Overview

Across a variety of different healthcare payment systems, a minority of patients account for the majority of costs. Within the VA healthcare system, the one-third of patients who have three or more chronic conditions account for two-thirds of costs. Veterans cared for by primary care as part of VA's Patient Aligned Care Teams (PACT) can be identified as at high risk of death or need for hospitalization using the Care Assessment Need (CAN) score. When these vulnerable Veterans experience gaps in care coordination, they are highly likely to experience negative outcomes. Although a variety of models of care to manage high-risk patients have been tested outside VA, results have been variable. Within VA, the Intensive Management Patient-Aligned Care Team (ImPACT) pilot and the five-site PACT Intensive Management (PIM) demonstration are providing insights into how PACT teams more generally can successfully care for high-risk patients. Yet there remains an urgent need to develop better ways to implement coordinated care for these high-risk Veterans. Therefore, the primary goal of the Improving Patient-Centered Care Coordination QUERI program is to improve care coordination and experience of care across settings for high-risk Veterans being treated through PACTs.

Implementation Strategy

This program aims to develop an approach to assessing and improving organizational readiness for care coordination between PACT and other care settings—and to better understand the relationships between baseline readiness, implementation outcomes, and patient experience. The conceptual foundations are rooted in The Ottawa Model of Research Use (OMRU) and Proctor's taxonomy of implementation outcomes.

OMRU is a planned action model with three main elements: assessment, monitoring, and evaluation (see figure, over) that correspond to four activities:

- Assessment of organizational readiness,
- Implementation of intervention strategies,
- Monitoring implementation outcomes, and
- Evaluation of patient experience of care.
Project Summaries

- **Improving Emergency Department (ED) Coordination with PACT (ED-PACT) Tool.** This quality improvement project will improve communication between the VA Greater Los Angeles Healthcare System’s Emergency Department and PACT teams through a structured message sent from ED providers to PACT nurse care managers, who then work with their PACT teams to address Veterans’ post-ED care needs.

- **Improving PACT Coordination across Settings and Services: Coordination Toolkit and Coaching (CTAC).** Investigators in this project will develop an evidence-based, user-friendly online toolkit for care coordination in PACT, as well as a care coordination distance coaching manual to improve care for high-risk Veterans. The toolkit and distance coaching will be piloted at PACT sites. The effectiveness of the online toolkit alone will be compared to the combination of the toolkit plus coaching.

- **Improving Hospital to Community Coordination with PACT (H2C).** This randomized trial will test the effectiveness of implementation of improved coordination between high-risk Veterans, their PACT care providers, and their home communities at hospital discharge. This study is based on a previously-tested community engagement model.

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