

Guest Editorial

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Updates in Specialty Care

Specialty care is a critical component of the comprehensive benefits package of health care services the VA provides within and outside our facilities. The VA's Specialty Care Services includes medical services with a wide range of subspecialties; emergent and urgent care and patient support services, such as nutrition; spiritual care and other specific-purpose programs, such as cancer registry and Centers of Excellence for multiple sclerosis, epilepsy, and Parkinson disease. Our coordinated system of care focuses on the needs and desires of the veteran. In fiscal year 2009, the VA cared for more than 5 million veterans.

Besides conducting cutting-edge research and training the future generation of clinicians, the VA's specialists provide everything from routine consultations to tertiary-level care, cardiac catheterizations, and endoscopies. Did you know that more than 70% of all physicians educated in the United States received all or some of their training at VA medical centers?

The VA has the only national system-wide program to remotely monitor pacemaker and defibrillator performance. Registries can track veterans with prediabetes, diagnosed diabetes, and cancer. We maintain databases of patients at high risk or with nontraumatic fractures and/or osteoporosis, Legionella, and emerging pathogens.

The VA launched a research program to enroll 1 million veterans over the next few years in the genomics program, and soon we will offer genetic counseling services.

Dr. Jain is the chief consultant for Specialty Care Services for the Office of Patient Care Services in the VA Central Office in Washington, DC. He is also a professor of medicine at the University of Pittsburgh in Pennsylvania.

Our partnership with the DoD has led to the joint development of guidelines for the management of diabetes, pain, and traumatic brain injury. Development of a joint Vision Center of Excellence is underway to consolidate data from the DoD Clinical Data Repository, the DoD Eye Trauma Module, and stored VA data into a centralized registry.

The VA currently is implementing PACT (Patient Aligned Care Teams), their model for delivery of the patient-centered medical home. Implementation of this model will require effective care coordination and 2-way

veteran-centric care, improving access, and reducing inefficiencies.

By the end of 2013, successful implementation of these initiatives means veterans served by Specialty Care Services will have:

- timely access to care close to home,
- care centered on each veteran's experience and shared decision making,
- data sets looking at overall health of the population,
- coordinated care with ambulatory and in-patient providers,
- care focused on prevention, risk reduction, and maintenance of health and function,

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flow of information between primary care and specialists.

Primary care physicians value the trust and mutual respect formed by properly established collaborative models with specialists. Regular communication between primary care providers and specialists using initial joint patient consultations, regular specialist attendance at primary care team meetings, scheduled telephone discussions, and shared progress notes is associated with improved patient outcomes.¹

Specialty Care Services also has introduced SCAN (specialty care access networks), electronic and phone consultations to support the VA's transformational goals for providing

- acute and end-of-life care designed around the patients and their families, and
- state-of-the-art care updated through incorporating proven new technologies, medications, and continuous learning and improvement.

Starting this month, the Office of Specialty Care Services is pleased to bring you a new column in *Federal Practitioner* under the title "Updates in Specialty Care." Each subsequent column will share the latest evidence-based approach from the unique perspective of clinicians practicing in the VA, provide updates to existing programs, and introduce new programs to our *Federal Practitioner* colleagues. The first column, "VA-DoD Update

of Diabetes Guidelines: What Clinicians Need to Know About Absolute Risk of Benefits and Harms and A_{1c} Laboratory Accuracy,” appears on page 39.

I have served in the VA health care system for more than 30 years and I continue to be impressed by the dedication and commitment of our clinicians to provide the best possible care to the veterans we are privileged to serve. I hope you will find the columns to be informative in delivering ideas to enhance the care you provide every day. ●

REFERENCE

1. Foy R, Hempel S, Rubenstein L, et al. Meta-analysis: Effect of interactive communication between collaborating primary care physicians and specialists. *Ann Intern Med.* 2010;152(4):247-258.

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