Overview

Functional status, or a person’s ability to perform normal daily activities, fulfill usual roles, and maintain health and wellbeing, is an essential determinant of quality of life. Health-related functional impairments often lead to disability, which is a significant driver of healthcare use and costs. Currently, 12.4 million Veterans are age 65 or older, the age group at highest risk for developing a disability. Function QUERI was designed to improve Veteran function and independence by promoting the rapid translation of research findings into practice through implementation strategies that promote flexibility of clinical programs—and that enhance the performance of healthcare teams. Addressing high-priority gaps in clinical care identified by national partners, specific aims of Function QUERI include:

- Implementing and evaluating three distinct but related clinical programs:
  - STRIDE—a supervised, inpatient walking program;
  - iHI-FIVES—a caregiver skills training program; and
  - Group Physical Therapy (PT) for Knee Osteoarthritis (OA), which will expand access to physical therapy in a group model.
- Adapting an innovative, team-based implementation intervention (CONNECT) to promote team readiness for use in a diverse mix of clinical settings and VA medical centers, and evaluating its impact across projects; and
- Developing a Team Building and Readiness Toolkit for VA clinical programs to distill and disseminate findings from Function QUERI implementation activities.

Methodology

Function QUERI is implementing STRIDE and iHI-FIVES at eight VA medical centers each (16 total). The core implementation strategy focuses on promoting flexibility of clinical programs to fit local environments (Replicating Effective Programs or REP). Half of the sites will be randomized to receive a “booster” implementation strategy (CONNECT) designed to enhance team communication and coordination as they incorporate new clinical programs into practice. QUERI investigators will evaluate the effectiveness of implementation using REP alone versus REP + CONNECT.

Using a cluster randomized, stepped wedge trial design, investigators will evaluate the impact of STRIDE and iHI-FIVES on patient outcomes, and determine the conditions under which STRIDE and iHI-FIVES implementation are most successful. Function QUERI also will evaluate the implementation of the Group PT for Knee OA program at the Durham VA Health Care System on key patient and service-level outcomes.

Findings and Anticipated Impacts

Patient and Service-Level Outcomes

STRIDE is expected to decrease length of hospital stay, decrease discharges to nursing homes, and improve physical function and quality of life for Veterans in this program. Supporting Veterans to return to their homes through an inpatient early mobility program directly allows VA to focus resources more efficiently, by reducing spending on institutional care and increasing resources for home and community-based services.

iHI-FIVES is expected to increase days in the community, allowing greater choice for Veterans by facilitating their choice to remain as independent as possible. iHI-FIVES is also expected to improve satisfaction with VA healthcare, decrease caregiver burden, and decrease caregiver depressive symptoms.

Group PT for Knee OA program improve knee physical function and decreased OA symptoms. Patients reported high levels of satisfaction with the program. The program allows VA to focus resources more efficiently by providing outpatient physical therapy to a greater number of patients while reducing total provider time for care delivery and improving key patient and service level outcomes.

Tools and Toolkits

Function QUERI will produce a Team Building and Readiness Toolkit for multidisciplinary teams to implement clinical programs using REP and CONNECT strategies.

Operations Partner(s)

VA Office of Geriatrics and Extended Care; VA Caregiver Support Program, VA Physical Medicine and Rehabilitation Services, Office of VA Voluntary Services, and the VA Mid-Atlantic Healthcare Network (VISN 6).