



Title: Implementation of a Tele-Primary Care Program to expand Access to Rural Veterans in the Southeast

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Background: Rural hospitals in the Southeast are in crisis. Over 60 have closed since 2010 due to financial challenges and many others are at risk. Rural hospitals also have difficulty recruiting and retaining medical providers. This often leads to a lack of continuity of care, decreased access to care, and can decrease the quality of care available. Suburban and urban areas can have a surplus of providers, who may have been trained, raised or have an interest in providing care in rural areas. Telehealth is a modality that can be used to meet the provider supply and demand gap for rural areas to expand access to care.

Objective: To implement a Tele-Primary Care Program to expand Access to Primary Care services for Veterans in the rural Southeast region.

Planning Methods: A lack of administrative infrastructure to support implementation, scaling and sustainability of new clinical programs is a barrier to success. In response, we built a new service to ensure this support was available to include human resources, finance, information technology, clinical decision support, performance improvement, marketing, patient access, and workload capture. This implementation framework was developed based on research, literature review, and previous experience with implementing new clinical programs.

Implementation Methods: The Tele-Primary Care Program currently provides team-based, comprehensive primary care to Veterans in Carrollton and Dublin, GA through a hub and spoke model. The Hub team is located in Atlanta, GA with a Primary Care Provider, Clinical Pharmacy Specialist, and Clinical Psychologist. The Spoke site teams are located where the Veteran receives care with a Licensed Practical Nurse, a Registered Nurse, and an Administrative Support Professional. This hybrid model of care includes a weeklong, quarterly site visit by the Primary Care Provider to conduct face to face encounters and hands-on exams. This also meets regulatory requirements for opioid prescriptions.

Project and change management tools are used to train new staff at the spoke site on the differences in their job duties and how to manipulate the telehealth equipment. Once the telehealth modality was implemented, an ongoing review of clinical quality measures takes place to ensure equity with face to face care based on measures of access, quality, and patient satisfaction.

Results (e.g. cost savings, increased productivity, improved quality of care): Since the implementation of the program at two spoke sites in August 2017, 642 unique Veterans have been seen by a Primary Care Provider, Clinical Pharmacist, and Clinical Psychologist via telemedicine. One hundred percent of patients (new and established) were seen within 30 days. The newly established multidisciplinary team of clinical and administrative professionals rated their workgroup 4.7 of 5 in workplace satisfaction; 4.86 of 5 in workplace engagement; and 0.56 of 5 in burnout.

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