

How VA Innovations and Collaborations Improve Care for All Older Adults

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National Acute Care for Elders (ACE) Conference.

November 2023

Objectives

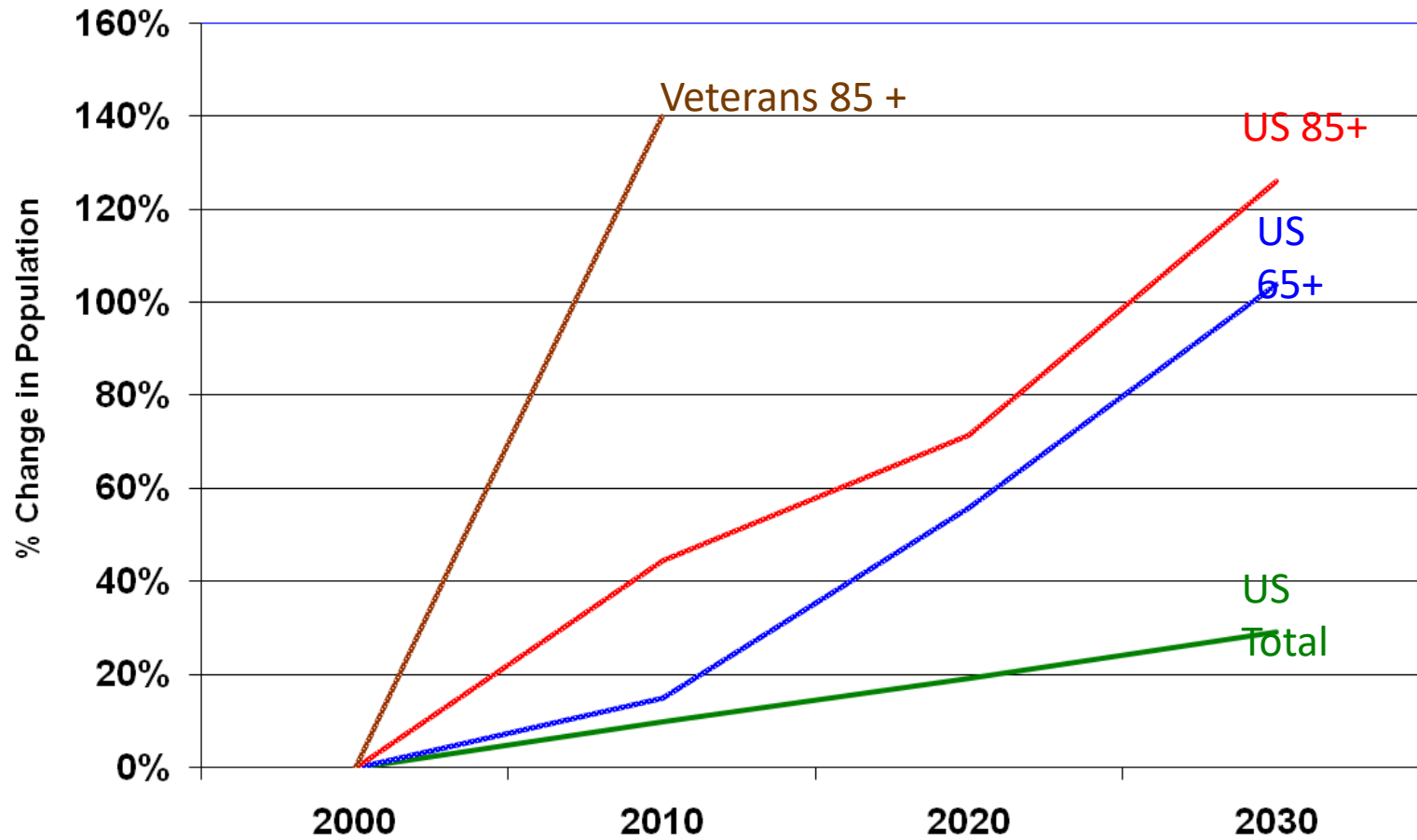
1. Describe how Department of Veterans Affairs (VA) programs improve understanding of the unique needs of older Veterans.
2. Describe how learning health systems can foster practice improvements.
3. Describe examples of VA advances and geriatric practice models that have relevance beyond VA programs.

Department of Veterans Affairs

- Largest integrated healthcare system in US
- 18 Networks responsible for direct care at 170 VA hospitals and over 1000 Outpatient clinics.
- Providing care to over 8 million Veterans each year
- Geriatrics & Extended Care (GEC): Direct care in 134 VA Community Living Centers (CLC) (skilled nursing facilities), 500+ Home Based Primary Care (HBPC) sites; Adult Day Health Care; Respite; Geriatrics and Palliative Care all settings.
- VA provides a comprehensive spectrum of Geriatrics, Extended Care and Palliative Care services that surpasses all other health care systems: All care settings, provided and purchased care; broad spectrum of facility-based and home and community-based services.
- VA Mission domains 1. Clinical Care; 2. Education; 3. Research; 4. Community support in disaster response.

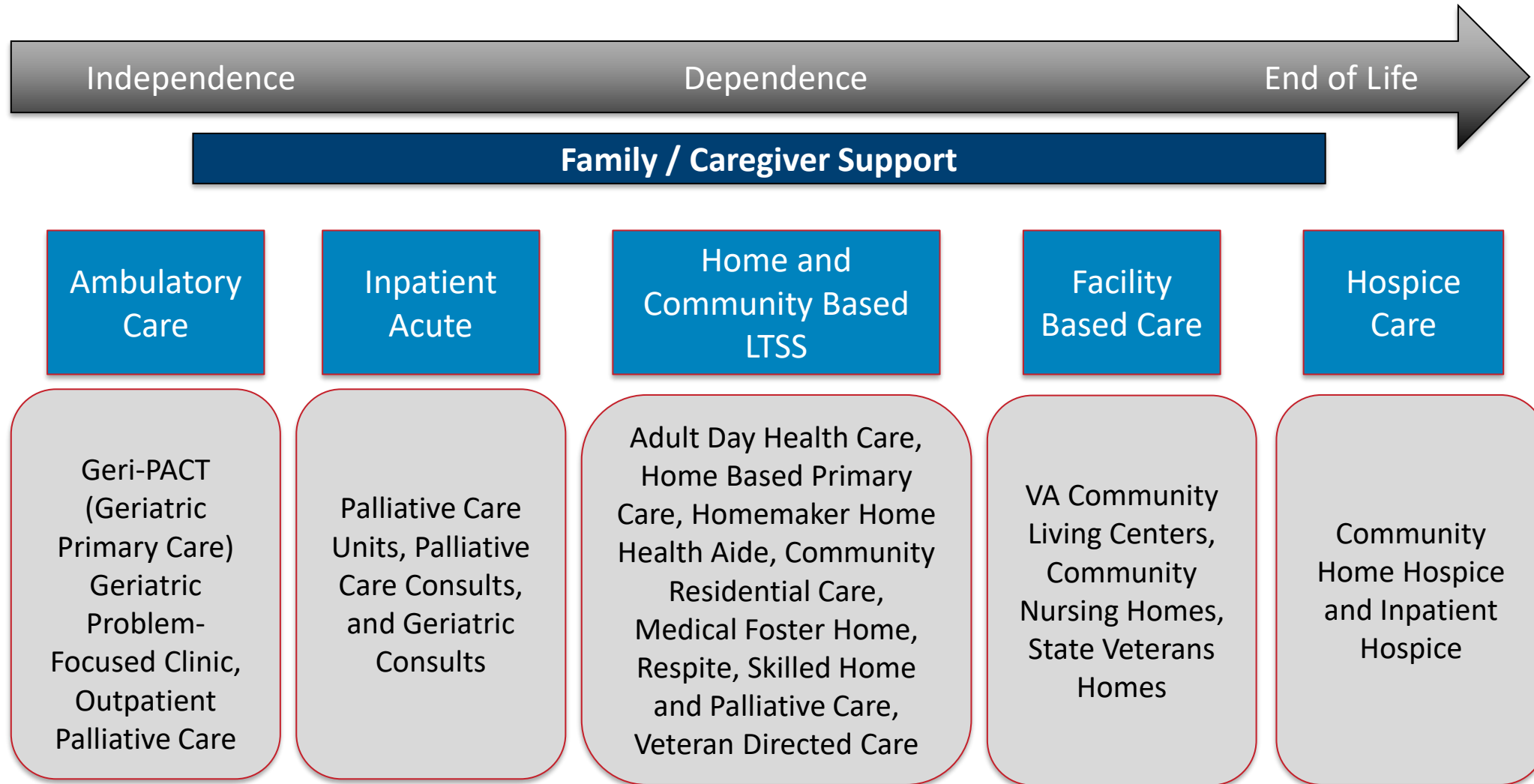
% Change in Population by Age, 2000-2030

United States



GEC – Continuum of Care for Veterans of ALL Ages

6% of Enrolled Veterans Who Account for 32% of VHA Annual Costs



VA: High Reliability Organization

High Reliability Organization (HRO) Principles:

- **Sensitivity to operations: How will this impact front line?** Geriatric Emergency Medicine; Bereaved Family Survey
- **Preoccupation with failure: Anticipate risk.** End of Life Care, COVID in CLC's and HBPC.
- **Reluctance to simplify: Challenge status quo.** HBPC story; COVID screening
- **Commitment to resilience: Treat mistakes as opportunity.** Medical Foster Home (MFH); Shingrix
- **Deference to expertise: those with relevant knowledge and experience, regardless of position.** Geriatric Emergency Medicine; MFH – Tale of Two Social Workers

Sensitivity to operations: “How will this affect the front line?”

- **Geriatric Emergency Medicine Transformation** (Also Deference to expertise)
- **Transformation in VA Care at the End of Life** – impact on staff, on Veterans, on families
- Consideration for staff resources, new competencies, infrastructure



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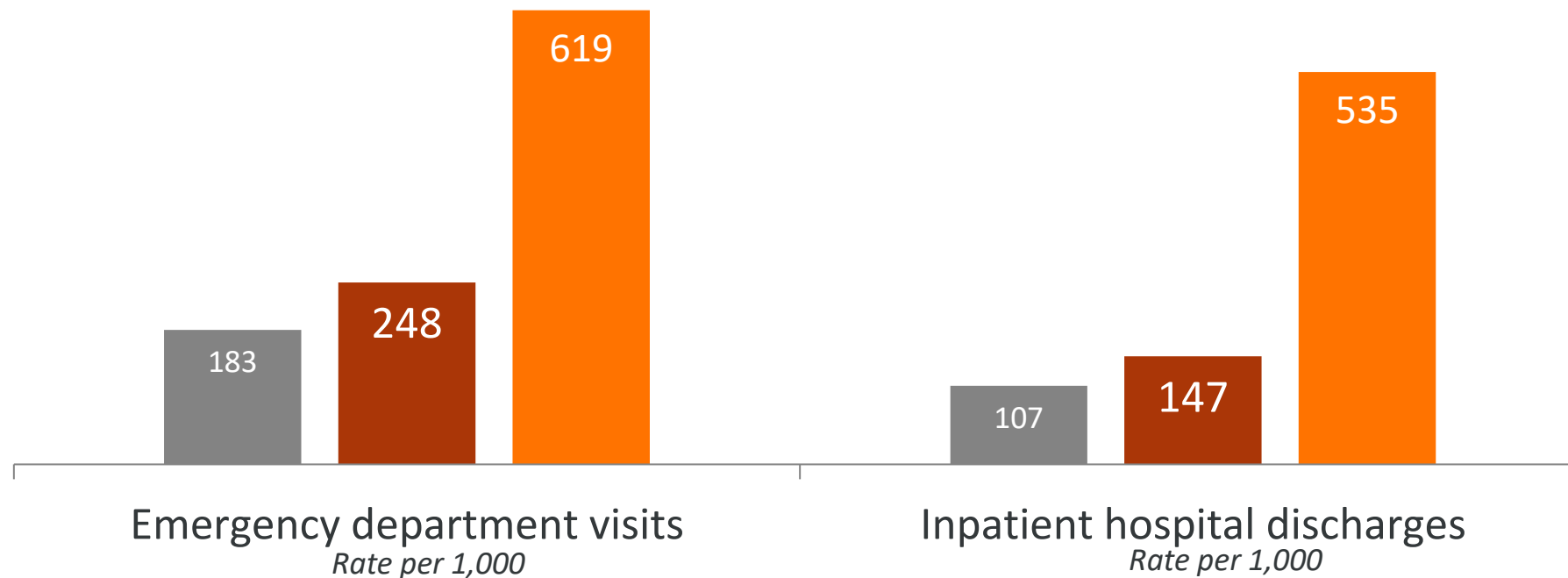
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High-Need Adults Have More Emergency Department Visits and Hospital Stays

- Total adult population
- Three or more chronic diseases, no functional limitations
- Three or more chronic diseases, with functional limitations (high need)



Note: Noninstitutionalized civilian population age 18 and older.

Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.



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Sensitivity to operations: “How will this affect the front line?”

Deference to expertise

Geriatric Emergency Medicine Transformation: 2017 Post-Katrina lesson



2020 to 2023: 65 of 111 (58%) VA Emergency Departments have achieved Geriatric Emergency Department Accreditation by American College of Emergency Physicians

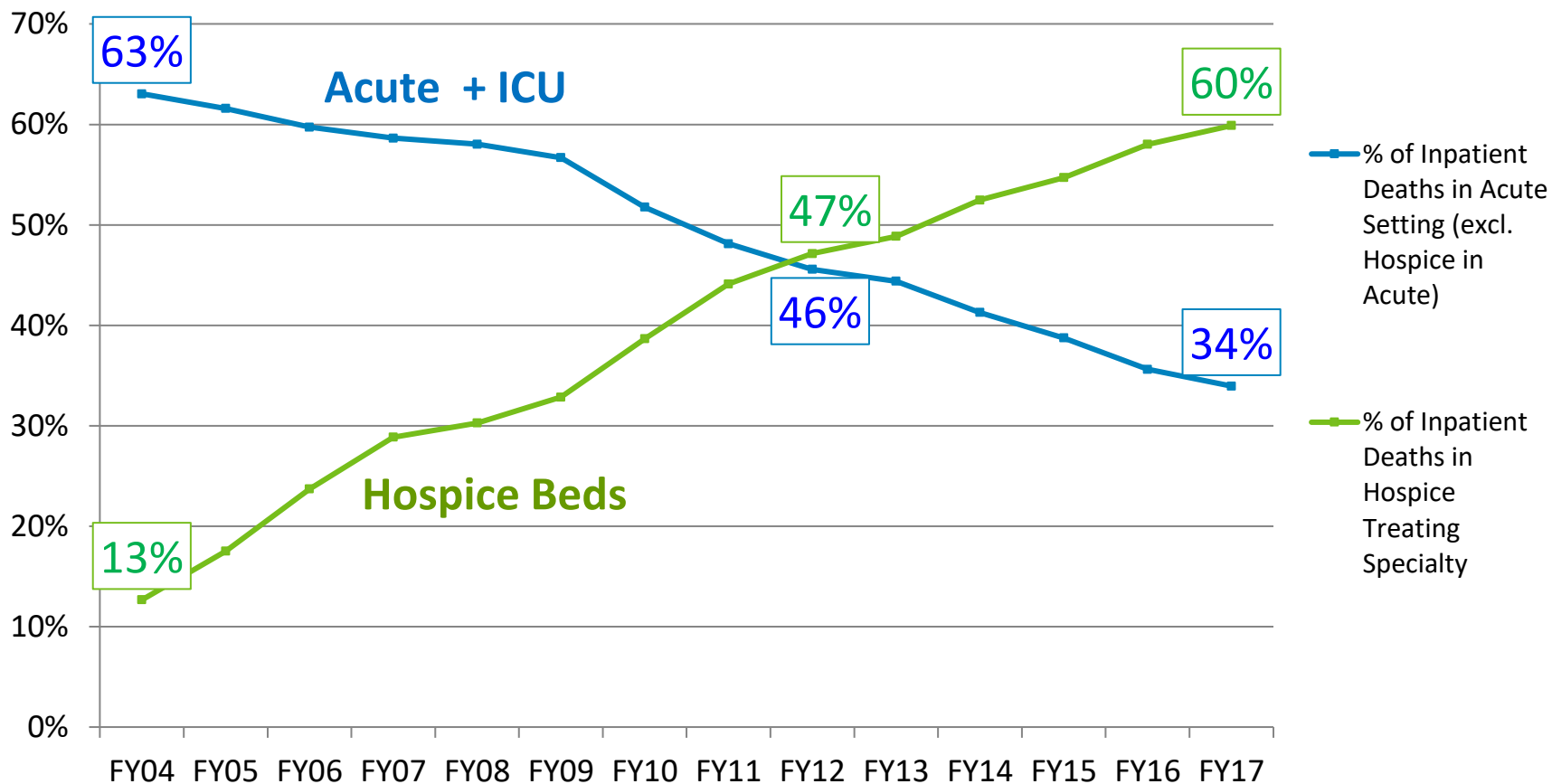
Sensitivity to operations: Ask: “How will this affect the front line?”

VA Care at the End of Life in 2000:

- **1800 Veterans die every day**; One-fourth of all Americans who die are Veterans
- **119,000 Veterans died under VA care, not in VA facilities**
- 20% of US decedents received hospice; 5% of Veteran decedents received hospice
- Half of VA facilities did not purchase any hospice care
- One-fourth of Veterans who die are under age 65
- VA policy not congruent with Medicare hospice payment policy
- No VA appropriation for hospice care
- **28,000 Veterans died as VA inpatients**
- Only 38% of VA medical centers had any recognizable palliative care program. No beds, no teams
- American Hospital Association: 20% of US hospitals with palliative care

Honor Veterans Preferences for Care at the End of Life

Shift in Inpatient Death from Acute Hospital + ICU to Hospice



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Preoccupation with failure: Anticipate risk; Be a problem solver; Support a culture that rewards staff if they spot problems, mistakes, errors or failures

- Bereaved Family Survey – Identify gaps in care at the end of life; sustainability
- COVID in Community Living Centers and Home Based Primary Care



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Sensitivity to Operations and Preoccupation with Failure: Transformation in VA Care at End of Life

VA Care at the End of Life in 2000:

- 2002: Recognition PTSD first emerging at end of life
- 2004: Hospice in VA budget for first time in history
- 2005: Palliative Care in 100% of VA hospitals, 40% US
- 2013: More Veterans died in VA inpatient hospice beds than in acute hospital and ICU combined.
- 2016: Hospice use rate among VA and Medicare decedents reaches 40%, up from 5% of VA and 20% of Medicare decedents in 2000.
- **Barrier to access: Forced choice with Medicare. Need concurrent VA care with Medicare hospice**

Preoccupation with failure: Anticipate risk; Be a problem solver; Support a culture that rewards staff if they spot problems, mistakes, errors or failures

COVID in VA: Early recognition of high risk populations

VA Community Living Centers:

Collaboration with CDC; Implementation of testing staff and residents; designated units; containment practices

VA Home Based Primary Care:

In-home vaccinations of Veterans and family caregivers, Feb 2021

40% vaccinated within 3 weeks; 72% by 4 months

Reluctance to simplify: challenge the status quo; encourage questioning; Approach problems with systems thinking mindset

Home Based Primary Care (HBPC): “We cannot afford to do this”

2000 – HBPC in half of VA medical centers and falling.

Metrics - Expand data analysis; Veteran stories; clinical and economic outcomes; collaboration.

By 2016 - HBPC grew from half to 100% of VA facilities, over 400 outpatient clinics plus 12 Indian Reservations. HBPC Average daily census grew from 7300 to over 37,000 Veterans each day.

HBPC Reduces Hospital Days and Total Costs to VA and Medicare

- **VA:** 6951 HBPC Veterans; VA + Medicare use and costs
 - 36% fewer VA+MC hospital days; 25% fewer admissions
 - **12% lower VA+MC costs**, including HBPC costs
 - Edes TE, Kinosian BK et al; J Am Geriatr Soc Oct 2014
- **Non-VA Study:** 722 in HBPC; 2161 controls over 2 yrs.
 - **HBPC resulted in 17% lower overall Medicare cost**
 - DeJong er al; J Am Geriatr Soc Oct 2014
- **Medicare Demonstration (Independence at Home):**
 - 8400 medically complex disabled beneficiaries enrolled in program based on VA's HBPC program
 - **\$35 Million saved two years** (\$2,100/patient/year)




HBPC increases access, improves quality, lowers total cost



JAGS 2014 Article

Reluctance to simplify: challenge the status quo; encourage questioning;
Approach problems with systems thinking mindset

Temperature Screening for SARS-CoV-2 in Nursing Homes: Evidence from Two National Cohorts

*Kevin W. McConeghy, PharmD, MS, *[†]   Elizabeth White, APRN, PhD, [†] 
Orestis A. Panagiotou, MD, PhD, [†] Christopher Santostefano, RN, BSN, [†]
Christopher Halladay, ScM, * Richard A. Feifer, MD MPH, [‡] Carolyn Blackman, MD, [‡]
James L. Rudolph, MD, *[†][§] Vince Mor, PhD, *[†] and Stefan Gravenstein, MD, MPH*[†][§]*

Recommend lowering temperature threshold for COVID testing from 38 to 37.2°C
37.2 °C sensitivity 76% in VA and 34% in community nursing homes
38 °C sensitivity 43% in VA and 12% in community nursing homes

J Am Geriatr Soc 68:2716-2720, 2020

Commitment to resilience: Bounce back; Treat mistakes and near misses as opportunities to learn and improve. Acknowledge the problem, collaborate to fix it

- Medical Foster Home – near closure after pilot; again after 5 years and 4 sites. Longstanding legislative proposal
- Shingrix Vaccine



What is VA Medical Foster Home?

- VA Medical Foster Home (MFH) is an alternative to nursing home care in a personal, residential home.
- Medical Foster Home is less than half the cost of nursing home care.
- No more than 3 Veterans/persons cared for in each Medical Foster Home.
- Medical Foster Home is privately paid for by the Veteran.
- Home Based Primary Care (HBPC) or Spinal Cord Injury (SCI) Home care provides medical care to the Veteran and education to the caregiver.
- Currently over 120 Medical Foster Home Programs across the country.
- Serving nearly 800 Veterans in over 500 Medical Foster Homes.

Commitment to resilience: Bounce back; Treat mistakes and near misses as opportunities to learn and improve. Acknowledge the problem, collaborate to fix it

- Medical Foster Home – nearly closed after pilot: “We cannot afford MFH”
- Developed business case, analyses, stories from Veterans and families
- First 5 years: Trained 35 sites; 4 active sites.
- Opportunity from Congress: Alternative to nursing home for younger Veterans
- Public response: Wall Street Journal “Top 10 Healthcare Innovations” National network news, People Magazine.
- Now MFH in 42 states; VA leadership support for MFH at every VA facility
- Longstanding legislative proposal. After 8 years, now VA authority to pay for MFH for highly service-connected Veterans.

Commitment to resilience: Bounce back; Treat mistakes and near misses as opportunities to learn and improve. Acknowledge the problem, collaborate to fix it

- **Shingles Prevention Study (a VA Cooperative Studies Program)**
 - Used live attenuated zoster vaccine, Zostavax, a landmark clinical and scientific advance
 - First study and proof: possible to prevent reactivation of a latent virus
 - First vaccine effective against zoster in older adults
 - Recombinant zoster vaccine, Shingrix a major advance using recombinant nucleic acid technology
 - Boosted efficacy against zoster to over 90%, novel adjuvants to overcome immune senescence, including in frail individuals.
- **Recombinant nucleic acid technology and novel adjuvants**
 - substantially contributed to COVID vaccine development, speed and efficacy

Oxman MN, Levin MJ, Johnson GR, Schmader KE, Straus SE, Gelb LD et al. and the Shingles Prevention Study Group. A vaccine to prevent herpes zoster and postherpetic neuralgia in older adults. N Engl J Med. 2005;352:2271-84

Deference to expertise: those with relevant knowledge and experience, regardless of position.

- VA Medical Foster Home - **A Tale of Two Social Workers**
- Two social workers at Little Rock Arkansas VA Medical Center
- Problem: Veterans in HBPC decline, not safe. Veterans in Community Residential Care (CRC) decline, care needs too high.
- Veterans in both situations refuse nursing home
- Opposing ethical principles: Unsafe at home, or force out of home?
- Solution – HBPC + CRC: capable caregiver, meet medical care needs through HBPC
- Geriatric Research, Education and Clinical Center (GRECC) Pilot 2000 to 2002 – cautiously optimistic success
- 2023 – MFH is a national program, expanding to every VA facility

Geriatrics and Extended Care: The Veteran Experience

- Home Based Primary Care
 - “They kept me out.When you go from five [ER visits] to none, somebody is doing their job.”
- Medical Foster Homes
 - “Freedom. I have freedom. I just appreciate all the VA has done to make living here more comfortable and safe, definitely safe.”
- Hospice/Palliative Care
 - “All the love I’ve ever needed in my life is here. ...I could get to a point where I really don’t care about much of anything. And the people here provide me with the love to never have to go in that direction. It keeps me alive that love.”

Key Elements of Success in Improving Care

Key Factors driving VA innovation and success

- A. Single payer system – aligns clinical and economic priorities; fewer perverse incentives; Revenue Neutral vs Revenue Generating
- B. Mission-Driven workforce
- C. High Reliability Organization
- D. Garnering Leadership Support

Key Elements of success in changing health care:

1. Power of perseverance
2. Importance of serendipity
3. No meaningful changes in health care occur without collaboration

Summary

Recognize Reciprocity

We are all learning from and building upon each other

We are all advancing health care

We are all taking care of Veterans

Appreciate Diversity

Workforce, disciplines, perspectives

Create Serendipity

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