

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



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PACT Research Highlights (FY 2010-2014)

PACT Can Work

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 to understand what does and does not work. 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. Additionally, CEPACT-funded pilot projects tested multiple PACT-related innovations. Research activities included site visits, key informant interviews, video observation of clinical appointments, staff surveys, and secondary analysis of medical record data. The evaluation process highlights areas where PACT is successful, and identifies relevant practice innovations and recommendations to improve PACT implementation.

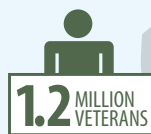
Research Bottom line

CEPACT research highlights that PACT Can Work when implemented properly with the right resources, support, and settings. Understanding the varying needs and complexity of implementing PACT in different settings is essential – a “one size fits all” approach does not work. PACT works best when everyone – from front line and administrative staff to leadership – contributes, communicates, collaborates, and understands their role within the PACT model.

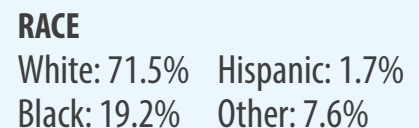
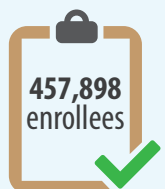
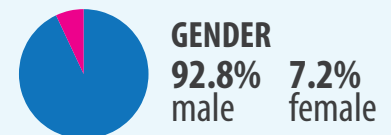
By applying best practices and lessons learned from current experience, research and innovation, VA can improve PACT implementation. This fact sheet highlights key ‘best practices’ and lessons learned.

As of FY 2012

VISN 4 SNAPSHOT



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



PACT Can Work

For many VAMCs and CBOCs, PACT implementation represents a significant shift from current practices and structures. CEPACT findings indicate the following key factors influenced PACT implementation during FY 2010-2014:

- Leadership engagement, such as local leadership's perceptions of and investment in PACT, is a major determining factor of PACT's successful implementation.
- Staffing resources, including access to information and knowledge, help teams' ability to effectively implement PACT; lack thereof inhibits the effective implementation of PACT.
- PACT success depends on engagement from all levels of staff and directly benefits from the unique experiences and knowledge of front-line staff.
- Prior to implementation, lack of attention to organizational readiness - leadership engagement, available resources, and access to information and knowledge - may impede or erode practice improvement gains in the long-term.

- Facilitating a culture of cooperation, communication, and attention to quality improvement can determine successful PACT implementation.
- The PACT Regional Learning Collaboratives and Learning Center trainings provide important information, support, and energy to front-line staff to keep PACT implementation moving forward at the national and local level.
- More complex facilities may require greater time and support for organizational change. When developing transformational initiatives, variations in the organizational setting should be considered and addressed. A one-size-fits-all approach to PACT adoption will not work.

“ PACT implementation has been effective at places that are well-managed with strong primary care, engaged leadership and culture allowing for innovation. ”

How PACT Can Work Better

Successful implementation of the PACT model of care within practice settings depends on an organization's ability to improve its workplace culture and environment, as well as how it educates, informs, and engages staff at all levels. Below are ideas from CEPACT evaluation studies that highlight insights and innovations regarding what works and what is still needed to more effectively implement PACT principles.

Innovation

Care, technology and process innovations can support PACT effectiveness and expansion. For example:

- Remote and virtual 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.



Practice Needs

To make and sustain required PACT changes, local VAMC and CBOC staff need and should seek out:

- Clear guidance on scopes of practice for different team members that reflect local and state regulations;
- Tools to improve role clarity, such as customizable position description templates;

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:



How PACT Can *Work Better* *(continued from page 2)*

Practice Needs *(continued)*

- Methods for enhancing intra-team functioning and communication, such as close support from local practice coaches;
- Protected time in clinical work schedules for teams to plan for, implement, and evaluate changes; and
- Early education of local leadership to secure necessary buy-in and support; PACT's success cannot rely on a "teach-up" strategy.

Education, Training & Resource Needs

PACT education should take place across the system, not only with clinical staff, to ensure all employees receive clear messages about the importance of PACT and their role in supporting it.

Training and resource needs related to PACT should include:

- 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;
- Early accessible information about tools, resources, and contact persons linked to specific initiative topics;
- A focus on the "nuts and bolts" ideas and concrete lessons, grounded in actual experiences, on how to actually change operations at the front-line level;
- 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 for the sharing of unique experiences and knowledge from front-line staff to better support PACT implementation and innovation across varying settings.

Pilot Projects that Work

Below are highlights from CEPACT-funded pilot projects that explore how using PACT principles can improve VA Healthcare and Veteran health and wellbeing.

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 memory loss and depressive symptoms, but also lessen caregivers' reaction to Veterans' problematic symptoms.

Employing Technology in the Care of Veterans: Telehealth in PADRECC

For Veterans with Parkinson's disease, video telehealth can provide access to subspecialty clinical care, improve patient satisfaction, and decrease travel needs. Patients using telehealth have the same clinical results as those with in-person visits, and use healthcare services better. There are clear travel benefits both in time and money saved. Telehealth may also increase access to care for underserved Veterans.

Improving Patient-Centered Care for OEF/OIF Veterans: A Social Marketing Campaign to Promote Empathy in VHA

A pilot project using "Photovoice," which included OEF/OIF Veterans sharing their experiences via photographic displays, built connections between Veterans and their caregivers and promoted empathy and military cultural competency in providers. Photos and stories can support better understanding of the feelings and emotions of returning OEF/OIF Veterans, improve post-deployment reintegration, and promote patient-centered care.

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.

Learn More

To access these and other individual research findings, go to <http://www.visn4.va.gov/VISN4/CEPACT/research-materials.asp>.



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