

Patient Aligned Care Team (PACT) Interprofessional Training

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UW Medicine



VA HEALTH CARE | Defining **EXCELLENCE** in the 21st Century

Background

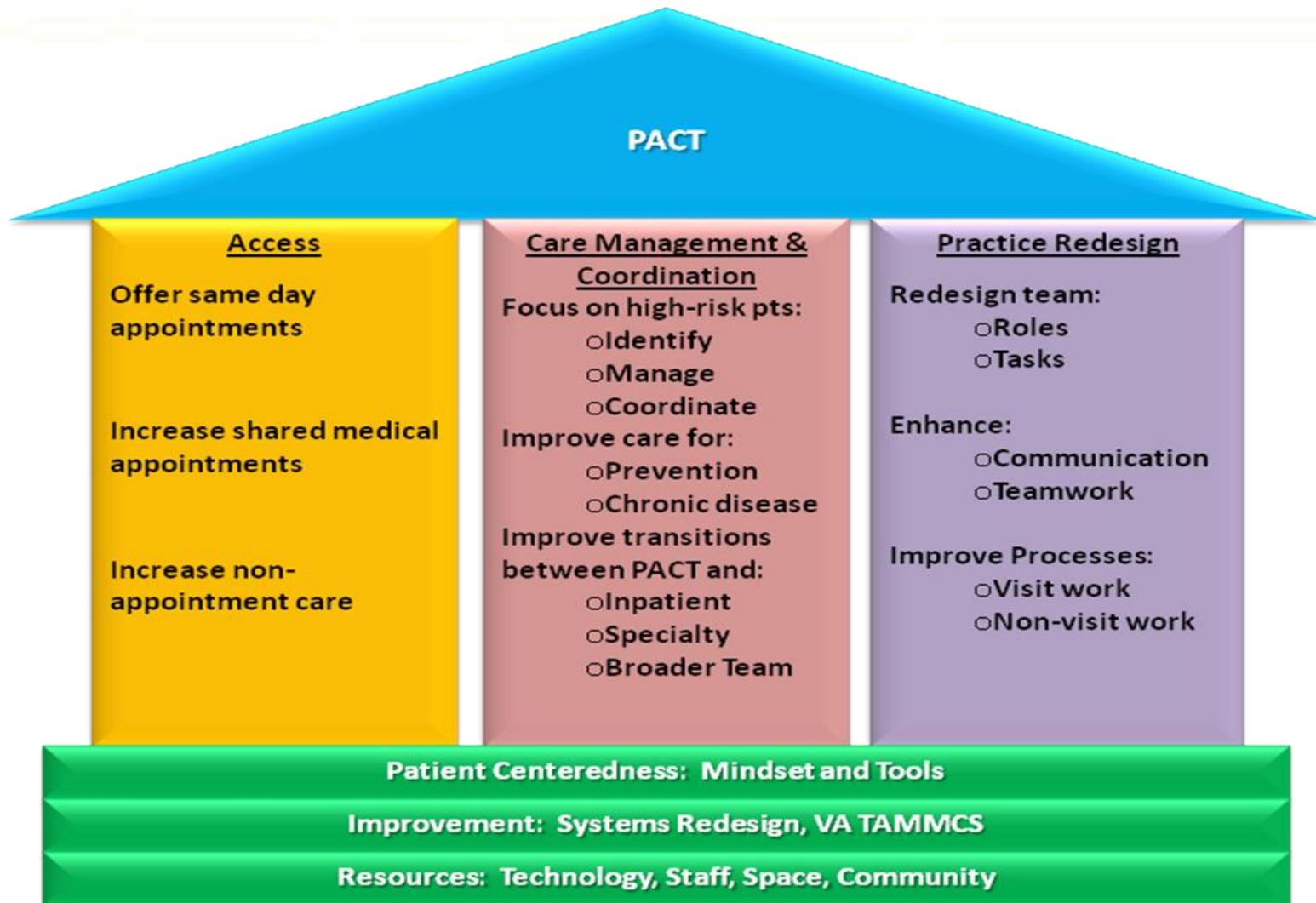
- In April 2010, the Veterans Health Administration (VA) began a five-year plan to build patient-centered medical homes in more than 900 primary care clinics across the nation.
- Since PCMH implementation:
 - Veteran access to primary care during extended hours has increased 75%
 - Post discharge follow up has become routine and now over 72% of all Veterans discharged from VHA are contacted within 2 days to make sure everything is going well (an increase of 80%)
 - Fewer primary care patients are receiving care in urgent care settings (decreased 33%) and acute hospital admissions have decreased 12%



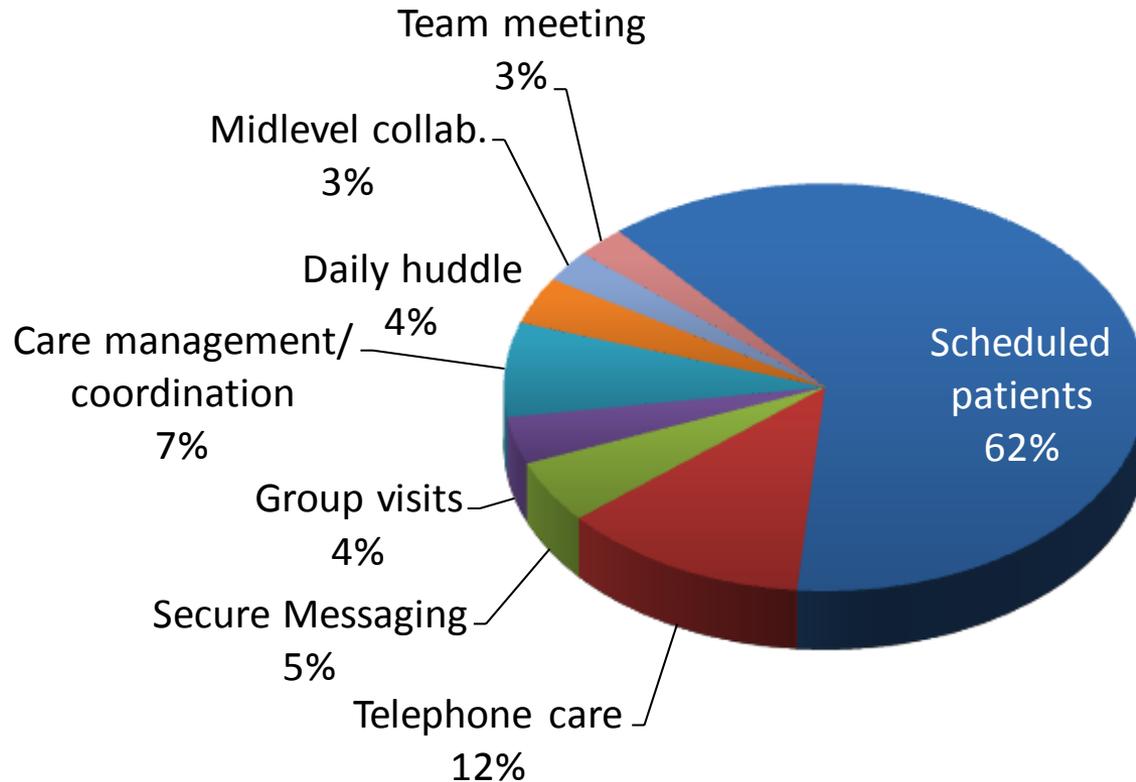
Features Unique to the VA

- **Nationwide single EHR** (disease management based)
- **Single payer system** (Doctors are salaried)
- **Nearly closed system for lab, x-ray, pharmacy**
- **Tend to have our patients for “life”**

April 2010: VA Announces system-wide conversion to the medical home (PACT) model



PACT Primary Care Workload



Direct Patient Care:
83%

Coordination:
7%

Team Work:
10%

Educational Domains



**P
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Trainees

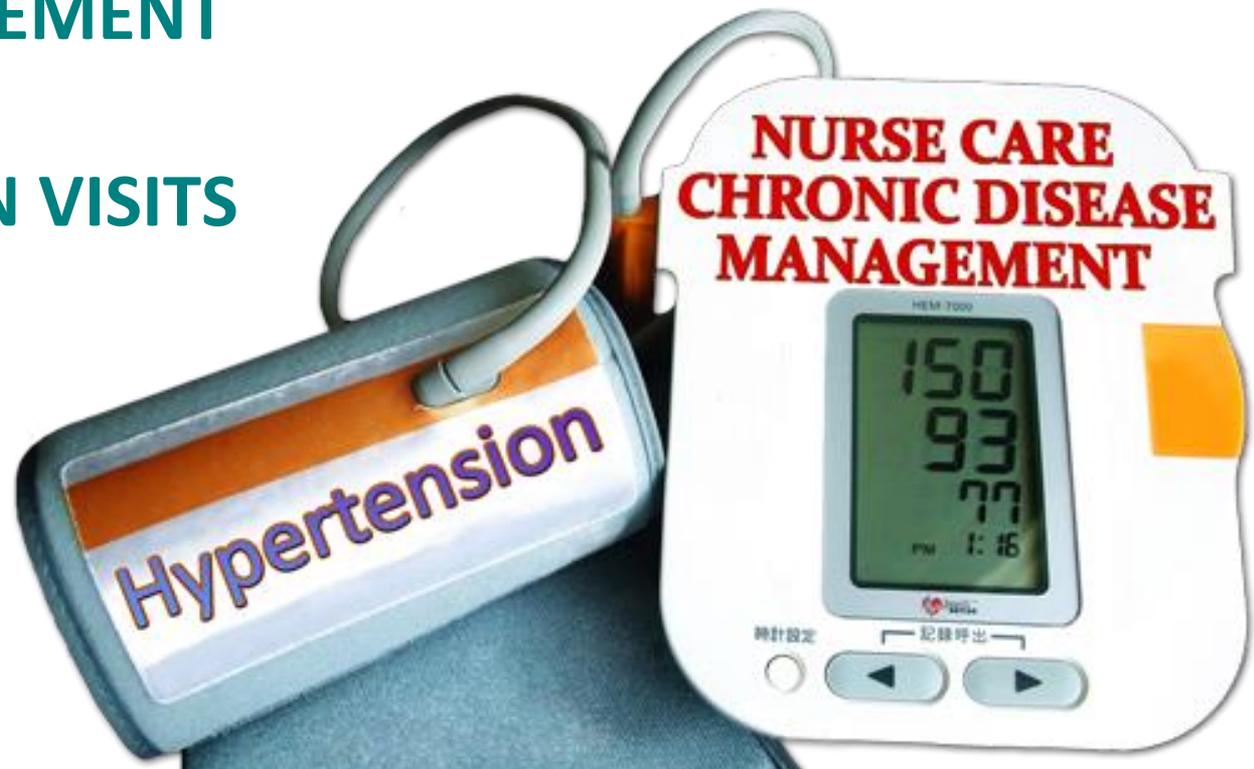
	LEVEL	NUMBER	DURATION
Nurse Practitioner	BSN→ MSN students	2	1 year
	Residents	2	
	<i>Gonzaga University, ISU</i>		
Nursing	BSN <i>NW Nazarene U.</i>	2	3 months
	<i>BSU</i>	1	Valor 1 year
Pharmacy	PHARM D		1 year
	PGY-2	3	
	PGY-1	4	
	<i>VA + ISU</i>		
Physician	PGY-1	8	3 years
	PGY-2	8	
	PGY-3	8	
	<i>U. of Washington</i>		
Psychology	Intern	3	1 year
	Post Doctoral	2	
	<i>Boise VA</i>		
		Total 32	

Curriculum Elements

- Seminar series for beginners, intermediates, and advanced learners covering PACT concepts, QI techniques, inter-professional roles and responsibilities
- Interprofessional mentored quality improvement projects
- Individualized feedback on clinical measures, access, and population-based outcomes

RNCM ROLE in PCMH

- NURSE MANAGED PROTOCOLS
- PANEL MANAGEMENT
- TRIAGE AND RN VISITS



Conclusions

- With the implementation of PCMH, VAMC will play a critical role in reconfiguring team-based care models to expand the responsibilities of team members.
- Nurses are in an ideal position to collaborate with other team members in the delivery of more accessible and effective medical care for Veterans with chronic disease.



THANK YOU!

“If no mistake have you made, yet losing you are ... a different game you should play.”

YODA



Questions?

