



Primary Care: Providing Continuity and Accessibility

“Primary care improves the continuity and efficiency of health care by providing each veteran with a primary caregiver or primary care team that is accountable and accessible. HSR&D contributes to this effort by conducting research on strategies that enhance the delivery, quality, and cost-effectiveness of primary care among veterans.”

John G. Demakis, MD

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What is VHA primary care?

Primary care is the provision of continuous, comprehensive, and coordinated care that is undifferentiated by patient gender, disease, or organ system. Primary care, provided by a primary caregiver or primary care team, is characterized by four key features: accessibility to a primary care site; continuity of care, which is defined by an ongoing relationship between provider and patient; comprehensive care that includes a primary caregiver who can arrange for a full range of services; and coordination of care that avoids duplication and enhances efficiency.

How has primary care evolved within VHA?

As the Veterans Health Care System developed through the 1950s and '60s, it emphasized hospital inpatient care, medical specialization, and high technology. Four decades later VHA adapted to an evolving health care environment, as well as the changing needs of its veterans. A major component of VHA's organizational transformation was the Primary Care Initiative. When this initiative was launched in 1995, about 10 percent of VA patients were assigned to primary care. Four years later, essentially all patients were assigned to a primary care team and more than 80 percent of veteran patients could name their primary caregiver.¹

Another VA strategy for improving the quality of primary care delivery was the establishment of Community-Based Outpatient Clinics (CBOCs) that allow veterans more convenient access to care. A CBOC can be a VA-operated clinic or a VA-funded or reimbursed health care facility that is separate from the main or “parent” VA medical facility. The specific goals/objectives of CBOCs are to reduce travel time, shorten waiting time for appointments, shorten clinic waiting time, reduce cost of care, emphasize prevention, health promotion and education, and improve patient satisfaction.² A recent

HSR&D study showed that, in general, CBOCs have been successful in meeting these goals and objectives. Compared to patients who were treated at “parent” VAMCs, CBOC patients had more primary care visits, shorter clinic waiting times, traveled shorter distances, and were more satisfied with their care.³

Below is a brief discussion of some of the HSR&D studies that examine the changes in primary care and how they affect veteran health care.

Study evaluates managed care in VHA primary care delivery systems

The reorganization of VA's health care system has had a profound effect on health care delivery and outcomes at the facility level. Organizational changes include the rapid development of primary care systems and the implementation of managed care policies and practices that aim to influence provider behavior and patient demand. Several different types of primary care delivery have emerged as a result of these changes. However, evidence regarding their individual effectiveness is limited, as is information about the relationship between organizational features and clinical and economic performance.

This HSR&D study evaluated the organizational and primary care program features of VA medical centers, including the adoption of managed care practices associated with high and low facility performance. Focusing on all 178 VA medical centers (VAMCs) and 67 Satellite Outpatient Clinics (SOCs), investigators used a cross-sectional organizational survey to examine several aspects related to primary care program features including provider mix, primary care resources, managed care practices, and patient characteristics.

VAMCs reported significant increases in primary care development, with 44% reporting increased staffing and space resources in the past year. Study results show that VA facilities with firm primary care delivery model systems are more likely to have adopted organizational arrangements associated with improved practice, such as higher proportions of their total patient base being seen in primary care. These facilities also demonstrate higher quality care for chronic diseases, more preventive practices, and higher patient ratings of continuity, coordination, and accessibility compared to less organized models. Further, this study indicates that these firm systems are less likely to be in large, complex academic VAMCs and more likely to develop in VAMCs with higher proportions of generalist MDs and an emphasis on patient education. Ongoing improvements in the structure and operations of primary care should enhance VA performance and result in demonstrable benefits for veteran users.

Yano, EM. Managed care performance of VHA primary care delivery systems. Final Report (Project # MPC97012). Washington, D.C.: VA HSR&D Service, May 2000.

HSR&D study MPC 97-012

Study investigates role of primary care providers in advance care planning

Patients, family members, and clinicians recognize the importance of advance care planning (ACP), yet often do not begin discussions until it is too late. This HSR&D study evaluated the effectiveness of a comprehensive ACP intervention in clinical practice, as well as the individual components of the intervention. Twenty-three VA primary care providers participated in this randomized, controlled trial. Approximately 14 patients for each provider were recruited. The patients were over age 55, had previously seen their provider at least once, had a chronic condition and no advance directive. Intervention group patients received *Your Life, Your Choices* – a guidebook for planning future medical decisions and making advance directives (developed under HSR&D Study IIR 94-050). They also had telephone consultations, social work consultations and discussions with their primary care providers about ACP. Their charts were flagged and progress notes kept. In comparison, the control group received the medical center's brochure on advance directives.

Results of the study show that those patients who received the intervention had more ACP discussions with their primary care physicians, more living wills, and more appointments of durable power of attorney for health care. In addition, electronic flags designating advance directives appeared three times more often in the medical records of patients in the intervention group as compared to the control group. Using the *Your Life, Your Choices* workbook, this study promoted discussions about advance care planning between primary care providers and their patients, and resulted in a substantial

increase in the documentation of directives and ACP notations in medical records.

Pearlman RA, Starks H, Cain K, Cole W, Rosengren D, Patrick D. Health Services Research and Development Service, ORD, Dept. of Veterans Affairs. Your Life Your Choices. Planning for future medical decisions: How to prepare a personalized living will. Web site: <http://www.va.gov/resdev/programs/hsrd/ylyc.htm>.

HSR&D study IIR 96-047

Implementing depression screening in primary care

Depression is a common chronic illness in veteran patients that is associated with major impairments in function and is frequently under-diagnosed and under-treated in primary care. HSR&D investigators sought to determine the effectiveness of an Integrated Team Care model of treatment for depression in the primary care setting versus a Consult-Liaison model of care. In the Consult-Liaison model, the primary care provider is responsible for initiating treatment, including referral to a clinical psychologist, social worker, or psychiatry fellow, who provides consultation to the provider and acts as liaison to the mental health clinic. The Integrated Team Care model is a structured program that screens all patients who use clinic treatment for depression. Patients are then treated within the clinic by primary care and mental health providers. Results suggest that both models resulted in improvement in depression symptomatology, with Integrated Team Care achieving results more quickly and with greater improvement in psychosocial function, without additional clinic visits.

As the focus on primary care in VA increases, more problems will need to be handled in the primary care setting. The model tested in this study, making best use of existing generalist and specialist providers, was demonstrated to improve patient outcomes at a reasonable cost. These results could have a significant potential impact on care and outcomes for depression and other chronic conditions.

Chaney EF, Hasenberg N, Hedrick SC.

Implementing depression screening in primary care: An effective strategy? VA HSR&D Service 17th Annual Meeting, Washington, DC (abstract). HSR&D Service Annual Meeting Abstracts Book, 1999; 77-78.

HSR&D study IIR 95-097

Involvement of VA physicians in home-based primary care

Home care is one of the fastest-growing segments of US health care; however, the cost effectiveness of home care has yet to be established conclusively. Although home care is traditionally seen as a service provided by non-physicians (i.e., nurses, home health aides), some argue that physicians can and should play a more active role in

order to make patient care more clinically appropriate, continuous, and, ultimately, more cost effective. This study, co-funded by HSR&D and VA's Cooperative Studies Program (CSP), sought to determine the role of physicians in the VA home-based primary care (HBPC) program and to identify variables that predict whether physicians make home visits, as well as the volume of home visits.

Using a mail survey disseminated to 45 physicians affiliated with VA HBPC programs, investigators focused on six major topics: 1) physician characteristics, 2) degree of physician involvement in home care, 3) hospital care management policies regarding the physician's role during the patient's course of treatment, 4) HBPC care management policies, 5) physicians' attitudes toward home care and related issues, and 6) reasons for making home visits.

Study findings show that a majority of physicians agreed that house calls (home care) are important services for patients; that families can be taught to perform care activities at home; and that physicians can provide adequate medical care at home. Most physicians also agreed that reimbursements were inadequate for delivery of services in the home. These results indicate that most physicians will make home visits if they believe that home care is valuable to the patient, and if their time commitment is supported financially.

Weaver FM, Hughes SL, Giobbie-Hurder A, Ulasevich A, Kubal JD, Fuller J, Kinoshian B, Lichtenstein MJ, Rowe J Jr. *The involvement of physicians in VA home care: Results from a national survey. Journal of the American Geriatrics Society, 2000; 48(6):677-681.*

This study was funded by VA's Cooperative Studies Program (CSP #3) and HSR&D.

Home-based primary care improves terminally ill patients' quality of life

Although home-based primary care has increased over the past decade, its effectiveness remains controversial. A study co-funded by HSR&D and CSP assessed the impact of team-managed home-based primary care (HBPC) on functional status, health-related quality of life, satisfaction of care, and cost of care. This multisite, randomized controlled trial was conducted from 1994 to 1998 in 16 VA medical centers with HBPC and focused on nearly 2000 veteran patients who had two or more impairments to daily living (75 percent had severe disability), terminal illness (20 percent), congestive heart failure, or chronic obstructive pulmonary disease.

Results of this study show that HBPC delivered by a team of providers improved terminally ill patients' quality of life and non-terminally ill patients' satisfaction with their care. Findings also indicate that HBPC reduced caregiver burden, as well as hospital readmissions at six months. However, the study suggests that such care does not substitute for other forms of care (e.g., hospice care) and recommends that its higher costs be weighed against its benefits.

Hughes SL, Weaver FM, Giobbie-Hurder A, Manheim L, Hendersen W, Kubal JD, Ulsavich A, Cummings J. *Effective-*

ness of team-managed home-based primary care. A randomized multicenter trial. Journal of the American Medical Association, 2000; 284(22):2877-2885.

Specialized primary care services for at-risk elders

Currently, three of every five American men age 65 or older are veterans, accounting for more than half of VA's patient population.¹ While many innovative programs for geriatric care exist within VHA, there is the need for a systematic process for identifying at-risk elderly veterans within the larger VA population who would benefit from these specialized services.

An HSR&D study is seeking to improve care for at-risk older veterans through a comprehensive system of casefinding, assessment, referral, and follow-up case management within the primary care setting. Specifically, investigators are conducting a randomized controlled trial at the Sepulveda (California) VA Ambulatory Care Center. Community-living veterans, aged 65 years and older, who received VA care within the prior 18 months, but who were not already using geriatric services, were mailed a survey to identify those with risk factors for functional decline, hospitalization, or nursing home placement. Subjects in the intervention group who were identified as at-risk then received a structured telephone assessment to further identify specific geriatric conditions. If indicated, intervention subjects received referrals to appropriate VA services and follow-up telephone case management for three years. Subjects in the control group received usual care.

A total of 792 at-risk veterans (380 intervention subjects and 412 control subjects) are being followed for three years. Across both groups, 77 percent of the at-risk veterans reported functional impairment, 49 percent – urinary incontinence, 45 percent – depression, 36 percent – falls, and 26 percent – cognitive impairment. During the first year of follow-up, documentation in the medical record of screening or questioning for the target conditions was found much more often for intervention subjects than for control subjects. Intervention subjects were also more likely than control subjects to be referred for evaluation of the target condition. These results are very significant to VA as plans are made for the care of the increasing older population within the primary care setting. How these processes of care improvements translate into outcome differences is the subject of the ongoing study, which will be completed this Fall.

Alessi CA, Josephson KR, Pietruszka FM, Harker JO, Rubenstein LZ. *Recognition of geriatric conditions in an outpatient geriatric assessment trial. Gerontologist, 2000; 40(SI):77.*

Hoyl MT, Alessi CA, Harker JO, Josephson KR, Pietruszka FM, Rubenstein LZ. *Testing a two-step strategy for screening and targeting older adults. Journal of the American Geriatric Society, 1999; 47(9):550.*

HSR&D study IIR 95-050

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1. VA Research & Development New Initiatives: Meeting Veterans Needs. Washington, DC: Department of Veterans Affairs. Veteran Health Administration, Office of Research & Development, 1999.
2. Community-Based Outpatient Clinics. URL site <http://vaww.va.gov/resdev/cboc.htm> Site linked to five CBOC reports.
3. Chapko MK, Fortney J, Borowsky S. CBOC Performance Evaluation. Program implications and future performance measures. March 2000 Report for HSR&D's Management Decision and Research Center based on HSR&D study #MRR 98-015.

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