

VA Centers of Excellence in Primary Care Education---Building Health Care Value through System Redesign: Leverage at the Point of Interprofessional Care and Learning

Kathryn Wirtz Rugen, PhD, FNP-BC

Stuart C. Gilman, MD, MPH

Judith L. Bowen, MD

Laural Traylor, MSW

Malcolm Cox, MD

Centers of Excellence in Primary Care Education

- **RFP released August 2010, 37 LOIs received; 22 invited to submit full applications**
- **5 Centers activated July 2011; program now in 2nd academic year**
- **Core Requirements**
 - **Physician and Nurse Practitioner Co-Director**
 - **Joint sponsorship & engagement**
 - **Integrated interprofessional teams**
 - **30% trainee time commitment**
- **Educational Domains**
 - **Shared-Decision Making**
 - **Sustained Relationships**
 - **Interprofessional Collaboration**
 - **Performance Improvement**
- **Resources**
 - **\$1M/year/center for 5 years for operations**
 - **Trainee stipend support**
 - **National coordination and evaluation**

Funded Programs



Welcome to the
Boise VA Medical Center

Co-Directors:

C. Scott Smith, MD and Melanie Nash, MSN, ANP

Academic Partners:

**Gonzaga University School of Nursing
University of Washington School of Medicine
Idaho State University School of Pharmacy**



Welcome to the
VA Puget Sound Healthcare System

Co-Directors:

Joyce Wipf, MD and Laura Angelo, MSN, ANP

Academic Partner:

**University of Washington
Schools of Medicine and Nursing**



Welcome to the
Connecticut Healthcare System

Co-Directors:

Rebecca Brienza, MD, MPH and Susan Zapatka, MSN, NP

Academic Partners:

**Fairfield University School of Nursing
Yale University School of Medicine**



Welcome to the
Louis Stokes Cleveland VA Medical Center

Co-Directors:

Mimi Singh, MD, MS and Sharon Watts, DNP, RN-C, CDE

Academic Partners:

**Case Western Reserve University School of Nursing
Cleveland Clinic Foundation**



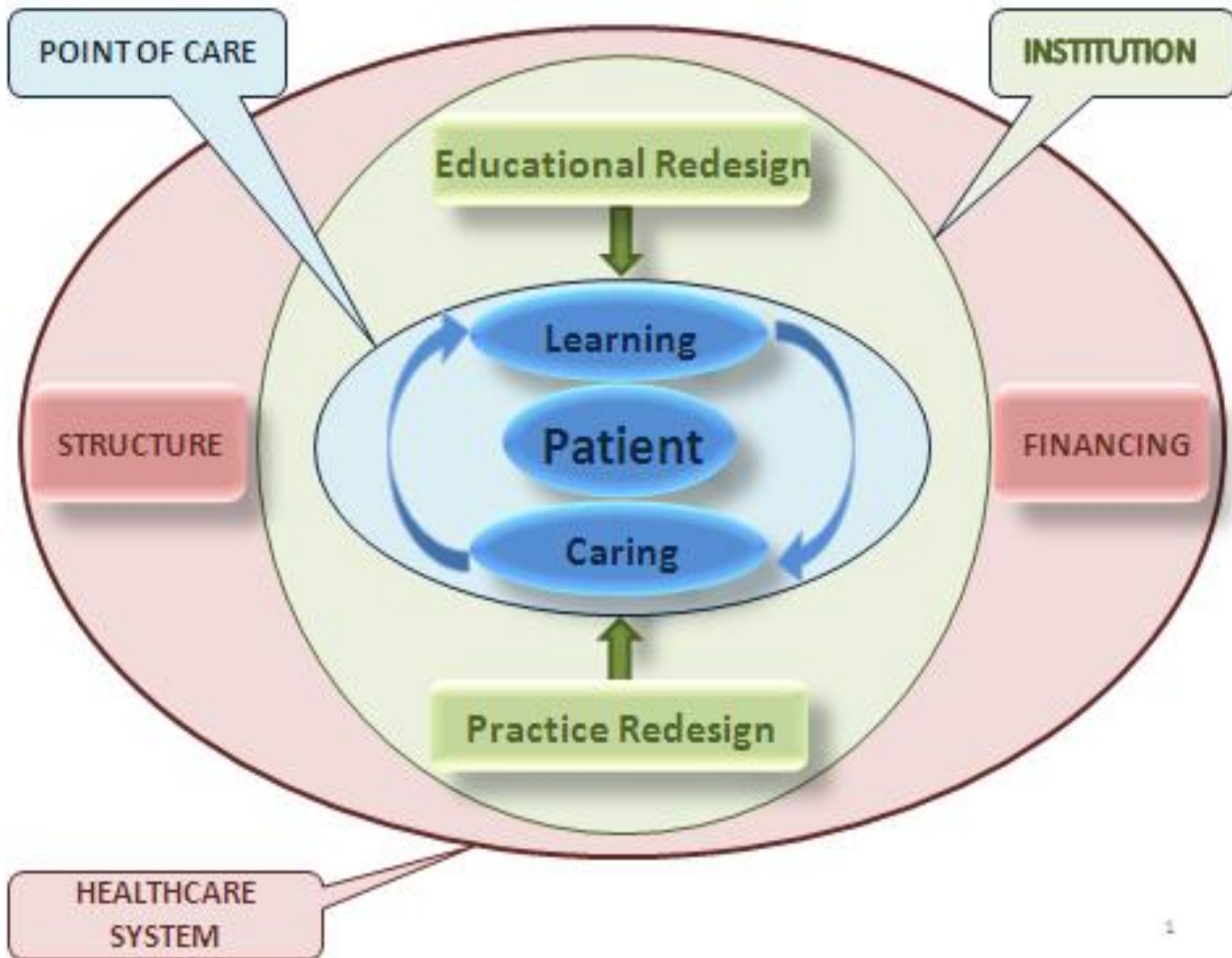
Welcome to the
San Francisco VA Medical Center

Co-Directors:

Rebecca Shunk, MD and Susan Janson, DNSc, ANP

Academic Partner:

**University of California at San Francisco
Schools of Medicine and Nursing**

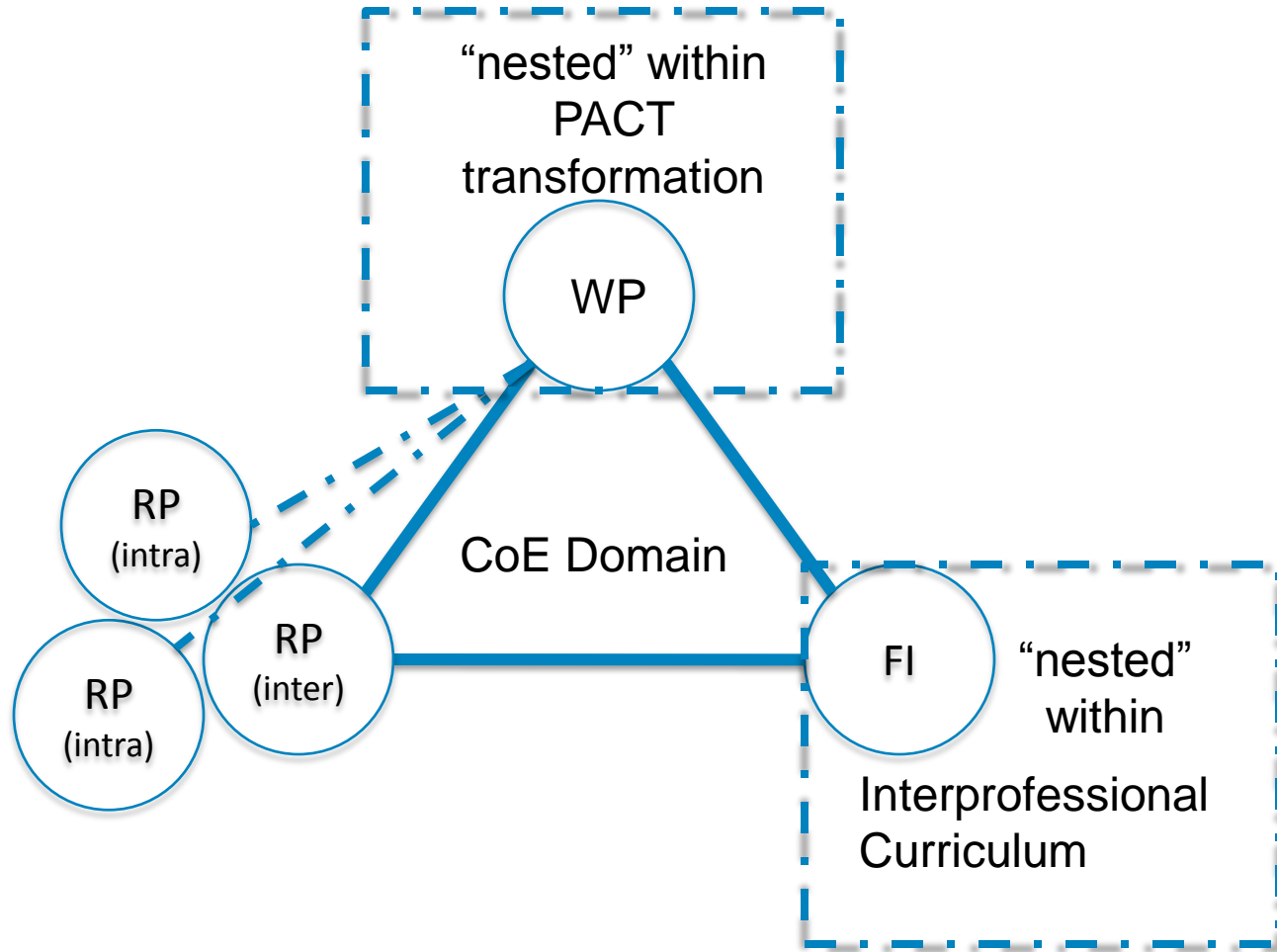


Implementation Model

- **Each program has a different (locally developed) training model**
- **Collaboration across five sites with central coordination**
- **Patient care in the COEs must be at least as good as standard care, hopefully better**
- **Program impact is expected at three separate “levels”: point of care/learning (microsystem); VA facility/affiliated program (mesosystem); and VA/national health systems (macrosystem)**
- **Learning what works, for whom, in what circumstances and why**

Who are the Trainees

- **Core**
 - **Physician residents trainees: Internal Medicine PGY 1, 2, 3, Chief resident; Family Medicine PGY1; Psychiatry**
 - **Nurse Practitioner trainees: pre-Master's, pre- Doctorate of Nursing Practice, post-Master's fellows**
 - **Post-Doctorate Pharmacy residents**
 - **Post-Doctorate Psychology fellows and Psychology Interns**
- **Some engagement**
 - **Social work**
 - **Nutrition**
 - **BSN nursing students**
 - **Medical students**
 - **Podiatry**
 - **Physician Assistant**



WP = Workplace learning

RP = Reflective practice

FI = Formal instruction

Educational Domain	Definition	Activity Examples	Evaluation examples
Shared Decision-Making	Care is aligned with the values, references and cultural perspective of the patient; curricula focus on the communication skills necessary to promote patients' self-efficacy	<ul style="list-style-type: none"> •Ottawa Shared Decision Making Curriculum and Skill •Three-part Longitudinal Series – LEARN (Listen, Explain, Acknowledge, Recommend, and Negotiate) •Motivational Interviewing 	<ul style="list-style-type: none"> •Mini-Clinical Evaluation Exercise •Decision Support Analysis Tool •Dyadic OPTION Scale •Learner Perception Survey-Primary Care
Sustained Relationships	Care is designed to promote continuity of care; curricula focus on longitudinal learning relationships	<ul style="list-style-type: none"> •Home visits •“Lost Opportunities” curriculum 	<ul style="list-style-type: none"> •Modified Modified Continuity of Care Index (MMCI) •Qualitative interviews •Learner Perception Survey-Primary Care •PACT continuity encounter
Interprofessional Collaboration	Care is team based, efficient and coordinated; curricula focus on developing trustful, collaborative relationships	<ul style="list-style-type: none"> •University of Toronto Centre for IPE •Huddle-Coaching Program 	<ul style="list-style-type: none"> •Longitudinal semi-structured interviews •Team Development Measure •Readiness for Interprofessional Learning Scale
Performance Improvement	Care is designed to optimize the health of populations; curricula focus on using the methodology of continuous improvement in redesigning care to achieve quality outcomes	<ul style="list-style-type: none"> •Curriculum of Inquiry •Panel Management •All sites looking at ER visits 	<ul style="list-style-type: none"> •Clinical Outcomes •Quality Improvement Knowledge Application Tool (QIKAT)

Evaluation

- **Describe the impact of participation in the COE program on:**
 - **Trainee, Faculty/Staff learning, performance, and satisfaction**
 - **Patient experiences and satisfaction**
 - **Quality of medical care**
 - **Health Systems: Micro-point of care/learning; Meso-VA facility/affiliated program; and Macro-VA/national health systems**
- **Describe the unique and common program factors between and across sites and how they affect processes and outcomes**
- **Identify factors that accelerate or impede implementation of desired elements**
- **Demonstrate that the appropriated funds were responsibly used for their intended purpose**

Challenges

- **Staying patient-centered**
- **Leveraging relatively small demonstration projects to change complex systems**
- **Engaging in program transformation while complying with research oversight requirements**
- **Advancing 'interprofessionalism' from a 'good idea' to defined processes and behaviors with measurable outcomes**
- **Breaking down the silos and notion of hierarchy**
- **Increasing number of trainees**

Challenges

- **Determining the “dose”**
- **Increasing associated health trainees involvement**
- **Level of independence/supervision requirements**
- **Consistently implementing assessment strategies in the midst of educational calendars that vary significantly by local curriculum structure for each profession**
- **Defining, achieving and evaluating diffusion of the innovation (‘generalizability’)**

Year 1 Lessons Learned

- **Co-leading is hard work**
- **Protected time for teaching activities remains a challenge**
- **Co-location of learners with adequate learning space is essential**
- **NP learners challenged by academic calendar**
 - **NP learners have less of a longitudinal experience as compared to other professions**
- **Formal instruction most well developed, next workplace learning, least reflective learning**
- **Cultural transformation is slow**
- **QI and panel management skills need development**
- **Only physician resident trainees are listed as associate providers**
- **NP residency program is the most innovative component**