

Boise Video Vignette Transcript

Narrator: Welcome to the Boise VA Medical Center and the Center of Excellence in Primary Care Education. Here, innovative models of interprofessional training are under development to improve care for Veterans and support the demand for professionals who are ready to practice in patient-centered, team-based care settings.

Melanie Nash: It's like being an amazing chemist and figuring out the chemical equation for something, or being an explorer of some type and being able to think about what you're doing, the way that you've always thought things should be different, and working with a group of people to come together and make new knowledge.

Janet Willis: So, all of us working together, I think, gives this special, comprehensive care to patients that they didn't have before when they were just going to see their primary care provider, and that person was expected to do basically all of those, handle all of those, and address all of the issues for the patients.

Narrator: How do trainees fit in and benefit from this system?

Aubrey Argyle: I go and report off to a nurse practitioner or a doctor, I tell them everything that's going on, I give them my plan for the patient, they like my plan, sometimes they don't like my plan, but either way we come up with the perfect plan for the patient at that time, and it's usually based and founded on sound evidence, and I feel confident that we're doing the right things for the patient.

Deborah Smith: And then, of course, they found our comments were valued and finding that that stimulated more comment and more thought. And the sum of the whole is greater than any one person, and that's what we can capitalize on in the team and really get exponential solutions.

Elena Speroff: I was really pushed; I was challenged because I had two faculty members that were always there to support me. I saw patients who were much more complex than I ever saw as a student, and I was able to because of the support I received from the team. In addition to that, I also got training in facilitation, motivational interviewing, and patient-centered care.

Narrator: One training technique in Boise uses a metaphor of a water cycle and emphasizes the importance of integrating formal instruction into workplace learning in the practice environment.

Scott Smith: This idea of the water cycle as a metaphor for our learning experiences, so really the lake or the water body is the crucible of workplace learning. You jump in and you do this stuff. The protected time for reflection is really kind of the evaporated vapors and clouds, and that rains down to the learners and faculty, kind of here's what we learned from learning.

Narrator: To support learning and improved patient care, Boise created a model that involves a minimum of two disciplines working together to evaluate system process and tackle problems.

Scott Smith: We tackle hard things usually, and we treat each other with respect, and we have been together long enough to have trust so we can do that.

William Weppner: Honestly, when you assemble a good team, and you have good lines of communication, you're all working towards the same goal. So, you're always going to have new people coming in, people that are leaving, people that are changing their job descriptions, and learning new things, so there's a lot of interpersonal management that you have to learn and perform as well.

David Wood: I think that they come to the table with a lot of ideas, they try things out, they have residents who want to learn, and so I think that that learning, if something isn't working then I think they're more able to say, "Let's do something different".

Narrator: As a team, we work to adapt and individualize care, depending on the patient's situation. For example, the NP residency identified that some patients could benefit from peer support. In partnership with the psychology post-doc fellow and pharmacy resident, Boise established group visits to adapt care to patient needs and improve outcomes. Primary Care seminars at the Boise Center of Excellence bridge instruction, learning, and reflection around chronic disease.

Scott Smith: The Primary Care seminars is broken into six modules, so it starts out with the VISN and looking at how the PACT model or team-based care might be a solution to dealing with complex care issues. And then we go through screening, asymptomatic disease, symptomatic disease, substance abuse problems, and then symptoms as the disease, or somatization, as kind of increasingly complex issues. Within each of the classes, what we do is kind of have it three parts. One is we have every year we have new readings that we think are foundational for that particular unit. The second part is really an artificial debate about why we should do some action or not do some action, and really trying to stick to those roles; and then we break role and say, "Now, what would you really do this afternoon?"

Narrator: The latest research helps define ideal treatment, but an interdisciplinary approach helps support patient goals and unique needs.

Kyle Davis: There was a gentleman who came in with symptoms of depression, met with his primary care provider; she was able to refer him over to me, same day they're meeting for their appointment, I'm sitting next door. She says, "Hey Kyle, can you meet with this person? Symptoms of depression." "Sure." So, I meet with him right then and there.

Adam Brotman: For the psychology trainees, is that they're kind of in the soup with all these other trainees; they're all trainees. There's something leveling about that. So, even though it's medical residents, it's nurse practitioner students, it's the nursing students, etcetera, they're all in it together; they're all figuring out this model together.

Ben Widener: Compared to what I saw in medical school, I see this (the CoE) as definitely an enhanced way to provide care. I probably will struggle when I try to incorporate another way when I have to see how medicine is practiced elsewhere.

Narrator: The Center's efforts to draw out interdisciplinary team members strengths has changed the role of pharmacists and pharmacy residents who have become a more vital part of chronic disease management

Emily Johnson: I definitely think it makes me a better Pharmacist. I learn a lot of items that I didn't learn in Pharmacy school. So, there's different aspects to disease states that aren't necessarily taught to pharmacists, but if you can catch those in your practice and learn those, those are just added benefits of knowledge that you can take on for your years of practice.

Amber Fisher: Before where we would maybe just manage a few of our own diabetic patients, calling people on the phone, maybe answering some questions about medication. A doctor seeing a patient, they have a question about medication, they'll come ask a pharmacist, or can you help organize the patients refills? Or the patient doesn't understand one of his pills; can you help him understand that better? Things of that nature. Whereas now, it's very much more disease-management oriented.

Narrator: Boise supports high utilizing patients through their Patient Aligned Care interdisciplinary team update or PACT ICU which uses the EFACT Model.

Scott Smith: It (EFACT model) stands for the five steps that we think that an interdisciplinary trainee can learn how to work on high-risk patients.

So, the first "E" stands for "Elicit the narrative from the patient's point of view".

F: Facilitate a group visit or a group meeting.

E: Do an evidence-based gap analysis, where are we compared to where we could be?

C: Create a care plan that now takes this high-end aspirational gap analysis and puts it into the values of the patients and their context and says, "What can we actually achieve?", and then assigns action times.

T: And then the "T" is to track the changes, so at a future time, we'll go back and learn from what worked and what didn't in our plan.

Narrator: To improve access for Veterans, Boise has developed evening clinics and supports patients by offering evening clinics tele-health. Also, using nurse care managed chronic disease protocols during phone visits has helped improve lab values. But more importantly, it has brought patients and nurses together as more proactive partners in care. Group visits have been established for Veterans who might benefit from peer support.

Pete Bugayong: Having the other Vets there helps me a lot, and I'm pretty sure that each and every one of us helps each other, and I enjoy that very much.

Narrator: In the Boise Center of Excellence, Veterans inspire the Primary Care education that will better support and improve quality of life for Veteran patients, and at the same time, increase the likelihood that high-performing health professionals will stay in Primary Care in VA and in the community.

For More Information

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