Cirrhosis Care
QUERI Partnered Evaluation Initiative
Using Data-Driven Implementation Strategies to Improve the Quality of Cirrhosis Care

Background

Over 80,000 Veterans in VA care have cirrhosis, or advanced liver disease, and this number is rapidly rising. **Millions of Veterans are at risk for cirrhosis** due to alcohol use, hepatitis C, fatty liver disease, and other causes. While there are life-saving measures that can slow the progression of cirrhosis, only about one third of Veterans receive care aligned with these evidence-based practices.

**HIV, Hepatitis, and Related Conditions Program Office (HHRC) and the National Hepatic Consortium for Redesigning Care** created a quality improvement learning collaborative called the **Hepatic Innovation Team (HIT) Collaborative**. The HIT supports VA regional teams of providers with the goal of promoting the **uptake of evidence-based liver disease care**.

This Evaluation aims to develop a data-driven approach to selecting and tailoring implementation strategies while building an intervention to improve VA cirrhosis care.

**Evidence-Based Cirrhosis Care**

**Surveillance for Hepatocellular Carcinoma (HCC)**
- HCC is the most common type of liver cancer
- **Abdominal imaging every 6 months** facilitates early diagnosis and treatment

**Surveillance for and Treatment of Varices**
- Varices are enlarged veins in the stomach or esophagus that can rupture and cause life-threatening bleeding
- **Endoscopic surveillance every 3 years** can prevent bleeding and mortality
A new approach to help providers implement evidence-based care

Aim 1. Determine which combinations of (data driven) implementation strategies improve cirrhosis care.

Using a clinician survey of implementation strategies, we will define data driven strategies associated with improved cirrhosis care.

Aim 2. Operationalize the data driven implementation strategies into a manualized intervention.

We will develop a step by step, user friendly, manualized approach to help VA Medical Centers select and tailor data driven implementation strategies.

Aim 3. Evaluate if applying data driven implementation strategies improves cirrhosis care.

Using a hybrid type III stepped wedge cluster randomized trial design, we will test whether the implementation intervention improves cirrhosis care in 12 VAMCs.

Anticipated Outcomes and Future Directions

For more information, go to: https://www.queri.research.va.gov

If you would like to learn more or partner with us, please contact shari.rogal@va.gov or vera.yakovchenko@va.gov.

Principal Investigator:
Shari Rogal, MD MPH
VA Pittsburgh Healthcare System
CHERP