Committee on Implementing High-Quality Primary Care:

Department of Veterans Affairs

- Susan Kirsh, MD, MPH, Acting ADUSH for Access - Office of Veterans Access to Care
- Thomas Mattras, MD, Director of Primary Care Operations, Office of Primary Care
‘Honor America’s Veterans by providing exceptional care that improves their health and well-being’
Three priorities of the Office of Primary Care:

- Fidelity of our Patient Centered Medical Home Primary Care model
- Management of High Risk Patients
- Telehealth/virtual care
High Risk Patients: Opioid Safety Initiative

Pain management is addressed thoughtfully, compassionately, and safely and to make opioid use visible at all levels in the organization.

Quarter 4, Fiscal Year 2012 - Quarter 4, Fiscal Year 2019 comparison:

• 60% reduction in long-term opioid prescribing
• 82% reduction in combination opioid/benzodiazepine prescribing
• 54% increase of having at least one urine drug screen completed within the past year
• 76% reduction in receiving daily doses greater than or equal to 100 milligrams of morphine equivalent
• **Opioid Therapy Risk Report (OTRR):** provides pertinent clinical data related to pain treatment in one place, providing a comprehensive Veteran-centered and more efficient level of care management not previously available to primary care providers.

• **Stratification Tool for Opioid Risk Mitigation (STORM):** provides information about risk factors for opioid overdose, suicide-related events, and other harms along with potential risk mitigation strategies. Both tools are part of VA’s broader efforts to prevent opioid overdose deaths.

• **Academic Detailing:** specialty teams provide on-site support and education to providers to further enhance pain management efforts. As of September 30, 2019, specially trained VA pharmacists had over 48,000 outreach visits with VA staff about opioid safety, opioid overdose and naloxone distribution, suicide prevention, and opioid use disorder.

• **Complementary and integrative medicine treatments:** includes acupressure, acupuncture, biofeedback, chiropractic services, exercise, heated pool therapy, hypnosis/hypnotherapy, massage therapy, meditation, occupational therapy, physical therapy, recreational therapy, relaxation, tai chi, transcutaneous electrical nerve stimulation, yoga and other services.
• **Opioid Use Disorder (OUD) treatment:** includes office-based treatment with buprenorphine and extended-release injectable naltrexone, was accessible to patients seen at 100 percent of VA Medical Centers, over 680 total sites of service provided at least some M-OUD an increase of approximately 50 sites from FY 2018. Efforts to support further dissemination are underway with regional conferences planned for FY 2020 targeting general mental health, primary care, and pain clinics.

• **Overdose Education and Naloxone Distribution (OEND):** As of November 2019, over 22,800 VHA prescribers, representing all VHA facilities, have prescribed naloxone, and more than 338,300 naloxone prescriptions have been dispensed to over 212,200 Veterans.

• **State Prescription Drug Monitoring Programs (PDMP):** 49 States, District of Columbia, and Puerto Rico are activated for VA data transmission. From Quarter 3, Fiscal Year 2013 (ending in June 2013) to Quarter 4, Fiscal Year 2019 (ending September 2019), VA providers have documented over 5.8 million queries to State Prescription Drug Monitoring Programs to help guide treatment decisions.

• **Medication Take-Back Program:** VA offers free medication take back services to Veterans through mail-back envelopes and on-site receptacles compliant with Drug Enforcement Administration (DEA) regulations. As of September 30, 2019, Veterans have returned over 154 tons (the equivalent of 47 elephants) of unwanted or unneeded medication using these services.
Virtual Care

• **VA Video Connect (VVC):** >65% of all Primary Care (PC) providers (physicians, non-physician providers, RN, LPN, Clinical Pharmacist, Social Worker, dieticians) completed at least one VVC visit in FY19; over 42,000 VVC encounters in PC during FY19; over 290,000 VVC encounters across the entire enterprise with more than 99,000 Veterans

• **Clinical Resource Hubs (CRH):** Office of Rural Health (ORH), Office of Connected Care (OCC), Primary Care (OPC), Mental Health and Suicide Prevention (OMHSP) and Specialty Care Services (SCS) have partnered to develop regionally-governed CRHs. CRHs combine in-person care with the power of telehealth to help geographically distant clinical teams support underserved medical facilities and national disaster efforts; over 210,000 hub encounters during FY19

• **Accessing Telehealth through Local Area Stations (Atlas):** virtual care stations placed in underserved locations sharing space with community partners, e.g. – Asheboro, NC Walmart; Eureka, Montana VFW.
Third Party Comparisons between VA and Private Sector


https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720917
Veteran Experience: PCMH

Denotes exception to statistically higher scores for VA
Primary Care Efforts and Office of Veterans Access:

- Same Day Services
- VEText
- Scheduling
- Referral Coordination Initiative (RCI)
Same Day Services

• Veterans needing care right away during regular business hours, and having healthcare services the same day, or if after hours, by the next day.

• Options for care delivery include in person, via telephone, smartphone, through video care, secure messaging, or other options including ordering a prescription and scheduling a future appointment including referral to a specialist.

• Care may be delivered by the Veteran’s provider or another appropriate clinical staff member based on availability and their care needs.

• Measuring success
Overview: Text message software that texts patients

**VEText**
- Texts Veterans before appointment, allows them to cancel ahead of time. Helps reduce no-shows
- Active VA Sites: 161
- Veterans Enrolled: 6,880,953
- Messages sent: 183,336,411
- Cancelled appointments using VEText: 2,988,578
- Veterans who have opted out: 6.08%

**Open Slot Management**
- Texts Veterans when an earlier appointment becomes available
- Active VA Sites: 138
- Identified Open Slots: 263,533
- Rescheduled Appointments: 33,135
- Est. Time (hours) saved in manual rescheduling: 2,761.3
- Percent Rescheduled Appointments/Open Available Slots: 14.01%
Better Access to:

• Increase Patient Self-Referral Direct Scheduling

• clinical pharmacy specialists, social work, weight loss clinics, tobacco cessation, prosthetics, screening mammography

• optometry and audiology, podiatry, nutrition, wheelchair/mobility, amputation clinics
Improving Capacity Efficiency and Productivity

• Response to MISSION Act (Maintaining Internal Systems)
• Wait time of 20 days, drive time of 30 minutes
• Guidebook
• National calls
• Conferences
• Engagement with Group Practice Managers critical