What’s Happening at the VA...in Va?

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Virginia Dermatology Society, Williamsburg, VA
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DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

Karina Parr, MD
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DISCLOSURES
We do not have any relevant relationships with industry.
Objectives

- Updates from Hampton VAMC
  - Discuss Cutaneous Oncology Clinic
  - Review VHA Modernization and Impact of The Mission Act
- Updates from Richmond VAMC
  - Discuss Teledermatology approach and impact to Veteran care
  - Review Teledermatology Practice Models

Veterans Health Administration Mission

- Honor America's Veterans by providing exceptional health care that improves their health and well-being.
- Caring for those who have served!
Veterans Health Administration: VISNs

Updates from the Hampton VA Medical Center

Karina Parr, MD
Chief of Dermatology
Hampton VAMC
The Burden of Cutaneous Malignancy
Relevance to Hampton VAMC

• Study by RAND Corporation
  • Dermatology specifically identified as a specialty in which demand is expected to grow at VA Clinics
  • By 2024 the number of veterans in the Eastern Virginia and Northern North Carolina area expected to grow by 10%
  • “Balancing Demand and Supply for Veterans’ Health Care”
    https://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1165z4/RAND_RR1165z4.pdf

Hampton VAMC approach

• Joint Dermatology and Plastic Surgery weekly procedure clinics (2016 – present)
• Improved access to care, decreased referrals to network
• Shared expertise, enhanced patient satisfaction
• The Cleveland Clinic model: Cleveland Clinic Dermatology and Plastic Surgery Institute:
  “...interdisciplinary approach to education, research and patient care”

Cleveland Clinic Dermatology and Plastic Surgery Institute. https://my.clevelandclinic.org/departments/dermatology-plastic-surgery
Hampton VAMC approach

- Mohs micrographic surgery cases from Hampton VAMC were referred mainly to the Naval Medical Center at Portsmouth (NMCP)
- Sharing agreement with an active duty Mohs surgeon

Current model: Collaboration between the VA and DoD

- Hampton VAMC Mohs Surgeon – Dr. Anis Miladi
- Credentialed at both VAMC and NMCP
- Base operations out of NMCP
  - Lab facilities
  - Histology tech support
  - Administrative staff support
  - Mohs surgery provided to VA patients and DoD beneficiaries at NMCP
  - Win-win for both agencies
Current model: Collaboration between the VA and DoD

• Win-win for both agencies
• Improved access to timely skin cancer care
• Continued decreased network costs for VA and NMCP by providing in-house Mohs surgery
• Upcoming Cerner medical record system for both DoD and VA - improved communication and referral mechanism
• Easier transition for Veterans from active duty care to VA care due to familiarity with the system

Hampton VAMC
Cutaneous Oncology Center

• Tamika Champagne, DNP
• Robert Hersh, MD
• Karina Parr, MD
• Anis Miladi, MD
• Bruce Fuller, MD
The VA MISSION Act
(Maintaining Internal Systems and Strengthening Outside Networks)

• Strengthens VA’s ability to recruit and retain clinicians.
• Authorizes “Anywhere to Anywhere” telehealth across state lines.
• Empowers Veterans with increased access to community care.
• Establishes a new urgent care benefit in the community
• VA serves approximately 9 million enrolled Veterans at 1,255 health care facilities around the country every year.

The VA MISSION Act
(Maintaining Internal Systems and Strengthening Outside Networks)

<table>
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<th>ACCESS STANDARDS</th>
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<th>Specialty Care</th>
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<tr>
<td>Wait Time</td>
<td>20 days</td>
<td>28 days</td>
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- Relevance to Dermatology:
- Expanding Telederm opportunities
- Expanding eligibility of the Veterans for the referral to the community dermatologists
- One of the goals is to streamline payment processing to the community providers, encouraging participation in the program
Updates from the Richmond VA Medical Center

Christopher R Gorman, MD
Dermatology
Richmond VAMC

Our Dermatology Team

• Richmond VAMC
  • 4 FT Dermatologists including Dermatopathology
  • 2 PT Teledermatology Dermatologists
  • 3 Physician Assistants
  • 2 Rotating PGY 2 and 3 VCU Dermatology Residents
  • 9 Registered Nurses
  • 3 Medical Service Administrators
Richmond VAMC Dermatology

VCU Dermatology Residents

First Year
Abraham Abdulhak, M.D.
Freba Farhat, M.D.

Second Year
Paul Atakpo, D.O.
Cameron Nichols, M.D.

Third Year
Robert Bal, M.D.
Marissa Milchak, M.D.
Teledermatology Practice Models

- Consultative
- Triage,
- Direct to consumer
- Follow up

VISN 6 Teledermatology Process

Business Model

- Asynchronous Store and Forward
- Goal
  - Triage consults
  - Improve access
  - Timely recommendations
  - Decrease travel time and costs
  - Maintain complete medical record
- Funding/Revenue
  - 4 Richmond staff dermatologists and 2 remote dermatologist
  - Third party billing and Veterans Equitable Resource Allocation (VERA) funding

VHA Teledermatology

Data Source: VHA Telehealth Data Cube
Richmond: Store and Forward Encounters

Providers from the CBOCs send **ALL** dermatology consults through teledermatology.

Providers from the main medical center should send **all** dermatology consults likely to need biopsy or surgical removal through teledermatology. Includes all lesions suspected of being cancer, rashes likely to need biopsy (e.g. suspected cutaneous T-cell lymphoma), and all skin tags.
Teledermatology Triage Model – Richmond VAMC

VISN 6 Dermatology Consult Completion Time

Richmond: >50% reduction in consult completion time

Stakeholders

- Veterans
  - Faster access to specialist, often without traveling
- Primary Care
  - Timely, local recommendations for their patients
  - Quick triage for acute appointments
- Veterans Health Administration-VISN/local facility
  - Greater efficiency and quality of services
  - Improved patient satisfaction
- Financial
  - Decreased costs: Transportation, staff and out-of-network referral
  - Increased revenue: Third party billing and Veterans Equitable Resource Allocation (VERA) funding
AAD Position statement on TeleDermatology

• Physician to be licensed in the state in which patient receives services
• Choice of dermatologist and access to credentials
• Past medical history must be collected as part of service
• Teledermatology services must be properly documented
• Care coordination of regular provider and dermatologist if one exists
• Active training and quality assessment program for both referring and reviewing sites

Thank You