



**A tool to identify, manage, and coordinate patient care.**

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Office of Analytics and Business Intelligence,  
VHA OFFICE OF INFORMATICS AND ANALYTICS



# POLL

**What is your primary role in the VA?**

- A. PACT Physician
- B. PACT Nurse
- C. Other Primary Care Role (e.g., Dietician, Pharmacist)
- D. Investigator or Research Staff
- E. Other

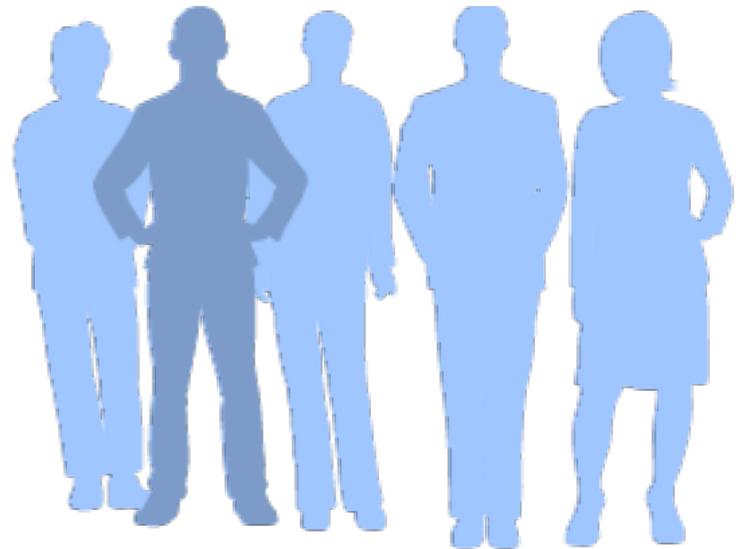
# Patient-Aligned Care Teams

- VHA Patient Care Services
- Initiative to support VHA's Universal Health Care Services Plan to:
  - Increase access
  - Improve coordination and communication
  - Enable better continuity of care



# Patient-Aligned Care Teams

- Team-based Care
- Coordination and Management
  - Across team members
  - Longitudinally
- **Patient have more active role**



PROBLEM:

**With large patient panels,  
how do we appropriately  
target care to the right  
patients at the right time?**



# Top 10 VHA Discharge Diagnoses 2008

- Affective psychoses
- Heart Failure
- Chronic ischemic heart disease
- Respiratory and other chest symptoms
- Pneumonia
- Cardiac dysrhythmias
- Schizophrenic disorders
- Chronic bronchitis
- Alcohol dependence
- General symptoms

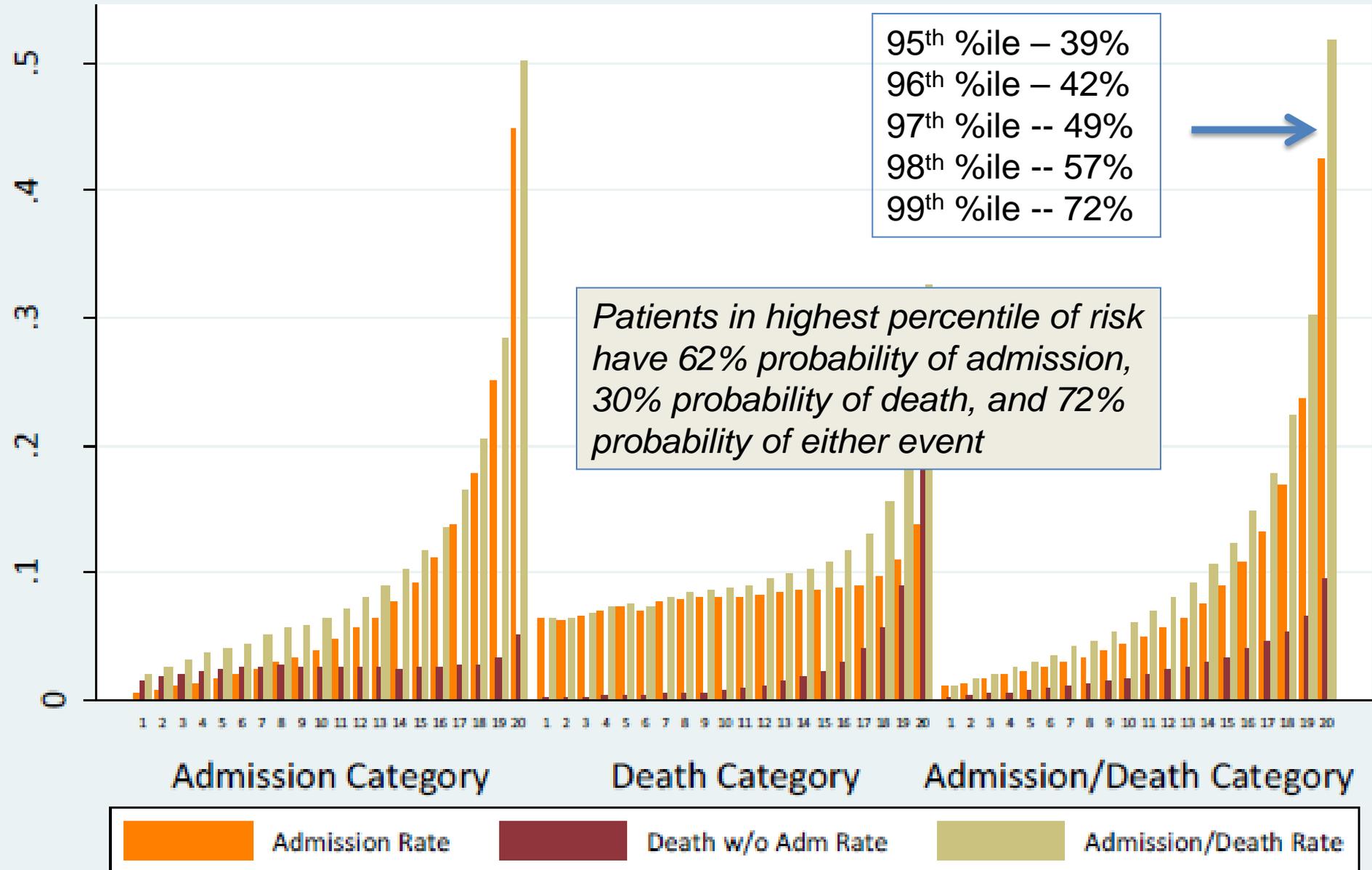
**Many of these admissions are potentially avoidable with coordinated outpatient care**

# Care Assessment Need (CAN) Score

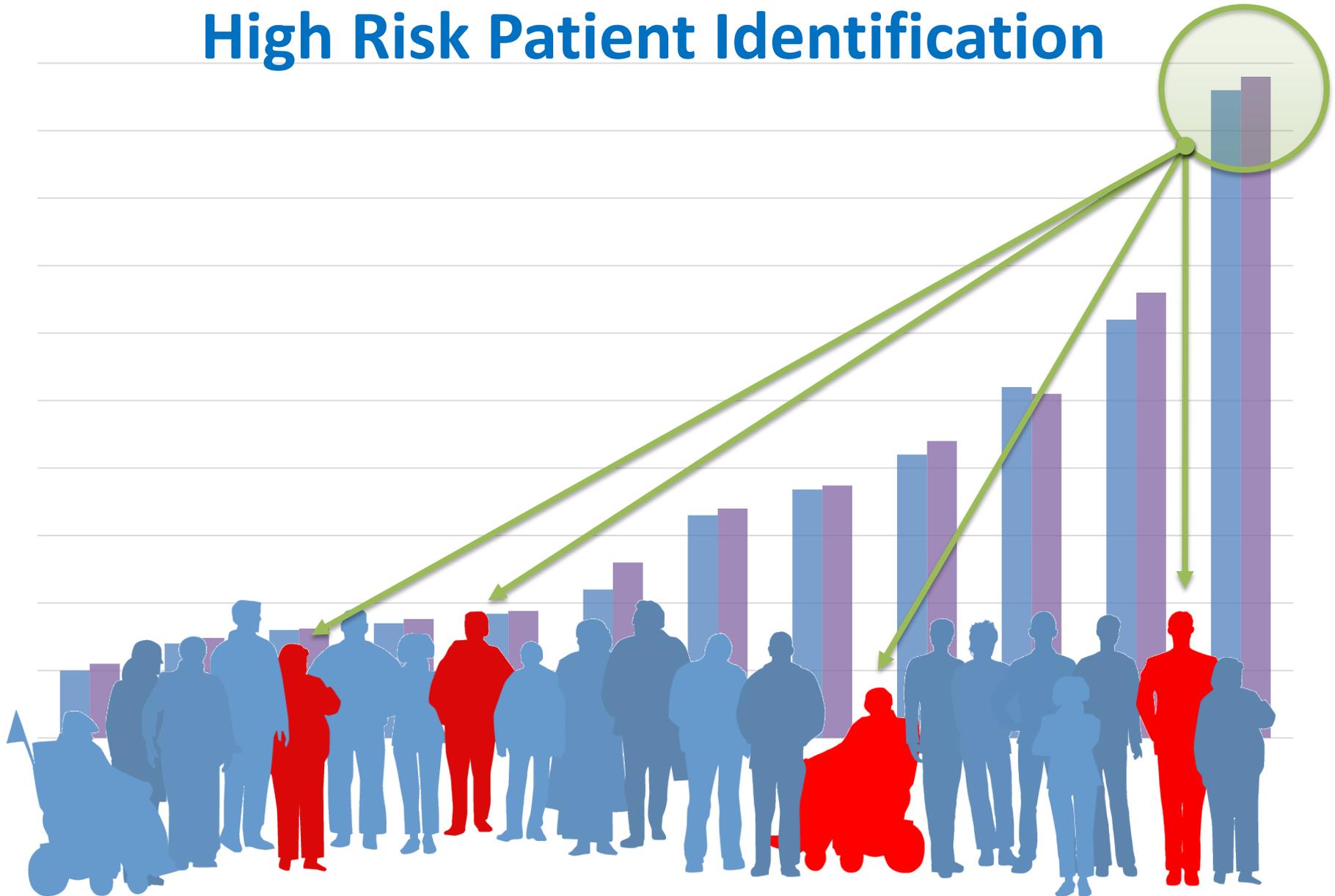
- Statistical model which reflects estimated probability of **admission** or **death** within a specified time period (90 days or 1 year)



# 1-Year Adverse Event Rates by Risk Categories



# High Risk Patient Identification



PROBLEM:

**With large patient panels  
and many clinical team  
members, how do we  
coordinate care?**





The **Patient Care Assessment System** is a  
**web-based application**  
to provide  
**Patient Aligned Care Teams (PACT)**  
with  
tools to  
**identify, manage, and coordinate care**  
for their paneled patients.

➡ **Special emphasis is given to high risk patients.**

# Patient Care Assessment System (PCAS)



# PCAS Functionality and Release Schedule

RELEASE	highly desired FUNCTIONALITY	implementation GOAL
<p><b>1.0</b> DEC 2013</p> <p>Champion Site Training and Review in Jan &amp; Feb, 2014.</p>	<ul style="list-style-type: none"><li>● Infrastructure</li><li>● PACT Team management</li><li>● Administrative access management module</li><li>● Panel overview</li><li>● Consults</li><li>● Patient demographics &amp; contacts</li><li>● Risk characteristics (including CAN)</li></ul>	<p><b>IDENTIFY</b></p> <ol style="list-style-type: none"><li>1. National awareness of PCAS</li><li>2. Manage PACT teams</li><li>3. Identify highest risk patients</li><li>4. Track consults</li></ol>

# PCAS Functionality and Release Schedule

RELEASE	highly desired FUNCTIONALITY	implementation GOAL
<b>2.0</b> Pilot early 2014	<ul style="list-style-type: none"><li>• Outpatient encounters</li><li>• Discharge summaries</li><li>• Care management tasks and notifications</li><li>• Query functionality</li></ul>	<b>MANAGE</b> Adoption for tasks and notifications

# PCAS Functionality and Release Schedule

RELEASE	highly desired FUNCTIONALITY	implementation GOAL
<b>3.0</b> Pilot August 2014	<ul style="list-style-type: none"><li>• Medications</li><li>• Problem lists</li><li>• Additional clinical and vitals data</li><li>• Legal documents</li></ul>	<b>MANAGE</b> Establish routine tasks for patient management to facilitate implementation of care planning

# PCAS Functionality and Release Schedule

RELEASE	highly desired FUNCTIONALITY	implementation GOAL
<b>4.0</b> Pilot Early 2015	<ul style="list-style-type: none"><li>• CARE PLANNING Service (VA and community-based) administration</li></ul>	<b>COORDINATE</b> Adoption of care planning
<b>5.0</b> Pilot Mid- 2015	<ul style="list-style-type: none"><li>• CARE PLAN NOTES Advanced reports and query</li><li>• Additional community integration (where possible)</li></ul>	<b>COORDINATE</b> Full use of PCAS for PACT care plan documentation



RELEASE 1 DEMO

# POLL

**Do you use any of these tools outside of CPRS to help you in your work? (check all that apply)**

- CAN scores
- Primary Care Almanac
- PACT Compass
- VSSC
- Other(s)



RELEASE 1 DEMO

**Manage Patients**

**Consults**

**Administration**

**News**

## Manage Patients

Hide Page Overview... 

This will be a description/overview of the Manage Patients page. This is database driven so any changes will be on the database side, no need to update the application. Neat!

Filter List By Patient:		Or By Risk Score:
Search By Name:	<input type="text"/> <input type="button" value="Go"/>	<a href="#">Manual High Risk Flag</a>
Search By Last 4 SSN:	<input type="text"/> <input type="button" value="Go"/>	<a href="#">Top CAN Scores (1yr. death or admission model)</a>
Search By Next Appointment Date:	Start Date: <input type="text"/> <input type="button" value="Go"/> End Date: <input type="text"/> <input type="button" value="Go"/>	<a href="#">Top Clinical Priority</a>

Filter List By Patient:		Or By Risk Score:
Search By Name:	<input type="text"/>	<a href="#">Manual High Risk Flag</a>
Search By Last 4 SSN:	<input type="text"/> <input type="button" value="Go"/>	<a href="#">Top CAN Scores (1yr. death or admission model)</a>
Search By Next Appointment Date:	Start Date: <input type="text"/> <input type="button" value="Go"/>	<a href="#">Top Clinical Priority</a>
		<input type="button" value="Clear Filter"/>

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Search By Last 4 SSN:	<input type="text"/> <input type="button" value="Go"/>	<a href="#">Top CAN Scores (1yr. death or admission model)</a>
Search By Next Appointment Date:	Start Date: <input type="text"/> <input type="button" value="Go"/> End Date: <input type="text"/> <input type="button" value="Go"/>	<a href="#">Top Clinical Priority</a>
<input type="button" value="Clear Filter"/>		

Last 4 SSN	Patient Name	CAN	Clinical Priority	High Risk	Risk Type	Last Appointment	Next Appointment	Care Plan Reevaluation Date	Care Plan	Tasks	Notifications	Team
1234	Patient Name	99	10			14 Jan 2014	31 Jan 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			24 Jan 2014	29 Jan 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			16 Jan 2014	06 Feb 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			27 Nov 2013		N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			24 Jan 2014	07 Feb 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			16 Jan 2014	06 Feb 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			17 Jan 2014	27 Feb 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			21 Jan 2014	28 Jan 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			23 Jan 2014	30 Jan 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name	99	10			17 Dec 2013	14 Apr 2014	N/A	N/A	N/A	N/A	OMA PACT 003 (636)
1234	Patient Name											OMA PACT 003

Individual (Unique) Patients from Your Panel(s)

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Patient Information

[Risk Characteristics](#)

[Patient](#)

[Second](#)

[Team](#)

[Patient](#)

**Risk Characteristics**

Patient Name: Test Veteran

SSN: XXX

DOB: 00/00/000

Hide Risk Indicators...

**Assign Clinical Priority & High Risk Flag**

[View History](#)

**CARE ASSESSMENT NEEDS SCORES [?]**

(CAN) Scores (1-99):	Admission	Combined Event (Death or Admission)
90 day Score:	99	99
1 year Score:	99	99
Clinical Priority (1-10) [?]:	No Records Found	
Manual High-Risk Flag [?]:	No Records Found	
Risk Flag Reason [?]:	No Records Found	

**Hide Key Clinical Risk Factors (for the past 12 months) ...**

Number of ER Visits (last 12 months) [?]:	5
Number of Hospital Discharges (last 12 months) [?]:	1
National BDOC [?]:	4
Polypharmacy Count [?]:	0
Pain Scale [?]:	6
OEF/OIF/OND [?]:	No
Suicide Risk [?]:	No
Received Homeless Services (last 12 months) [?]:	Yes

**Hide Key Cost Risk Factors (for the past 12 months) ...**

DSS Cost [?]:	\$29,981.21
Beneficiary Travel Costs [?]:	\$2.49
FMSDisAmt (Disbursed Amount) [?]:	\$3,332.46
Payment Amount [?]:	\$3,332.46

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### Patient Information

- Risk Character...
- Patient Demog...
- Secondary Co...
- Team Informa...
- Patient Consu...

### Risk Characteristics

s will be pulled from database.

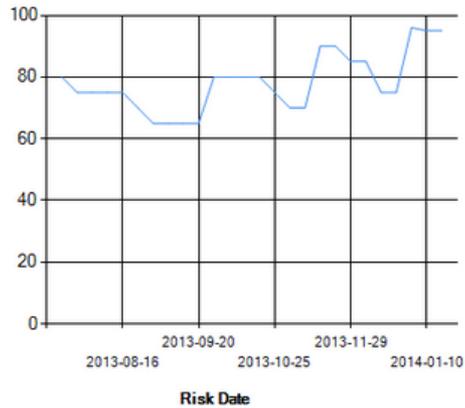
SSN: XXXX DOB: 00/00/0000

#### Assign Clinical Priority & High Risk Flag

[View History](#)

90 days Admission

90 days Admission Over Time



Scores (1-99):

Admission

Combined Event (Death or Admission)

90 day Score:

95

90

1 year Score:

90

90

Priority (1-10) [?]:

No Records Found

High-Risk Flag [?]:

No Records Found

Flag Reason [?]:

No Records Found

Last 12 months) ...

Show Key Cost Risk Factors (for the past 12 months) ...

Show Care & Case Management ...

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Risk Characteristics

[Patient](#)  
[Second](#)  
[Team](#)  
[Patient](#)

**Risk Characteristics**

Patient Name: Test Veteran

SSN: XXX

DOB: 00/00/000

Hide Risk Indicators... 

**Assign Clinical Priority & High Risk Flag** [View History](#)

CARE ASSESSMENT NEEDS SCORES [?]

(CAN) Scores (1-99):	Admission	Combined Event (Death or Admission)
90 day Score:	99 	99 
1 year Score:	99 	99 
Clinical Priority (1-10) [?]:	No Records Found 	
Manual High-Risk Flag [?]:	No Records Found	
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### Assign Clinical Priority or High Risk Flag

Hide Page Overview...   
Assign Risk Score Overview. To Test

Patient Name: Test Veteran                      SSN: XXXX                      DOB: 00/00/0000

Clinical Priority (1-10) [?]:	8
Reason for Clinical Priority Change [?]:	<input style="width: 95%; height: 40px;" type="text" value="recent cancer dx"/>
Manual High-Risk Flag [?]:	Yes <span style="float: right;">▼</span>
Reason for High-Risk Flag Change [?]:	<input style="width: 95%; height: 60px;" type="text" value="Medication Management Issues, Cancer, edit this text if necessary..."/>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Clinical Priority</li> <li><input type="checkbox"/> Statistical High Risk (CAN)</li> <li><input type="checkbox"/> Frequent Admissions</li> <li><input type="checkbox"/> Frequent ER User</li> <li><input type="checkbox"/> Frequent PCP User</li> <li><input checked="" type="checkbox"/> Medication Management Issues</li> <li><input type="checkbox"/> Homeless</li> <li><input type="checkbox"/> OEF/OIF/OND</li> <li><input type="checkbox"/> Suicide Risk</li> <li><input checked="" type="checkbox"/> Cancer</li> <li><input type="checkbox"/> Other (type in box above)</li> </ul>	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

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**Risk Characteristics**

Hide Page Overview...

Risk Characteristics overview and page directions will be pulled from database.

Patient Name: Test Veteran

SSN: XXX

DOB: 00/00/000

Hide Risk Indicators...

**Assign Clinical Priority & High Risk Flag**

[View History](#)

**CARE ASSESSMENT NEEDS SCORES [?]**

(CAN) Scores (1-99):	Admission	Combined Event (Death or Admission)
90 day Score:	99	99
1 year Score:	99	99

**Hide Key Clinical Risk Factors (for the past 12 months) ...**

Number of ER Visits (last 12 months) [?]:	5
	1
	4
	0
	6
	No
	No
Received Homeless Services (last 12 months) [?]:	Yes

**[?] TOOLTIP FOR HOMELESS ITEM**

Source: PCP Panel Cube. Updated: Nightly.  
 This field indicates if a patient has received any VA homeless services in the last 12 months.

**Hide Key Cost Risk Factors (for the past 12 months) ...**

DSS Cost [?]:	\$29,981.21
Beneficiary Travel Costs [?]:	\$2.49
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**Risk Characteristics**

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Patient Name: Test Veteran

SSN: XXXX

DOB: 00/00/0000

Hide Risk Indicators... 

**Assign Clinical Priority & High Risk Flag**

[View History](#)

**CARE ASSESSMENT NEEDS SCORES [?]**

(CAN) Scores (1-99):	Admission	Combined Event (Death or Admission)
90 day Score:	99 	99 
1 year Score:	99 	99 
Clinical Priority (1-10) [?]:	No Records Found 	
Manual High-Risk Flag [?]:	No Records Found	
Risk Flag Reason [?]:	No Records Found	

Hide Key Cost Risk Factors (for the past 12 months) ... 

DSS Cost [?]:	\$29,981.21
Beneficiary Travel Costs [?]:	\$2.49
FMSDisAmt (Disbursed Amount) [?]:	\$3,332.46
Payment Amount [?]:	\$3,332.46
VERA Classification Last Fiscal Year [?]:	No Records Found
VERA Classification Current Fiscal Year [?]:	No Records Found

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## Patient Demographics

Hide Page Overview... 

This will be where the overview of the Patient Demographics page will reside.

Patient Name: Test Veteran

SSN: XXXX DOB: 00/00/0000

Date Of Birth:	00/00/0000	Preferred Method of Contact:	Not Entered
Work Phone:		Preferred Phone:	Not Entered
Cell Phone:			
Home Phone:	000-000-0000		
Address:	00 Street Apt.0 Omaha,NE 00000		
Email (authenticated):			
Age:	68		
Race:	WHITE		
Gender:	M		
Living Arrangement:	Not Entered		
Means Test:	NO LONGER REQUIRED		
Service Connection:	10		
Due To Be Inactive:			
Care Giver Name:	Not Entered		
Care Giver Phone:	Not Entered	Call Handling:	Not Entered
Insurance:	Y		
Language Preference:			

Edit

Cancel

\* Blue = Editable Field (edits local to the application only, CPRS will not be updated with this data)

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## Secondary Contacts

Hide Page Overview... 

This is for Secondary Contacts Page Overveiw text.

Patient Name: Test Veteran

SSN: XXXX DOB: 00/00/0000

## Add Contact Information

Contact Type:	<input type="text" value="Select"/>		
Name:	<input type="text"/>	Relationship:	<input type="text" value="Select"/>
Home Phone:	<input type="text" value="( ) -"/>	Best Time to Contact:	<input type="text"/>
Work Phone:	<input type="text" value="( ) - ext"/>	Preferred Contact Method:	<input type="text" value="Select"/>
Cell Phone:	<input type="text" value="( ) -"/>		
Fax:	<input type="text" value="( ) -"/>		
Email Address:	<input type="text"/>		
Street 1:	<input type="text"/>		
Street 2:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>		
Zip Code:	<input type="text"/>		

Insert

Cancel

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## Patient Information

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## Team Information

[Hide Page Overview](#)

## PACT Teamlet

Team Name	Team Member Name	Role [?]	Location [?]	Date Assigned [?]	Office Phone	Digital Pager	Email Address
OMA PACT 003 (636)	Team Member Name	LPN	636	01/28/2011	00000		
OMA PACT 003 (636)	Team Member Name	MEDICAL SUPPORT ASSISTANT	636	01/28/2011			
OMA PACT 003 (636)	Team Member Name	STAFF PHYSICIAN	636	01/28/2011	0000	000000	
OMA PACT 003 (636)	Team Member Name	DATA ENTRY CLERK	636	01/28/2011	0000		
OMA PACT 003 (636)	Team Member Name	CLINICAL PHARMACIST	636	01/28/2011	0000		
OMA PACT 003 (636)	Team Member Name	STAFF NURSE	636	01/28/2011		00000	

Add Home/Community Provider

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Team Information Overview Text will go here, no need to add directly to database or page just use this front end and all will populate correctly.

Patient Name: Test Veteran

SSN: XXXX DOB: 00/00/0000

**Home/Community Provider**Service Name: Contact Name: 

Phone Number: ( ) - ext

Role: Location: Date Assigned:  Service End Date:  



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## Patient Consults

**Hide Page Overview...**   
 Consults for patient, select consult for more details.

Patient Name: **Test Veteran**                      SSN: XXXX    DOB: 00/00/0000

Filter:			
Filter By CPRS Status:	<input type="text" value="-- Choose --"/>	<b>Go</b>	
Filter By Request Date:	Start Date: <input type="text"/>	End Date: <input type="text"/>	<b>Go</b>
<b>Clear Filter</b>			

	<u>To Request Service Name</u>	<u>Request Date</u>	<u>Urgency</u>	<u>CPRS Status</u>
<a href="#">Select</a>	O/RHEUMATOLOGY OPT	02/06/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/GASTRO COLONOSCOPY	02/06/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	EYEGLOSS REQUEST - OMAHA	02/19/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	PROSTHETICS REQUEST - OMAHA	03/26/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/OCCUPATIONAL THERAPY	03/26/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/PHYSICAL THERAPY OUTPATIENT	03/26/2013	GMRCURGENCY - ROUTINE	CANCELLED
<a href="#">Select</a>	PROSTHETICS REQUEST - OMAHA	04/05/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	PROSTHETICS REQUEST - OMAHA	04/05/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/GASTRO COLONOSCOPY	05/07/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/GENERAL SURGERY HEMORRHOIDS	05/07/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/ENT OTHER	05/07/2013	GMRCURGENCY - WITHIN 1 MONTH	COMPLETE
<a href="#">Select</a>	O/OPHTHALMOLOGY OPT OTHER	06/25/2013	GMRCURGENCY - ROUTINE	CANCELLED
<a href="#">Select</a>	O/UROLOGY HEMATURIA	01/07/2014	GMRCURGENCY - ROUTINE	SCHEDULED

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Consults for patient, select consult for more details.

To Request Service Name:	PROSTHETICS REQUEST - OMAHA
Request Date:	00/00/0000
Procedure Request Type:	C
Urgency:	GMRCURGENCY - ROUTINE
Attention to Staff Name:	
Sending Staff Name:	Doctor, Test
CPRS Status:	COMPLETE
Last Action Taken:	COMPLETE/UPDATE

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**Patient Consults**Hide Page Overview... 

Consults for patient, select consult for more details.

Patient Name: Test Veteran

SSN: XXXX DOB: 00/00/0000

Filter:			
Filter By CPRS Status:	-- Choose --	<input type="button" value="Go"/>	
Filter By Request Date:	Start Date: <input type="text"/>	End Date: <input type="text"/>	<input type="button" value="Go"/>
<input type="button" value="Clear Filter"/>			

	<u>To Request Service Name</u>	<u>Request Date</u>	<u>Urgency</u>	<u>CPRS Status</u>
<a href="#">Select</a>	O/RHEUMATOLOGY OPT	02/06/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/GASTRO COLONOSCOPY	02/06/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	EYEGLOSS REQUEST - OMAHA	02/19/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	PROSTHETICS REQUEST - OMAHA	03/26/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/OCCUPATIONAL THERAPY	03/26/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/PHYSICAL THERAPY OUTPATIENT	03/26/2013	GMRCURGENCY - ROUTINE	CANCELLED
<a href="#">Select</a>	PROSTHETICS REQUEST - OMAHA	04/05/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	PROSTHETICS REQUEST - OMAHA	04/05/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/GASTRO COLONOSCOPY	05/07/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/GENERAL SURGERY HEMORRHOIDS	05/07/2013	GMRCURGENCY - ROUTINE	COMPLETE
<a href="#">Select</a>	O/ENT OTHER	05/07/2013	GMRCURGENCY - WITHIN 1 MONTH	COMPLETE
<a href="#">Select</a>	O/OPHTHALMOLOGY OPT OTHER	06/25/2013	GMRCURGENCY - ROUTINE	CANCELLED
<a href="#">Select</a>	O/UROLOGY HEMATURIA	01/07/2014	GMRCURGENCY - ROUTINE	SCHEDULED

## Consults

Filter List By Patient:		Or By Risk Score:
Filter By Name:	<input type="text"/> <input type="button" value="Go"/>	<a href="#">Manual High Risk Flag</a>
Search By Last 4 SSN:	<input type="text"/> <input type="button" value="Go"/>	
Filter By CPRS Status:	<span style="border: 2px solid red; padding: 2px;">ACTIVE ▼</span> <input type="button" value="Go"/>	
Filter By Request Date:	Start Date: <input type="text"/> <input type="button" value="Go"/> End Date: <input type="text"/> <input type="button" value="Go"/>	
<input type="button" value="Clear Filter"/>		

	Last 4 SSN	Patient Name	High Risk Flag	Request Date Time	Request Service Name	CPRS Status	Team
<a href="#">Select</a>	1234	Patient Name		04 Dec 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		20 Nov 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		17 Jan 2014	O/ENT VERTIGO/DIZZINESS	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		22 Nov 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		22 Oct 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		15 Jan 2014	O/NON VA CARE ACUPUNCTURE	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		24 Dec 2013	O/NON VA CARE PHYSICAL THERAPY	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		18 Nov 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		02 Dec 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		18 Nov 2013	O/GASTRO COLONOSCOPY	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		27 Dec 2013	O/NON VA CARE EMG	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		14 Jan 2014	O/PHARMACY MEDICATION THERAPY MANAGEMENT	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		17 Jan 2014	O/PHARMACY MEDICATION THERAPY MANAGEMENT	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		14 Jan 2014	O/NON VA CARE CARDIOLOGY ECHO CONSULT	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		10 Jan 2014	O/NON VA CARE DERMATOLOGY	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		10 Jan 2014	O/CCHT	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		06 Dec 2013	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)
<a href="#">Select</a>	1234	Patient Name		07 Jan 2014	O/NON VA CARE PAIN REFERRAL	ACTIVE	OMA PACT 003 (636)

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## Welcome to the First Release of the Patient Care Assessment System

### Overview

The Patient Care Assessment Systems (PCAS) is a product of OIA's Office of Analytics and Business Intelligence, in collaboration with the VA Offices of Nursing Services, Primary Care Services, and Patient-Aligned Care Teams (PACT). PCAS is a web-based tool designed to help PACT care managers and teamlets

- **Identify** patients from their panels who require focused attention.
- **Manage** the services and care their patients receive, and manage the tasks required for patient care within the PACT, with other VA providers, and with the patient's community providers.
- **Coordinate** the care for their patients, applying a patient-centered approach, with care management and planning tools.

PCAS pulls data from a large variety of data sources, including the VA Corporate Data Warehouse and other clinical, operational, and administrative datasets. The foundational philosophy of PCAS - and the focus of this first release - is to help PACT providers, and in particular PACT care managers, understand the universe of risk characteristics for their patient panels and be able to target the most appropriate care at the right time, to the patients who need it most. Risk information provided in the first release of PCAS includes the Care Assessment Needs (CAN) scores statistical models and other clinical and cost risk information.

### Roadmap

There are five planned releases for PCAS, with increasing functionality in each successive release, as well as routine evaluation and adjustments for previous releases:

- **Release 1:** Focused on team and panel managements and risk characteristics
- **Release 2:** Care planning tasks and notificaitons
- **Release 3:** Views of additional clinical information
- **Release 4 & 5:** Robust care management, including care management documentation

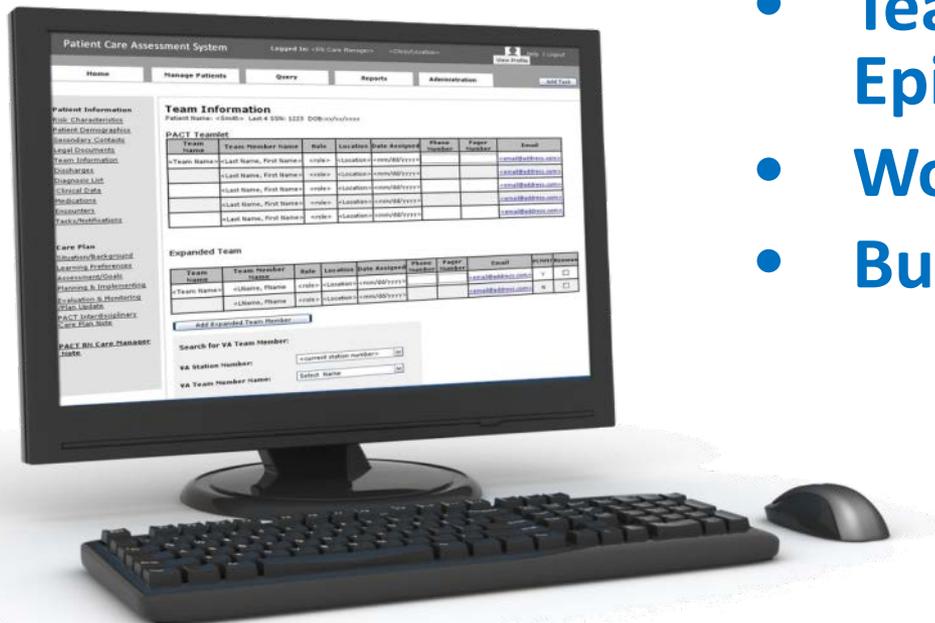
### Basic Q & A

**One of my team members can't access PCAS. Whv? What should I do?**

# Ongoing Evaluation

## CHAMPION SITE EVALUATION SUPPORT

- Implementation
- Standards of care
- Specific clinical goals
- Team-Based Care vs Episodic Care
- Workflow Patterns
- Bugs/Issues/Suggestions!



# ROADMAP

**JAN/FEB**  
Release 1 – Champion Site Training

**FEB**  
Release 2 - Pilot

**AUG**  
Release 3 - Pilot

**JAN 2015**  
Release 4 – Care Management #1

**MID-2015**  
Release 5 – Care Management #2

2014

2015

Implementation  
&  
Communication  
Plans  
PCS, PACT, ONS

Clinical Advisory  
Committee  
To assess Care  
Management  
PCAS  
Requirements

# TEAM

- PACT Nurse and Provider Members of Requirements Team
- Stephan Fihn, MD MPH
- Stephen Anderson, MS
- Richard Pham
- Scot Dingman
- Betsy Lancaster, MS
- Susan Kane
- Mary McDonnell, MS
- Kathleen Frisbee, PhD(c)
- Steve Krysiak
- Sophie Lo
- Indra Gupta
- Tom LaFontaine
- SP Thakur
- Fred Kirkland
- Shawn Loftus
- Elliot Lowy, PhD
- Charles Maynard, PhD
- Haili Sun, PhD
- Li Wang, MS

# THANK YOU

If you would like to begin using PCAS,  
or coordinate training for your  
facility or team, please  
email me.

Tamara L. Box, PhD  
Tamara.Box@va.gov