

Reforming the Practice of Primary Care in the VA

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VA Patient Centered Care: Current Strengths and Weaknesses

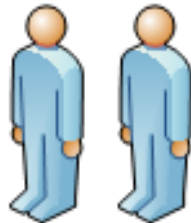
<i>Strengths</i>	<i>Weaknesses</i>
Primary Care Model	Provider burnout and dissatisfaction, not “patient-centered” enough
Access for all eligible veterans	Delays for primary care; poor phone service; secure messaging proceeding slowly; Focus on face-to-face visits
Care integrated with inhouse specialists and lab/imaging services	Specialist resources capped; no incentives for additional referrals
Comprehensive Electronic Medical Record	Electronic communication and problems in patient tracking and follow-up persist

Principles of the Patient-Centered Medical Home

Joint Principles of PCMH AAFP, AAP, ACP, AOA	VA Principles of the Patient-Centered Medical Home
<ul style="list-style-type: none">➤ Ongoing relationship with personal physician➤ Physician directed practice➤ Whole person orientation➤ Enhanced access to care➤ Coordinated care across the system➤ Quality and safety➤ Payment	<ul style="list-style-type: none">➤ Patient-driven➤ Comprehensive➤ Efficient➤ Coordinated➤ Enhanced communication➤ Continuous➤ Team-centered 

Towards Patient Centered Care

Current System

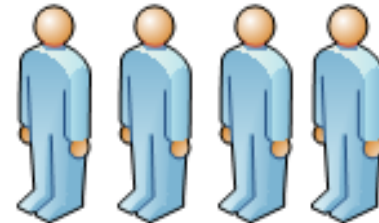


PCP LVN



Panel of
1200 Patients

Future System

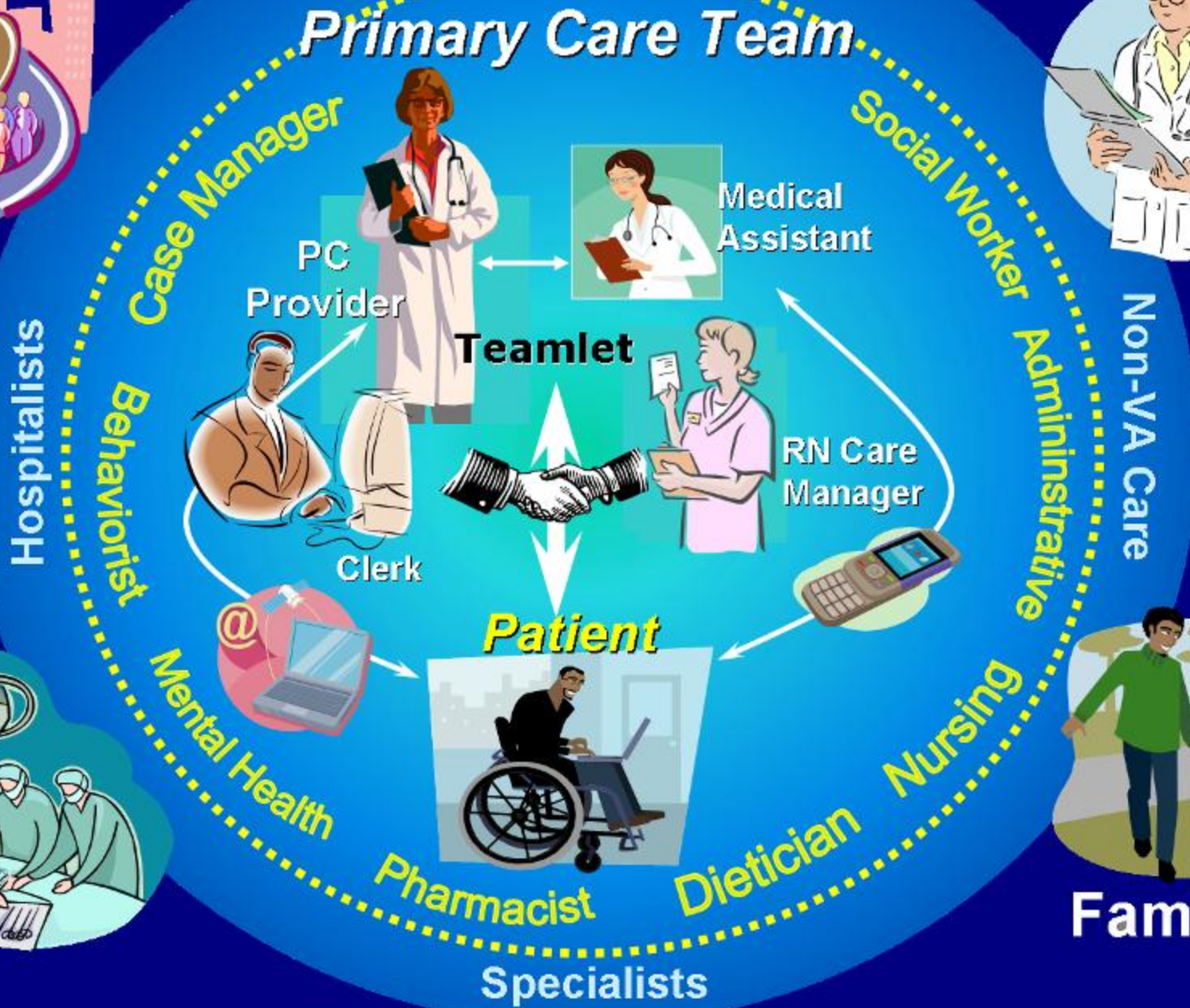


PCP LVN RN Clerk



Panel of
1200 Patients

Community



Family

What Will Change?

TODAY'S CARE		MEDICAL HOME CARE
Care is determined by today's problem and time available today	→	Care determined by proactive plan to meet patient needs without visits
Patients are responsible for coordinating their own care	→	A prepared team of professionals coordinates all patients' care
I know I deliver high quality care because I'm well trained	→	We measure our quality and make rapid changes to improve it
Acute care is delivered in the next available appointment & walk-ins	→	Acute care is delivered by open access and non-visit contacts
It's up to the patient to tell us what happened to them	→	We track tests & consultations, and follow-up after ED & hospital
Clinic operations center on meeting the doctor's needs	→	A multidisciplinary team works at the top of our licenses

Primary Care... Now

	Mon	Tue	Wed	Thu	Fri
8:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
9:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
10:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
11:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
Noon	Grand Rounds				Meeting
1:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
2:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
3:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
4:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit

A possible schedule

	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>
8:00	Desktop Medicine	Panel Management	Panel Management	Panel Management	Goal-Directed Interdisciplinary Team Meeting
9:00	Panel Management Team Meeting	Desktop Medicine	Desktop Medicine	Desktop Medicine	
10:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
11:00	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit	Scheduled Visit
Noon	Grand Rounds				Meeting
1:00	Open Access (or Desktop Medicine)	Open Access (or Desktop Medicine)	Open Access (or Desktop Medicine)	Open Access (or Desktop Medicine)	Open Access (or Desktop Medicine)
2:00	Open Access (or Desktop Medicine)	Open Access (or Desktop Medicine)	NP/PA Oversight	Open Access (or Desktop Medicine)	Open Access (or Desktop Medicine)
3:00	Desktop Medicine	Desktop Medicine	Desktop Medicine	Desktop Medicine	NP/PA Oversight
4:00	Desktop Medicine	Desktop Medicine	Desktop Medicine	Desktop Medicine	Desktop Medicine

Making Room for PCMH


- **Delegating activities (and visits) to team members**
 - Certain visits (ex: BP follow-up) can be RN-only visits
- **Reduce “unnecessary” face-to-face visits**
 - More emphasis on “telephone visits” and secure messaging
 - Ex: Refills only; notification of normal lab results
 - Moving visits back only a few weeks can have free a substantial number of “slots”
- **Utilize “group” visits where possible**

Closing Thoughts...

- Major culture change
- Process redesign
 - Thinking non-face to face visits and being “panel-wise”
- Implications of working in teams & task delegation
- Improve measurement science--will this lead to good outcomes?



Thank You!



Acknowledgments: VA HSR&D Center of Excellence and
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