Strategies to Optimize Access and Ensure Continuity of Care for Patients with Complex Conditions

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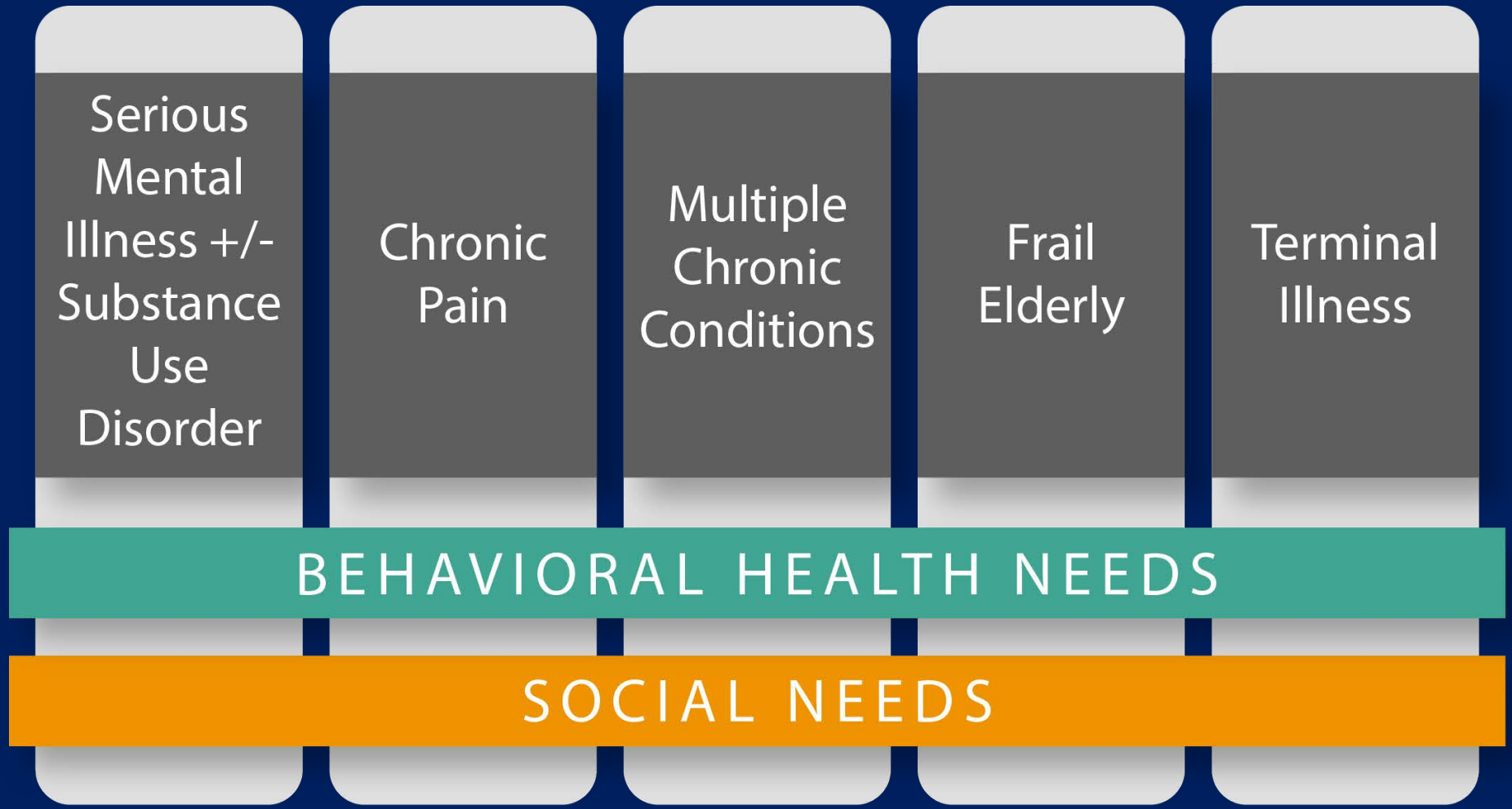
- No financial conflicts of interest
- Opinions presented are my own and do not represent those of the federal government.

Who are complex, high-needs patients?

- "High-need, high-cost"
  - 5% of patients account for almost half of healthcare costs (in VHA and outside VHA), mostly from hospitalizations.
- Intense use of medical care and behavioral health services
  - Social needs, including social isolation, health literacy, financial insufficiency, unstable housing
  - Multiple chronic medical conditions
- "High *unmet* needs"
  - Access to and trust in a healthcare provider
- High priority for VHA national program offices for Primary Care, Geriatrics and Extended Care, and Mental Health

Complex patients are heterogeneous



Adapted from Abrams, “Effective Care for High-Need Patients.” NAM Special Publication. 2017.

Common challenges for complex patients

- Patient-level factors
  - Physical/functional limitations (chronic pain, visual impairment, hearing impairment)
  - Cognitive impairment or mental health symptoms
  - Polypharmacy
  - Health literacy
  - Little social support (no caregiver)
  - Difficulty navigating complex healthcare system
- **System-level factors**
  - **Mistrust in healthcare system**
  - **Multiple specialists**

Mistrust in the VA

- Only half (53%) of high-risk patients strongly agreed that they had a VA healthcare provider who they trusted.
- When VA Primary Care offered an innovative case management program for high-risk patients and same-day access (in-person or by phone), trust increased to 61% (p=0.005).
- Offering better access to VA can increase patient trust in VA.
  - Does not need to be in-person care

Zulman, 2018. *JGIM.*

Complex high-risk patients use more VA primary care services than low-risk patients

Variable	High-risk veterans (n = 351 012)	Low-risk veterans (n = 3 958 180)	Odds ratio (95% CI) or *P* value[b]
Health service use during the past year, mean (SD)			
Any face-to-face primary care encounters[d]	6.3 (6.6)	2.5 (2.9)	<.001
Any primary care telephone encounters[d]	4.0 (4.9)	1.0 (2.1)	<.001
Any primary care secure messages	2.7 (12.7)	1.2 (6.5)	<.001
Hospitalizations[d]	0.8 (1.1)	0.02 (0.2)	<.001
Emergency department visits[d]	2.1 (2.6)	0.2 (0.7)	<.001

Chang 2020. *JAMA Network Open.*

Complex, high-risk patients desire someone who answers the phone

- *"When I was calling … it may have taken me three or four or five telephone calls…to make sure I get callbacks that I may not [even] get…."*
- *"Because what happens when you call the VA? They just put you on hold, for 45 minutes, an hour, and then when you do get through, you have to get transferred to somebody else, and you stay on hold there for indefinitely..."*
- *"[Many high need patients] don't feel that the VA is going to help them; they feel that we don't care. They feel like [providers and staff are] just sitting around and doing nothing."*

VA PACT Intensive Management demonstration patient and staff interviews 2016-2018.

Access = connection to providers and healthcare system

*"I really think that the greatest success story is just **the human touch** and that now they're **connected** [to providers]. These patients feel so happy that they have somebody that they can call that's going to answer the phone, that's going to call them back, that's going to look at their blood pressure reading and say this is good, this is not, this is what you do."*

VA PACT Intensive Management demonstration patient and staff interviews 2016-2018.

Strategies to improve access overall

- Patients value contact with the continuity team and healthcare staff who they know and trust.
  - Responsive call center representative that does not connect with team not sufficient
  - Email or phone communication may be sufficient; video visits may not necessary.
- Develop workflows to respond in a timely manner to patient phone and email messages is important.
  - Nurse care manager and front office staff serve a critical role.
- Create a more flexible clinical grid for healthcare staff (combining in-person, phone, and video visits) rather than emphasize exclusively in-person care.

Strategies to improve access to specialists

- Primary care can facilitate access to specialists as part of care coordination function.
  - E-consults expedite specialty care, beginning in primary care.
  - EMR order set to workup common specialty problems.
  - PACT Nurse care manager plays important role.
  - Creating a directory of “back-door” extensions to specialists can be helpful.
- Tele-consultations with specialists for Veterans who live in rural areas
- Referral to specialists outside of VA (i.e., MISSION ACT 2018)

What are tradeoffs of faster access through the Community?

- VA MISSION Act of 2018 passed to “provide high quality and timely care to Veterans” and “restore trust in VHA” by improving access to care through the Community Care program
- While MISSION offers faster in-person access through non-VA Community Care, coordinating care with the Community presents challenges.
- No evidence-based practice yet exists to coordinate care with other healthcare systems (except for Health Information Exchanges)
- May need to weigh benefits of faster in-person access versus improved care coordination, care continuity, and potential for comprehensive treatment planning for high-risk Veterans.

How does COVID-19 affect high-risk patients?

- Fear of acquiring COVID-19 from healthcare system
  - Increased mortality at home (Krumholz, NYTimes.com. 4/6/2020)
  - Paramedics not bringing patients to emergency room
- Fewer in-person visits to prevent COVID-19 transmission
  - More virtual care (telephone, secure messaging, video)
  - Increasing access to primary care and specialists
  - Exposing “digital divide”
- How do healthcare systems weigh the risks and benefits of seeing high-risk patients in person?
  - Patients may lack equipment for virtual care (phone, smart phone, wifi)
  - Patients may need physical exam (e.g., pain) or prefer being seen in person

Summary

- Despite their heterogeneity, complex, high-risk patients share common challenges, particularly mistrust of healthcare system.
- High-risk patients already have access, but it does not meet their needs.
- To these patients, *access* simply means “feeling cared for” or “connected to” a healthcare provider.
- VA healthcare providers should identify their high-risk patients and develop workflows to:
  - Respond in timely manner to phone calls and emails
  - Offer multiple modalities of care that fits with Veteran needs/preferences, clinical situations, and maximizes safety
- Even though these behaviors may be expected, the consequences for not following through may be magnified in this vulnerable patient population.

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