

TECHNOLOGY UPDATE

Improving Access: Team-based Primary Care via Telehealth in the VA

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Introduction

In the United States, access to quality healthcare is an ongoing problem and a “substantial and growing concern” in rural communities.¹ Projections estimate a need for 52,000 additional primary care providers (PCP) by 2025.² The Department of Veterans Affairs (VA) is one of the largest healthcare systems in the world and faces similar challenges. When asked how the VA will increase its presence in rural communities and address the provider shortage, the current secretary of the U.S. Department of Veterans Affairs, David Shulkin, MD, described the need to “use technology in areas where we are not able to recruit all the health care professionals we need”.³ To this end, our local Boise VA has implemented a new model of interprofessional care called the Virtual Integrated Multisite Patient Aligned Care Team (V-IMPACT) which utilizes video telehealth technology to provide access to care in rural and underserved communities having difficulty recruiting or retaining providers. This paper describes this innovation in the field of primary care.

Background

Within the VA, the United States and territories are divided into 18 Veterans Integrated Service Networks (VISNs): Each VISN is comprised of numerous VA facilities. The VISN 20 serves Alaska, Oregon, Washington, most of Idaho, northern California, and the northwestern tip of Montana. (As of fiscal year 2016, 39%

of active patients in VISN 20 live in rural areas compared to 33% veterans nationally). With the challenges of recruiting PCPs to rural areas, the V-IMPACT program was created within VISN 20 to honor America’s veterans by using emerging technologies to meet their primary care access needs through an integrated, team-based approach. Utilizing the framework of the Patient Aligned Care Team (PACT), similar to the Patient Centered Medical Home (PCMH) widely utilized outside the VA, the V-IMPACT model works to provide accessible, coordinated, comprehensive, and patient-driven care to underserved areas.⁴

V-IMPACT Model

The V-IMPACT Telehealth Hub model uses a wheel analogy of a hub and spoke to define the locations of where staff and Veterans are located in the care provision process (see the figure). A Hub (provider site) is a facility that houses clinical staff members, including PCPs, clinical pharmacy specialists, and mental-health staff. As an interprofessional team, the clinical Hub staff members are allocated to sites in need to provide primary care services via telehealth technology and assume care of a patient panel. Spokes (patient sites) are the local sites receiving this care with the help of the local registered nurse care manager, nursing-associate, and clerk assigned to this patient panel working in partnership with the Hub staff as a team (see the figure). This team-based care serves as gap coverage allowing Veterans to

be seen in their usual clinic, often with the same nursing staff, while Spoke sites are recruiting provider position(s). The interprofessional team members from both the Hub and Spoke sites meet briefly, virtually, on a regularly scheduled basis to prepare for upcoming patient appointments and determine collaboratively how to best address any patient needs. A typical telehealth appointment consists of the patient arriving at their usual clinic and being taken to an exam room equipped with secure telehealth technology that allows for a video-call between the provider and patient. Such appointments are called Clinical Video Telehealth (CVT) appointments. All providers obtain verbal informed consent from Veterans to be seen via telehealth. Nursing staff assist the provider in completing a physical exam by utilizing an adapted auscultation device, high-definition camera, otoscope, and other equipment. This equipment synchronously transfers clear images and sounds to the PCP at the Hub. PCPs also conduct quarterly Spoke Site visits to allow the provider to see Veterans who may benefit from or prefer an in-person appointment including for procedures (i.e., pelvic-exams, skin procedures).

The V-IMPACT model incorporates an extended telehealth team which provides integrated mental-health and clinical pharmacy services within primary care. Integrated mental-health team members provide brief assessment/interventions when behaviors, stressors, or emotional concerns are

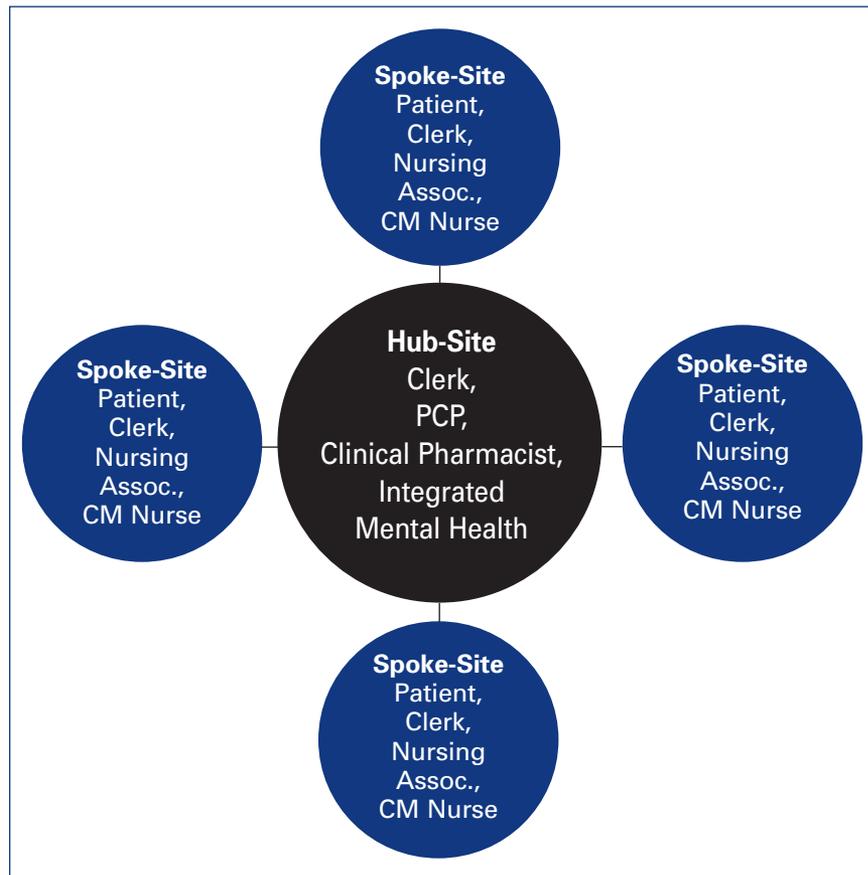
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interfering with a Veteran’s physical/psychological well-being. Clinical pharmacy specialists work with Veterans to prescribe/modify medications to treat disease states and serve as a medication information resource. Any team member can request services from the extended team. In an effort to provide same day access to care, these team members can also meet with Veterans immediately after their PCP appointment in what is called a virtual warm handoff. During a CVT appointment, a PCP can add a team member to the same video-call, allowing the patient to communicate with both PCP and team member simultaneously for introductions. The PCP may exit the call allowing the other team member to continue same day care, or the interaction may continue in an adjacent room depending on the clinic flow and room availability. The real-time interaction between the team members can help transfer and retain rapport.

Consistent with PACT principles, all staff members perform at the top of their licenses, to include nurse care managers at the Spoke Site providing face-to-face chronic care nursing visits under guidance from the provider. Because this is an integrated care team and not just one provider, there are opportunities for better access to comprehensive care. The team provides diversity and resources integral to comprehensive care provision and access, while technology fosters coordination and supports integrated roles and responsibilities.



Virtual Integrated Multisite Patient Aligned Care Team (V-IMPACT) Hub Site provides interprofessional teams via telehealth technology to align with team members at Spoke Sites to provide primary care access to Veterans in their familiar local clinic. Nursing Assoc. (Nursing Associate); CM Nurse (Chronic [Disease]) Management Registered Nurse; PCPs (Primary Care Providers).

Discussion

Since its implementation in FY14 through FY16, the V-IMPACT program has completed over 16,000 patient encounters according to the report generated from the electronic health record. Such encounters could represent Veterans who may

have gone without care or received services outside their usual health-care facility, resulting in potential lack of continuity of care. Using telehealth technology, the V-IMPACT model enables interprofessional care beyond traditional appointments and continued on page 3

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can be utilized to complete shared medical appointments, group visits, and team meetings. Additionally, by working together at the top of their licenses, the team can focus on individual and population health management with the help of clinical registries available in the VA system. These benefits and the success of the VISN20 V-IMPACT Hub have led the way for the model to be adapted in other VISNs to improve access and care continuity.

Potential limitations of this model include inefficient workflow due to Spoke Site nursing staff operating the equipment during portions of the appointments. Additionally, on occasion the physical exam via CVT is not conclusive due to technological limitations, body-habitus or both. While VISN20 providers anecdotally indicate they may be ordering additional testing to address this limitation, no current data is available to address this possibility at the time of this writing. Finally, the use of the technology requires investment for its purchase, training, maintenance and support thereafter.

With this investment and commitment, the V-IMPACT model deliv-

ers team-based, gap coverage for primary care at Spoke Sites allowing for provision of care within the Veterans' clinic location with familiar on-site staff. Its implementation keeps clinics operational during times of attrition, promotes stabilization of workforce within a VISN, and reinforces interprofessional care. This interprofessional model of care also allows for access to extended team members whose skills can be immediately leveraged.

Conclusion

The V-IMPACT program represents an initiative involving telehealth technology that can be utilized to provide team-based, primary care services to veterans in rural and underserved areas. The model allows veterans to receive services from multiple professionals during one visit while being seen in their local clinic location. Despite limitations, the potential benefits of improved access and continuity of care have allowed the interprofessional VISN20 V-IMPACT model to be expanded nationally. This model may prove to be useful for other non-VA healthcare systems.

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