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INNOVATIVE, INTERPROFESSIONAL MODEL OF SPECIALTY CARE DELIVERY AND EDUCATION IN THE DEPARTMENT OF VETERANS AFFAIRS (VA)

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Objective:

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.

Methods:

Setting: The largest health professions education program in the U.S., with 127 clinical teaching facilities, and over 10,000 funded positions, through which 37,809 physician residents rotate annually. Moreover, in FY2012, VA trained 20,218 medical students and 59,473 other health professions trainees.

The Patient-centered Specialty Care Centers of Excellence (COE) initiative was designed to: a. 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; b. 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 c. 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 (\$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-"SC" (specialty care), 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.

Results:

Three very different COE sites have been funded (since January 2012), established, and began engaging trainees. These are Atlanta, GA [Women's Health Clinic in an underserved area, access to specialty and primary care, including mental health]; Cleveland, OH [Interprofessional Cancer Clinic, including telehealth]; and Salt Lake City, UT [Musculoskeletal Disease Center – interprofessional specialty team in which patients are seen alongside primary practitioner]. 63 interprofessional and interdisciplinary trainees 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 (1 site) can inhibit progress. Funding of administrative and evaluation staff, as well as protected time for faculty, are essential.

Conclusions:

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. Interprofessional models of care require attention to communication, team-building, and schedule coordination, especially for trainees.