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Table 4B - Informatics Strategies and Data Sources of Selected Veterans Affairs Quality Enhancement Research Initiative (QUERI) Disease-Focused Service Directed Projects

QUERI Disease Focus & Research Project Title	Research Objectives	Data Collection Approaches	Informatics Tools
Human Immunodeficiency Virus (HIV) / Acquired Immune Deficiency Syndrome (AIDS): Improving Care Quality for patients with HIV	<ol style="list-style-type: none"> 1) Implement and evaluate real-time Clinical Reminders, group-based intensive quality improvement program, and interaction of the two 2) Recommend intervention and implementation strategies for dissemination throughout the Veterans Administration (VA) 	<ul style="list-style-type: none"> ▪ Immunology Case Registry (ICR) data extraction software (LABGRAB) ▪ Survey: Clinician Leader Survey to provide feedback to facilities ▪ Outpatient records extracted from the Outpatient Care file (OPC) 	<ul style="list-style-type: none"> ▪ ICR data extraction software (LABGRAB) utilized to collect outcome data from the Veterans Health Information Systems and Technology Architecture (VistA) ▪ Clinical Reminders created and implemented within the Computerized Patient Record System (CPRS)
Ischemic Heart Disease (IHD): Translation Plan to Improve Lipid Management for IHD Patients	<ol style="list-style-type: none"> 1) Improve health of veterans with IHD in Veterans Integrated System Network (VISN) 20 via increases in: lipid measurement, appropriate use of lipid lowering agents, number of patients with low-density lipoprotein levels at guideline recommendation, 2) Further evaluate and refine intervention from Lipid Measurement and Management System pilot in VISN 20 using continuous quality improvement 3) Develop and evaluate Lipid Clinical Reminders 4) Design, test, and implement national data reporting system for lipid measurement and management 	<ul style="list-style-type: none"> ▪ Audio-taped interviews with clinicians ▪ Vitals, lab data, recruitment data, and Clinical Reminders retrieved from existing databases 	<ul style="list-style-type: none"> ▪ Lipid Clinical Reminders created and implemented in CPRS ▪ Vitals, lab data, recruitment and Clinical Reminders data retrieved via CPRS
Mental Health (MH): Translating Best Practices for Depression Care into Veterans Administration (VA) Care Solutions	<ol style="list-style-type: none"> 1) Adapt effective depression collaborative care model to diverse Veterans Administration settings 2) Assist VISN to implement collaborative care 3) Evaluate success of intervention implementation 	<ul style="list-style-type: none"> ▪ Structured interviews of patients and VISN, primary care, and mental health leaders ▪ Depression Care Reports: aggregate, clinical, and administrative data, including depression symptoms and functioning, on patients referred to depression care management ▪ Patient Survey: Randomly selected enrolled patients are assessed for depression and followed for six months ▪ Clinic Data: Local workload and management information reports 	<ul style="list-style-type: none"> ▪ Survey records and Depression Care Reports via Internet and VA network ▪ Microsoft Access for data management and dissemination

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<p>MH: Translation plan to Improve Antipsychotic Treatment</p>	<p>1) Compare QUERI-recommended intervention to basic intervention regarding medication management in schizophrenia 2) Prepare MH QUERI translation package for pilot test of national rollout strategy in two VISNs 3) Facilitate a pilot of the QUERI recommended intervention in two VISNs</p>	<ul style="list-style-type: none"> ▪ Chart Reviews to determine medication adjustment needs pre- and post-intervention ▪ Survey for clinicians regarding guidelines and use of informatics tools 	<ul style="list-style-type: none"> ▪ Clinical Reminders created and implemented within CPRS for medication prescribing practices ▪ <i>VistA</i> Structured Query Language
<p>Spinal Cord Injury (SCI): Increasing Influenza Vaccination rates in the Veteran SCI Population</p>	<p>To increase influenza vaccination rates and decrease morbidity and mortality due to respiratory infection in veterans with SCI at eight pilot sites.</p>	<ul style="list-style-type: none"> ▪ Vaccination rates - patient surveys and data supplied by the Office of Quality and Performance External Peer Review Program chart review program ▪ Hospital discharges and visits for respiratory infections – National Patient Care Database (NPCD) 	<ul style="list-style-type: none"> ▪ NPCD ▪ Spinal Cord Dysfunction Registry database
<p>Diabetes Mellitus (DM): A Custom Approach to Implementation of Diabetes Hypertension Guidelines</p>	<p>Evaluate construct validity and reliability of physician classification instrument in treatment of diabetes hypertension.</p>	<ul style="list-style-type: none"> ▪ Questionnaire mailed to physicians, with responses linked to Pharmacy Benefits Management (PBM) data to track prescribing behavior ▪ Semi-structured interviews with physicians ▪ Healthcare Analysis and Information Group data for labs ▪ OPC data for diagnosis 	<ul style="list-style-type: none"> ▪ PBM database. ▪ Healthcare Analysis and Information Group’s Diabetes Registry and Dataset. ▪ OPC File
<p>DM: Improving Hypertension Control: A Physician Intervention</p>	<p>1) Reduce proportion of patients with uncontrolled hypertension via educating physicians to use patient-centered counseling and compare relative impact of each intervention a) Examine whether the interventions decrease disparities in the number of African-American patients with uncontrolled hypertension 2) Improve patients’ compliance with anti-hypertension treatment a) Examine whether the interventions decrease racial disparities in patient compliance with anti-hypertension treatment 3) Improve physicians’ communication with patients regarding medication use via increasing frequency of physicians’ provision of advice and counseling about hypertension medications a) Examine racial disparities in physicians' provision of advice and counseling about anti-hypertensive medications, and whether the proposed interventions will decrease racial disparities in such physician communication</p>	<ul style="list-style-type: none"> ▪ Exit interview with sample of uncontrolled hypertension patients regarding dynamics of physician consultation ▪ Audio-taped interview of physician and patient to assess patterns of communication ▪ Medication compliance data extracted from the PBM database ▪ Patient demographics and blood pressure extracted from the <i>VistA</i> 	<ul style="list-style-type: none"> ▪ Hypertension Clinical Reminders created and implemented within CPRS ▪ PBM database ▪ <i>VistA</i>