

Audio Transcription

Season /Episode #:	Season 1 Episode 1
Guest:	Doctor Kamal Itani
Title:	Expansion of Video visits at the Boston VA Healthcare System

Doctor Maia Carter	Hello, my name is Doctor Maia Carter and welcome to Let's Talk Virtual Care podcast episode one. Doctor Kamal Itani, a surgeon and physician leader, discusses the expansion of video visits in Boston VA health care system. Each episode unpacks key approaches for operationalizing virtual care from exceptional VA staff and health care innovators. You will gain valuable, timely insights for the mobilization of virtual tools for veteran health and well-being.
Doctor Maia Carter	This blog was produced by the Office of Primary Care Virtual Care Integration Team. I'm so excited and honored to have as our very first guest Doctor Kamal Itani for season one, episode one of Let's Talk Virtual Care. Doctor Itani's VA career spans 28 years, where currently he serves as Chief of Surgery at Boston VA Health Care System.
Doctor Maia Carter	For the past 18 years as well as professor of Surgery at Boston University that Itani oversees the work of 234 staff members with 6500 surgeries performed each year. He has clinical and research interest in surgical infections and abdominal wall reconstructions, with improvement in health outcomes as a focus. He's authored and coauthored over 300 peer reviewed articles, serves as surgical leader on a plethora of key organizations.
Doctor Maia Carter	He's received numerous national and international awards and recognition. And one fun fact about Doctor Itani, is that he enjoys spending lots of time with family and friends. All right, so hi, Doctor Itani, welcome. I'm so happy that you're joining us today.
Doctor Kamal Itani	Thank you, Doctor Carter. That's a very kind introduction.
Doctor Maia Carter	Well, you know what I was thinking about as preparing for this interview? You know, we have something similar. So before this role that I'm in currently as director of virtual care integration for the Office of Primary Care, I also was chief of primary care as you are at surgical chief in Boston. So I worked in Las Vegas and I remember all the work that went into implementing and expanding VVC, all the people involved, all the processes that had to get in place.

Doctor Maia Carter	And just reviewing your work. I see how you have been able to integrate VVC into so many different workflows and processes, from pre-op and post-op assessments, from triage to even tumor board. I want to ask you first give us a glimpse into your motivation for VVC and kind of some concrete steps in how you operationalize VVC in Boston VA surgery.
Doctor Kamal Itani	So Doctor Carter, we started right before Covid, when VVC was rolling out and it became a great opportunity for us as we were losing patients to the community through Mission Act and, we wanted to keep these patients within, the, VA system, but were aware that there were some barriers, like, traveling and waiting.
Doctor Kamal Itani	And so we had to find a solution. And we see it really came up as the solution, where we could immediately get in touch with the patient, talk to them, and allow for some of the testing to take place at their home facilities. this became, very helpful where patients referred for surgical care and having their preoperative evaluation and testing prior to surgery and then, seeing them face to face, for finalizing everything prior to surgery.
Doctor Kamal Itani	this was extremely successful in the preoperative clinic. And then came Covid, and then it became a necessity for social distancing purposes, travel and, continuity of care. And so we, you know, we already had experience with, the vaccine through our preoperative clinic. And now we started expanding it, throughout, to various surgical clinics to allow for patients to be seen, through VVC
Doctor Maia Carter	Excellent. So it sounds like, you already had gotten started with VVC pre pandemic. And once the pandemic hit, you're already primed and ready to go to expand it. And I'm also hearing that, it's an opportunity to leverage the technology that helped save money, help save folks from having to go out into the community as well.
Doctor Maia Carter	Absolutely awesome. So tell me what barriers you faced, right? I know, there is quite a bit of variability in the field regarding, our relationships with technology, getting folks on board with doing something new and different. Give us a glimpse in terms of how and what barriers you and your team faced and how did you go about navigating them.
Doctor Kamal Itani	So when we initially started doing the daily series in the preoperative, clinic, most of the assessment was being done by, our nurse practitioners, physician assistants and nursing staff. And when we had to roll it into the clinics, we had to engage the surgeons into doing more in terms of videos.

	And, as you know, surgeons are very hands on type of people, and they want to be able to, palpate that abdomen and chest and, extremities and be able to examine every part.
Doctor Kamal Itani	And you know, biopsy, you can do that. So there was a certain mindset. And, as a barrier to move through. And the second part was, the patient, not all patients had the ability to, have VVC, you know, because they had flat phones, they didn't have computers at home, or the connections were poor, or no connection at all.
Doctor Kamal Itani	So, we had that as the other barrier that we had to overcome. So the first one was with the surgeons. I think I had to lead by example, and I was doing, some exams and talking to patients. Initially I had the help of our nurse practitioner who became very experienced with it.
Doctor Kamal Itani	And, you know, she showed me how to do the feedback. And then I became proficient at it. And then, yes, rolled it out to the rest of the, surgeons. There was still some reluctance, and I had to give them some incentive, and we made it part of pay for performance. Staff had to do a certain number of VVC per year.
Doctor Kamal Itani	This is how much you're going to get in pay for performance. If you do more, you will get more. And if you do really that number, you're going to get the maximum. So that was sort of an encouragement to all the surgeons to engage in VVC. And once they did it for, you know, few times, they liked and set it up, doing more of it and it became sort of a routine and best practice.
Doctor Kamal Itani	So that's from the surgeons. And from the patients it was a little bit more difficult because I would say that about 30 to 40% of our patients do not have the equipment to be able to do VVC. And this is where I work the electronic divide. I think that's how you call them.
Doctor Maia Carter	Digital divide. Yes.
Doctor Kamal Itani	All right. That's it you know, helped us in this regard. And if we had a patient that needed it, we would put a consult in, and then they would educate the patient or even provide them with the equipment if this was going to be sort of a chronic care that we need to, follow through for a long period of time.

Doctor Maia Carter	Excellent. I love what you said about the steps you took regarding getting the physicians on board and other providers and leading by example. I find the same experience, as myself, as I led my service through VVC, learning yourself and being able to do that technology and, utilize it yourself as an example, say, hey, I'm working through it.
Doctor Maia Carter	I'm able to do it. You can do it, too. I think it has a huge impact and then also incentivizing it. I think that it's a great opportunity to kind of really help move folks through this change process, which at times is uncomfortable at first until they develop, a habit, and so awesome. I'm so happy you mentioned the digital divide.
Doctor Maia Carter	That's something that I know myself and my team are continuing to discuss and spread amongst the field, that if a veteran does not have access to a device or, adequate internet service, the digital divide consult is something that they can, access to, kind of see if they're eligible for any subsidy for internet service or a device and being able to connect it.
Doctor Maia Carter	So awesome.
Doctor Kamal Itani	And there was, a lot of apprehension. But I think everybody realized the benefit of doing it first. You know, we were keeping the patients within the system. Patients were very happy that they didn't have to travel, and the surgeons, you know, were spending actually nice time, and were able to see even more patients, through VVC.
Doctor Maia Carter	Phenomenal. It sounds like once you all started to really get into the rhythm of doing VVC on a larger scale, getting that positive feedback from staff and from veterans also encouraged you to keep going and keep moving through that. Again, saving money, and, keeping people in-house and out of the community. I was wondering about the team.
Doctor Maia Carter	I always look at VVC as a team sport. Right. And just looking at all the folks involved to make sure this actually happens, from our telehealth folks, from our clinicians, our scheduling partners, and so many different people. Can you talk a little bit about the team involved and making sure that things run smoothly?
Doctor Kamal Itani	Absolutely. And, you know, again, we have an amazing team of, MSA and MSA supervisors who really made it happen. It starts also with the surgeons because they have to put the appropriate order if they don't put the order as speak, the patient will be scheduled as a face to face, and then they will end up coming here.

Doctor Kamal Itani	And we've had this error, occasionally. And, you know, everybody learned to put the right order in and so that's very important. The second part is, you know, our MSAs have been very good at it. And, have called the patient ahead of time and prepared the patient that, they have received an email or a message you're going to have to click on that link.
Doctor Kamal Itani	Know the video will open up for you, and you will need to be in front of a camera with a good picture and, voice or sound. So that's a lot of effort on the MSA parts. and then, you know what? We have also taken advantage of teams, because when we're in clinic and we're seeing face to face patients and then we have VVC interspersed between face to face patients.
Doctor Kamal Itani	What happens is the MSA sends us a message, that in ten minutes, you're going to have your VVC. Are you ready? Then you can respond, give me an additional five minutes or if the patient appears on VVC, they say your patient is ready on VVC. We've gone to the extent of implementing roaming, within our, virtual care, whereby the MSA would sign in with the patient.
Doctor Kamal Itani	they will keep them entertained for the next few minutes until the surgeon is ready to get on, having received the message through teams and then join the VVC and then at that point, the MSA leaves,
Doctor Maia Carter	the room.
Doctor Kamal Itani	And then let's say that, you know, we need to this patients to come back in two weeks or three weeks or we need to check them again by VVC. Like we send a message to the MSA, they immediately get back on the call within the room and, the surgeon leaves the MSA to, negotiate the next appointment with them so that they don't have to call them back again at a later time.
Doctor Kamal Itani	so we've sort of perfected it to a point where it's working for the surgeon, the MSAs, and everybody's happy.
Doctor Maia Carter	Got it. Wow. It sounds like it's a multidisciplinary, like I always say, a team sport, right? You've got different folks and different service lines working together. Well, tell me a little about that, because I know, different facilities have different structures where you might have different chains of command. The clinicians versus the administrative staff.

Doctor Maia Carter	Can you talk a little bit, lastly about the leadership, right. And as far as consistent messages to the field regarding what the expectations are for VVC, are you in a structure where you have, authority over, several different types of roles, or are you having to work in concert with across the, across the aisle, so to speak, to be able to say, okay, we're all agreeing, we're going to move forward with VVC and let's make sure we have a consistent message.
Doctor Maia Carter	So I think that's, that's an area that comes up quite a bit as far as everyone being on the same page and how they direct their staff.
Doctor Kamal Itani	All the MSAs, belong to surgery and they work within surgical service and they ultimately report to the AO of surgical service. and, you know, under the AO, there are, leads and, under the leads, there are MSA supervisors. So that's, the infrastructure that we have. And so every group of MSA within each campus has their own, supervisor and lead, that they get their instructions from the AO, the AO get his instruction from me, and we make things happen this way.
Doctor Kamal Itani	So and then when there is best practice within one area, we roll it to the next area and we learn from each other. We have several campuses here. We have three main campuses and five community clinics. and each one has its own infrastructure under us. And, we try to learn from each other.
Doctor Kamal Itani	We allow them to innovate to have, some, new practices that we can learn from. And, and this is how we got to this point.
Doctor Maia Carter	Excellent. I love it so much to learn. I think we have a lot to learn about how the structure of your system, how is integrated, how you know, you're hearing a consistent message throughout, and, and it's just, worked very well. Well, that concludes our interview today. I'm so grateful that you're able to join us, Doctor Itani, for our very first episode of Let's Talk Virtual Care.
Doctor Maia Carter	I've learned so much from you about leading by example, about incentivizing, new and different things for our staff, how to keep folks in-house, how to structure, leadership, and messages about how to sustain, technology and the operations and really getting that good, good veteran feedback. As we close, I just have a little fun question for you.

Doctor Maia Carter	Now, those who know me best know I love talking about joy because I believe if we have joy and we kind of understand what brings us joy, then that brings the best out of us. And those who know me know that anything involving music and movement brings me joy. A sense of gratitude also brings me joy. So I want to ask you, Doctor Itani, what brings you joy?
Doctor Kamal Itani	Well, I yeah, I think you mentioned it at the beginning. I love spending time with my family. You know, I love to see my two sons being successful and doing activities with them. Whether it is, traveling, hiking, swimming, you know, this is this is what really brings me joy and gives me new energy to face all the hazards that we have to face at work.
Doctor Kamal Itani	this is this is so important to have, you know, outside interests. We spend more time at work than we spend at home. and so those times that we spend at home are so precious for us to get to be energized for the following day.
Doctor Maia Carter	I love that new energy. Yes. Thank you so much, Doctor Itani. So appreciate your time. I know you're still busy, but you spend a few moments with us to share about your experiences. I know what you've had to say. It's going to impact, our fellow leaders in the field, and I hopefully we can stay in contact with you and keep learning.
Doctor Kamal Itani	Thank you, Doctor Carter.
Doctor Maia Carter	Thank you. All right. Take care.
Doctor Kamal Itani	Bye.
Doctor Maia Carter	Bye. I hope you enjoyed this episode of Let's Talk Virtual Care. I hope that you found it inspiring, and value added as you work to integrate virtual tools into your workspace, we welcome your ideas, your thoughts, and your suggestions for future episodes. You could review this episode or look at prior episodes by looking at our MS Streams channel.
Doctor Maia Carter	Just search. Let's talk virtual care. Please share this blog with your friends and your colleagues. We look forward to seeing you on the next episode of Let's Talk Virtual Care. I'm Doctor Maia Carter and remember dare to be innovative.