

Virtual Care QUERI Program

VA



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

Expanding access to care for rural Veterans

The Virtual Care QUERI Program supports clinical operations partners in the roll-out of evidence-based practices (EBPs) that incorporate virtual care technologies to improve access for rural Veterans receiving care at home and in Community Based Outpatient Clinics (CBOCs).

Implementing technology-facilitated evidence-based practices

Overview

- Nearly three million Veterans living in rural areas receive VA health care in over 1,000 CBOCs.
- Mental health EBPs developed for large VA Medical Centers are often not feasible to deploy in CBOCs due to staffing constraints and lack of resources.
- The Virtual Care QUERI Program is developing implementation strategies for challenging deployment settings.

Key National Operational Partners

- Office of Rural Health (ORH)
- Office of Connected Care (OCC)
- Office of Mental Health and Suicide Prevention (OMHSP)
- Office of Electronic Health Record Modernization

Key Regional Operational Partners

- VISNs 2, 6, 7, 9, 10, 12, 13, 15, 16, 19, 20, 21, 22, 23

Measurement Based Care (MBC)

Systematic administration of symptom rating scales and use of the results to drive clinical decisions.

Adoption by telemental health providers remains low due to the logistical challenges and lack of informatics support.

Forty six CBOC tele-providers trained in BHL Touch to date.

Written Exposure Therapy (WET)

Brief trauma-focused therapy developed at the OMHSP National Center for PTSD.

Ideal to deliver in the context of Primary Care Mental Health Integration (PCMHI).

Critical to develop workflows for electronically sharing written trauma narratives.

Twenty eight Clinical Resource Hub Tele-Therapists trained in WET to date.



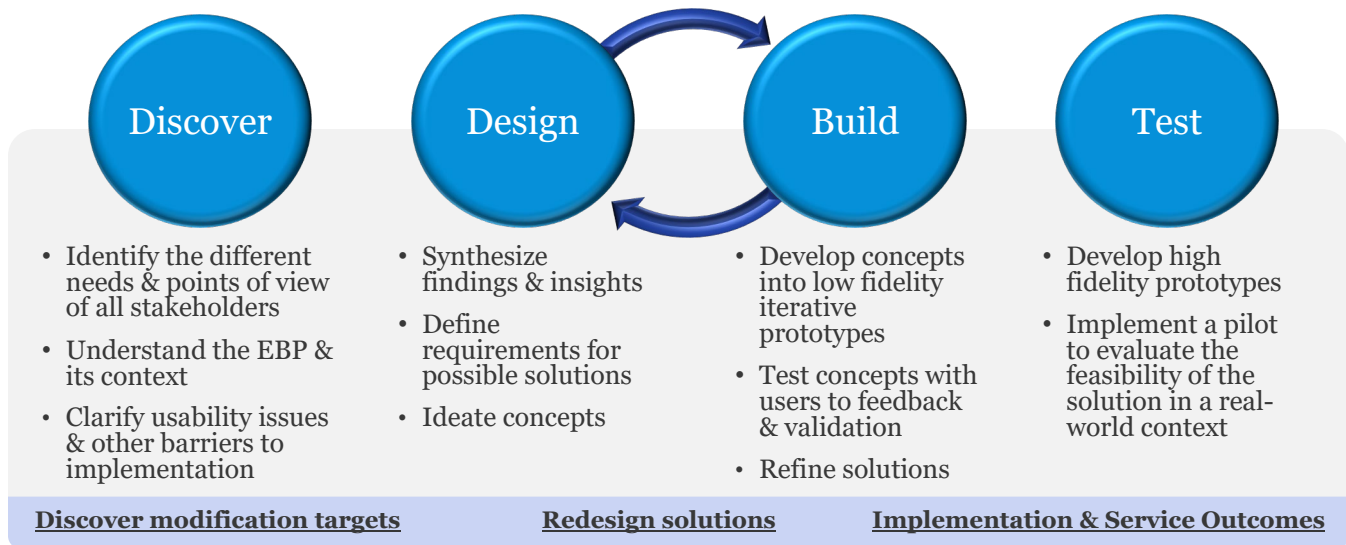
*Implement and
Evaluate Technology
Facilitated Evidence-
Based Care*

Enhancing uptake of EBPs using implementation strategies

Our implementation approach has two steps.

1. **EBP Adaptation Step** uses User Centered Design methods to improve EBP usability.
2. **EBP Deployment/Test Step** uses implementation strategies (e.g., external facilitation) to deploy the adapted EBP on a larger scale.

Discover, Design and Build, and Test Framework



Evaluations and Collaborations

- ⇒ A rapid response project with the VHA Office of Pulmonary, Critical Care and Sleep Medicine explored the feasibility of implementing mobile lung cancer screening in VISN's 7 and 13.
- ⇒ A rapid response project in collaboration with the Office of Connected Care and the My HealthVet (MHV) Program Office explored Veteran's use and experience of the Shared Vitals feature within the Track Health function of MHV.
- ⇒ Collaboration with the Office of Connected Care and the My HealthVet Program Office evaluating Veteran experience with the transition from My HealthVet to VA.Gov.
- ⇒ An evaluation to gather information on the feasibility of using eScreening Program for measurement-based care of Veterans in the community was recently completed in VISN 22 which lays the foundation for a multi-site project.
- ⇒ Collaboration with the Office of Electronic Health Record Modernization in identifying and developing eClipboard candidate measures for its Cerner-based patient reported outcomes.

If you would like to learn more or partner with us, please contact Suparna Rajan, PhD at Suparna.Rajan@va.gov.

Principal Investigators:

John Fortney, PhD (Seattle)
Carolyn Turvey, PhD (Iowa City)
Heather Reisinger, PhD (Iowa City)