

Work Role Transformation during PACT Implementation: Successes and Challenges



VISN 4

Center for Evaluation of Patient Aligned Care Teams

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VISN 23

Patient Aligned Care team Demonstration Lab

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How familiar would you say that you are with the Patient Aligned Care Team (PACT) model?

Very familiar

Somewhat familiar

I've heard of it

What's a PACT?

What is a “PACT” and where did it come from?

Patient Centered
Medical Home (PCMH)

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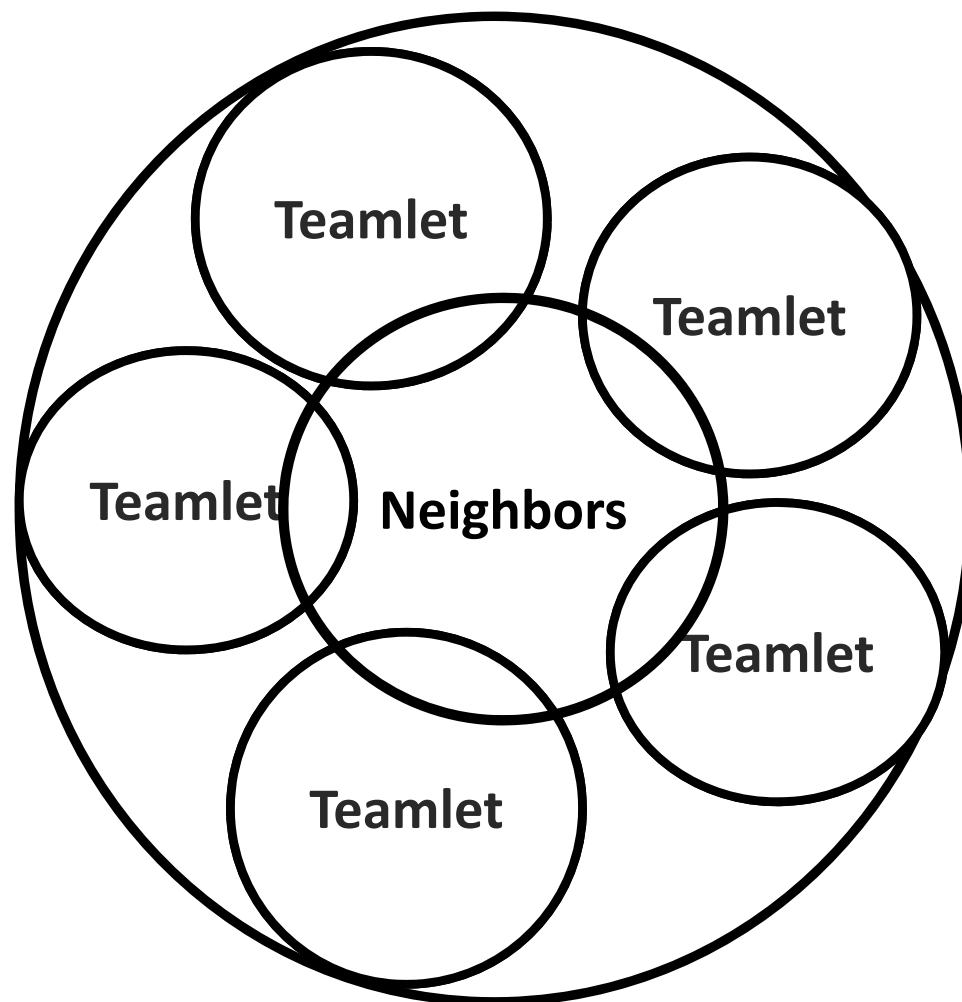
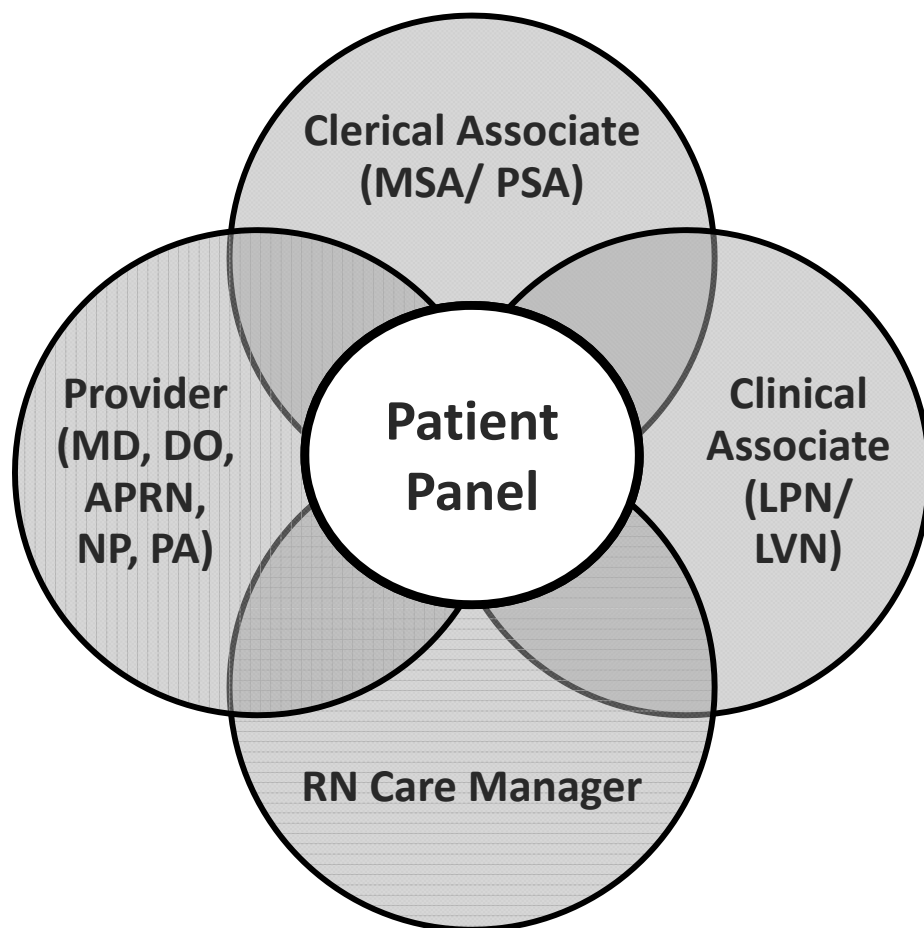
Veteran’s Health
Administration

Patient Aligned
Care Teams (PACTs)



Image credit: <http://srd.vssc.med.va.gov/PACTToolkit/Default.aspx>

What does a PACT look like?



PACT Demonstration Laboratories



1. **PACT Demonstration Lab Coordinating Center:** Directed by Stephan Fihn, MD, MPH, VHA Office of Analytics and Business Intelligence, Seattle, WA.
 2. **VISN 4 Center for Evaluation of PACT (CEPACT):** Directed by Rachel Werner, MD, Ph.D., Philadelphia VA Healthcare System in Philadelphia, PA.
 3. **VISN 11 PACT Demonstration Laboratory:** Directed by Eve Kerr, MD, MPH, VA Ann Arbor VA Healthcare System (VAAAHS) in Ann Arbor, MI.
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 6. **VISN 23 PACT Demonstration Laboratory:** Directed by Gary Rosenthal, MD, Iowa City VA Healthcare System in Iowa City, IA.
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National PACT Demonstration Laboratories

Support and evaluate the VA transition to PACT through effective clinical-research partnerships developed by the PACT Demonstration Lab Coordinating Center and the PACT Demonstration Labs

Evaluate the effectiveness and impacts of VHA's PACT model

Apply robust research designs and methods in:

Different practice settings

Different geographic locations

Develop and test innovative solutions for the core components of the PACT model

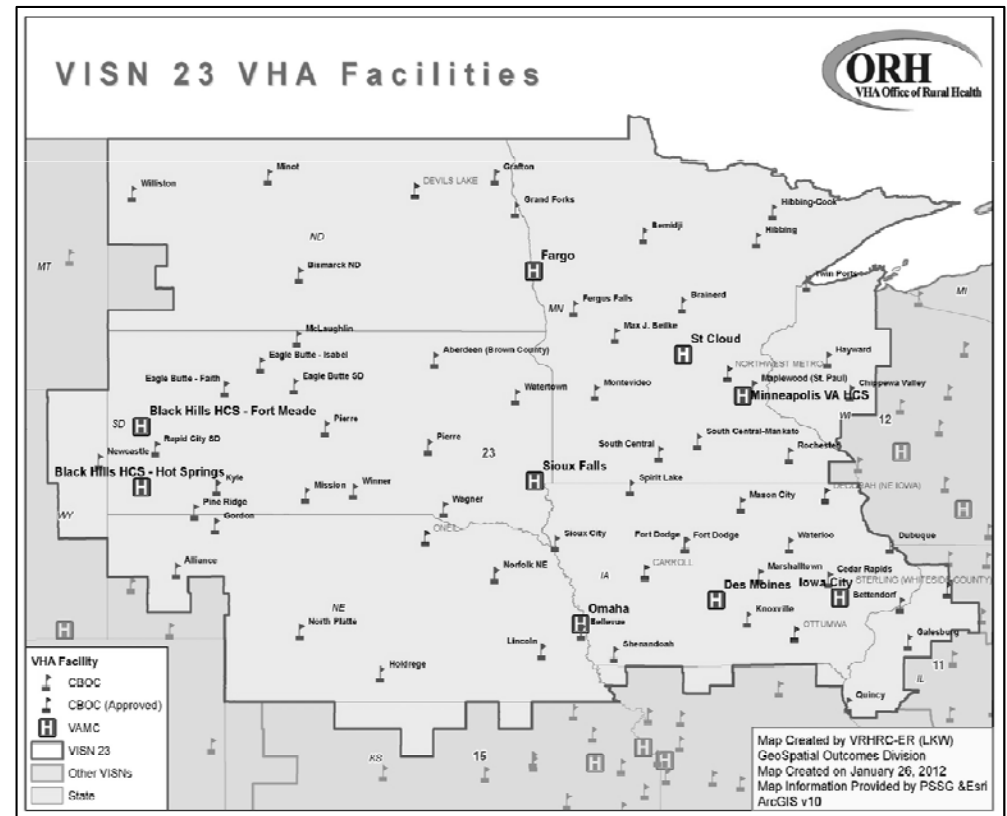
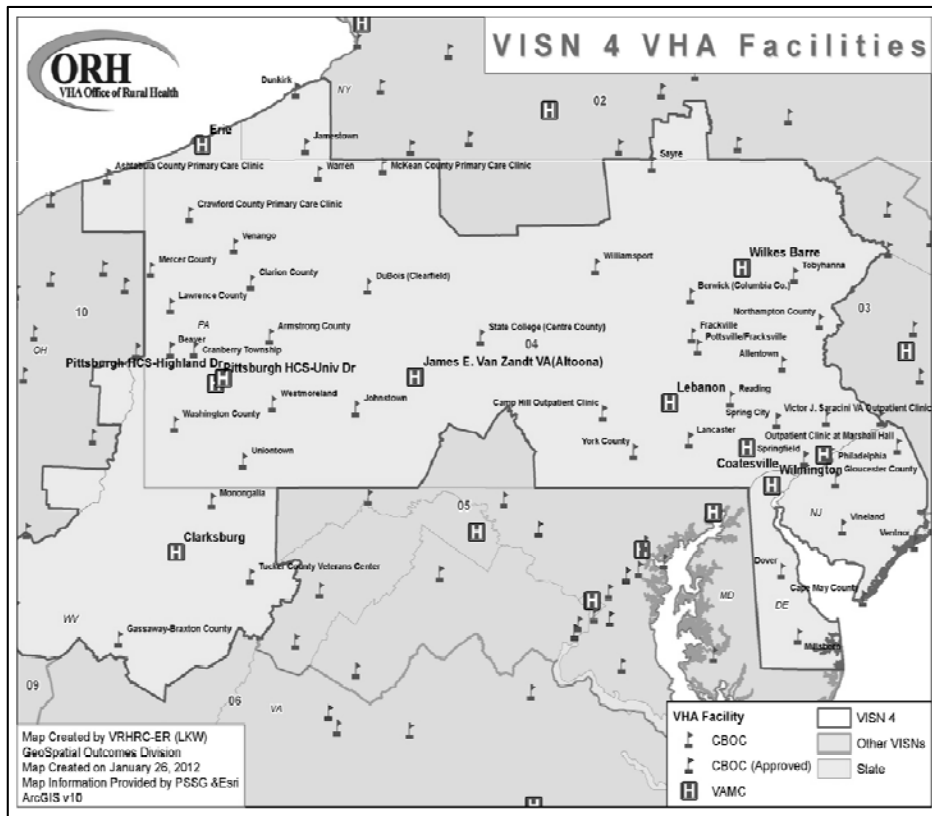
Evaluate solutions for effects on:

Costs

Clinical outcomes

Patient and provider experience

Overview of Lab Study Areas



Digging Deeper: An Overview

1. **PACT provider and team surveys**
2. Interviews with PACT providers
3. Interviews with RN Care Managers (RNCMs) and PACT leaders
4. General trends
5. Questions



Quantitative Surveys

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- Fall of 2010
- Responses from 211 Providers
 - MD/DO = 127 / Other = 84
 - VAMC = 135 / CBOC = 76

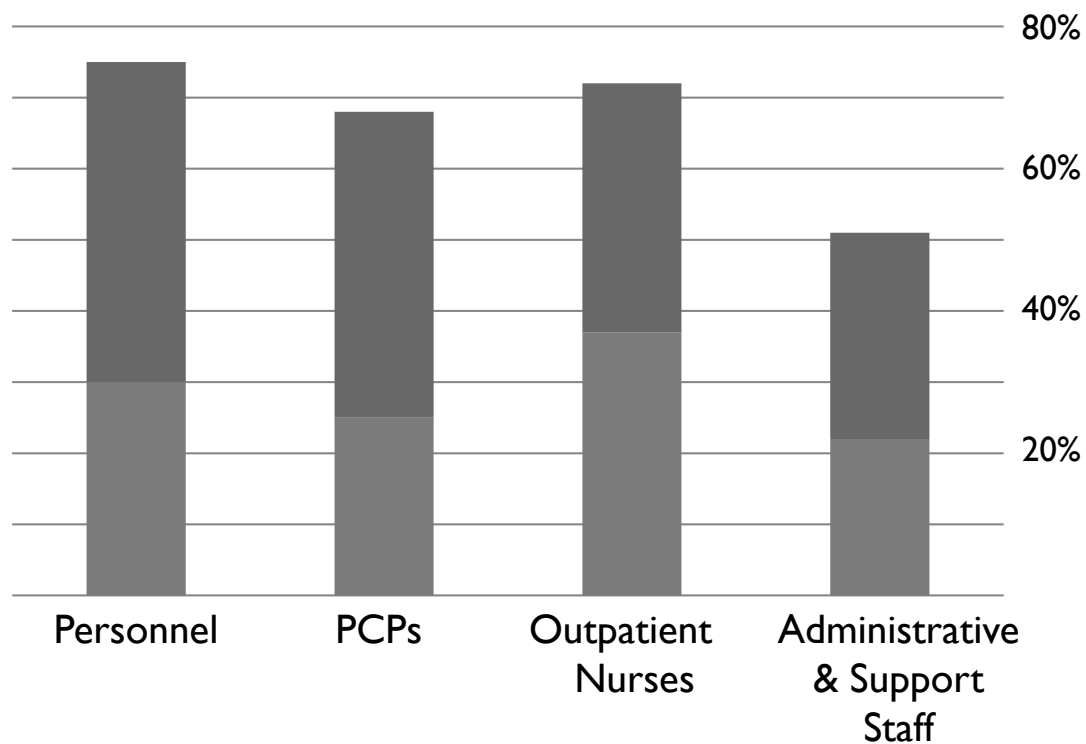
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- Summer 2010, Summer 2011
- Responses from Teamlets
 - Providers
 - RN Care Managers (RNCMs)
 - Clinical Associates
 - Clerical Associates

Staffing Barriers

Percent of Providers Saying Insufficient Number In This Role Is a Barrier

- Moderate Barrier
- Large Barrier

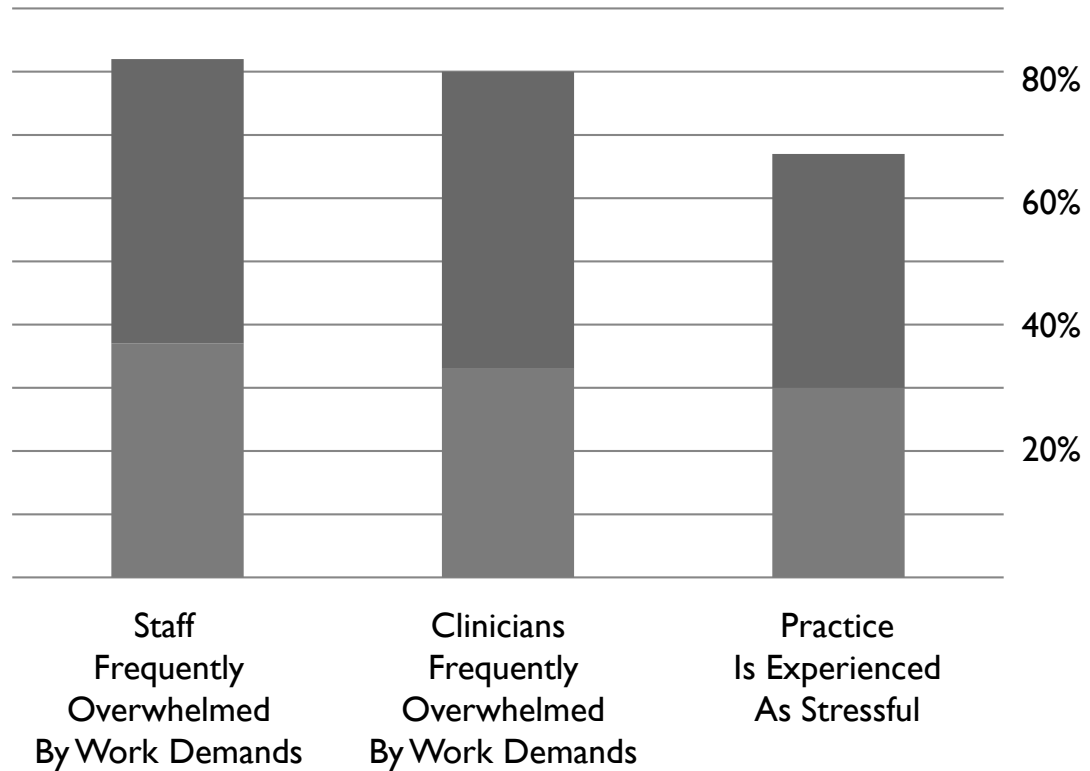


Source: 2010 VISN4 CEPACT PACT Provider Survey

Stressful Work Demands

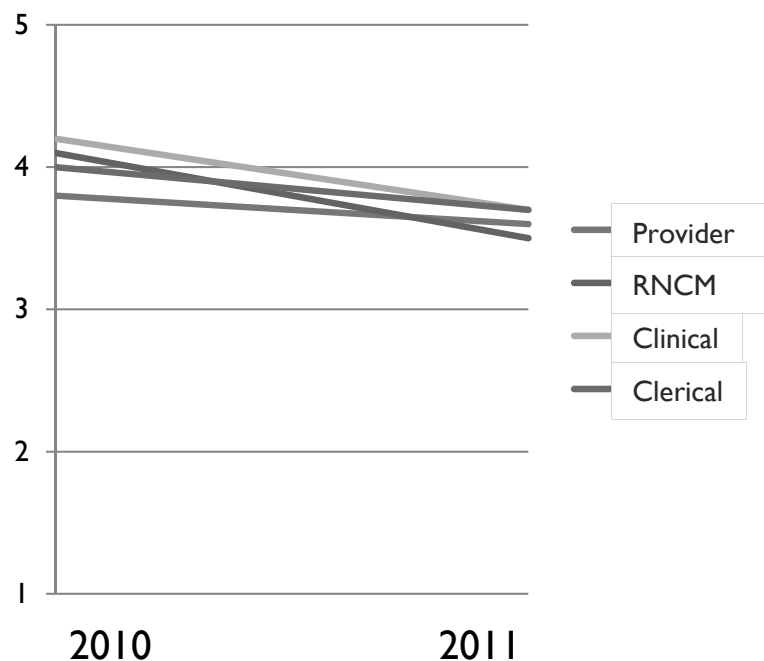
Percent of Providers Agreeing with Statements

- Agree
- Strongly Agree



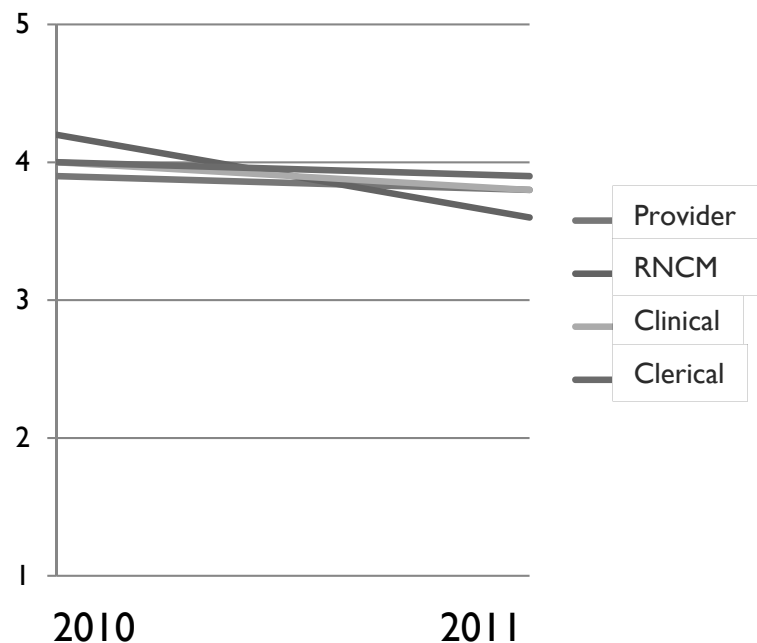
Source: 2010 VISN4 CEPACT PACT Provider Survey

General Work Perceptions



Job Satisfaction

General level of satisfaction with getting what is wanted out of job

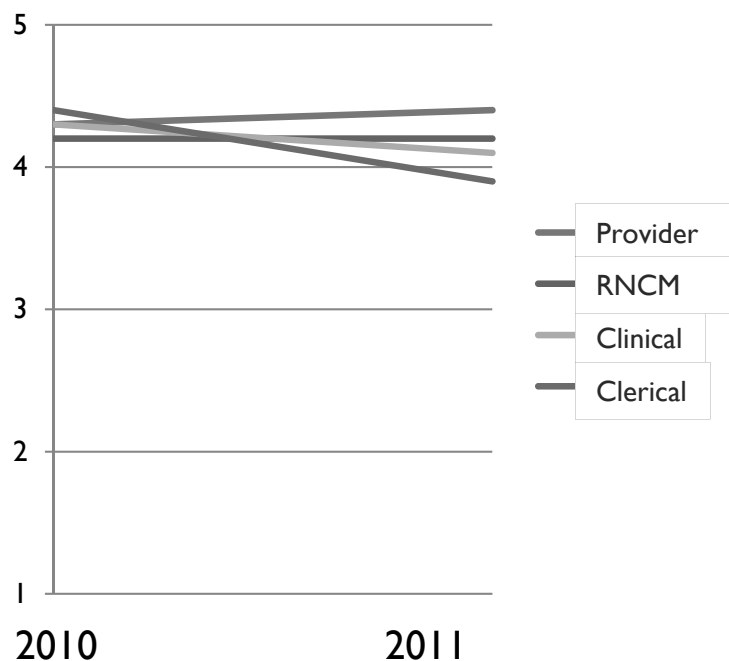


Empowerment

Psychological feeling that work is meaningful and significant & autonomy.

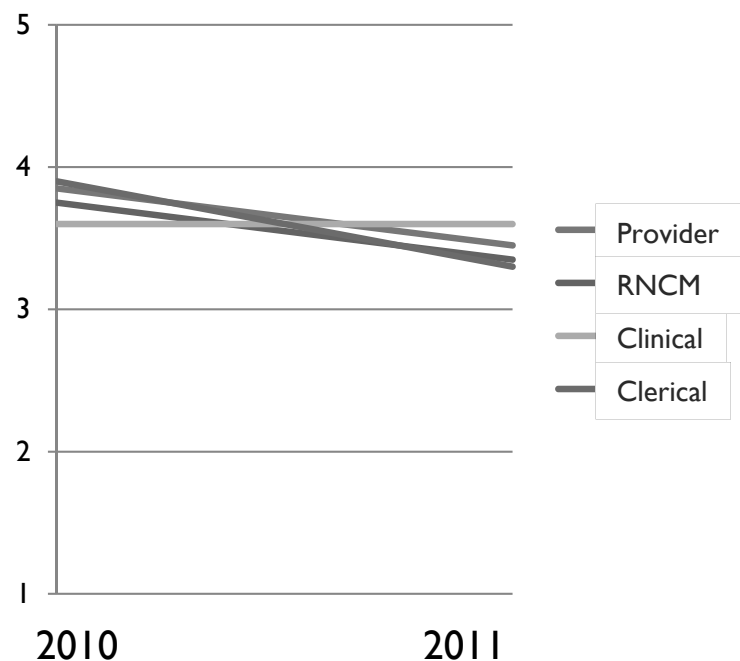
Source: 2011-12 VISN 23 PACT Demonstration Lab Work Role Survey

Engaging Role Characteristics



Skill Variety

Extent to which the job requires various and complex skills

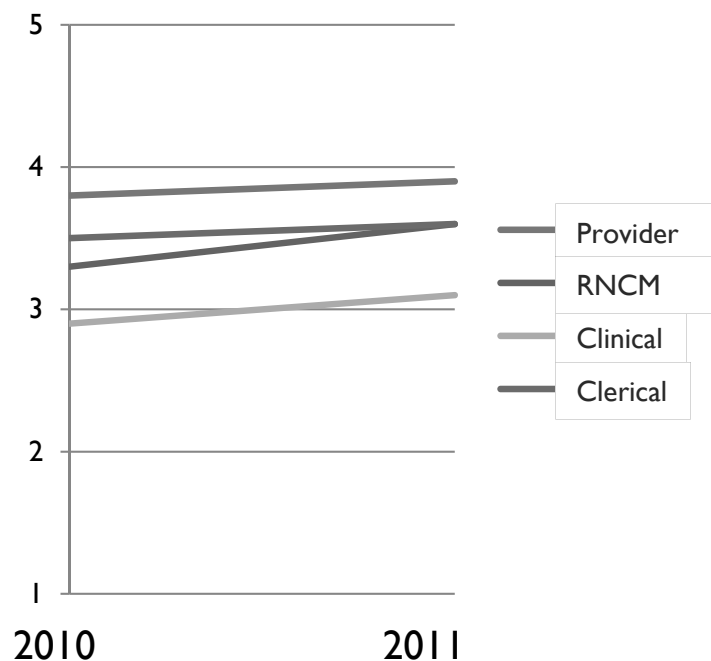


Role Fit

How well the role fits the skills and abilities of the person

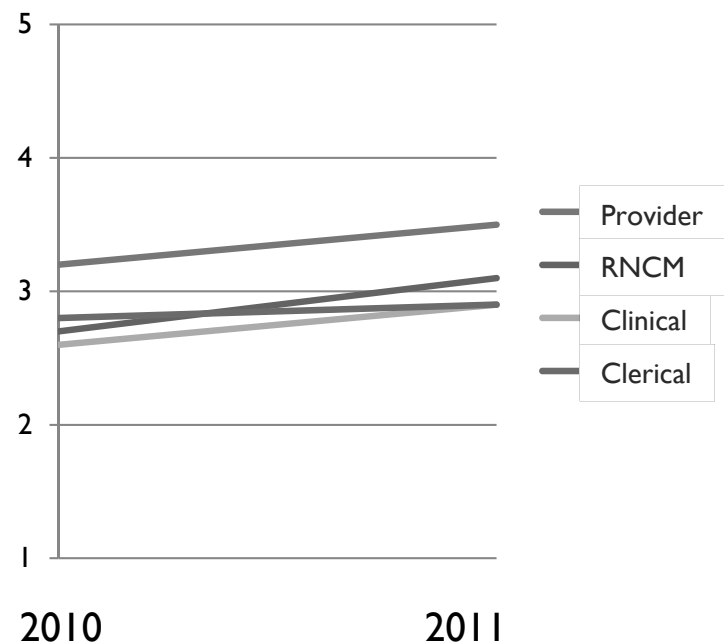
Source: 2011-12 VISN 23 PACT Demonstration Lab Work Role Survey

Challenging Role Characteristics



Role Overload

Feeling of being asked to do too much



Role Conflict

Feeling of having incompatible requirements and poor guidelines

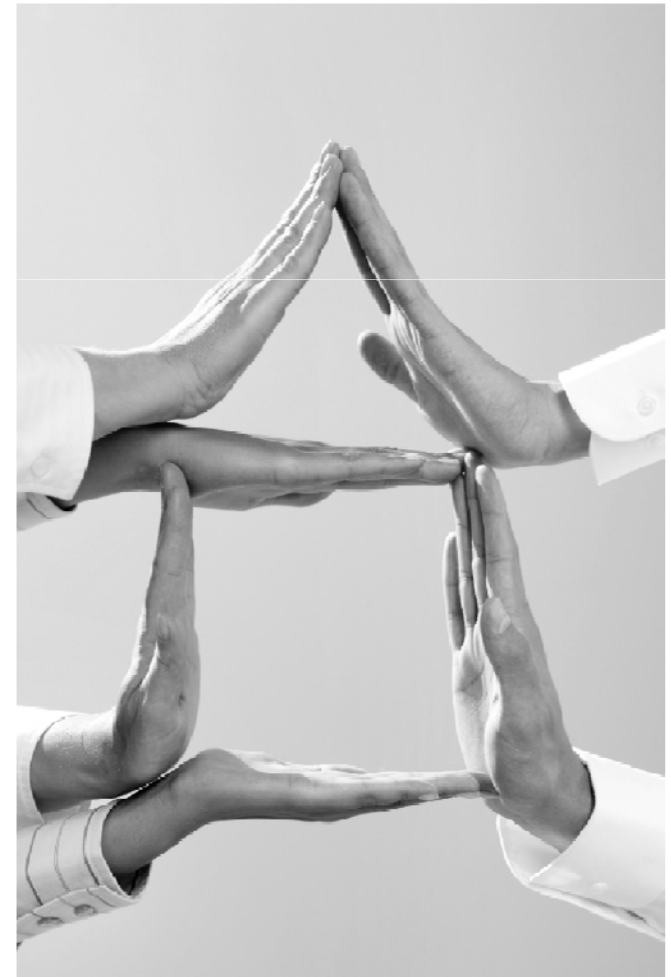
Source: 2011-12 VISN 23 PACT Demonstration Lab Work Role Survey

Quantitative Survey Summary

- Staffing is major concern of teamlets
 - Transitioning to PACT creates work stress for everyone
 - Providers report having a difficult role both before and during PACT transformation
 - Transition to PACT is particularly stressful for RN Care Managers
 - Clerical Associates are likely underutilized
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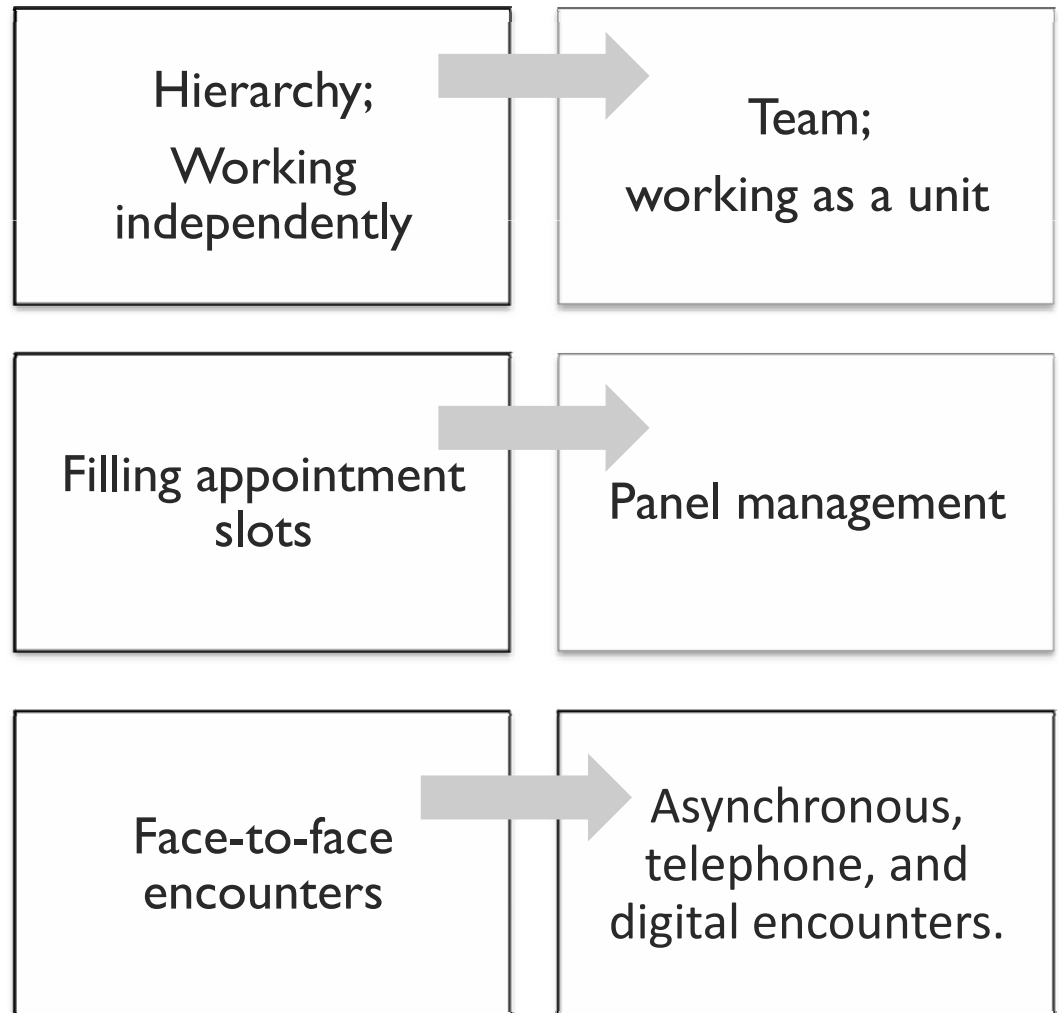


VISN 23 PACT Provider Early Adopter Views

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“There is some cynicism, that [PACT] is the way of getting the providers to work [harder] --to take care of more patients.”

“I think most of the people in the group have a sense of duty and everybody buys into the VA as a whole, and taking care of population. ... Now, I think one of the things that helped with the buy-in was in the past some idea would come down from on high, and would just say, “Here: Do this with what you’ve got.” Whereas this collaborative came with warm bodies. ... So that did make it easier to buy-in from the beginning, thinking that, “yeah we’d like to do some of these ideas. We know there’s going to be more work involved but there are [more] people involved.”

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Delegation Is Integral to PACT

Connecting the dots

Trust

Institutional support

“Oh, what it all comes down to is that if you’re going to make PACT work, your providers have to buy into it. ... And they have to do access clinic. They have to manage their panels effectively. And they don’t do that: They’re not willing to do that. And unless they’re willing to do that, there’s no time for anybody to do anything but see patients. And so that’s their excuse for not doing anything, because they’re spending all their time seeing patients”

“Access is something that we are working really hard on and usually I scrub my schedule the week before. So yesterday I did it for next week and identified 7 or 8 people that maybe don’t need to come in. So our access is definitely improved. Before I started scrubbing, I was overbooked—gosh, almost every day I had an extra 3:45, sometimes a 4:00 (chuckles) patient, and that was a bit overwhelming. Now I haven’t been overbooked in the last couple weeks since we have been scrubbing. Just to open up—even if it’s just 2 or 3 appointments a week—it does help. So that has been a huge benefit to me and also for the patients because they’re getting in right away.”

“The other thing I really think is [important] and it’s happening slowly, is getting providers to buy in to the use of their care managers and the pharmacists on the team, because that could change their workload so much if they just use those team members. That’s a huge, huge part and if they stay in their silo and are opposed to any of that help, they’re just going to continue to practice medicine like they are and they’ll get burned out and frustrated and won’t like what they’re doing. ... You don’t move into handing something off to a nurse manager that you’re not comfortable that that nurse will go ahead and follow that protocol verbatim. That does take some time to build up that trust with a nurse, because you as the provider are ultimately responsible, but the care manager should be making you a co-signer, having a conversation with you at all times and not making any changes. So, I think the biggest thing there is getting that trust built between the nurse and the provider. If they’re going to be following protocols there has to be very good buy-in from everybody involved before you even start that process. ... I know myself, there’s certain RNs within our building that I will just handle things myself, because you build up a trust level and I don’t think [that issues is] going to go away.”

“I think PACT’s a good idea, I do. I think the concept is there that it’s the people at the ground level that have to come with the processes to really change things. The big thing is that administration has no idea how to work with teams. ... And if they do, they [do it by] asking for more paperwork. That’s the last thing anybody needs. Once in a while they’ll walk around [on the floor], but that doesn’t tell everything.”

“I think you need to sit down and, and look at all these parameters. For example, our performance pay here is based on percent of appointment slots open at the first of the month. We’re being assessed from a measurement that we actually can’t see in an easy way and we’re getting information about another access measurement that we don’t necessarily understand. ... I think not having the administrative goals aligned with the provider or clinic goals: This is the way that we had problems before. [In the past] when we started open access that problem became very evident in that if I opened up slots then those slots would be taken up by patients for other providers. And so that was an automatic disincentive to try to open up anything because you just work harder and you’re never going to open up enough slots to take care of all the patients at this facility.”

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Care Coordination and Nurse Care Managers (RNCMs)

Which PACT processes most involve RNCMs?

Which PACT policies affect professional/team roles of RNCMs?

How do RNCMs feel about PACT?

What might be in store for RNCMs as PACT implementation moves forward?

Care Coordination and Management
Focus on high-risk patients:

- Identify
- Manage
- Coordinate

Improve Care for:

- Prevention
- Chronic disease

Improve transitions between PACT and:

- Inpatient
- Specialty
- Broader team

How Does a PACT “Do” Care Coordination?

- Team members working at “top of license;” patient sees most appropriate team member
 - Develop and implement RN medication protocols
 - Coordinate hospital & community resources, involve family when needed
 - Call (some) patients within 72 hours of discharge from inpatient care
 - Contact (some) patients within 24 hours of ED visit
 - Create and maintain “high risk registry”
 - Offer alternatives to single provider, face-to-face care (e.g., shared medical appointments, telephone appointments, secure messaging)
-



“It’s a completely different approach”

“(With) care management... you’re not just looking at the patient medically. You’re really supposed to focus on the whole person as a whole. You really should be looking at the patient from a social, financial, medical, caregivers view. You should be looking at the whole system in order to make it go.

Because if you treat a patient, let’s say, that has Alzheimer’s and you don’t look at their family unit, then you’re really missing a lot. So we’re trying to really make processes to coordinate the care through all the continuums.” (RNCM on a pilot team)

Clinical Nurse Leads and RNCMs on Pilot Teams Expressed Initial Excitement



RNCM role familiar to some from jobs outside VA



Opportunity for RNCMs to take initiative, greater collaboration & teamwork



CCM as pathway to higher quality care, patient engagement

Initial Excitement Tempered by:

- Resistance/push back from some team members & leadership
- Concern over potential negative impact on RNs, burnout, loss/turnover (and barriers to placing new hires in a timely manner)
- Lack of role clarity leading to tension & mistrust between team members
- Desire for greater direction & guidelines from VA Central Office
- Questioning feasibility of full implementation of HRR & ability to 'scale up' given staffing



Two Views on Change

Q: “How has your day changed?”

A: “It’s more busy... we are constantly on the phone. People are walking in, because with this new approach, we have opened up our days to what we call walk-in patients. People are being seen on the same day of their problems, so they are happy with that. People who are scheduled, we have a certain slot for that, and people who need urgent attention, we are keeping some slots for that. So everybody gets the right attention in a timely manner. We’ve done this (PACT) by making a schedule.” (RNCM on pilot team)

Q: “Do you think your peers want to do (care management) as much as you do?”

A: “I have to tell you this. I don’t know. You have to realize that the people that work here in this department, have worked here a long time, I’ve been here 27 years, and I’m not the oldest employee, age wise... So a lot of these people have been doing things here for a long, long time... Change is hard and I think it’s a different concept of nursing.” (RNCM on pilot team)

Reflections on What the Future Might Bring



- ✓ Success in one area (e.g., reducing demand) leads to openings in other areas
- ✓ Frontline teams have come up with innovative approaches; (e.g., looking at LPN role, realigning RNs from other service lines)
- ✓ Clarification of roles, provision of training, standardized policies & tools would ease stressors on RNCMs and conflict between team members
- ✓ New hires can receive PACT training from the start

“I find it really rewarding”

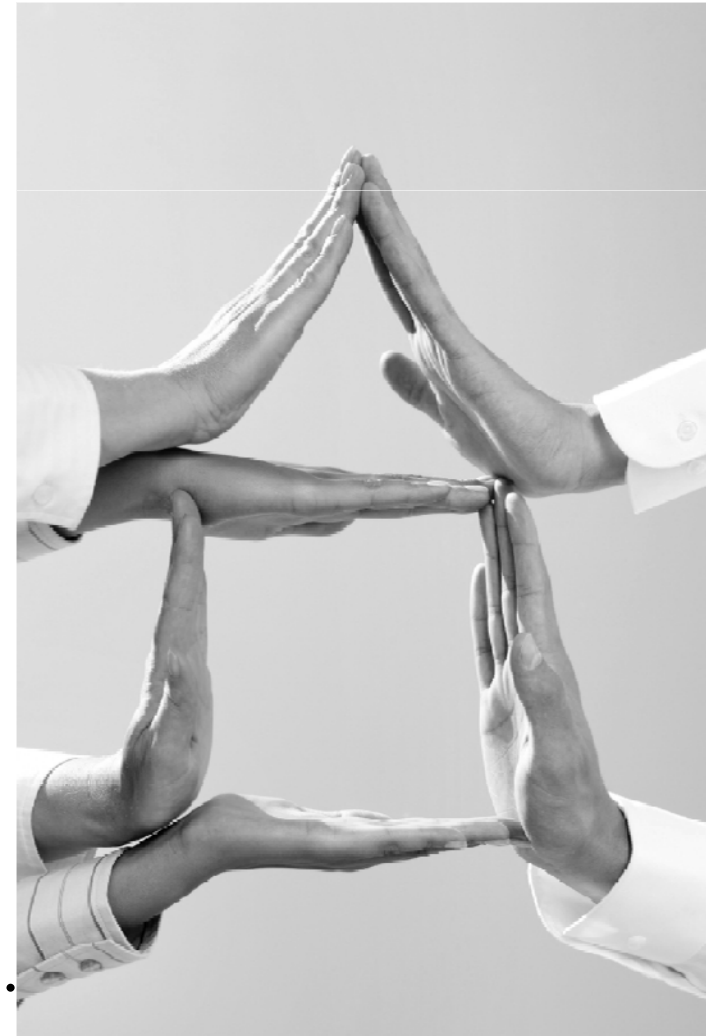
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“I guess I’ve been doing primary care since, like, the early ‘90s. And I’ve gotten kind of bored with it just doing reminders and things like that. You’re familiar with that [in the] VA system. And so I really love it (care management). I guess I feel like it just enables us to help patients in ways that we haven’t been able to do so before.

One patient of ours is a heart transplant patient. The social worker (on our PACT) was able to get infusions (for him) until a heart was available. And then he had a successful heart transplant. And because I had been in communication so much with the heart transplant nurses from [name of university hospital] and the social worker and the diabetic educator and everything, I was able to put things in really a very concise, good format to just show exactly what had been done, what his needs were, what his meds were, etc. And so everything just came to fruition.” (RNCM on a pilot PACT)

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The View from Here

- Team members are called upon to change quickly on a variety of metrics, but success is mediated by variations in capacity, resources & guidelines;
 - Role transformation is a ‘double-edged sword’: promise of increased job satisfaction & professional development but demonstrated increase in workload & burnout;
 - PACT implementation hinges upon effective organizational, interpersonal, and clinical skills-- training in these areas should be tailored at the team level;
 - Ongoing success requires the engaged support of administrative leadership;
 - Despite perceived increases in workload demands, enthusiasm for PACT and for Veteran care remains high.
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Formative Evaluation Core

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Note:

The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.

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