Expanding Integration of Patient-Aligned Care Teams with Mental and Complementary Health

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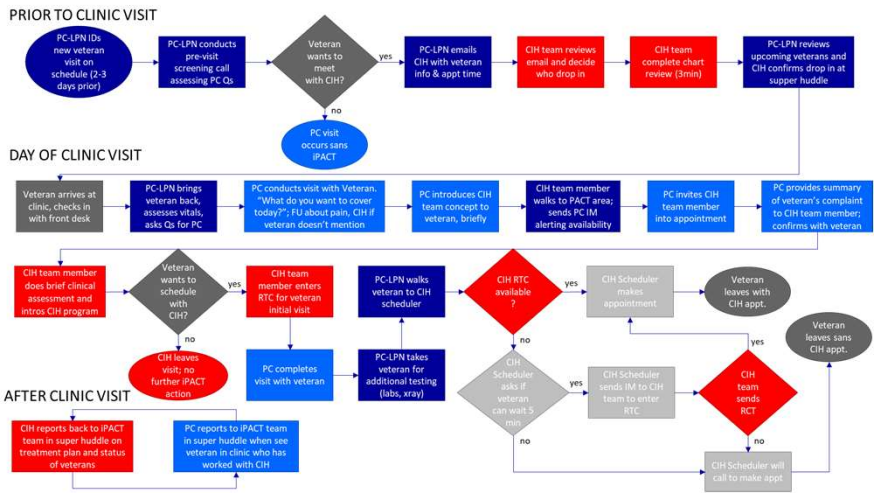
Background

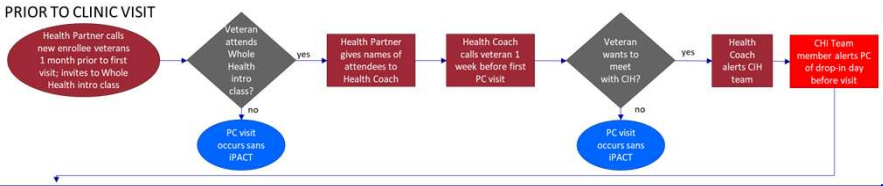
- US Department Veteran Affairs (VA) has committed to the Patient Centered Medical Home Model as a part of the Whole Health initiative, defined by care that is:
  - Comprehensive
  - Patient-centered
  - Coordinated
  - Accessible
  - High Quality & Safe
- "Integrated" Patient Aligned Care Team (iPACT) seeks to expand on existing primary care PACT teams by pairing with complementary and integrative health (CIH) to better fulfill the Whole Health care model
- The CIH team members are co-located and complete intakes together in order to fully meet the needs of veterans
- By integrating CIH with PACT, the goal is to decrease burden on PC providers and develop comprehensive, collaborative treatment plans addressing the individual goals of each veteran

Methods

Process Map (as of July 2020)



Process Map Update to Pre-Clinic Procedures (as of Oct. 2020)



Veteran Self-Report Measures

Following Whole Health System of Care Evaluation led by the Center for Evaluating Patient Centered Care in VA, we will use:

- 2-items to assess how providers Discuss and Help with Goals
- 4-item Altarum Consumer Engagement Commitment Subscale to assess Engagement in Health Behaviors
- 4-item Altarum Consumer Engagement Navigation Subscale to assess Engagement in Healthcare Decisions
- 4-item Perceived Stress Scale to assess veterans' stress

Chart Reviews & Tracking

- Number of veterans seen per week by iPACT
- Predicted vs utilized services from screening questions
- Wait time for new appointments in CIH
- Number of no-shows for initial appointment with CIH by iPACT vs other referrals

Provider Self-Report

Qualitative interviews will be developed and completed to understand perceived benefits and burdensomeness of implementing iPACT

Phase 1 – July 2020 to December 2020

Tasks
- Identify initial PACT and CIH teams to participate in iPACT
- Adjust scheduling grids
- Establish weekly "super" huddle

Measures
- Access accuracy of pre-appointment screening
- Monitor usefulness of warm handoff via no-show rates in CIH clinic
- Track iPACT caseload
- Veteran self-report measures

Phase 2 – January 2021 to June 2021

Tasks
- Expand to 2nd PACT team, pairing with original CIH team
- Develop 2nd CIH team
- Pair 3rd PACT team with newly developed 2nd CIH team

Measures
- Veteran self-report measures
- Qualitative interviews with providers and staff implementing iPACT

Phase 3 – July 2021 to December 2021

Tasks
- Add nurse practitioner to CIH team
- Develop comprehensive pain management team

Measures
- Develop as needed

Continued Work

- Currently in Phase 1, have pilot PACT and CIH teams collaborating and weekly huddle running. Continuing to learn best methods for pre-screen and to increase availability of CIH.
- To date, have seen over 34 veterans using iPACT team model of care and scheduled 13 referrals to CIH. Anecdotally, positive feedback from veterans and providers on iPACT.
- Recently (Oct 2020) engaged Health Partners & Health Coaches to do pre-appointment screening, as PC-LPNs could not continue outside of COVID protocols.
- Clarksville CBOC is hiring additional CIH providers to establish 2nd CIH team and identifying 2nd PACT team for Phase 2, to start in January 2021.
- Working to establish consistent measurement processes and protocols.
  - Ideally, updating statistical process control charts weekly to understand impact of the project.
  - Initiate measurement in second and third PACT teams prior to implementing iPACT to better understand change on the system.

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