Overview

The main theme of the MedSafe: Optimizing Appropriate Use of Medications for Veterans QUERI Program is optimization of medication use, with decision support and provider networks as the focus of implementation. The underlying principle is to promote high-value clinical care with all medication related interventions. A large variation in the quality of medication prescribing has been noted in VA, which is comparable to the general population. There also is variation in the quality of prescribing across disease states in the VA healthcare system. MedSafe QUERI will address high-risk medications that require routine monitoring, and will only recommend expansion or design interventions for care strategies that are considered a “reasonable” value (ratio of benefit and cost).

The MedSafe QUERI program will build upon existing strong relationships between the project leads (who have a long history of conducting successful QUERI projects), and their operations partners that include the VA Office of Pharmacy Benefits Management (PBM), VISN 21 Pharmacy Benefits Management (VISN 21 PBM), Specialty Care Services (SCS), and Primary Care Services (PCS).

Program Objectives

MedSafe QUERI’s main objective is to optimize medication management in the VA healthcare system and Patient-Aligned Care Teams (PACTs), in particular, using pharmacy networks and decision support tools. Several recommendations by the Institute of Medicine, including the wide availability of decision support and more pharmacy involvement in prescribing, have not been widely implemented in VA. In 2011, 12% of Veterans were prescribed a potentially inappropriate medication with an incidence (new inappropriate medication) of 6% per year. Moreover, a large variation in the quality of medication prescribing has been noted in VA, which is comparable to the general population. There also is variation in quality of prescribing across disease states in the VA healthcare system.

(over)
This project focuses on two priority areas set by VA leadership: Priority 3—“to ensure consistency of best practices and resource prioritization by focusing on what’s working well, ensuring that effective systems are supported appropriately, and ineffective systems are promptly addressed,” and Priority 4—“creating a culture of high-performance, based on implementation of best practices.” MedSafe QUERI’s work also aligns well with many of the themes and essential strategies outlined in the Blueprint for Excellence as seen in the figure below.

**Project Summaries**

- **Optimization and expansion of the Medication Use Evaluation Tracker (MUET) of PBM.** Through MedSafe QUERI’s long-standing partnership with PBM, a national evaluation of the effectiveness of the five MUET programs of PBM is being performed. These MUET programs include: 1) Dimethyl Fumarate White Blood Count Monitoring, 2) Potassium Follow-Up in Heart Failure with New Mineralocorticoid Receptor Antagonist, 3) Prasugrel or Ticagrelor >12 months, 4) Women of Childbearing Age on Warfarin, and 5) Direct Oral Anticoagulants. Currently, cross-sectional surveys are being conducted at all facilities to understand how the MUET program is being utilized—and to understand the effectiveness of the implementation strategies, specifically in regard to the MUET initiative for dimethyl fumarate.

- **Clinical Decision Support (CDS).** This project is supporting evidence-based best practices for managing five common chronic conditions by implementing clinical decision support (CDS) in the VISN 21 Clinical Dashboard for PACTs. By working with PACTs, MedSafe QUERI is determining the most effective strategies to integrate CDS use into clinical workflow. Investigators are developing structures that can be readily adapted to clinical decision-making about additional conditions as new guidelines, clinical consensus, and patient data become available.

- **VISN 21 Pharmacy Dashboard.** Targeting PACTs, MedSafe QUERI investigators are evaluating the effectiveness of the VISN 21 PBM Pharmacy Dashboard designed to improve the safety of four measures: 1) Spironolactone/Eplerenone, 2) Lithium Carbonate (MH), 3) Hypoglycemia Safety, and 4) Oncology Med Monitoring. They also are comparing the effectiveness and associated resource uses of different implementation strategies employed by the different facilities within VISN 21—and plan to promote at least one of the identified implementation strategies to all VISN 21 facilities. Currently, investigators are surveying all VISN 21 facilities to compare the effectiveness of different implementation strategies specifically for the Spironolactone/Eplerenone safety measure. Preliminary findings show that the Pharmacy Services at these VISN 21 facilities are actively using the VISN 21 PBM Dashboard to monitor the medication safety of the Veterans with varying use of different strategies.

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**Program Leadership**

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**Principal Operational Partners**

- Office of Pharmacy Benefits Management
- VISN 21 Pharmacy Benefits Management
- Office of Specialty Care Services
- Office of Primary Care Services