

Veterans Administration West Los Angeles, August 15, 2011

Overview

In 2009, the Veterans Administration (VA) health system initiated a nationwide campaign to improve primary care for the veterans receiving care in the VA health system. Each primary care facility is creating Patient-Aligned Care Teams (PACT) which involve larger teams and smaller 4-person teamlets. When PACT is fully implemented, the standard teamlet will have one clinician, one RN, one LVN/LPN, and one clerk (Medical Services Assistant or MSA). A group of teamlets have a number of supporting personnel including pharmacists, behavioral health professionals, and social workers. The VA health system adopted a nationwide electronic health record over 10 years ago, and physicians are able to access their patients' records from any VA facility in the country.

This site visit includes observation of one PACT teamlet at the West Los Angeles facility, a large campus including primary, specialty, and in-patient hospital care.

Empanelment and Panel Size

Patients are empaneled to a provider and a 4-person teamlet. Nationally, the VA is attempting to set a standard panel size of 1200 per teamlet. The 1200 panel size, which may seem small for a private practice, recognizes that most of the veterans are older, have multiple diagnoses, and frequently have mental health and psychosocial problems. Patients can be empaneled to nurse practitioners or physician assistants.

Continuity of care

The VA system tracks continuity of care for each clinician using the measure of total visits by a patient to the clinician to which the patient is empaneled divided by the total number of visits to any primary care clinician plus the emergency department (ED). Including emergency department visits in the denominator sends the message that ED visits are considered continuity of care failures. The people receiving phone requests for appointments attempt to appoint patients to their own clinician, but if the clinician's schedule is full or the clinician is not present in the clinic, patients may be given appointments with other clinicians.

Care teams and teamlets

Most teamlets in the West Los Angeles facility have adopted the nationwide model of one clinician, one RN, one LVN and one MSA. The MSA checks in patients with appointments, and after the visit, patients have a dispo sheet called “My Next Steps,” and generally check out with the MSA. There is an attempt for the MSA to know and assist the patients empaneled to her teamlet. In the teamlet we observed, the MSA would send an electronic instant message to the physician for questions she was unable to answer, and the physician would answer within 2 minutes, allowing the issue to be resolved by the MSA. MSAs have no decision-making authority. If patients request to get a lab draw, a prescription refill, notification of a lab result, or a referral, the MSA must ask the clinician.

The LVN manages patient flow on the teamlet, and she knows the patients on her teamlet’s panel: “Me and the patients are bonded up.” The LVN performs a lengthy intake (pre-visit), considerably more thorough than the standard rooming process. Patients are scheduled for the LVN visit 30 minutes prior to the clinician visit. If blood pressure is elevated the LVN demonstrates relaxation techniques and re-takes the blood pressure. If patients are overweight she encourages them to join the Move program for physical activity. Considerable counseling and patient education takes place during the pre-visit. The LVN is not responsible for panel management functions.

The RN Francisco has the dual, and sometimes competing, roles of triage and chronic care management. The RN triages drop-ins and at times phone calls to determine if they should be seen that day, and by whom. 90% of RN time is spent on triage. RNs rarely have time for chronic care management; this is generally done by the clinician with the help of the LVN doing patient education during the pre-visit. RNs do post-discharge calls to patients within 48 hours of discharge from the hospital.

Physicians see 12-14 patients per day plus squeeze-ins. They find that the 30-minute visits are needed because the patients are complex, the EMR is slow, and they have to make almost all the decisions.

For 12 teamlets at West Los Angeles, there are 2 social workers. Patients often self-refer to social workers, and clinicians can do warm handoffs to social workers. Social workers do an assessment of housing, benefits, mental health, and social support needs. Level 1 patients need episodic help; level 2 regular supportive help, level 3 involves progressive and serious problems, and level 4 requires intensive case management. There is an intensive case manager at the homeless and mental health clinic one building away, and the primary care social workers generally refer level 4 patients. The social workers have an internal website with multiple resources, with housing and finances being the issues of greatest need.

