set of information is required about individual patients in order to evaluate and understand the current quality of care provided by VA. Using information from chart

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review for performance measurement (the External Peer Review Program), and several VA repositories (i.e., Pharmacy Benefits Management database, National Patient Care Databases), we have created models to risk-adjust patient outcomes for all patients with acute myocardial infarction (AMI) admitted to VA hospitals, including in-hospital and 30-day mortality, cardiac catheterization, and revascularization. Currently, we have data on more than 8000 veterans discharged with a diagnosis of AMI during fiscal year 2004, in addition to data on

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## Director's Column

Over the past seven years, QUERI has learned that success and impact in improving healthcare quality and outcomes largely depends on coordination and collaboration among the numerous VHA programs and organizations working to develop and implement evidence-based clinical policies, practices, and quality improvement strategies. Examples of how QUERI is working to do this are highlighted in this issue. The Ischemic Heart Disease QUERI group is collaborating with Patient Care Services (PCS) and the Office of Quality and Performance (OQP) in their efforts to improve the quality of care for patients with acute coronary syndromes. Colorectal Cancer QUERI also is working with PCS, OQP, as well as Advanced Clinic ACCESS and the Deputy Under Secretary for Health for Operations and Management to develop a Colorectal Cancer Care Collaborative.

Through collaborative efforts between research and operations, several quality improvement efforts in the QUERI disease areas of focus have been successful. QUERI Coordinating Centers have identified the research evidence and developed quality improvement interventions that have been implemented at the facility

level, the network level and even across networks. The next phase – system-wide national rollout – will be more challenging and will require the collaborative efforts of many VHA stakeholders.

In another collaborative effort, HSR&D and Rehabilitation Research & Development Service (RR&D) are co-sponsoring a new QUERI Coordinating Center for Implementation of Practices in Polytrauma and Blast-Related Injuries. This new Center will work with four VA Polytrauma Lead sites (Tampa, Minneapolis, Richmond, and Palo Alto) to facilitate the development of specialized expertise in caring for war-wounded veterans who are retuning with complex and multiple injuries.

QUERI continues to form partnerships that will help us achieve our overarching goal – to systematically implement evidence-based practice across a large integrated healthcare system, and to improve this process so that patients get better care, faster.

*Shirley Meehan, MBA, PhD*  
Acting Director, HSR&D

### Ischemic Heart Disease

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approximately 3500 veterans discharged with a diagnosis of unstable angina. Data come from chart abstraction, and include a wide range

of information such as symptoms and timing of presentation, initial treatment, and discharge plans. In addition, we have data about pre-admission care and follow-up care, including medications, clinic visits, revascularization procedures, and

death after discharge.

IHD-QUERI is in the process of analyzing this comprehensive data and providing reports to OQP as well as PCS, so that we can better understand the quality of care given to veterans with AMI and, more importantly, so that we will know what needs to be done in order to provide optimal care. Moreover, we are all working together to provide reports to the field to enable them to conduct their own quality improvement.

For more information about IHD-QUERI or these projects, please contact Gwendolyn Greiner at (206) 277-4583 or e-mail at [Gwendolyn.Greiner@med.va.gov](mailto:Gwendolyn.Greiner@med.va.gov), or you may visit the IHD-QUERI website at [www.appc1.va.gov/PS\\_IHDQueri](http://www.appc1.va.gov/PS_IHDQueri).

*Anne Sales, PhD*  
IHD-QUERI  
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Coordinator

*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 nine 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, stroke, and substance use disorders. *QUERI Quarterly* is available on the web at [www.hsr.d.research.va.gov/publications/queri\\_quarterly/](http://www.hsr.d.research.va.gov/publications/queri_quarterly/).

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# A New Partnership to Improve Colorectal Cancer Diagnosis and Care

Colorectal cancer ranks second among causes of cancer deaths. However, the five-year survival rate is more than 90% for people whose CRC is found and treated in Stage I as compared to only 5% for those whose cancer is detected in Stage IV. Extensive work done by Advanced Clinic ACCESS (ACA), the Office of Quality and Performance (OQP), the Colorectal Cancer QUERI (CRC-QUERI) and others suggest opportunities for improvement in both the diagnosis and treatment of colorectal cancer. VHA is attempting to address these opportunities as rapidly as possible. As part of this effort, CRC-QUERI is joining with OQP, Patient Care Services, ACA and the Deputy Under Secretary for Health for Operations and Management in developing a Colorectal Cancer Care Collaborative (C4).

The C4 program is designed to identify methods for assessing and improving colorectal cancer diagnosis and treatment. The current C4 pilot initiative will provide volunteer facilities with the information they need to guide local quality improvement (QI) efforts. Twenty-one facilities, one from each VISN, will participate in the pilot project. CRC-QUERI and ACA will help facilities track, evaluate and disseminate the results of their QI programs. Successful measurement strategies identified in this pilot project will be made available to all VHA facilities, and successful improvement strategies will be shared throughout the VHA system. The C4 pilot uses tools developed through two CRC-QUERI projects: CRC-SAFE and CanCORS.

## **CRC-SAFE**

The Colorectal Cancer Screening and Follow-up Event data system (CRC-SAFE) developed automated data extraction routines that allow a thorough analysis of performance gaps within the process of CRC diagnosis. A patient may present with signs and symptoms of CRC, or may have an initial screening test, such as a fecal occult blood test (FOBT) or flexible sigmoidoscopy. Either symptom presentation or a positive screen means that a patient must have a complete diagnostic evaluation. If a patient is found to have CRC, treatment must be initiated.

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***It is also an active partnership using a QUERI-II model of multiple stakeholder groups representing VA research, management, policy and clinical interests, jointly building a national model for improved care.***

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Findings from CRC-SAFE show that similar performance gaps across facilities have different underlying causes. For example, in some cases, the delay or absence of a complete diagnostic examination is due to the delay or failure of referral from primary care to gastrointestinal (GI) care providers. In other cases, similar performance gaps are due to patient adherence issues within GI. The key to successful quality improvement is targeting what is amiss in the local setting. The CRC-SAFE routines adapted for use in C4 will provide facilities with the information they need to understand the

underlying causes of their own performance gaps in the colorectal cancer diagnostic process.

## **CanCORS**

The Cancer Care Outcomes Research and Surveillance program, or CanCORS, is a national effort to understand variation in lung and colorectal cancer treatment and outcomes. CanCORS is a consortium of seven non-VA health care systems, funded by the National Cancer Institute, and a VA HSR&D-funded QUERI program including participation of 13 VA facilities. The national CanCORS team has developed sophisticated case ascertainment and chart abstraction tools to assess quality of cancer care, as well as patient, provider and caregiver surveys and analytical tools to assess outcomes. The case ascertainment and chart abstraction tools are being adapted for use in C4.

Quality care for patients with colorectal cancer means not only providing state of the art surgery, chemotherapy and radiation, but more importantly, matching the treatment regimen to the patients' specific needs and stage of cancer at diagnosis. The chart abstraction phase of C4 will provide facilities with feedback on the use of stage-specific best practice care for patients with CRC and help them target care improvement efforts.

The Colorectal Cancer Care Collaborative is a significant step for QUERI. For CRC-QUERI, it is an example of the benefits of sharing research methods with the field, in addition to sharing research findings and speeding up QUERI's clinical impact. It is also an active partnership using a QUERI-II model (see

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## Colorectal Cancer

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Francis and Fihn, *QUERI Quarterly March*, 2005) of multiple stakeholder groups representing VA research, management, policy and clinical interests, jointly building a national model for improved care. We look forward to updating *QUERI Quarterly* with the progress of this exciting initiative.

**Laura Kochevar, PhD**  
CRC-QUERI  
Research Coordinator

### **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 **Monday August 1, 2005** for publication in our September issue. Submit to Diane Hanks at [diane.hanks@med.va.gov](mailto:diane.hanks@med.va.gov).

### **QUERI Implementation Workshops Available on the Web**

Three QUERI sessions presented at the 2005 HSR&D National Meeting were recorded and archived on the HSR&D website and are now available for viewing from your desktop. These include the following presentations:

- "An Overview of Implementation Research," by Laura Kochevar, PhD, Research Coordinator for Colorectal Cancer QUERI,
- "Frameworks, Steps and Phases: Tools for Designing and Conducting Implementation Research," by Brian Mittman, PhD, QUERI consultant, and
- "Formative Evaluation in Implementation Projects," by Marcia Legro, PhD, Spinal Cord Injury QUERI.

If you missed these sessions, you may view them by going to [www.hsr.d.research.va.gov/queri/advanced\\_implementation/](http://www.hsr.d.research.va.gov/queri/advanced_implementation/). Presentation slides may be viewed online or downloaded for your convenience.

### **New Online Journal for Implementation Science**

The new online journal, tentatively titled *Implementation Science*, will focus on implementation research - the study of methods to promote the uptake of evidence-based clinical practices and research findings into routine practice. The journal will be published as an online, open-access journal through BioMed Central ([www.biomedcentral.com](http://www.biomedcentral.com)), which will allow for rapid publication and dissemination. To learn more about the new journal, visit [www.hsr.d.research.va.gov/for\\_researchers/journal-about.cfm](http://www.hsr.d.research.va.gov/for_researchers/journal-about.cfm). For those interested in providing input or contributing as editors, please contact Dr. Brian Mittman at [brian.mittman@med.va.gov](mailto:brian.mittman@med.va.gov).