



Stories from the American Board of Family Medicine

Inter-department Collaboration Leads to Improved Care by ABFM Diplomate Dr. Naganna Channa and VA Team



Dr. Naganna Channa

More than 70,000 active veterans utilize Veteran Affairs (VA) services in the Nebraska-Western Iowa Health Care System (NWIHCS). This includes family medicine, emergency care, and a range of other specialties.

ABFM Diplomate Dr. Naganna Channa practices emergency medicine part time at the Omaha VA Hospital, and he serves as Medical Director for the VA's Care in the Community program. This means

that he oversees family medicine centers and primary care clinics throughout the region to better coordinate care for the entirety of this large patient population.

Beginning in 2018, Dr. Channa and his health care partners noticed that primary care clinics in the region were recommending colonoscopies at a usage rate exceeding the limitations of the gastroenterology office. When COVID-19 struck in 2020, this trend reached a breaking point.

"We were forced to rethink our primary care strategy. So many offices were limited or locked down, but care must still happen. Our veterans were unable to go out into the community, but some sort of screening was needed to monitor the health of these patients," explained Dr. Channa, who has been board certified for almost two decades.

Coordinating with several departments, Dr. Channa and his team determined that an at-home or in-office Fecal Immunochemical Test (or FIT Test), in which patients give samples to the VA lab for analysis, would provide the medical oversight necessary for patients with a low risk of colon cancer.

If tests showed blood in the stool, then a colonoscopy would be coordinated between the primary care clinic and a gastroenterology office. This change was implemented over a 14-month period from June 2021 to August of 2022.

"Patient feedback has been great," said Dr. Channa. "They were so happy that we found an innovative way to offer care. Even now that the COVID-19 lockdown has ended, many veterans say they would prefer to continue this long-distance care. This saves a lot of money for the hospital, and it gives providers the time necessary to complete diagnostic tests as needed."

Since the summer of 2021 when FIT Tests were first offered as a colonoscopy alternative, the hospital has saved close to \$800,000, and patients are seeing less wait times for important care procedures. Additionally, this proved that collaboration among multiple departments can lead to successes that may not be achievable alone. During implementation, Dr. Channa and his fellow primary care physicians met with gastroenterology, the referral management team, the lab team, and the electronic health records (EHR) team to make sure everything was in order.

There were a few bumps in the road early on. Some patients received the FIT test but didn't follow up with their clinic. Dr. Channa said his primary care team adapted quickly, checking in on patients and making sure continuity of care was never dropped between health care professionals. The EHR team was vital in mapping the flow of care between patients and physicians.

"Getting everyone who may be affected on board was essential. It allowed us to prepare for transition before we started the process. Good care coordination is essential for better health outcomes. Health care facilities of all kinds must stay innovative and adjust so patients can continue to get the care they deserve in spite of challenges" Dr. Channa said.

Thank you to ABFM Diplomate Dr. Channa and his health care team for sharing this work with ABFM as a COVID-19 Self-Directed Clinical Performance Improvement (PI) activity. Hopefully this work can inspire other family physicians who need to finalize their PI requirement.

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