

**»Coordination of Specialty Care«
Results of VA PCP Survey**

The CSC-PCP [Coordination of Specialty Care—Survey for Primary Care Providers (PCPs)] was administered in VA in April 2018 as part of a research study to 1) develop a measure of specialty care coordination for PCPs and 2) use the results to understand VA PCPs’ experience of coordination with medical specialists.

Our team plans to measure and report on how PCPs’ experience changes over time, as new supports for and challenges to coordination present themselves in VA. Baseline data is presented here.

This report is provided to you because you participated in this study.

- »HIGHLIGHTS«**
- **Overall rating of coordination with specialists:**
8 out of 10
 - **Most helpful mechanisms to coordinate:**
 - E-consults
 - Co-location with specialists
 - Instant messaging
 - Telephone
 - **Highest coordination scores:**
 - Clarity in specialists’ recommendations
 - PCPs’ confidence and trust in specialists
 - Access to relevant to clinical data
 - **Lowest coordination scores:**
 - Specialists valuing PCPs’ contribution
 - Involving PCPs in decision-making about patient care
 - Receiving help from specialists and their staff in a timely manner

Demographic Characteristics*	Percent**
Discipline (N = 1576)	
MD	64%
NP	30%
PA	6%
Female (N = 1145)	61%
Age (N = 1149)	
Prefer not to say	3%
Less than 30 years	1%
30-39 years	12%
40-49 years	24%
50-59 years	34%
60 years or older	26%
Years in VA (N = 1155)	
Less than 1 year	5%
Between 1 and 5 years	38%
Between 5 and 10 years	20%
More than 10 years	37%
Weekly time in outpatient care (N = 1159)	
Less than 10%	1%
10-24%	6%
25-49%	6%
50-74%	14%
75-90%	23%
More than 90%	50%

»PUBLICATIONS and CONTACTS«

Vimalananda, VG, Meterko, M, et al. Development and psychometric assessment of a survey to measure specialty care coordination as experienced by primary care providers. *Health Serv Res.* 2020;5: 1-11. <https://doi.org/10.1111/1475-6773.13310>.

Anderson, E., Solch, A. K., et al. Concerns of Primary Care Clinicians Practicing in an Integrated Health System: A Qualitative Study. *Journal of General Internal Medicine.* 2020. <https://rdcu.be/b66wq>.

For additional information, or for questions and comments, please email the study PI:

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*N for each item varies due to missing data
**Numbers in table are rounded to the nearest percent

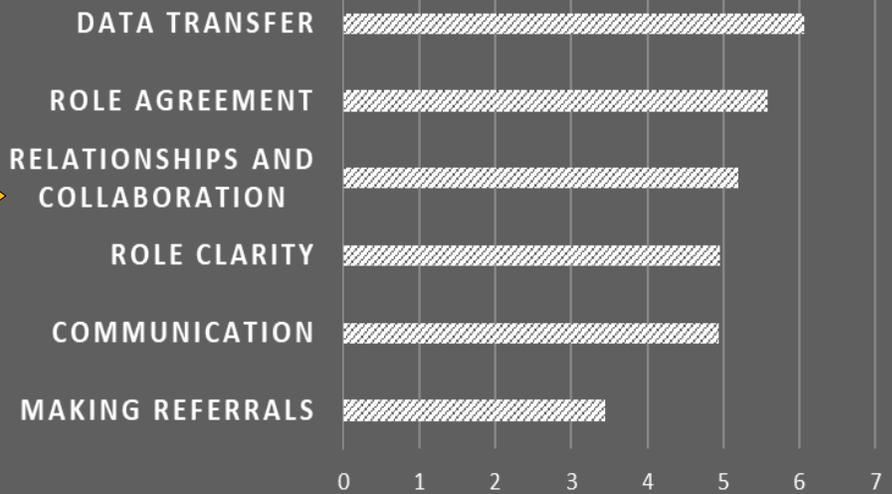
»DETAILED RESULTS«

The CSC-PCP Survey includes six scales that measure key aspects of PCPs' experience of coordination with specialists.

Coordination scale mean scores are here.

Scores for individual items within each scale are on following pages.

COORDINATION SCALE MEAN SCORES*

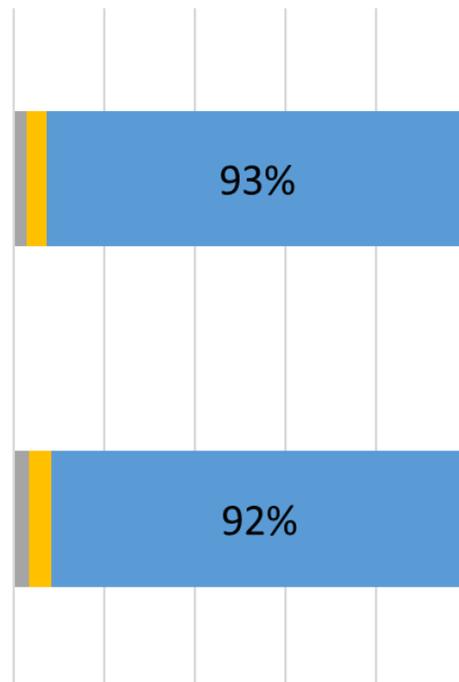


* All mean scores on a scale of 1-7 except "Making Referrals," which is on a scale of 1-5.

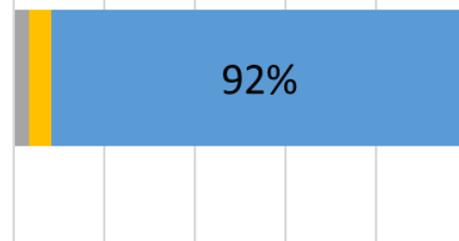
Data Transfer

■ At most 30% of the time ■ About 50% of the time ■ 70% of the time or more

For patients who saw the specialist more than once, how often did you have access to the most recent relevant information when you needed it over time?



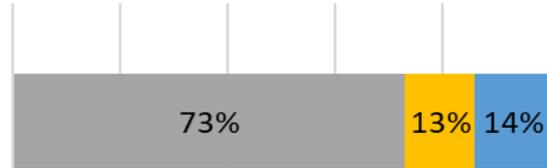
At the time of the patient's first return visit to you, how often did you have access to the most recent relevant information from the specialist's practice?



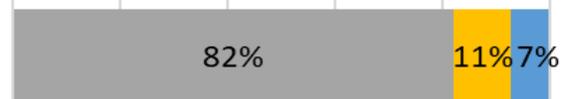
Role Agreement

■ At most 30% of the time ■ About 50% of the time ■ 70% of the time or more

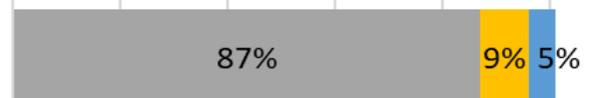
How often did you feel that you and the specialist had conflicting expectations of each other's roles in caring for patients?



How often do you perceive a difference of opinion about the information that should be included in the consult request?



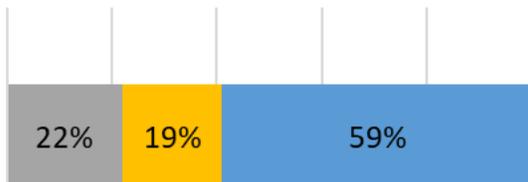
How often do you not refer due to different opinions about what is appropriate for referral or required workup?



Role Clarity

■ At most 30% of the time ■ About 50% of the time ■ 70% of the time or more

When the specialist asked you to carry out tasks related to the referral problem, how often did you find these appropriate to be carried out in your primary care clinic?



For patients that saw the specialist more than once for the same referral problem, how often were you clear on the division of responsibility between you and the specialist over time?



At the time of the patient's first return visit to you, how often were you clear on the division of responsibility between you and the specialist?



Relationships and Collaboration

■ At most 30% of the time ■ About 50% of the time ■ 70% of the time or more

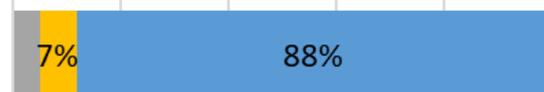
How often have you felt informed and up-to-date about the care your patients received from the specialists in this service?



How often did the consulting specialist involve you in important decision-making about your patients' care when you thought they should do so?



How often did you have confidence and trust in the specialists in this consulting service?



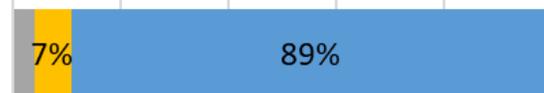
How often did you feel that the consulting specialist valued your contribution in caring for patients?



How often did you feel that you and the consulting specialist worked well together in caring for patients?



At the time of the patient's first return visit to you, how often did you feel that the specialist had adequately evaluated the patient's condition?



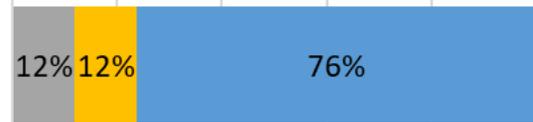
Communication

■ At most 30% of the time ■ About 50% of the time ■ 70% of the time or more

When you needed help from the specialist's office staff or clinic staff, how often were you able to get the help you needed in a timely manner?



How often was the specialist helpful in providing you further information or other assistance when you requested it?



When you tried to communicate directly with the specialist, how often could you reach the specialist in a timely manner?



Making Referrals

■ Strongly disagree ■ Disagree ■ Neither ■ Agree ■ Strongly agree

Specialty service has clearly described expectations for what information should be included in consult request



Expectations align with my own standards for appropriate referrals and required workups



Specialty service has clearly described expectations about conditions appropriate for referral and required workup

