

QUERINational Program

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Improving Patient-Centered Care Coordination for High-Risk Veterans in PACT Los Angeles, CA

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Overview

The Care Coordination QUERI aims to improve care coordination and experience of care across settings for high-risk Veterans in PACT (Patient-Aligned Care Teams), and develop novel approaches to coordinating care between the Veteran, his or her primary care team, and other settings, including specialty care, the emergency department, and home and community resources. In carrying out its projects, this QUERI program will assess effectiveness of care coordination tools, facilitation, and organizational readiness assessments as improvement approaches.

Care Coordination QUERI's aims will be achieved through these projects:

- Improving PACT Coordination across Settings and Services: Coordination Toolkit and Coaching (CTAC) will clarify the most effective strategies for improving care coordination between PACT, specialty care, and community care.
- Improving Emergency Department (ED) Coordination with PACT (ED-PACT Tool) will improve coordination between ED and PACT for Veterans with urgent or specific ED follow-up care needs.
- A supplemental project formatively evaluated the ED-Rapid Access Clinics (ED-RAC) program, which is spreading an innovation to improve coordination for Veterans with post-ED and specialty care needs.
- Improving Hospital to Community (H2C) Coordination will improve coordination of services for chronically ill Veterans between the VA and non-VA community agencies at hospital discharge.

The implementation core focuses on assessing and improving organizational readiness for care coordination between PACT and other care settings, and reviews prior evidence and tools related to care coordination.

Methodology

The CTAC project will determine whether a distance-based coach facilitating use of an online toolkit can help PACT teams improve care coordination compared with use of a toolkit alone. The ED-PACT Tool project used PDSA cycles and audit-and-feedback to adapt and spread a Computerized Patient Record System (CPRS)-based electronic communication tool for ED-PACT handoffs across the VA Greater Los Angeles Healthcare System. The ED-RAC evaluation provides

formative evaluation support to an operations-led team spreading an innovation improving access to post-ED specialty care clinics. The H2C project will assess an intervention aimed at improving post-discharge care for high-risk Veterans by linking inpatient and PACT social workers to community health workers in Veterans' home communities. Finally, the implementation core supports all projects by assessing organizational readiness for improving care coordination between PACT and other care settings.

Anticipated Impact

Tools & Toolkits

- ED-PACT Tool Implementation Toolkit outlines process of adapting and implementing this tool (ED-PACT Tool)
- Care Coordination Toolkit provides tools and resources to improve care coordination within primary care and between primary care and other outpatient settings (CTAC)
- Standards for toolkit development and evaluation (Implementation Core)

Lessons Learned on Community Coordination

- Lessons learned on how VA can work with local community resources (H2C)
- Better understanding of organizational readiness and how to measure it (Implementation Core)

Distance Coaching Model

- Distance-coaching model to spread innovations in PACT (CTAC)
- Assessments of factors that influence success of champions in spread efforts (ED-RAC)

Operations Partner(s):

Patient Care Services (Offices of Primary Care, Care Management and Social Work); Office of Quality, Safety and Value (National Center for Patient Safety); Geriatrics and Extended Care (GEC); Office of the Assistant Deputy Under Secretary for Health (ADUSH) for Clinical Operations; Office of Veterans Access to Care (OVAC); Office of Emergency Medicine (Specialty Care Services); and the VA Greater Los Angeles Healthcare System.



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