

VETERANS HEALTH ADMINISTRATION

Session 3: Perspectives and Experience of Patients, Schedulers, and Clinicians



Choose **VA**

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Panel Members

- Adrian Atizado, Disabled American Veterans
- Lisa Arfons, MD, Specialty Care Panelist
- David Au, MD, Specialty Care Panelist
- Leonie Heyworth, MD, Primary Care Panelist
- Desiree Hill, Health System Specialist, Scheduling Panelist
- Mia Powers, Health System Specialist, Scheduling Panelist
- Chris Saslo, DNS, APRN-BC, Nursing Panelist
- Clifford Smith, PhD, Mental Health Panelist

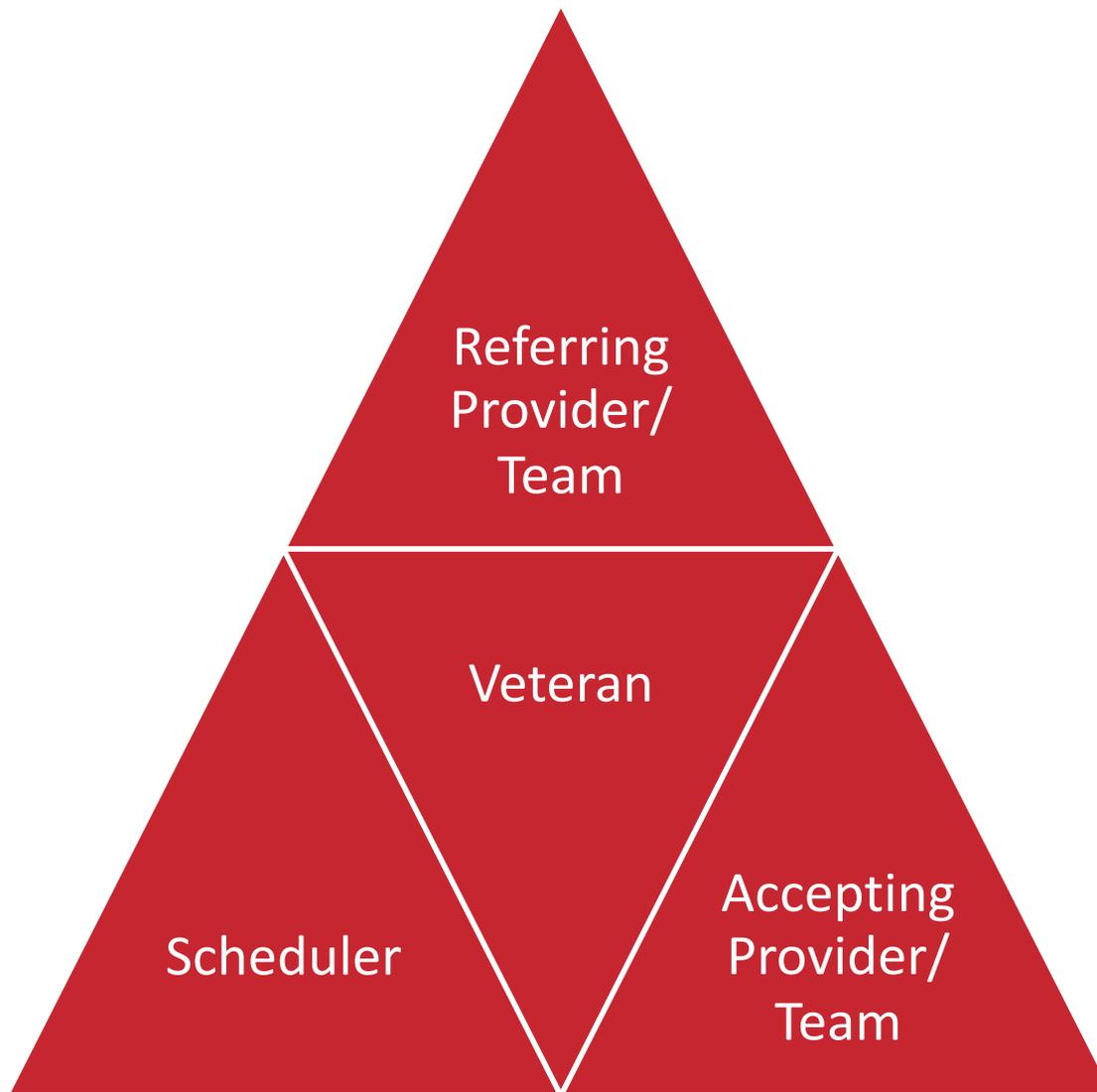
- Moderator: Susan Kirsh, MD, Acting Assistant Deputy Under Secretary for Health for Access to Care



Objectives

- Address the following through clinical vignettes:
 - How does one effectively serve a geographically diverse population with varying capabilities and access to technology?
 - How can technologies such as online scheduling, mobile apps, and text messaging be used to enhance the user experience and reduce the no-show rates?
 - How can one best serve a population with varying interest or ability to use these technologies?
 - How does one most effectively span care provided by the VA and in the community?

Stakeholders

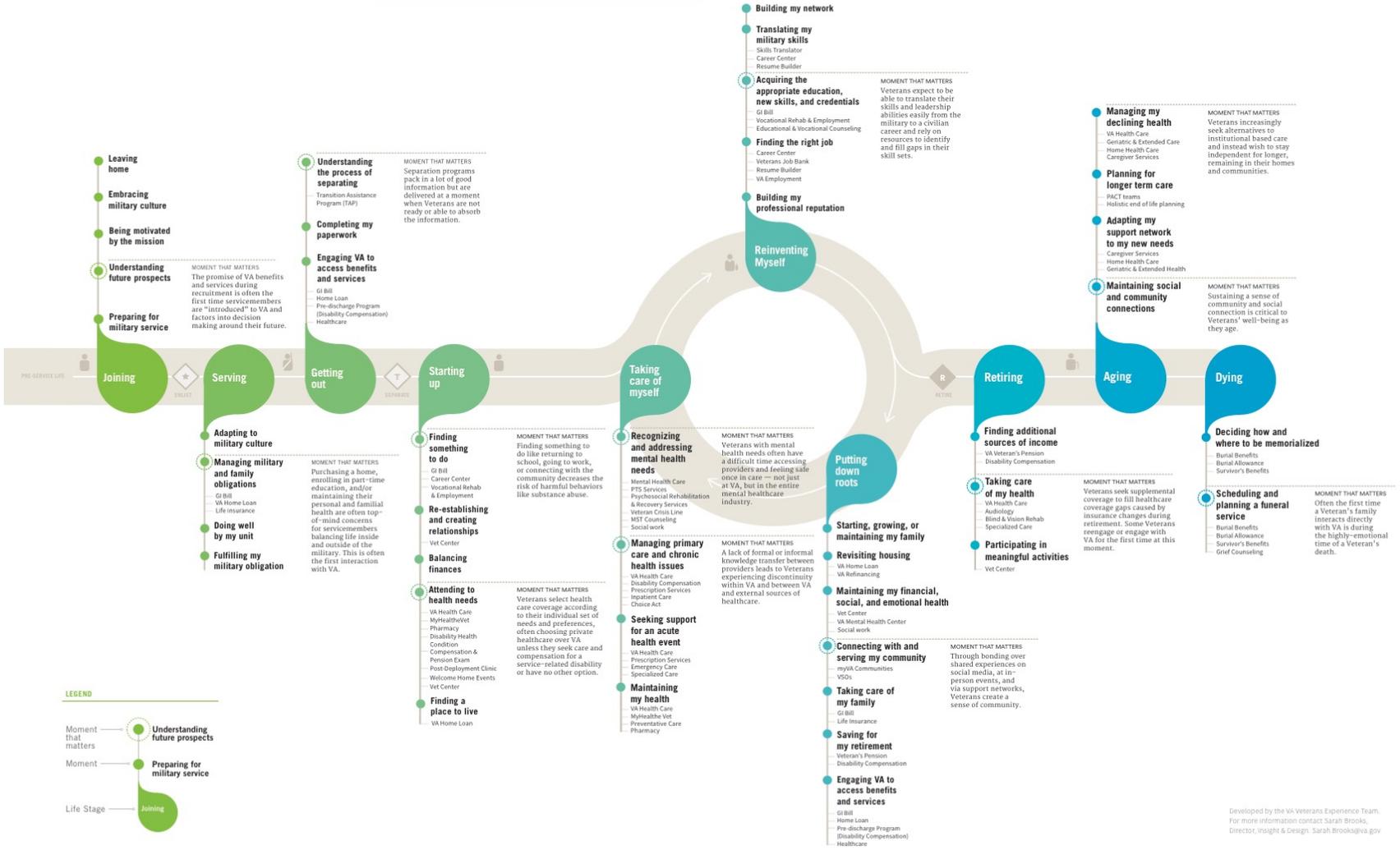


JOURNEYS OF VETERANS MAP

This map covers ten life stages any Veteran may encounter, from pre-service to end of life. These life stages are organized in three phases in which Veterans' goals and aspirations are distinctly different. Each life stage lists out moments Veterans typically experience and associated VA services, and calls out key "moments that matter" which may have significant impact on Veterans' experiences.

Not all Veterans are the same and there is no "one" veteran. There are, however, a broad set of shared moments many Veterans will encounter and live through. Different Veteran personas will experience and navigate these moments in varied and disparate ways. Using this journey as a guide to organize and align around, VA can plan for and design better experiences for Veterans.

Life events impact individual goals and change priorities. Events like marriage, divorce, widowhood, birth of a child, obtaining a new degree, loss of housing, empty nesting, major illness and so on have profound effects on people's priorities and how they approach their lives—as well as how they interact and perceive services. These events are unpredictable and may happen at any point across this journey.



SERVING IN AND SEPARATING FROM THE MILITARY

LIVING CIVILIAN LIFE

RETIRING AND AGING



U.S. Department of Veterans Affairs

Clinical Scenario 1: Lung Mass

- Mr. Williams is a 64 year old Veteran with a significant smoking history who was seen for an annual physical. A low dose CT screening for lung cancer was ordered.
- His CT scan showed a 2.5cm nodule in his right lung. A video appointment was scheduled with Mr. Williams and his wife to discuss the results and next steps.
- After the video connect appointment Dr. Heyworth ordered a Pulmonary consult. The Pulmonary physician, requested a clinic visit, pulmonary function tests (PFT) and a PET scan the morning of his clinic visit.
- The pulmonary physician reviewed his PET imaging and PFTs. Imaging showed a solitary PET avid lesion in the right lung. Arrangements were made for the CT surgery team to see Mr. Williams the same day.



Clinical Scenario 1: Lung Mass – Key Points

- Urgent, but not emergent outpatient care
- Leveraging VA video connect for face to face discussion of abnormal test results
- Care coordination between different services/sections needs to happen in parallel, not in series
- Timing of testing in relation to clinician appointments is critical to treatment planning
- Ensuring patient appointments are coordinated and timely



Clinical Scenario 2: Heart Failure

- Mr. Johnson is a 54 year old Veteran who is currently admitted to the hospital for a cardiac bypass surgery.
- For discharge planning, his team recommends follow up with a Cardiologist, CT surgeon, Clinical Pharmacist, Psychologist, Dietician and his Primary Care Provider. He also will need a repeat echocardiogram in four weeks along with Home Based Primary Care and home remote monitoring.
- Mr. Johnson qualifies for Cardiac Rehabilitation and will need a community care referral as his medical center does not offer this
- Mr. Johnson lives a distance from the medical center and has requested all Cardiology and Surgery follow up to be done either on the same day or through VA Video Connect.



Clinical Scenario 2: Heart Failure – Key Points

- Multidisciplinary team care coordination
- Cardiac rehab in the community
- Caregiver support/participation
- Post hospital discharge/transitions between different levels of care
- Synchronous Telehealth for care transitions/warm hand offs
- Home-based Primary Care
- Remote monitoring from home (Home Telehealth) and patient-generated data (mobile applications)



Clinical Scenario 3: Traveling Veteran

- Mr. Smith is a 32 year old OIF/OEF Veteran and student who would like to spend his summer off traveling. He has type I diabetes and will require insulin refills during his trip and a follow up visit with his Endocrinologist.
- He would like all communication by way of his smart phone (calls, emails, MyHealthVet, VEText).
- His PCP at the Cleveland VA places a Traveling Veteran Coordination (TVC) consult and requests a visit with the Diabetes Coordinator at the Orlando VA in four weeks.
- There is ongoing communication between Traveling Veteran Coordinators at multiple medical centers to ensure Mr. Smith can be seen at medical centers in close proximity to his travel destinations.

Clinical Scenario 3: Traveling Veteran – Key Points

- Veterans need healthcare-specific communications that fit their lifestyles to maximize service delivery
- Ease of enrolling Veterans into different VA medical centers to deliver seamless care
- Use of video visits
- Interfacility scheduling logistics
- Coordinated communication



Clinical Scenario 4: Mental Health

- Mr. Erickson is a 32 year old Veteran who was seen by Dr. Heyworth for his yearly physical. During the visit they discussed ongoing challenges with sleep disruption and ongoing social isolation.
- Veteran denied history of thoughts of harm to self or others, but acknowledged he has been increasingly isolated and withdrawn.
- Dr. Heyworth requested a warm hand off with co-located PCMHI staff. The PCMHI visit identified a more chronic mental health history, and Mr. Erickson was interested in seeing a psychotherapist.
- During the initial intake an extensive history of decreased mood and sleep disruption was identified. Dr. Patterson requested a telemental health appointment in psychiatry and 12 weekly one hour visits in order to initiate Cognitive Processing Therapy.



Clinical Scenario 4: Mental Health – Key Points

- VHA Mental Health is comprised of a broad array of outpatient, residential, and inpatient programs on campus and in the community.
- Mental Health programming incorporates an array of medical specialties (medicine, psychology, social work, RN, recreational counselors, etc) through a variety of modalities (individual, group).
- Appointments may be needed Same Day (Open Access), direct warm hand offs, scheduled weekly, bi-weekly, monthly, etc.
- Scheduling challenges include the initial right person/right time appointment, sustained follow up for treatment, intensive treatment (3 hours a day, 4 days a week), self-scheduling.



Discussion

- Other considerations and recommendations to address the following?
 - Geographically diverse population with varying capabilities and access to technology
 - Online scheduling, mobile apps, secure messaging, and text messaging to enhance the user experience and reduce the no-show rates
 - Population with varying interest or ability to use these technologies
 - Community care coordination