

Chelsea Rick, D.O.

M.P.H. Candidate, Epidemiology Track

chelsea.k.rick@vanderbilt.edu

Practicum Site: Tennessee Valley Healthcare System (TVHS) - Nashville Veterans Affairs Medical Center

Practicum Site Supervisor: Sandra Simmons, Ph.D.

Aligning Care with What Matters Most: Implementation of Patient Priorities Care in a VA Home-Based Primary Care Setting



Introduction: Patient Priorities Care (PPC) is a structured approach to identify, document, and act upon the cornerstone of the 4Ms of Age-Friendly Healthcare, Matters Most. Home-Based Primary Care (HBPC) addresses the Veteran Health Administration's directive to meet the care needs of the increasing number of aging Veterans with multiple chronic conditions (MCCs). Implementation in this unique context has not been demonstrated and seeks to improve patient-centeredness in this vulnerable population at Tennessee Valley Healthcare System.

Methods: The EPIS framework (Exploration, Preparation, Implementation, Sustainment) was selected to guide implementation. Developmental formative evaluation occurred to qualitatively capture organizational readiness and facilitators and barriers through observation and key informant interviews. Implementation strategies were selected based on the assessment of contextual determinants. PPC champions serve as implementation facilitators and audit fidelity to the intervention.

Results: The exploration phase involved stakeholder engagement, mastery of the PPC evidence base, and understanding of existing patient characteristics and HBPC policies. The preparation phase involved observation of team meetings, understanding of existing clinical workflow, baseline measurement of electronic health record (EHR) documentation of identified priorities and care preferences, and participation in national case-based tele-mentoring sessions. Members of the interprofessional team have been trained in both eliciting patient priorities and aligning care with these priorities. Implementation mapping informed development of an implementation blueprint to embed PPC into the existing clinical workflow. Funding has been obtained through a deliverable of writing a Mentored Partnership Grant which will allow continuation of implementation and sustainment. Lessons learned are reported back in biweekly meetings to national PPC leadership work group to further dissemination efforts.

Conclusions: PPC is an effective, feasible approach for enabling older adults with MCCs to achieve what matters most to them. Implementation in the HBPC setting is demonstrated with completion of these efforts and will serve to provide a plan for contextualized replication.