Overview
The goals of our Triple Aim QUERI (TAQ) Program are to leverage healthcare data to identify actionable care gaps, and to implement innovative healthcare interventions to improve the Triple Aims of VA healthcare. TAQ is comprised of three projects, the Multimodal Pain Care Project, the Patient Reported Health Status Project, and the Transitions of Care Project. These projects identify and address gaps in care, access to care, opioid safety, telehealth technology, rural Veterans, and developing best practices. TAQ investigators also address the following VA priorities:
- Improving care, improving health, and increasing value;
- Leveraging information technologies, analytics, and models of healthcare delivery to optimize individual and population health outcomes;
- Improving infrastructure;
- Enhancing foundational services;
- Rapidly translating research findings and evidence-based treatments into practice; and
- Helping VA become a national leader in promoting a learning healthcare organization through innovative implementation science.

Methodology
Each of TAQ’s projects uses unique methodology most appropriate to address specific aims. The Implementation Core guides cross-project implementation strategy of audit and feedback versus audit and feedback with facilitation.
- The Multimodal Pain Care Project uses data to define multi-modal pain care, identify gaps, and implement provider feedback with Pain ECHO to improve care.
- The Patient Reported Health Status Project uses health status measures to identify patients with significant declines in health status following elective percutaneous coronary interventions – and implements provider feedback with cardiology facilitation to improve patient health status.
- The Transitions of Care Project addresses gaps in transitions of care between VA and community hospitals with a multi-component intervention. This project implements provider feedback with nurse facilitation of the patient transition process to improve continuity of care for Veterans.

Impacts
- The Multimodal Pain Care Project provided data describing national trends and variation in VA multimodal pain care to VA Central Office as supporting material during testimony to the House Committee on Veterans Affairs (2/17). Information also was presented during a combined VISN CMO/QMO&COS conference call focused on opiate use, and emphasized that VA leadership support at multiple levels is critical to ensure that PACT (Patient Aligned Care Team) providers can participate in Pain ECHO (Extension for Community Healthcare Outcomes).
- The Patient Reported Health Status Project developed a system whereby IVR (Interactive Voice Response) calls are triggered by notes placed in the electronic medical health record at the time of procedure scheduling. As systems of data acquisition have developed, pre-procedure capture rates in Denver have steadily increased from 18% in 2015 to 35% in 2016 and 50% in 2018. The revised system is more readily adaptable and scalable to non-Denver sites.
- The Transitions of Care Project has followed more than 500 Veterans during the transition from community hospital discharge back to VA primary care since June 2017. This project, rolled out at a second site in April 2018, followed more than 900 Veterans.

Operations Partner(s):

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<td>Multimodal Pain</td>
<td>National Pain Management Program, Pharmacy Benefits Management</td>
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<td>Patient Reported Health Status (PROST)</td>
<td>National Program Director for Cardiology, Office of Analytics and Business Informatics, Director of Office of Quality, Safety, and Value, VA Clinical Assessment Reporting and Tracking Program (CART), Directors of VA Cath Labs</td>
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<td>Transitions of Care Quality Improvement</td>
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