

QUERINational Program

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PRIS M *Precision Monitoring to Transform Care* Indianapolis, IN

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Overview

The overall goal of the Precision Monitoring to Transform Care (PRIS-M) QUERI national program is to use existing data from VA's electronic health records to implement actionable, personalized, and timely monitoring in order to transform the quality and outcomes of care for Veterans across multiple healthcare settings—and to promote a learning healthcare organization. The PRIS-M QUERI National Program includes five projects:

National Evaluation of the VHA TeleStroke Program. The VHA “virtual” TeleStroke program has enormous potential for increasing access to stroke specialists and to thrombolysis for Veterans with acute stroke, as well as for fostering patient and employee satisfaction. Dr. Glenn Graham, Deputy Director of Neurology in VA Specialty Care Services, and his TeleStroke Program implementation team are serving as external facilitators to support the implementation of TeleStroke within VA. PRIS-M QUERI investigators are evaluating the implementation strategy and impact of TeleStroke on patients, providers, and the VA healthcare system. Moreover Dr. Graham is interested in building both physician and nurse champions within the TeleStroke program, a key PRIS-M implementation strategy

Protocol-guided Rapid Evaluation of Veterans Experiencing New Transient Neurological Symptoms (PREVENT). The objective of this PRIS-M QUERI project is to develop and evaluate an intervention program to improve the quality of care for Veterans with transient ischemic attack (TIA) and minor stroke that includes:

- A set of validated electronic clinical quality measures (eCQMs) to provide teams with actionable information about the quality of care for Veterans,
- Staff education program, and
- Virtual learning collaborative.

Six clinical teams from VA medical centers across the VA healthcare system are participating in PREVENT through a monthly virtual learning collaborative—and have access to their local quality performance data through an electronic data HUB. In addition, they receive external facilitation.

Improving Patient Selection for Carotid Endarterectomy among Asymptomatic Veterans. PRIS-M QUERI investigators have developed a risk prediction tool that can be used to risk stratify Veterans—and identify Veterans most likely to benefit from surgery. In addition, investigators have developed facility-level reports cards on long-term patient outcomes after surgery. Using these tools and data, investigators, in collaboration with VA surgeons, are planning an intervention designed to improve patient selection for carotid endarterectomy in the VA.

Indiana Tele-monitoring to Optimize Use of PAP at Home (IN-TOUCH). PRIS-M QUERI implemented a local quality improvement program at the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana that focused on remote positive airway pressure (PAP) monitoring to improve outcomes for Veterans with obstructive sleep apnea. The project used a set of validated eCQMs to provide the sleepmedicine and telehealth services with information about the quality of care for Veterans specifically on PAP therapy and also two-tiered facilitation. This successful program was officially adopted by the local facility and sustained.

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Quality Enhancement Research Initiative

Methodology

Across these projects, PRIS-M QUERI utilizes several key implementation strategies including:

- Audit and feedback,
- Activating quality improvement teams based on context,
- Activating champions and skill building on planning, goal setting, data reflection and feedback, and
- External facilitation.

Each project focuses on data acquisition and presentation to targeted data users including the use of electronic quality measures. Subsequently, implementation strategies facilitate best practices to activate local teams of frontline providers to utilize this data to transform and improve Veteran care.

Findings and Anticipated Impacts

The PREVENT hub is the platform that supports the PREVENT learning collaborative and is the forum for sharing process and outcome data, a library of quality improvement tools, and professional education materials. Sixty-four VA staff members have accessed the PREVENT data hub 333 times. Thus far in FY2019, PRIS-M's key impacts include training 269 clinical providers across 56 VA facilities where 752 patients received related practices since PRIS-M's inception. As the PREVENT project's active implementation phase ends, its national diffusion has been well received by VISN chief medical officers, VA's Office of Emergency Medicine, SQUINT [Stroke Quality Improvement Community of Practice], and VA's Office of Nursing. Most recently, PREVENT was presented during the Undersecretary for Health's "Morning Report" by Chad Kessler MD, VA Director of Emergency Medicine.

Across the PRIS-M QUERI projects, investigators have learned lessons on how to engage and motivate local clinical staff to begin active implementation and they will disseminate these findings. They also have begun to analyze the key elements of their implementation strategy—External Facilitation—by push to and pull from front-line clinicians, and how clinicians use a data hub to support quality improvement. PRIS-M QUERI investigator, Dr. Miech, whose implementation progress tool is being employed for the Prevent project in order to determine its feasibility, also began a monthly, virtual group on advanced implementation evaluation methods, "All Things Configured."

Operational Partner(s)

VHA Office of Specialty Care Services–Neurology; VHA Office of Rural Health Services and the Veterans Rural Health Resource Center–Salt Lake City; VA Telehealth Services; VISN 23 Chief Medical Officer and Chief Surgical Consultant of Vascular Surgery; VHA Office of Emergency Medicine; Chief of Sleep Service & Chief of Systems Redesign, Veteran Health Indiana; and VHA Office of Strategic Integration/Veterans Engineering Resource Center (VERC).