U.S. Department of Veterans Affairs

Focus on Health Equity and Action:

Promoting Health Equity with the Virtual Medical Centers

- **Rosalyn P. Scott, MD**
- **Uchenna S. Uchendu, MD**

Thursday September 28, 2017 @ 3PM ET

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SESSION OUTLINE

- Introduction
  - Background & Sec VA Priorities
  - VA Health Equity Action Plan & Innovation
- Virtual Medical Center
  - Overview
  - Flipped Classroom Methodologies in VA
- The Health Equity Learning Hub
- Discussion with Q &A

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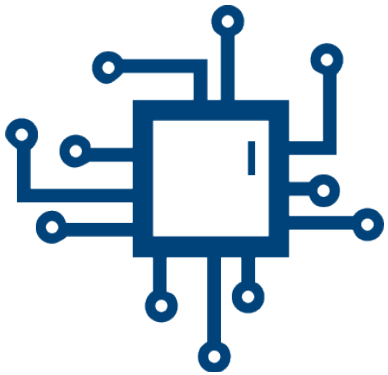
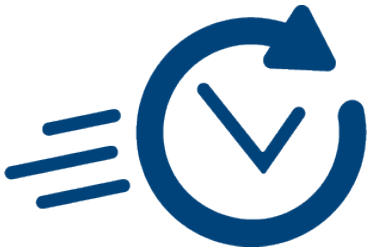
TOP 5 PRIORITIES – SEC VA Dr. David Shulkin

Greater Choice

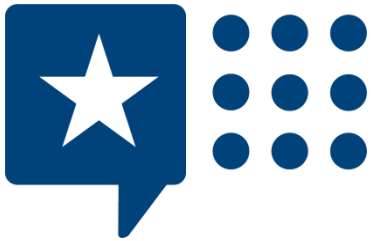


Modernize Systems

Efficiency



Improve Timeliness



Suicide Prevention

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VA HEALTH EQUITY ACTION PLAN - HEAP

OHE along with key partners developed the HEAP which Aligns with Sec VA Priorities, My VA, the VHA Strategic Plan (see Objective 1E Quality & Equity), and other agency and national strategic goals. The HEAP focal areas are

- **Awareness**: Crucial strategic partnerships within and outside VA
- **Leadership**: Health equity impact assessed for all policies, executive decision memos, handbooks, procedures, directives, action plans and National Leadership Council decisions
- **Health System Life Experience**: Incorporate social determinants of health in personalized health plan
- **Cultural and Linguistic Competency**: Education & training on health equity, cultural competency to include unconscious bias, micro inequities, diversity & inclusion
- **Data, Research and Evaluation**: Develop common definitions and measures of disparities and inequities; Develop strategies for capturing data on race, ethnicity, language, and socioeconomic status and other variables needed to stratify the results for all quality measures and to address disparities; Incorporate health equity into Strategic Analytics for Improvement and Learning (SAIL)

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SEC VA PRIORITIES & HEALTH EQUITY

❑ Greater Choice

- Consider any disparate impact on vulnerable Veteran populations.
- Empower Veterans through transparency of information

❑ Improve Timelines

- Consider any disparate impact on vulnerable Veteran populations.

❑ Suicide Prevention

- Apply equity lens to 2016 suicide mortality report to inform culturally appropriate and tailored prevention strategies for vulnerable Veteran populations as appropriate. More details in the FHEA 07.17.2017 Archive

❑ Accountability /Efficiency

- Implement Commission on Care Recommendation #5 – Eliminate Health Disparities among Veterans: Make Health Equity a Strategic Priority by Implementing the HEAP.
- Data transparency by assessing any disparate impact and making data on vulnerable Veterans publicly available.
- Go beyond collecting and analyzing disparities to actually addressing them in order to diminish or eliminate the gaps

❑ Modernization

- Embed HEAP implementation into foundational services.
- Incorporate social determinants of health in the new EHR with connection to DoD & actionable data for vulnerable groups.
- Consider disparate impact of appeals on the vulnerable.
- Develop partnerships with community organizations to improve health equity.

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OHE LEVERAGING TECHNOLOGIES

- Modalities Applied by OHE in Projects:

- ❑ Publications with open access & Presentations in multiple formats
- ❑ Data Visualization
  - o Dashboards - Hepatitis C Virus Disparities
  - o Data Story - National Veteran Health Equity Report
- ❑ Virtual Patient Health Equity Modules
  - o Simulation Platform
  - o Application of Stories
- ❑ Video – Messaging & Products
  - o Clinical Look at Unconscious Bias
  - o Journeys with High Blood Pressure
- ❑ Cyberseminar
- ❑ Reports including e-Pub
- ❑ Website & Listserv
- ❑ **Virtual Medical Center - Health Equity Learning Hub**

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VIRTUAL SIMULATION – HEALTH EQUITY TRAINING MODULES

- Vulnerable Veterans may experience differences in their health and healthcare
- There may be health disparities associated with social or economic disadvantages
- Two key Virtual Patient Modules developed with goals of increasing competence for all employees and how providers, in particular, can solicit impact of social determinants of health and incorporate interventions in their care plans
- Maximize use of technology to impart knowledge and skills in a realistic decision making simulation

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RELATED RESOURCES

- VA Virtual Medical Center. Available online at https://vavmc.com/

- Scott RP, Uchendu US, Dominquez M. Spectrum of Virtual Patient-Based Decision-Making Simulations Implemented in the Veterans Health Administration (VHA). Submitted Association for Medical Education in Europe (AMEE) Annual Conference, Helsinki, Finland, August 26-30, 2017. Available online https://amee.org/getattachment/amee-news/AMEE-2017-Abstracts/AMEE-2017-Abstract-Book.pdf (see page 306)

- McLaughlin JE, Roth MT, Glatt DM, Gharkholonarehe N, Davidson CA, Griffin LM, et al. (2014). The Flipped Classroom: A Course Redesign to Foster Learning and Engagement in a Health Professions School. Academic Medicine, 89(2), 236-243. Available online at http://journals.lww.com/academicmedicine/Abstract/2014/02000/The_Flipped_Classroom___A_Course

- **Health Equity Tools**. https://www.va.gov/HEALTHEQUITY/Tools.asp

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Promoting Health Equity with the Virtual Medical Centers

Poll Question 1

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YOUR INPUT REQUIRED… POLL Q1

- What novel technologies do you recommend for advancing health equity?

❑ _____

❑ Write your response in the chat box

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VHA PRIORITIES IN ACTION

- The 2014 VHA Blueprint for Excellence emphasized personalized, proactive patient-driven care and the empowerment of Veterans to improve their well-being
- Current priorities actualize proactive care and empowerment through greater choice, modern systems, efficiency, timeliness, and suicide prevention
- The VA Virtual Medical Center, a novel virtual collaborative care and learning environment, is ideally positioned to support these priorities at local, regional and national levels
- It has the potential to eliminate barriers to access, increasing Veterans' literacy and cultivate patient engagement

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CONNECTING IN A VIRTUAL WORLD

- Central to the experience is presence, generally conceptualized as psychological and sensorial immersion
- Presence is the perceptual illusion of non-mediation - the feeling of the virtual being real and no longer mediated
- This is possible due to human's extended consciousness which allows one to suspend disbelief and experience the virtual as a possible reality

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THE AVATAR – A MIRROR VERSION OF SELF

- The avatar is a simulated extension of self that may influence one's feelings about the self, views of the world, and behaviors, both on and off- line.
- One's offline self is not separate, then, from one's online identity; rather, the virtual converges with the offline.
- This phenomena can influence and initiate change in offline body-related behaviors.

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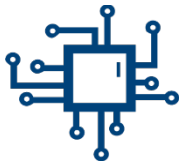
VMC STRATEGIES TO INCREASE ACCESS AND OPERATIONALIZE PRIORITIES



- ❑ Relieving the healthcare team of repetitive tasks
- ❑ Automating tasks that Veterans can complete
- ❑ Expanding Shared Medical Appointments

- ❑ Providing consultations and care
- ❑ Health Coach-Led and Peer Support Groups

- ❑ Transforming Veteran education to a Flipped Classroom Model with asynchronous individual learning and interactive sessions with staff

- ❑ Avatars can answer FAQs saving health care team time which can be redirected to others

- ❑ Empowering Veterans to self-manage their health, decrease ER visits/readmissions, and increase well-being

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PILOT PROJECTS

- Principles of clinical implementation of the VMC are being tested with our pilot projects
- Each pilot focuses on a key clinical issue with unmet needs and interventions synergistic with current care
- The interventions include provider-facing, patient-facing and provider-patient interaction components

Targeted Clinical Issues

- Diabetes
- Heart Failure
- Weight Management
- Palliative Care
- Sleep
- 1st Clinic Visit
- GI Procedures

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DIABETES CARE

- More than 25% of Veterans are diabetic
- Diabetics must actively manage their health behaviors to minimize disease-related complications and mortality
- More than 45,000 new appointments are scheduled for Diabetes Clinics annually
- Although Diabetes Education Classes are a cornerstone of management, fewer than 20% of Veterans with diabetes attend classes
- One-on-one care is effectively supplemented with multidisciplinary Shared Medical Appointments

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VMC INCREASING ACCESS TO DIABETES CARE

VA Staff | VMC Features | Veteran Action | Proposed Capability

Veterans with Diabetes Register for VMC

VMC-Transformed Diabetes Education for Veterans and Shared Medical Appointment Training for Staff using Flipped Classroom Model

Self –Guided Curriculum Components ↔ Facilitated Curriculum Sessions

Complete Electronic History & Medication Form in VMC (eScreening)

Intelligent Avatar Answers FAQs

Direct Veteran to VMC Resources

Veteran referred to Primary Care if unable to answer

VA Health Coach-Led Support Groups

Self Management Skills Avatar Lectures/Videos

Nutrition and Cooking

Diabetic Foot Care

Exercise Classes using X Box-type technology

Shared Medical Appointments

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Flipping Bloom!!!

Why did we try?

How do you do it??

Is it worth doing???

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THE SAGE ON THE STAGE VS. THE GUIDE ON THE SIDE

- The Sage – The Transmittal Model
  - Students are empty vessels into which the professor pours knowledge
  - Not effective when individuals are expected to think for themselves
- The Guide – Constructivist Theory of Learning
  - Students use their existing knowledge and prior experience to help them understand new material
  - Information is actively processed in new and meaningful ways

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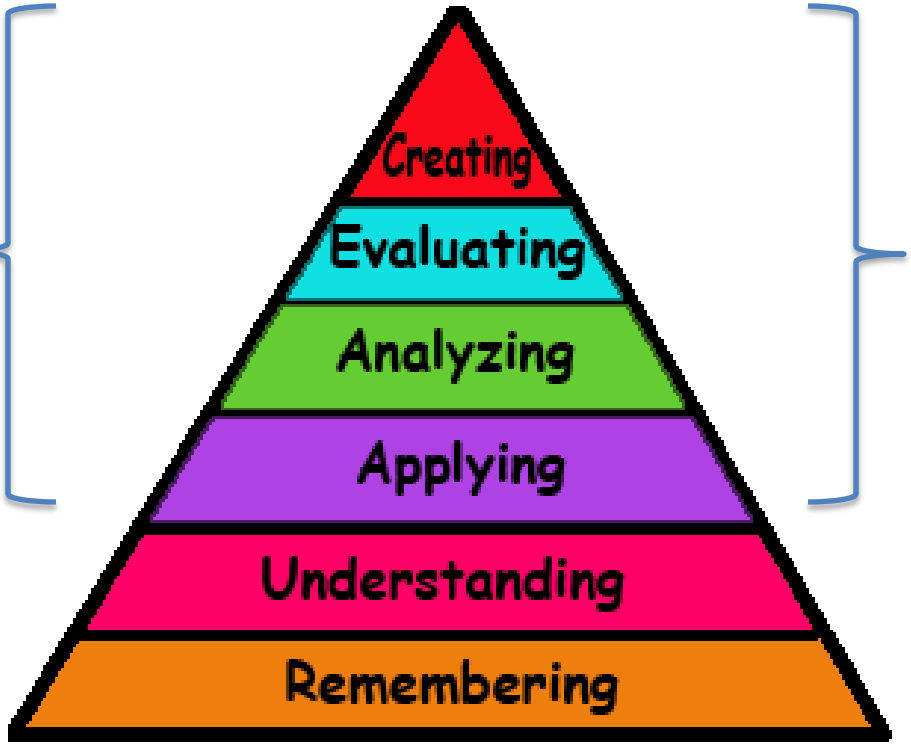
WHY FLIP BLOOM?

To support learners in achieving
a higher level of the taxonomy domain

At Home



In Class

In Class

At Home

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THE BIG DIFFERENCE

- Traditional Lectures
  - Students' attention decreases after ten minutes and after an average of 15 to 20 minutes is almost fully lost
  - Students are practicing new concepts outside of class with limited access to instructor
- Flipped Strategy
  - In class students engage in interactive learning activities involving collaborative and problem-based learning tasks to develop higher order thinking skills
  - Out of class students access didactic material through videos, audios, content-rich websites, and other resources

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TRADITIONAL VS. FLIPPED CLASSROOM TOOLS

Level of Learning	Traditional Tools	Flipped Tools
Remembering	Face-to-face lecture	Pre-recorded lectures, readings, serious medical games, VP cases and videos
Understanding	Q and A	Reflection, peer discussion and collaboration
Analyzing	Homework	Classroom activities
Applying, Evaluating, Creating	Homework or nothing	Learner projects, e.g. creating a meal plan, iterative feedback

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IMPACT OF VMC ON ACCESS TO DIABETES CARE

- Shared Medical Appointments and Health Coach-Led Support Groups increase compliance and provide support for diabetics beyond what is possible when caring for other challenging medical conditions during Primary Care appointments
- Converting the standard diabetes education to a VMC Flipped Classroom Model can save 75% of facilitator time
  - Synchronous facilitated interactive sessions
  - Asynchronous self-guided activities available 24/7
- Scheduled evening activities would increase access for working, rural, student and disabled Veterans
- Resources for lifestyle modification, medication and exercise promote Veteran empowerment to manage their disease, improve their well-being and decrease need for provider visits

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The VA Virtual Medical Center:

Implementing a Vision for a Virtual Healthcare Campus for our Veterans

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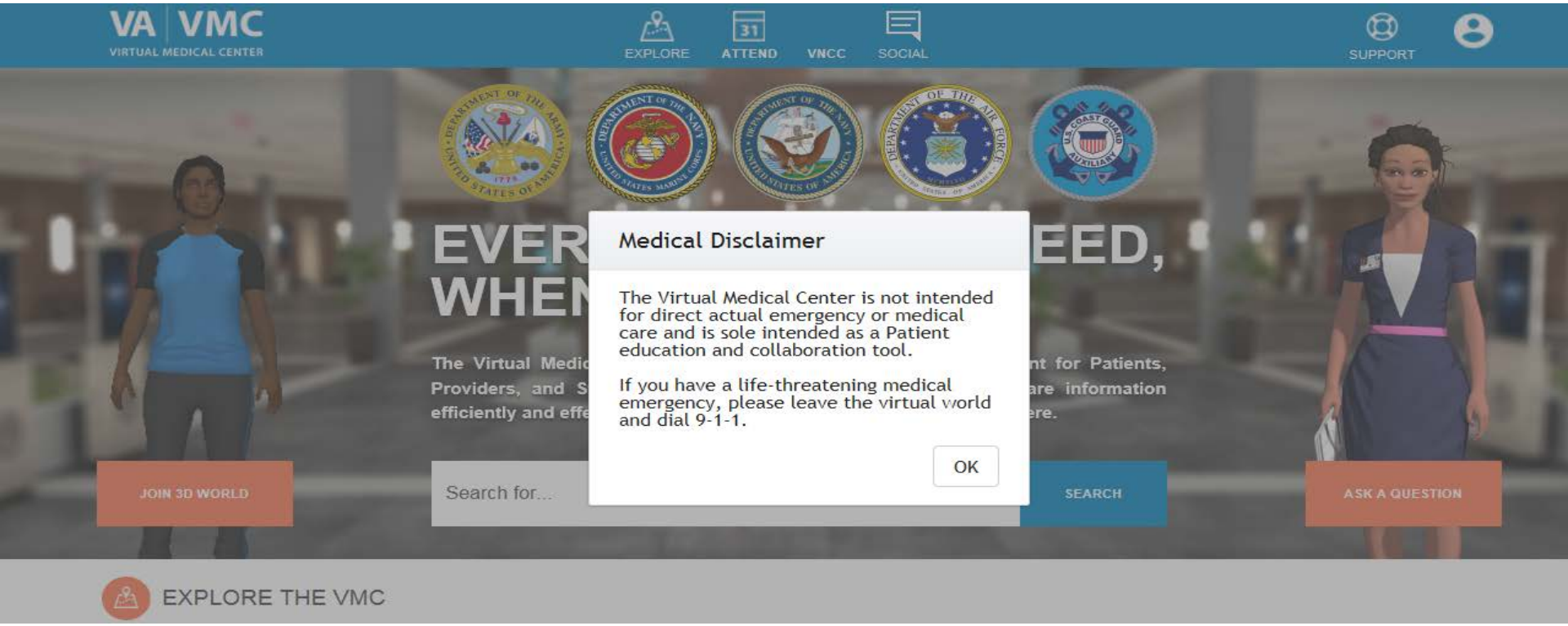
VIRTUAL MEDICAL CENTER



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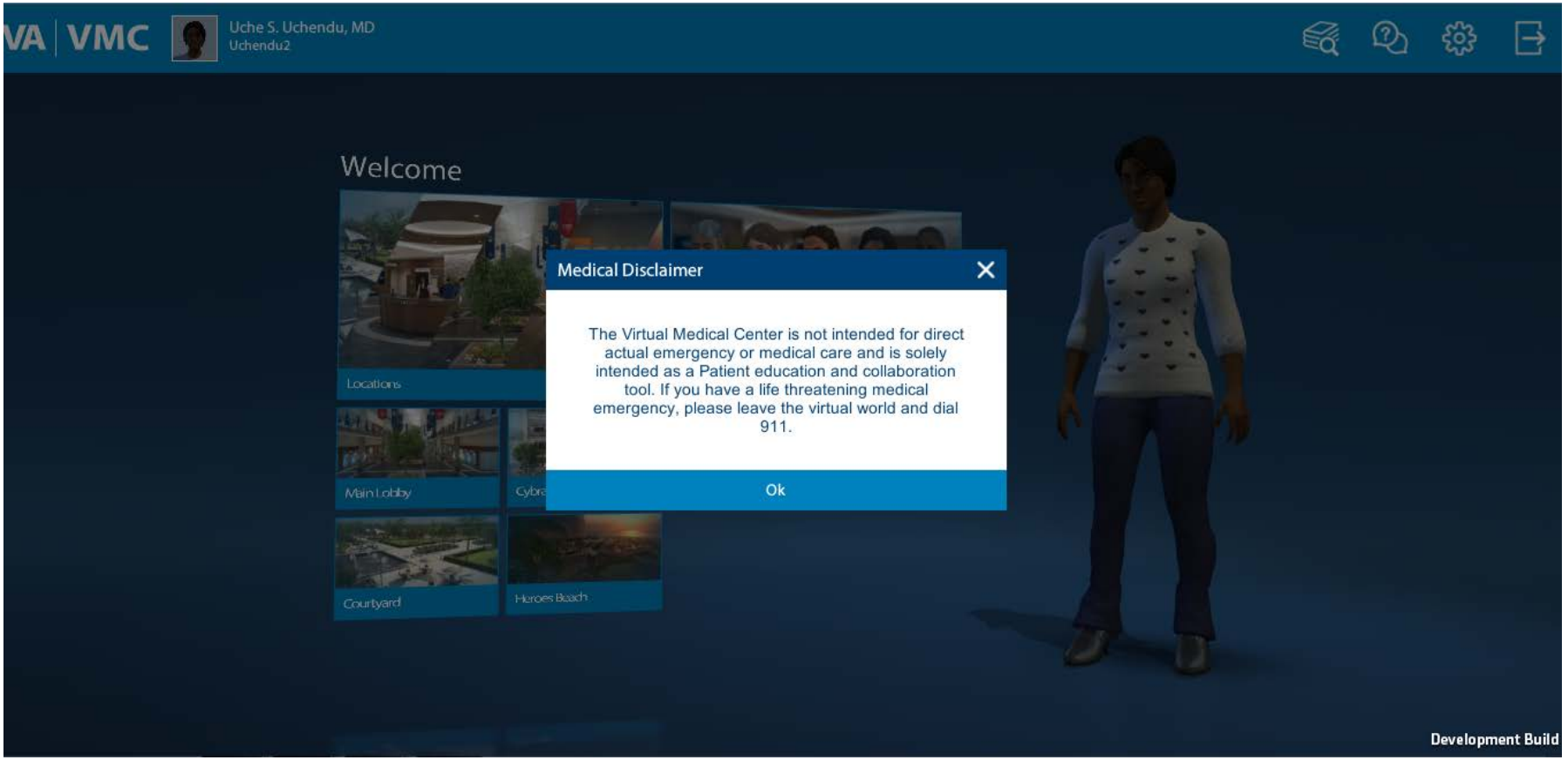
VIRTUAL MEDICAL CENTER



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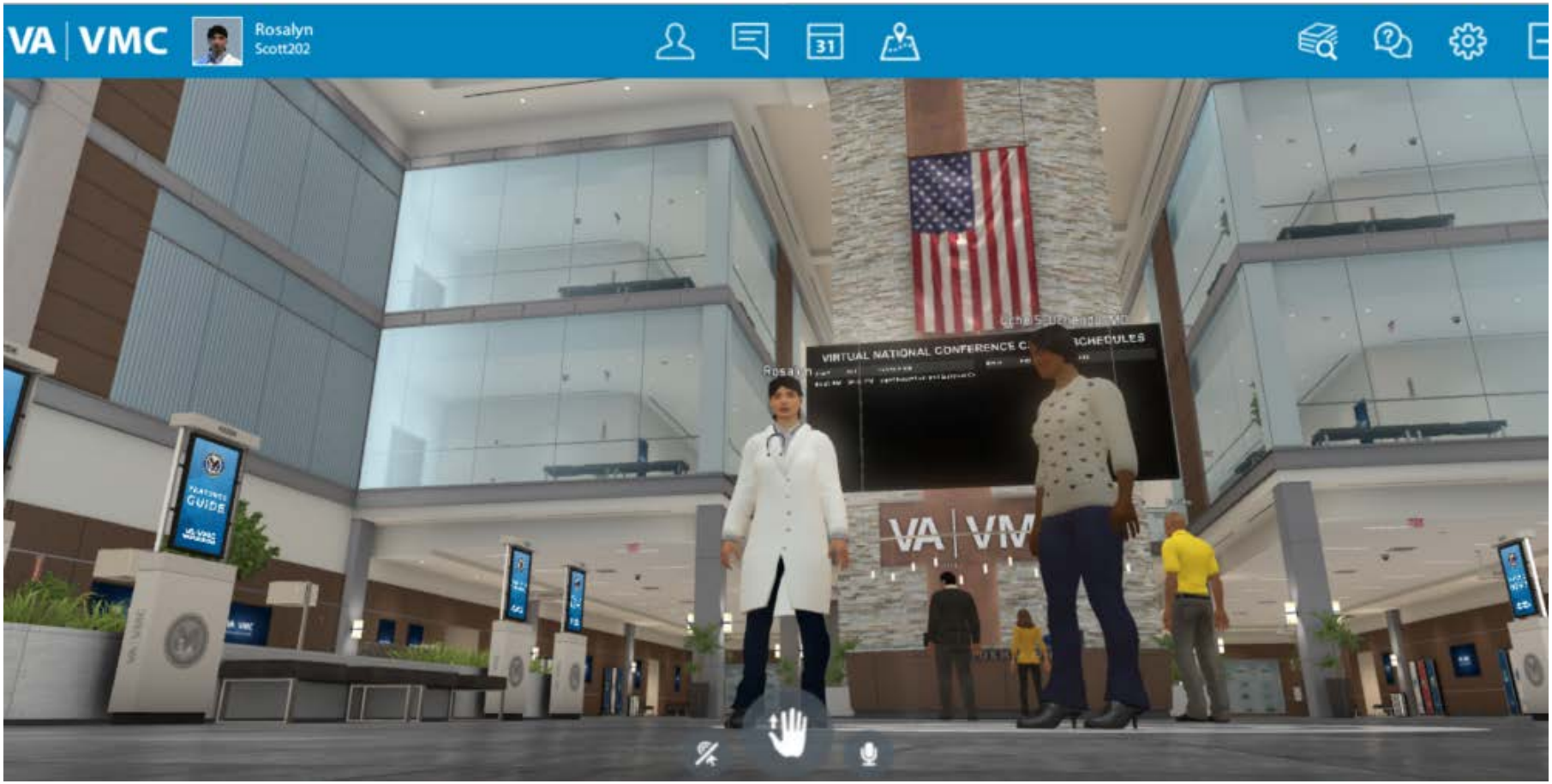
VIRTUAL MEDICAL CENTER



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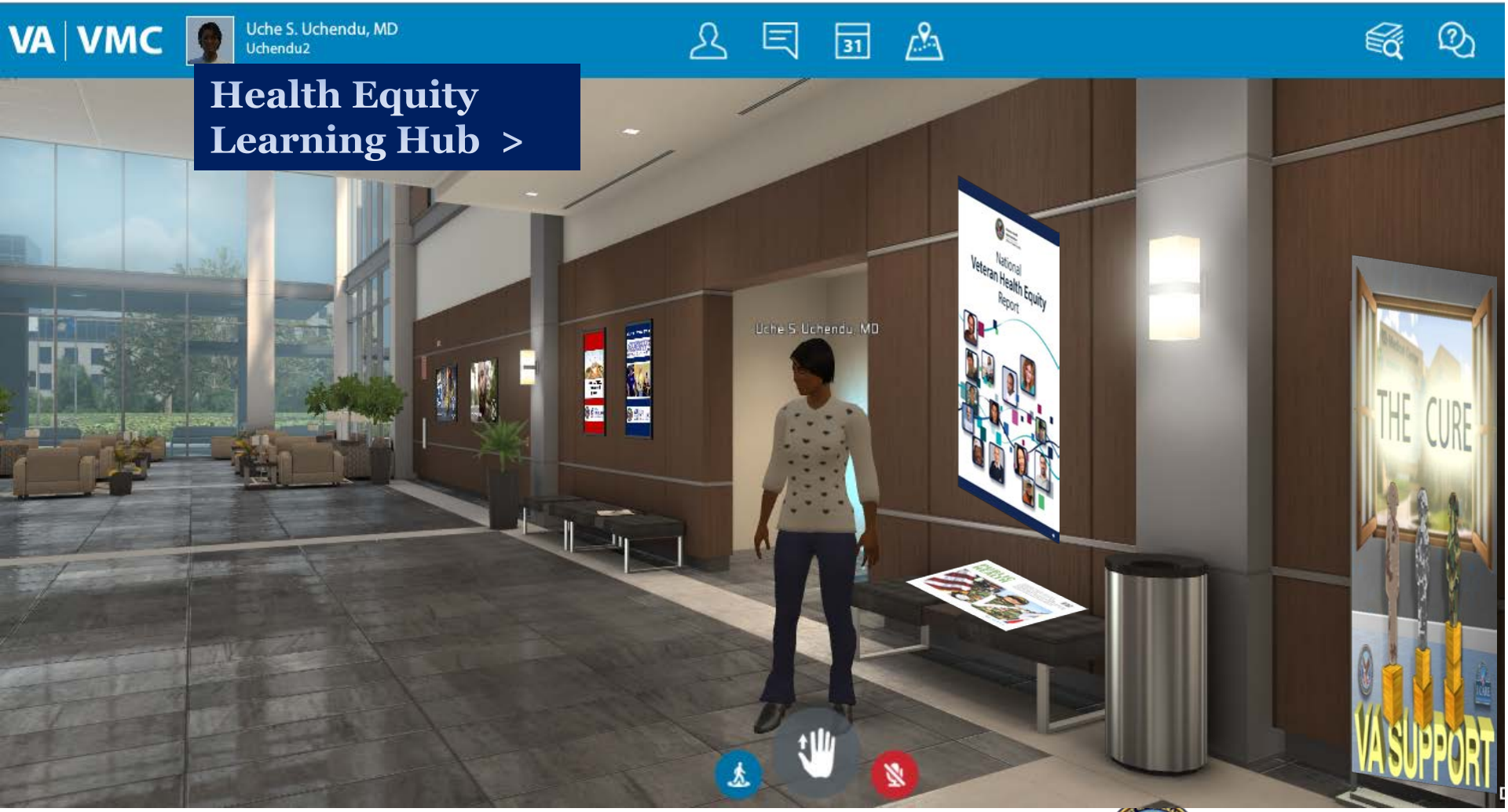
VIRTUAL MEDICAL CENTER



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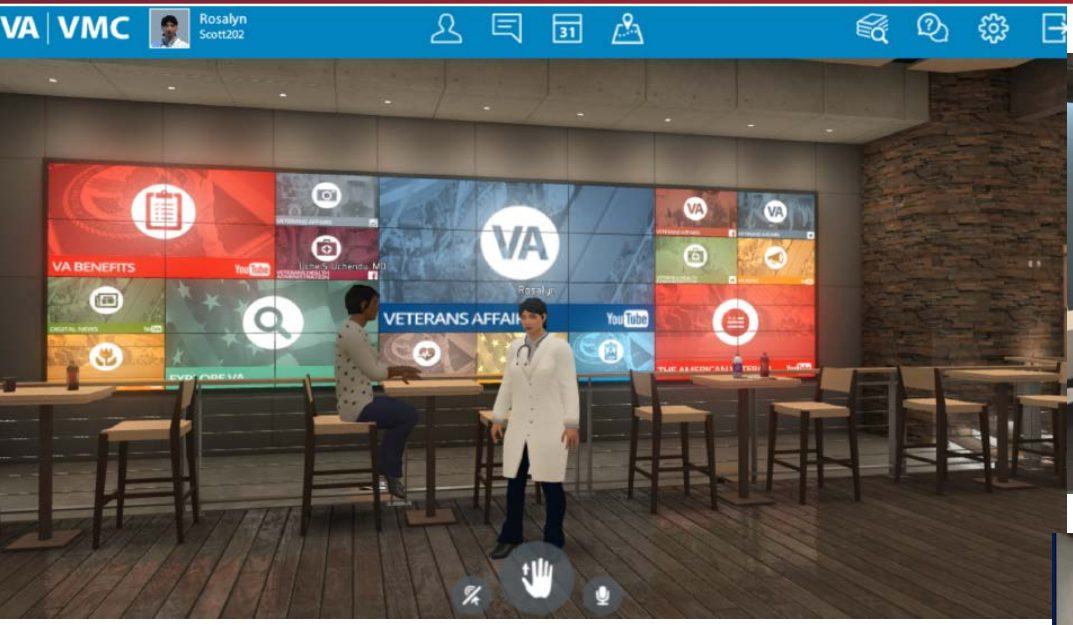
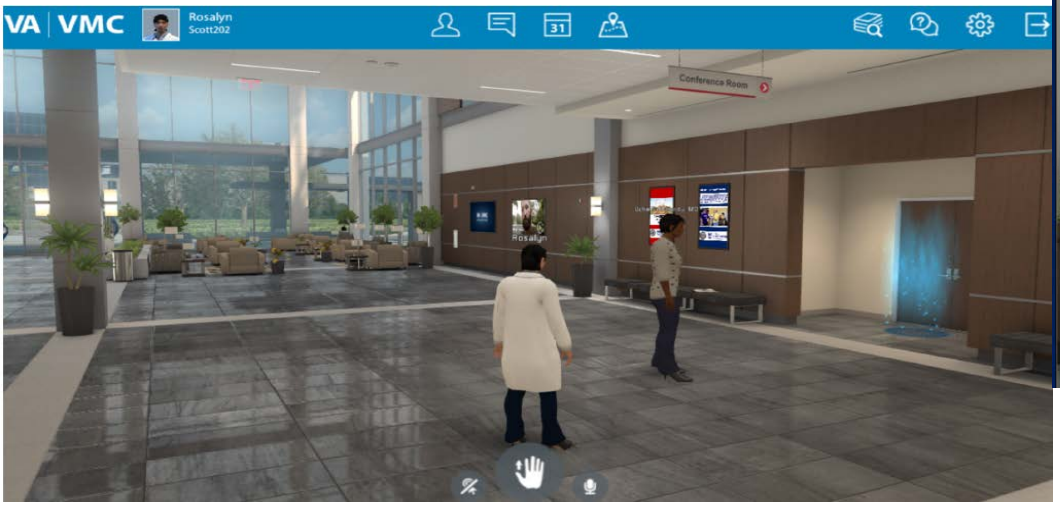
VIRTUAL MEDICAL CENTER





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Poll Question 2

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YOUR INPUT REQUIRED… POLL Q2

- How likely are you to access and/or use the VA Virtual Medical Center?

- ❑ Very Likely
- ❑ Likely
- ❑ Not likely

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Poll Question 3

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YOUR INPUT REQUIRED… POLL Q3

- What are your ideas and/or suggestions for the Health Equity Learning Hub of the VA Virtual Medical Center?

- What other novel technologies do you recommend for advancing health equity?

❑ _____

❑ Write your response in the chat box

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Narrowing the Gap – Achieving Health Equity for Our Nation's Veterans

- Presented By:
- *Uchenna S. Uchendu, MD, Chief Officer*
- *Kenneth T. Jones, PhD, Program Analyst*
- *Office of Health Equity*

National Veteran Health Equity Report

Health Equity Tools

VHA Health Equity Action plan

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GALLERY WALK EVENT @ SLBM APRIL 2017

The intended outcomes were to:

- *Raise awareness of VA health equity efforts including the development of the agency's strategic roadmap to achieve health equity for all Veterans (VA Health Equity Action Plan);*
- *Highlight Veteran and employee tools and reports aimed to improve cultural competency, understanding of health equity concepts, and awareness of best and promising practices for improving the health of vulnerable Veterans and their families*
  - ❑ *Virtual Patient Health Equity Trainings Modules*
  - ❑ *Patient Narrative Videos*
  - ❑ *National Veteran Health Equity Report*
  - ❑ *Focus on Health Equity and Action Cyberseminar Series*
  - ❑ *Health Equity Tools, Website and Listserv*
- *Engage and explore with senior leaders commitments to identify, target, and/or implement best and promising practices locally to achieve health equity for Veterans; and*
- *Support existing or anticipated activities at the VAMC to advance health equity for all Veterans especially the most vulnerable.*

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GALLERY WALK: TOP THEMES - FEEDBACK

Theme		How to Accomplish
Receive additional information and training for Veteran health equity issues	★	**OHE Website & VA Virtual Medical Center Health Equity Hub**
Implement existing health equity tools at VAMC for Veterans and staff (e.g., Journeys with High Blood Pressure Videos and Virtual Patient Health Equity Training Modules)	★	OHE – Follow-up with Voluntary facility/VISN participation
Partner with VA Office of Health Equity to explore data (e.g., racial/ethnic disparities related to quality measures)		OHE is exploring options to provide requested support
Development of additional tools and data analytical approaches/displays to explore and address disparities at the VAMC level		OHE as lead but requires enterprise coordination

★ Examples of needs that can be met with the VA VMC Health Equity Hub

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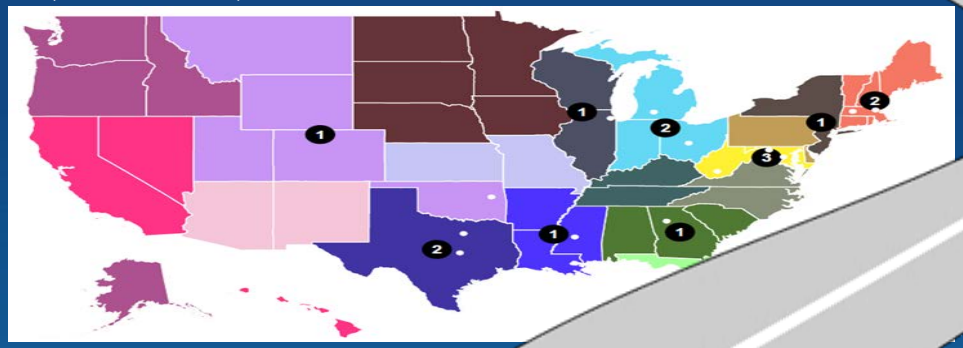
PURSUING VETERAN HEALTH EQUITY IS A JOURNEY

Senior Leaders Gallery Walk Follow Up Field Engagement for Viewing Journeys with High Blood Pressure Videos in VAMC Waiting Areas
(As of 8/2017)



Health Affairs

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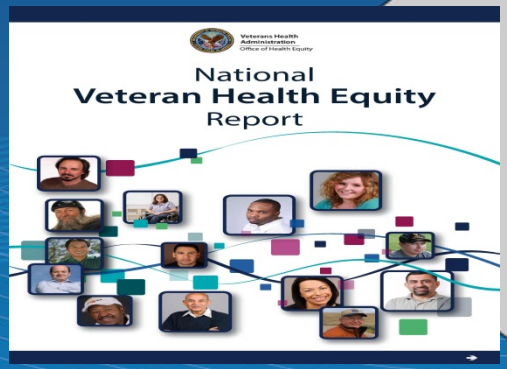
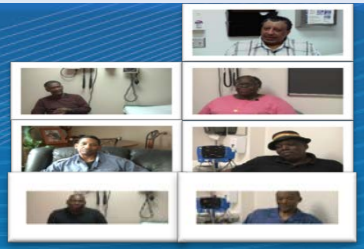
Racial And Ethnic Disparities Persist At Veterans Health Administration Patient-Centered Medical Homes

Donna L. Washington[1,*], W. Neil Steers[2], Alexis K. Huynh[3], Susan M. Frayne[4], Uchenna S. Uchendu[5], Deborah Riopelle[6], Elizabeth M. Yano[7], Fay S. Saechao[8] and Katherine J. Hoggatt[9]



Translating Research into Action: Journeys with High Blood Pressure Videos



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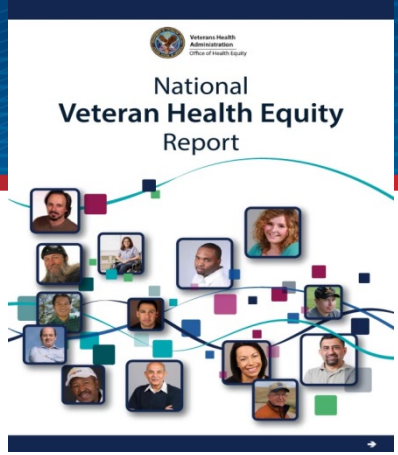
FOCUS ON HEALTH EQUITY AND ACTION CYBER SEMINAR SERIES

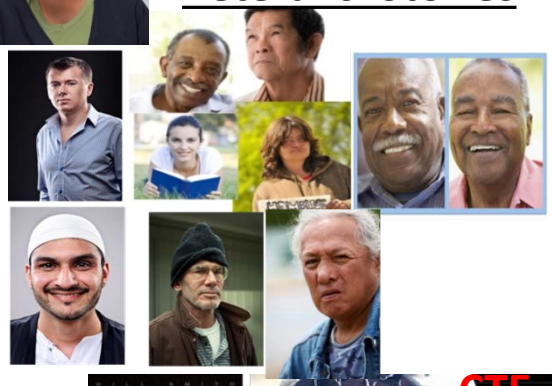
Today's Session Archive coming soon. NEXT Thurs. 10/26/2017 3-4PM ET

- **FHEA - Promoting Health Equity with the Virtual Medical Center**
- **Past Sessions – Archived**

- Using Effective Communication of Healthcare Disparities & Vulnerabilities to Empower Professionals, Veterans and Stakeholders - **07/27/2017**
- Chronic Health Conditions among Vulnerable Veterans: Current Research and Action - **06/29/2017**
- Military Service History and VA Benefit Utilization for Minority Veterans - **04/27/2017**
- Incorporating Social Determinants of Health into VHA Patient Care and EHR - **3/30/2017**
- Using Veterans' Stories to Promote Health Equity and Reduce Disparities - **02/23/2017**
- State of VHA Care for Vulnerable Veterans - **01/26/2017**
- Release of the Inaugural VHA National Veteran Health Equity Report – **10/27/2016**
- National Expert Panel Discussion on TBI & Chronic Traumatic Encephalopathy Morbidity & Mortality among Vulnerable Veterans - **06/30/2016**
- Race/Ethnicity Data Collection in the Veterans Health Administration - **04/28/2016**
- Using Data to Characterize Vulnerable Veteran Populations - **03/24/2016**
- Treatment of HCV-ALD Among VHA Vulnerable Populations - **02/25/2016**
- Findings from the VISN 4 Hypertension Racial Disparities Quality Improvement Project - **01/21/2016**
- Office of Health Equity Hepatitis C Virus-Advanced Liver Disease Disparities Dashboard - **11/19/2015**



Veterans' Stories



HEALTH EQUITY - TAKE ACTION

- **Consistently report, monitor, trend, and track key metrics along vulnerability lines to include gender/sex, race/ethnicity, rural/urban, military era/period of service,** etc.
  - **Doing so will allow transparent monitoring of the progress for the vulnerable groups, support the accountability agency priority and bolster trust**
  - **Develop *Innovative Health Equity Projects* to tackle issues identified**

- ***The pursuit of Health Equity should be everyone's business.***
- ***It is a journey that takes time and sustained effort.***
- ***What can you do today in your area of influence to improve health equity?***
- ***At a minimum - in all your actions - do not increase the Disparity.***

https://www.va.gov/HEALTHEQUITY/Tools.asp

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PRESENTER INFORMATION

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- Rosalyn P. Scott, MD: Rosalyn.Scott2@va.gov

THANK YOU!

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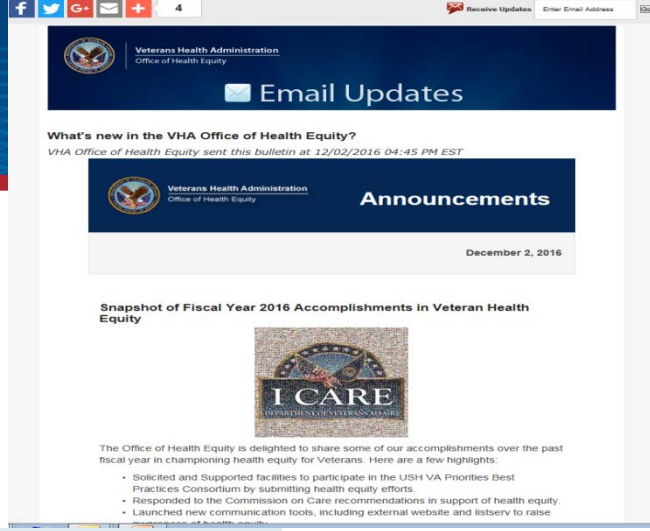
OFFICE OF HEALTH EQUITY INFORMATION



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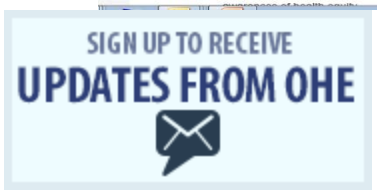
www.va.gov/healthequity



- OHE Listserv sign up link: http://www.va.gov/HEALTHEQUITY/Updates.asp
- Next FHEA Cyberseminar 10.26.2017 : 3-4P ET

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