# 2012

# Implementation Roadmap

# IMPLEMENTATION ROADMAP

## Introduction

The Department of Veterans Affairs (VA) health care system, Veterans Health Administration (VHA) is committed to remaining at the forefront of health care by being patient-centered, team-based, data driven, and continuously improving. VHA is now engaged in a new model of health care delivery that is a patient-driven, team-based approach based on the Patient Centered Medical Home model. This care is delivered in teams, called Patient Aligned Care Teams (PACT), and is based on principles that promote effective, efficient, comprehensive care through continuous communication and improved coordination of services throughout the health care system. The goal of PACT is to improve patient experience, clinical quality, safety, and efficiency by ensuring that VHA is a national leader in the delivery of health care services.

PACT is a partnership between the Veteran and the health care team with an emphasis on prevention, health promotion, and self management. PACTs use a team-based approach, with various members of the team stepping in at different points in time to provide needed care. Veterans are the center of the care team that also includes family members, caregivers and health care professionals. The PACT teamlet - which includes the primary care provider, nurse care manager, clinical associate, and clerical associate – work with the Veteran to identify health care goals and patient preferences, to provide basic health care services and education, to develop a care plan, and to coordinate care. When more specialized services are needed, other members of the PACT, such as discipline specific, specialty, or non-VA team members step in to assist the Veteran and teamlet. Together, the entire PACT is focused on helping the patient meet his/her health care goals.

PACTs offer improved ways to access health care. In addition to personal visits with their own primary health care provider, Veterans may schedule visits with other members of the PACT team or may select group clinic appointments and/or educational classes. Veterans may also access health care using virtual modalities such as the telephone, secure messaging, or telehealth technology. Veterans may access a personal health vault, selected portions of their electronic health record, and a wealth of health information using My HealtheVet (www.myhealth.va.gov).

Implementation of PACT represents a practice change that requires strategic assessment and redeployment of resources, realignment of priorities, and a major cultural change from system-centered to patient-centered care. Given the multiple components of the PACT model many primary care practices struggle with initial implementation strategies. This guidance is intended to serve as a roadmap for PACTs as they make the changes necessary to achieve patient-centered care without becoming overwhelmed by the process.

The implementation actions identified on the PACT Implementation Roadmap are taken from the PACT Recognition Survey (which was completed in 2011). These actions are considered core change concepts in implementing patient-centered care, and are grounded in the existing evidence for successful patient centered medical home practices. They are arranged by domain with sub-actions sequenced to promote ease of implementation. High priority actions - actions essential to successful PACT implementation – are identified with a star (✪). Implementation tips, tools, resources, a timeline, and individual or groups responsible for implementing each action are also identified.

The road might be filled with potholes and barriers along the way, but we hope this roadmap will help you steer clear of most of them!

# Team Function/System Redesign

| Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|
| **1. Establish leadership structure, facilitation, and reporting process for PACT implementation** ✪<br>**Responsibility of: Facility Director** | 30 days | • *Support resource availability. Ensure bi-directional information flow at facility and between facility and VISN.* | See PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Team%20FunctionSystem%20Redesign/Forms/AllItems.aspx) |
| ☐ a. Identify senior facility leader (member of Quadrad) to ensure implementation, sustainment, and spread ✪ | | | |
| ☐ b. Establish a PACT steering, planning, operational, or other interprofessional committee that provides strategic planning and implementation guidance at parent facility ✪ | | • *Include key stakeholders such as Primary Care, Social Work, Pharmacy, Mental Health, Women's Health, HBC, HPDP, Nutrition, Telehealth, OEF/OIF, Labor partners, Systems Redesign, and others* | |
| **2. Regularly review performance reports** ✪<br>**Responsibility of: PC facility leadership, PACT teamlets, PACT team as appropriate** | 30 days | | PACT Compass, VSSC, Patient Satisfaction, local registries, VISTA reports for ED, admissions & discharges, , Incident Reports, staff meeting minutes |
| ☐ a. Regularly review performance reports on clinical outcomes, access, prevention, utilization (ED and admissions), patient satisfaction, patient safety (at least 4 of 6 elements must be included) ✪ | | | |
| ☐ b. Develop a process for how data and performance reports are provided to PACT ✪ | | • *Consider as a standing agenda item in PACT steering committee meetings, staff meetings, planning meetings, and others.*<br>• *Increase visibility of data results through electronic means, posting on bulletin boards, or other ways*<br>• *Pact level data is discussed regularly with team and drives process improvement* | |
| ☐ c. Ensure there is evidence that data is discussed in PACT team meetings | | | |

✪ Indicates **High Priority Action Items**, which are essential to successful PACT implementation

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|---|---|---|---|
| **3. Share formal data and reports with Primary Care and/or facility leaders** ✪<br>**Responsibility of: PC leadership, facility Director** | 60 days | • *Minutes from facility meetings reflect the reporting*<br>• *Use a structured, regular reporting process to share a summary of this information with the VISN* | (Examples of formal data presentations/ reports: PACT Compass Metrics, outcome data on patient satisfaction, access, and care management, and others) |
| ☐ a. Formally present PACT implementation plans and progress to site leadership | | • *Present through regular meetings and/or presentation through designated committees* | |
| **4. Demonstrate ongoing monitoring of performance improvement data** ✪<br>**Responsibility of: Teamlets, PC leadership** | 30 days | • *Use meeting minutes to reflect this*<br>• *Use story boards at the work-unit level to display PI activities* | Community of Practice calls, PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Team%20FunctionSystem%20Redesign/Forms/AllItems.aspx), PC Almanac data |
| ☐ a. Provide evidence of at least one PDSA cycle in the past two months ✪ | | | |
| ☐ b. Ensure improvement processes are documented and accessible | | | |
| **5. Ensure PACT staff have written role descriptions** ✪<br>**Responsibility of: Primary Care and Nursing leadership, other leaders that supervise various disciplines in PACT, HR at facility level** | 30 days | • *To outline expectations that all staff function at the top of their license, certification, and competency level* | Functional statements, position descriptions, competency checklists, grids of tasks (see PACT Toolkit), Current Happenings SharePoint (shared documents, position descriptions folder) |
| ☐ a. All PACT staff have current role descriptions | | | |
| ☐ b. Role descriptions clearly delineate individual staff responsibilities for clinical and nonclinical activities | | | |
| ☐ c. Role descriptions are specific enough to identify responsibilities that are consistent with PACT goals | | | |
| ☐ d. Written descriptions are available upon request | | | |

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| --- | --- | --- | --- |
| **6. Use a teamlet model to manage patient care through shared responsibilities** ✪<br>**Responsibility of: PC leadership & facility leadership with a minimum of nurse executive and COS** | 30 days | • *Written protocols & standing orders, standardized education including teaching sheets and information using various other teaching modes (video, references to other VA sources)* | See PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Team%20FunctionSystem%20Redesign/Forms/AllItems.aspx) |
| ☐ a. Non-provider staff use a standing order/protocol for medication refills | | | |
| ☐ b. Non-provider staff use at least one standing order/protocol to order tests | | | |
| ☐ c. Non-provider staff use at least one standing order/protocol for delivery of routine preventive care | | | |
| ☐ d. Non-provider staff provide education to patients about managing their health conditions | | | |
| **7. All PACT staff participate in ongoing orientation and/or training programs** ✪<br>**Responsibility of: PACT staff, PC leadership, Senior nursing leadership, supervisors of other PACT disciplines** | 30-90 days | • *Training rosters (could be included in competency checklist for initial training)*<br>• *Examples include participation in Collaborative or Learning Center of Excellence training and PACT training organized at the Network and/or facility* | |
| ☐ a. Training includes PACT principles | | | |
| ☐ b. Training includes Care/Case Management principles for responsible staff | | | |
| ☐ c. Training is documented | | | |

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| **8. Give patients communication tools that explain PACT concepts and expectations for the patient and outline the roles and responsibilities of all PACT staff** ✪<br><br>**Responsibility of: Teamlets, PC leadership, Senior leadership** | 30 days | • *Pamphlets, teaching sheets, business cards, informational letters, videos, verification of teaching (could be part of a template note)* | See PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Team%20FunctionSystem%20Redesign/Forms/AllItems.aspx)<br><br>See USH intranet site (http://vaww.ush.va.gov/PACT/PACT.asp) |
| ☐ a. Develop patient communication tools that explain PACT concepts, expectations for patients, and roles and responsibilities of all PACT staff | | | |
| ☐ b. Define the process for distributing these tools | | | |
| **9. Conduct daily teamlet huddles** ✪<br><br>**Responsibility of: Teamlets, PC leadership, Nursing leadership. Should randomly observe huddles in process** | 30 days | • *A huddle is a brief meeting to review schedules, and plan activities for the day*<br>• *Use a form for huddles which includes information obtained from advance patient record review*<br>• *Conduct huddles even if all staff are not present* | See PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Team%20FunctionSystem%20Redesign/Forms/AllItems.aspx) |
| ☐ a. Identify roles of PACT staff in huddles ✪ | | | |
| ☐ b. Agree on huddle content ✪ | | | |
| ☐ c. Identify time and other logistics for huddles ✪ | | | |
| ☐ d. Consistently conduct daily huddles ✪ | | | |

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| **10. Conduct regular meetings to discuss process/performance improvement** ✪<br>**Responsibility of: Teamlets, PACT expanded team as indicated, ideally systems redesign person intermittently** | 60 days | • *Meeting Minutes* | |
| ☐ a. Conduct at least monthly PACT meetings (not huddles) which include expanded team members and focus on process/performance improvement ✪ | | | |

*Notes*

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# Care Management/Care Coordination

| Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|
| **11. Conduct regular treatment planning meetings to discuss complex/high risk clinical patient needs** ✪<br>**Responsibility of: Teamlets, PACT expanded team as indicated** | 30 days | • *Interdisciplinary notes in CPRS*<br>• *High risk patients may be identified by several means – recently hospitalized patients, patients with multiple comorbid conditions, patients with a specific condition who are not achieving their target, high risk tracker, etc.* | PACT Compass, VSSC, Patient Satisfaction, local registries, VISTA reports for ED, admissions & discharges, , Incident Reports, staff meeting minutes |
| ☐ a. Conduct at least monthly PACT interdisciplinary treatment planning meetings (not huddles) which include expanded team members and focus on planning care for patients with complex needs | | | |
| ☐ b. May combine these meetings with other meetings (such as PI meetings) | | | |
| **12. Establish appointment pre-planning process**<br>**Responsibility of: Teamlet mainly clinical associate, RNCM & clerical associate but can also include other members of the team** | 30 days | • *Usually the same form as used for huddles*<br>• *This review provides a process for visit coordination, prescreening, and medication review/reconciliation* | See PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Care%20ManagementCare%20Coordination/Forms/AllItems.aspx) |
| ☐ a. Identify roles and responsibilities in pre visit planning | | | |
| ☐ b. Review patient records in advance of appointment to anticipate needs and/or prioritize appointment activities | | | |
| ☐ c. Engage patient and team in determining type of appointment needed (face-to-face, phone, etc.) | | | |
| ☐ d. Review plan of care in daily huddles prior to the appointment | | | |

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| **13. Establish a system of notification for inpatient admissions**<br>**Responsibility of: Teamlet, CACs** | 30-90 days | | • *View alerts, VISTA reports.* |
| ☐ a. For VA admissions | 30 days | | |
| ☐ b. Notification is documented in the patient's electronic medical record (EMR) | 30 days | | |
| ☐ c. For non-VA admissions | 90 days | | |
| ☐ d. Ensure teamlets use non-VA admission information during team meetings and/or huddles | 90 days | | |
| **14. Be involved with discharge planning**<br>**Responsibility of: Teamlet, inpatient team, and expanded team as indicated** | 30 days | Documentation may be accomplished by signing off on inpatient discharge note | |
| ☐ a. Discuss plan with inpatient team | | | |
| ☐ b. Document involvement with the plan (to include follow-up contacts and care) | | | |
| **15. Contact patients to follow-up on discharge plan implementation** ✪<br>**Responsibility of: RNCM, clinical associate, PC leadership** | 30-60 days | • *Discharge list from VISTA or from view alerts, template note in CPRS*<br>• *Internal data monitoring process (such as reminder reports) is in addition to the monthly Compass report* | Readmission risk calculator |
| ☐ a. Identify process to notify PACT of hospital discharges | | | |
| ☐ b. Define roles of PACT staff in post discharge contact | | | |
| ☐ c. Create visit location, encounters, and note templates | | | |
| ☐ d. Develop process for internal data monitoring | | | |
| ☐ e. Contact patients within two business days after discharge | | | |

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| ☐ | f. Document contact in the electronic medical record (EMR) | | | |
| | **16. Establish a process to provide timely test results (lab and imaging)** ✪<br>**Responsibility of: Teamlet, some members of expanded team (pharmacy, nutrition), facility leadership** | 30 days | • *List of patients with completed or incompete testing, templated note for notification* | |
| ☐ | a. Notify patients of (PACT ordered) test results within 14 days (per VHA directive) | | | |
| ☐ | b. Document notification in the EMR | | | |
| ☐ | c. Develop a process to monitor compliance | | | |
| | **17. Use patient registries**<br>**Responsibility of: Teamlets, expanded team as indicated, PC leadership to ensure process in place** | 60-90 days | • *A registry is a database/list of confidential patient information that can be analyzed to understand and compare the outcomes and safety of health care*<br>• *Data may originate from multiple sources including clinical reminder reports, EPRP cohort reports, VSSC reports, Compass, local registries, PC Almanac etc. and may include patients who have the same disease or who underwent a common surgical procedure, received a newly approved medication, etc.*<br>• *Must use at least one source but it can be an existing source rather than a new one* | *Primary Care Almanac* |
| ☐ | a. Identify which patient populations to follow | | | |
| ☐ | b. Ensure appropriate staff have access to and training in the use of registry data | | | |
| ☐ | c. Identify process for care management or intervention for identified patients | | | |
| ☐ | d. Use at least one patient registry addressing one or more of the following cohorts: high-risk patients, chronically ill patients, and/or patients targeted for preventive care | | | |

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| **18. Establish a system to identify incomplete referrals**<br>**Responsibility of: Teamlets, PC leadership, Clinical Informatics** | 60 days | • *Lists of patients with incomplete referrals, medication usage issues, and abnormal labs. Pharmacy program, VSSC or other data registries. Templated note in CPRS. Lists of patients with incomplete referrals, medication usage issues, and abnormal labs. Pharmacy program, VSSC or other data registries. Templated note in CPRS.* | |
| ☐ a. Ensure there is system to monitor, identify, and flag incomplete referrals with documentation in the EMR | | • *Correct use of the consult package and notifications may be used to generate an alert to the ordering clinician when consults are re-scheduled or cancelled. Templated notes in CPRS should address plan for critical referrals and consultations that are incomplete. Patient non-compliance should be addressed by PACT staff at the appropriate setting which may include discussion with behavioral health counselor. Lists of patients with incomplete referrals generated from local VISTA systems, VSSC or other data registries may be useful* | |
| **19. Ask patients at each regularly scheduled provider visit about outside providers and care** ✪<br>**Teamlet and PACT expanded team as indicated (PharmD, nutrition, or social work visit)** | 30 days | • *CPRS* | |
| ☐ a. Document the inquiry and the information obtained in the EMR | | | |

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|---|---|---|---|
| **20. Routinely remind patients of the importance of sharing medical records from outside providers**<br><br>**Responsibility of: Teamlet, other PACT team as indicated** | 30 days | • *Part of template note in CPRS. Record review would demonstrate compliance (perhaps through tracers)* | |
| ☐ a. Educate patients at the initial visit and at least annually on the importance of sharing medical records from outside providers. | | | |
| ☐ b. Assist patients in completing release of information forms | | | |
| ☐ c. Document co-management of care with non-VA providers | | | |

*Notes*

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# Access/Scheduling

| Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|
| **21. Assign teamlets/teams into Patient Care Management Module (PCMM)** ✪<br>**Responsibility of: Teamlets, PC leadership, PCMM Coordinator** | 30 days | • *PCMM- review for accuracy* | PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/AccessScheduling/Forms/AllItems.aspx) |
| ☐ a. Identify and enter teamlets/teams into PCMM | | | |
| ☐ b. Ensure assignments display in CPRS as a teamlet/team | | | |
| ☐ c. Assign all PACT teamlets in PCMM | | | |
| ☐ d. Develop a process to regularly review and update PCMM | | | |
| **22. Patients see their Primary Care Provider (PCP) for scheduled appointments**<br>**Responsibility of: Teamlets, PC leadership** | 60 days | • *This is automatically reported on Compass* | |
| ☐ a. Develop a process to ensure patients are seen by their PCP within the targets established in the PACT metrics | | | |
| ☐ b. Run monthly or quarterly reports per clinician to measure the percent of visits patients were seen by their PCP and share these reports with the team | | | |
| ☐ c. Identify areas for improvement and develop performance improvement plans to increase continuity | | | |
| **23. Patients are able to get a same day appointment with their assigned PCP at the time they request a same day appointment**<br>**Responsibility of Teamlet, PC leadership** | 90 days | • *This request may be for medical necessity or patient preference*<br>• *Access is reported on Compass. Include 3rd next available*<br>• *Intent is to develop a process for open access* | |
| ☐ a. Develop a process to ensure same day appointments are available | | • *May be accomplished through unscheduled continuity slots* | |
| ☐ b. Review schedules regularly through panel management strategies | | | |

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|---|---|---|---|
| **24. Use recall and/or open access scheduling**<br>**Responsibility of: Teamlets, PC leadership** | | • *Defined as schedules remain open, appropriate Veterans who require follow up more than 90 days out are entered into a "tickler" system and sent a reminder to call for an appointment and are then scheduled less than 7 days from their desired date*<br>• *Recall, VISTA "tickler" system* | |
| ☐ a. All teamlets use recall and/or open access scheduling | | | |
| ☐ b. Schedule Veterans within 7 days of their desired appointment date | | | |
| **25. Establish a standard operating procedure (SOP) on time limits for responding back to Veteran calls regarding symptoms and/or requests for clinical information**<br>**Teamlets, PC leadership, Call center leadership** | 30 days | • *PC SOP/policy, Call Center SOP/policy for notification to PC teamlet; view alerts* | |
| ☐ a. Develop a SOP which states that all return calls to patients must occur within a specific time period, preferably within at least 4 hours | | | |
| **26. Offer 24 hour/7 day per week access to RN triage advice** ✪<br>**Responsibility of: Call Center, PC leadership** | 30 days | • *RN triage can be based at another site as long as all triage calls are directed there*<br>• *Triage/call logs, view alerts* | |
| ☐ a. Ensure all PACT patients have 24 hour/7 day per week access to RN triage advice | | | |

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|---|---|---|---|
| **27. Ensure triage advice to patients loops back to the PCP/teamlet within one business day ✪**<br>**Responsibility of: Call center, PC leadership** | 30 days | | |
| ☐ a. Ensure information is returned to the teamlet (via the EMR, secure messaging, or telephone hand off) and acted upon within one business day | | | |
| ☐ b. Ensure a process for this communication is in place, documented, and all staff are aware of it | | | |
| ☐ c. Develop a process to regularly monitor this process | | | |
| **28. Establish a systematic process for informing all Veterans on how to access afterhours care ✪**<br>**Responsibility of: Teamlets, PC leadership** | 30 days | • *Examples include: a patient handbook, patient orientation pamphlets/information sheets, automated phone messages*<br>• *Will take a period of time to educate all pts* | |
| ☐ a. Develop a systematic process for informing all Veterans on how to access afterhours care | | | |
| **29. Offer scheduled telephone appointments with PCPs as an alternative to face-to-face appointments**<br>**Responsibility of: Teamlets, Business Office** | 60 days | • *Use scheduling program* | |
| ☐ a. Create telephone grids (schedules) for telephone visits | | | |
| ☐ b. Develop visit locations, encounters, and note templates | | | |
| ☐ c. Develop process for patient selection for telephone visit | | | |
| ☐ d. Develop mechanism to address reminders and pre-phone visit labs | | | |
| ☐ e. Ensure these are in the telephone scheduled GRIDS with completed encounters in scheduled telephone clinics and with clinician documentation of the visit | | | |

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|---|---|---|---|
| **30. Offer recurring group medical appointments as an alternative to face-to-face appointments**<br>**Responsibility of: Teamlet, PACT staff, PC leadership, senior leadership** | 90 days | • *This is defined as five or more Veterans seen as a group by a Licensed Independent Provider (LIP) for the purpose of delivering medical care*<br>• *These are regular recurring appointments and do not include groups run for teaching purposes which are usually conducted by non-LIPs*<br>• *Scheduling package, tools to identify appropriate patients such as VSSC, data registries, etc.* | |
| ☐ a. Identify patients appropriate for group visits | | | |
| ☐ b. Identify roles and responsibilities for staff involved in group visits | | | |
| ☐ c. Create group visits in schedule, visit locations, encounters, note titles, and templates | | | |
| ☐ d. Develop agenda for group visits | | | |

*Notes*

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# Patient Centeredness and Self Management

| Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|
| **31. Orient Veterans and personal support persons to the PACT model of care and encourage them to fully participate as partners in their care ✪**<br>**Responsibility of: Teamlets, HPDP Program Manager, MyHealtheVet Coordinator** | 30 days | • *This includes patient education in their own roles and responsibilities and as members of the PACT*<br>• *A personal support person is an individual authorized, either orally or in writing, by the patient to be involved in the patient's health care. Some examples of personal support persons are family members, caregivers, surrogates, friends, faith-based advisors, cultural leaders, acquaintances.*<br>• *Pamphlets, Pt orientation packets*<br>• *The goal is to establish a partnership with Veterans so this step must go beyond simply handouts or brochures and must include a conversation. (This does not have to be done by the PCP)* | PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Patient%20Centeredness%20and%20Self%20Management/Forms/AllItems.aspx) |
| ☐ a. Give Veterans verbal and written information on each PACT teamlet and expanded team members' role as well as Veteran roles and responsibilities ✪ | | | |
| ☐ b. Include PACT information and benefits in the New Patient Orientation Program | | | |
| ☐ c. Ensure this orientation includes a conversation with Veterans about the PACT model of care, their role, and the roles of PACT staff | | | |
| **32. Provide Veterans with names and ways (and when) to communicate with their PACT teamlet members between visits ✪**<br>**Responsibility of: Teamlet, PC leadership** | 30 days | • *Can use handouts, printed clinic materials, pamphlets, orientation packets, wallet size cards with teamlet info, etc.* | |
| ☐ a. Develop a standard process to convey this information to Veterans ✪ | | | |
| ☐ b. Document this communication in the EMR | | | |

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| Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|
| **33. Routinely perform a comprehensive health assessment for each Veteran that includes social and military history**<br>**Responsibility of: PCP, PC leadership (for verification of compliance)** | 30 days | • *A comprehensive health assessment includes health history, family history, risk factors, social history, and military history. The goal is to show the PACT is getting to know the "whole" Veteran* | |
| ☐ a. Perform and document a comprehensive health assessment for each Veteran | | • *CPRS note* | |
| **34. Systematically elicit feedback from Veterans and personal support persons to improve health care delivery** ✪<br>**Responsibility of: PACT, PC leadership** | 30-90 days | • *Examples include focus groups, surveys, customer satisfaction reviews, complaint management,*<br>• *Patient Advisory Committee, etc.*<br>• *Processes already in place (SHEP, etc)*<br>• *Should get baseline info but subsequent data collection can occur over time* | |
| ☐ a. Produce/verbalize at least one process for obtaining Veteran and personal support person feedback ✪ | | | |
| ☐ b. Describe how this information is used to improve processes ✪ | | | |
| **35. Establish a process to ensure health care instructions and/or self-management activities are understood by the Veteran and can be accomplished** ✪<br>**Responsibility of: PACT teamlet/team** | 30 days | • *The goal is for Veterans to understand what they need to be doing between visits*<br>• *Validation documented in CPRS* | |
| ☐ a. Identify and articulate PACT staff roles in this process | | | |
| ☐ b. Document this discussion with patient to validate patient understanding of instructions, which can include Teach Back and return demonstration | | | |

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| **36. Obtain/update information regarding medications the patient is currently taking at each encounter** ✪<br>**Responsibility of: PACT Members** | 30 days | • *Current medications include those taken at scheduled times and those taken on an as- needed basis* | |
| ☐ a. Obtain medication information at the beginning of an episode of care and update it at each encounter | | • *See medication reconciliation directive* | |
| ☐ b. Verbalize the process for medication review and reconciliation , PACT staff roles in the process, and show any policies or templates used | | • *CPRS documentation* | |
| **37. Provide patient (or personal support person as needed) with written information on the medications the patient should be taking at the end of each episode of care** ✪<br>**Responsibility of: PACT Members** | 30 days | • *When additional medications prescribed are for a short duration the medication information provided may include only those medications* | |
| ☐ a. Develop a process for providing written medication information at the end of each episode of care | | | |
| ☐ b. Verbalize the process for providing and documenting information about medication changes and for documenting patient/personal support person comprehension of any changes ✪ | | | |

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# Advanced Concepts

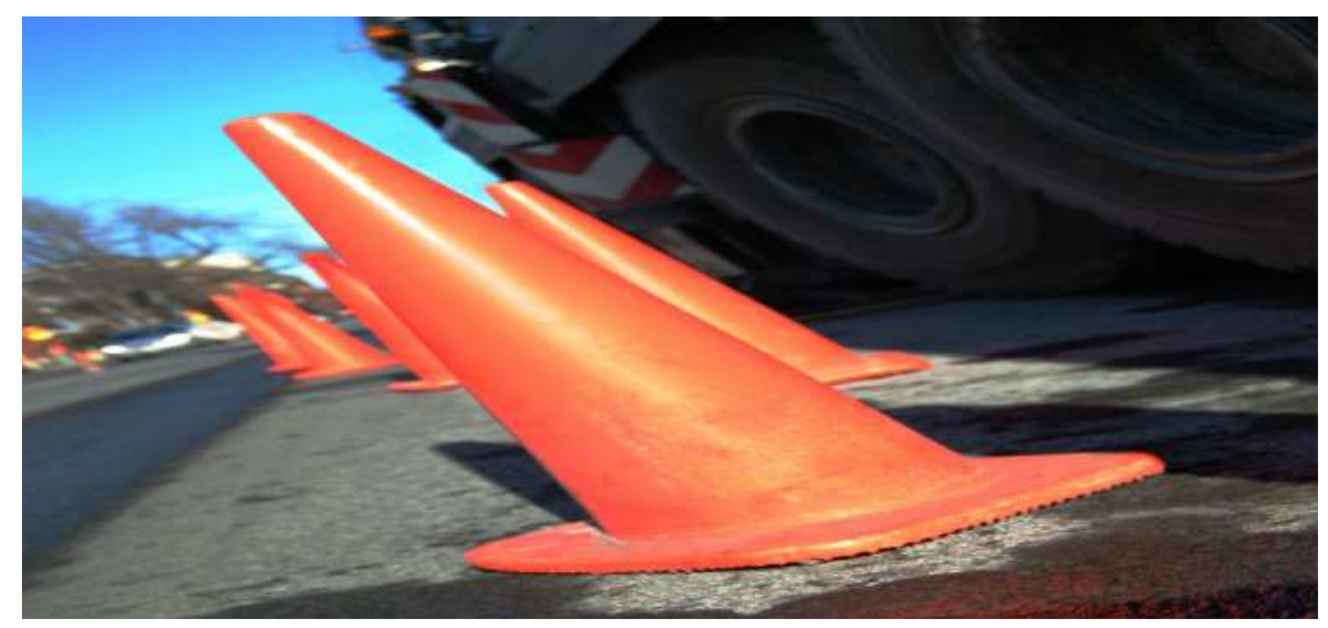
| | Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|---|
| | **38. Use secure messaging** | 30 days | • *Secure messaging is a Web or email based format to communicate with Veterans*<br>• *Expectation for FY12* | PACT Implementation Tools (http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/imptools/Advanced%20Concepts/Forms/AllItems.aspx) |
| ☐ | a. Develop and distribute educational materials | | | |
| ☐ | b. Develop a process to enroll patients while on site | | | |
| ☐ | c. Train staff on enrollment process and content | | | |
| ☐ | d. Ensure Veterans are able to communicate with their team through secure messaging | | | |
| | **39. Veterans are enrolled in My HealtheVet** | 90 days | • *MyHealtheVet is a web-based tool for Veteran access to information* | |
| ☐ | a. Develop and distribute patient educational materials | | | |
| ☐ | b. Develop process to enroll patients while on site | | | |
| ☐ | c. Train staff on enrollment process and content | | | |
| ☐ | d. Ensure all interested Veterans are enrolled and authenticated in My HealtheVet | | | |
| | **40. Appointments are available at non-traditional times** | 90 days | | |
| ☐ | a. Ensure primary care appointments are available outside traditional business hours (ex. M-F 0800-1700) | | • *PC leadership ensures some appointments are available at non-traditional times* | |

✪ Indicates **High Priority Action Items**, which are essential to successful PACT implementation

| Implementation Actions | Timeline | Implementation Tips | Resources/Tools |
|---|---|---|---|
| **41. Veterans and/or SOs are involved in goal setting and/or decision making regarding their health care and are provided a copy of the plan** | 30 days | | |
| ☐ a. Develop a process to ensure Veteran involvement in goal setting and decision making is explicit at least 10% of the time | | | |
| ☐ b. Document that a copy of the plan was given to the patient | | | |
| ☐ c. Include preventive as well as chronic care | | | |
| **42. Clinical team members attend TEACH for Success and/or Motivational Interviewing classes** | 30-90 days | • *FY12 expectation* | |
| ☐ a. Provide a record of clinical PACT members who have attended a one or two day TEACH for Success Program or a total of 4 hours of Motivational Interviewing training with the name of the course and date attended in the competency folder or other standard method of record keeping | | | |
| **43. PACT members attend training in any other course for patient- centered communication that includes open-ended inquiry, reflective listening, and expressing empathy** | 30-90 days | | |
| ☐ a. Provide a record of PACT members participation with the name of the course and date attended in the competency folder or other standard method of record keeping | | | |

*Notes*

✪ Indicates **High Priority Action Items**, which are essential to successful PACT implementation



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