

Clinical Practice Guidelines and Performance Measures in VA Health Care
American College of Physicians - Massachusetts Chapter

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VA DEFINING EXCELLENCE
CARE in the 21st Century

HONORING SERVICE
EMPOWERING HEALTH

Take Home Messages

- Guidelines and measures are essential – but are now a “team sport”
 - External stakeholders both interested in increasingly facile
- Both are vital components of professionalism
- Standards for development and use have evolved
- Challenge: link to evidence in development and patient preferences and values in use.

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Clinical Practice Guidelines

- Statements that include recommendations intended to optimize patient care that are informed by systematic review of evidence and an assessment of the benefits and harms of alternative care options
- Clinical practice guidelines offer an evaluation of the quality of relevant scientific literature and an assessment of the likely benefits and harms of a particular treatment
- One size does not fit all

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Lack of Trust in Clinical Practice Guidelines

- Failure to include a variety of disciplines in guideline development
- Lack of transparency in how the recommendations are derived and rated
- Omission of external review process

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4

Credible Clinical Practice Guidelines

- Based on systematic review of existing evidence
- Developed by knowledgeable, multidisciplinary panel of experts and representatives from key affected groups
- Consider important patient subgroups and patient preferences as appropriate
- Based on explicit and transparent process that minimizes distortions, biases, and conflicts of interest

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5

Credible Clinical Practice Guidelines 2

- Provide clear explanation of the logical relationships between alternative care options and health outcomes, and provide ratings of both the quality of evidence and strength of recommendations
- Reconsidered and revised when important new evidence warrants modifications of recommendations
- Developers comprised of members without conflicts of interest

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6

VA/DoD Evidence-Based Practice Work Group

- VA and the Department of Defense (DoD) jointly develop evidence-based clinical practice guidelines to improve quality of care and health management across both the Veterans Health Administration and Military Health System
 - Originally, this partnership was called the VA/DoD Clinical Practice Guideline Work Group
 - The partnership is now called the VA/DoD Evidence-Based Practice Work Group

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7

VA/DoD Evidence-Based Practice Work Group 2

- Collaborates on guideline development and implementation to improve quality of care and health management across both Departments
- Solicits and prioritizes areas for which guidelines need to be developed or adapted
- Oversees the development process
- Assures timely revision of existing guidelines
- Reports to the VA/DoD Health Executive Council

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8

VA/DoD Evidence-Based Practice Work Group 3

VISION Improve the overall health of VA and DoD beneficiaries by using evidence-based practices, reducing variations in care, and optimizing outcomes

MISSION Through mutually supportive collaboration, the VA/DoD Evidence-Based Practice Work Group will:

- Champion the growth of patient-centered health care systems and processes that are based on explicit evidence
- Develop joint guidelines and related resources to ensure that evidence-based practices are promoted
- Evaluate the extent and effectiveness of implementation of evidence-based practices and the resulting impact on outcomes

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9

VA/DoD Guideline Development Process

- Strict approach to conflicts of interest
- Multidisciplinary development teams
- Identification of key questions
- Evidence review for key questions
- Groups review evidence, apply grading
- Development of recommendations and treatment algorithms
- Review from trained internal and external experts
- Finals reviewed and approved by VA/DoD Work Group

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VA/DoD Guideline Development Process 2

- **P**opulation – Characteristics of target population
- **I**ntervention – Exposure, diagnostic, or prognosis
- **C**omparison – Intervention, exposure, or control used for comparison
- **O**utcome – Outcomes of interest

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VA/DoD Guideline Development Process 3

- Systematic review of literature
 - Disinterested party (QUERI)
 - Explicit, reproducible methods
- Work Group evidence chaperone
 - Ensures conformity to standards
- Grade quality of studies
 - GRADE

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VA/DoD Guideline Development First Draft

- Post on website for field review and comment
 - DoD Evidence-Based Practice Division
 - Patient Care Services
 - VA network clinical managers
 - Veteran/patient stakeholders
- Work Group Executive Panel
 - Integrate comments
 - Face-to-Face work group
 - Must be based on evidence



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VA/DoD Guideline Development Final Draft

- Post on website for review and comment
- Evaluate
 - Format
 - Logic of algorithm
- Independent review
 - Minimum of three national experts
 - Content and format
- VA/DoD Evidence-Based Practice Work Group
 - Integrate feedback

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Implementation

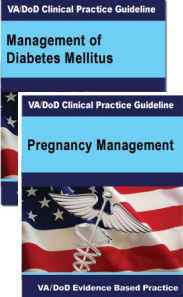
- The guideline and algorithms are designed to be adapted by individual facilities in consideration of local needs and resources
- The algorithms serve as a guide for providers to use in determining best interventions and timing of care to optimize quality of care and clinical outcomes



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VA/DoD Clinical Practice Guidelines

- Routinely updated every 2-3 years
- VA and DoD Champions can identify need for update based on literature at any time
- Immediate update of any recommendation identified as harmful
 - Pharmaceutical recall/Black Box
 - Device recall



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Why Measurement, Reporting, and Analysis in Health Care?

- Provide “objective” basis for accountability
- Promote organizational learning
- Change provider behavior
 - Accelerate uptake of evidence-based practices
 - Reduce practice variation
 - Reduce low-value care
- *May* drive patients towards higher value health care

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Measurement, Reporting, and Analysis in VA

- Began in 1996 with 10 *manual* measures
 - Linked to senior executive ratings
 - Focused on local clinical quality improvement
- Key driver of VA's quality transformation
- Now track hundreds of indicators from multiple sources, including our electronic health record system, VistA
- HITECH and ACA discussions are mobilizing shift to electronic measures of quality across the nation

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VA Performance Transformation

Prevention Index

- Flu and pneumonia vaccine
- Breast, cervical, colorectal screening
- Tobacco and alcohol screening/intervention
- Lipid screening
- Prostate counseling

Year	Prevention Index
1996	35
1999	80
2004	88
2007	90

Similar trends for other PMs

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Reinvigorating Performance Management in VA

- Recent events challenge the integrity of our performance management
- We must aggressively review how we conduct performance planning, budgeting, measurement, and evaluation
- Our refresh is needed to:
 - Restore public trust
 - Demonstrate how we meet our strategic goals and objectives
- This effort includes:
 - New indicators and evidence-based program evaluation
 - Governance and engagement strategies

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Six Areas of Focus

- Access
- Homelessness
- Mental Health
- Patient Aligned Care Teams
- Safe and Effective Care
- Long-term care

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Areas of Focus

Access

- Measure and understand Veteran experiences of getting care

Homelessness

- Move from activity indicators (e.g. HUD-VASH vouchers) to assessing **housing outcomes** and **care management**
- Efforts will be coordinated with other agencies

Mental Health

- **Multi-dimensional index** including access, intensity, functional status and symptoms, and experience
- Will include new surveys plus VistA tools

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Areas of Focus 2

Patient Aligned Care Teams

- Validate and deploy a Patient Aligned Care Team Implementation Index to track the multi-dimensional aspects of the medical home
- Link PI2 to long-term impact on Veteran satisfaction, costly hospitalizations and emergency visits, and quality of care

Safe and Effective Care

- Update longstanding Chronic Disease Index and Prevention Index
- Deploy Index of Safe and Effective Inpatient Care


Long-Term Care

- Tie current activities to promote non-institutional settings to cost savings and improved Veteran outcomes and experience

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Facilitating Engagement

- **What it is:** The extent to which employees are motivated to contribute to organizational success and willing to apply effort accomplishing tasks important to the achievement of organizational goals
- **Why it matters:** Care providers who are engaged in their work are more likely to be vigilant, connected to their patients, and observant of processes that can be improved



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Proposed Features for USE of Metrics

An ideal system is:

- Nonpunitive:** motivates insights and learning: the start of a conversation;
- Inspiring:** assesses aspects of care that are clearly important, motivates collaboration and teamwork;
- Pragmatic:** What capacity or changes do we need? Linked to accountability – shared and individual;
- Aligned:** Outcomes summarized as high level summary views that can be ‘drilled down’ to specific actions – each person can see their contribution to the overarching goal;
- Flexible:** if current metrics are a distraction or noninformative there is a clear path for revision and/or retirement.

25

Where We’d Like to Be

<p>Current experience of organizational climate</p> <ul style="list-style-type: none"> Punitive, competitive, fear-driven Lack of opportunity for customization, local relevance Sense of powerlessness/ mutual distrust Feedback not solicited, or not used when it is 		<p>Desired state</p> <ul style="list-style-type: none"> Open to innovation, tolerant of risk Clear, organized, sensible and mission-linked message/system Engaged and empowered to act Participative, responsive communication and improvement processes
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26

How can we improve individual engagement and organizational climate in a revised system?

Competency/Coaching	Leadership/Adaptive skills	Organization/Facilitative Bx
Work group-level exploration/identification of how mission connects to measures	Develop capacity for leaders at all levels to help people overcome natural tendencies to maintain status quo	Dedicate resources to active, ongoing process to reduce implementation barriers
Continuous assessment and developmental feedback related to mission-driven goals	Ongoing reinforcement of personally relevant “hooks” – connecting mission, values, and measures	Seek and use feedback from all levels specific to administrative actions/ advocacy of PM implementation
Develop capacity for Ft and mid-level leaders to lead work-based reflective learning processes		

27
