PERSIVED QUERI Program

Preventing unwanted life sustaining treatment by eliciting seriously ill Veterans’ care preferences.

The PERSIVED QUERI Program aims to prevent unwanted, burdensome life-sustaining treatment by consistently eliciting preferences for care from seriously ill Veterans who are receiving home based primary care (HBPC) or VA-paid community nursing home (CNH) services.

Elicit Veteran Preferences for Care

VA Home Based Primary Care programs care for more than 54,000 Veterans with complex, chronic illness and have an annual mortality of 24%.

The VA Community Nursing Home program is responsible for managing the care for nearly 41,000 Veterans who are likely to experience a life-threatening event in the next 1-2 years of their life. Veterans in this program have an annual mortality rate of 30% and an average of two hospitalizations per year.

Many HBPC and CNH programs have low rates of documentation of care preferences. Thus, PERSIVED aims to equip clinicians with the data and tools to document life sustaining treatment preferences for HBPC and CNH Veterans and convert their preferences into actionable orders that cross VA and non-VA settings to promote goal-concordant care.

The PERSIVED QUERI program will partner with national, regional, and local VA leadership:

- VA National Center for Ethics in Health Care
- VA Office of Geriatrics and Extended Care
- VISN 2, VISN 4, VISN 8, VISN 10, VISN 19

Evidence-Based Practices

1. The Life-sustaining Treatment Decisions Initiative (LSTDI), which requires practitioners to initiate proactive goals of care conversations with Veterans at high-risk of a life-threatening clinical event, and to document goals of care and LST decisions in a standardized template and order set in the electronic healthcare record.

2. Translation of goals and treatment preferences into a state authorized portable order to be honored in non-VA settings.
Support sites using implementation strategies

- Audit with Feedback begins with the collection and summary of clinical performance data over a specified period. These performance summaries are then shared with clinicians and administrators who use the feedback to monitor, evaluate, and modify clinician behavior.

- Facilitation will utilize a group of implementation strategies that incorporates several implementation approaches including establishing clinical champions, using action planning, and coaching.

Pre-implementation: Participating programs will identify clinical champions who will help perform a ‘current state’ assessment.

Implementation: Use audit with feedback and facilitation approaches to improve life sustaining treatment template/SAPO completion and documentation.

Sustainability: Work with participating programs to maintain structures and practices that will ensure the long-term adoption.

Reduce unwanted, burdensome treatments

Develop and refine web-based toolkits & virtual coaching for scale out to all HBPC and CNH programs with potential to impact ~100,000 Veterans.

Successful implementation will results in fewer burdensome transfers and treatments, higher satisfaction with care, and lower healthcare costs for HBPC and CNH participants.

If you would like to learn more or partner with us, please contact our Program Coordinators:
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