



Dancing with the Devil You Know: Partnering with Delivery Systems in Implementation Science

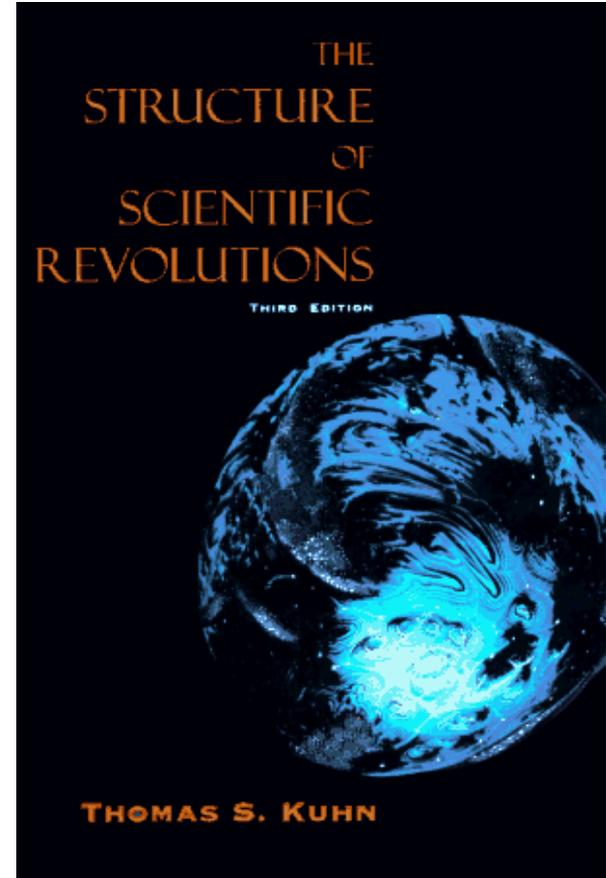
Steven M. Asch MD MPH
Center for Innovation to Implementation (Ci2i)
VA Palo Alto HCS



My Dad



Science Inherently Socially Constructed



Access for All



Lillian Gelberg



Howard Waitzkin

Highlighting Poor Access Should Motivate Policy



TB Pts 4X More Likely to Delay Seeking Care If Fear Immigration Authorities

	Delayed >60 Days	Delayed <60 Days
Feared Immigration Authorities	47%	53%
Did Not Fear Immigration Authorities	17%	83%

OR=3.89 (95% 1.34-11.36)

First 15 Minutes of Fame

**“Initiative Would Hasten Spread of TB,
Study Says”**

**Los
Angeles
Times**

**abc
NEWS**


UNIVISION

Criticized by both ACLU and Republican
governor as politically motivated!

Measuring Quality



Quality People



Bob Brook

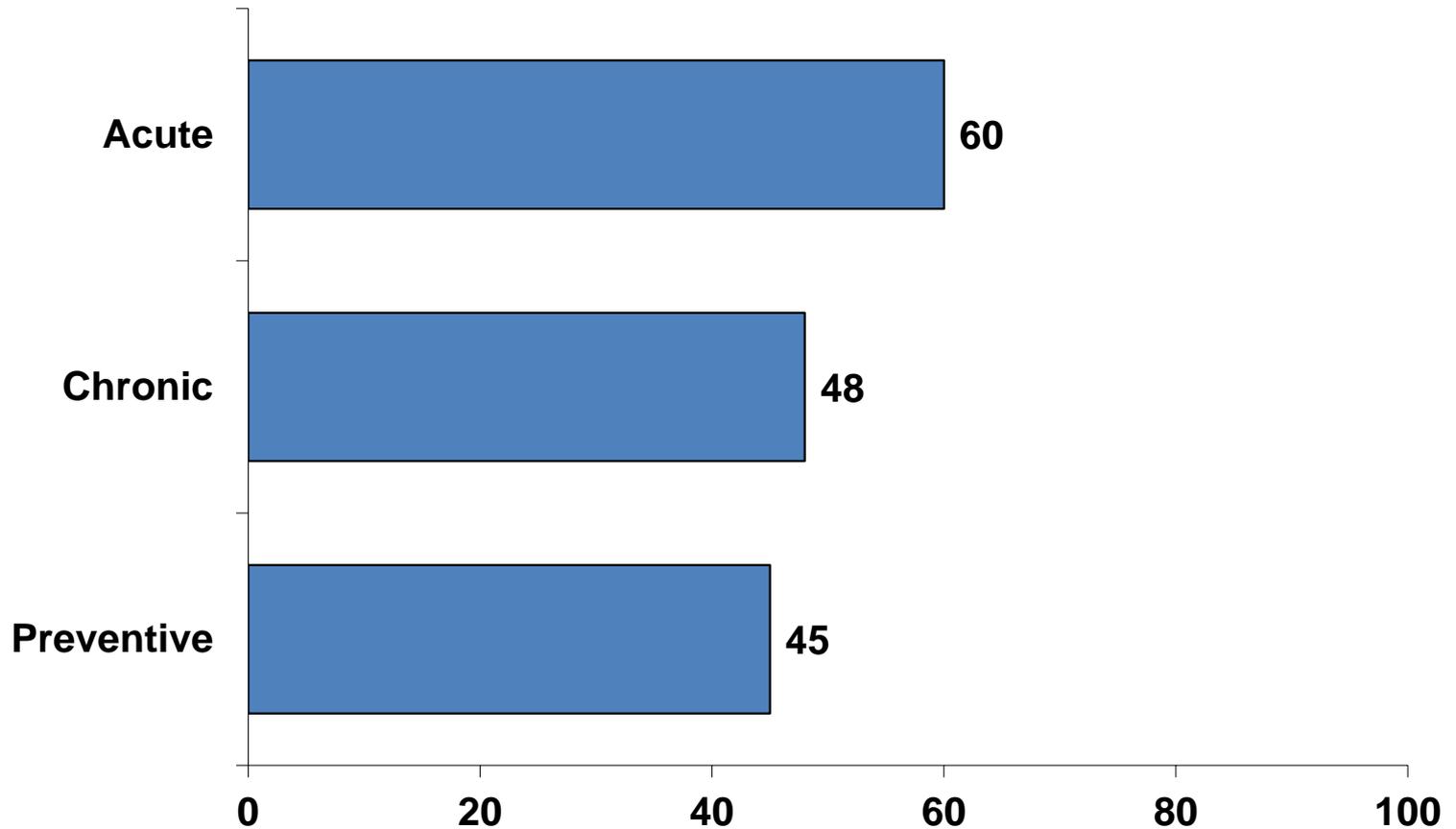


Beth McGlynn

QA Tools: Broad Measure of Quality

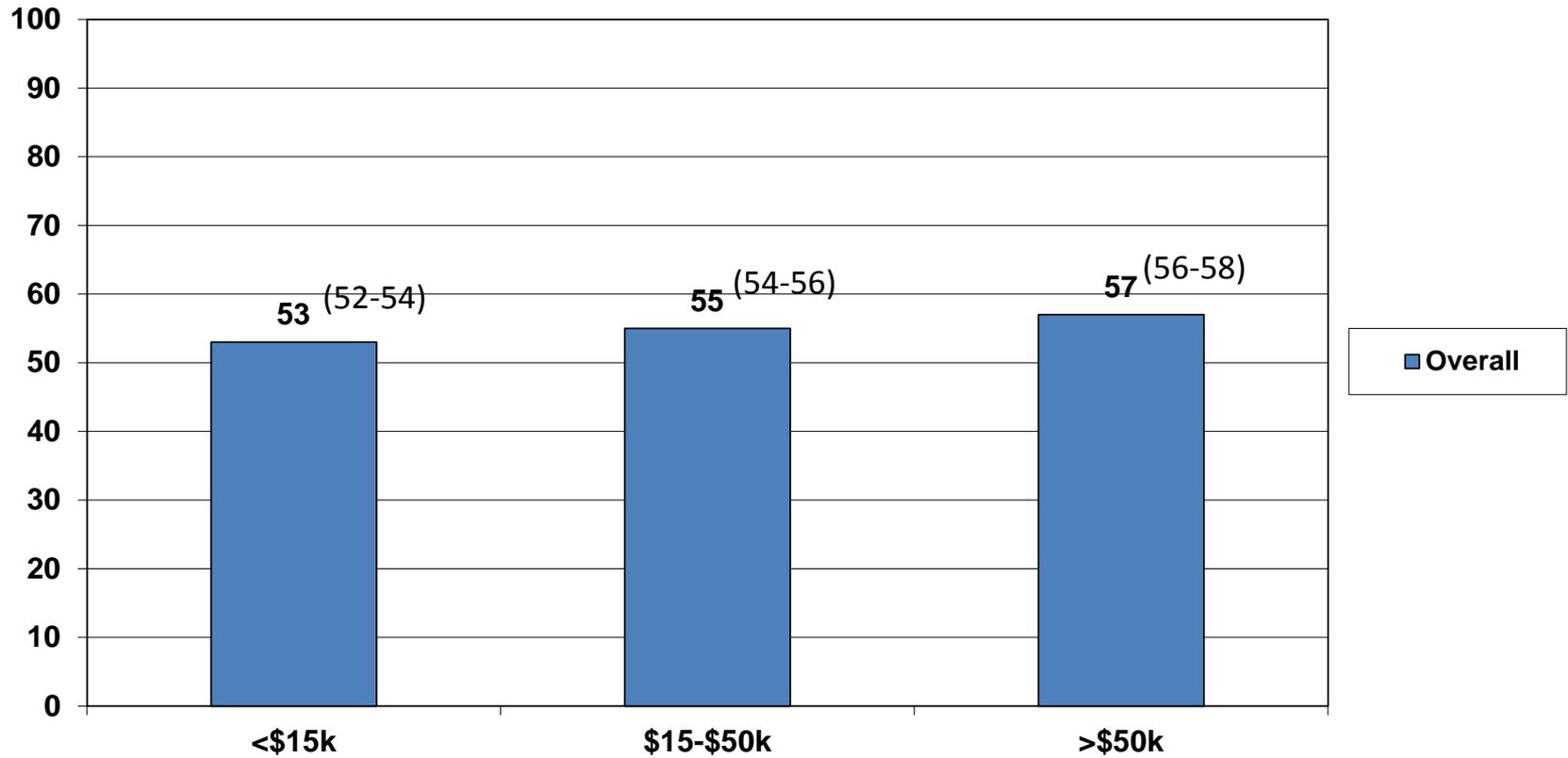
- >30 clinical areas representing a large proportion of reasons people seek care
- 439 clinically detailed indicators – common “bread and butter” processes
- Vetted by 45 experts nominated by specialty societies
- interview and medical record abstraction
- Nationally representative sample

Patients Only Getting Half of Recommended Care

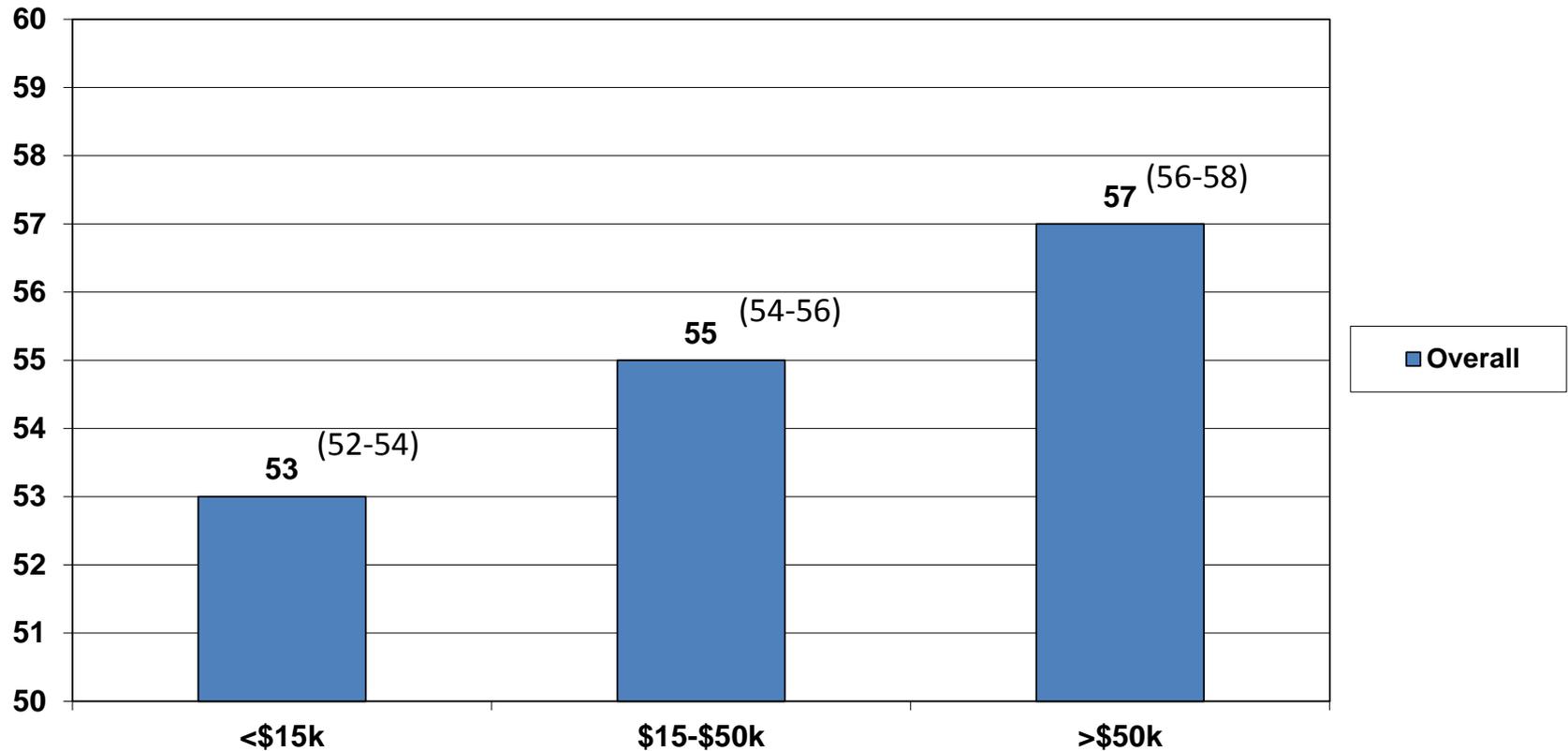


% Adherence to Indicators

Adjusted Overall Quality by Income



Adjusted Overall Quality by Income



Implications and Second 15 Minutes of Fame

- “These are not the disparities you are looking for” –Obi Wan Kenobi
- Disparities between groups pale before disparities between current and desired performance
- Racial and income disparities in access/ high cost procedures greater than disparities in basic quality
- Right wing think tanks used data to justify restricting public insurance subsidies to poor 😞

No more
dead mice



Implementation Science



Lisa Rubenstein



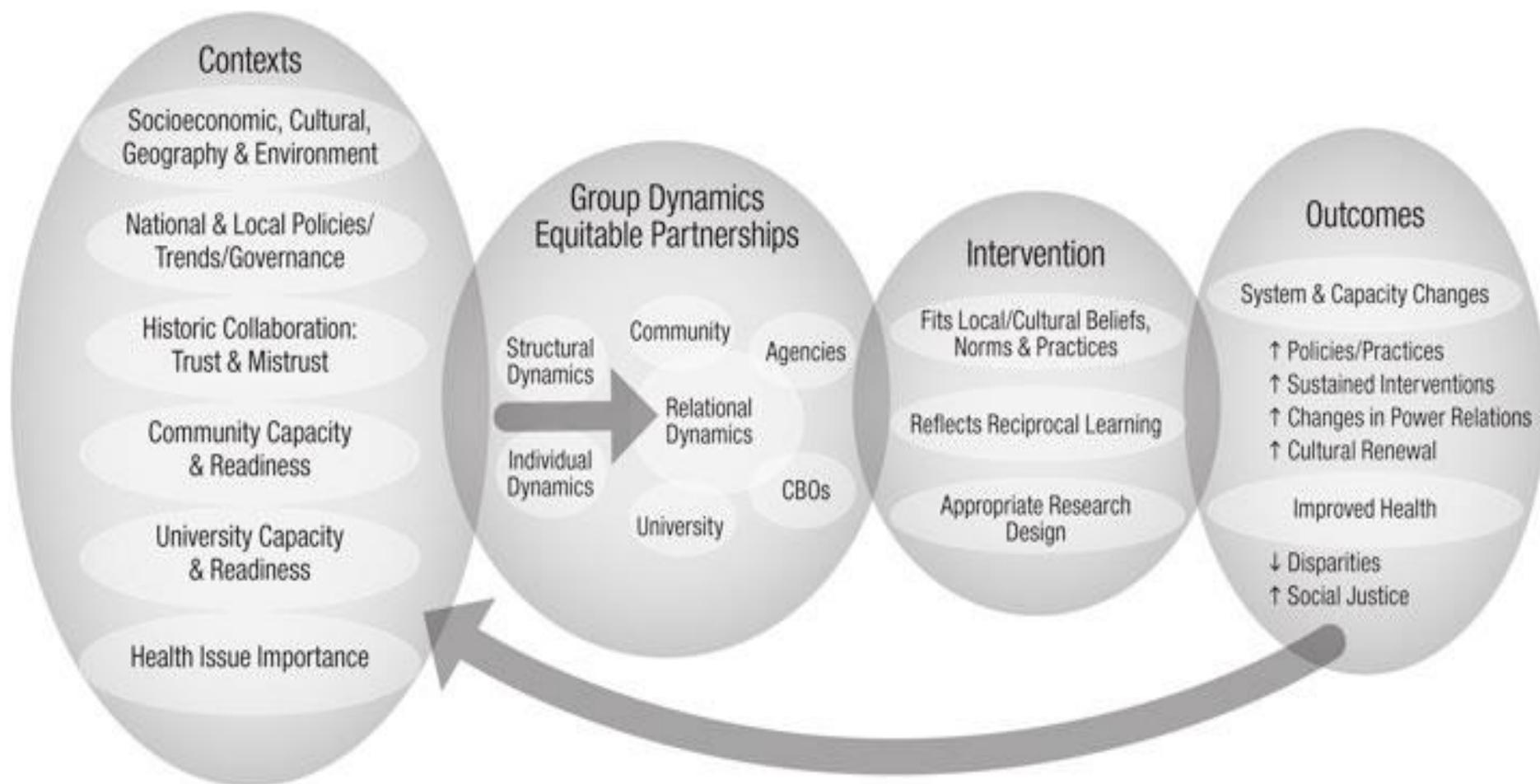
Paulo Freire 1921-1997

Where is the disconnect?

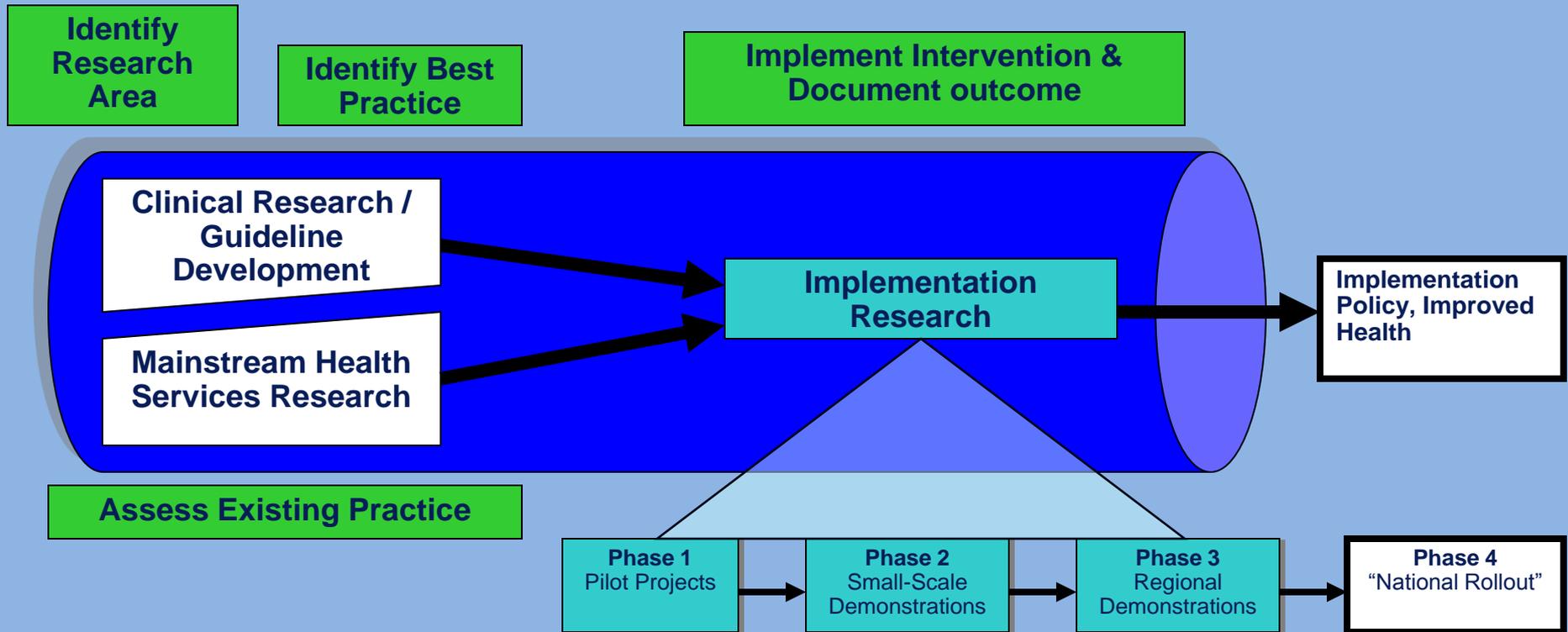
Partners (QI)	Researchers
Fast	Before grant funding runs out
Good enough	Robust to validity threats
Targeted to operational decisions	Produces generalizable knowledge Control of lines of inquiry

Community Based Participatory Research (CBPR) Model

Wallerstein and Minkler, 2008,2010



Research/Implementation Pipeline



Examples of Interventional Implementation Research

- Checklists reducing nosocomial infection in academic hospitals (Pronovost Critical Care 2004)
- Order sets reduce ICU mortality (Micek Critical Care 2006)
- Specialist/generalist teleconferences improve outpatient HCV treatment in rural New Mexico (Arora NEJM 2011)

QUERI-HIV/Hepatitis - VHA COLLABORATIONS

**Public Health Strategic
Healthcare Group**

**Multi-VISN QI
Leadership**

**Office of Patient Care
Services**

Multi-VISN QI, Rapid Test,
Rapid Test in ER, Homeless Test (J. Burgess;
R. Valdiserri; D. Ross; J. Halloran)
Casefinding (L. Mole & L. Backus)

Multi-VISN QI (VISN 1,3,16,22 Directors and CMOs)
Rapid Test (VISN 22; K. Clark, Director; T.Osborn, QMO)
HITIDES (VISN 16 Director)

Multi-VISN QI (M. Agarwal)
HITIDES(M. Shelhorse)

QUERI Centers

**Education
Committees**

VISN QI
(VISN 22, CPC)



HITIDES (MH, SUD)
RT SUD (H. Hagedorn; H. Anaya; R. Henry)
QUERI Resource Center (S. Asch)

Multi-VISN QI
(All VISN 22 sites: Primary Care, ITS, HIV managers)
HITIDES (Little Rock, Houston, Atlanta HIV clinics)
Rapid Test, Rapid Test in ER
(VA GLAHS primary care group)

Center for Health Quality, Outcomes and Economic Research
Center for the Study of Healthcare Provider Behavior
Patient Centered HCV

**Clinical
Management &
Provider Groups**

Multi-VISN QI
(IT managers at all VISN 3 and VISN 16 sites)

VACS
ACTION Network

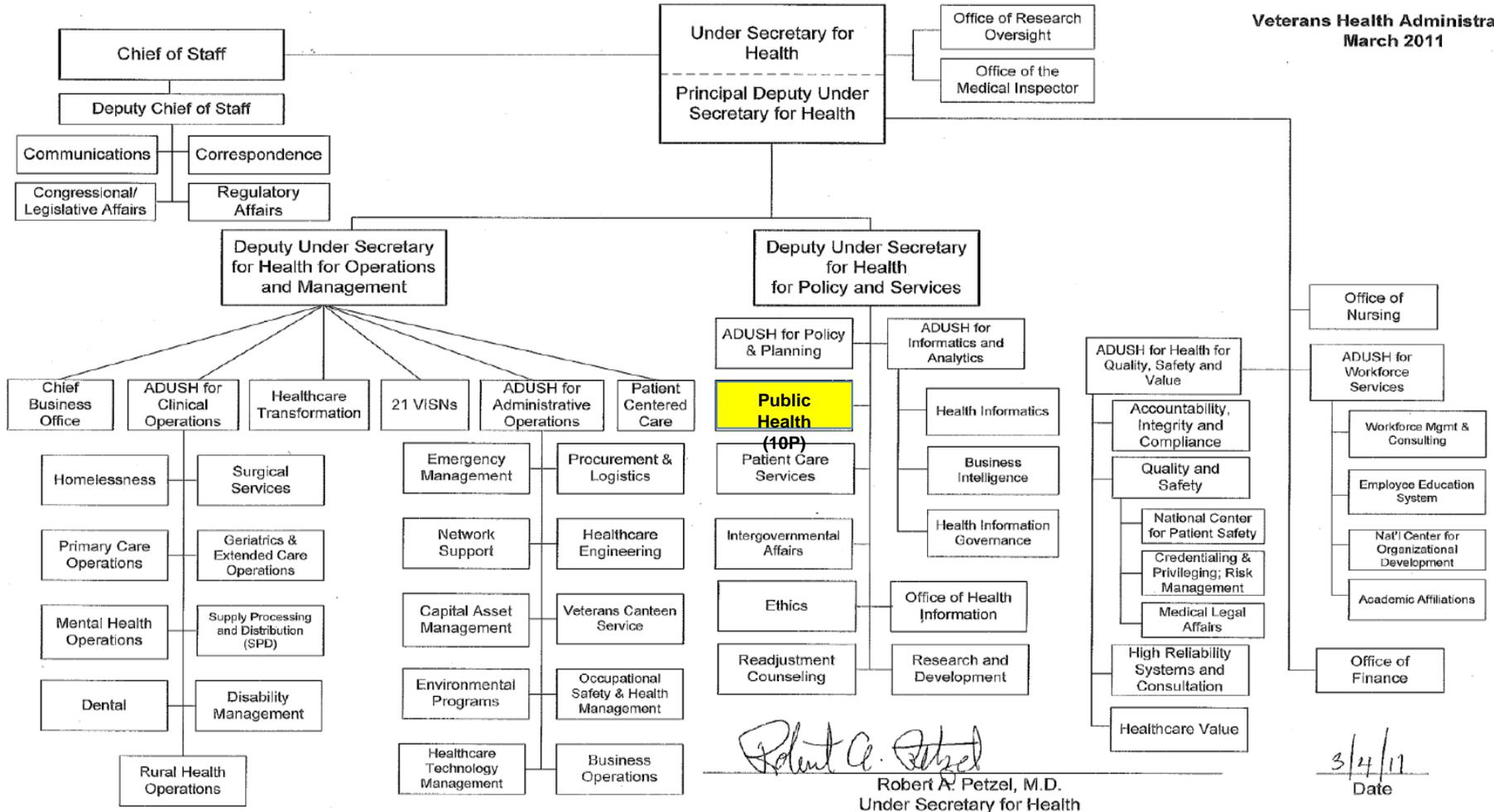
**Centers of
Excellence**

**Office of Information and
Technology,
Facility- based IRMS**

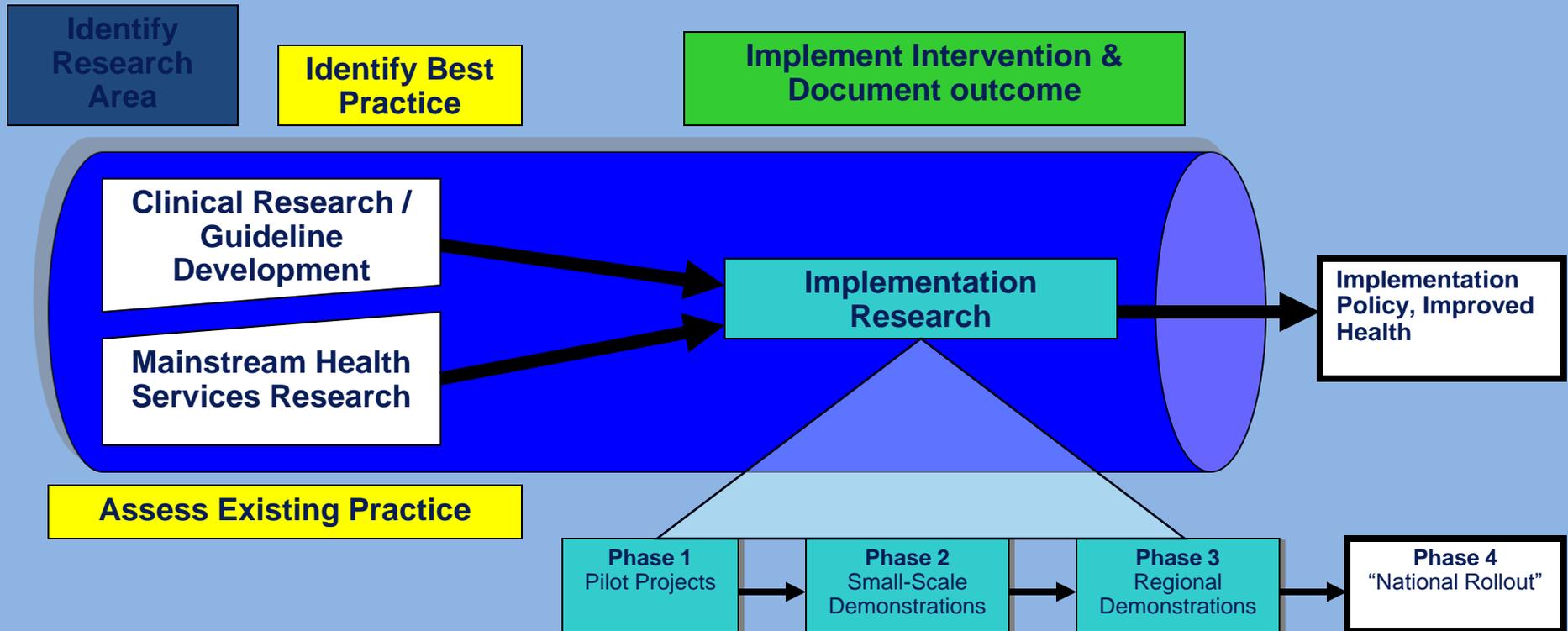
**Other HIV and HCV
Study Groups**

Know your partner

Veterans Health Administration
March 2011



Research/Implementation Pipeline

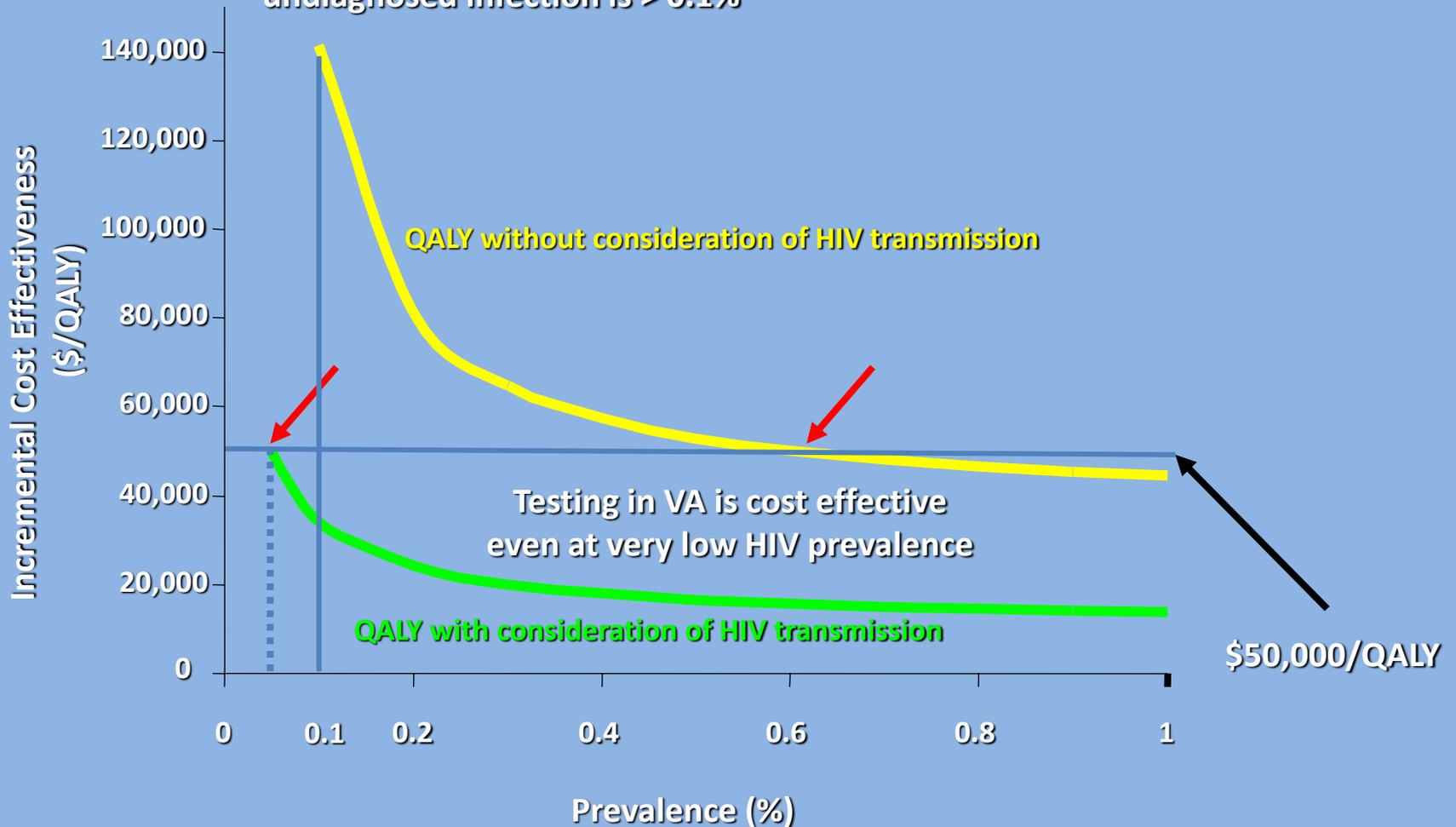


HIV Case Identification – The Problem

- Benefits of earlier diagnosis of HIV infection
 - ↓ mortality, ↓ hospitalizations, ↓ transmission
- Many HIV patients do not know their status
 - CDC: 25% of the 1.1 million US HIV+ unaware
 - VA: no testing in 50 – 70% with known risk factors
 - 50% of newly diagnosed at late stage (< 200 CD4)

Screening and Testing for HIV is Cost Effective

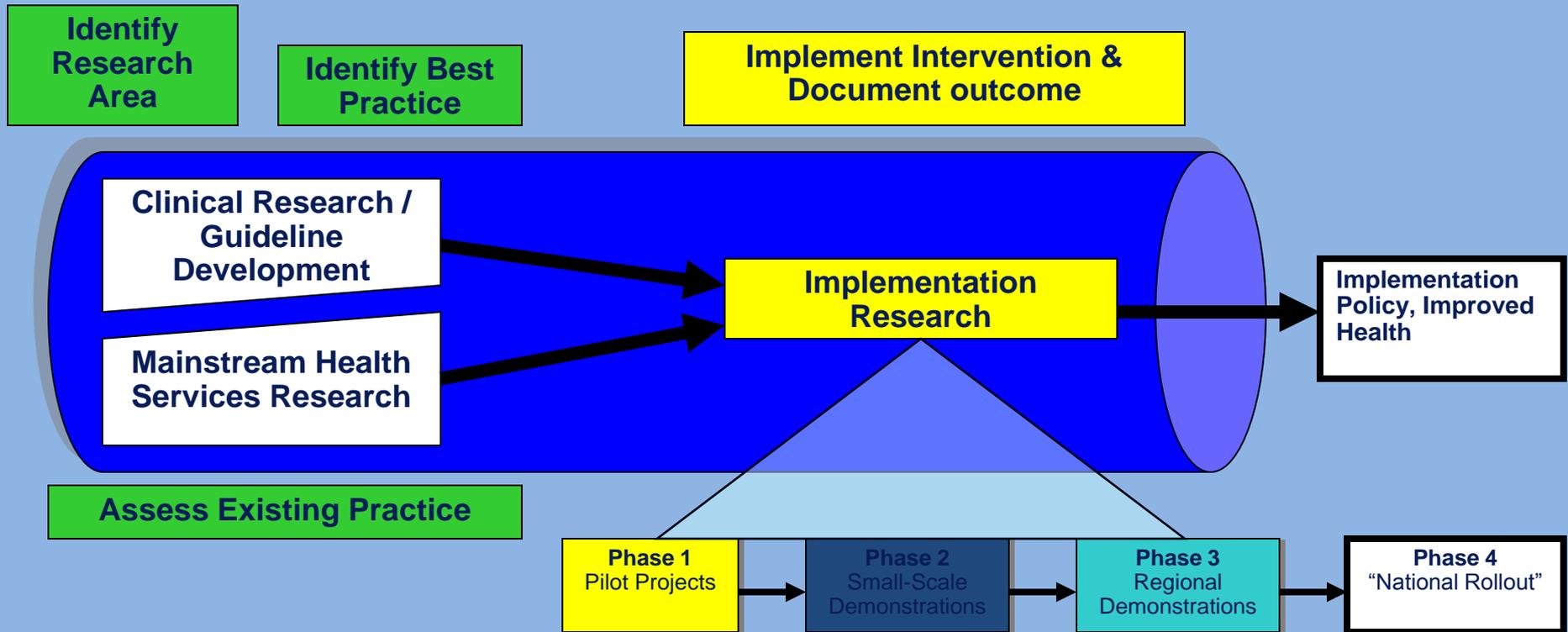
CDC recommends routine offer of HIV testing if prevalence of undiagnosed infection is > 0.1%



Impediments to HIV Testing in the VA

- Organizational barriers
 - Written informed consent & pre-test counseling requirements
 - Constraints on provider time
 - Limited opportunity for timely, in-person post-test notification
 - Uncertain capacity to manage newly diagnosed patients
- Provider behaviors
 - Incomplete recognition of HIV risk factors
 - Reliance on trained counselors to order HIV tests
 - Discomfort with HIV counseling
 - Lack of prioritization of HIV testing

Research/Implementation Pipeline



Methods - Interventions

- Organizational changes
 - Digitized written consent
 - Streamlined, scripted counseling
 - Telephonic notification of negative test results
 - Assured assistance in counseling & HIV clinic f/u for new HIV+ pts
- Provider activation
 - Academic detailing & social marketing: promote desired behaviors
- Audit-feedback
 - clinic level HIV testing rates
- Decision support
 - electronic clinical reminder for at-risk patients

Reminder Resolution: Screen for HIV Infection

- Click here to see details of this reminder (reason that it is due)

- Order HIV Serology (verbal consent required)
- Previously tested for HIV
- Refuses HIV testing
- Screening for HIV Not Applicable / Not Necessary

EVALUATE FOR TESTING FOR OTHER CHRONIC VIRAL INFECTIONS

- Click here to display prior Hepatitis B and Hepatitis C serology

Clear

Clinical Maint

Visit Info

< Back

Next >

Finish

Cancel

<No encounter information entered>

* Indicates a Required Field

Engaged Clinical Partners

- Presentations to leadership: done by QUERI-HIV
- Installation of clinical reminder: coordinated by QUERI-HIV
- Acquisition of leadership support: assistance provided by QUERI-HIV
- Identification of local champion
- IRB submission: prepared by QUERI-HIV
- Audit feedback reports: generated by QUERI-HIV
- Provider activation: tools developed and supported by QUERI-HIV
- Removal of organizational barriers: assistance provided by QUERI-HIV

Handout package

VA Healthcare System

Tips for Proposing HIV Testing

- Would you like a **free HIV test**?
- As a veteran, you're **entitled to an HIV test**.
- Along with other regular tests - blood pressure, cholesterol, etc., we're offering **routine HIV testing**, do you want us to check for HIV?

Providing HIV Education

- Testing is confidential and voluntary
- Cannot determine status without testing
- If positive, we can provide confidential care

Delivering Negative Test Results

- HIV antibodies not detected at this time
- Can take up to 3 months after exposure for detection
- Discuss safe behaviors and retest in 3 months

Delivering Positive Test Results

- Explain: HIV infection ≠ AIDS (CD4 < 200)
- Benefits of antiretroviral therapy
- Lifestyle: diet & exercise, drug & alcohol use
- Safer behavior: sexual & drug use
- Support: social, emotional, mental health
- Normal to feel sad, scared, angry, confused
- Call 911 if you feel you might hurt yourself

VA Healthcare System

Documenting Verbal Consent

- The HIV clinical reminder automatically enters: **"The patient has verbally consented to HIV testing. An HIV antibody test has been ordered."** in the NOTES section.

Discussion Points for Patients

- The ACP recommends that **all adults** be offered HIV testing
- Early HIV is asymptomatic and is highly treatable
- 21% of HIV-infected persons in the U.S. are undiagnosed
- 50 - 70% of at-risk VA patients haven't been tested
- 55% of veterans are diagnosed after advanced HIV disease
- VA surveys show undiagnosed HIV infection in 0.5% of 65 to 74 year olds
- Many OEF/OIF veterans are at high risk due to age, drugs and alcohol, non-use of condoms
- Timely HIV care keeps patients healthy and viable

Resources

Dusty Jones, M.D.: (555) 555-5555 Page #123

Pocket card

QUERI-HIV/HEP Quality Enhancement Research Initiative

PHSHG Public Health Strategic Health Care Group

QUERI HIV / HEP offers an innovative multimedia package designed to make HIV testing easier than ever. This toolbox of resources can be customized to meet the unique needs of your facility.

Patient Media

VA produced posters & brochures facilitate patient awareness and comfort in discussing HIV testing with providers.

Provider Media

Pocket cards offer quick and easy reference to providers:

- HIV Testing
- HIV Oral Rapid Test

On-Line Education

Audiovisual on-line series provides concise education modules: www.queri.research.va.gov/hiv/products

- QUERI HIV Testing Initiative
- HIV Oral Rapid Test

Performance Statistics

You'll never be left wondering: *How are we doing?* Clearly presented quarterly reports detail HIV testing statistics.

Clinical Reminder

Efficiently identify patients who've not been tested for HIV.

For details, contact Matthew Goetz@va.gov or Herschel Knapp@va.gov

Overview Sheet

Which of these people should get an HIV test?



All of them

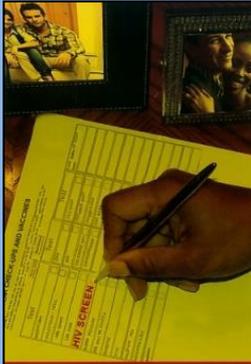
HIV testing can save your life.

Take control. Ask your provider for the test.

www.hiv.va.gov

Department of Veterans Affairs | PHSHG | Get Checked

Poster & Pamphlet



GET CHECKED

just to be sure...

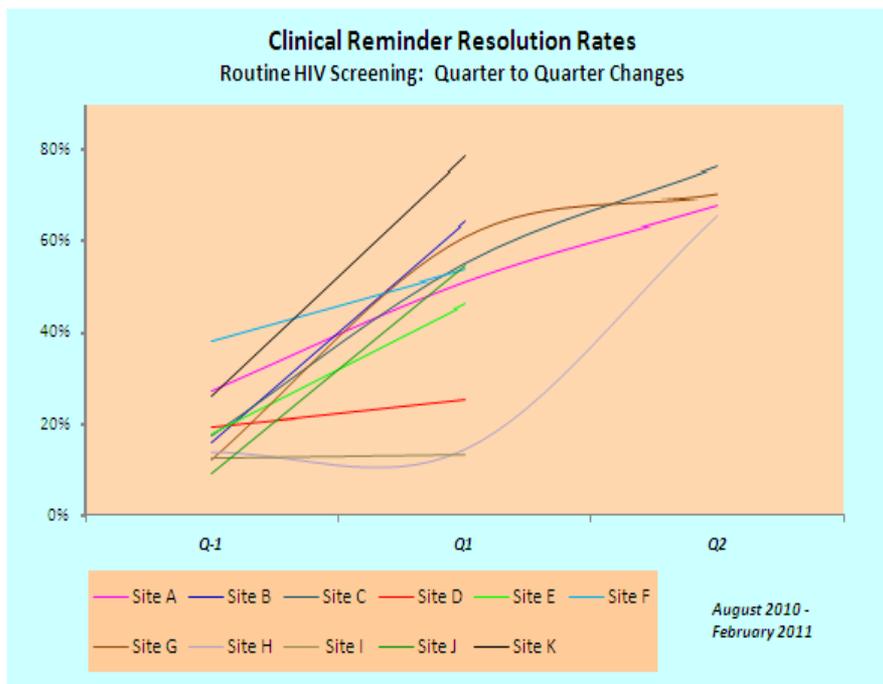
PHSHG Public Health Strategic Health Care Group

VAMC and Associated Clinics

Dear Primary Care Providers and Staff:

The VA is evaluating the effectiveness of a clinical reminder-based intervention for increasing HIV testing rates in 11 facilities in VISNs 1, 3 and 16. Originally, a risk based clinical reminder was used to identify patients who warranted HIV testing. More recently all sites, including 3 new sites, substituted a non-risk based reminder which prompts providers to offer testing to all untested patients. During the first 3 months, 45,000 routine testing reminders were resolved at active sites; nearly a 5 times increase in the rate of resolution.

The graphic below depicts the quarter-to quarter changes in screening for all primary care patients following the change-over to the non-risk HIV testing clinical reminder.



- Quarterly feedback
 - HIV testing rate
 - Rate of clinical reminder resolution

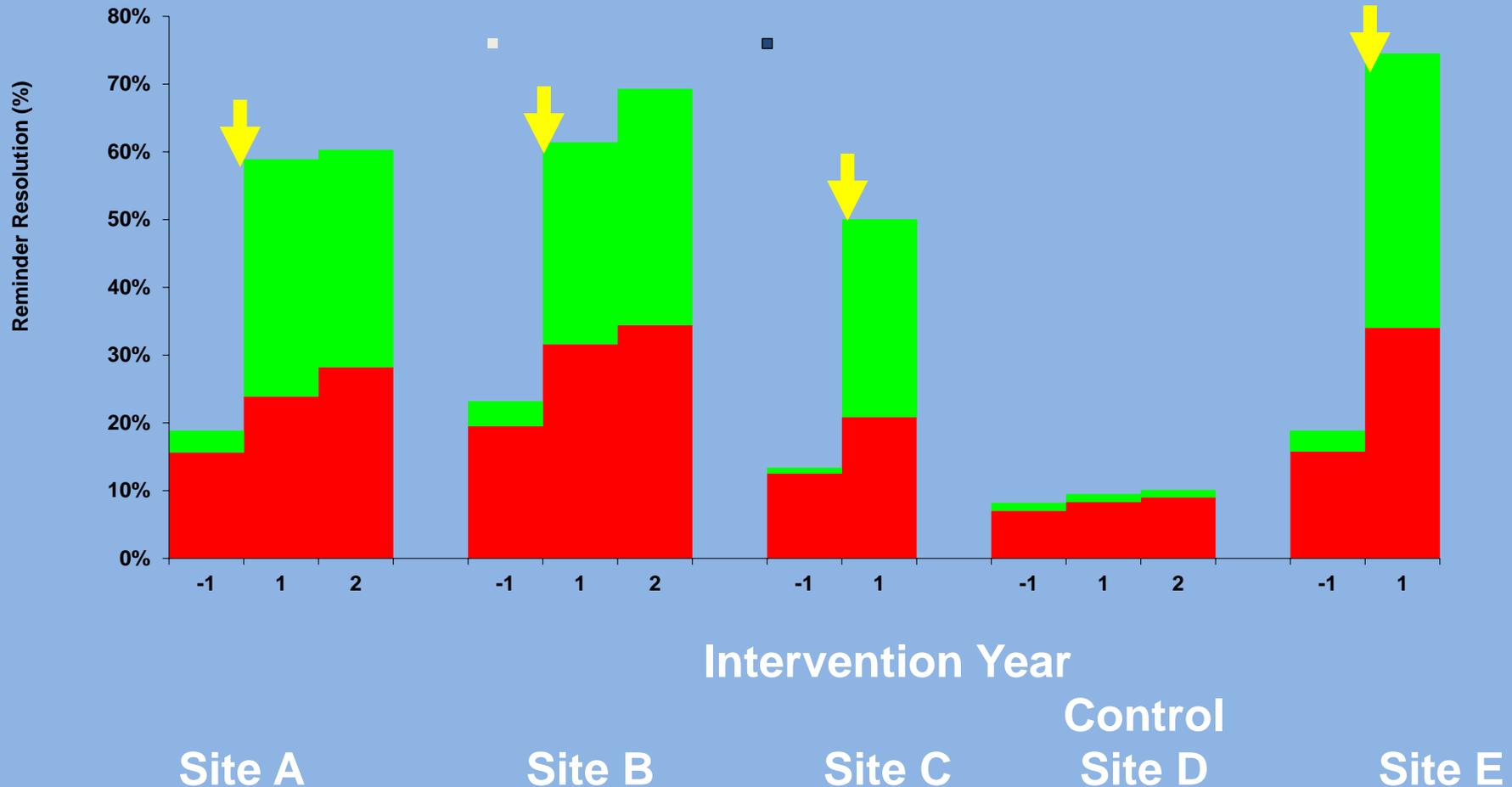
On behalf of the QUERI-HIV team, thank you for your continued efforts in making HIV testing a priority among your patients. The success of this intervention is only possible with your continued contributions to this important health issue.

Please contact me if you have any questions or concerns about this project.

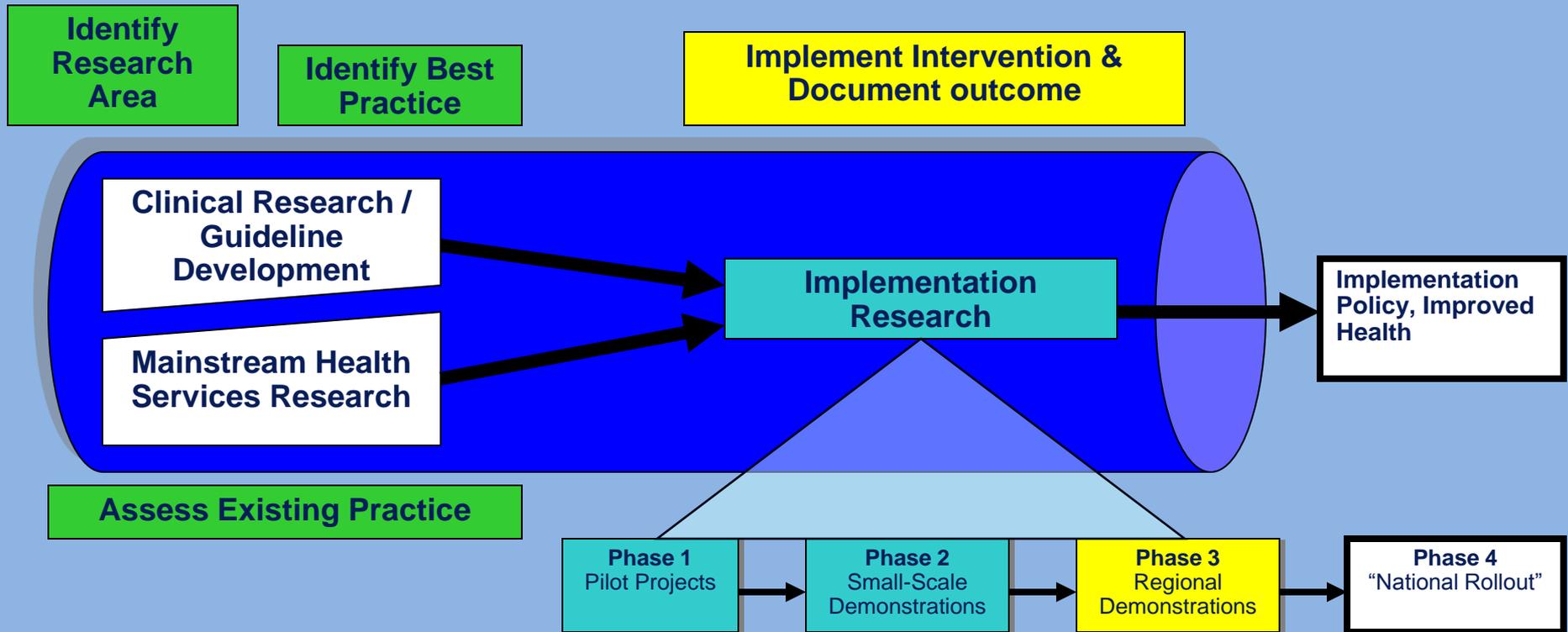
Herschel Knapp, Ph.D.

VISN22: Pre- vs Post-Intervention Prevalent HIV Testing Rate

Program implementation yields ~2-fold increase in aggregate HIV testing rate



Research/Implementation Pipeline



Phase III Implementation Trial

- Assess generalizability of intervention to VA facilities with differing structural characteristics
- Evaluate the added value of “provider activation” (academic detailing, social marketing) campaigns
 - Facilities randomized to receive extensive vs modest support for conduct of “provider activation” program

LIFE TAKES DETOURS

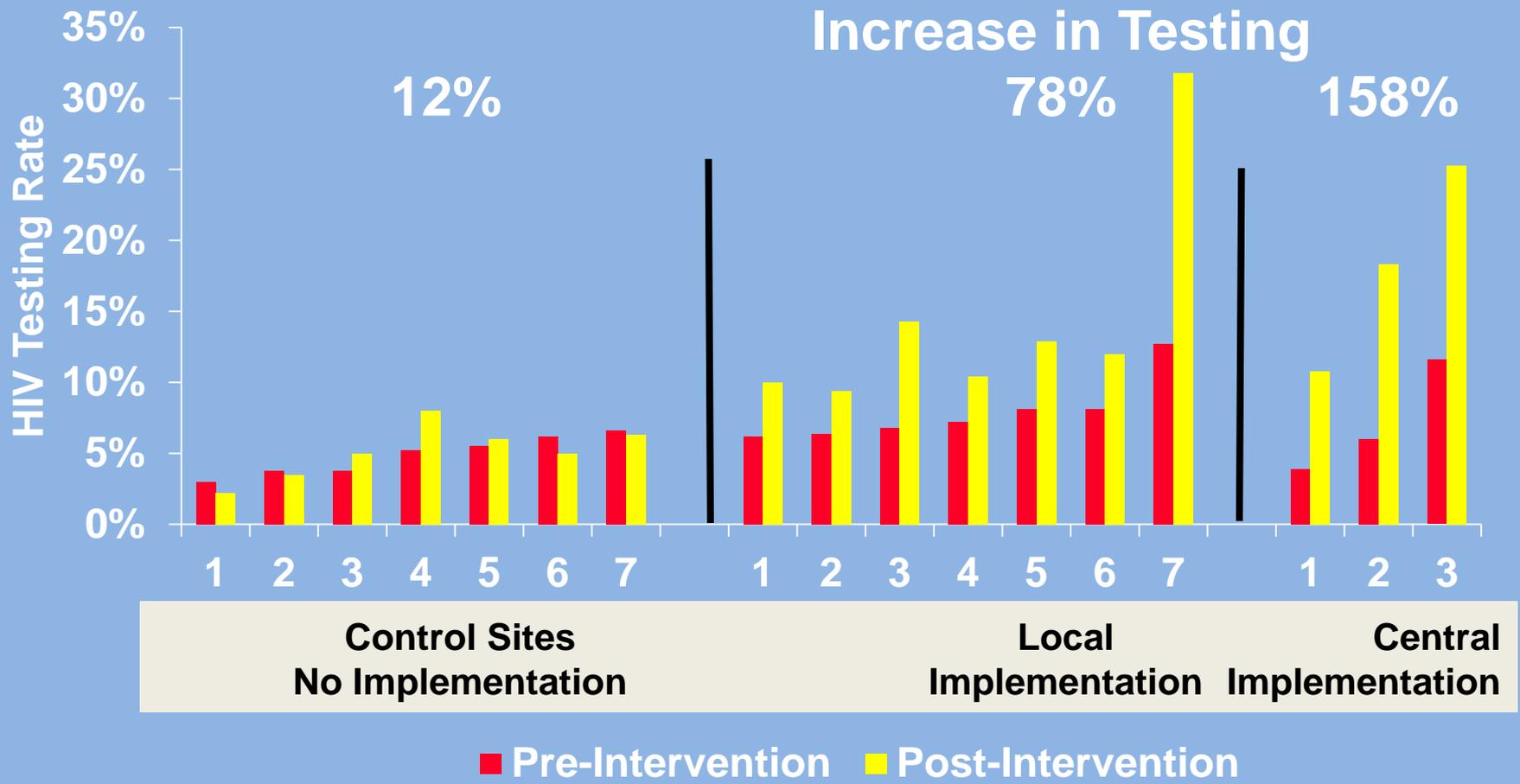
A MEMOIR



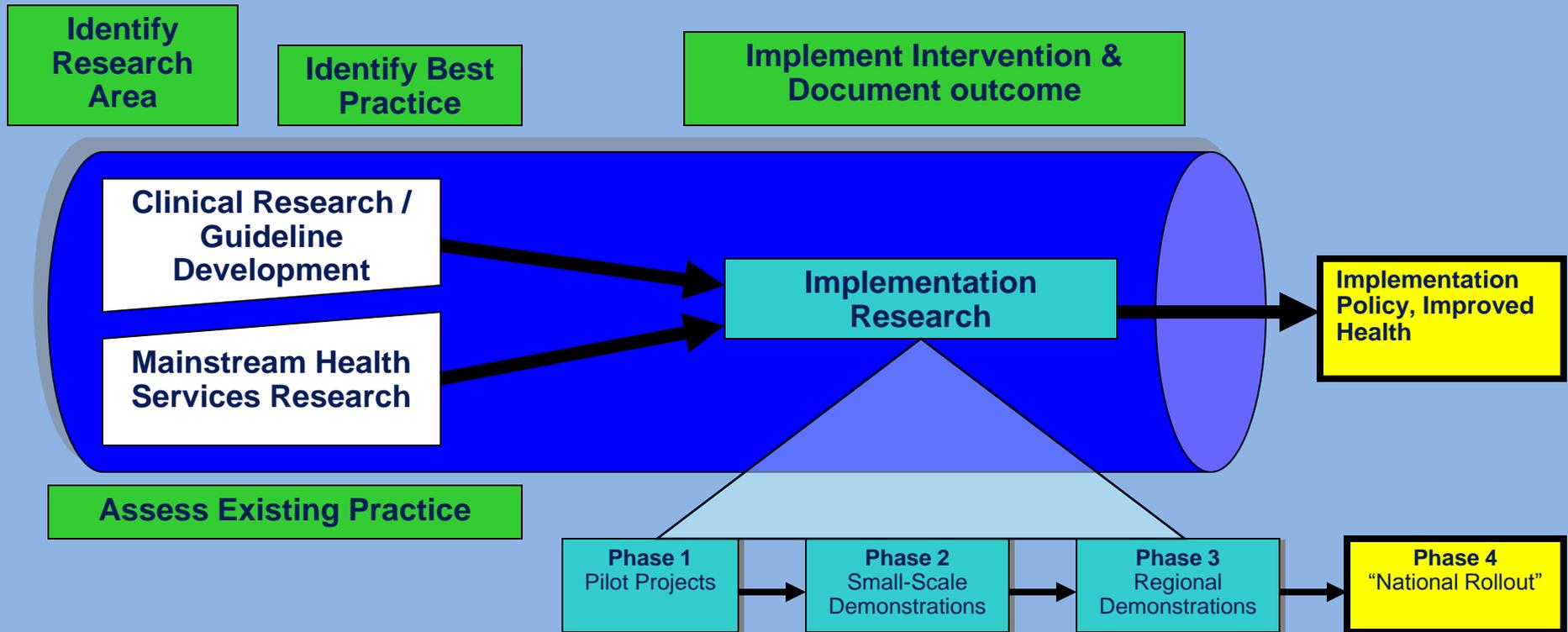
The Real World Intervenes

- October 2008 : Project funded
- June 2009: Project launched at 3 sites
- August 2009: VA HIV testing policy changes
 - Verbal agreement replaces written informed consent
 - Pre- and Post-Test counseling requirements removed
 - Routine, once per lifetime testing of all patients, not just those at risk
- Some of the barriers intervention was aimed at disappeared, so we adjusted!

Pre- vs Post-Intervention Risk-Based HIV Testing Phase III Project



Research/Implementation Pipeline



More dances I have attended with mentees



- Participants wanted to refer patients rather randomize: VA Multimorbid management trial (Zulman)
- VA Lean program leadership changed national rollout strategy during evaluation (Vashi)
- Cancer center shifted intervention from nurse coordinators to patient navigators (Winget)
- Again, we adjusted to our partners' moves, and learned.

With Deep Gratitude to Mentees

Patricia Bellas, MD
Josh Fenton, MD
Loren Miller, MD
Mike Wada, MD
William Haddock, MD MPH.
Brooke Herndon, MD
Elizabeth Edgerton, MD
Amy Kilbourne, PhD
Karl Lorenz, MD
Susan Lambe, MD
Joy Lewis, MD
David Zingmond, MD
Mitch Wong, MD,
Chih-Wen Shi, MD
Philip Todd Korthuis, MD
David Etzioni, MD
Jerome Liu, MD
Marcy Winget PhD
Liz Malcolm MD

Tony Kuo, MD
Keith Heinzerling, MD
Will Shrank, MD
Richard Mularski, MD
Keri Gardner, MD,
Sanae Inagami, MD,
Jason Wang, MD
Becky Liddicoat, MD
Joshua Pevnick, MD
Kristina Cordasco, MD
Sony Ta, MD
Benjamin Sun, MD
Fasiha Kanwal, MD
Catherine Rongey, MD
Basit Chaudhry, MD
Corita Grudzen, MD
David Chan, MD
Jonathan Chen, MD
Risha Gidwani, PhD

Howard Saft MD
Sean O'Neil, MD
Gelareh Gabayan, MD
Anne Walling, MD
Sonali Kulkarni, MD
Jonathan Shaw, MD
Todd Korthuis, MD
David Eisenman, MD
Karl Lorenz, MD
Teryl Nuckols-Scott, MD
Torrey Simons MD
Donna Zulman MD,
Veronica Yank, MD,
Jessica Breland, PhD
Anita Vashi, MD
Amanda Midboe, PhD
Andrea Finlay, PhD
Celina Yong, MD



Lessons from Dancing with the Devil You Know

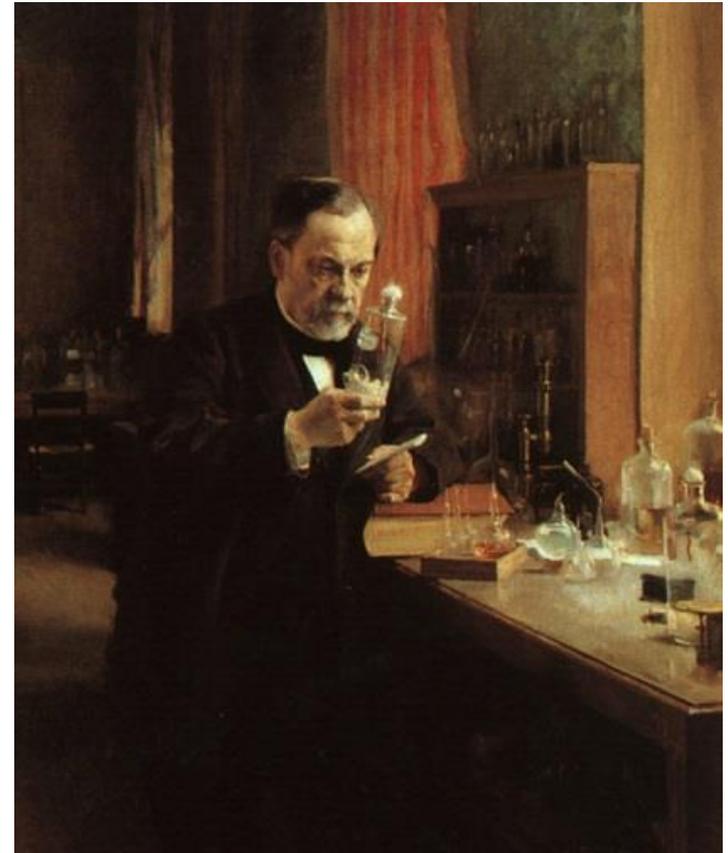


- Shift research topics to where you can make the most difference
- Building research enterprise for partner eased by relationship planning, programmatic funding
- Partnership improves research and makes “dead mouse research” less likely
- Researchers can serve two masters- truth and relevance

“To that person who devotes his life to science, nothing can give more happiness than increasing the number of discoveries.

But his cup of joy is full when the results of his studies immediately find practical applications.”

—*Louis Pasteur*



Questions

