he Veterans Administration’s (VA) pact with those who have served in the military is to fulfill President Abraham Lincoln’s promise: “To care for him who shall have borne the battle, and for his widow and his orphan.” When he enlisted in the U.S. Coast Guard in 1953, Theodore Ermen never could have predicted how the VA’s modern-day “PACT” would be so important to him in 2011.

Ermen served as a damage-control specialist on Coast Guard cutters from 1953 to 1957, delivering border patrol and customs support along the mid-Atlantic coast. He began to seek care from the Veterans Health Administration’s (VHA) Hampton VA Medical Center (VAMC) in 2005. On Sept. 8, a chronic breathing condition made it impossible for Ermen to function.

“I could not sleep, could not catch a breath and didn’t know if I was going to die or not,” he says. Since then he has personally experienced how the VA “PACT” works to keep veterans alive and healthy.

In this instance, PACT, or Patient Aligned Care Team, is the VHA’s patient-centered medical home care model that is being implemented across the VA. PACT has many of the same goals as accountable-care organizations being formed across the United States, including healthier and more satisfied patients, coordinated and holistic care, streamlined delivery of care and lower costs of care.

After realizing how sick he was, Ermen went to the Hampton VAMC, located in Hampton, Va., and took advantage of an available walk-in
appointment — a practice designed into the PACT that is made possible by the efficiencies of the model. Upon arrival Ermen was immediately checked into his PACT clinic, where he met with Barbara Ray, RN. She assessed his condition, coordinated with the primary care physician and administered a breathing treatment to the veteran. “I feel much better. Barbara took great care of me,” he says. The treatment had its intended effect, and Ermen was able to head home for a much-needed night of restful sleep.

Building Relationships

“With PACT we are truly embracing the approach to patient-centered health care that not only involves the patient and the doctor, but also engages the family in the process,” says DeAnne M. Seekins, director of Hampton VAMC, who has worked for the VA for more than 27 years. “PACT empowers the entire team to take charge of caring for the veterans, and transforms us from focusing on episodic care and concerns to caring for our patients as a whole. As we roll out our pilot program, we are finding that our veterans want to get involved in their care. Every day I see more and more how our teams are building relationships with their patients, encouraging and involving them in being a part of their care team. Now veterans and family members are coming up to me and telling me they appreciate the work we are doing and are extremely pleased with this new way we are serving those who have so bravely served this country.”

Latonya D. Hughes, RN, MSN, Hampton VAMC’s health promotion and disease prevention manager, has played a critical role in the implementation of PACT. She has overseen a 60% increase in primary-care staffing and the implementation of 28 PACT teams, including three Women’s Health Clinic teams. Hughes describes the four pillars that support the PACT program. They are:

- Partnership with patients. PACT places patients at the center of the care model, delivering services tailored to their needs. It focuses on wellness, prevention and health promotion. The use of technology, such as telephone consultation and secure messaging, is a critical component of the partnership.

- Access to care. Traditional personal visits continue to be available, but the VHA has expanded access using telephone consultations, secure messaging systems and group sessions to manage common chronic conditions such as diabetes and chronic obstructive pulmonary disease.

- Team-based care. PACT brings the patient, family members and caregivers into a team that actively participates in a proactive care process. The core primary care team — called the PACT “teamlet” — includes a primary care provider, nurse case manager,
Coordinated care. PACT achieves this through collaboration. Each member of the team has a clearly defined role and knows how to relate to others on the team.

Hughes says the VHA’s PACT model allows the Hampton VAMC to “actually measure the effectiveness of the program while it is being implemented and see whether the program is working or not.” This is important because returning active-duty service members who are making the transition to veteran status want to be involved with and know what’s going on with their health care. “In the past medical care was provider- or facility-focused, but today our younger veteran population wants to be involved,” she says.

Orchestrating a partnership with patients and effectively implementing the PACT model require defined roles and practices. The VHA has provided a model for Hampton VAMC and others to implement and modify according to local practice standards. The VAMC leadership is responsible for organization-wide and team management as well as teamlet professional development. The teamlet is responsible for managing and delivering primary care to its empaneled patients and coordinating specialty care.

Convenient Appointments
Scheduling the patient for an appointment most appropriate to his or her needs is the first order of business. The teamlet RN works with the patient to determine if a personal visit, group visit or telephone visit is most appropriate. Group sessions have been particularly popular, as patients with similar conditions have the benefit of hearing common stories, finding camaraderie with one another and having access to all relevant care providers at one time.

Similarly, telephone visits and secure messaging have made access to care much more convenient for patients, eliminating the need to visit the medical center for routine issues. The use of these new access mechanisms allows the Hampton VAMC to schedule 30-minute personal appointments and set aside several open access or walk-in appointments each day for patients. This has resulted in a significant decrease in appointment wait times. Prior to PACT, 33% of patients had not been seen within three days of a request. After partial implementation of PACT, the rate dropped to 18%.

At the beginning of each day, teamlet members huddle and discuss the patients they will see that day. They review the care plan and gather input from each team member. Prior to the patient’s arrival, the teamlet’s licensed practical nurse typically “scrubs” the schedule by contacting and screening each patient in advance, noting new activity in the VHA.
electronic medical record (emergency visits, lab values, current medications, specialty visits, etc.) and obtaining needed information from non-VA health care providers the patient may have seen since his or her last visit. At the end of most days the teamlet huddles again to discuss process issues it may have faced. VAMC leadership is often involved in the huddles to keep its fingers on the pulse of PACT progress.

John E. Wing, MD, is a primary-care physician and a member of one of the first PACT teams implemented at Hampton VAMC. He prefers the PACT model to the VHA's old facility-focused care model. "The PACT model is what I'm used to from my days in private practice," he says. "In the old model there were layers that patients had to get through before they could communicate with me. With PACT the patient can reach me through my direct number or secure messaging."

Secure messaging is an electronic mail system established through the VA's My Healthy Vet program. My Healthy Vet gives each veteran his or her own email address. "Telephone visits and secure messaging have been big hits," Wing says.

While overall patient satisfaction with PACT has been favorable, the metrics used by Hampton VAMC to monitor the effectiveness of the program also show an improvement in the quality of care. The more mature teamlets in the PACT model are making impressive gains in managing their patients. Robert Dagley III, Hampton VAMC PACT program support assistant, shared data from the experience of the facility's first PACT team – now over a year old – to illustrate progress. This teamlet first started to manage its congestive heart failure patients in June of this year. At that time only 76% of the patient panel had been seen in the past three months. As of September, that rate had increased to 90%. Similarly, the teamlet was only seeing 50% of its diabetes A1C patients in the past three months, but increased that rate to 84% by September. Additionally, the teamlet's patients have experienced a reduction in the number of emergency visits, walk-ins and admissions.

**Patient Feedback**

Each teamlet is monitored along a variety of metrics to track its success implementing PACT. The Hampton VAMC celebrates the success of each team through public recognition, including immediate individual and team awards and formal performance awards. Patient satisfaction is also a key metric. The VAMC surveys sufficient numbers of patients to gather statistically significant data and delivers reports for each care provider using Press Ganey's Medical Practice survey. The facility proactively seeks patient feedback and shares survey results with patients by placing posters throughout the facility.

More importantly, Hampton VAMC uses patient feedback to improve its care processes. "Our veterans told us through Press Ganey that extended hours were something they needed, so in our consideration of rolling out PACT, we looked at how we could accommodate this," says Joy White, RN, MBA, Hampton's chief of service excellence and patient advocacy. "We looked at altering our schedule and staffing; worked with our labor partners, our staff, work groups, teams and physicians; and came up with a scheme that afforded us the opportunity to meet veterans' needs and create employee satisfaction with the initiative."

Employee satisfaction with PACT is increasing as more teams fully adopt and implement the model. According to Barbara Ray, a PACT teamlet RN, the model is better because "you know the patients better and the patients know you. They can call you and get what they need." PACT challenges included getting staff and patient oriented to the new care model, fully implementing technology such as secure messaging and group and phone visits, and establishing new work processes. It can take up to a year to fully implement and see the benefits of the PACT model, Hampton VAMC's performance metrics suggest.

"The benefits far outweigh the challenges," says Regina Davis, MD, a primary care physician at the Women's Care Clinic. "The PACT is all about patient-centered care. Patients have access to us, and they know us. They know my nurses, and they know my clerk." Nurses often do a great deal of the work before the doctor walks into the patient room, so Davis does not feel so rushed with her patients and overwhelmed by phone calls. "My nurses are very, very smart," she says. "This allows me to rely on them more because the facility has approved them working at the top of their license. When we huddle, and I turn to them and say, ‘What are we going to do today?’, I know they are doing their jobs as professionals and I can depend on them."

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