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Delivering Excellence, Achieving State-of-the-Art Health Care

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Integrated Models of Specialty Care Delivery

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PACT + SC = A Healthcare Team

Delivery of care in a medical home setting

Development of specialized training and tools

Veteran Satisfaction Population Health Care Access
Specialty Care Team Models

- **PACT**
  - Episodic/Longitudinal/Procedural Care

- **Facility Based Specialty Care**
  - Specialty Care Neighborhood Team (SCNT) (ex. Cardiology or Oncology)
  - Shared Specialty Care Neighborhood Team (SCNT-S) (ex. Neurology/Orthopedics/Pain Management Shared Team)
  - Care Platform (ex. Multidisciplinary team that manages CHF)

- **Specialty Care Networks (SCN)**
  - VISN SCN (ex. SCAN-ECHO Centers)
  - Regional SCN (ex. MS Center of Excellence)
  - National SCN (ex. Clinical Genomics Program)

**Legend**
- Structured Teams
- Dynamic Care Teams
* PACT may or may not contain an embedded specialist

**Specialty Care Neighborhood Support**
- Specialty Care Manager
- Telehealth Coordinator
E-Consults

• Consultation for advise without face-to-face contact
• 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
VA SCAN-ECHO

• Provides consultation and clinical support from specialist team to PACT using video teleconferencing equipment similar to that used for telehealth
• The consultant documents the treatment plan in a consult note that becomes part of the medical record
• Other primary care providers have the opportunity to listen to the discussion and learn from the advice given by the specialist team
• In addition to teaching providers by answering real clinical questions, the consultant also gives a short “lecture”
Concept of a Meta-SCAN-ECHO
VA SCAN-ECHO Specialty Clinics

- Cardiology: Ann Arbor, Cleveland, New Mexico, Salem
- Diabetes/Endocrine: Ann Arbor, Cleveland, Eastern Colorado, New Mexico, Richmond, San Diego
- Gastroenterology: Ann Arbor, San Francisco
- Hepatitis C: Ann Arbor, Connecticut, Richmond, San Diego, San Francisco
- Infectious Disease: San Francisco
- Neurology: Connecticut
- Pain Management: Cleveland, Connecticut, Eastern Colorado, Greater Los Angeles, New Mexico, Pittsburgh, Richmond
- Pulmonary: Eastern Colorado
- Nephrology: Ann Arbor, Greater Los Angeles
- Spinal Cord Injury/Plastics/Wound Care: San Diego
- Vascular Medicine: Cleveland
- Women’s Health: Greater Los Angeles
Specialty Care Transformation Statistics
Data as of 8/15/12

E-Consults
• E-Consults used in all 21 VISNs
• 132,352 encounters completed FY12 to 8/15/12

SCAN-ECHO
• 11 SCAN-ECHO pilot sites
• 40 teams in 18 different specialties involved in SCAN-ECHO
• SCAN-ECHO sessions held in FY12 to 8/15/12
  – 469 clinics held with multiple cases reviewed at each clinic
  – 1,029 total presentations
Clinical Video Teleconferencing
Clinical Video Telehealth Encounters in VHA FY2008-2011
FY12 Projected
MS HAT - Home Station Menu

Home Automated Telemanagement

1 - Start Exercises
2 - View Exercise Safety Tips
3 - Update My Current Exercises
4 - Review My Exercise Program
5 - Shut Down My Computer

Your Exercises for this Session...

1. Knee to Chest
   Sets Completed: 1

2. Trunk Rotation
   Sets Completed: 0

3. Face-Lying over Pillow
   Sets Completed: 0

4. Seated
   Sets Completed: 0

Press ENTER to start an exercise | Press EXIT to end this session
Consult options to meet Veteran and provider needs

- E-Consults
- SCAN ECHO consults
- Telehealth consults
- Telephone consults
- Face-to-face consults
Integrated Neurology Project - Goals

• To leverage the regional resources of the 3 neurology Centers of Excellence in Epilepsy, Parkinson’s Disease, and Multiple Sclerosis, combined with the non-face-to-face modalities developed by Specialty Care Transformation (SCT), to bring access to subspecialty neurology care to all Veterans within the pilot regions.

• To develop the best practices and resources necessary for eventual national implementation in neurology, and spread to other medical specialties.
Neurology Specialty Networks

- PADRECCS – 6 original Centers that support >50 other sub-hub sites
- MSCoEs – 2 original Centers that support >50 sub-hub sites
- ECoEs – Formed in a network design
  - 4 regions each with a Center and sub-hub sites
  - 16 sites total
  - In some VISNs, connect to all VAMCs
MS Centers of Excellence
Why Have Specialty Care Networks

- About 20% of veterans have health care needs that go beyond what Primary Care supports
- If issues are uncommon, very complex or continually evolving, the SCAN-ECHO program may not be successful
- Outsourcing can be very expensive
- VA has healthcare resources that need to be more widely accessible
Specialty Care Networks Support PACT Teams by Supporting Local VAMC Neurologists and by Providing Direct Support to PACT Teams When Needed

PACT Teams → Neurology Specialty Care Networks (ECoE, MSCoE, PADRECC) → VAMC Neurologist
Virtual Care Model in Neurology Centers of Excellence

1. **Primary Care**
   - Veteran Presents with New Problem
   - PCP Places Neurology Consult

2. **General Neurology/Neurology POC (Orange Indicates Local Neurology)**
   - Depending on situation may be: Local Neurologist Receiving Consult or Neurology POC at Medical Center who refers to Tertiary for evaluation
   - Refer/Treat/Advise PCP
     - Referral to CoE Appropriate
     - Complex Issue Arises
       - Complete eConsult
       - In House General Neurology Diagnoses/Treats Patient

3. **Centers of Excellence**
   - Center of Excellence Reviews Consult
     - Advise Or See Patient
       - Complete eConsult
       - CVT or F2F Appointment w/ CoE

4. **Tertiary Neurology (Alternate Path where no General Neuro at VAMC)**
   - General Neurology Service at Referral VAMC Evaluates Patients
   - Refer/Treat/Advise PCP
     - Complete eConsult
     - Tertiary General Neurology Diagnoses/Treats Patient

PCP Manages Patient
VISNs 20 and 5/6 Serve As Models

- PADRECCs, MSCoE and ECoE sites exist in these VISNs
- These VISNs support the process of Intra-VISN referrals
- The VAs in these VISNs already interact with each other
Maximum Total Connections

VISN 5 & 6

- ECoE Center
- ECoE Facility
- MSCoE
- PADRECC
VISN Buy-In is Essential

- Telehealth support in all sites
- Cross-credentialing (MOUs in place in VISNs 5 and 20)
- E-consult program support
- IT support
- Getting the word out
- Attitude of in-sourcing care
Next Steps

- Discussions with VISNs
- More comprehensive discussions with CoE leaders and clinicians
- Contacts with referring facilities and their CBOCs
- Identification of SC/SCT resources to support project
- Initial implementation plans include teleneurology, interfacility E-Consults, and Secure Messaging
- SCAN-ECHO for neurology may be added later, drawing on the experience of established programs in Richmond and Portland
Challenges

- Telehealth capacity in VAMCs and CBOCs
- Time of subspecialists in CoEs
- Primary care team buy-in
  - Current consultation patterns may be easier
    - Sending patient, fee-basis care
- Socialization and buy-in of leadership
  - VISN
  - Facility
  - Centers / Services