

QUERI Investigators Release Comprehensive Report on
Five Year Impact of VA's Patient Aligned Care Teams on Veteran Care

In 2010, VA undertook a massive restructuring of its primary care for Veterans. Based upon the precepts of the patient-centered medical home (PCMH), the VA's Patient Aligned Care Team (PACT) initiative represented an ambitious effort to move from the traditional model of primary care. The VA established the PACT Demonstration Laboratory Initiative (DLI), led by Stephan Fihn MD, Director, and Lisa Rubenstein, MD, Co-Director. This initiative included comprehensive evaluation of PACT implementation from five PACT Demonstration Labs (Demo Labs) and a National Evaluation group; they conducted dozens of studies and gathered extensive information about the progress of the adoption of the PACT model at local VA sites and nationally.

The DLI recognized a need to summarize the consistent findings from these multiple studies and present them in a way that will assist in developing and modifying policy related to PACT. The Synthesis Report represents the DLI consensus regarding the most important themes that emerged from the Demo Labs, along with recommendations for addressing them. Seven major recommendations in this report reflect several significant challenges that became apparent during the process of PACT implementation over the last five years through the PACT Demo Lab Initiative.

Recommendations:

Adequate Staffing: Ensure PACTs are adequately staffed, and measure PACT staffing using consistent and clear definitions.

Team Functioning: Develop new approaches to promoting, structuring, and encouraging team culture and functioning, including team training and role development.

Engaging Veterans: Improve methods for engaging Veterans in their own care, as well as in PACT care design.

Performance Measure Improvement: Improve the match between performance measures and PACT goals by undertaking a broad based review of the measures, including their strength of association with clinically relevant outcomes and their relative importance; their potential and actual impacts on providers, staff, and patients; and their interrelationships and interactions with each other.

Quality Improvement: Improve the ability of primary care practices to engage effectively in ongoing quality improvement.

Interdisciplinary Leader and Administrator Roles: Develop PACT training and role development resources for interdisciplinary leaders and administrators at the regional, medical center, and primary care site levels.

Mental Health: Develop structures, a supportive format, and measures directed at further implementation of primary care and mental health integration, including more and improved communication between mental health specialists and primary care, and a focus on substance use.