



Center for the Study of  
Healthcare Provider Behavior



*Quality Enhancement  
Research Initiative*

# Quality Improvement/Implementation Research: VA's Quality Enhancement Research Initiative (QUERI)

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May 24, 2007

## Basis for my comments

- Project experience: QI for depression, hysterectomy, Alzheimer's disease, pneumonia, schizophrenia
- Grant reviewer:
  - VA QUERI
  - AHRQ, CDC (ad hoc)
  - NIH Special Emphasis Panel, Dissemination and Implementation Research in Health (2006, chair 2007)
- Journal reviewer: various journals; co-editor in chief, Implementation Science (2005-present)
- QI program management, consultation: QUERI 1999-present; acting director, 2002-2004



## QI / implementation research in VA

- Hybrid research/practice program, balancing:
  - internal vs. external validity
  - research vs. improvement goals
- Formal frameworks guide project planning (project sequence) and design (research design, methods)
- Design/method choices emphasize rigor and validity and recognize the dominance of context, heterogeneity, complexity and change processes and mechanisms
- Infrastructure is very supportive of research-based QI (IT, management, culture, funding)



# Effective QI strategies

- QI strategies are not “effective” or “ineffective”
- Success requires multi-faceted, multi-level campaigns, based on extensive diagnosis, designed to implement effective (evidence-based) clinical practices



# Evidence required for QI evaluation

- QI programs are significantly different from clinical interventions:
  - context dependence, context heterogeneity
  - intervention heterogeneity
  - variability
- Evidence requirements are significantly different:
  - process data, analysis
  - implicit/tacit vs. explicit knowledge



# Selected implications for QI research

- Diversity of approaches, methods
- Training, skill, credential requirements
- Documentation/publication requirements: insufficiency of written documentation and knowledge transfer
- Research audience training requirements

