

The Center for Evaluation of Patient Aligned Care Teams (CEPACT)



VISN 4 Research Leadership Highlights (FY 2010-2014)

Bridging Principles and Practice

The VISN 4 Center for Evaluation of Patient Aligned Care Teams (CEPACT) is one of four PACT Demonstration Laboratories engaged to evaluate the implementation of the Patient Aligned Care Team (PACT) model following its launch in 2010. Between FY 2010-2014, CEPACT performed a multi-pronged regional evaluation of different aspects of the PACT roll-out. It focused on staff experiences and perspectives as well as facilitators and barriers to PACT implementation. In addition, CEPACT-funded pilot projects tested multiple PACT-related innovations. Evaluation activities included site visits, key informant interviews, video observation of clinical appointments, staff surveys, and secondary analysis of medical record data.

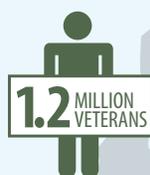
Research Bottom line

Leaders have the power to bridge PACT principles into practice through how they direct and support the PACT model. Leaders need to engage staff and incorporate their knowledge and experience to support PACT innovation. PACT as a model can work, with more direct leadership engagement to ensure the right workplace environment, resources, and support exist.

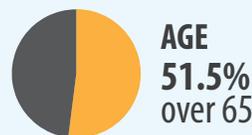
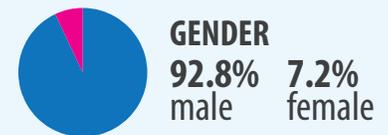
Research findings highlight the crucial role that leadership investment and engagement play in determining whether PACT implementation succeeds or falls short of VHA's mission.

As of FY 2012

VISN 4 SNAPSHOT



In 6 states: Pennsylvania, West Virginia, Delaware, New Jersey, New York, and Ohio



PACT Can Work

CEPACT evaluation studies illustrate that PACT Can Work with the right setting, support, and resources. The highlights below are the result of CEPACT research and emphasize areas integral to successful PACT implementation, including: leadership engagement; orientation to organizational climate; training and resources; and a focus on PACT in practice.

Leadership Engagement

Direct, engaged leadership support is critical to successfully implement PACT. Leadership **MUST** be involved and on board to support sustained changes.

- Leadership engagement, staffing resources, and access to information and knowledge help teams' ability to effectively implement PACT.
- A lack of local leadership investment and buy-in in PACT negatively affects teams' engagement and optimism about PACT.

- Leaders benefit from participating in PACT trainings. The initial expectation that pilot teams would “teach up” and take the lead in spreading PACT is unrealistic given existing organizational structures and culture.
- Explicit leadership guidance on scopes of practice for PACT team members is necessary for PACT teams to work. This guidance should take into account local and state regulations.

To promote effective PACT model implementation, leadership should provide staff with the following resources and guidance:

- Sufficient staffing to build fully-staffed, stable teams;
- Protected time outside of clinical duties to work on practice improvement;
- Adequate training and ongoing guidance/coaching support;
- Clear role expectations and guidance on scopes of practice; and
- Clear, easy access to sources of information and best practices.

Organizational Climate

For many within VHA, PACT implementation represents a significant shift from current practices and structures. Success in implementing new models of care may depend in part on an organization's and leadership's ability to improve workplace culture and environment.

- **A one-size-fits-all approach to PACT adoption will not work.** More complex facilities may require greater time and support for organizational change. When developing transformational initiatives, leadership should consider and address variations in the organizational setting as a key factor in implementing change.
- **“Organizational readiness” is a key of success.** The presence of key organizational readiness elements prior to implementing change – leadership engagement, adequate resources, and access to information and knowledge – builds the foundation for developing long term PACT practice improvements that work best locally.



- **Cooperation and communication, and orientation to quality improvement can predict successful PACT implementation.** Improving workplace culture in these domains, while often difficult in complex organizations, influences successful implementation of new models of care.

PACT implementation directly benefits from the unique experiences and knowledge of front-line staff.

PACT Practice

To create and sustain system-wide PACT changes in VA, there is a need to focus on practice issues that can enhance PACT team functioning. Leadership should be aware of and address the following practice needs:

- Clear scopes of practice for different team members;
- Tools to improve role clarity, such as, customizable position description templates;
- Methods for enhancing intra-team functioning and communication, for example close support from local practice coaches;
- Greater use of virtual and remote care such as telephone calls, secure messaging, and other telehealth strategies may reduce visit time and patient burden, while increasing access to care and patient satisfaction;
- Small-scale projects that test new PACT practices and processes are a cost-effective means of testing innovation. More pilot study grant programs should be considered;
- Pilot projects using technological innovations need fewer administrative hurdles and streamlined approval processes prior to implementation to be effective.



A Pilot Project that Works

Characterizing Primary Care Provider Activities

A study observing face-to-face office visits with primary care providers found that provider buy-in and effective strategies to promote implementation of new roles and procedures is required to change the content and duration of patient visits. In addition, given that a relatively small percentage of office visit time was spent in hands-on care, there are large opportunities to reducing visit time while increasing access to care by expanding the role of non-appointment care such as telephone calls, secure messaging, or other telehealth strategies.

PACT Team Members

PACT teams must be comprised of flexible staff members with a common understanding that their work must be shared and synergistic in nature to ensure effective functioning.

Five key elements that support effective PACT team functioning:

DEFINED
boundaries and
collective identity

SHARED
goals and sense of
purpose

MATURE
and open
communication
characterized by
psychological
safety

STABLE
and complete
staffing

ONGOING,
intentional role
negotiation

Training & Resources

VHA has invested heavily in training activities and resources to educate, guide and support PACT staff. The PACT Learning Collaboratives and Learning Centers provide important information, support, and energy to front-line staff to keep PACT implementation moving forward at the national and local level, although benefits were not equally received across all staff. PACT education must be expanded in content and scope to achieve and sustain PACT implementation moving forward.

PACT education should take place across the system, not only with primary care staff, but also with any person or service that interacts with and impacts the work of primary care (including mid-level leadership, specialty care, and administrative services). This will ensure all receive clear messages about the importance of PACT and their role in supporting it.

Training and resource needs related to PACT:

- Better sequencing of planning and implementation activities to enhance learning and organizational readiness;
- Management-approved, dedicated, and protected time for staff to participate in training and improvement activities;
- Readily available information early on about tools, resources, and contact persons linked to specific initiative topics, along with clarity on which sources of guidance should be used to inform activities;
- A greater focus on the “nuts and bolts” and concrete lessons on how to change operations at the front line based on actual (rather than ideal) work conditions;
- Success stories that reflect the reality on the ground faced by many implementers, with detailed explanations of successful strategies to overcome or circumvent challenges; and
- Encouragement and facilitation of the sharing of unique experiences and knowledge from front-line staff to better support PACT implementation and innovation across varying settings.



A Pilot Project that Works

Engaging Caregivers of Veterans with Dementia

A telephone-based, collaborative dementia care management program for caregivers including medical education, continuous support, communication and coping skills training may help caregiver distress. This type of management program may not only reduce frequency of memory and depressive symptoms, but also lessen caregivers' reaction to Veterans' problematic symptoms.

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