

Rapid Response Projects (RRPs)

Pain Treatment Patterns Associated with Overdose among SUD Patients with Pain

Team Members: Amy Bohnert, Mark Ilgen, Jodie Trafton (Palo Alto VA), Dara Ganoczy, Anna Eisenberg

Funding: 11/01/2012-10/31/2013



Effectively managing pain while minimizing adverse outcomes is a high priority to VHA. Among VHA patients, pain is a common experience. Opioid medications are increasingly prescribed for chronic non-cancer pain. However, given the abuse potential of these medications, there has been considerable unease among policymakers and clinicians regarding the safety of their use for patients with current or past substance use disorder (SUD). Overdose is perhaps the most serious adverse outcome of opioid therapy for pain. This project will result in an improved understanding of how particular pain treatment practices increase or decrease risk of overdose for patients in SUD specialty care who have pain.

Clarity out of Chaos: Synthesizing Implementation Findings

Team Members: Laura Damschroder, Caitlin Reardon, Julie Lowery, Leah Gillon

Funding: 10/1/2013-9/30/2014



The need to implement evidence-based or best practices more widely into healthcare settings to address the quality gap is well established. The science of implementation is a rapidly growing discipline with increased priority and funding being invested in partnered research and developing and testing implementation approaches, both of which are needed to more rapidly get best practice into use. The Diabetes QUERI developed the Consolidated Framework for Implementation Research (CFIR) to help advance this science. The vision driving this project is to systematize the collection and summary of findings across implementation studies conducted by all QUERI Centers to better understand and apply knowledge about what works where and why, to map other frameworks and measures to the CFIR so it is even more broadly applicable for researchers, and to develop a prototype repository and set of tools for operations partners and researchers dedicated to implementing new, evidence-based programs.

Integrating Tobacco, Drinking, and Depression into the STOP Stroke Tool

Team Members: Sonia Duffy, Jane Anderson (Houston, TX), Molly Harrod, Lee Ewing, Barbara Kimmel (Houston, TX), Linda Williams (Indianapolis, IN), Marcia Valenstein, Fred Blow, Elizabeth Gifford (Palo Alto, CA)

Funding: 12/01/2013-11/30/2014



The **Self-management TO Prevent (STOP)** Stroke Tool is a reminder dialog application in the computerized patient record system that prompts clinicians on clinical practice guidelines for secondary stroke prevention, while simultaneously facilitating patient/provider shared decision-making and collaborative goal setting around stroke risk factor management and patient self-management actions. Several risk factor management modules that have been tested thus far, however, modules related to smoking, problem drinking, and depression have not been developed and thus have not been included in any testing cycles. Dr. Anderson and Dr. Duffy are collaborating on this cross-QUERI Rapid Response Proposal to integrate and test state-of-the art, evidence-based smoking, problem drinking, and depression interventions for stroke patients as part of the STOP Stroke Tool.

