

# VA

## The Future of Healthcare is Now

AMSUS – November 2018  
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# VA



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# WHO ARE WE?

- **4 Statutory Missions:** Health Care, Education and Training, Research, Emergency Management
- **2017 Vitals:**
  - **9.1 Million** Enrollees
  - **6.3 Million** Unique Patients Receiving Care
  - **84.2 Million** Outpatient Visits
  - **577,470** Hospital Discharges
  - **146 Million** Prescriptions Filled
- **Over 65%** of all US-trained physicians, and **nearly 70%** of VA physicians have had VA training prior to employment



# WHERE ARE WE? -VA SITES OF CARE

- **172** VA Medical Centers
- **134** Extended Care/VA Community Living Centers
- **23** Health Care Centers
- **211** Multi-Specialty Community-Based Outpatient Clinics
- **514** Primary Care Community-Based Outpatient Clinics
- **314** Other Outpatient Services Sites
- **300** Vet Centers
- **80** Mobile Vet Centers





# VA's HEALTHCARE EMPLOYEES

VA is one of the largest civilian employers in the federal government and one of the largest health care employers in the world.

## 335,000+ Total VHA Employees



**214,000+**  
Clinical  
Employees



**100,000+**  
Veteran  
Employees

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# PRIMARY CARE, MENTAL HEALTH AND SPECIALTY CARE



# EFFORTS TO OPTIMIZE ACCESS

- Same Day Services for Care Needed Right Away in Primary Care and Mental Health at all Clinic Locations
- Time to Complete an Urgent Referral to a Specialist decreased from 19 days in FY 2014 to 2 days in FY 2018. Still decreasing in FY 2019
- Time sensitive follow-up appointments are completed no later than the provider recommend date 95% of the time
- Patient Directed Self-Scheduling
  - Optometry, Audiology, Podiatry and Nutrition
  - Tobacco Cessation, Social Work, Obesity Reduction, Screening Mammography, Clinical Pharmacy, Oncology and Prosthetics in progress
- VEText Clinic Appointment Text Reminders
- VA On Line Scheduling



# VA's INTEGRATED CLINICAL CARE MODELS

- Patient Aligned Care Teams (PACT)
  - Patient-centered, team-based care medical home model in which all Veterans are assigned to Patient Aligned Care Teams
  - Focuses on a personalized, integrated, comprehensive, and coordinated approach to health care
  - Model shown to improve several chronic disease outcomes over time
  - Specialized PACT includes Women's Health, Geriatrics, Homeless, Infectious Disease
  - Decreased use of Opioids by 41% since 2012
  
- Primary Care-Mental Health Integration (PCMHI)
  - Integrates mental health staff into PACT
  - Direct treatment of mental health issues
  - Decreases risk of no show for first mental health appointment
  
- Behavioral Health Interdisciplinary Program (BHIP)
  - Model includes a specific staffing ratio per panel of Veterans in general outpatient mental health services and incorporates interdisciplinary team-based concepts
  - Goal is to ensure timely access to care using population-based guidance



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# GERIATRICS AND EXTENDED CARE



# WHAT WE ARE FACING

- In the next 10 years:
  - Half of Veterans are over age 65
  - VA enrollees over age 75 to increase 38%
  - Number of VA users with dementia will increase 20% to over 300,000
- Number of potential family caregivers per older adult in America declining. Will decrease from seven to four by 2034



# CONTINUUM OF CARE

## Continuum of Care



**Ambulatory Care**

**Home & Community Based LTSS\***

**Inpatient Acute**

**Facility Based Care**

**Hospice Care**

Geriatric Evaluation & Management, Geriatric Primary Care (Geri-PACT), Outpatient Palliative Care

Adult Day Health Care, Home Based Primary Care, **Homemaker & Home Health Aide**, Community Residential & Medical Foster Care, **Respite**, **Skilled Home Care**, **Veteran Directed Care**

Geriatric Evaluation and Palliative Care Units, Geriatric and Palliative Care Consults

VA Community Living Centers, **Community Nursing Homes**, **State Veterans Homes**

VA Inpatient and **VA-paid in the community**



**Dementia Care; Transitional Care; Telehealth; Healthcare Workforce Development; Geriatric Research, Education, and Clinical Centers (GRECCs); GEC Field Programs and Resource Centers**

LTSS = Long term services and supports; **Red = purchased community care**; **Blue = both VA and purchased community care**



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# HELPING VETERANS REMAIN AT HOME

- Home Based Primary Care
  - Provide comprehensive longitudinal primary care- for those too infirm to go to clinic
  - Interdisciplinary team: nurse, physician, social worker, rehab therapist, dietician, psychologist and pharmacist
  - In home visits supplemented with telehealth visits
  - Associated with 35% reduction in hospital and long-term institutional costs
  
- VA Medical Foster Home
  - Person takes dependent Veteran into their personal home - daily supervision and personal assistance
  - Alternative to nursing home for those without strong family caregiver, supported by VA Home Services
  
- Choose Home Initiative



# MILESTONES IN END-OF-LIFE CARE

- 2016: 77% of VA inpatient decedents received palliative care consult prior to death.
  - 2004: 33%
- Since 2014: More Veterans die in VA hospice beds than in ICU and acute hospital combined
  - 2004: 67% ICU + Hospital, 13% inpatient hospice



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# WAR-RELATED INJURIES AND ILLNESS



# WAR RELATED ILLNESS AND INJURY

- National VA program devoted to post deployment veterans and their unique health care needs from all conflicts.
  - Sites located in Palo Alto, CA, Washington, DC, and East Orange, NJ
- WRIISC consists of physicians, nurses, specialists in exposure, psychologists, social workers, chaplains, and health education specialists.
- Wide array of research including environmental exposures, medically unexplained symptoms, symptom prevalence, traumatic brain injury, PTSD



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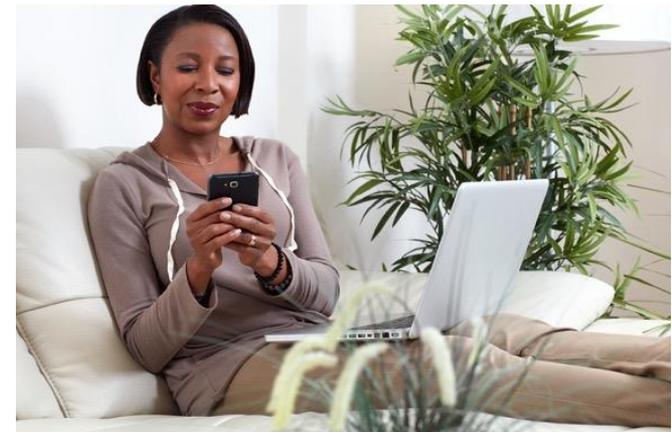
# VA TELEHEALTH





# VA TELEHEALTH PROGRAMS

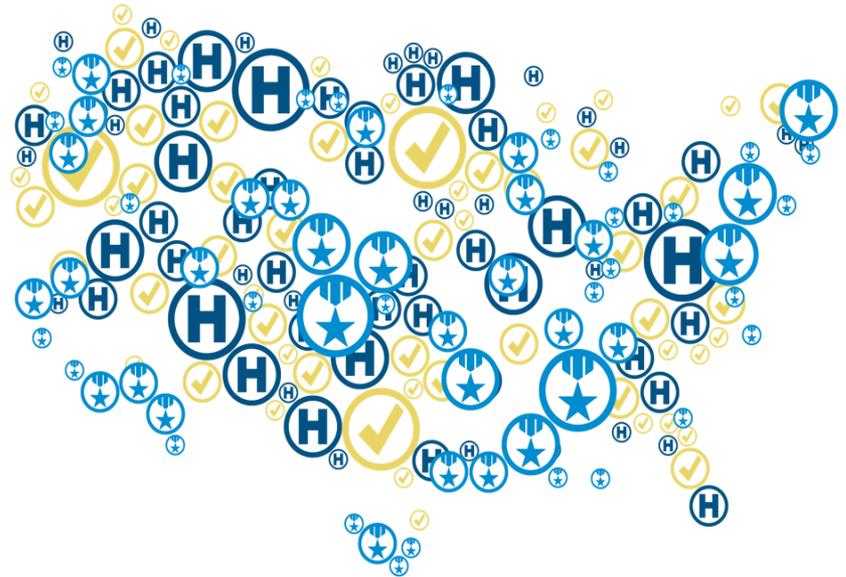
- **Clinical Video Health**
  - TeleMental Health
  - TelePrimary Care
  - TeleSpecialty Care
- **Store-and-Forward Telehealth**
  - Teleradiology
  - Retinal Imaging
  - Pathology
- **Home Telehealth (Remote Monitoring) for chronic disease management**





# WHERE WE ARE TODAY (2018)

- **>2.3** million episodes of care
- **>780,000 (13%)** of Veterans received
  - 45% of these Veterans in rural locations
- **>900** VA sites of care
- **>50** specialty areas
- **88-93%** Satisfaction
- **> \$1 Billion** Congressional funding





# WHERE WE ARE GOING - ANYWHERE TO ANYWHERE TELEHEALTH

## Enhancing Quality



***Ex: Telehealth National Expert Consultation***

## Enhancing Capacity



***Ex: Telehealth Resource Hubs***

## Enhancing Accessibility



***Ex: Telehealth Care to Home, TeleUrgent Care***



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# VA RESEARCH





# VA's VETERAN-SPECIFIC RESEARCH MISSION

- VA Research is **focused on the unique care needs of Veterans**
  - Blast-associated injury, PTSD, spinal cord injury, military exposures, complex comorbidities, access to and quality of Veteran healthcare
- VA Research **creates the innovations that improve Veterans lives**
  - New prostheses, tele-health, improved treatments for mental health and substance use
- Clinician-researchers identify the **best ways to improve Veterans care**
  - New models of care, improved health record, safer practices, faster adoption of beneficial practices



# MOST INFLUENTIAL PEOPLE IN HEALTHCARE

- Two research scientists with the U.S. Department of Veterans Affairs (VA) were recently named to **TIME Magazine's list of the 50 most influential people in health care in 2018**
- **Dr. Ann McKee**
  - Pioneer in identifying and understanding the repercussions of chronic traumatic encephalopathy (CTE) — a degenerative condition caused by repeated traumatic blows to the head.
  - CTE has been associated with repetitive, mild traumatic brain injury in military service members.
- **Dr. Tony Wyss-Coray**
  - Studies the effects of aging and immune responses on the brain and the role Alzheimer's disease plays in brain degeneration and memory loss.



Dr. Ann McKee



Tony Wyss-Coray



# “REAL-WORLD” IMPACT TODAY

- Suggests that **mitochondrial DNA damage** may serve as **biomarker of Gulf War Illness**.
- New clinical trial to investigate the neurosteroid **DHEA** (dehydroepiandrosterone) as a promising new **therapeutic for PTSD**
- Primary care intervention to reduce prescription opioid overdoses- used **biobehavioral strategies for pain coping**





# NEXT GENERATION OF PROSTHETICS

- Osseointegrated Prosthesis for Above-Knee Amputees (left)
  - Direct skeletal docking system for prosthetic limbs directly into the remaining bone following above knee amputation.
- Exoskeleton-Assisted Walking and Mobility Program (right)
  - Walked 4-6 hours/week for 3-5 mos.
  - Found improvements in mental-emotional health and body composition





# MILLION VETERAN PROGRAM (MVP)

- VA's Million Veteran Program (MVP)
  - Collects DNA samples and health information
  - Foster discoveries and bring precision medicine to the forefront of VA care- can be used to better tailor therapy to individual patients
  - MVP is now well more than halfway past its enrollment goal of 1 million Veterans
  
- Sample Research Highlights:
  - Identification of genetic influences on development of PTSD and shared genetic risks between PTSD and other psychiatric disorders.
  
  - Identification Alzheimer's disease risk in younger populations



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# VA INNOVATION





# ARTIFICIAL INTELLIGENCE AND ROBOTICS

- ReachVET
  - First ever program that uses predictive analytics to identify and reach out to Veterans at highest-risk of suicide.
- Robots for Hospital Wayfinding
  - Robots is a tenable approach for navigating in hospitals.
- Robotic Surgery
  - Robotic surgical system helps physicians perform advanced surgeries on Veterans.
  - 40% of surgical programs
  - Urology, Colorectal, Ears, Nose and Throat, Thoracic and Gynecology

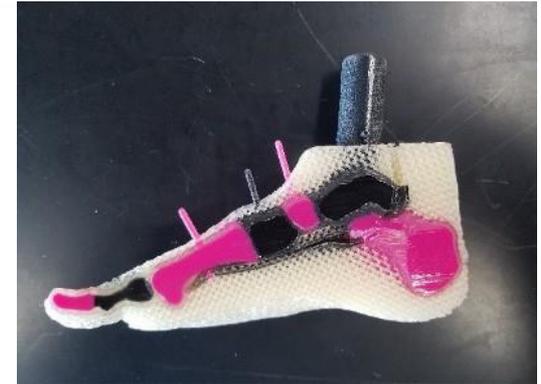




# 3D PRINTING NETWORK

## ■ Today's 3D Printing Applications at VA:

- 3D Printing for Pre-Surgical Planning
  - Decreased blood loss
  - Decreased surgical duration
  - Decreased anesthesia time
  - Decreased surgeon fatigue
- Used in Jaw, kidney, hip, hand surgeries
- 3D Printing as Art Therapy and Job Training
- 3D Printing Application Development – training of staff at other VAs





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# Q&A

