

Promoting quality services for substance use disorders in the Veterans Health Administration

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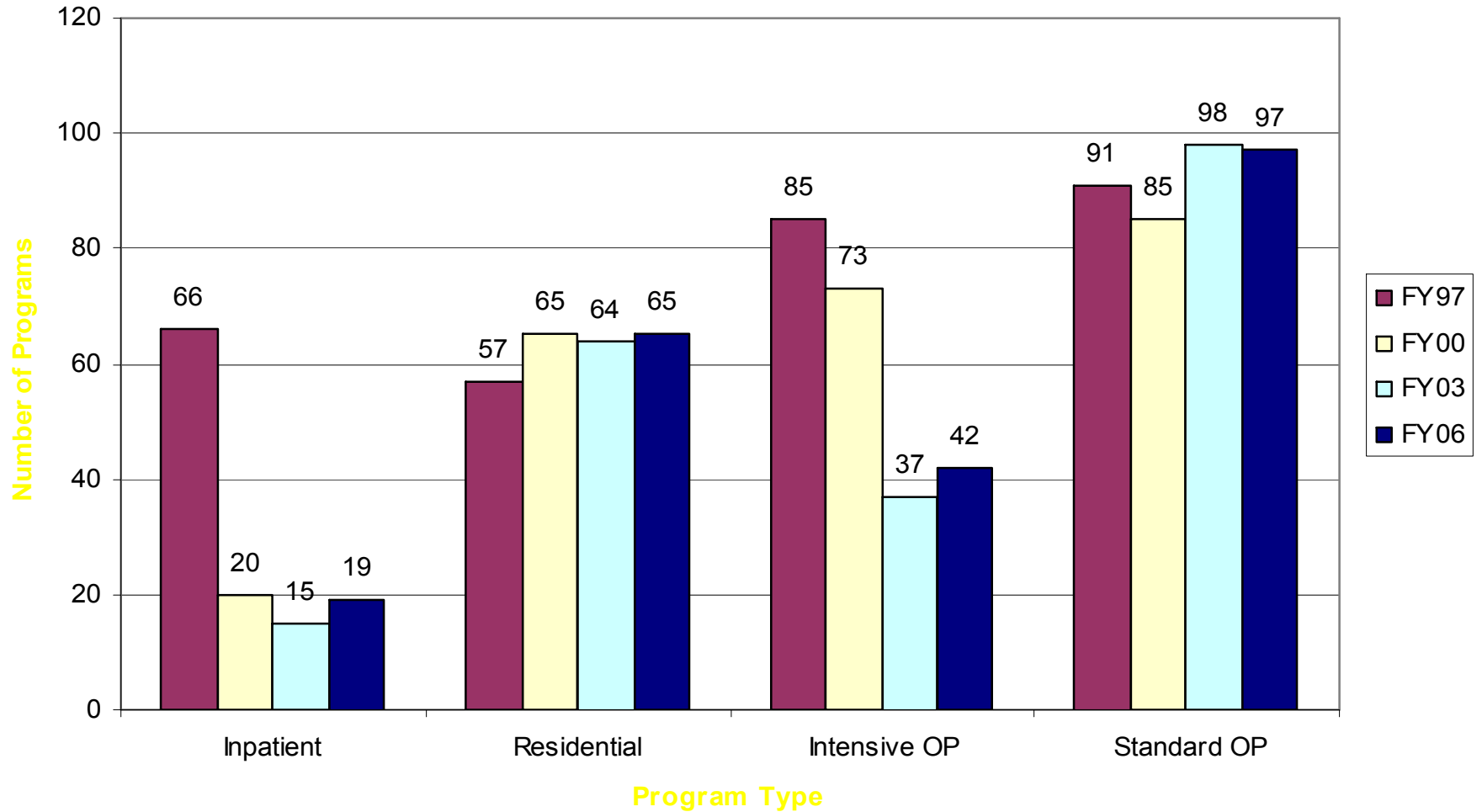
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Background on VHA

- About 25 million U.S. veterans
- Almost all now eligible for VHA services
- About 1 in 5 veterans access VHA annually
- About 1 in 4 VHA system users has a mental health/substance abuse dx
- Every VA facility has access to an integrated, systemwide EMR

Figure 1: Number of VA Substance Abuse Treatment Programs, FY97 - FY06



“This is not your father’s VA”

-U.S. Senator Alan Simpson

VHA has made dramatic increases in quality

- Tobacco cessation
- ETOH screening in primary care
- Diabetes management
- Cancer screening
- OP mental health following post-discharge

Two questions to ponder

- Why are there no bad restaurants in San Francisco?
- Why do prison cafeterias serve lousy food?

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- *Markets drive quality only when users can judge quality and have multiple options*

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- In the private sector, QI is often punished by market forces
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- *In the VA, performance management inverts both of these relationships*

Mechanisms used to promote quality in VA

- Congressional Acts
- Central Office Directives
- Clinical Practice Guidelines
- Incentivized Performance Measures
- Science translation initiatives
- Dedicated evaluation centers

Most important “mechanism”
is a culture that values
learning and quality
improvement

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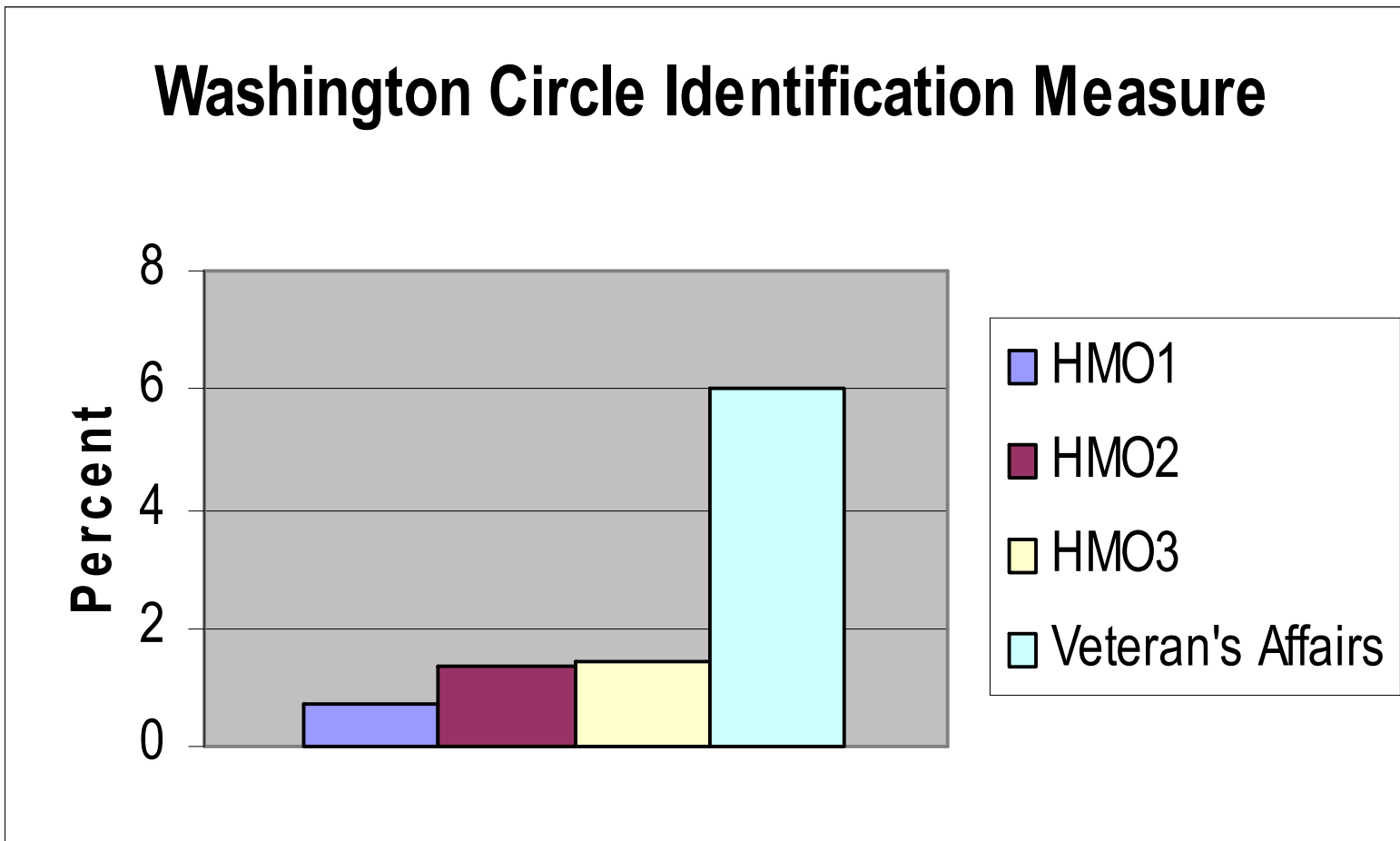
Key features of VA performance measurement

- Scientifically-grounded Clinical PGs
- Connected to peers in performance assessment (e.g., NQF, HEDIS, Washington Circle, ASAM)
- Incentives for clinical leaders and medical centers
- Changes the culture of management
- Learn more at <http://www.oqp.med.va.gov>

Example performance indicator

- Veterans to receive annual ETOH screen
- Case for value of indicator made by science and clinical experience
- Reliable, valid measure available (AUDIT)
- Appropriate coding created in EMR
- Every facility and network ranked every quarter

Rates of identifying substance abuse in VA versus other systems



Is mere ETOH screening that
big of a deal?

The lesson of the 1970s Pittsburgh Steelers

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- Record against losing teams: 59-1

From Weick, K. Small wins. (1984) American Psychologist

“It’s not the information age,
it’s the data age”
--Michael Cremer

Where we have “placed our bets” in substance use disorder services

- Annual screening of all patients for ETOH (93%)
- 90 day continuity of care for SUD specialty services (47%)
- Annual smoking cessation counseling (84%), + offer referral (93%) + offer medication (73%)

Just arrived

Brief ETOH Counseling following + screen

Possible in future

HEDIS/WC Treatment Initiation

Why did we pick these?

- Some evidence that they would predict longer-term outcomes
- Hard to game
- “Face validity”
- Moveable by evidence-based practice

Example validation test

- Assess how well success at continuity of care measure predicts at 7 months
- Examine data on 5,546 VA patients
- CI: 1.05-1.89 higher odds of ETOH abstin
- CI: 1.26-3.49 higher odds of drug abstin
- Only held for non-abstin at baseline
- Did not hold for secondary measures

VA performance measurement has its critics

From Walter, L. C., Davidowitz, N. P., Heineken, P. A., & Covinsky, K. E. (2004). Pitfalls of converting practice guidelines into quality measures; Lessons learned from a VA performance measure. *JAMA*, 291, 2466-2470

Was it really bad performance when a patient like this received no colorectal cancer screening?

- 76 years old
- End-stage renal disease
- Was receiving dialysis
- Had recently had a leg amputated
- And he was dead when record reviewed

Other strong examples where the definition of poor performance was questionable

- 89-year old women with severe Alzheimer's related dementia
- 94-year old man with metastatic prostate cancer
- Yet these patients were part of how the medical center was judged to have failed to meet the 65% performance standard

Other explanations offered which may be less compelling

- Patient declined
- Patient didn't show up for appointment
- Procedure done but not recorded

But no matter who is right,
central question is whether
these critiques will become
integrated into the culture of
learning