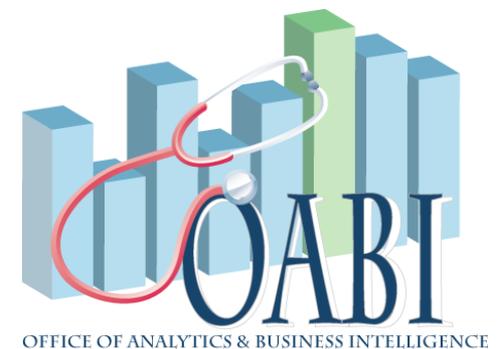




**A tool to identify, manage, and coordinate patient care.**

**Tamara L. Box, PhD**

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

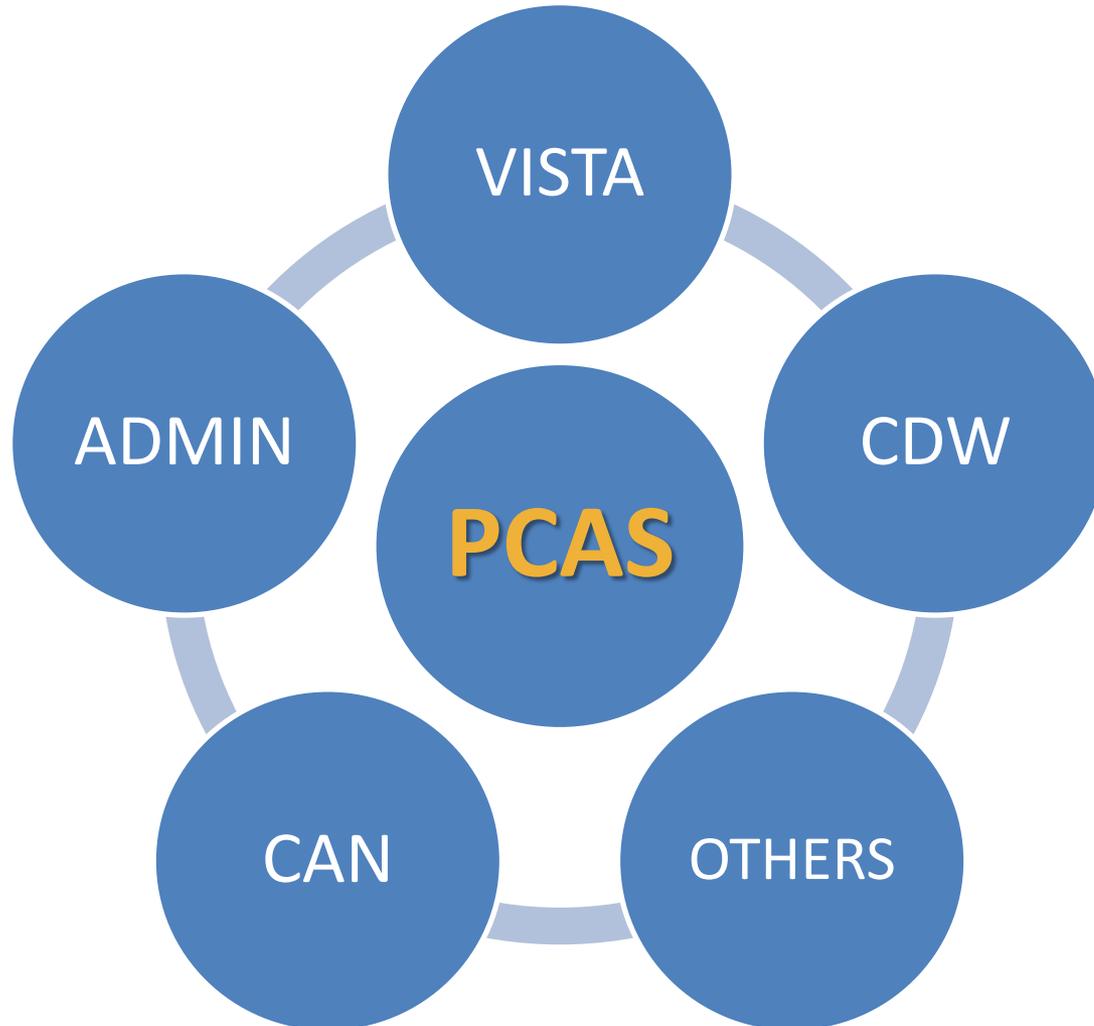




The **Patient Care Assessment System** is a  
**web-based application**  
to provide  
**Patient Aligned Care Teams (PACT)**  
with  
tools to  
**identify, manage, and coordinate care**  
for their paneled patients.

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

# Patient Care Assessment System (PCAS)



# PCAS Functionality and Release Schedule

<b>RELEASE 1.0</b>	highly desired <b>FUNCTIONALITY</b>	implementation <b>GOAL</b>
<b>NATIONAL RELEASE DEC 2013</b>	<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>	<b>IDENTIFY</b> <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. Monitor consults</li></ol>

# PCAS Functionality and Release Schedule

<b>RELEASE 2.0</b>	highly desired <b>FUNCTIONALITY</b>	implementation <b>GOAL</b>
<b>2.0(+)</b>  NATIONAL RELEASE Pending	<ul style="list-style-type: none"><li>• CARE MANAGEMENT tasks and notifications</li><li>• Outpatient encounters (VA and FEE)</li><li>• Discharge Data (VA and FEE)</li><li>• One-click Panel Filters for High Risk Sub-Populations</li><li>• Production and Test Environments</li></ul>	<b>MANAGE</b>  Adoption for tasks and notifications

# PCAS Functionality and Release Schedule

<b>RELEASE 2.0</b>	highly desired <b>FUNCTIONALITY</b>	implementation <b>GOAL</b>
Previously <b>3.0</b>  <b>ALL ROLLED INTO 2.0</b>	<ul style="list-style-type: none"><li>• Medications (VA, Non-VA)</li><li>• Labs</li><li>• Immunizations</li><li>• Vitals</li><li>• Health Factors</li><li>• Additional risk characteristics</li><li>• Web Analytics Tracking Dashboard</li></ul>	<b>MANAGE</b> Establish routine tasks for patient management to facilitate implementation of care planning

# PCAS Functionality and Release Schedule

<b>RELEASE 3.0</b>	highly desired <b>FUNCTIONALITY</b>	implementation <b>GOAL</b>
Previously <b>4.0</b> Pilot 2015	<ul style="list-style-type: none"><li>• CARE PLANNING Service (VA and community-based) administration</li><li>• Query Tools</li></ul>	<b>COORDINATE</b> Adoption of care planning
Previously <b>5.0</b> Pilot Late 2015	<ul style="list-style-type: none"><li>• CARE PLAN NOTES</li><li>• Additional community integration (where possible)</li></ul>	<b>COORDINATE</b> Full use of PCAS for PACT care plan documentation

# 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. Non-Primary Care Clinical Staff
- E. Investigator or Research Staff
- F. Other



RELEASE 1 Review  
RELEASE 2 DEMO

**Manage Patients****Consults****Administration****News**

## Manage Patients

**Hide Page Overview...** 

Use the fields below to filter your panel to find a specific patient or group of patients. Or, use the risk-based panel filters on the right to quickly locate a group of patients. Each underlined column is sortable. Once you have found your patient, simply click on their name to navigate to their PCAS record.

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



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## 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! Test

Filter Panel By Patient(s) or Appointment		OR Filter Panel Based on Risk Characteristics:
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>
		<a href="#">Received Homeless Services (last 12 Months)</a>
		<a href="#">Suicide Risk</a>
		<a href="#">Home-Based Primary Care</a>
		<a href="#">Home Telehealth Participants</a>
		<a href="#">Palliative Care</a>
		<a href="#">Heart Failure Patients with an Admission in Last 30 Days</a>
<input type="button" value="Clear Filter"/>		



- Manage Patients
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### Manage Patients

Hide Page Overview... (x)

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! Test

Filter Panel By Patient(s) or Appointment:		Or Filter Panel Based on Risk Characteristics:	
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>	
		<a href="#">Received Homeless Services (last 12 Months)</a>	
		<a href="#">Suicide Risk</a>	
		<a href="#">Home-Based Primary Care</a>	
		<a href="#">Home Telehealth Participants</a>	
		<a href="#">Palliative Care</a>	
		<a href="#">Heart Failure Patients with and Admission in Last 30 Days</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	Active & Pending Consults	Team
						<a href="#">01 Jul 2014</a>	<a href="#">28 Sep 2014</a>	N/A	N/A		<a href="#">5</a>	



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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](#)

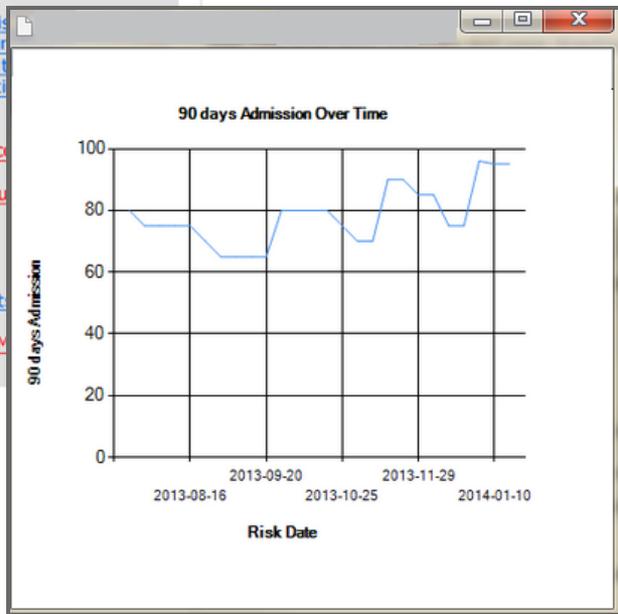
CARE ASSESSMENT NEEDS SCORES [?]		
(CAN) Scores (1-99):	Admission	Combined Event (Death or Admission)
90 day Score:	99	99
1 year Score:	99	99
Clinical Priority (1-10) [?]:	No Records Found	
Manual High-Risk Flag [?]:	No Records Found	
Risk Flag Reason [?]:	No Records Found	

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
Home-Based Primary Care [?]:	No
Palliative Care [?]:	No
Home Telehealth Participant [?]:	No
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	No records found

Patient Information

**Risk Characteristics**

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ns will be pulled from database.

SSN: XXX    DOB: 00/00/000

**Assign Clinical Priority & High Risk Flag**

[View History](#)

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

**Last 12 months) ...**

Number of Hospital Discharges (last 12 months) [?]:	5
National BDOC [?]:	4
Polypharmacy Count [?]:	0
Pain Scale [?]:	6
OEF/OIF/OND [?]:	No
Suicide Risk [?]:	No
Received Homeless Services (last 12 months) [?]:	<b>Yes</b>
Home-Based Primary Care [?]:	No
Palliative Care [?]:	No
Home Telehealth Participant [?]:	No
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	No records found

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[Discha](#)  
[Labs at](#)  
[Health](#)  
[Vital Si](#)  
[Medica](#)

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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
Home-Based Primary Care [?]:	No
Palliative Care [?]:	No
Home Telehealth Participant [?]:	No
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	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: XX/XX/XXXX

Clinical Priority (1-10) [?]:	9
Reason for Clinical Priority Change [?]:	<div style="border: 1px solid gray; height: 40px;"></div>
Manual High-Risk Flag [?]:	No
Reason for High-Risk Flag Change [?]:	<div style="border: 1px solid gray; padding: 5px;">                     Medication Management Issues, Cancer,.... free text allowed                 </div> <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"/> Frail Elderly</li> <li><input type="checkbox"/> Dialysis</li> <li><input type="checkbox"/> Other (type in box above)</li> </ul>

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**High Risk and Clinical Priority History**

Hide Page Overview... 

This is for High Risk and Clinical Priority History Page Overview.

Patient Name: TEST VETERAN

SSN: XXXX

DOB: XX/XX/XXXX

Date	User	Clinical Priority	Clinical Priority Reason	High Risk Flag	High Risk Flag Reason
1/9/2015 1:46:00 PM	VHADENBoxT			Yes	Statistical High Risk (CAN), Homeless, Frail Elderly
12/10/2014 12:42:00 PM	VHADENBoxT			Yes	Goals of Care Conversation

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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 	99 
1 year Score:	99 	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
Home-Based Primary Care [?]:	No
Palliative Care [?]:	No
Home Telehealth Participant [?]:	No
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	No records found

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

**[?] 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.

Number of ER Visits (last 12 months) [?]:	5
Number of Hospital Discharges (last 12 months) [?]:	1
National BDOC [?]:	4
Polypharmacy Count [?]:	0
	6
	No
	No
	Yes
	No
	No
Home Telehealth Participant [?]:	No
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	No records found

Home-Based Primary Care [?]:	No
Palliative Care [?]:	No
Home Telehealth Participant [?]:	No
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	No records found

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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	99
1 year Score:	99	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 [?]:	\$13,077.97
Beneficiary Travel Costs [?]:	\$0.00
FEE Costs (Disbursed Amount) [?]:	No Records Found
FEE Costs (Payment Amount) [?]:	No Records Found
VERA Classification Last Fiscal Year [?]:	5: Multiple Problem
VERA Classification Current Fiscal Year [?]:	2: Basic Medical/Ht, Lung, GI
Home Telehealth Participant [?]:	NO
Heart Failure Dx with Admission in Last 30 Days [?]:	No Admissions Last 30 Days
Northeast Cancer Registry Records [?]:	No records found

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## Team Information

Patient Information

Hide Page Overview... (X)

## PACT Team

Team Name	Team Member Name	Position [?]	Role [?]	Location [?]	Date Assigned [?]	Office Phone	Digital Pager	Email Address	Receive PCAS Notifications
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	MEDICAL SUPPORT ASSISTANT	PC ASSIGNMENT	689GC	07/12/2012	860-450-			Yes
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	REGISTERED NURSE	PC ASSIGNMENT	689GC	07/12/2012	860-450-			No (01/03/2015)
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	PHYSICIAN	PC ASSIGNMENT	689GC	07/12/2012	860450			Yes
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	REGISTERED NURSE	PC ASSIGNMENT	689GC	07/12/2012	2140			<a href="#">Yes</a>
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	HEALTH TECHNICIAN	PC ASSIGNMENT	689GC	07/12/2012	860-450-			Yes
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	SOCIAL WORKER	PC ASSIGNMENT	689GC	07/12/2012				Yes
CBC WILLIMANTIC LIMA *WH*	MEMBER NAME	HEALTH TECHNICIAN	PC ASSIGNMENT	689GC	07/12/2012	860-450-			Yes

## Home/Community Provider Information

No Home/Community Provider Information Found

**Add Home/Community Provider**

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## Patient Information

## Outpatient Encounters (Last 12 Months)

[Risk Characteristics](#)  
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Hide Page Overview... 

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.

[Secor](#)  
[Team](#)
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[Outpa](#)  
[Disch](#)  
[Labs](#)  
[Health](#)  
[Vital S](#)  
[Medic](#)
[Patien](#)
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FILTER

Start Date:  End Date:  Diagnosis (keyword or ICD):  Stop Code:  Type:  

Date	Encounter With	Encounter Type	Facility	Primary Stop Code	Clinic Name	Primary Diagnosis	Type
01/14/2014	Name	Specialty Care	CONNECTICUT HCS	330	HEM ONC INFUSION CHAIR 3 WHAV	161.9: MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	VHA
01/17/2014	Name	MEDICAL	SMITH HOSPITAL			790.7: BACTEREMIA	FEE
01/21/2014	Name	Specialty Care	CONNECTICUT HCS	330	HEM ONC INFUSION CHAIR 2 WHAV	161.9: MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	VHA
01/24/2014	Name	Diagnostic	CONNECTICUT HCS	108	LAB DIV 689 OOS ID 108		VHA
01/28/2014	Name	Specialty Care	CONNECTICUT HCS	330	HEM ONC INFUSION CHAIR 2 WHAV	161.9: MALIGNANT NEOPLASM OF LARYNX, UNSPECIFIED	VHA
01/28/2014	Name	Ancillary	CONNECTICUT HCS	160	INPT PHARM ADMISSION WHAV-X	V58.83: ENCOUNTER FOR THERAPEUTIC DRUG MONITORING	VHA
01/28/2014	Name	ER	SMITH HOSPITAL			786.05: SHORTNESS OF BREATH	FEE
01/31/2014	Name	Diagnostic	CONNECTICUT HCS	108	LAB DIV 689 OOS ID 108		VHA

02/04/2014

Name

Diagnostic

CONNECTICUT HCS

108

LAB DIV 689 OOS ID 108

VHA

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## Inpatient Discharges (Last 12 Months)

Hide Page Overview... 

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: \_\_\_\_\_

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

FILTER

Start Date: End Date: 

Go

Diagnosis (keyword or ICD):

-- Select One --

Go

Type:

-- Choose Type --

Go

<u>Discharge Date</u>	<u>Facilty Location</u>	<u>Discharge Diagnosis</u>	<u>Discharge Case Manager/Nurse</u>	<u>Type</u>
01/05/2015	WEST HAVEN	188.4: MALIGNANT NEOPLASM OF POSTERIOR WALL OF URINARY BLADDER	PROVIDER NAME	VA
12/12/2014	SMITH HOSPITAL	458.0: ORTHOSTATIC HYPOTENSION		FEE
08/01/2014	WEST HAVEN	997.5: URINARY COMPLICATIONS, NOT ELSEWHERE CLASSIFIED	PROVIDER NAME	VA
		188.4: MALIGNANT NEOPLASM OF		

- Patient In
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Hide Patient Labs (Last 12 Months)...

Filter

Test Name:  or -- Choose Name --

Test Type: -- Choose Type --

Lab Results: -- Select One --

	Date	Test Name	Type	Results	Units	Ref High	Ref Low	Ref Flag	Facility Location
	10/1/2014 2:14:33 PM	CA	VA	9.7	mg/dL	10.5	8.5		WEST HAVEN
	10/1/2014 2:14:33 PM	CHO	VA	166	mg/dL	199	0		WEST HAVEN
	10/1/2014 2:14:33 PM	HDL	VA	43	mg/dL		40		WEST HAVEN
	10/1/2014 2:14:33 PM	LDL	VA	78.4	mg/dL	129	0		WEST HAVEN
	10/1/2014 2:14:33 PM	PO4	VA	3.8	mg/dL	5.0	2.5		WEST HAVEN
	10/1/2014 2:14:33 PM	D.BIL	VA	0.19	mg/dL	0.5	0		WEST HAVEN
	10/1/2014 2:14:33 PM	SGPT	VA	8	U/L	52	7.0		WEST HAVEN
	10/1/2014 2:14:33 PM	ALK P	VA	81	U/L	150	40		WEST HAVEN
	10/1/2014 2:14:33 PM	LD	VA	164	U/L	243	125		WEST HAVEN
	10/1/2014 2:14:33 PM	T.BIL	VA	0.49	mg/dL	1.2	0.2		WEST HAVEN

1 2 3 4 5 6 7 8 9 10 ...

Patient Information

VA and Non-VA Medications

[Risk Characteristics](#)

[Hide Page Overview](#)

Filter Medication Name:  or -- Choose Name --

Prescribing Date: Start Date:  End Date:

Status: -- Select One --

Medication	Dosage	Med Start Date	Status	Expiration Date	Refill Date	Renewal Date	Prescribing Location
ZOLPIDEM	10 MG	10/1/2014 10:22:00 AM	ACTIVE		9/29/2014 12:00:00 AM	7/24/2014 12:00:00 AM	VACT-NEWINGTON,CT
FERROUS SULFATE	325 MG	9/26/2014 12:02:20 PM	EXPIRED	10/30/2016 12:00:00 AM	9/15/2014 12:00:00 AM	10/8/2013 12:00:00 AM	VACT-WEST HAVEN,CT
GABAPENTIN	300 MG	2/25/2013 1:13:41 PM	EXPIRED	9/30/2014 12:00:00 AM	2/22/2013 12:00:00 AM	2/22/2013 12:00:00 AM	VACT-WEST HAVEN,CT

KETOCONAZOLE	2 %	2:47:04 PM	DISCONTINUED		12:00:00 AM	12:00:00 AM	12:00:00 AM	NEWINGTON,CT
KETOCONAZOLE	2 %	10/16/2014 2:18:31 PM	ACTIVE			10/16/2014 12:00:00 AM	10/10/2014 12:00:00 AM	CBOC-WILLIMANTIC
METFORMIN	500 MG	10/1/2014 7:05:37 AM	ACTIVE			10/5/2014 12:00:00 AM	7/14/2014 12:00:00 AM	VACT-NEWINGTON,CT
TRAMADOL	50 MG	10/14/2014 10:20:14 AM	DISCONTINUED BY PROVIDER		3/30/2017 12:00:00 AM	10/14/2014 12:00:00 AM	10/14/2014 12:00:00 AM	VACT-WEST HAVEN,CT
LORAZEPAM	1 MG	2/25/2013 1:13:42 PM	EXPIRED		9/30/2014 12:00:00 AM	2/22/2013 12:00:00 AM	2/22/2013 12:00:00 AM	VACT-WEST HAVEN,CT
LORAZEPAM	1 MG	11/12/2014 12:05:00 PM	DISCONTINUED			11/10/2014 12:00:00 AM	5/29/2014 12:00:00 AM	VACT-NEWINGTON,CT

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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"/>			

	To Request Service Name	Request Date	Urgency	CPRS Status
<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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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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Return to List

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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 --	Go	
Filter By Request Date:	Start Date: <input type="text"/>	End Date: <input type="text"/>	Go
Clear Filter			

	To Request Service Name	Request Date	Urgency	CPRS Status
<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

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:	<input type="text" value="ACTIVE"/> <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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- [Disc](#)
- [Lab](#)
- [Hea](#)
- [Vita](#)
- [Med](#)

- [Pati](#)
- [TAS](#)

**Tasks/Notifications**

[CHECK YOUR TEAM NOTIFICATION SETTINGS](#)

Hide Page Overview...

Task and Notification page overview goes here.

Patient Name:  SSN:  DOB:

**Tasks**

Filter Tasks By:

Status:   Assigned To:   Type:

	Task Type	Description	Request Date	Request Mechanism	Assigned By	Assigned To	Follow-Up Date	Status	Priority	Complete Task?	
<a href="#">Select</a>	Call	TEST another Test Tester	09/25/2014	Tester	HELEN	Patient	10/11/2014	All	2 - Moderate	<input type="checkbox"/>	<a href="#">Delete</a>
<a href="#">Select</a>	Other	TEST TEST TESTER	09/25/2014	TEST	HELEN	Other	10/10/2014	All	2 - Moderate	<input type="checkbox"/>	<a href="#">Delete</a>
<a href="#">Select</a>	Call	sssss	09/29/2014	sssss	HELEN	Other	10/11/2014	All	2 - Moderate	<input type="checkbox"/>	<a href="#">Delete</a>
<a href="#">Select</a>	Letter to Patient	this should work now	09/29/2014	yy	HELEN	Clinical Associate	10/08/2014	All	2 - Moderate	<input type="checkbox"/>	<a href="#">Delete</a>
<a href="#">Select</a>	Email	sadgsadg	09/29/2014	sdgsdg	HELEN	Pharmacist	10/09/2014	All	1 - Urgent	<input type="checkbox"/>	<a href="#">Delete</a>
<a href="#">Select</a>	Check Lab Work	afds	09/29/2014	a	HELEN	Provider	09/29/2014	All	2 - Moderate	<input type="checkbox"/>	<a href="#">Delete</a>
<a href="#">Select</a>	Service F/U	xxx xxx xxx	09/30/2014	xxxxx	HELEN	Other	09/30/2014	All	1 - Urgent	<input type="checkbox"/>	<a href="#">Delete</a>



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### Manage Patients

Hide Page Overview... (icon)

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! Test

Filter Panel By Patient(s) or Appointment:		Or Filter Panel Based on Risk Characteristics:	
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>	
		<a href="#">Received Homeless Services (last 12 Months)</a>	
		<a href="#">Suicide Risk</a>	
		<a href="#">Home-Based Primary Care</a>	
		<a href="#">Home Telehealth Participants</a>	
		<a href="#">Palliative Care</a>	
		<a href="#">Heart Failure Patients with and Admission in Last 30 Days</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	Active & Pending Consults	Team
						<a href="#">01 Jul 2014</a>	<a href="#">28 Sep 2014</a>	N/A	N/A		<a href="#">5</a>	

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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
- **Manage** the services and
- **Coordinate** the care for

PCAS pulls data from a large number of VA datasets. The foundational datasets help care managers understand the universe of patients who need it most. Risk information includes 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 notifications
- **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. Why? What should I do?

## RELEASE 2.0

### TABLE OF DATABASE UPDATES

- When data are last updated or status of updates

VA providers, and with

administrative  
PACT care managers,  
me, to the patients who  
models and other clinical

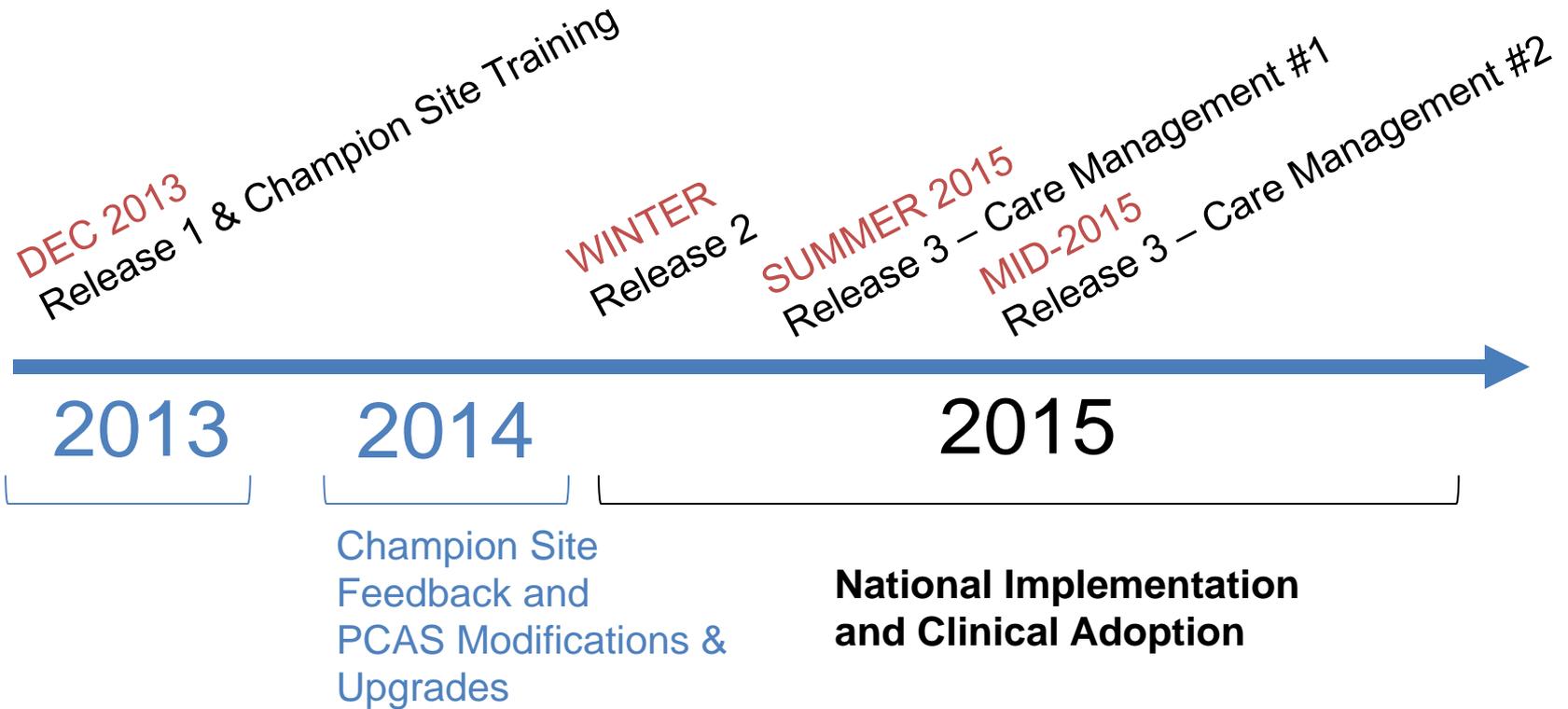
# Ongoing Evaluation

## CHAMPION SITE EVALUATION SUPPORT ONS/PCS IMPLEMENTATION

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



# PCAS ROADMAP





ROUGH! Draft Screens for PCAS 3.0

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[/Plan Update](#)

[PACT Interdisciplinary](#)

[Care Plan Note](#)

**[PACT RN Care Manager](#)**

[Note](#)

**Assessment and Goals**

**CARE PLANNING**

Situation/Background

Learning Preferences

Assessment/Goals

Planning/Implementing

Evaluation & Monitoring/Plan Update

PACT Interdisciplinary Care Plan Note

*PACT RN Care Manager Note*

**Functional Status Assessment**

**Fall Risk:**

No-Risk

Low-Risk

High-Risk

[View Morse Scale](#)

[m Identification](#)

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[Note](#)

## Assessment and Goals

Receiving Case Management Outside of Primary Care? Yes

[View Case Management Report](#)

Source of Care Plan Information: <Last Entered> [edit](#)

Not assessed

**ASSESSMENT & GOALS**

Case Management Report

Problem Identification

Functional Status Assessments

Other

### Functional Status Assessment

Fall Risk:

No-Risk

Low-Risk

High-Risk

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- [Evaluation & Monitoring /Plan Update](#)
- [PACT Interdisciplinary Care Plan Note](#)

**PACT RN Care Manager Note**

**PACT Interdisciplinary Care Plan Note**

[View Previous Care Plan Notes](#)

[View Original Care Plan Note](#)

all initial care plans should have all sections completed

**Care Plan Elements**

Sections with changes are preselected

# PACT Interdisciplinary Care Plan Note

Dynamically created

Include specific Care Plan sections if changed

Include any optional patient information

- Team Information
- Discharges
- Diagnosis List
- Clinical Data
- Medications
- Encounters
- Tasks/Notifications
- RN Care Manager Notes

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## Query Criteria

Panel Manager

Patient Popula

Primary Care P

Provider Type:

PC Appointment

Evaluation Stat

Re-evaluation

Notification Ty

Task Type

Task Due:

Task Status:

Task Priority:

Select

### Risk

High-Risk Patients:

- Select High-Risk Type
- Clinical Priority
- Statistical High Risk
- High Intensity Medical Managemer
- Flagged as High Risk
- Suicide Risk
- Homeless
- Frequent ER User
- Poly Pharmacy
- Frequent PCP Visits
- Frequent Admissions

# QUERY FUNCTIONALITY

Appointment Date Range

Diagnosis Lookup

Tasks Due

Risk Characteristics

Combine Criteria – beyond page filters

## POLL

Which of these PCAS functions are you most interested in using?

- A. **Identify** Highest Risk Patients, sub-populations of patients, create watch lists for panels quickly
- B. **Facilitate** Team-Based Care Coordination
- C. **Understand** the Universe of Risk Characteristics for Patients
- D. **Monitor** Active and Pending Consults Quickly
- E. **Support** Patient-Centered Care Management
- F. **Other**

# 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
- Cliff Baker
- SP Thakur
- Tom LaFontaine
- Fred Kirkland
- Shawn Loftus
- Elliot Lowy, PhD
- Charles Maynard, PhD
- Haili Sun, PhD
- Li Wang, MS

# THANK YOU QUESTIONS?

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[Tamara.Box@va.gov](mailto:Tamara.Box@va.gov)