

CONSORTIUM • PBRN

VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women Cyberseminar Series

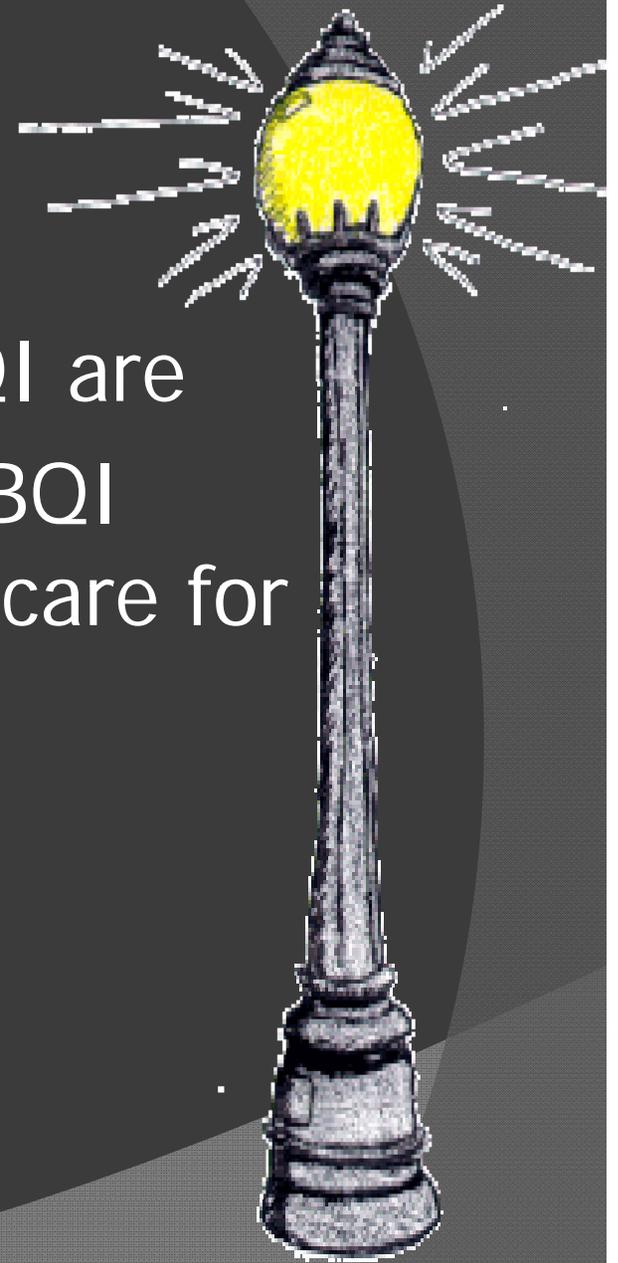
Funded by the VA HSR&D (Project# SDR 10-012)

*EVIDENCE-BASED QI: CAN
THIS APPROACH BE
HELPFUL FOR IMPROVING
HEALTHCARE FOR WOMEN
VETERANS?*

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7/28/2011

Purpose of This Talk

- Understand what QI and EBQI are
- Explore development of an EBQI approach to improving healthcare for women veterans



Framework for EBQI



Efficacy Studies

QUESTION: Can an intervention improve health under optimal conditions?

Intervention → Effect



Efficacy

- ◎ A backbone of clinical science
 - Aim to eliminate contextual factors, focus on causal link to intervention
- ◎ Because efficacy studies optimize and neutralize context, their link to real improvement is weak
 - Someone else is responsible for using the information



Efficacy

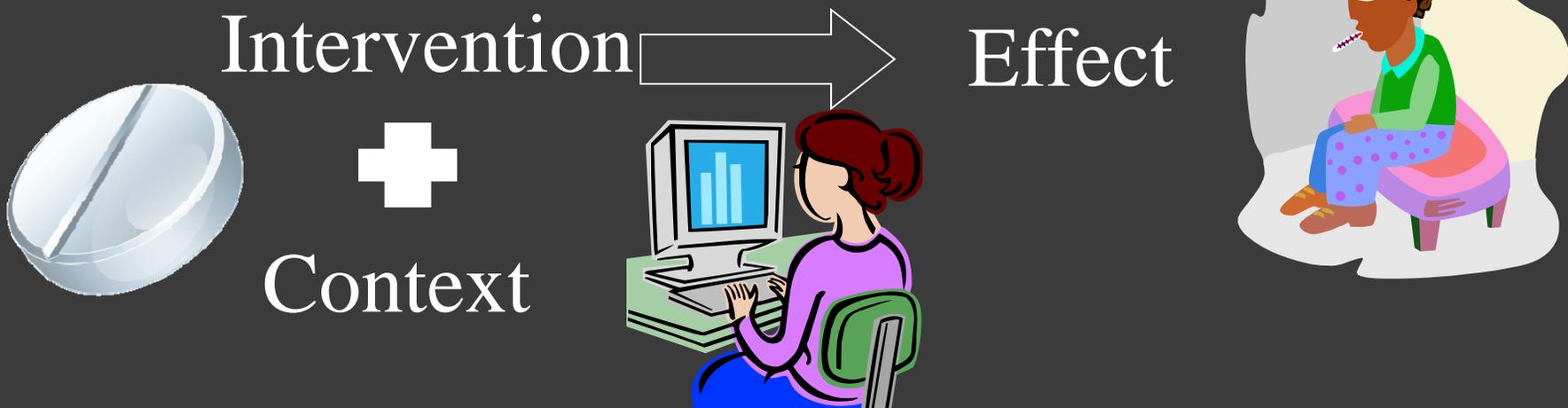
**Routine
Care**

Effectiveness

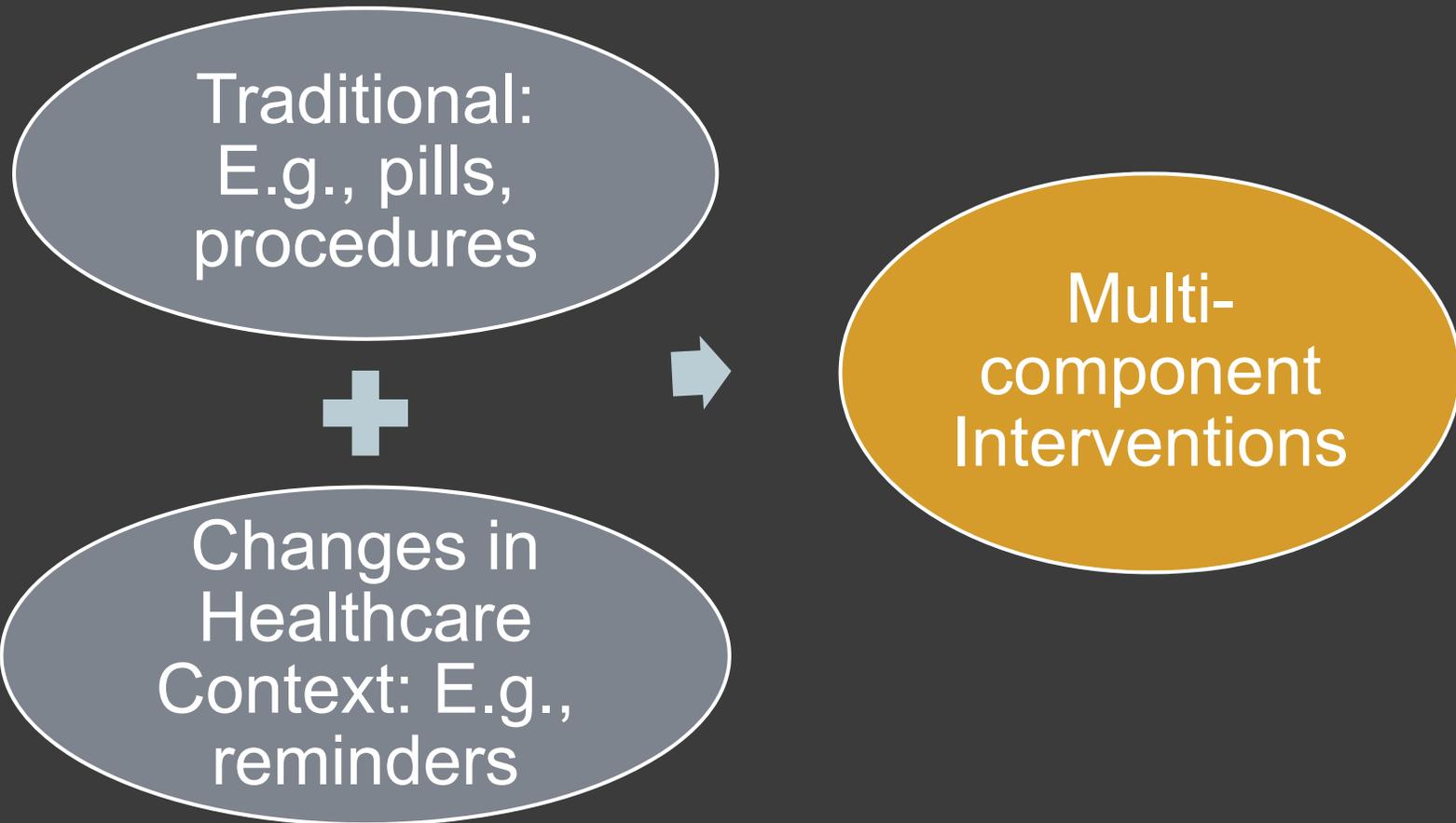
**Quality
Improvement**

Classical Effectiveness Studies

Question: Is the intervention effective in real-world contexts?

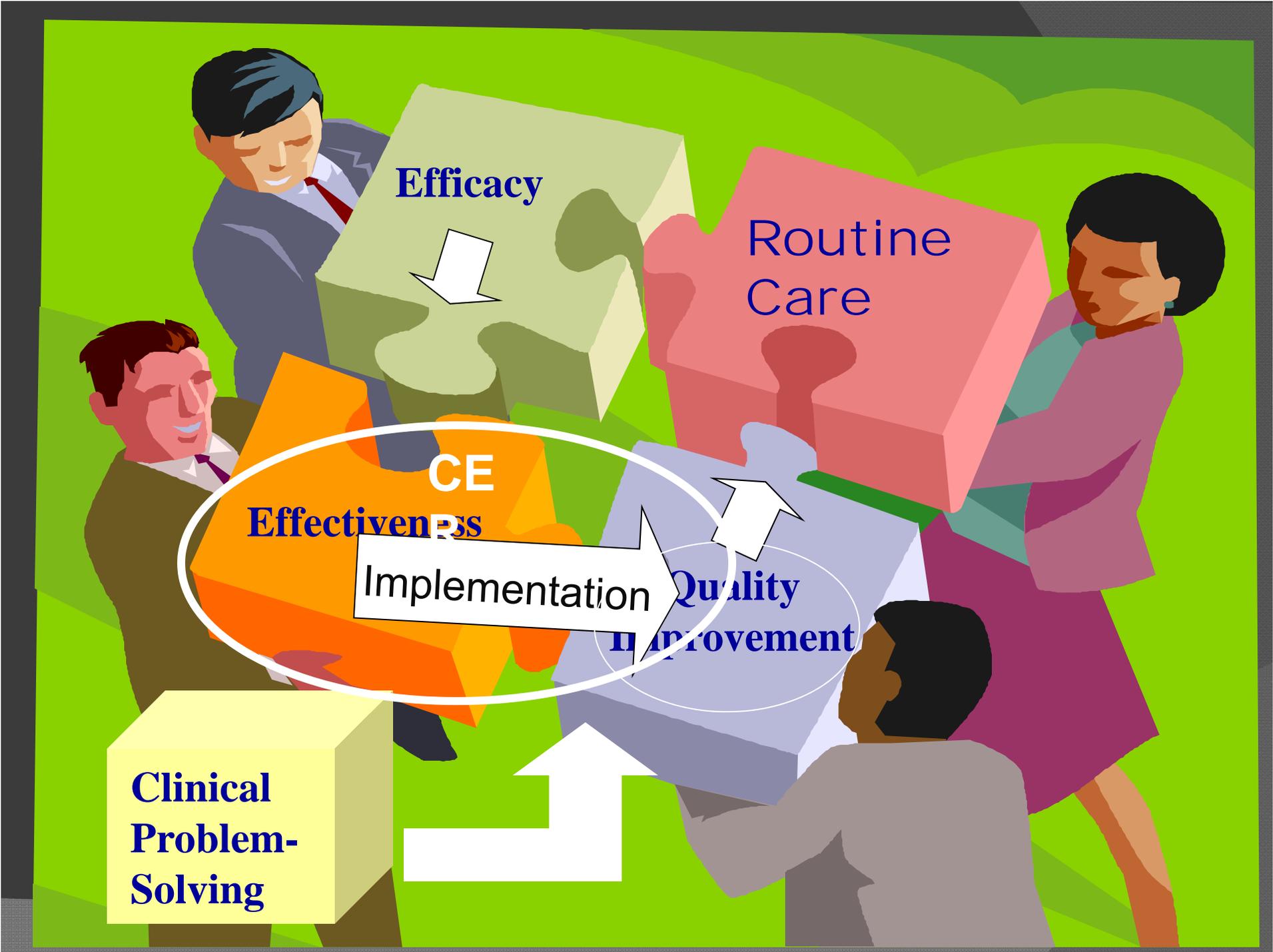


Healthcare Interventions



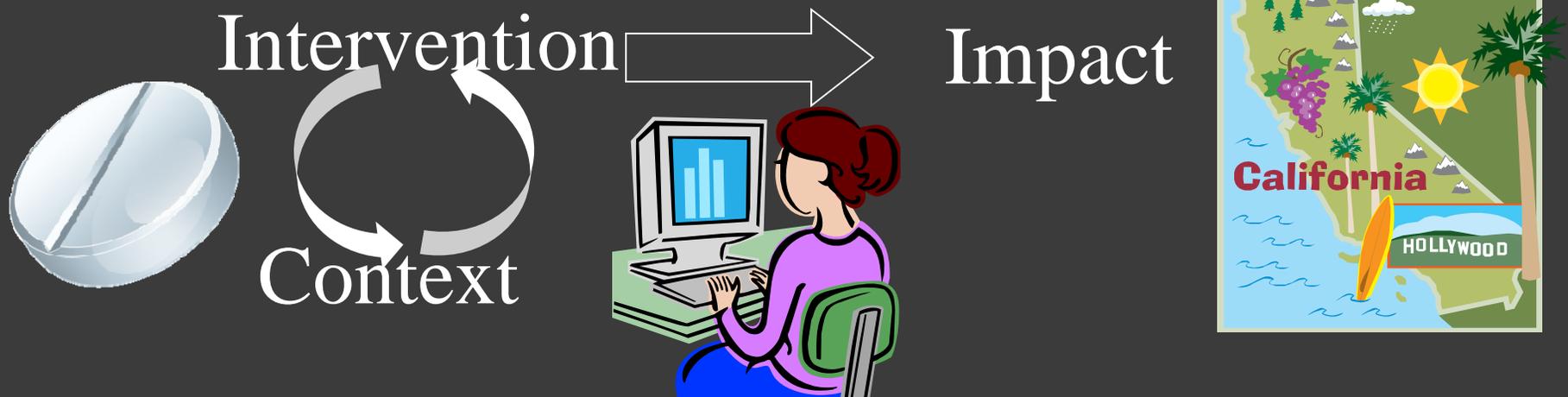
Classical Effectiveness

- ⦿ May involve a variety of designs, e.g.
 - Randomized, cluster randomized, quasi experimental, or advanced observational
- ⦿ Involves partnership with care settings
- ⦿ Outcomes may not be just clinical (e.g., cost)
- ⦿ Is affected by context
 - Goal is not, ,however, to change the setting



Quality Improvement Effectiveness Studies

Question: Can the intervention change context to improve routine care?



QI Study Goal Is To Change the Setting

- ④ Develop a change to context that will
 - Improve quality of care
 - Spread across sites
 - Endure if successful past the research
- ④ QII studies are usually excluded from systematic effectiveness reviews on specific implementations, e.g. pills, technologies, collaborative care for depression

Context

Organization
& Practice

Provider

Environment

Patient &
Encounter

Provider
Behavior

HEALTH OUTCOMES

VA/RAND/UCLA Center for the Study of Healthcare Provider
Behavior (Rubenstein, Mittman, Yano, Mulrow *Medical Care*, 2000)

Defining QI Methods and Change Strategies

QI Project/Research



Re-engineering strategy

Telephone f/u



Outcome



Better Rx

Context & QIIs Are Intertwined

- ◎ QII's manipulate aspects of context
- ◎ QII's are immersed in particular contexts
 - Classical efficacy methods emphasize internal validity and eliminating context
 - QII's make no sense without context
 - QII's are about behavior

Complexity of the CQI Literature

- Two views of CQI innovation:

naturally
emergent



rational,
scientific

Evidence-Based Quality Improvement

- ⦿ Aims to systematically insert evidence, knowledge, data at all points in development of a QI intervention
- ⦿ Builds on a research/clinical partnership
 - QI leadership development
 - If needed, aims for policy change
- ⦿ Most useful when sufficient evidence about the problems, their origins, and their potential solutions exists

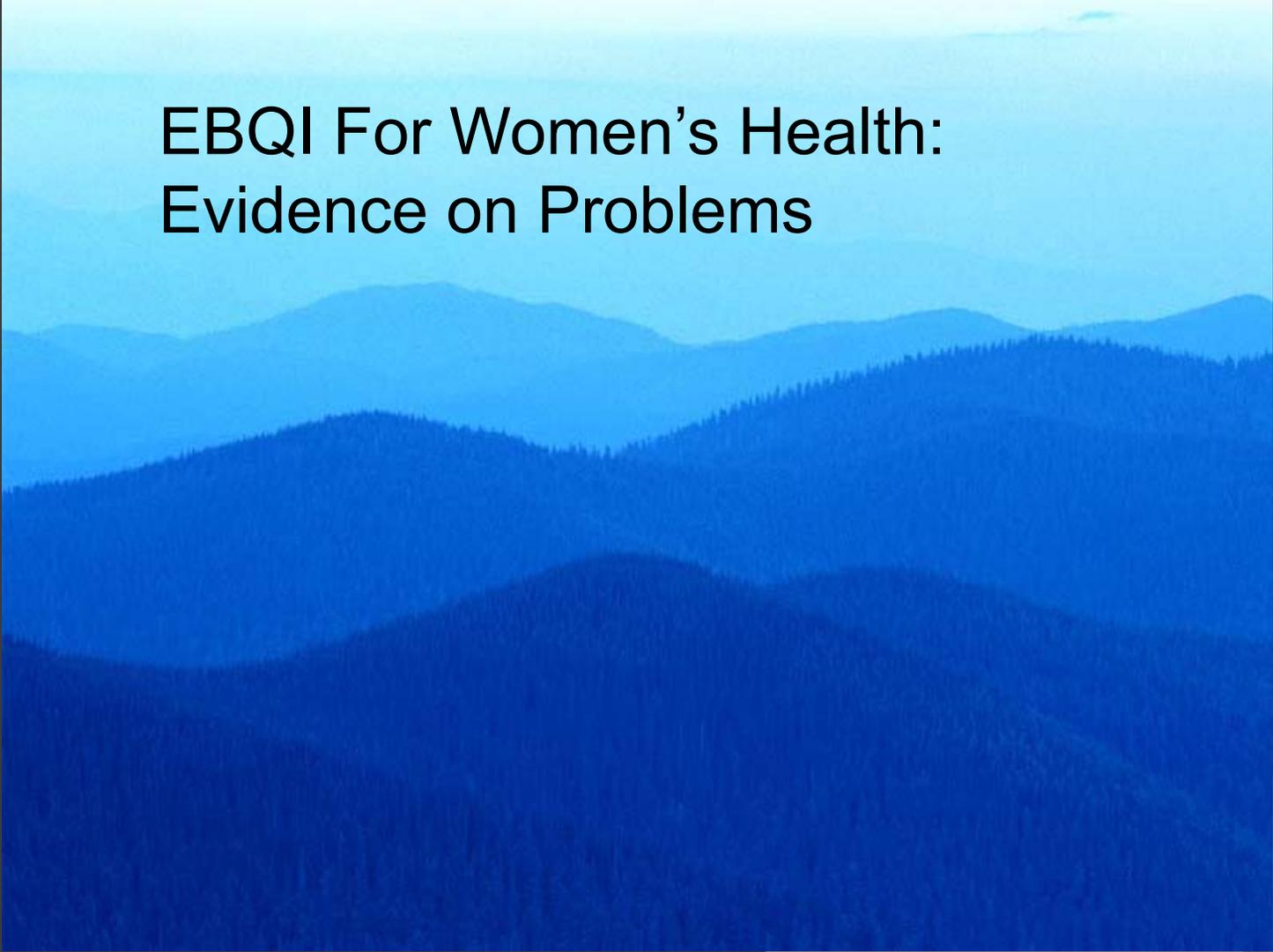
Top Down and Bottom UP

- ⦿ Centralized *strategic* decision-making and local *tactical* decision-making
- ⦿ Multilevel organizational approach
 - National strategic plans, guidelines, models
 - Regional priority-setting process
 - Local care model development, adaptation, implementation
 - Regional then national spread (if successful)



EBQI Requirements

- ⊙ An evidence-based problem, e.g.
 - Needs assessment
 - Variations
- ⊙ Guidelines governing clinical care goals
- ⊙ Sufficient relevant evidence regarding potential methods for improvement
 - Barriers/facilitators
 - Care models
- ⊙ A research/clinical partnership
 - including subject matter & QI methods experts



EBQI For Women's Health: Evidence on Problems

VA problems With/For Women Veterans' Care

⦿ Problematic outcomes

- Women vet satisfaction with VA care
- Quality of prevention, chronic disease care, mental health care
- Homelessness, esp. with MST, PTSD, disability

⦿ Contributors

- Limited workforce training in female-specific care modalities
- Physical environment
- Limited in-house technology (meds, equipment)
- Substantial contract care

Variations in Care/Needs

Examples:

- ⦿ Deficits in care in the ED (Washington 2006)
- ⦿ Local implementation of gender-sensitive mental health care in VA settings is highly variable (Oishi 2011)

Problem Analysis

- ◎ Two overarching problems:
 1. Women vet satisfaction with VA care
 2. Quality of care for women vets
 - Chronic illness, prevention, mental health, social health

How Serious are These Problems

- Only 30% of women veterans attending VA one year return the next (FY 2010 data)
 - Continued reports of gender insensitivity in physical and staff components of care
 - Continued disparities in e.g. LDL care and levels

EBQI Requirements

- ⊙ An evidence-based problem, e.g.
 - Needs assessment ✓
 - Variations ✓
- ⊙ Guidelines governing clinical care goals
- ⊙ Sufficient relevant evidence regarding potential methods for improvement
 - Barriers/facilitators
 - Care models
- ⊙ A research/clinical partnership including subject matter & QI experts

EBQI For Women's Health: Guidelines



Guidelines for Clinical Care Goals

- ◎ Several national strategic planning efforts
 - Research
 - Clinical
- ◎ National performance measures for gender-specific prevention e.g. Pap smears, mammograms
- ◎ National male/female performance measures for many chronic conditions

Maybe No VA Guidelines....

- ⦿ ? for menstrual disorders, contraceptive management, pregnancy, infertility, parenting issues
- ⦿ ? For gender-sensitive management
 - Across primary care sites
 - Across the continuum (ED, LTC, telehealth, inpatient)

EBQI Requirements

- ⦿ An evidence-based problem, e.g.
 - Needs assessment ✓
 - Variations ✓
- ⦿ Guidelines governing clinical care goals ✓-
- ⦿ Sufficient relevant evidence regarding potential methods for improvement
 - Barriers/facilitators
 - Care models
- ⦿ A research/clinical partnership including subject matter & QI experts



EBQI For Women's Health: Evidence on Methods for Improvement

Evidence on Methods for Improvement

- ◎ Systematic reviews show few intervention studies (Goldzweig 2006, Bean-Mayberry 2011)
 - Mostly descriptive
 - Little information about what works or doesn't work, especially re. quality of care
- ◎ Rich information on barriers/facilitators

Barriers/Facilitators: Examples

- Knowledge deficits about VA eligibility and services and perceived worse VA care quality predict outside health care use (Washington 2007)
- Women veterans have less social support than male veterans (Frayne 2006)
- African American women, older women vets receive less depression care (Sambamoorthi 2010)
- High level of contract care for ob/gyn
- Women veterans are dispersed across rural, urban locations

Evidence Regarding Improvement Methods

- ◎ Specialized women veteran clinics are associated with:

(Washington 2011)

- Increased satisfaction for attendees
- No impact on quality of primary-type care
- No information about impact across the continuum

EBQI Requirements

- ⊙ An evidence-based problem, e.g.
 - Needs assessment ✓
 - Variations ✓
- ⊙ Guidelines governing clinical care goals ✓-
- ⊙ Sufficient relevant evidence regarding potential methods for improvement ✓- -
 - Barriers/facilitators ✓
 - Care models ✓ - -
- ⊙ A research/clinical partnership including subject matter & QI methods experts



EBQI For Women's Health: A Research/Clinical Partnership

Research/Clinical Partnership

- ◎ Women's health practice-based research network established
 - Strong participation of research and clinical experts
 - National clinical/research leadership
 - ? Regional leadership involvement
 - ? Methods, resources for collaborating on quality improvement, access to QI facilitation in development

EBQI Requirements

- ⊙ An evidence-based problem, e.g.
 - Needs assessment ✓
 - Variations ✓
- ⊙ Guidelines governing clinical care goals ✓-
- ⊙ Sufficient relevant evidence regarding potential methods for improvement ✓- -
 - Barriers/facilitators ✓
 - Care models - -
- ⊙ A research/clinical partnership including subject matter and QI methods experts ✓-

EBQI For Women's Health: Is it Time?



Readiness Assessment: Key Issues

- Paucity of information on effective care models
- Incomplete guidelines/measures for clinical care goals (esp. gender sensitivity)
- Need for regional engagement
- Need for QI facilitation/expertise

Ways Forward....



Additional Evidence Development Can Begin in Parallel with QI

- ⦿ What makes an environment gender-sensitive?
- ⦿ What kinds, formats of messaging best provide the information women vets seek?
- ⦿ How can gender-sensitive care be provided across the continuum, outside of current women's health clinics?
- ⦿ How can gender-specific technologies best be made available?
- ⦿ What are the origins of quality of chronic disease care deficits?
- ⦿ Are there applicable lessons learned outside VA?

EBQI PREPARATION PHASE

(LIU 2009; CHANEY 2011)

Champions Pick Problem(s) to Address & Engage Multi-Level Stakeholders

- ⦿ Problems that
 - Fall within national priorities
 - Have local champion(s)
- ⦿ Conduct a regional expert panel-type priority-setting process
 - Prioritizes problems & potential solutions
 - (Rubenstein 1995)

Rationales for Picking Problems

- ⦿ The one on which all others depend
- ⦿ The most frequently experienced
- ⦿ The largest impact
 - E.g., on health, economics, QOL
- ⦿ The easiest to address
- ⦿ Synergy with other local efforts

Champions Identify QI Team(s)

- ◎ Clinicians/researchers who will carry out QI projects
 - Should be interdisciplinary (e.g., MD, RN, admin & include any other key discipline for the project/problem)
- ◎ Local clinic, medical center, and VISN partners

Champions Identify Relevant Evidence & Tools

⦿ Relevant

- Clinical guidelines
- Local data
- Behavioral theory/research
- Evaluation methods & measures
- Documented policies, procedures, manuals

EBQI DESIGN PHASE

(LIU 2009; CHANEY 2011)

Begin PDSA...

- Rapid cycle tests of change

PDSA Cycles

Plan the

- Improvement
- Data collection

Plan

Do the

- Improvement
- Data collection
- Analysis

Do

- Hold gains

Act

Study

- Interpret Data

Start Small

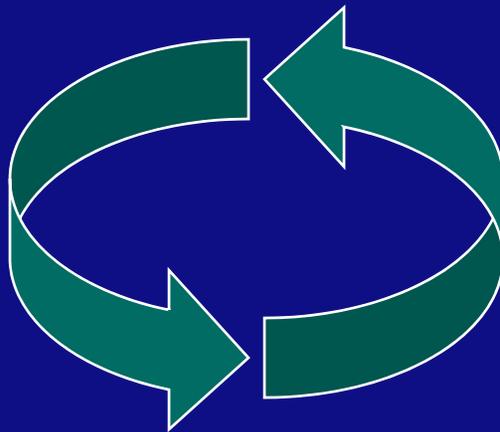
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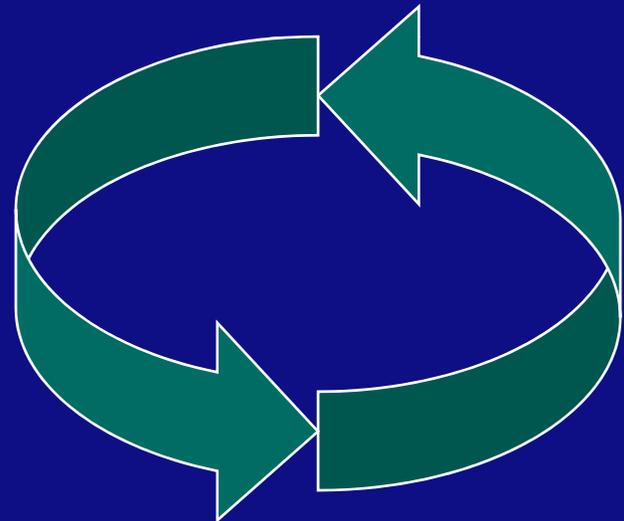
$N = 10$



$N = 20$



$N = 100$



**EBQI IMPLEMENTATION
PHASE
(LIU 2009; CHANEY 2011)**

Implementation

- Intervention is in place including policies, procedures, tools, etc.

Assess Outcomes

◎ RE-AIM

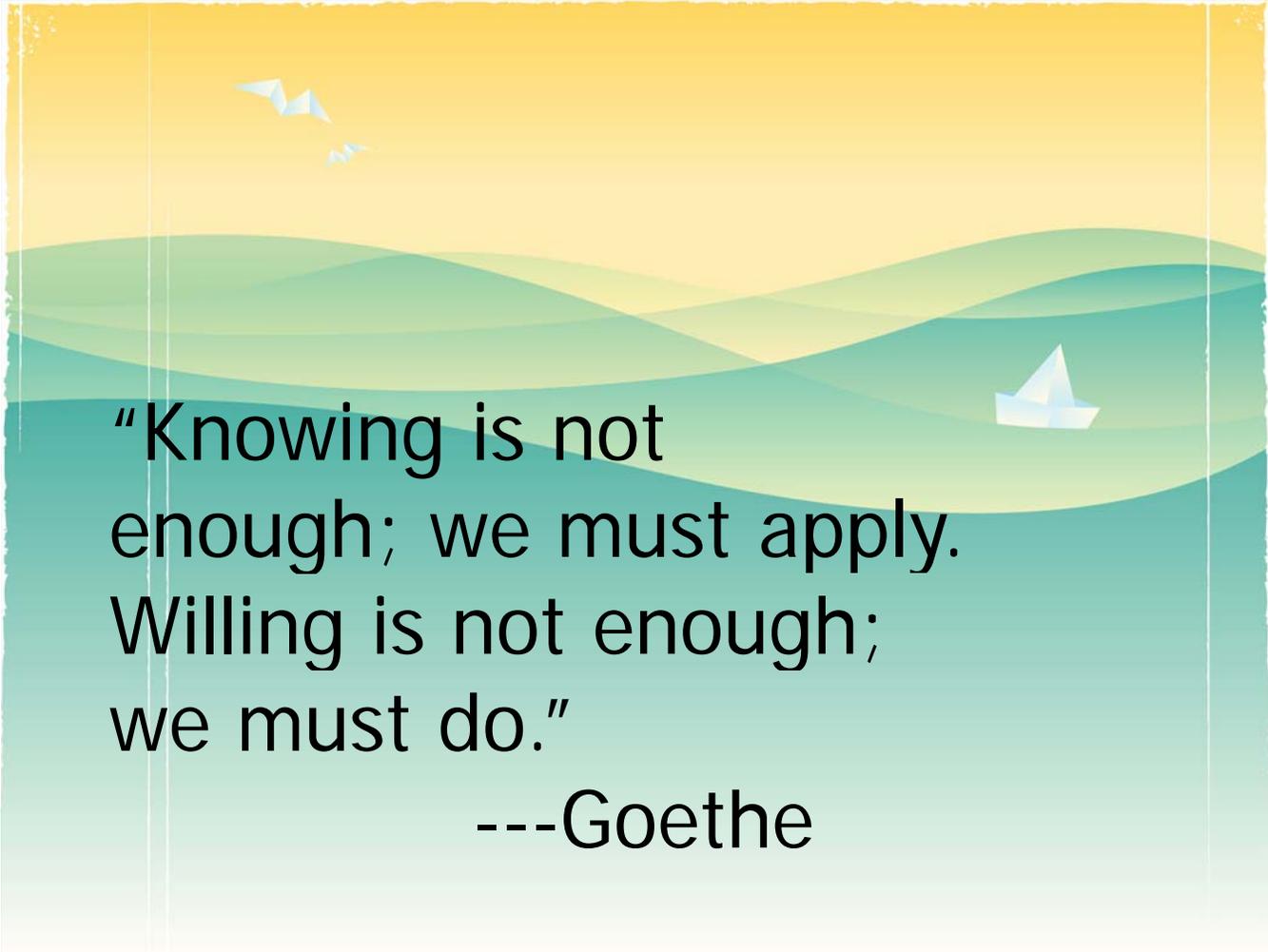
- Reach
- Effectiveness/Impact/Success
- Adoption
- Implementation
- (Maintenance)

Glasgow, et al. Ann Behav Med 2004;27(1):3-12

EBQI MAINTENANCE AND SPREAD PHASE

Maintenance and Spread

- ⦿ QI intervention is in steady state & assessed as successful
- ⦿ Regional testing of developed approach
 - Additional adaptation and testing
- ⦿ Revision/completion of tools, policies, performance measures, adherence measures



“Knowing is not
enough; we must apply.
Willing is not enough;
we must do.”

---Goethe

