Into Practice

Re-designing primary care: Implementation of patient-aligned care teams

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A B S T R A C T

Background: Primary care is the foundation of the Department of Veterans Affairs (VA) health care, but transformation efforts are necessary to meet the needs of Veterans and provide patient-centered care (PCC).
Problem: The need to transform the VA from a problem/disease-based provider-driven system to a patient-centered, patient-driven health care system.
Goals: Our project objective was to describe the implementation of the Patient-Aligned Care Team (PACT) model in the current Department of Veterans Affairs (VA) health care environment and to identify barriers and facilitators to implementing a new model of care that could apply more broadly to the implementation of large-scale changes in other large integrated health care systems.
Strategy: We sought to learn through in-depth interviews with leaders and key informants at several stages of the PACT process, including planning, implementing, modifying where needed, and maintenance.
Results: The PACT model offers PCC that is managed with high quality, safety, and effectiveness; provides optimal access; and integrates the Veterans' voice to respect their preferences, needs, and values toward achieving optimal health and well-being.
Implications: This transformation in VA provides insight into the barriers and facilitators to implementing large-scale change in an integrated health care system. Implementation of a new model of care across a large integrated health care system requires continuous and highly visible engagement from leadership and staff, distribution of resources across initiatives, and alignment of program goals and performance measures, these lessons.

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1. Implementation lessons

Based on VA's experience implementing the PACT model:

- Team-based primary care can contribute to a shift from problem-based, disease-focused care into care that is personalized, proactive and patient-driven.
- Identify appropriate and consistent performance measures that align with and accurately measure program goals while also actively assess staff performance. This will allow meaningful use of data to target modifications both to the care delivery programs and staff performance that may improve patient-centered primary care delivery.
- Performance evaluation should recognize and incorporate patient-reported measures, along with practice-level measures. The PACT Implementation Progress Index (Pi_2) may

provide some interesting opportunities to explore both the factors influencing implementation as well as the extent of implementation of the program across facilities.
- Use mid-level providers to facilitate changes implemented from higher-levels of the organization as a way to communicate the change as an expectation, not an option, as well as to support staff as challenges arise while moving toward that change.
- PACT required implementation of a system-wide change in a large-integrated healthcare system and novel lessons from this review reveal issues with communication, measurement, and lack of some resources hindered progress toward full implementation.

2. Background

Health care is complex and patients often struggle to understand their medical conditions and treatment options. Traditionally, health care delivery systems have been unresponsive to patients' needs

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and desires as they relate to their health and health care.[22] The 2001 Institute of Medicine Report explored these issues and recommended changes to move toward a "patient-centered" health care system in which the patient's preferences, needs and values guide health care decisions[9,10].

The VA has established the importance of patient-centered care (PCC) as a critical factor in achieving its mission to "honor America's Veterans by providing exceptional health care that improves their health and well-being." The VA is addressing this mission through efforts to improve access, coordination, communication, and continuity of care. VA has implemented an organization-wide strategy to transform from a problem/disease-based provider-driven system to a patient-centered, patient-driven health care system. The VA's signature strategy to redesign and improve PCC is through implementation of a new model of care, Patient-Aligned Care Team (PACTs).

3. Organizational context

The VA is the largest integrated health care system in the United States, serving over 8.3 million Veterans each year at 152 medical centers and approximately 1400 outpatient clinics and community living centers[8]. Over 53,000 independent licensed health care practitioners are employed at these facilities to provide comprehensive care to Veterans.

Until the mid-1990s, VA operated as a hospital system mostly providing general medical and surgical services. Many facilities within the system operated independently from one another, often competitively duplicating services[21]. There were also concerns about inconsistent quality and fragmented care.[2] During this time, laws required that most health care in VA be provided in a hospital setting, but in 1996 the passing of the Veterans Health Care Eligibility Reform Act enabled the system to restructure from a "hospital system to a health care system" that would provide effective, efficient, and coordinated care across facilities throughout the system[21]. As a result, VA began expanding their focus and shifting from providing mainly inpatient and specialty care to also providing integrated, comprehensive, outpatient primary care.[14]

After the restructuring, the VA saw a 75% increase in Veterans treated annually (2.8 million to 4.9 million) from 1996 to 2004[21] and by 2009, 80–90% of all Veterans enrolled in VA received primary care services from VA providers[5]. The organizational shift to ambulatory care, the dramatic increase in the number of patients cared for by the system, and the shift in quality and performance measurement created a new challenge for the VA: What is the best approach to providing high-quality, high-value care that is both efficient and cost-effective, and coordinated and continuous, across a Veteran's life span? How does the VA care for Veterans while being responsive to their needs?

In response to these fundamental questions, VA leadership outlined 12 principles of PCC around which care was to be redesigned (Fig. 1).

4. Problem

The expansion of primary care within VA in the mid-1990s led to quality improvements (e.g. reduction of hospital stays, increasing access to ambulatory care, increasing availability of home-based care) and better patient satisfaction, but the system was still largely driven by the provider and health care team. The VA adopted several elements of the National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home (PCMH) model during the mid-to-late 1990s, including the creation of a comprehensive electronic medical record (EMR) and the creation of improvement programs tied to clinical outcomes and performance measures.[23]

However, evaluations of primary care at the VA indicated that Veteran patients desired to have a more active role in their care and to be provided with PCC options to improve their access and better meet their health care needs[16,17]. Additionally, prior research has demonstrated a need to provide care that is better aligned with Veteran's health communication and delivery preferences for primary care.[18] In addition, care processes including coordination and continuity (e.g. decreasing the frequency with which patients rely on non-VA providers for acute care) and improving patient-centeredness and access to care (e.g. providing telephone access to care when patients prefer it) also needed to be

12 Principles of Patient-Centered Care	
	1. Honor the Veteran's expectation of safe, high quality, and accessible care.
	2. Enhance the quality of human interactions and therapeutic alliances.
	3. Solicit and respect the Veteran's values, preferences and needs.
	4. Organize the coordination, continuity and integration of care
	5. Empower Veterans through information and education.
	6. Incorporate the nutritional, cultural and nurturing aspects of food.
	7. Provide for physical comfort and management of pain.
	8. Ensure emotional and spiritual support.
	9. Encourage involvement of family and friends.
	10. Provide an architectural layout and design conducive to health and healing.
	11. Introduce creative arts into the healing environment.
	12. Support and sustain an engaged workforce as key to providing patient-centered care.

Source: Department of Veterans Affairs, Report of the Universal Services Task Force. April 2009.

Fig. 1. 12 Principles of patient-centered care.