

Specialty Care Transformation Initiatives

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Vision

“We are creating a healthcare system that is, first and foremost, patient centered and characterized by team care...

We’re also striving, every day, for a healthcare system that is continuously improving, data driven, evidence based, and characterized by excellence at every level.”

Dr. Robert Petzel
Under Secretary for Health



Challenges in Delivery of Specialty Care

- Veterans experience:
 - Lack of care coordination with Primary Care
 - Travels long distances to receive Specialty Care
 - Long wait times for some Specialty Services
 - Variations in the delivery of care

Veteran Centered Care

- The Veteran must **not** move. The health care system moves around the Veteran.
 - PACT is the Veteran's home. The primary care provider, nurse coordinator, LPN and clerk are the core of the team, with the Veteran in the center
 - Specialty Care and other disciplines (Social Work, Pharmacy, Nutrition, Chaplain, Psychology, etc.) revolve around the PACT core team - providing the Veteran with the highest quality medical care

Objectives of Transformation

- Transform Specialty Care to a Veteran-centric system by use of **telehealth and non face-to-face means** of delivering care
- Build strong interface with PACT
- Assess current workload, referral patterns, team based care and staff mix in Specialty Care Services
- Enhance access to advanced disease management and support regional model for delivery of transplant and other highly specialized care
- Develop **innovative training models** to allow clinical providers to practice at the top of their license

Work Stream	Name	Brief Description	General Start Date	General End Date
6A	Specialty Care Transformation Infrastructure and Assessment	Establish Office of Specialty Care Transformation. Complete gap analysis of Specialty Care Services.	10/01/2010	12/31/2012
6B	Improved Access and Efficiency of Specialty Care Services	Implement SCAN-ECHO and Consults throughout VHA. Conduct Collaboratives to enhance access.	10/01/2010	09/30/2014
6C	Innovation and Collaboration	Develop and implement curricula for Specialty Care. Establish grants for Academic Demonstration Projects, Mini-Residencies, and Disease Management Models. Implement SimLEARN Center. Conduct pilot of MS HAT.	10/01/2010	09/30/2014

Work Plan

Why Focus Groups?

- Initiative success depends on equal acceptance by both Primary Care Provider (PCP) and Specialist
- Standard roles are changing
- To understand the current working inter-relationships between Specialists and PCPs
- To understand what's working well and identify opportunities for improvement

Focus Group Overview

- Held at VA Medical Centers distributed by location and facility complexity
- Representative sample of PCPs and Specialist invited to participate
- PCP and Specialist groups conducted independently by the same facilitator
 - Assistance of National Center for Organization Development (NCOD) for facilitator training and deliverables

VA SCAN-ECHO

(Specialty Care Access Networks –
Extension for Community Healthcare
Outcomes)

Purpose & Intended Outcomes

- Leverages Telehealth (clinical videoconferencing technology) to allow Specialists from tertiary medical centers the opportunity to provide support to providers in less complex facilities or rural areas
- Intended Outcomes:
 - Improve Access
 - Reduce Fee and Travel Costs
 - Improve Veteran and Provider Satisfaction

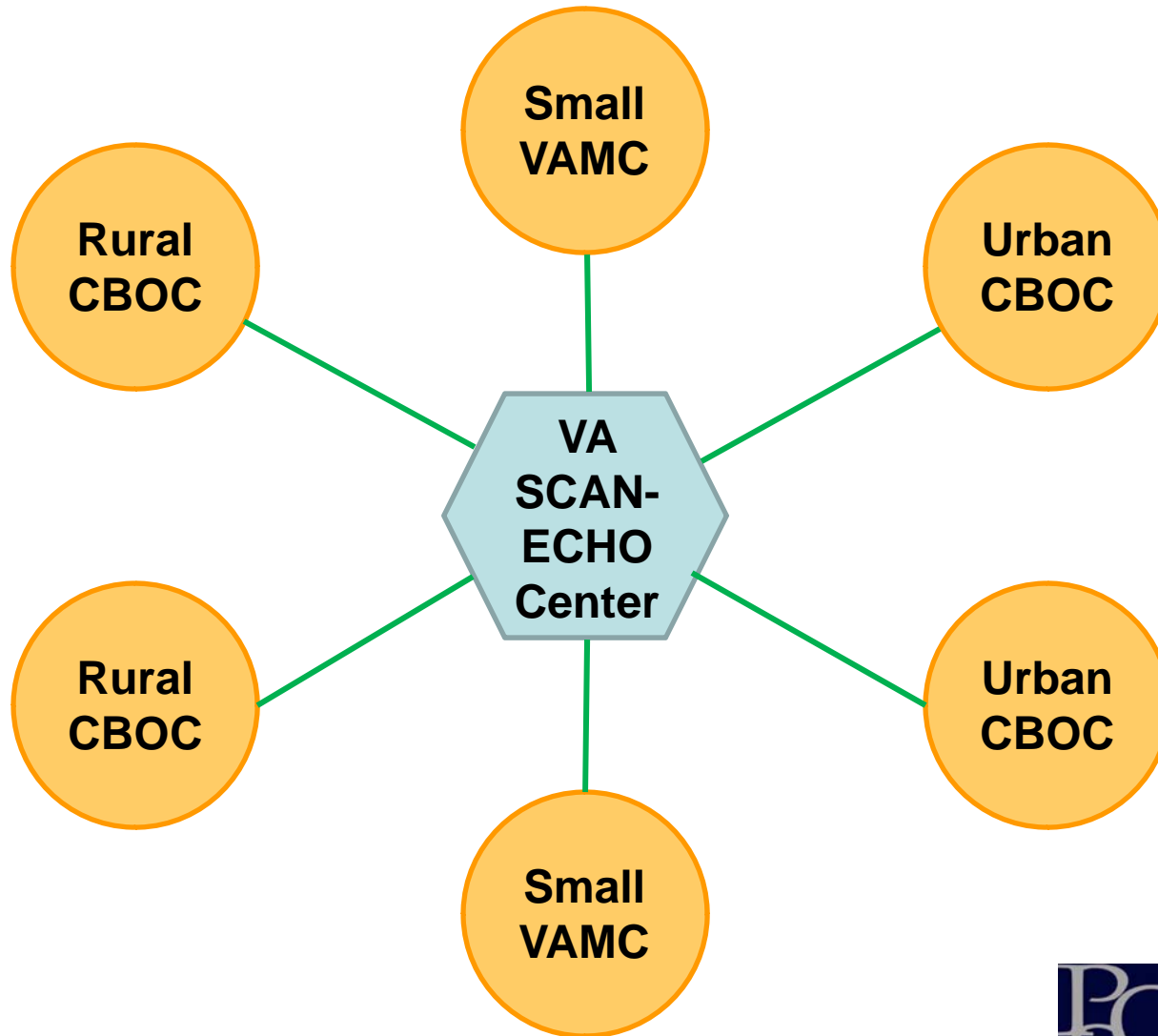
Steps

- Train physicians, nurses, pharmacists, other team members
- Conduct teleconference clinics – “Knowledge Networks”
- Initiate co-management – “Learning loops”
- Collect data and monitor outcomes centrally
- Assess cost and effectiveness of programs

SCAN-ECHO Core Team

- Core Team could include:
 - Specialists
 - Nurses including Advanced Practice Nurses
 - Clinical Pharmacists
 - Psychiatrists and/or Psychologists
 - Project Coordinator/Manager
 - Education Specialist
 - Telehealth Coordinator
- Individuals from other disciplines may rotate in and out depending on disease/condition

Hub and Spoke Model





HF SCAN ECHO



Clustering of Poor Prognostic Factors in Heavy Patients

Weight, kg (lb)	n (75.0 (1,642))	n (75.0 (1,261))
Male, n (%)	552 (73.5)	565 (44.9)
Male, mean (SD)	76.1 (16.5)	75.1 (16.4)
Male, kg/m ²	24.2 (4.7)	24.2 (4.6)
Female, n (%)	193 (25.5)	322 (25.6)
Log MEV (SD) (kg/m ²)	4.38 (0.77)	4.38 (0.80)
MEV (kg), n (%)	262 (34.9)	300 (23.8)
MEV (kg), n (%)	333 (44.3)	333 (26.4)
MEV (kg), n (%)	205 (27.3)	228 (18.1)

Weight, kg (lb) is the primary outcome. MEV, mean body weight; SD, standard deviation. Data are presented as n (%).



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VA SCAN-ECHO Centers

- VA Connecticut Health Care System (V1)
- Richmond VAMC (V6)
- Cleveland VAMC (V10)
- VA Ann Arbor Health Care System (V11)
- VA New Mexico Health Care System (V18)
- VA Eastern Colorado Health Care System (V19)
- VA Greater Los Angeles Health Care System / San Diego VAMC (V22)

4 initial medical conditions

- Diabetes, Pain Management, Hepatitis C, Cardiology

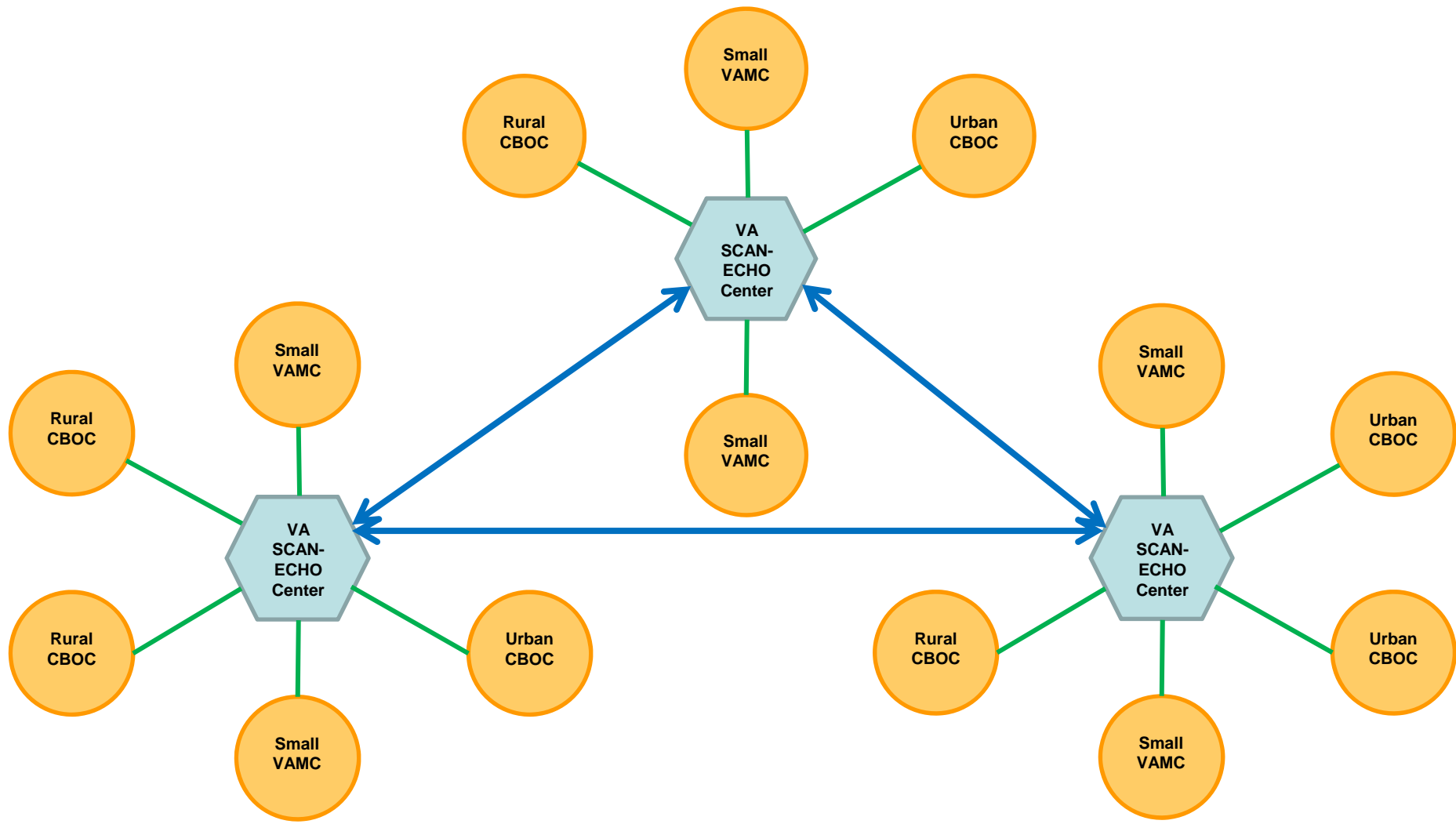
Potential Benefits to Health System

- Quality and safety – rapid learning – reduce variation in care
- Access for rural and underserved patients – reduce disparities
- Workforce training and force multiplier
- Improving professional satisfaction / retention
- Supporting the PACT model
- Cost effective care
 - Avoid excessive testing and travel
- Prevent cost of untreated disease
 - Liver transplant or dialysis
- Integrate public health into treatment paradigm

Benefits to Rural Clinicians

- No-cost CMEs and Nursing CEUs
- Professional interaction with colleagues with similar interest
 - Less isolation
 - Improved recruitment and retention
- A mix of work and learning
- Obtain special disease-related recognition
- Access to specialty care team

Concept of a Meta-SCAN-ECHO



Innovations in Consult Management Program:

Electronic Consults (E Consults)
Phone Consults

E Consults

- Establishes a new approach to specialty care, providing consultation without face-to-face contact by the Veteran with the specialist
- Circumvents barriers and challenges of traditional consultation methods, eliminating the need for both the specialist to travel to the CBOC or the Veteran to the larger VA facility
- PCP, Veteran, and Specialist must agree to an E Consult (opt in or opt out)
- Nurse or other staff ensure that all needed data are available to Specialist
- Specialist completes and enters consult report in the electronic medical record

Phone Consults

- Attempts to increase the access to Specialty Care groups in “real time” via a VISN on-call system
- Each participating Specialist in 1a or 1b facility takes calls from Telehealth Center on designated days, with support from Telehealth Coordinators
- Specialists covers all VISN Medical Centers and CBOCs

Intended Outcomes

- Increased access to Specialty Care
- Decrease travel for Veterans and reduction of travel cost for the VISN
- Reduced referral fee costs
- More efficient use of Specialist's time
- Improved communication between Specialist and PCP
- Improved Veteran and provider satisfaction

Implementation Status

- 20 VISNs implemented by the end of FY 11
- 31 Facilities currently implementing
- 368 E-Consults have been completed in FY 11
- Specialties:
 - Diabetes, Hepatitis C, Cardiology, Geriatrics, Pain management, Surgery, Infectious Diseases, Liver transplant, Hematology-Oncology, Neurosurgery and Rheumatology

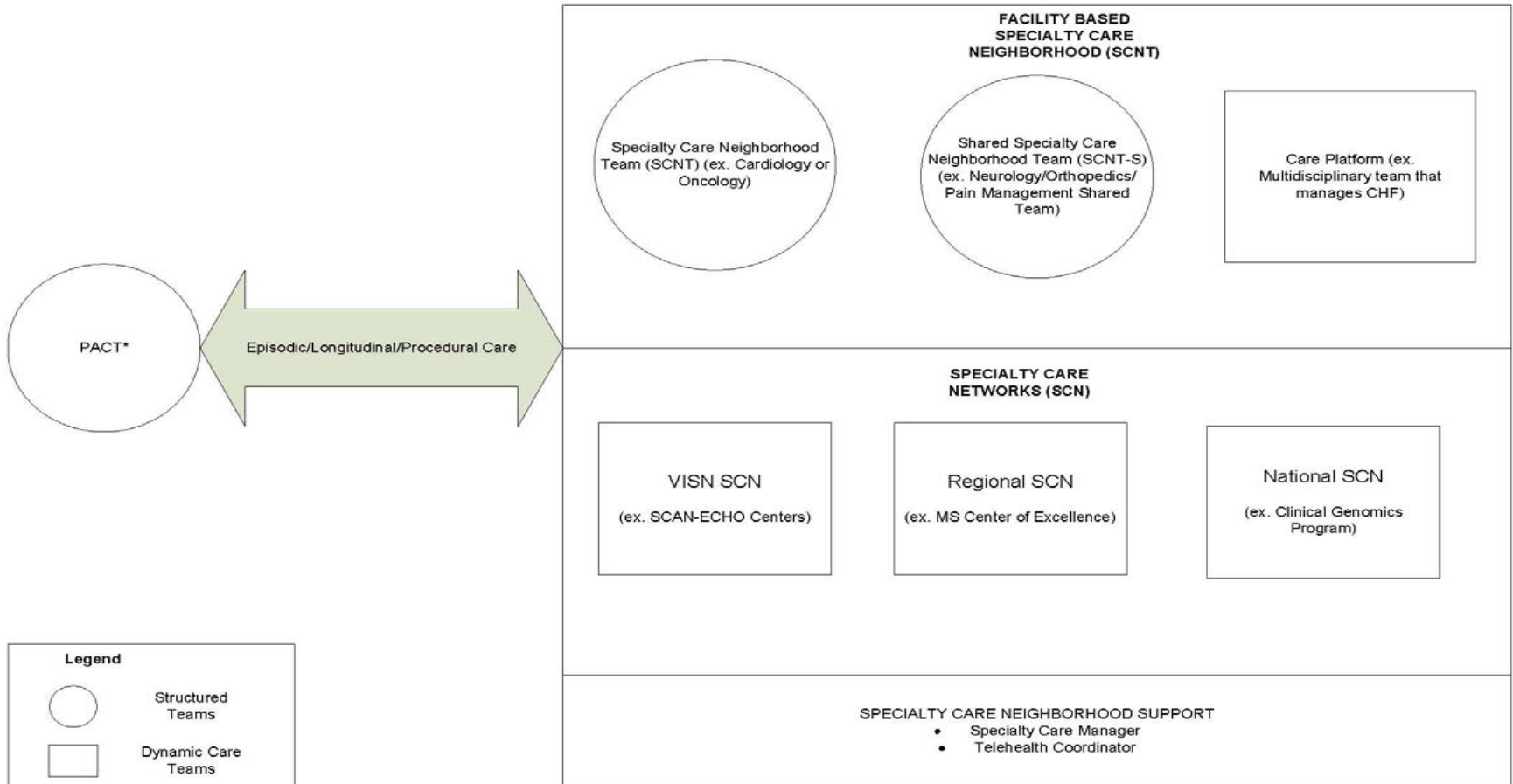
Multiple Sclerosis Home Automated Telemanagement (MS-HAT)

- Web-based application that assists patients in following and take more control of their self-care plans
- Allows practitioners to monitor their patients' status and facilitate multi-component chronic disease management according to the current clinical guidelines
- Goal is to develop a unified HAT platform that is accessible via the Internet and can be expanded into other chronic diseases/conditions
- Currently, a prototype is in development by the Washington DC VAMC and Johns Hopkins

Specialty Care Collaboratives

- 2 Collaboratives (each with 3 Learning Sessions) will be conducted in FY12
 - ALL medical specialties would be designed for one Collaborative with a strong presence from Dermatology, Cardiology and Endocrinology
 - Second Collaborative would have a focus on surgical specialties (Orthopedics and Urology)
- 2013 thru 2014
 - Larger Collaborative effort from lessons learned in 2012, and additional specialties

Specialty Care Team Based Model: Specialty Care Neighborhood Teams and Specialty Care Networks



Legend

○ Structured Teams

□ Dynamic Care Teams

* PACT may or may not contain an embedded specialist

Specialty Care 2013

- Timely access; no unneeded visits; care close to home
- Focus on Veteran's experience and shared decision making
- Evidence-based care; reduce readmissions and unwarranted variations
- Measure and correct deficiencies (continuous improvement)
- Data sets looking at overall health of population

Specialty Care 2013

- Team based care – all disciplines are valued partners (e.g., pharmacy, nursing, social workers, dietitians, chaplains, etc)
- Coordinated care with PACT and in-patient providers
- Unified view of patient – focus on prevention; reduction of risk; maintenance of health and function
- Acute care and end of life care designed around the patient and family
- State of the art care, including genomic medicine

Success Factors for Transformation

- Percentage of consults completed either through electronic or phone consultations as a percentage of total consults
- Provider and Veteran satisfaction with SCAN and Electronic and Phone Consults
- Access to Specialty Care Services is improved by decreasing wait times in Specialties where initiatives were conducted

Challenges to Transformation

- Securing adequate resources (personnel, space, budget)
- Acquiring timely support from partners in other program offices
- Coordinating multiple projects
- Leadership support
- Provider “buy-in”