Overview
The Patient Aligned Care Team (PACT) is a team-based model of care—based on the Patient Centered Medical Home model—in which a team of VA health professionals, led by a provider, works collaboratively with the patient to provide for all of the Veteran’s healthcare needs—or appropriately coordinates care with other qualified professionals. PACT Intensive Management (PIM) targets Veterans at highest risk for hospital admission and death while in the ambulatory care setting, including those with complex chronic conditions. To best help this vulnerable patient population, PIM includes a comprehensive intake process, coordination of specialty care, chronic condition case management, provision of social services, rapid response to deteriorations in health, and facilitation of transitions after high-acuity events.

The newly funded Effects of Intensive Outpatient Management Programs on Medication Related Outcomes for High-Risk Patients Partnered Evaluation Initiative seeks to understand whether increased adherence and resolution of medication problems through PACT Intensive Management represents key pathways to better management of chronic conditions, including improved health status and lower healthcare costs. Results of this study will be provided to VA policymakers to aid in the planning of care models that can improve the management of high-risk VA patients.

Methodology
In close collaboration with operation partners, this QUERI Partnered Evaluation Initiative will focus on three critical domains affecting effective medication management.

Findings and Anticipated Impacts
Specific research objectives and anticipated impacts for Effects of Intensive Outpatient Management Programs on Medication Related Outcomes for High-Risk Patients are to:

- Compare medication adherence for patients taking prescription drugs for diabetes, depression, hyperlipidemia, or hypertension 12 months prior to and 12 months following allocation to PIM or PACT.
- Assess patients as having the total number of their medications reduced, unchanged, or increased after PIM/PACT allocation, and then compare whether these medication adjustments affected their adherence 12 months following PIM/PACT allocation.
- Estimate the changes in patients’ lab values and vital status measures for diabetes, hyperlipidemia, and hypertension 12 months prior to and 12 months following allocation to PIM or PACT.
- Based on interviews with patients, describe their barriers and facilitators to medication adherence—and how PIM may have contributed toward their long-term management of medications.

Operations Partner(s):
VA Primary Care Services and Pharmacy Benefits Management.