# Primary Care

## Process

### Members

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- Hugh Huizenga, MD, Primary Care Chief, White River Junction VA Medical Center
- David McGrath, MD, Primary Care Chief, Northampton VA Medical Center
- Lou Trevisan, MD, Psychiatry Service, Mental Health Director, VISN 1
- Monica Sharma, MD, Primary Care Chief, Bedford VA Medical Center
- Karen Swartz, Primary Care AO, White River Junction VA Medical Center
- Bobby Edwards, Presidential Management Fellow

The Task Force subgroup on primary care was led by Dr. Jacqueline Spencer, the VISN1 Primary Care Director. This was a multidisciplinary group of subject matter experts including primary care and mental health expertise from across VISN1 including the Manchester VAMC. Dr. Lou Trevisan, the VISN 1 Mental Health Director, was involved and provided input to further enhance primary care and mental health collaboration to better serve Veteran health needs.

In developing their recommendations, the subgroup members reviewed data on the current state of primary care provided at the VAMC and the CBOCs, as well as anticipated trends in the Veteran population and the primary care workload moving forward. The Primary Care Director completed site visits to the VAMC and the CBOCs over the past year and visited the VAMC again on August 30, 2017; September 8, 2017; September 15, 2017; and September 22, 2017. Additionally, the group hosted a listening session with the primary care staff of the VAMC and the CBOCs on September 22, 2017. Finally, the group reviewed policies and procedures related to primary care services currently in place at the national and VISN levels, as well as locally at the VAMC and related CBOCs. Resources included: Patient Aligned Care Team Handbook, Patient Aligned Care Team Space Module Design Guide, 2016 Survey of Patient Aligned Care Team Report.

The subgroup presented its preliminary analysis to the full Task Force at the face to face meeting on October 4, 2017 and final analysis on November 1, 2017.

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## Current Status of Primary Care at Manchester

Numbers on unique patients and encounters in primary care are shown below. Overall there has been an upward trend in the number of Veterans seeking Primary Care services at Manchester and the affiliated CBOCs. This growth has continued, even though the total number of Veterans in the geographic area has declined. The number of Women Veterans utilizing the VAMC and CBOCs for primary care has grown at an even faster rate, as shown below.

**Table 1. 5 Year Growth 0 Manchester Primary Care Outpatient Uniques**

| 5 Year Growth - Manchester Primary Care Outpatient Uniques | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Site** | **FY12** | **FY13** | **FY14** | **FY15** | **FY16** | **FY17** | **Sparkline** |
| Manchester VAMC | 13,790 | 14,117 | 13,830 | 14,028 | 14,389 | 14,077 | |
| Women's Population** | — | 724 | 693 | 720 | 819 | 879 | |
| Portsmouth CBOC | 1,643 | 1,694 | 1,718 | 1,790 | 1,912 | 1,939 | |
| Somersworth CBOC | 2,279 | 2,276 | 2,368 | 2,325 | 2,368 | 2,395 | |
| Conway CBOC | 842 | 874 | 905 | 919 | 1081 | 918 | |
| Titlton CBOC | 1,542 | 1,425 | 1,526 | 1,651 | 1,778 | 1,803 | |
| **Manchester VAMC only; Phone clinic uniques not included in this number | | | | | | | |

**Table 2. 5 Year Growth – Manchester Primary Care Outpatient Encounters**

| 5 Year Growth - Manchester Primary Care Outpatient Encounters | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Site** | **FY12** | **FY13** | **FY14** | **FY15** | **FY16** | **FY17** | **Sparkline** |
| Manchester VAMC | 38,502 | 34,508 | 31,844 | 34,964 | 36,986 | 34,508 | |
| Women's Population** | — | 1,418 | 1,367 | 1,389 | 1,665 | 1,782 | |
| Portsmouth CBOC | 3,835 | 3,682 | 3,703 | 3,540 | 3,839 | 3793 | |
| Somersworth CBOC | 5,156 | 4,930 | 4,707 | 4,681 | 4,624 | 4978 | |
| Conway CBOC | 2,207 | 2,210 | 2,004 | 1,971 | 2,177 | 1993 | |
| Tilton CBOC | 3,481 | 3,368 | 3,514 | 3,589 | 3,787 | 3581 | |
| **Manchester VAMC only; Phone clinic uniques not included in this number | | | | | | | |

The total square footage of primary care space at the VAMC and related CBOCs is included in a table below. At the VAMC, primary care is currently split into two adjacent yet separate locations on the first floor of the facility. There is a Women's clinic located on the 6th floor of the VAMC. However, this space currently contains only two dedicated exams room, a very small waiting area, and no private entrance. In addition, there is a provider team which provides primary care services to homeless Veterans, both by going out into the community and seeing Veterans at the VAMC. This team falls under Mental Health services at Manchester.

The current combined space gap for Primary Care space at Manchester and the affiliated CBOCs (based on recommendations under current VHA guidance) is 24,500 SF.

**Table 3. Primary Care Space at Manchester VAMC**

| Manchester Primary Care Space | |
|---|---|
| **Site** | **SF** |
| Manchester VAMC | 13,300.92 |
| Women's Clinic | 1,107.63 |
| Portsmouth CBOC | 1,124.61 |
| Somersworth CBOC | 2,196.34 |
| Conway CBOC | 2,032.65 |
| Tilton CBOC | 2,241.35 |
| **Total** | **22,003.50** |

## Projected Workload for Primary Care at Manchester

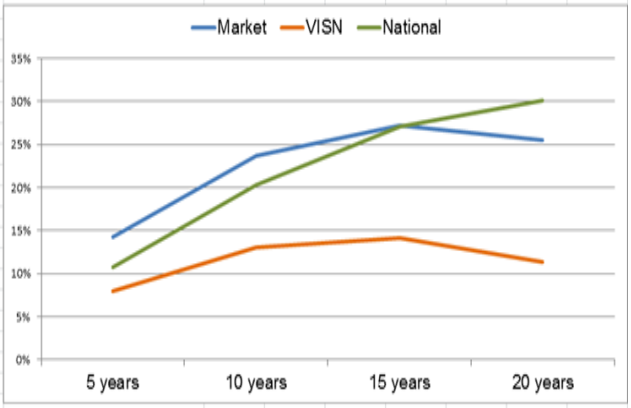
Below are workload projections for the North Market, which includes New Hampshire and Vermont for the Primary Care – Geriatrics – Urgent Care data set. . The data was generated in July 2015, and the 5, 10, 15, and 20 year marks refer to 2020, 2025, 2030, and 2035, respectively. In 2025, the workload is projected to grow by 24% over 2015 for this set of services and remain stable in the ensuing 10 years.

More detailed data regarding workload projections will be available when the Market Assessment is completed.

**Figure 1. North Market Data Sets: Primary Care – Geriatrics – Urgent Care**

| Baseline | 5 Year Proj | 5 Year Change | 10 Year Proj | 10 Year Change | 15 Year Proj | 15 Year Change | 20 Year Proj | 20 Year Change |
|---|---|---|---|---|---|---|---|---|
| 172,384 | 196,912 | 24,528 | 213,206 | 40,822 | 219,160 | 46,776 | 216,429 | 44,045 |

| Amb: Primary Care-Geriatrics-Urgent Care | 5 years | 10 years | 15 years | 20 years |
|---|---|---|---|---|
| Market | 14% | 24% | 27% | 26% |
| VISN | 8% | 13% | 14% | 11% |
| National | 11% | 20% | 27% | 30% |




**Facility**: North Market
**Data Source**: VSSC, Utilization Projections by Geography by 2014 Cube
**Run Date**: July 20, 2017

## Recommendations

In addition to the specific recommendations below, there are certain principles that the Subgroup supports as part of the future of VA primary care in New Hampshire. It supports the continued development of the Patient Aligned Care Team (PACT) model, the VA's version of the Patient Centered Medical Home. It also supports the continued expansion of telehealth services both in the home and at the CBOCs wherever possible and appropriate to improve New Hampshire Veterans' access to care.

The Primary Care subgroup also recommends co-locating high demand medical and surgical specialty services at Manchester and Community Based Outpatient Clinics onsite/virtually. A comprehensive cardiology program, Pain Management Program and Wound care were the services at highest demand by primary care staff at Manchester. In addition, specialty support that is created as integrated practice units will likely enhance value to the patients largely since this structure will provide comprehensive specialty care in a coordinated fashion.

Additionally, the Community Care Office Liaison should be located proximal to Manchester Primary Care to enhance communication and coordination between community care and primary care.

Finally, sufficient information technology to support expanded clinical video telehealth and increased portability using laptops/tablets with adequate broadband CBOCs as well as Manchester VAMC should be a priority.

This will improve: collaboration and communication with specialists, efficiency and utilization of staffing resources, and timely access to specialty care (warm handoff/open access). Potential cons include: a new model of open access to specialty care will require restructuring current scheduling and staffing and consideration for provision of same day access.

## Recommendation 1: Primary Care Redesign to Deliver 21st Century Care

Expand and redesign primary care space at the Manchester VAMC and CBOCs to meet or exceed community and VA standards to support fully staffed Patient Aligned Care Teams and extended care team members and assure adequate information technology support. Will improve access to health care for veterans and address psychosocial and behavioral issues by integrating social work, clinical pharmacy specialists, primary care mental health integration program staff and dietitians. The cost to fully staff is below.

**Table 4. Staffing Needs for Recommendation 1**

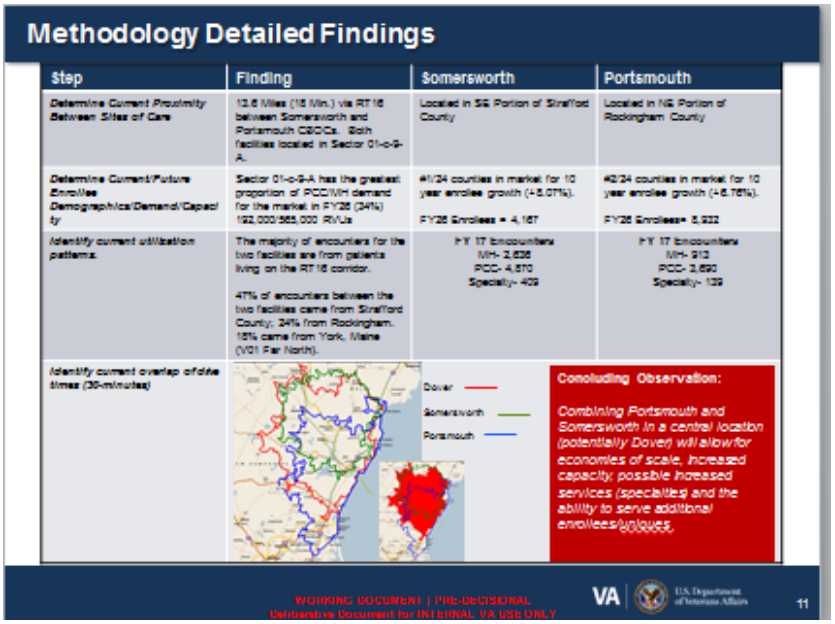
| Expanded Care Team Analysis for Manchester | | Avg Salary | Costs | Comments |
|---|---|---|---|---|
| Current Clinical Pharm specialist FTEE* | 1.5 | | | |
| Clinical Pharm specialist FTEE vacancies | 0.0 | | | |
| Current Clinical Pharm specialist FTEE- Anticoag* | 1.0 | | | |
| Recommended CPS (0.33/1.0 FTEE provider) | 8.4 | | | |
| Gap- CPS need based on current provider FTEE (incl vacancies) | 7.0 | 116,846 | $817,922 | |
| Current SW staffing FTEE* | 3.0 | | | |
| Recommended SW (0.5/1.0 FTEE provider) | | | | |
| Gap - SW need based on current provider FTEE (incl vacancies) | 2.0 | 75,249 | $150,498 | |
| Current Psych/PCMHI staffing FTEE* | 3.5 | | | |
| Recommended psych (0.33/1.0 FTEE provider) | 8.3 | | | MH Prescriber (CNS/NP): |
| Gap - psych/PCMHI need based on current provider FTEE (incl vacancies) | 5.0 | 115,927 | $622,742 | **$130,296 |
| Current RD staffing FTEE* | 0.0 | | | |
| Recommended RD (1.0 FTEE/6,000 patients) | 3.6 | | | |
| Gap - RD need based on current provider FTEE | 3.6 | 82,340 | $296,424 | |
| Total additional costs: | | | **$1,887,586** | |

Assure sufficient information technology to support expanded clinical video telehealth and increased portability using laptops/tablets with adequate broadband CBOCs as well as Manchester VAMC.

## Recommendation 2: Combine the Portsmouth and Somersworth CBOCs

Combine Somersworth and Portsmouth Community Based Outpatient Clinics (CBOCs). Given the close proximity of these two CBOCs, the Primary Care Subgroup recommends combining the two into one, larger "Sea Coast" CBOC serving almost 5000 patients. The Office of Policy and Planning draft analysis identified Dover as the ideal location. A community partnership with a local healthcare facility should be considered. The larger scale would support expanded onsite services and better coverage in this area.

**Table 5. OPP Location Analysis for a "Sea Coast" CBOC**




## Recommendation 3: Consolidate all Primary Care Teams at the Manchester VAMC

Locate all primary care teams at Manchester including Women's Health and the Homeless Clinic in a combined space so that they are adjacent to the main primary care

space. The Primary Care Subgroup recommends locating a Women's clinic adjacent to the redesigned primary care space. A separate entrance and waiting area for the Women's clinic are necessary components. Adjacency allows the two services to share back office functions, while concurrently allowing female Veterans to easily access supplemental wrap around services such as Integrated Primary Care – Mental Health, clinical pharmacists, social work etc. The Homeless Clinic would benefit from administrative and collegial support provided by primary care staff.

Locate Community Care Office Liaison proximal to Manchester Primary Care to enhance communication and coordination between community care and primary care.

These changes will lead to improved patient and employee satisfaction, enhanced team function and communication, improved quality of care for veterans especially those requiring comprehensive primary and specialty care support, and there would be more efficient utilization of staffing resources. Expanded space and combining two CBOCs may have additional costs associated with the changes. Expansion in Manchester may be more complicated given current space limitations. The challenges to improving information technology support remain to be fully understood.

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