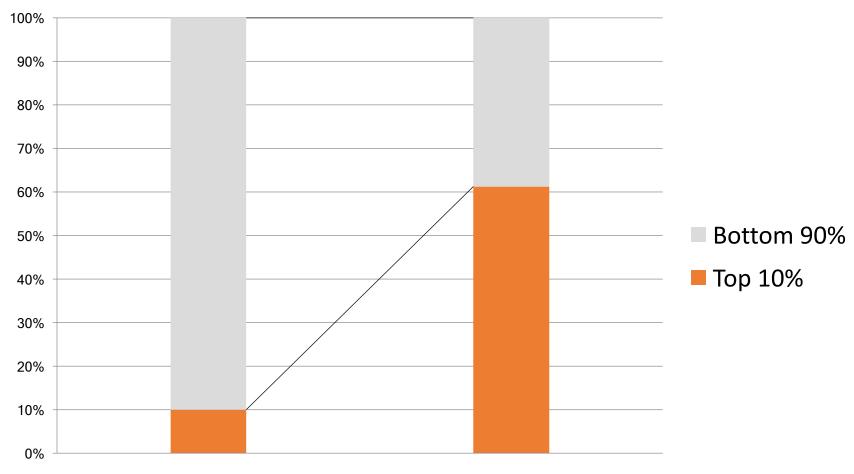
# Evaluating Intensive Outpatient Primary Care: VA Experience

Steven M. Asch MD MPH

Director, Center for Innovation to Implementation Professor and Vice Chief, Stanford Division of Primary Care



#### <u>Same</u> problem as everywhere: Concentration of utilization and costs...



Percent of Total VA Patients Total VA Health Care Costs

#### ...But a <u>different</u> institutional context

- Integrated system
- Well developed Patient Centered Medical Home
  - Patient Aligned Care Teams (PACT)
  - Geri PACT
  - Homeless PACT
- Well developed programs for complex pts
  - Home Based Primary Care (HBPC)
  - Mental Health Intensive Case Management (MHICM)



#### ...But a different institutional context

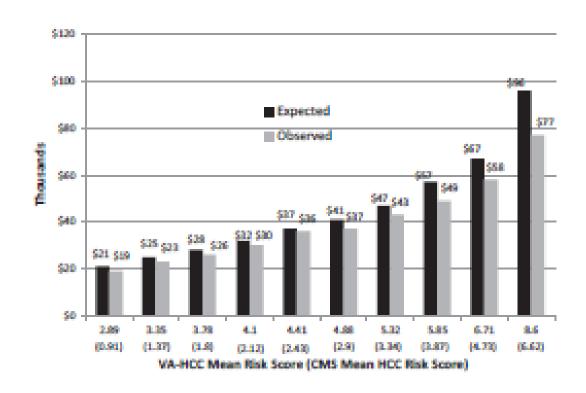
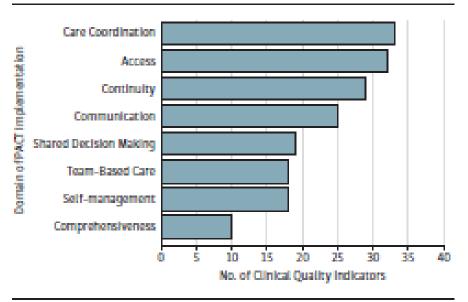
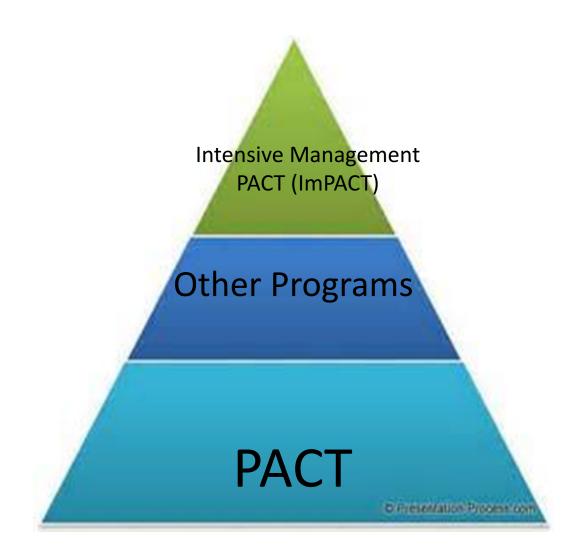


Figure. Percentage of 48 Quality Indicators Associated With Significantly Better Performance in Highest-Quartile Clinics Compared With Lowest-Quartile Clinics (N = 909 Clinics)



PACT indicates Patient Aligned Care Team.

#### How do we layer IOPC on top of PACT?



#### Core Elements of ImPACT in Palo Alto

- Multidisciplinary Team: NP, MD, SW, Rec therapy
- Comprehensive intake; goal-concordant care
- Frequent in-person/phone contact
- After-hours access
- Chronic condition case management
- Coordination of primary and specialty care
- Rapid response to health status deterioration
- Support during transitions from hospital to home
- Access to social and community resources

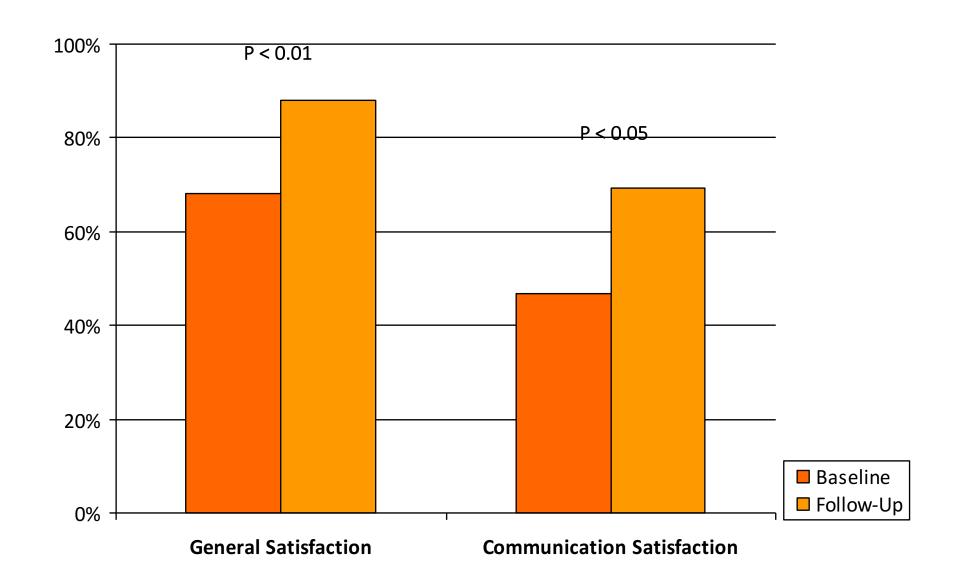


#### Patient selection and evaluation design

- Proactive recruitment of patients at top 10% risk of future admission/cost
- Randomized assignment to ImPACT team
- Outcomes
  - Hospitalizations/ED use
  - Satisfaction
  - Patient activation
  - Costs
  - Qualitative interviews



#### ImPACT patients' satisfaction with VA improved



#### End-of-Life Planning and Care

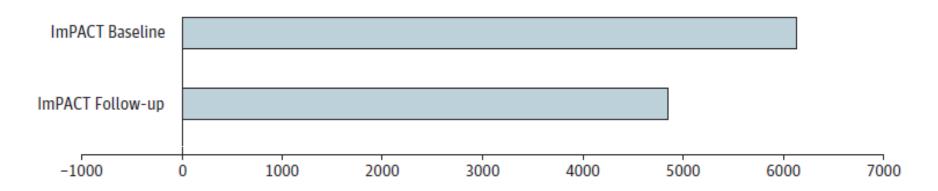
	ImPACT (%)	PACT (%)	P-Value
New advance directive	24	6	< 0.001^
New advance directive completed or discussed	56	13	< 0.001^
Hospice referral (among patients who died, n = 19 ImPACT, n = 63 PACT)	74	45	< 0.05~

<sup>^</sup> P-value reflects significant difference in follow-up values (among eligible patients)

<sup>~</sup> P-value reflects significant difference among patients who died (n = 15 vs. 67)

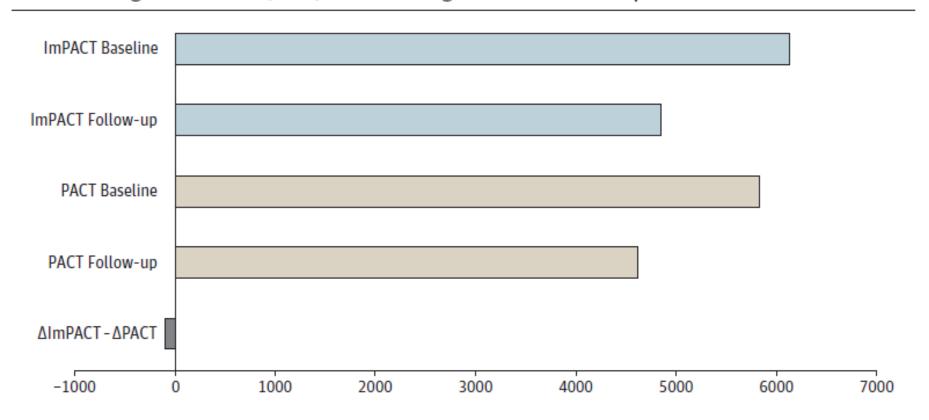
#### Monthly costs declined...

Figure 2. Mean Unadjusted Monthly Costs per Person for Intensive Management PACT (ImPACT) and Patient Aligned Care Team (PACT) Patients During Baseline and Follow-up Periods



#### ...but about the same as controls-Regression to the mean

Figure 2. Mean Unadjusted Monthly Costs per Person for Intensive Management PACT (ImPACT) and Patient Aligned Care Team (PACT) Patients During Baseline and Follow-up Periods



From Zulman DM. JAMA Int Med. 2017.

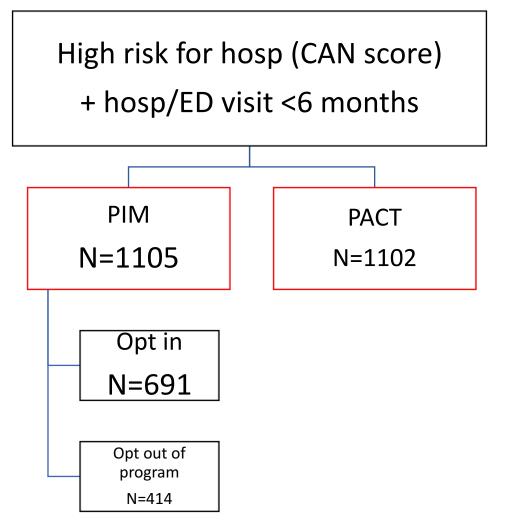
## We spread the model to test it further PACT Intensive Management (PIM) Sites



#### Allowed more variation in program elements

	Site A	Site B	Site C	Site D	Site E
Screened patients, triaged and assessed for services	X	X	X	X	X
Interdisciplinary care team	Χ	X	X	X	Χ
Social work	Χ	X	X	X	X
Mental health/addiction support	Χ	Χ	X	X	
Care coordination	Χ	Χ	X	X	X
Home visits	Χ	Χ	X	X	X
Assisted with medications	Χ	X	X	X	X
Health coaching	Χ	X	X	X	X
Replace PACT team			Χ		
Medic support		Χ			

Again randomized QI evaluation, tested similar outcomes

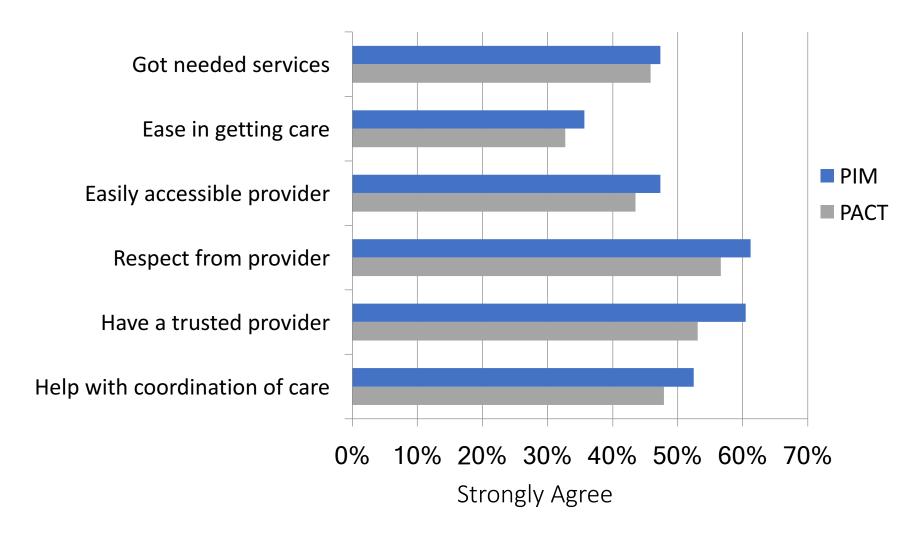




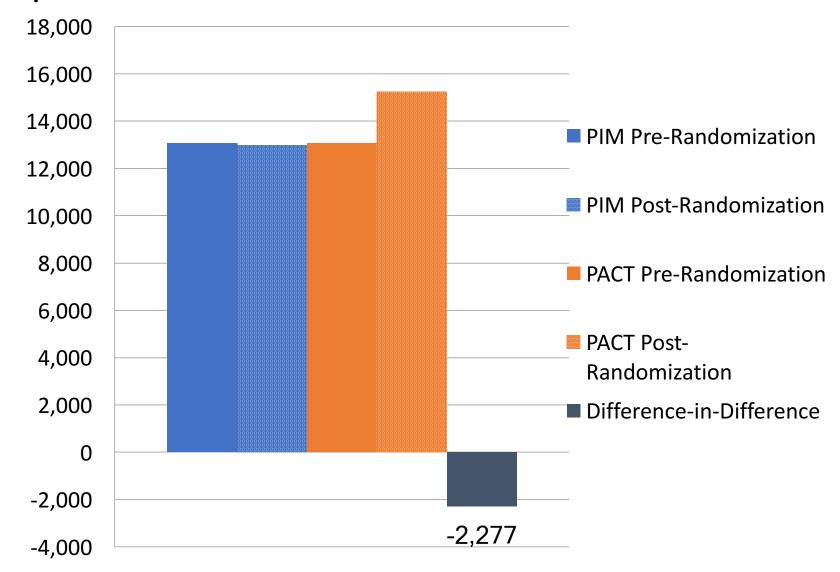




### Better trust, access, and coordination... (in a non statistically significant sort of way)

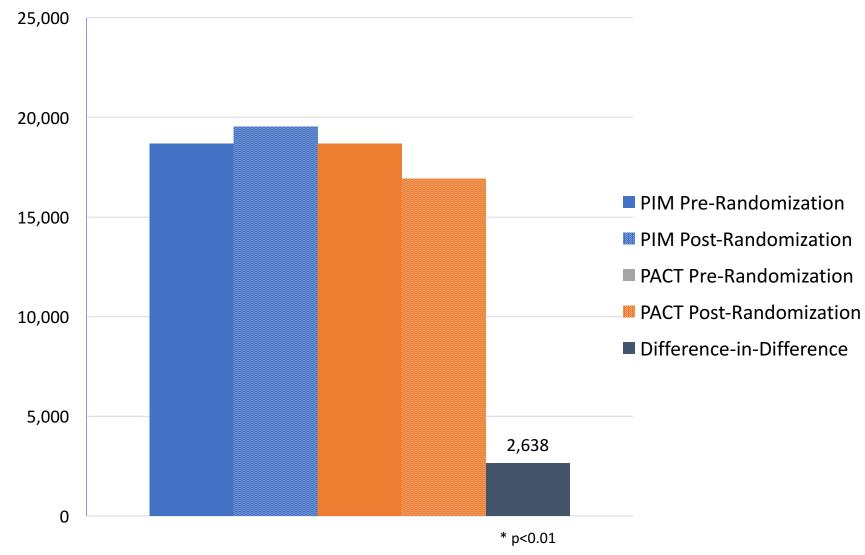


#### Inpatient costs declined...



<sup>^</sup>Predicted means from regression models

#### ...But outpatient costs went up



<sup>^</sup>Predicted means from regression models

## In depth qualitative interviews and provider surveys

- Providers appreciated the help
- Patients loved single point of contact
- Patients felt supported at specialist visits
- Better end of life planning
- Transitions from hospital to home easier.

#### Conclusions of 5 year effort thusfar

- Layering intensive management on top of PCMH paid for itself\*
  - Might have drawn nonVA care to VA analyses underway
- Patient and provider satisfaction improved modestly
- Regression to the mean serious challenge to pre-post studies
- We didn't give up! Lessons:
  - Refined selection criteria
  - Standardized more focus on mental health and social factors
  - Modified program undergoing further testing

#### Thank you...

Donna Zulman

**Evelyn Chang** 

Jean Yoon

Susan Stockdale

Gordon Schectman

Lisa Rubenstein

Michael Ong

**David Atkins** 

Frances Wu

Debra Hummel

Marian Katz

Elvira Jimenez

Mingming Wang

Ava Wong

Angel Park

**Brook Watts** 

Jessica Eng

Neha Pathak

Parag Dalsania

Andrew Lanto

Shoutzu Lin

**Carrie Patton** 

Belinda Black

Jeff Jackson