Triple Aim QUERI

Optimizing Health Outcomes

U.S. Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative

Triple Aim QUERI (TAQ) aims to leverage healthcare data to identify actionable care gaps, and to implement innovative healthcare interventions to improve the Triple Aims of VA healthcare. TAQ addresses opioid safety, telehealth technology, access to care for rural Veterans, and care delivery through its implementation core and three projects: the VA Telehealth Pain Care Collaborative, the Patient Reported Health Status Project (PROST), and the Transitions of Care project.

Optimizing Health Outcomes and Addressing the Triple Aim

The VA Telehealth Pain Care Collaborative: Chronic pain affects more than 50% of Veterans enrolled in VHA for care. Despite recommended practice clinical guidelines, chronic pain care often does not focus on multi-modal pain care. This project uses data to define multi-modal pain care, identify gaps, and implement provider feedback with Pain ECHO to improve care.

Triple AIM QUERI Program	Operational Partners
VA Telehealth Pain Care Collaboration	• National Pain Management Program • Pharmacy Benefits Management
Patient Reported Health Status (PROST)	• National Program Director for Cardiology • VA Clinical Assessment Reporting and Tracking Program (CART) • Directors of VA Cath Labs
Transitions of Care Quality Improvement	• Office of Community Care • Office of Rural Health

The Patient Reported Health Status (PROST) Program: Patient reported health status is critical to assess the benefits of elective percutaneous coronary interventions (PCIs) and to identify declines in clinical status during longitudinal follow-up. However, patient reported health status is not routinely collected prior to and following the more than 10,000 elective PCI performed annually in the VA. PROST uses health status measures to identify patients with significant declines in health status following elective PCIs and implement provider feedback to improve patient health status.

The Transitions of Care Program: When the Community Hospital Transitions Program (CHTP) and Advanced Care Coordination (ACC) address gaps in transitional care. When CHTP and ACC first began there was no systematic process to transition Veterans back to the VA for care following a non-VA community hospitalization or emergency care visit. These programs were designed to focus on care coordination for dual-use Veterans who present to non-VA community facilities and then transition back to a VA primary care in a safe and timely manner.

iCORE serves as a cross-cutting and coordination resource for implementation science activities, contributes to the field of Implementation Science, and explores ways in which we can directly impact multiple stakeholder groups through our work.

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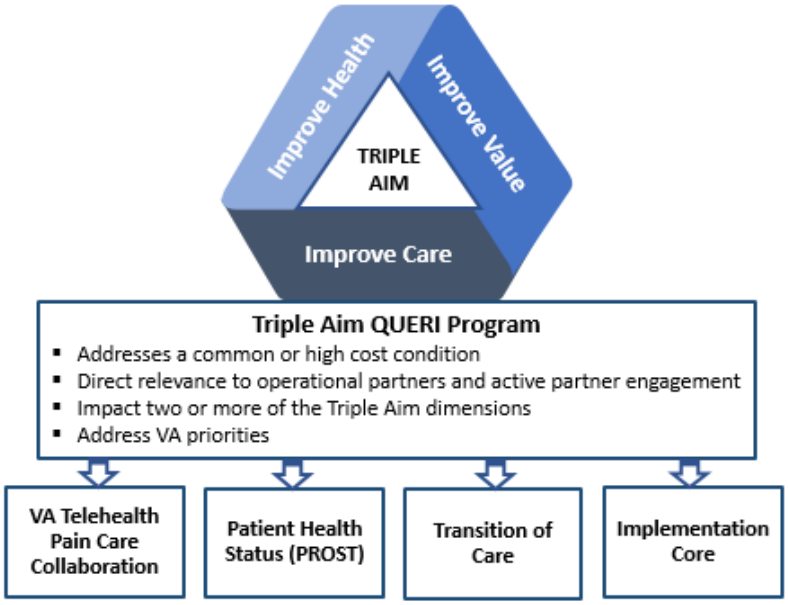
Methods

Each of TAQ's projects uses a unique methodology most appropriate to address specific aims. The projects use a mixed methods approach to evaluation implementation and project outcomes. The PRISM and RE-AIM frameworks guide data colleciton efforts. The Implementation Core provides guidance and assessment across projects and assists with the audit and feedback, facilitation, and adaptations tracking across projects.



Impact

VA Telehealth Pain Care Collaborative. In March 2019, the VA Telehealth Pain Care Collaborative implemented a provider-focused tele-mentoring program to support evidence-based chronic pain care in VA Tele-Primary Care hubs. The Collaborative focused on the unique challenges facing telehealth primary care providers caring for Veterans with chronic pain.

- 18 VA primary care providers participated in the tele-mentoring program

PROST. Implementation of automated pre-procedural capture prior to elective coronary procedures at 10 VA cardiac catheterization labs and has laid the groundwork for understanding procedural appropriateness across VA cardiac catheterization labs. Since beginning the program:

- 772 patients have completed pre-PCI surveys
- 537 patients have completed the post-PCI surveys
- Providers for 100 patients were notified about their patients' decline in patient reported health status outcomes.

Transitions of Care. 376 patients have been referred to CHTP/ACC Programs at Denver and Omaha VAMCs.

- Created and implemented a nurse training program and internal/external dashboards.
- Implemented provider feedback with nurse facilitation of the patient transition process with stakeholders.
- In a difference in difference analysis of matched control and CHTP intervention patients, CHTP patients had a significantly higher increase in primary care visits compared to control (DID estimate: 1424%, CI=2.5% to 27.6%, p=0.02).
- Rolled out an Interactive Voice Response (IVR) Veterans Satisfaction survey at both Omaha and Denver sites from January 1st to September 30, 2020. Overall satisfaction was Somewhat Satisfied (Denver) and Satisfied (Omaha).
- We connected Veterans to (N=223): 1) VA primary care (86%), 2) VA benefits (30%), 3) home health care (18%), 4) mental health/substance use treatment (18%), 5) financial assistance (17%), 6) transportation (11%) and 7) homeless resources (6%).

If you would like to learn more or partner with us, please contact Rachael Kenney at Rachael.Kenney@va.gov

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