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

Seattle, WA

Overview

Much is known about implementation strategies for improving quality of care, but little is known about strategies for effectively de-implementing care that is low-value or contraindicated. Active de-implementation likely entails different dynamics and unintended consequences than implementation. The Choosing Wisely initiative, for instance, emphasizes de-implementing low-value practices yet does not speak to what strategies may help achieve this goal. VA operational partners in Pharmacy Benefits Management (PBM) Services, Office of Specialty Care Services (SCS), and Geriatrics and Extended Care (GEC) have helped identify and prioritize an initial set of common low-value or contraindicated clinical practices as targets for de-implementation.

This QUERI program works to improve healthcare delivery, safety, and value for Veterans and the VA healthcare system, consistent with multiple strategies outlined in the VA Blueprint for Excellence, by working with PBM, SCS, and GEC partners. A series of quality-improvement projects compares the effectiveness of various de-implementation strategies that are based on changing clinician information and knowledge, as well as strategies based on providing tools and substitutes to contraindicated practices. Specific aims include:

• Working with key operational leaders to identify and prioritize diagnostics and therapeutics that are ineffective, contraindicated, or of low value to patients, 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 and taxonomy of de-implementation by assessing the impact of de-implementation based on clinician perception and organizational context; and
• Informing dissemination by assessing the budget impact of de-implementation strategies.
Project Summaries

- **Project 1.** Investigators in this project are testing an intervention to de-implement unnecessary use of inhaled corticosteroids (ICS) in Veterans with chronic obstructive pulmonary disease (COPD). The intervention is a proactive e-consult that allows pulmonologists to assume more responsibility for supporting COPD patients. Intervention-arm primary care providers have signed 95% of proactive e-consult orders (59 of 62): 20 of the 21 ICS discontinue orders were entered (95%), and 39 of the 41 other order types (95%), such as ICS titration.

- **Project 2.** This project uses two complementary de-implementation strategies—the WeCare Advisor™ online tool and enhanced academic detailing—to target frontline VA community living centers (i.e., nursing homes) staff and clinicians to manage behavioral and psychological symptoms of dementia without the use of antipsychotic medications.

- **Project 3.** This quality improvement project implements 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 patients. The resulting “Optimizing Care of Small Stable Lung Nodules” educational and self-assessment modules were delivered to radiologists at the VA Puget Sound Healthcare System.

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