Welcome to the VIP Initiative

AUGUST 2021

An IDEAS –VISN 19 Service and Research Collaborative

WELCOME NEW EMPLOYEE

Welcome Kayla Fritz-Our New Research Analyst!!

Kayla graduated with a bachelors in Biology from Purdue University in 2015 and is currently a Masters in Healthcare Administration candidate expected to graduate fall 2022. Since graduating in 2015, she has worked in both biological and clinical research, most recently here at the University of Utah as a Study Coordinator for the Department of Surgery. She is passionate about improving patient access to care and quality improvement. In her free time she loves to be outside hiking and exploring new places.

X-WAIVER TRAININGS

To register for an upcoming VA-focused X-Waiver Training please go to https://tinyurl.com/XWaiverVASignup
or email X-WaiverTraining@va.gov for more information.
Current openings:

Date	Time	Instructor
October 01, 2021	2pm – 630pm EST	Dr. Adam Gordon
January 21, 2022	12pm – 4:30pm EST	Dr. Andrew Saxon
April 1, 2022	12pm – 4:30pm EST	Dr. Jonathan Buchholz

VIP ABSTRACT ON ED VISITS AND HOSPITALIZATIONS

VIP abstract on ED visits and hospitalizations was accepted for presentation at AMERSA

Title: Impact of an Interdisciplinary Primary Care Clinic for Veterans with Addiction on Emergency Department Visits and Hospitalizations

Authors: Audrey L. Jones, PhD, A. Taylor Kelley, MD, MPH, MSc, Jacob D. Baylis, MPH, Ying Suo, PhD, Nancy A. West, PhD, Nodira K. Codell, MPA, Adam J. Gordon, MD, MPH

Background: Patients with clinical and social vulnerabilities, such as substance use disorders (SUDs) and homelessness, often encounter barriers in traditional primary care environments and sometimes rely on the emergency department (ED) for care. The Vulnerable Veteran Innovative Patient-Aligned Care Team (VIP) Initiative, established in 2018, is an interdisciplinary, team-based primary care delivery model designed to address the needs of Veterans with histories of SUDs, homelessness, and other medical and social vulnerabilities.

Objective: To determine changes in ED visits and hospitalizations in the 12 months following VIP, compared to the 12 months before enrollment.

Methods: We examined a Veteran cohort enrolled in VIP from March 2018-September 2019. Quarterly numbers of ED visits and hospitalizations were abstracted from administrative data in the year prior to and following VIP enrollment. Applying an interrupted time-series design, we used generalized estimating equations with negative binomial distributions to estimate changes in numbers of visits/hospitalizations and slopes over time. We explored potential differences in program effects by interacting time with VIP cohorts, hierarchically grouped as histories of high ED use (3+ visits in 12 months), homelessness, and SUDs.

Results: The cohort included 978 Veterans, 270 (28%) with high ED use, 119 (12%) with homeless experiences, and 166 (17%) with SUDs. In the overall sample, average ED visits and hospitalizations were lower in the 12 months after VIP, compared to the 12 months prior (mean ED visits=.48 vs .56, IRR=0.34; mean hospitalizations=.17 vs .21, IRR=0.23). Patterns of utilization varied over time across the VIP subgroups (interaction p's<0.001; Figure 1). Specifically, rates of ED visits and hospitalizations increased in the quarters before VIP for specified subgroups (p's<0.05). After VIP enrollment, rates of ED visits and hospitalizations significantly declined (p's<0.001) for patients with histories of high ED use but were stable (p's>0.05) for the other groups.

Conclusions: An interdisciplinary primary care model dedicated to addressing the needs of patients with histories of SUDs, homelessness, and medical complexity reduced acute care services, particularly for patients with prior reliance on the ED, demonstrating potential for cost savings.