

Audio Transcription

Season /Episode #:	Season 1 Episode 7
Guest:	Dr. Justin List and Dr. Carolyn Clancy
Title:	Health Equity Issues amongst Veterans / How Virtual Care supports the health and wellbeing of Veterans

Doctor Maia Carter	Hello, my name is Doctor Maia Carter and welcome to Let's Talk Virtual Care podcast episode seven. Doctor Justin List, director of Health Care outcomes from the Office of Health Equity, discusses how virtual tools can be used to address health equity issues amongst veterans. Each episode unpacks key approaches for operationalizing virtual care from exceptional VA staff and health care innovators.
Doctor Maia Carter	You will gain valuable, timely insights for the mobilization of virtual tools for veteran health and well-being. This blog was produced by the Office of Primary Care Virtual Care Integration Team. Doctor Justin List is a board-certified internist and director of health Care outcomes in the Office of Health Equity. He currently focuses on helping drive equity embedded approaches to improve health care outcomes and eliminate disparities.
Doctor Maia Carter	He is also a clinical instructor at Yale School of Medicine. And one fun fact about Doctor List is that he lived in Uganda studying tuberculosis during medical school, and this was a part of an NIH Global Health Fellowship. And while he was there, he wrote a boat up the Niger River ended up in Timbuktu. And then he attended a desert blues music festival in the Sahara.
Doctor Maia Carter	Now that's an adventure. Welcome, doctor List. It's so delightful to speak with you today.
Doctor Justin List	Thank you, Doctor Carter, I'm really pleased to be here with you today.
Doctor Maia Carter	So, let's jump in. Health equity. How would you define health equity as compared to health equality? And linked that with the goals of the Office of Health Equity.
Doctor Justin List	Equality means an individual or group of people is given the same resources as opportunities. Equity recognizes that each person has different circumstances and is allocated the exact resources and opportunities needed to reach an equal outcome. And so, health equity is the attainment of the highest level of health for all people, valuing everyone equally, but focusing efforts and resources to reach those equal outcomes.

Doctor Justin List	This entails addressing avoidable inequalities and historical and contemporary injustices. To give an example of this, let's say from an equality perspective, a service line decides to get rid of a referral through a primary care physician to a particular service. This may, on one hand, make it equal and easy, hypothetically, for individuals to self-refer to that service, but also from an equity perspective, might actually make it more difficult for others due to health literacy and other factors.
Doctor Justin List	So, one thing you know, in that particular example might have a combination of both, because having a primary care team help walk someone through a referral process might actually be an equitable approach and not a doorstop, for example. And our office liaises with other offices and agencies to help promote health equity. And we support and lead ways to address disparities through education, communications, data, projects and other initiatives.
Doctor Maia Carter	Great. So, your office is really just rolling up their sleeves and just doing the work of health equity and helping to narrow that gap. Phenomenal. So, tell us a little bit about the data sources. Right. What's available to us virtually.
Doctor Justin List	So, the Office of Health Equity partnered with the center for Health Equity Research and Promotion. It goes by the acronym Chirp. And they created the Primary Care Equity Dashboard. It's equity data visualization section pulls in a selection of equity measures. Think hypertension diabetes control and allows the stratification of measure performance by race and ethnicity, sex and gender, geography and neighborhood poverty level.
Doctor Justin List	So, this is a that's a very exciting way that teams can look at their data and their performance and stratify by some of the equity, dimensions and demographics that are really important to us. In addition, in this, primary care equity dashboard, there's a newer VISN opportunity matrix, which allows performance comparisons at the vision level across different equity categories.
Doctor Justin List	And then our second dashboard is the Equity Guided Implementation Strategy dashboard or Egis. And Egis is geared towards vision VA leadership and allows the leaders at different sites to compare between VISNs and VA MC's.
Doctor Maia Carter	Great. I love the vision comparison. Looking at how your facility compares to others, and really working collectively to just dive a little bit deeper into health equity and doing that work great. So, what do you say to some of the skeptics out there or those who say, you know what isn't that's redundant? Are we already looking at high risk groups?

Doctor Maia Carter	We have dashboards for that, or isn't health equity, I- care values? Are we reinventing the wheel here? Well, what are your thoughts.
Doctor Justin List	Yeah, I mean it's an important question. And it's really on everybody's mind, especially folks on the front line. So, I would say the health care field is going through the process of asking itself, what are the important pieces of data that we should be focusing on, what data is actionable and who should be tracking it? Many large health care systems are swimming in dashboards and initiatives, but what is also true is that when it comes to health disparities, we all still need tools such as the Primary Care Equity Dashboard to advance equity and to close gaps between groups while improving overall population and health.
Doctor Justin List	You mentioned I- care. our equity tools help bring the I- care mindset alive as we look to achieve clinical excellence by improving patient health and the I- care values, especially of respect and excellence, really tie into the reason that we are promoting equity and embedding it in everything we do. And as I think is the case with many dashboards, questions to ask oneself as a user who should be looking at this data and who can act on this data and have.
Doctor Maia Carter	Fantastic. It sounds like the health equity dashboards really just bring I- care to a whole other level. And, allow us to all kind of rise up together to really address some of these, these core issues. So lastly, how can VHA team members create an environment where health equity is weaved into our day-to-day processes?
Doctor Justin List	Not only should equity and outcomes be a professional goal, but it's now part of the Joint Commission standards as of January 1st, 2023, and the continuous quality improvement mindset as a care team member is a fantastic way to think about how to weave equity into our day-to-day work. And the five steps in this model are establish infrastructure, rethink aims, use data differently, tailor tests of change and sustain and spread.
Doctor Justin List	So, for establishing the infrastructure, VA is ahead of the non-VA sector. We have robust race ethnicity data, geographic poverty and sex gender data available for many chronic disease metrics and around our patients. And one way to think about how to weave and equity data might be the following. Let's say your patient panel is not meeting the benchmark for hypertension control.
Doctor Justin List	You look at your data on the Primary care equity dashboard. You see disparities between two racial ethnic groups. Instead of simply saying and this

	is using a quality improvement mindset by X date, we have aim to make sure our patient population is above Y threshold for control. You might instead say by X date, we aim to make sure our patient population is overall at Y threshold for control, and we aim to close the gap between A and B racial ethnic groups to get there.
Doctor Justin List	So, using an equity lens this might mean trying tailored outreach and engagement approaches with patients belonging to certain demographic groups that have lower rates of control, but ultimately caring for the individual as an individual is the goal. But an equity approach can help. And so, weaving an equity shouldn't be more work, but rather retooling how existing work is done to achieve equal outcomes.
Doctor Maia Carter	I love what you said, retooling how existing work is done and asking ourselves the right question, going a little bit deeper and just opening our lens and to where are the gaps and what work needs to be done to narrow that gap. So, in closing, I want to discuss a topic that really important to me, and that's joy.
Doctor Maia Carter	And I believe if we do things in our life that bring us joy for better for ourselves and those around us now, music and movement bring me joy. That could be dancing, exercising. I just love music and movement. So, I'm going to ask you Doctor List, what brings you joy?
Doctor Justin List	I especially love writing and receiving letters and postcards. Well, few people send them any more than I know. I do try to send some at least weekly and always for traveling, and I have a few family members and friends who have been saving all of my postcards since I really started doing this in high school. So, I would say that particularly brings me joy also.
Doctor Maia Carter	Oh, I love that. It's nothing like a thoughtful letter or a card that someone took the time to write. Joining us now is Doctor Carolyn Clancy, assistant undersecretary for Health Discovery, education, and affiliate networks, discusses how virtual care supports the health and well-being of veterans. Grand finale with Doctor Carolyn Clancy, assistant undersecretary for health for discovery, Education and affiliate networks, as also known as Dean.
Doctor Maia Carter	Dean's mission is to transform health care for veterans and the nation through innovation, training, research, and partnerships. Doctor Clancy is a highly experienced general internist and a nationally recognized physician executive. Prior to joining VA Doctor, Clancy led the agency for Health Care, Research and Quality as its director for ten years. Doctor Clancy has

	contributed to eight academic textbooks and authored, coauthored, and provided invited articles and commentary, and more than 225 scholarly journal articles.
Doctor Maia Carter	She has won several awards, and the most recent was recognized by the Primary Care Collaborative with the prestigious Barbara Starfield Award. Doctor Clancy, I am so rejoiced and humbled to have you as a guest on our grand finale episode of Let's Talk Virtual Care. Welcome.
Doctor Carolyn Clancy	Thank you. And I'm delighted to be part of this.
Doctor Maia Carter	Tell us a little bit about your thoughts on virtual care in general, and how virtual tools can contribute to veteran health and well-being.
Doctor Carolyn Clancy	What a fabulous question, Doctor Carter. Let me say that when I first started my career, I was in academia, and literally the week I arrived, the institution announced that we were all now going to be part of an HMO. This was not like a Kaiser HMO, but like one where we would have some patients who were private sector, some who were in this HMO.
Doctor Carolyn Clancy	of great note here. I was the only female primary care doc downtown Richmond, so I was wildly popular. Every time I would go do an errand, someone would say, hey, we haven't met, but you are my doctor. So, of course, these people started calling me, and I got kind of interested in telephone medicine because a lot of what they called for was pretty minor, and I couldn't imagine telling them to come in for a visit that might take a little while to schedule or actually longer than a little while.
Doctor Carolyn Clancy	So, I did a number of things, but also then wanted to study telephone medicine. How much can you really do reliably by phone? And I learned very early that when Alexander Graham Bell invented the phone, his very first call was to his top assistant because he had spilled acid all over himself. So clearly, telephone medicine had its, issues at the earliest possible stage of development.
Doctor Carolyn Clancy	Once, when I suggested that we might be able to diagnose vaginitis by phone. This is before the medicines were over the counter. I thought someone was going to call, like a lawyer or something, and you know that this was a terrible thing to think. But, you know, I come from a very large family. So, it was very clear to me growing up on the oldest that my mother and the pediatrician were co-producers here, because she didn't have a car till routinely till I was about 11 or 12.

Doctor Carolyn Clancy	A lot of work happened by phone. So, I think, that those were some of the earliest roots for me. But I would argue that we're still struggling with that piece a little bit. Right. How do you integrate what happens face to face with what happens virtually? The reason I really like it is it's a way to be responsive to people in a very timely fashion.
Doctor Carolyn Clancy	And sometimes I think we forget that in the, you know, bureaucracy and challenges of scheduling and so forth. What I love about VHA is how many of our facilities have mental health embedded, in with the teams. That, to me is a total game changer. Intuitively, instinctively. And I hear this from external experts all the time. I think we need we, the health care system in this country, need to do a whole lot more of that.
Doctor Maia Carter	Thank you. Thank you for sharing those historical points there with Alexander Graham Bell and your own personal journey with virtual care .Tell us a little bit about your office. Office of discovery Education and affiliate networks. How does the Dean office support virtual care? Are there any related projects or developments that you would like to share?
Doctor Carolyn Clancy	First, for academic affiliations, trainees who come to VHA for part of their training. And it's such an awesome opportunity to have this, imprint and impact on future health professionals, especially now, have far more opportunities to provide care to patients virtually. And in fact, as a result of the pandemic, my colleagues in, Office of Academic Affiliations who are able to figure out how they could be supervised virtually, which really changes the game and the possibilities, if you think about it.
Doctor Carolyn Clancy	I mean, it's really terrific in research. We have some fascinating work in progress, particularly from VISN one, where Doctor Samantha Conway was just given a research award by the secretary for her work and Tele mental health and this, very, very strong foundation of evidence that telehealth, Tele mental health is not only as effective, it may be more effective.
Doctor Carolyn Clancy	We're doing just some amazing work. and I think the most exciting one is something called the smart mat. So, we all know that diabetics can be at very high risk of developing, foot ulcers that can lead to lower extremity amputations. I mean, it's tragic. And it turns out that before diabetics, even if they're being very careful about examining their feet all the time before even an ulcer shows up, the temperature on the bottom of the foot changes.
Doctor Carolyn Clancy	This company makes something called a smart mat. The veteran stands on it for 30 seconds a day, or 20 second, and the temperature is sent to the

	veteran's care team if their temperature changes. The care team knows to reach out and begin some proactive work with that veteran. And in those facilities where there's been a very tight collaboration between the innovator and the people taking care of the veterans, the amputation rates have dropped substantially.
Doctor Carolyn Clancy	That is a home run when that connection doesn't exist, you don't see the decrease in amputations. So that's the piece this that we have to get right.
Doctor Maia Carter	It's so awesome to hear about the innovations and research coming out of VHA, coming out of your office, regarding, innovation and technology. Fantastic. And I think, we've got another generation of residents coming out where, you know, virtual tools will be second nature for them. And being able to learn how to have that website manner and take care of patients, through different means.
Doctor Maia Carter	So, what would you say your message would be to the field regarding virtual care, especially now as we've moved out of the emergency response period?
Doctor Carolyn Clancy	First of all, I think together we should all feel very, very proud about how quickly we were able to pivot to respond to veterans needs at a very, very scary time and protect them and minimize their risk of getting Covid from coming in for a face-to-face visit. We did a terrific job, and when you see the numbers of virtual encounters and so forth, it's really, really impressive.
Doctor Carolyn Clancy	I think we have the opportunity to build even more on that experience, to actually be world class and certainly first in class in the nation. In terms of how does all this work together? Not that other systems are really, smart and thinking along these lines, but they are somewhat constrained by reimbursement rules that don't apply to us.
Doctor Carolyn Clancy	So that's a great, liberating feature. If anything, I think we have underestimated the power, of responding to veterans in a fairly probably, when they've got a problem. That doesn't mean you're solving everything or that you're moving appointments around like crazy, but more or less saying, I hear you. And, you know, right now you can do this and we'll make you an appointment for as soon as we can.
Doctor Carolyn Clancy	and which would be better for you? Is it a telehealth visit? Okay, or would you prefer to come in in person? Because some people may still prefer to do that? The one other thing I think that we need to be attentive to is digital literacy. I don't think we know about people who have a hard time getting on in one of our facilities in Phenix, and there may be more.

Doctor Carolyn Clancy	They're actually partnering with the local fire department to help veterans who live alone and may not have a grandchild or some other kid around to show, grandpa or grandma how to do this. And of course, it's in the fire department's interest, particularly for veterans living by themselves who are pretty isolated. After all, who's going to be their customers in a way that they don't want?
Doctor Carolyn Clancy	So they're actually working with the veterans so that they can understand and make it as easy as possible for them. I think we have to invest a lot more of our time and thinking and focus on that area,
Doctor Carolyn Clancy	where if a veteran had a face-to-face visit and got nervous, maybe a neighbor got Covid, maybe one of their family members, maybe they weren't feeling well and called in and said, could we do this virtually?The answer would be yes, of course. You know, again, that responsiveness to veterans needs and preferences, I think, is where we all want to be. And I think telehealth is a very powerful tool to help us get there.
Doctor Maia Carter	This has just been truly an honor to hear your perspective on virtual care. So I'm going to ask you, Doctor Clancy, what brings you joy?
Doctor Carolyn Clancy	So, a couple of things that bring me joy. first is my family, my husband, of course, who's a political writer. And so, we come from very different perspectives on almost everything. My four sisters and their daughters and so forth. this is really, girl power at its strongest. And they're all wonderful people, and particularly my nieces are very, very different people.
Doctor Carolyn Clancy	And that's, phenomenal. I love all kinds of music. And my husband and I, Hawaii is our happy place.
Doctor Maia Carter	Oh, the aloha spirit. Yeah. It's nothing like, getting together with family. And I like how you spoke about the just the different perspectives. Thank you for joining us on 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.
Doctor Maia Carter	You can view this episode or look at prior episodes by looking at our MS Streams channel. 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.
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