



GRECC Clinical Innovations Improve Healthcare Processes and Outcomes for Veterans

...what follows is a small sampling of initiatives from the many Clinical Demonstration Programs currently underway in VHA's Geriatrics Research, Education, and Clinical Centers

Birmingham-Atlanta GRECC “Enhancing Quality of Prescribing Practices for Veterans Discharged from the Emergency Department” (EQUIPPED) has as its goal the reduced prescribing of potentially inappropriate medications (“PIM”--based on the Beers’ list) for older Veterans discharged from the Emergency Department. In FY 2016, EQUIPPED impacted an estimated 28,500 unique Veterans across implementation sites (Birmingham, Atlanta, Bronx, Nashville, Durham). This has resulted in a sustained 50% relative reduction in the PIM per month for more than 12 months post-implementation. The program will expand to two more sites in FY 2017.

Durham GRECC’s VISN 6 Bone Health Service identifies Veterans in the Network with an osteoporotic fracture who are not currently receiving fracture prevention therapies. Electronic consultation to primary care providers resulted in 233 eConsults in FY 2016. One hundred ninety-three were followed by a Durham-based Bone Health Nurse followed who provided education, logistical assistance with appointments and monitoring of medication adherence. Although 38% of bone mineral density (BMD) studies were normal, 45% of patients had osteopenia and 17% had osteoporosis. Bisphosphonate medications were ordered for 71% of the patients for whom they were indicated; another 20 Veterans received the medications after dual X-ray absorptiometry (DXA) findings indicated their use was advisable. It is projected that extending the service to the Greenville Community-Based Outpatient Clinic will increase the number of BMD studies offered to Veterans in VISN6 by at least 50% over the next year.

Miami GRECC Teams with Hospitalists to Improve Care Transitions for Hospitalized Older Veterans.

Thirty-day readmission rates and attendant costs were reduced, and Veterans and Caregivers satisfaction improved, through geriatrics co-management with hospitalist teams. Daily interdisciplinary huddles and comprehensive geriatric assessment for the at-risk hospitalized older Veteran. The program was expanded to all five Miami VAHS hospitalist teams. Cumulative data from April through December 2015 shows that of the 183 patients intervened, 26 were readmitted, resulting in 1 readmission rate of 14.2%. Recent trends reveal that their readmission rates are gradually decreasing (from 14.89% to 12.77%). This information has been disseminated through newsletters and during regional and national meetings.

GRECCs: VHA's Centers of Excellence focusing on vulnerable Veterans through the advancement and integration of research, education and clinical innovation in geriatrics and gerontology within the VA healthcare system. There are currently twenty GRECCs located nationwide with the common mission of improving the quality of care for older Veterans. For more information please visit us at <http://www.va.gov/grecc>

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JJP VA GRECC coordinates the expansion of GRECC-Connect to 10 GRECCs across the nation to connect geriatrics teams with rural clinics

Older Veterans living in rural areas often do not have access to specialized geriatric care and may suffer from multiple chronic diseases, geriatric syndromes, or have functional limitations. Rural providers and staff often lack opportunities for education on managing older adults and often struggle to address medically and psychosocially complex cases that are best managed with real-time input of an interdisciplinary geriatric team. GRECCs, located at urban tertiary medical centers with already established geriatric teams, can serve as clinical and educational resources for outreach to rural clinics where geriatrics expertise is lacking. Because of this need, geriatrics teams in VISNs 1, 2, 3, 4, 6, 12, 16, 17, and 20 have delivered teleconsultation through Clinical Video Telehealth (CVT) visits, electronic consultations or group visits, and education through huddles with primary care providers or regularly scheduled case-based clinical conferences. In FY17, we expanded further to include the Miami GRECC in VISN 8 and the Atlanta and Birmingham GRECCs in VISN 7, with further plans to disseminate through the Geriatric Scholars Program network. Feedback from providers and staff participating in the case based education series indicate that overall satisfaction was high (on average 4 on a scale of 1 to 5 (1=strongly disagree and 5=strongly agree)). Providers and staff reported learning new knowledge and skills that they will apply to improve job performance. Providers who referred Veterans to CVT service agreed that Veterans are seen within a reasonable timeframe and that CVT is an effective way for Veterans to receive care. Total mileage saved among Veterans served in FY16 was 86,278 miles, with an average of 87 miles per Veteran served. This corresponds to a modest average savings of \$47 travel cost per Veteran.

For more information about GRECC-Connect, contact Dr. William Hung, Associate Director for Clinical (Acting) at (718) 584-9000, ext. 1178 or at William.Hung@va.gov

