

April 11, 2012

PRIMARY CARE STANDARDS

1. PURPOSE: This Veteran Health Administration (VHA) Directive extends the basic standards expected of primary care services provided in VHA until the Patient Aligned Care Team (PACT) Handbook is published.

2. BACKGROUND

a. Earlier VHA policy has provided guidance for implementing primary care services throughout the VA health system. This enabled VHA to shift from a system that provided mostly episodic hospital care to one that provides continuity of care in the outpatient setting.

b. The Institute of Medicine's definition of primary care provides the foundation of VHA primary care. "Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

c. VHA primary care gives eligible Veterans easy access to health care professionals familiar with their needs. It provides long-term patient-provider relationships, coordinates care across a spectrum of health services, educates, and offers disease prevention programs. Primary care now serves as the foundation of VHA health care and has become the first point of contact with the health care system for Veterans enrolled in VHA.

3. POLICY: It is VHA policy that the full scope of primary care is provided to all eligible Veterans seeking on-going health care. *NOTE: Exceptions may be made for some Veterans requesting limited care, such as subspecialty care for service-connected conditions, or for those scheduled only for compensation and pension exams.*

4. ACTION: Each VHA Medical Facility Director must ensure that primary care services meet the following basic standards:

a. **Continuity.** Each Veteran receiving primary care must be assigned a single primary care provider.

(1) Those who spend a significant part of the year living in two regions of the country and who have complex needs requiring close supervision may have primary care providers assigned at more than one VHA medical facility.

(2) The primary care provider functions as part of an interdisciplinary, primary care team, which includes, at minimum, a physician, nurse practitioner, or physician's assistant, as well as nurses and administrative support personnel.

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(3) Primary care programs place a premium on sustaining the personal relationships between patients and their providers. This therapeutic alliance improves the likelihood that patients will participate in preventive health screenings, take active and educated roles in decisions affecting their health, and ultimately become more independent in managing their own health. **NOTE:** *Ensuring continuity of care as new technologies, such as telemedicine, are introduced remains a top VHA priority.*

b. **Accessibility and Timeliness.** Patients must be able to obtain medical advice when they seek it, whether for urgent problems, minor concerns, or chronic conditions.

(1) During business hours, patients must have access to their primary care team's clinical staff through toll-free and local numbers for same-day triage of their concerns.

(2) During non-business hours, telephone triage must be provided by health care professionals with access to patients' computerized medical records.

(3) When clinically indicated, patients must have access to their primary care team for face-to-face encounters for urgent or new medical issues.

c. **Comprehensiveness.** Primary care providers must take responsibility for meeting the health care needs of the individuals assigned to them; if not through their own scopes of practice, then by referral to specialty services. Primary care providers and their health care team manage common chronic diseases prevalent in the Veteran population and treat acute illnesses. The primary care team is responsible for:

(1) Providing or arranging for appropriate preventive health services, including breast and cervical cancer screening.

(2) Screening for mood disorders and substance abuse, and promptly treat uncomplicated anxiety and depression.

(3) Offering continual education to patients about diseases, medications, and healthy lifestyles, thereby helping patients become more independent, knowledgeable, and confident in maintaining their health. **NOTE:** *This remains a fundamental goal of primary care.*

d. **Coordination.** Patients receive medical attention in a variety of settings: clinic, hospital, emergency room, community living center, and at home, as well as from a multitude of specialties and services within the VHA system and in the private sector. In order to coordinate care, medical facilities must establish systems to ensure that the following exchange of information occurs regularly and reliably:

(1) Staff caring for hospitalized patients must communicate with the primary care team, before the patient's discharge, to arrange follow-up care.

(2) Primary care providers and emergency room staff must communicate with one another regarding the emergency care needed for, or given to, patients.

(3) Telephone triage personnel must communicate with assigned primary care providers regarding patients' concerns and triage decisions.

(4) Specialty consultation services must communicate with assigned primary care providers regarding results of specialty evaluation and treatment plans.

(5) Case managers and primary care teams, through the use of referral, must help patients arrange follow-up care at distant VA medical facility when patients anticipate traveling.

(6) Recognizing that a large number of enrolled Veterans also seek medical care outside VHA, and to help coordinate VHA services and medications provided to patients, primary care providers must review their records and communicate with private practitioners.

(7) Within each medical facility, primary care programs must establish and adhere to written service agreements with medical subspecialty, surgical services, and mental health services in order to allow providers to arrange specialized assistance, hospital care, or emergency care expeditiously.

e. **Practice in Context of Family and Community.** Primary care clinicians are responsible for seeking an understanding of the patients' living conditions, family dynamics, and cultural background, with particular attention given to military experiences. Communication and coordination of care with family members and other caregivers remain integral components of primary care. *NOTE: VHA encourages primary care clinicians to engage in their communities by participating in local and state organizations, such as medical societies.*

f. **Quality of Care.** All primary care teams must demonstrate active participation in continuous efforts to improve quality of care. The goal of quality improvement is to meet or to exceed expectations set by the VHA performance measurement system, which assesses clinical quality, Veteran satisfaction, and efficiency.

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: The Office of Patient Care Services (10P4) is responsible for the contents of this Directive. Questions may be addressed to Chief Consultant at (202)461-5053.

7. RECISSIONS: VHA Directive 2006-031 is rescinded. This VHA Directive expires April 30, 2017.

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