Public Workshop on Implementing Quality Measures for Accountability in Community-based Care for People with Serious Illness

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The views expressed are those of the speaker and do not necessarily represent the official position of Department of Veterans Affairs.

How is a large integrated health system, like the VA, caring for patients with multiple chronic complex illnesses?

VIEWPOINT

VITAL DIRECTIONS FROM THE NATIONAL ACADEMY OF MEDICINE

Tailoring Complex Care Management for High-Need, High-Cost Patients

David Blumenthal, MD
The Commonwealth Fund, New York, New York.

Melinda K. Abrams, MS
The Commonwealth Fund, New York, New York.

The NEW ENGLAND JOURNAL of MEDICINE

Perspective

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Caring for High-Need, High-Cost Patients — An Urgent Priority

David Blumenthal, M.D., M.P.P., Bruce Chernof, M.D., Terry Fulmer, Ph.D., R.N., John Lumpkin, M.D., M.P.H., and Jeffrey Selberg, M.H.A.

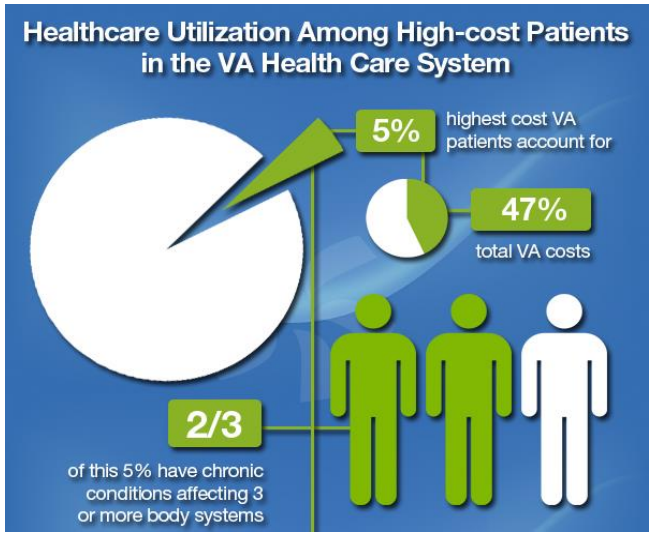
NATIONAL ACADEMY OF MEDICINE

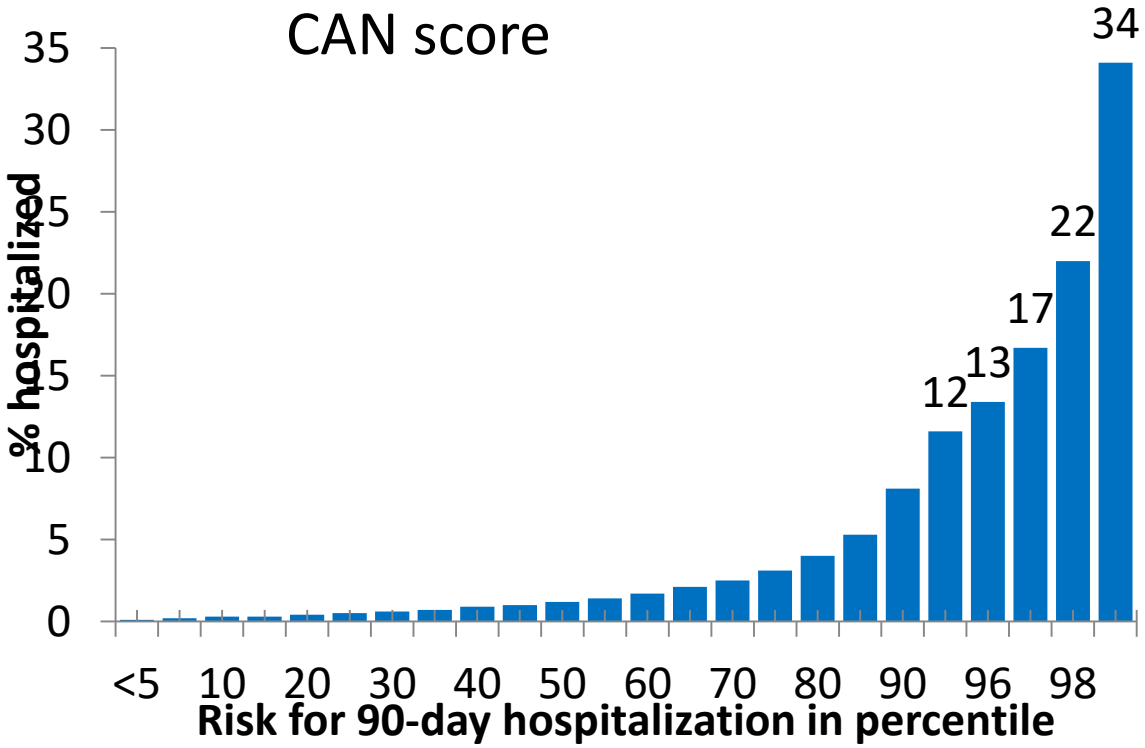
MODELS OF CARE FOR HIGH-NEED PATIENTS

A National Academy of Medicine Workshop

…funded by the Peterson Center on Healthcare

How is a large integrated health system, like the VA, caring for patients with multiple chronic complex illnesses?





What do VA's high risk patient profile look like?

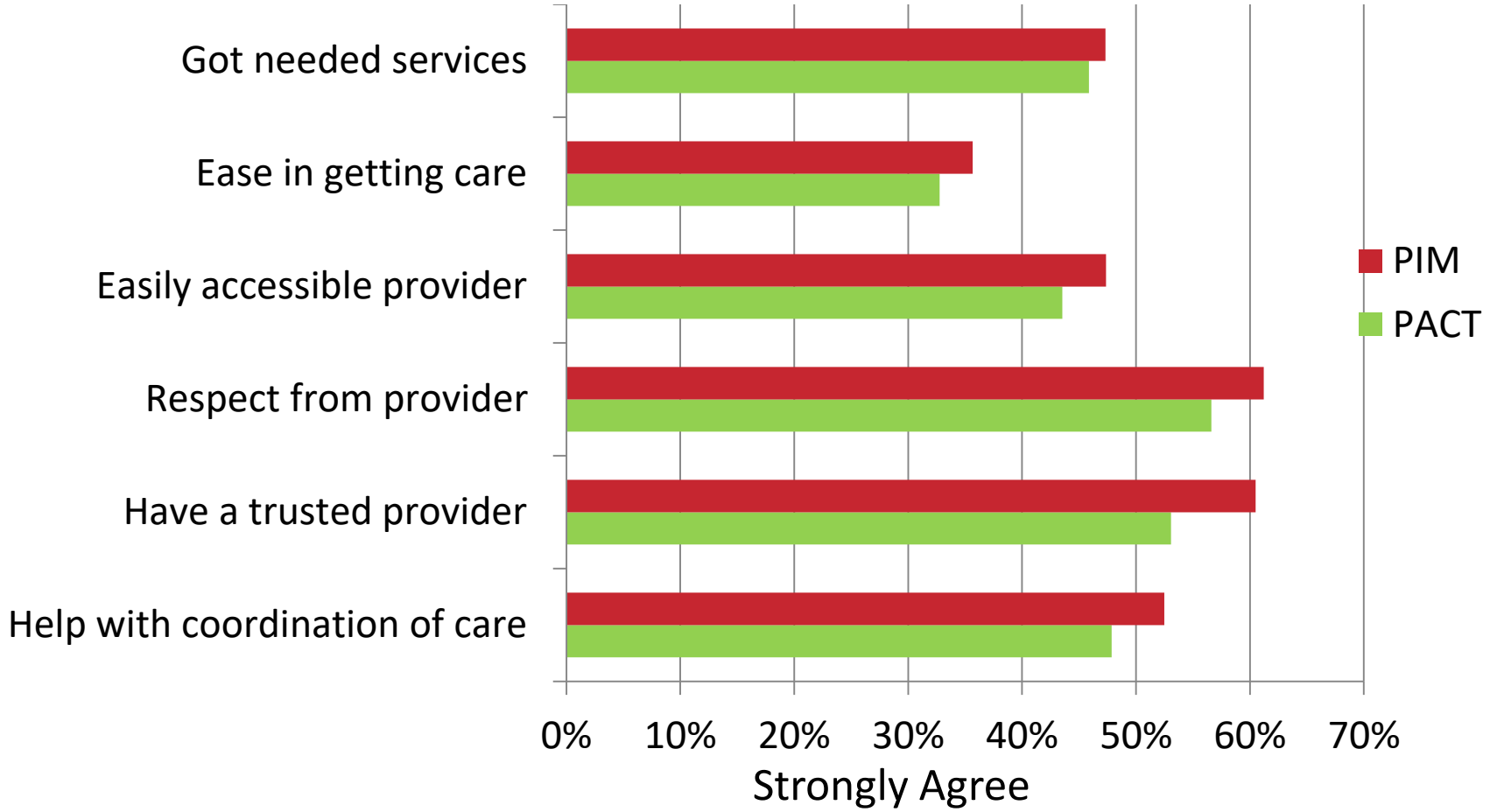
- High rates of hospitalization and ED visits
- Many patients with complex/costly conditions
  - Cancer, heart failure, renal failure
  - 65% with conditions spanning 3+ systems
- 50% MH conditions
- Homelessness (14%)
- Many with inadequate social support (41% married)

Source: Zulman DM, et al., BMJ Open. 2015

What are lessons learned in developing VA and non-VA care delivery for our most vulnerable veterans?

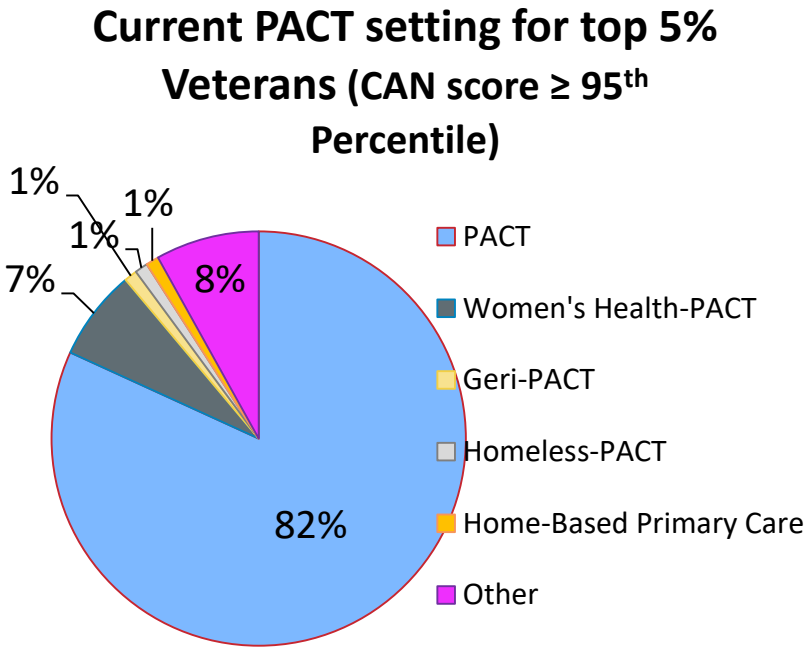
Measure	Outcome	Non-VA lessons
Cost-ED/hospitalizations	No change at 12 and 24 months	Reliance on other systems
PACT experience (PCMH)	Supported non burned out PCPs- yes!	Possible to use IHI-joy in work program
Patient Experience	Next slide	Patient self-efficacy Quantitative chronic disease measures
Increase engagement with community	Yes-sites using community services	
Other	Providers are good at choosing patients	

Patients in PIM trusted providers in VA more than those who were not in PIM



Source: 2016 Survey of High-Risk PIM and PACT Patients (N = 1527)

What are lessons learned in developing VA and non-VA care delivery for our most vulnerable veterans?



- Way to identify patients is important, Primary Care good at this too
- Teams that include nurses, mental health professionals and those that can set goals
- Home visits can be very helpful
- Outreach critical
- Not all high-risk patients need intensive management.
  - 390/1105 (35%) patients were not contacted or could not be contacted
  - They were thought to be receiving appropriate management in PACT

How does VA deliver and measure care for patients with diabetes that may be shared as strong practices?

- VA-DoD guidelines A1c less than 9 since 2010 with stratified targets
- Influence of outside entities
- Unintended consequences of Perf Measures
- Targets too general resulted in overtreatment (Tseng et al. JAMA-Internal Medicine 2014 Feb)
- Choosing Wisely – embraced patient shared decision making at goals were set together
  - Patient portal with patient materials for SDM
- Unlearning is very difficult (de-implementation science)

Choosing Wisely®
An initiative of the ABIM Foundation

Questions?