Minutes

Research and Office of Integrated Veteran Care (IVC) Meeting

Friday, December 2, 2022 at 12:00PM EST

Minutes

| # | Topic | Lead Speaker |
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| 1 | DAUSH Introduction: Meet Ms. Hillary Peabody - Deferred | Dr. Sachin Yende, Acting IVC Executive Leadership Team (ELT) Member/Integrated Field Operations (IFO) |
| 2 | Community Care Research Evaluation and Knowledge (CREEK) Overview – Deferred   * Meeting held at end of August – one of AUSH priorities, per Dr. LaPuz presentation, is to bring together research and IVC * Consider taking existing Community Care (CC) and determine innovative ways to do that work in-house. * CREEK project is indicative of that work and fits Dr. LaPuz’s vision | Kristin Mattocks,  Associate Chief of Staff/Research and Education  VA Central Western Massachusetts Healthcare System |
| 3 | Tele-Nephrology Presentation Hub (How Tele-Nephrology is Working to Recapture Community Care through Tele-Hubs)    **Notes**:   * Overarching goal is to get more Veterans connected to Nephrology care at VA * Kidney disease is a common medical problem – a shortage of trained Nephrolgoists exists especially in rural areas * Dr. Moore - Psychiatrist but also oversees Clinical Resource Hub for VISN1 * Networks of Nephrologists are linked in the Hub * Early interventions can really improve long-term costs (reduce/ eliminate need for dialysis) * Enterprise-Wide Initiative Network – Enterprise wide initiative to overcome this shortage (Goal: build multiple strong hubs to support VA) * Pilot data – (FY21 end and FY22)   + Outcomes – to reduce Care in the Community (CITC) by 30% during pilot phase   + Improved access to Nephrology   + Replicate over next 5 yrs as we add more hubs   + Linked Boston and Connecticut as two separate hubs to target primarily rural sites   + Veteranswere choosing to get connected to remote specialists   Dr. Bonegio – Nephrologist/VA Boston:   * See if healthcare can be provided for those who don’t have access to Nephrologist * Can’t understate value of Quality Management and Nursing * Very hard to get Community Care (CC)in rural areas, as well (sometimes three, six, or nine months wait to see Nephrologists and Veterans still have to travel long distances) * This should be noted; we can provide care earlier to hopefully change the outcomes.   Clinical outcomes –   * Not ony interested in if patient has seen a Nephrologist, but also if there was any impact on the patient’s disease. * Example: Patient with Pulmonary Renal Syndrome –outcomes were drastically improved – success story of program * Are patients properly prepared for dialysis? (How are they started?) * The last few years have seen a revolution in medications to slow chronic progression of kidney disease * Get patients on best diabetic regimens to impact kidney progression (evaluating outcomes over the next few years)   Dr. Moore – EWI Business Plan:   * Clinical outcomes – primary reason is to look for strengths * Pilot – Focused on VISN1 and VISN19 * Now working with VISN10 and VISN16 to develop their own hubs * Future VISN-hubs for later years   Dr. LaPuz Comments:   * A topic near and dear (Dr. LaPuz is a Nephrologist) * 1st Question – How will we technically do this? * 2nd Question – How is workload credit being worked out? (Are there concerns about losing workload to another network or to CC? Will there be enough workload to cover costs?)   Answers:   * Bulk of encounter goes to the Physician-side * Encourage other sites to adopt the same model * Do not get into a fee-for-service model (too unstable) * Build teams of Advanced Practive Providers (most sites do not have a Nephrologist – sites are encouraged to hire at least one to develop their own panel and begin developing productivity)   Dr. Flynn Comments:   * Very impressed by this! * Dr. Hausman will be involved with IVC telehealth efforts and it was important for him to hear the presentation * Dr. Hausman – Will schedule a separate meeting to discuss further questions. * An opportunity exists to coordinate nationally and follow Return on Investment data and think strategivally over the next few years. | Dr. David Moore, Psychiatrist/VA Connecticut Healthcare System HCS)  Dr. Ramon Bonegio, Attending/VA Boston HCS |
| 4 | Discussion: Tracking Health Services Research and Development (HSRD) and Quality Enhancement Research Initiative (QUERI) Projects - Deferred | Dr. Sachin Yende, Acting IVC ELT Member/IFO |

Action/Follow-up Items

| # | Action Item | Date Assigned | Person | Due Date | Status |
| --- | --- | --- | --- | --- | --- |
| 1 | New Paper – Early Transition of Mission – Availability of Community Care | 10/7/22 | Denise Hynes |  |  |
| 2 | Tele-Nephrology Hub | 10/7/22 | Kristin Mattocks |  |  |