"SCAN" TASTIC INNOVATIONS IN HEART FAILURE

JULIE GEE, CNP
HEART FAILURE PROVIDER
JOSÉ ORTIZ, MD
CHIEF, CARDIOLOGY SECTION
LOUIS STOKES CLEVELAND VAMC

VA SCAN
Cleveland Specialty Care Access Network

Today's objectives

- Participants will gain knowledge of the SCAN ECHO national VA program
- Participants will learn about the development of SCAN ECHO in a VA system (Cleveland)

Vision

"We are creating a healthcare system that is, first and foremost, patient-centered and characterized by team care…"

"We're also striving, every day, for a healthcare system that is continuously improving, data driven, evidence-based, and characterized by excellence at every level"

Dr. Robert Petzel
Under Secretary for Health

Current Challenges in Delivery of Specialty Care

- Difficulties in care coordination with Primary Care
- Travel distances to receive Specialty Care
- Waiting times for Specialty Services (new and f/u visits)
- Unfamiliar environment
- Variations in the delivery of care

Veteran Centered Care

The Veteran must **not** move. The health care system moves around the Veteran

- PACT is the Veteran's home. The primary care provider, nurse coordinator, LPN and clerk are the core of the team, with the Veteran in the center
- Specialty Care and other disciplines (Social Work, Pharmacy, Nutrition, Chaplain, Psychology, etc.) revolve around the PACT core team - providing the Veteran with the highest quality medical care

SCAN ECHO Goals

- Develop provider champions that become a local resource in managing common conditions
- Reduce variation in processes of care by sharing “best practices”
- Promote access for providers to subspecialists
- Promote access for patients to subspecialty care – *not necessarily by always being seen by a subspecialist*

SCAN ECHO Goals (2)

- Timely access; no unneeded visits; care closer to home
- Focus on Veteran's experience and shared decision making
- Evidence-based care; reduce readmissions and unwarranted variations
- Measure and correct deficiencies (continuous improvement)

Challenges to Transformation

- Securing adequate resources (personnel, space, budget)
- Acquiring timely support from partners in other program offices
- Coordinating multiple projects
- Leadership support
- Provider “buy-in”

CLEVELAND EXPERIENCE

- Visit to the New Mexico SCAN facility June, 2011
- Cleveland Heart Failure Team members:
  - Heart Failure Cardiologists
  - Heart Failure NP
  - Heart Failure/transplant Pharmacist
  - Cardiology Clinical Psychologist
- Guests (*so far*):
  - EP and General Cardiologist
  - Rheumatologist
  - Nephrologist

CLEVELAND EXPERIENCE

- Buy-in from Administration
- Protected time secured
- Draft curriculum development
- Champions selection
- Retreat August 2011
  - Topics discussion (see next slides)
  - Needs assessment
  - Final Curriculum created
  - Equipment needs discussed
  - Token of appreciation given
- First session Orientation

SCAN-ECHO/Heart Failure 2011

Needs assessment questionnaire for the VISN 10 Cleveland area CBOC community:

A. What are the primary reasons why you refer your patients to the Heart Failure clinic?

B. What topics would you like us to assist you better with the management of your heart failure population: Rank them in order of importance (1 to 15, being 1 the most important):

- ☐ Initial and Serial Clinical Assessment of patients presenting with heart failure based on the guidelines
- ☐ Identifying patients with heart failure
- ☐ Managing patients with reduced Ejection Fraction (HFrEF)
- ☐ Managing patients with preserved Ejection Fraction (HFpEF)
- ☐ Prognostic indicators
- ☐ Arrhythmia and Devices management
- ☐ Common factors that precipitate hospitalization for heart failure
- ☐ Meeting the needs of the heart failure patient in transition post-hospitalization
- ☐ Interventions for patients who present with acute decompensation
- ☐ Managing co-morbid conditions
- ☐ Evaluation of Dyspnea
- ☐ Titrating medications
- ☐ Assessment of volume status and diuretics management
- ☐ Identifying and Managing barriers to adherence
- ☐ Other: _____

C. How often is non-adherence an issue in managing your HF patients?

Rank in order of needs as of June 24, 2011:

1. Interventions for patients who present with acute decompensation
2. Titrating medications
3. Prognostic indicators
4. Managing patients with reduced Ejection Fraction (HFrEF)
5. Initial and Serial Clinical Assessment of patients presenting with heart failure based on the guidelines
6. Managing patients with preserved Ejection Fraction (HFpEF)
7. Common factors that precipitate hospitalization for heart failure
8. Evaluation of Dyspnea
9. Assessment of volume status and diuretics management
10. Meeting the needs of the heart failure patient in transition post-hospitalization
11. Managing co-morbid conditions
12. Identifying patients with heart failure
13. Identifying and Managing barriers to adherence
14. Arrhythmia and Devices management
15. Other: _____

Champions

CBOC	MD	PA	NP	RN	Pharmacist	VISN
Akron	1	1				10
Parma	2			1		10
Canton		1	1			10
Lorain	2					10
Mansfield	1					10
New Philly			1	1		10
Painesville	1					10
Ravenna	1					10
Sandusky	1					10
Warren	1					10
Youngstown	1			2		10
Wade Park			1	2		10
Hamilton	1					10
Lima	1					10
Zanesville	1					10
Toma Main Campus		2		2	1	12
La Crosse			1			12
Wisconsin Rapids	1					12

Typical session (teleconference)

SCAN session

- Case presentation and discussion.
  - Typically 2 cases per session
  - Consults come from the Champions (local and IFC)
  - Consults can be forwarded if needed
- Didactic presentation
  - Topics are Evidence-based, as per ACC/AHA/HFSA guidelines
  - Developed in conjunction with Cardiology staff from the New Mexico VA Health Care System
  - CMEs and Nursing CEUs given to the Champions at no cost
- Consult completed and billed as a 99241(Problem focused Straight forward)

Consult details

- The purpose is NOT to review a case and make a particular clinic determination for that case but to use a “sample case” that will lead to a learning experience
- The case can be a patient already seen by the HF team
- Direct presentation by the Champions is strongly encouraged

Outcomes

- Evaluation components are under development in partnership with HSR&D and Office of System Redesign/VERC
- Goals are to have our Provider Champions become local champions so patients do not have to travel to Cleveland for HF care unless unable to be managed locally
- Timely access, decrease in travel time, decrease in utilization of expensive specialty care, co-management with improved communication among PCP and subspecialists

What is on the horizon

- Complete our curriculum (should be between 12-16 sessions)
- Champions to have HF clinics locally to see HF patients in their coverage area (both new and f/u cases)
- A Cleveland HF expert will be readily available for the Champions for STAT consults when patients are seen
- The focus of the sessions is likely to evolve into actual medical management of patients and the didactics will support common problems encountered and guidelines updates