

Author's response to reviews

Title: QUERI SERIES: Overview of the VA Quality Enhancement Research Initiative (QUERI) and QUERI Article Series

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Version: 3 **Date:** 14 September 2007

Author's response to reviews: see over

Dr Martin Eccles
Editor-in-Chief
Implementation Science

Dear Dr Eccles,

Re: MS ID: 4911074691129658
Title: Overview of QUERI Theme Issue
Journal: Implementation Science
Authors: Cheryl B. Stetler, Brian S. Mittman, Joseph Francis

Thank you for the opportunity to resubmit a revised manuscript. We have carefully considered reviewers' comments and addressed the various issues in the outline below. When quoting directly from the new manuscript, the responses in the right-hand column are in italics. However, given the extensive revisions suggested by the reviewers, so much of the paper was changed that it was not possible to put all such quotes in the table.

We hope that the many changes we made in response to the reviews will allow the amended manuscript to be considered for publication.

Sincerely,
Cheryl B. Stetler
Corresponding Author

Author's response to reviews

Overview of QUERI Theme Issue

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Version: 2 Date: 14 September 2007

Author's response to reviews:

See Table beginning on the next page.

Reviewer Comment	Response/Refinement
<p>Title (per evolution of the Series)</p>	<p>Change from “Overview of QUERI Theme Issue” to:</p> <p>QUERI SERIES: Overview of the VA Quality Enhancement Research Initiative (QUERI) and QUERI Article Series</p>
<p>Re: the “three” introductory articles:</p> <p><i>May end up as one article, two articles or remain as three. However, what is important is that they form a clear and coherent, non-repetitive “lead in” to the series of articles that will follow.</i></p> <p><i>Has to offer a coherent view of the melding of the various “frameworks” that are mentioned in (particularly) papers 2 & 3.</i></p>	<p>We see the <i>Overview</i> and <i>Framework/s</i> articles as two separate papers, although there will be a brief introduction to the latter in the former. Such separate papers would be non-duplicative and have the coherence needed.</p> <p>The third potential paper (<i>SDP/GUIDELINES</i>) is not now considered an introductory piece and is unlikely to be developed in time to be submitted for consideration at the end of the <i>Series</i>.</p>
<p><i>Why the QUERI initiative came into being</i></p>	<p>PAGE 5: The QUERI Program</p> <p><i>The Department of Veterans Affairs (VA) Quality Enhancement Research Initiative (QUERI) was created within the context of an internationally recognized transformation of VA’s healthcare delivery system; also known as the VHA (Veterans Health Administration). This transformation had at its core a “quality improvement lens” [12,13], and involved a major redesign of organizational structures and policies, including implementation of innovative information technology and a new performance management/accountability program [14]. Within this overall transformation, QUERI was established, within the Health Services and Research Development arm of the VA, to “purposely link research activities (which generate scientific evidence) to clinical care in as close to real time as possible [p. I-14,[15]]” in order to enhance “rapid adoption of best clinical practices and improvement in patient outcomes [p. I-14, [15]].” Even prior to QUERI, the VA had recognized the value of research to improving patient care by supporting an intramural research program whose statutory mission was to enhance the health of veterans [14]. By</i></p>

	<p><i>embedding investigators within a fully integrated delivery system with a stable patient population and robust electronic health records, VA had unparalleled opportunities to translate clinical questions into research studies and research findings into clinical actions. For instance, since 1946, VA has conducted multi-site clinical trials and has maintained a network of regional support centers that facilitate the evaluation of both standard and novel therapies [16]. VA’s ability to conduct clinical trials of practical significance to the population we serve was well recognized as a resource that could generate evidence “ripe” for implementation[17]. In fact, the VA has served to generate a good deal of the evidence currently considered “best practice,” such as the routine use of aspirin for acute coronary artery syndromes [18]. Additional VA work, primarily in the field of health services research, laid further ground- work for implementation by using data from electronic administrative and clinical data to identify variations in practice patterns across VA facilities and the considerable gap between ideal and actual clinical practice. VA work had also identified the reality that doing the right research and disseminating its findings was insufficient to transform health care [19].</i></p> <p><i>In response, QUERI was created to generate research-driven initiatives to directly and rapidly achieve quality improvements, including measurable progress in health-related outcomes and system performance. Although “research-driven,” QUERI activity was in reality to occur within the context of collaboration and cooperation among researchers, policy makers and local leaders within VA’s decentralized, clinical delivery networks.</i></p> <p>.</p>
<p><i>Need to say what the QUERI process is.</i></p>	<p>We need to clarify a few points that do not seem to have been conveyed about the QUERI process. These points are woven throughout the paper.</p> <ul style="list-style-type: none"> ◆ The QUERI process, which has evolved since its inception in 1998, is built around a core guiding framework, i.e., the original, overarching 6-step framework. PAGE 9-10: <i>This core conceptualization of the implementation process offers an explicit series of steps for diagnosing and closing quality gaps and, simultaneously, advancing knowledge in implementation science. This core process consists of the following steps:</i> <ol style="list-style-type: none"> 1) <i>Identifying high-risk/high-volume diseases or problems</i> 2) <i>Identifying best practices</i> 3) <i>Defining existing practice patterns and outcomes across the VA and current variation from best practices</i> 4) <i>Identifying and implement interventions to promote best practices</i> 5) <i>Documenting that best practices improve outcomes</i> 6) <i>Documenting that outcomes are associated with improved health-related quality of life.</i> <p><i>Steps 4 through 6 usually co-occur within individual implementation</i></p>

	<p><i>projects. The details of each of these steps are provided in the second introductory article in this QUERI Series</i></p> <ul style="list-style-type: none"> ◆ PAGE 10: <i>The core 6-step process has been supplemented with additional frameworks and other implementation tools over time. These include a comprehensive glossary (Table 1) to facilitate communication and consistency within QUERI, as well as various documents that provide general guidance for enacting and enhancing the usefulness of the 6-Step process. Some of these tools have been adopted or refined from prior research — although given QUERI’s early start (1998), relevant guidance was frequently not available or insufficient to meet the pragmatic needs of QUERI researchers. Two tools, designed for Step 4 of the QUERI process and briefly highlighted below, are particularly central to QUERI and are described in more detail both in the frameworks paper [LINK] and other Series articles: : ...these are the 4-phase, pipeline framework and Service Directed Projects (SDPs)</i>
<p><i>Need to highlight the fact that the QUERI process is about research into QI.</i></p> <p>AND</p> <p><i>According to the overall description of QUERI you are involved in an incremental scientific process – not an end point attempt to implement a change.</i></p>	<p>Again, we need to clarify a few points that do not seem to have been conveyed about the QUERI process:</p> <p>Yes, the QUERI process is about “research into QI” or in our language research into implementation, but in two, inter-related forms. Specifically, through a more systematic role for researchers, the QUERI process is about two, intertwined objectives:</p> <ol style="list-style-type: none"> 1. Facilitating actual uptake of research findings within targeted practice settings, with an immediate focus on improving care and outcomes in the “uptake” settings, ... <p style="text-align: center;"><i>while simultaneously</i></p> <ol style="list-style-type: none"> 2. Gaining knowledge about the implementation process in order to further the routine process of uptake of both these findings specifically and research in general throughout the health care system in the near, not distant future. <ul style="list-style-type: none"> ◆ This concept and related language are woven throughout the text: e.g., PAGE 9, top: <i>QUERI researchers therefore are involved in both investigating a broad spectrum of implementation issues and, simultaneously, pursuing significant improvement within participating study sites — and, if appropriate, on subsequently spreading improvements across the system and studying that aspect of implementation.</i> <p>The above, dual focus means that in many Step 4 studies, most particularly</p>

	<p>SDP projects, QUERI researchers are indeed studying aspects of implementation; however, they are also expected to simultaneously focus on making actual improvements in the targeted study sites ... and later, if appropriate, on spreading those improvements during later phases of the pipeline...and also studying that process, too.</p>
<p><i>Intended audience</i></p>	<p>We feel that our main audience is the “interested implementation researcher or policy maker.” Since that contains a mix of seasoned and novice implementation researchers, we are taking the middle ground.</p>
<p><i>Describe in principle what types of articles will follow</i></p>	<p>We have eliminated the detailed descriptions, citations, and tables about expected articles and left the introduction generic.</p> <p>Joe Francis plans to do an “endnote” and can then address individual papers.</p> <p>PAGE 14: QUERI Series</p> <p>...</p> <p><i>The QUERI Series opens with this Overview and a second introductory article describing the QUERI program’s key, overarching Frameworks in-depth [LINK][26]. These articles are followed by papers primarily representing QUERI Centers’ work and a set of responsive commentaries. The former papers focus on a range of QUERI implementation research tools; implementation study issues and needs; implementation barriers and enabling factors at both micro and macro levels; and illustrative cases demonstrating use of various implementation tools, including the core 6-step framework. Cumulatively, this Series describes a broad array of implementation research challenges as well as potential approaches explored by QUERI researchers to meet those challenges. The commentaries at the end of the Series provide reflections on the potential value of QUERI and its related approaches from the perspective of both VA (non-QUERI) leadership and non-VA stakeholders.</i></p>

Describe the VHA context by describing the links between the VA health delivery system, QUERI (the researchers), and the VA funders of the research and health services.

Much of this detail is planned for the *Enabling* paper. However, there are references to this issue, for example:

- ◆ See the description of **The QUERI Program** [Page 4] above.
- ◆ *Each QUERI Center is guided by a multidisciplinary Executive Committee of experts and key stakeholders. This group helps the Center develop strategic plans to prioritize and plan activities addressing their designated clinical condition. [Page 8]*
- ◆ *Page 10: Service Directed Projects (SDPs), which reflect i) an innovative funding mechanism per support by clinical operations rather than research monies, an unusual arrangement within the US...*
- ◆ *Page 12: To develop and implement a comprehensive strategic plan, each QUERI Center has established a rich set of collaborative relationships involving numerous national and regional (VA and non-VA) stakeholder groups. These include, for example, the VA's Office of Quality and Performance (responsible for VA's extensive performance measurement and feedback system) and directors of the health system's 21 regional networks, each within a defined geographical area of the US. These networks include the VA's full spectrum of healthcare delivery facilities, including primary, tertiary, long-term and other specialized care. Figure 1 (Key Stroke QUERI Collaborators Diagram) illustrates partnerships for one QUERI Center. These relationships form the basis for partnering with key policy and clinical stakeholders, recognized as critical to making implementation a "system" rather than solely a "research" issue.*