



## Improving Safety and Quality through Evidence-Based De-Implementation of Ineffective Diagnostics and Therapeutics

*Seattle, WA*

### Overview

We know a lot about how to implement interventions to improve the quality of healthcare. But how do we effectively de-implement care that is low-value or contraindicated, and what are the dynamics and potential unintended consequences of doing so? The Improving Safety and Quality QUERI program helps answer these questions. Working with VA operational partners, QUERI investigators focus on improving healthcare delivery, safety and value for Veterans and the VA healthcare system. Specific aims include:

- Working with key operational leaders to identify and prioritize diagnostics and therapeutics that are ineffective, contraindicated, or of low value to Veterans—and developing de-implementation strategies that work in concert with operational strategies and policies;
- Testing the effectiveness of de-implementation strategies to reduce ineffective, contraindicated, or low-value diagnostics and therapeutics;
- Developing the science of de-implementation by understanding how de-implementation efforts affect patients' and clinicians' experiences of care, and how organizational context affects de-implementation efforts; and
- Informing dissemination of effective strategies by assessing the budget impact of de-implementation strategies.

### Methodology

Improving Safety and Quality QUERI projects compare the effectiveness of de-implementation strategies that are based on changing clinician information and knowledge (unlearning), as well as strategies based on providing tools and substitutes to contraindicated practices (substitution).

- **DISCUSS COPD.** Investigators are testing an intervention to de-implement the unnecessary use of inhaled corticosteroids in Veterans with chronic obstructive pulmonary disease (COPD). The intervention is a proactive, patient-tailored, e-consult that allows pulmonologists to assume more responsibility for supporting patients with COPD, while reducing primary care provider burden.
- **DIAMOND.** This project uses two complementary de-implementation strategies—the WeCareAdvisor™ online tool and enhanced academic detailing—to support VA Community Living Center (i.e., nursing home) frontline staff and clinicians in managing behavioral and psychological symptoms of dementia without the use of antipsychotic medications.
- **Lung Nodules.** This quality improvement project implemented rapid-cycle process improvement in VISN 20 (Northwest Network) to improve radiologists' recommendations when examining small nodules in the lungs, to clarify follow-up instructions to providers.

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## Findings and Anticipated Impacts

**DISCUSS COPD.** Preliminary analysis shows that among a cohort of 244 patients, QUERI investigators recommended stopping inhaled corticosteroids for 144 (62%). Of the 144 patients for whom recommendations were made to discontinue inhaled corticosteroids, 133 (92%) were accepted. A total of 214 additional recommendations were made, including inhaled corticosteroid titration orders, albuterol orders, and repeat PFT orders. Of these, 87% (n=186) were accepted by their primary care providers. QUERI investigators are conducting provider surveys, and patient and provider interviews to understand their experience of the proactive e-consult; awareness of harms from inhaled corticosteroid use and availability of alternative therapy; and patients' perspectives on changing their COPD therapy. The response from primary care providers to the proactive e-consult has been overwhelmingly positive, with one PCP reporting, "I think I'd be less likely to do it [take a patient off the inhaled corticosteroid], just because there's a significant time burden associated, so the fact that was done automatically was really helpful."

**DIAMOND.** On average, 25% of Community Living Center residents with dementia receive antipsychotic medications to address behavioral and psychological symptoms of dementia. This project aims to help participating Community Living Centers reduce antipsychotic usage in these cases to 10% or less. QUERI investigators are currently implementing the intervention and conducting interviews and surveys with prescribing providers and frontline staff.

**Lung Nodules.** Radiology educational and self-assessment modules "Optimizing Care of Small Stable Lung Nodules" were developed and delivered to seven radiologists at VA Puget Sound Health Care System in 2017. CT reports for 285 patients with a small lung nodule were reviewed following the intervention, which did not have the intended effect. Investigators are working to understand why this happened.

De-implementing ineffective diagnostic and therapeutic practices has the potential to improve the quality and safety of care for Veterans, improve the value of care, and in some cases, improve timely access to care. The Lung Nodules project suggests that alternative strategies beyond educational interventions may be needed to encourage radiologists to commit to including a recommendation of "no additional follow-up is needed." Above and beyond the project work, this QUERI Program serves as a resource for efforts to de-implement ineffective care across the VA healthcare system and is simultaneously helping to raise the profile of this important priority while providing best practices that can most effectively help improve the safety and quality of care for Veterans.

Acceptance of DISCUSS COPD proactive e-consult recommendations to discontinue inhaled corticosteroids



## Operations Partner(s)

VA Pharmacy Benefits Management Service, Office of Specialty Care Services, and Geriatrics and Extended Care