



CONTEXTUAL ERROR PROJECT

Patient-Collected Audio Recorded Encounters for Provider Audit & Feedback to Reduce Contextual Errors (PI. Dr. Taylor Kelley)



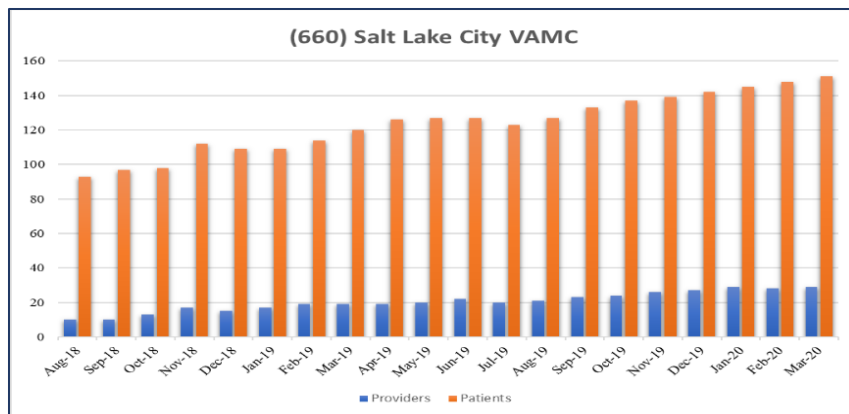
The VA program to prevent contextual error (PPCE), which was developed in VISN 12 and it has been implemented at 6 sites nationally since 2016. The program has been sponsored by VISN 12 and HSR&D since 2016. PPCE employs a groundbreaking methodology of measurement by direct observation, inviting Veterans to audio record their visits. It complements current measures of quality which draw on the medical record and patient experience (e.g. CAHPS and SHEP).

The goal of the PPCE is to increase the proportion of Veterans who receive care that is not only evidence-based but also adapted to their particular life circumstances and behaviors, to achieve desired outcomes. It is approved by the American Board of Internal Medicine for maintenance of certification (MOC) and counts towards critical element 1A of the Executive Compensation Fund (ECF), which rewards facility and VISN leaders who “adopt or replicate at least 1 promising or best practice throughout the network or medical center.” Dr. Kelley and his team will track the program’s continued impact on outcomes of Veterans coded as having contextual factors (aka complex psychosocial needs) by monitoring over 70 contextual red flags, including ED visits, urgent care visits.

SLC BUP DASHBOARD UPDATE

Current BUP numbers of Prescribers and Patients at Salt Lake City VAMC

VIP analyzed the data by using customized dashboards from VA Academic Detailing data tools. We’ve recorded the number of providers and patients on a weekly basis who prescribed Buprenorphine over the course of 20 months period. The database captured information including VA Facilities, Division, Buprenorphine prescribers, patient cohort, and patient upcoming appointments.



PUBLICATION

Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation. Oliva EM, Bowe T, Manhapra A, Kertesz S, Hah JM, Henderson P, Robinson A, Paik M, Sandbrink F, Gordon AJ, Trafton JA. BMJ. 2020 Mar 4;368:m283. doi: 10.1136/bmj.m283.

Predictors of initiation of and retention on medications for alcohol use disorder among people living with and without HIV. Oldfield BJ, McGinnis KA, Edelman EJ, Williams EC, Gordon AJ, Akgün K, Crystal S, Fiellin LE, Gaither JR, Goulet JL, Korthuis PT, Marshall BDL, Justice AC, Bryant K, Fiellin DA, Kraemer KL. J Subst Abuse Treat. 2020 Feb;109:14-22. doi: 10.1016/j.jsat.2019.11.002. Epub 2019 Nov 6.

MARCH 2020 VIP CHAT

Please announce to your networks our 30 minute, virtual VIP chat on Wednesday, March 11th, 2020 noon-1 PM MST: “Patient Perspectives of Medication Treatment for Opioid Use Disorder in Primary Care: VIP Experience”. If you have a question you would like addressed, please submit it to Nodira.Codell@va.gov.