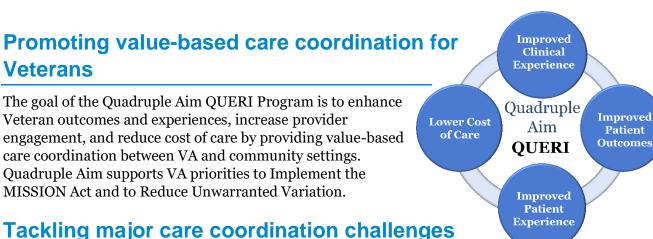
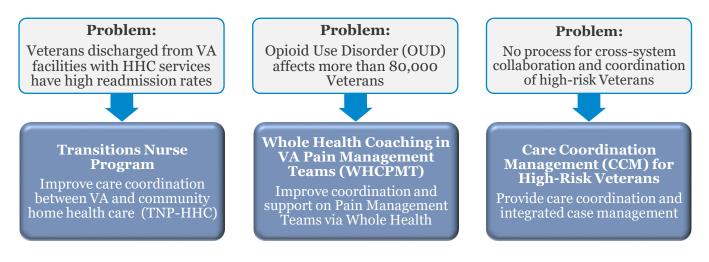
Quadruple Aim **QUERI** Program



Veterans who receive care in both VA and community settings (dual-use) are at risk for fragmented, poorly coordinated care, which may contribute to adverse outcomes, poor experiences, and increased costs of care.

In partnership with the VA Offices of Mental Health and Suicide Prevention, Nursing Services, Care Management and Social Work, Community Care, and VISN 19 Rocky Mountain Network, Quadruple Aim is transforming Veteran care by implementing three effective practices that address three major care coordination challenges and improve clinical outcomes, the experience of providing and receiving care, and cost of care for Veterans.





Quadruple Aim QUERI Value-Based Care to Improve the

Quadruple Aim for Veterans and Stakeholders

Leveraging evidence-based implementation strategies

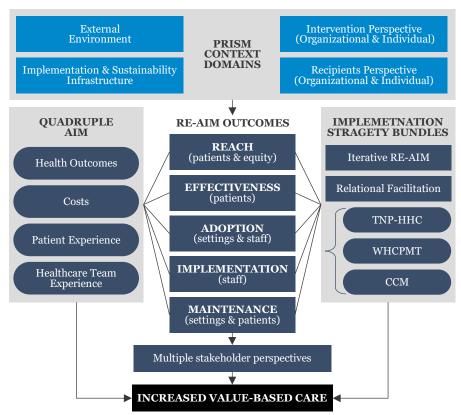
These practices will be supported by two implementation strategy bundles: Iterative PRISM (Practical Robust Implementation and Sustainability Model) and Relational Facilitation.

Iterative PRISM (iPRISM): A novel adaptation of Audit and Feedback that incorporates periodic multi-methods assessments to evaluate context and fit of your program during planning, implementation, and sustainment in real-world settings. **Relational Facilitation:** Uses the theory of relational coordination to create and sustain high quality relationships in healthcare teams through frequent, timely, and accurate communication as well as shared goals, shared knowledge, and mutual respect.

Key impacts and future directions

Frameworks, including the QUERI Implementation Roadmap, iPRISM, and relational coordination, will guide the implementation and evaluation of all three practices. Quadruple Aim implementation outcomes will use the RE-AIM (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework to address:

- Veteran Experience: Veteran satisfaction and experience survey
- **Provider Experience:** Engagement at baseline and at end of study period (relational coordination survey)
- Health Outcomes: 30-day hospital readmissions, 30-day mortality, initiation of medication treatment of OUD, post-discharge visit to primary care, and hospital/ED/urgent care admissions
- Value-based Outcomes: Cost and budget impact assessments and cost to implement and replicate effective practices in different settings



Principal Investigators:

Catherine Battaglia, PhD, RN Aurora, CO Christine D. Jones, MD, MS Aurora, CO Joseph Frank, MD, MPH Aurora, CO Michael Ho, MD Aurora, CO If you would like to learn more or partner with us, please contact Rachael Kenney at Rachael.Kenney@va.gov.