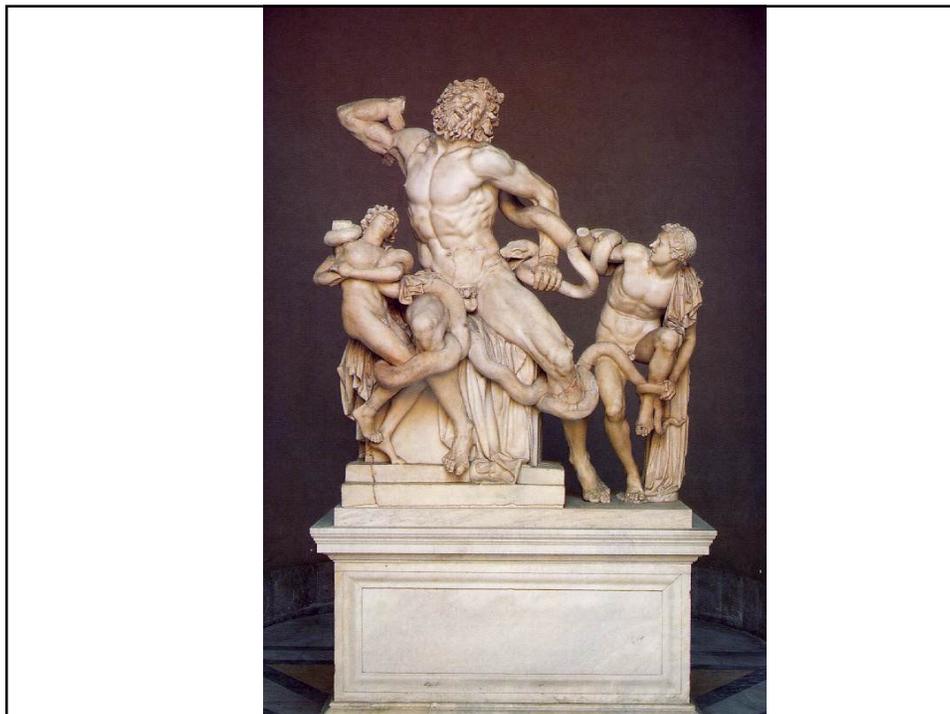


QUERI: *Connecting Research and Patient Care*

David Atkins, MD, MPH
Director, QUERI
HSRD Field Based Meeting
Denver, July 2010





What Is the Problem ?



- New research takes **too long** to get adopted
- Too much **variation** in the healthcare system
 - Reliability, efficiency
- Research is often **not aligned** to address critical problems for health system
- Large programs being rolled out without **adequate planning** to maximize effectiveness
 - Not addressing common barriers to implementation
 - Using “one size fits all” approaches

How do we *speed, spread,* and *sustain* change in a complex healthcare system?

“Change” as Gardening



QUERI Mission



To improve the quality and value of Veteran's healthcare by *studying, testing, and implementing* the most effective processes to ensure the timely and reliable adoption of new and established evidence-based treatments, tests, and models of care.

Criteria for a Successful QUERI Center



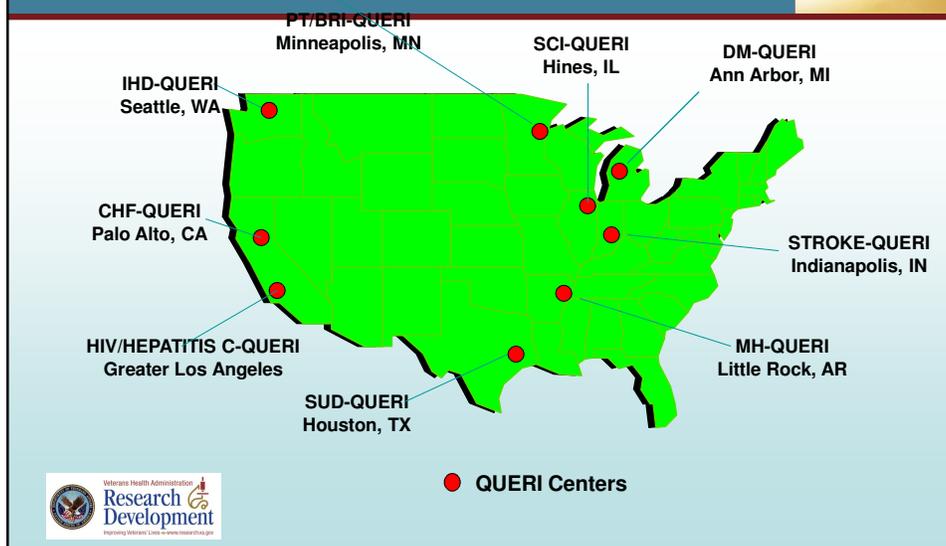
- Contributes to **measurable progress** in a limited number of high-priority clinical issues within a content area
 - E.g. reducing re-hospitalization in CHF
- Build **effective partnership** with clinical partner in order to improve use of research to improve programs and policies
- Contributes to understanding of **effective implementation** in VHA

QUERI Funding



- Core support to 9 Centers and Resource Centers (dissemination, data, economics)
- Rapid response projects (1 year) – \$100 k
- Service-directed projects (3 years) - \$350 k/yr
- Projects support:
 - Center strategic plans
 - Specific VHA Needs (e.g. PTSD assessment)
 - Partnerships (e.g. nursing, rehab)

QUERI Coordinating Centers



• A Note of Caution

Realities of Current VA Context



- Results-driven leadership
 - T-16 initiatives driving most activity
- Entering era of constrained budgets
 - Tight squeeze at facility level
- Improving implementation by spending more is not a sustainable approach
- Other approaches to quality improvement
 - System redesign, VERCs, OQP toolkits

Where we struggle with change



- Assumes linear process for change
- Emphasis on “pushing” research findings to field rather than generating “pull”
- Not enough emphasis on capacity and priorities of our health system partners
- Haven’t aligned research incentives
- Better at *describing* process than *fixing* it
 - Haven’t turned generalizable lessons from implementation research into actionable guidance for managers

Problems I Have Observed



- Studies don’t emphasize how the research will contribute to solving an important VA issue
 - Who should care and why?
- Questions adapted to fit theory rather than the other way around
- Study design drives the questions rather than the other way around
- Theory “tacked on” rather than integral

A Way Forward

- Understand the context, constraints and priorities of your local environment and VA
- Figure out where you can be useful
 - Build relationships
 - Learn where is there existing “pull”
- Be flexible about methods
- Be entrepreneurial
 - Some work may not lead to publication
- Help us distill high-level learning

How do we generate “pull” in the system for our products?

- Align research with the high-priority problems of the health system
 - Jump onto moving trains
 - “participatory action research”, PBRNs, etc.
- Need to mix **top-down** and **bottom-up efforts**
 - **centralized** and **locally driven** approaches
- Build capacity in field to support spread beyond the early adopters

Conclusions

- VA has opportunity to lead field of implementation research
 - Community of investigators, program needs
- IR is in service of/ as a by product of primary QUERI goal which is to facilitate improvement
- Need better story/examples of how IR will help us spread more effective implementation
- Need to help a large health system balance universal vs. tailored approaches

Translation Gap

