QUERI National Program
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Bridging the Care Continuum

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Overview

The goal of the Bridging the Care Continuum (Bridge-QUERI) program is to improve the health of vulnerable Veterans by improving diagnosis, outreach, linkage and engagement with specialty care. Bridge-QUERI tests and implements models of care to help vulnerable Veterans negotiate the care continuum. The Care Continuum is a policy framework for addressing population-based health conditions. In recent years, the Continuum has particularly been applied to HIV policy, and has transformed national strategy for services delivery. As a consequence, the Continuum framework is now applied across other diseases and in a variety of healthcare settings. Bridge-QUERI investigators strive to improve choice and timely access to specialty care while ensuring consistency of best practices for a modernized health network. Bridge-QUERI focuses on vulnerable Veterans living with hepatitis or liver disease, as well as those who are homeless or involved with the justice system and have comorbid substance use and mental illness—not because they address all health vulnerabilities, but because they are important opportunities to improve the lives of many Veterans. Moreover, vulnerable Veterans often require complex, specialized services within and outside VA.

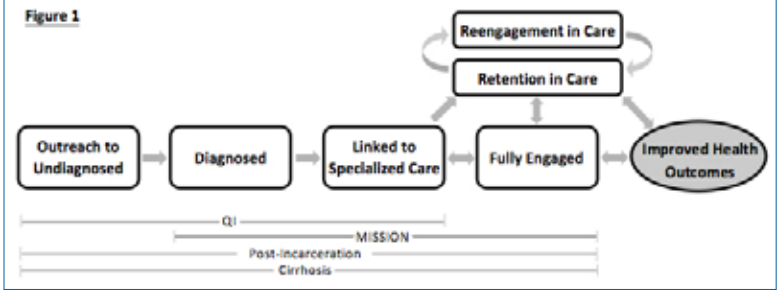
Methodology

Veterans with social vulnerabilities face grave challenges negotiating or "bridging" the continuum of care that extends from diagnosis to treatment, and ultimately to improved health outcomes. Why do Veterans—who have good health coverage—still face this difficulty? Poverty, justice system involvement, homelessness, and social circumstances make Veterans more vulnerable to serious health problems requiring specialized, often highly complex care. The care continuum suggests where to intervene and for whom, and guides how Bridge-QUERI investigators measure effectiveness. The Consolidated Framework for Implementation Research (CFIR)—a conceptual model for implementation, sustainment, and spread of successful health processes and programs—provides guidance on how to intervene, accounting for context and evidence. Projects are using Implementation facilitation, which is a well-known and widely used implementation strategy, but its use in settings that serve vulnerable populations has not been studied in depth. Thus, Bridge-QUERI's findings will advance implementation science in this important area.

Projects In Process

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION). Investigators are studying the implementation of MISSION—a Veteran centric, collaborative care co-occurring mental health and substance use treatment. This project studies both implementation uptake and intervention efficacy. Project sites include Homeless-PACT (HPACT) and Housing and Urban Development/Veterans Administration Supportive Housing (HUD-VASH) clinics in Greater Los Angeles, Sepulveda, and Bedford VA medical centers. This project uniquely includes both VA clinical staff as well as private, non-for-profit and state partner staff working to serve VA homeless Veterans. Findings will help us understand the effectiveness of facilitation in implementing MISSION, which is a complex continuum of care spanning linkage intervention for vulnerable homeless Veterans.

Figure 1



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Post-Incarceration Engagement. Bridge-QUERI investigators are implementing a program in which peer-support specialists link and engage Veterans with VA and community healthcare and other supportive services after release from prisons and jails. Peers meet with Veterans in their last months of incarceration and during the first week after release (often on the day of release); they provide multi-faceted support during the Veterans' first six months post-release. Peers rely on a broad coalition of federal, state, and community programs and agencies to ensure the Veterans' needs are met in the most appropriate and targeted manner. This is a two-state comparative implementation. The first state is using two peers supervised by the Health Care for Reentry Veterans (HCRV) team at one VAMC, in close collaboration with the HCRV team at a second VAMC. The second state is in early implementation.

Cirrhosis Management. This quality improvement project aims to implement an intervention known as Population-based Cirrhosis Identification and Management Strategy (P-CIMS), which is a web-based, case identification and tracking application that links to the electronic health record and allows for timely identification of all patients with cirrhosis, and facilitates their linkage, treatment, and retention in care. P-CIMS has been implemented at the Michael E. DeBakey VAMC in Houston and West Haven VAMC.

Hepatitis C Testing, Linkage, and Treatment. For this local quality improvement project, investigators partnered with VISN 1, and the New England VA Engineering Resource Center (VERC), in addition to receiving support from the HIV, Hepatitis, and Related Conditions Programs. This project employed quality improvement and Lean Management to improve local practices and expand hepatitis C (HCV) testing and linkage to care in order to prevent cirrhosis among Veterans. This project also reinforced the need for strong linkage to specialty care after diagnosis in primary care.

Operations Partner(s):

HIV, Hepatitis, and Related Conditions Programs (HHRC), Office of Specialty Care Services; VA National Center on Homelessness among Veterans; Health Care for Re-entry Veterans Program; and the Office of Health Equity.