



# Innovative, Interprofessional Models of Specialty Care Delivery and Education in the Department of Veterans Affairs (VA)

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**Acknowledgements:** Office of Academic Affiliations Support Center and Program Evaluation Staff: Ed McKay  
**Supported by:** Veterans Health Administration; U.S. Department of Veterans Affairs (VA)

## Objectives

The overarching goal is to foster transformation of clinical education by preparing health professions trainees to work in and lead patient-centered, interprofessional teams providing coordinated longitudinal specialty care.

## Design

The Patient-centered Specialty Care Centers of Excellence (SCE COE) initiative was designed to:

- Develop exportable models of education integrated with healthcare delivery featuring Interprofessional and interdisciplinary collaboration, coordinated longitudinal care of patients requiring specialty care, and specialty care in the context of primary care in order to meet not only the needs of patients, but also of the primary care practitioners;
- Select VA COE sites competitively based upon strength of the proposed educational and clinical models, availability of local interprofessional leadership, evaluation plans, and expressed support of local VA and academic affiliate leadership; and
- Provide evaluation support to determine what features of the COEs work best.

Three sites were selected in August 2011 with funds released in January 2012 (up to \$500,000 per site per year for 3 years). In year one, the program foundation was developed (including hiring of faculty and staff). Project management consisted of frequent contact and monthly calls between sites and the coordinating center along with ongoing oversight of budget and use of funds. Evaluation across sites, in addition to site-specific assessment, consists of the Learners' Perceptions Survey, Team Development Measure (TDM), Annual COE site report template, annual site visits with semi-structured interviews, plus use of VA's corporate data warehouse to assess outcomes focusing on access, utilization, and clinical outcomes.

## Setting

Largest single national system of hospitals, clinics, extended care, and health professions education (Federally-supported). The Department of Veterans Affairs (VA) currently supports about 10,300 physician resident positions through which approximately 37,000 residents (1/3 of all US residents) rotate at 127 facilities in over 2,300 ACGME/AOA-accredited programs. Moreover, in FY2012, VA trained 20,218 medical students and 59,473 other health professions trainees.

## Participants

Multiple professions and specialties involved in interprofessional models of care and education. See Tables 1-3, under "Integrated Healthcare Team" and "Trainees."

## Results/Outcomes/Improvements

Three very different COE sites have been funded (since January 2012), established, and began engaging trainees. These are Atlanta, GA, Cleveland, OH, and Salt Lake City, UT – see Tables 1-3 for details. 89 health professions trainees in multiple disciplines and professions were exposed to COE training in FY2012. Centralized monitoring, oversight, and support of the COEs, including substantial guidance with respect to evaluation metrics, are essential in undertaking this type of initiative. Online tracking systems assist in collaboration across sites. Space/hiring issues can inhibit progress. [See Table 4. & Figure 2.]

Funding of administrative and evaluation staff, as well as protected time for faculty, are essential. "Image building" and "selling" services to primary care need attention. Use of external standards (i.e., the American College of Surgeon's Commission on Cancer) is helpful in providing structure and additional credibility, while assisting in garnering resources to meet accreditation standards. [See Figure 2.]

## Conclusions/Implications

Considerable flexibility and support is required to allow COE sites, each of which is unique, to innovate around the core ideas of interprofessional, patient-centered care. Development of care and education models are interdependent and iterative. Interprofessional models of care require attention to communication, team-building, infrastructure (especially space), and schedule coordination, especially for trainees. Despite challenges, trainees and patients are extremely positive about their experiences. [See Figure 2.]

**Table 1. Characteristics of SCE COE: Salt Lake City**

Salt Lake City VAMC – Musculoskeletal (MSK) Disease Center	
<b>Integrated Healthcare Team</b>	<ul style="list-style-type: none"> <li>Rheumatology</li> <li>Orthopaedic Surgery</li> <li>Endocrinology</li> <li>Physical Therapy/Occupational Therapy</li> <li>Internal Medicine/Family Medicine</li> <li>NP, PA and Clinical Pharmacy</li> </ul>
<b>Trainees - 55 Exposed (3,004 hrs of training)</b>	<ul style="list-style-type: none"> <li>Residents in Internal Medicine, Rheumatology, Endocrinology, Orthopaedic surgery, &amp; Physical Medicine and Rehabilitation ; NP, PA , Physical therapy, &amp; Medical students</li> </ul>
<b>Trainee Experience</b>	<ul style="list-style-type: none"> <li>Joint Injection Clinic</li> <li>Didactic Training</li> <li>Simulation</li> <li>Supervised Clinical Activities</li> </ul>
<b>Patient-Centered</b>	Patients with MSK disorders seen by specialty care interprofessional team with Family Medicine Practitioner
<b>Evaluation</b>	E*Value System, pre/post test, extraction & analysis of clinical data

**Table 2. Characteristics of SCE COE: Cleveland**

Cleveland VAMC – Transforming & Integrating Medical & Surgical Expertise Cancer Center (TIE)	
<b>Integrated Healthcare Team</b>	<ul style="list-style-type: none"> <li>Surgical Oncology, Hematology &amp; Oncology, Interventional Radiology; Psychology, Nursing, Nurse Practitioner, and Social Work</li> </ul>
<b>Trainees - 25 Exposed (1,830 hrs of training)</b>	<ul style="list-style-type: none"> <li>Residents in General Surgery, Family Medicine, Hematology/Oncology; Nurse Practitioner Students, Psychology Fellows, and Social Work Interns</li> </ul>
<b>Trainee Experience</b>	<ul style="list-style-type: none"> <li>Integrated Supervised Clinical Activities</li> <li>Case Conferences</li> <li>Tele-Health</li> </ul>
<b>Patient-Centered</b>	<ul style="list-style-type: none"> <li>&gt;312 patients served in the TIE center. Family integration into patient care. Main focus – Nurses (Patient Navigation, Cancer Survivorship) and Mental Health (Distress Management)</li> </ul>
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>Patient Perception of Patient Centeredness; 360°-evaluation; Didactic session evaluation tool;</li> <li>Templated notes for patient data collection</li> </ul>

**Table 3. Characteristics of SCE COE: Atlanta**

Atlanta VAMC – Women's Health Center	
<b>Integrated Healthcare Team</b>	<p><u>Current:</u> Family Medicine, Psychiatry, Ob-Gyn, Cardiology, Dermatology, and Ophthalmology</p> <p><u>Planned:</u> Nursing, Clinical Pharmacy, Social Work, PA, and Nutrition</p>
<b>Trainees - 9 Exposed</b>	<ul style="list-style-type: none"> <li>Family Medicine, Internal Medicine Residents, Psychiatry, and OB-GYN (Planned: PA, Pharmacy, Social Work and Nursing)</li> </ul>
<b>Trainee Experience</b>	NEW location will open summer 2013. Trainees working in temporary CBOC location with integrated team.
<b>Patient-Centered</b>	Family Medicine integration with same day specialty appointments; OB/GYN, Cardiology, Psychiatry, Dermatology
<b>Evaluation</b>	<ul style="list-style-type: none"> <li>Post/Pre Testing Evaluations</li> <li>Interviews; Working with PACT Evaluation Team</li> </ul>

**Figure 1. Pt.-Centered SCE COEs**



**Table 4. Models of Care & Highlights**

Site	Salt Lake City - MSK Disorders	Cleveland – Cancer	Atlanta – Women's Health
<b>Models of Care</b>	Pt-ctr'd, disease-specific team, incl. primary care practitioners, specialists in MSK, & trainees. Proactive risk factor screening & intervention	Pt.-ctr'd collaborative cancer care via huddles. Sequential same day appts.	Shifting from expedited appts to pt. centered, collaborative interprofessional team approach
<b>Highlights</b>	<ul style="list-style-type: none"> <li>✓1-week intensive mini-residency</li> <li>✓Practitioners available immediately</li> <li>✓Risk factor follow-up</li> <li>✓Reduction in co-pays, pt. visits, &amp; travel costs</li> <li>✓↑'d quality of care</li> </ul>	<ul style="list-style-type: none"> <li>✓Pt. Navigation.</li> <li>✓Distress screening w/ interventions</li> <li>✓↑'d timeliness of appts &amp; access to multiple specialties</li> <li>✓X-training of trainees</li> </ul>	<ul style="list-style-type: none"> <li>✓Bi-weekly team meetings w/ Program Director &amp; faculty to outline &amp; strengthen model &amp; curriculum</li> <li>✓Dual affiliation participation</li> </ul>

**Figure 2. A. Challenges/Lessons Learned and B. Summary**

A. Challenges/Lessons Learned	B. Summary
<ul style="list-style-type: none"> <li><b>Space/hiring issues – all sites are limited by available space!</b></li> <li><b>Budget challenges (slow to spend)</b></li> <li><b>Vigilance needed RE:</b> <ul style="list-style-type: none"> <li>Physician-centric practice</li> <li>Parallel vs. collaborative practice</li> </ul> </li> <li><b>Need for local 'marketing' to ensure sustainability</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Improvement in education &amp; clinical systems is interdependent &amp; iterative</b></li> <li><b>IPE requires changes in education, faculty relationships, infrastructure, &amp; attention to communication &amp; culture</b></li> <li><b>Evaluation is challenging</b></li> <li><b>Critical role of coordinating center</b></li> <li><b>Trainees are overwhelmingly enthusiastic!!!</b></li> </ul>

