

QUERI Partnered Evaluation Initiative

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GeriPACT QUERI

A Partnered Evaluation of Geriatric Patient-Aligned Care Team Implementation

Boston, MA

Iowa City, IA

Overview

The Geriatric Patient Aligned Care Team (GeriPACT) model offers an alternative to standard Patient-Aligned Care Teams (PACTs) by providing frail, elderly Veterans and their caregivers with access to the most appropriate care for their healthcare needs with a single point-of-contact for multidisciplinary geriatric care. To date, at least 74 VA medical centers (VAMCs) have implemented the GeriPACT model with at least 20 VAMCs coming on-board in FY2016. Preliminary data provided by the Office of Geriatrics and Extended Care suggest that the cost of managing patients in GeriPACTs is lower compared to traditional PACTs. However, GeriPACT has not been thoroughly studied and little is known about how GeriPACTs are structured, how variations in programs across VAMCs influence the care that Veterans receive, or whether GeriPACTs improve the patient and provider experience. The primary objective of this QUERI partnered-evaluation is to conduct an assessment of GeriPACT implementation to support rapid translation of the findings into practice. Specific aims include:

- Assess implementation adherence and service outcomes;
- Examine the relationship of implementation adherence, service, patient use, and GeriPACT costs;
- Compare utilization and cost outcomes for similar GeriPACT and PACT patients; and
- Identify important organizational factors associated with GeriPACT performance.

Methodology

Investigators will measure implementation adherence and service outcomes by conducting surveys of GeriPACT leaders and the GeriPACT team. They also will examine the relationship of implementation and service outcomes with patient outcomes for FY2015-2016. Since GeriPACT is an alternative to PACT, they will compare outcomes for Veterans between these care settings using FY2010-2016 secondary data. Investigators also will conduct in-depth site visits at VAMCs with high GeriPACT implementation adherence, yet with variation in service outcomes. In addition, they will identify key organizational factors distinguishing VAMCs with a high number of PACT features in GeriPACT and high PACT access from other VAMCs, where the number of PACT features in GeriPACT and access to PACT is lower in both domains.

Findings and Anticipated Impact

The mean value of the implementation adherence measure was 2.03 with scores ranging from 1 to 4. Only 6.3% of GeriPACTs were considered high adherence to the GeriPACT model (e.g., scoring 4 or greater on the summary measure), suggesting that there is wide variation in the way GeriPACTs are structured.

- Common factors positively affected GeriPACT implementation including: knowledge and beliefs, relative advantage, culture, learning climate, and champions/implementation leaders. In addition, relative priority had a negative influence on implementation for a majority of sites.
- When comparing sites in similar performance on PACT access and team functioning, only one additional factor emerged. Sites with high-team functioning had positive networks and communications scores in comparison to low-team functioning sites.

GeriPACT QUERI will help VA rebalance long-term care and reduce avoidable hospitalizations for elderly Veterans. Evaluations by GeriPACT investigators also will:

- Demonstrate GeriPACT impact and disseminate best practices to PACT;
- Improve our understanding of the implementation of interventions supported by VA's Office of Geriatrics and Extended Care (GEC);
- Develop and implement the GeriPACT Operations Manual;
- Gain knowledge to assist low GeriPACT adherence sites; and
- Share knowledge with new GeriPACT sites.

Operations Partner(s)

Office of Geriatrics and Extended Care and the GEC Data and Analyses Center.

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