Resources Supporting Patient Engagement in the VHA

Bonnie J Wakefield, PhD, RN for the PACT Cross Lab Patient Engagement Working Group
Agenda

• PACT Overview
• Describe work by the PACT Patient Engagement Workgroup to identify current VHA patient and family engagement efforts
• Workgroup recommendations
Poll Question

- What is your primary role in the VA?
  - Clinician/staff on a PACT team
  - Clinician/staff, but not on a PACT team
  - Researcher
  - Administrator, manager, policy maker
  - Other
Poll Question

• How familiar are you with PACT teams & their functions?
  – Completely familiar
  – Somewhat familiar
  – Somewhat unfamiliar
  – Completely unfamiliar
PACT Overview

• **Patient-Aligned Care Teams (PACT)**
• Patient-driven, proactive, personalized
• Team-based care
• Wellness and disease prevention
• Improve Veteran satisfaction & healthcare outcomes; decrease costs
• Model is built on the concept of the patient-centered medical home
PACT Overview

• Team-based Care:
  Include a provider, RN care manager, health associate, and clerk

• Coordination, Communication & Management
  – Across team members
  – Across providers
  – Longitudinally (continuity of care)

• Patients have a more active role
National PACT Demonstration Laboratories

• Support and evaluate the VA transition to PACT through effective clinical-research partnerships

• Evaluate the effectiveness and impacts of VHA’s PACT model

• Develop and test innovative solutions for the core components of the PACT model
PACT Demonstration Laboratories


- VISN 23 PACT Demonstration Laboratory: Directed by Gary Rosenthal, MD, Iowa City VA Healthcare System in Iowa City, IA.

- VISN 22 Veterans Assessment and Improvement Laboratory (VAIL): Directed by Lisa Rubenstein, MD, MSPH, VA Greater Los Angeles at Sepulveda, Sepulveda, CA.

- PACT Demonstration Lab Coordinating Center: Directed by Stephan Fihn, MD, MPH, VHA Office of Analytics and Business Intelligence, Seattle, WA.
Background

• The first several years of PACT centered on building the foundation needed to ensure successful implementation of the PACT model across VHA

• The emphasis was on forming and developing the care team

• The role and perspective of the Veteran in PACT received less attention
Work Group

- PACT Demo Labs meeting in 2014
- Work group met from Jan 2015-June 2016
- The overall goal of the PACT Patient Engagement Workgroup was to address the question of how VHA might improve alignment of the patient's goals with those of PACT teamlets
Members

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<tr>
<th>Name</th>
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<td>Stephanie Beheler</td>
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Defining Patient Engagement

• Discussed different conceptual frameworks and definitions of patient engagement

• Literature search yielded 9 candidate definitions of “patient engagement” the work group considered to guide data collection and analysis
EVIDENCE & POTENTIAL

By Kristin L. Carman, Pam Dardess, Maureen Maurer, Shoshanna Sofaer, Karen Adams, Christine Bechtel, and Jennifer Sweeney

Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies

ABSTRACT Patient and family engagement offers a promising pathway toward better-quality health care, more-efficient care, and improved population health. Since definitions of patient engagement and conceptions of how it works vary, we propose a framework. We first present the forms engagement can take, ranging from consultation to

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Pam Dardess is a senior research analyst at the
Defining Patient Engagement

Opted to adapt the definition coined by Carman and colleagues¹

— “patient and family engagement as patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system—direct care, organizational design and governance, and policy making—to improve health and health care” (page 224)

— added ‘involvement in quality improvement efforts’ as a fourth “level”

Current State of PE efforts in VHA

• Conducted a comprehensive search of VHA internet, intranet, and SharePoint sites to identify entities responsible for promoting patient engagement within VHA:
  – National Center for Health Promotion (NCP)
  – Office of Patient Centered Care and Cultural Transformation (OPCC-CT)
  – Office of Strategic Integration (OSI)
  – VA Voices

• Planned interviews with representatives from each office
Interview Guide

- Conceptualization of PE and patient-centered care
- Overall goals with regard to PE
- Methods or approach to PE
- Preliminary findings or impressions of this work
- Who else in VA is working in area of PE
- Recommendations for VA to actively promote PE, particularly in the context of PACT
Data Collection

• Started with an exploratory interview with Gordon Schectman, Chief Consultant, Office of Primary Care Services (PCS), to clarify organizational priorities with regard to patient engagement in PACT

• Interviewee selection informed by the searches mentioned above, and subsequent interviewees were identified using snowball sampling
Data Collection

- Conducted 16 interviews with key stakeholders to learn about existing efforts devoted to promoting patient and family engagement
- Most interviewees represented the NCP or OPCC-CT
- Thematic analysis of interview transcripts and notes to identify:
  - conceptualizations of patient engagement
  - mission of each entity
  - activities related to PE
  - relationship of each entity to PACT
  - challenges to PE efforts
  - recommendations for advancing PE across VHA
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Findings

• Program description
• Mission
• Patient engagement activities
National Center for Health Promotion

• Established 1995
• Aligned under VHA Policy and Services (10P), Patient Care Services (10P4)
• Field-based national program office within the Office of Patient Care Services
NCP Mission

• Focuses on engaging Veterans in the care process by advocating for the integration of prevention and health education into patient care, and by providing resources to support involvement of patients in their own care

• Advocates for and provides VA clinicians with information on evidence-based health promotion and disease prevention practices

• Provide programs, health education, resources, coordination, guidance, and oversight for the field to enhance health, well-being, and quality of life for Veterans
NCP PE Activities

• Develops tools to help both patients and clinicians set specific, measurable, smart goals, and engage in problem solving, action planning, and follow-through

• Created an infrastructure for ongoing clinician coaching through placement of trained facilitators at each VAMC

• Leaders for the MOVE! program
NCP PE Activities

Provides two core programs: TEACH for Success and Motivational Interviewing (MI)

– TEACH for Success (Tuning in, Exploring needs/values/preferences/experience/knowledge, Assisting patients to get involved in their care and to achieve their goals of care, Communication, Honoring and respecting preferences)

– Adapted the MI program to a shortened version specifically for PACT clinicians
TEACH for Success

• Train Veterans Health Educator Coordinator (VHEC), Health Behavior Coordinator (HBC), and HPDP Program Manager participants to work with clinicians

• Health education, health coaching, and Veteran-centered communication skills

• Facilitators encouraged to provide their local Patient-Aligned Care Team (PACT) colleagues with evidence-based health education and coaching skills to help them better partner with Veterans in self-management of chronic conditions, health behavior change, and healthy living
MI

• Learn what works for patients—from patients
• Respect patients' autonomy and exploring their choices and reasons for changing
• Communication with patients to understand what matters to them, and design plans together that fit their needs and values
• Develop a plan that is their plan that they are motivated to follow
• MI is useful when patients are not motivated or are ambivalent about changing
MI Principles

- **Resisting directing** (traditional approach of directing, lecturing, convincing)
- **Understanding the person’s motivation** (exploring the person’s values, needs, abilities, and ideas)
- **Listening with empathy**
- **Empowering** by exploring the person’s past experience, setting achievable goals, and problem-solving to overcome barriers to change
Links to NCP

- Internet
  http://www.prevention.va.gov/About_Us/
- Intranet
  http://vaww.prevention.va.gov/VHA_Preventive_Care_Program.asp
- SharePoint
  http://vaww.infoshare.va.gov/sites/prevention/default.aspx
Office of Patient Centered Care and Cultural Transformation (OPCC-CT)

- Established 2010
- Aligned under VHA Operations and Management (10N)
Mission

• OPCC-CT aims to support the field in transforming the culture of care from a traditional physician-centric medical model to a ‘Whole Health’ model
  – Whole Health (WH) model emphasizes the patient’s health-related goals, rather than focusing solely on disease management
• Dual focus is on the experience of care and on the practice of care or care delivery
• Enhance Veterans’ overall experience
  – recognizes a Veteran’s experience is shaped by all interactions with the system, including phone contacts, negotiating parking, and other encounters beyond the exam room
OPCC-CT PE Activities

• Provides support to shift the culture from a traditional medical model to a “Whole Health” model
• Use an "Innovation Engine model” to promote change at the facility level
  – Centers of Innovation in each of four regions of the country (East Orange, New Jersey; Birmingham, Alabama; Los Angeles, California; and Dallas, Texas) serve as our innovation engines
  – Research, develop, demonstrate, and deploy new models of care
  – Role of the Centers of Innovation is to help develop and demonstrate new approaches to care - learn what will and will not work
OPCC-CT PE Activities

• Offers a consultation package consisting of various “core engagements” (ranging from 1-hour informational sessions for staff to multi-day site visits by a Field Implementation Team) for any sites that want to advance patient-centered care (PCC) using the Whole Health (WH) approach. Field representatives work with facilities at various stages of familiarity with the WH model.

• At the patient level, OPCC-CT developed a tool called the Personal Health Inventory (PHI, later renamed the Personal Health Plan, or PHP) to help Veterans define their health-related priorities. They provide resources for Veterans to do more self-care with the goal of putting educational and other resources in the hands of patients.
Links

• Intranet
http://www.va.gov/patientcenteredcare/index.asp

• Sharepoint
http://vaww.infoshare.va.gov/sites/OPCC/default.aspx
VA Voices

• Established 2012
• Aligned under VHA Policy and Services (10P) > Patient Care Services (10P4)
VA Voices

• Based on a Primary Care program in a native Alaskan facility that had won the Baldridge Award for developing a patient-driven relationship based primary/ambulatory care system

• VA leaders from different VACO offices and field facilities visited the Alaskan facility in 2012 to learn about the program

• Core concept is storytelling and empathic listening

• VA Voices is an adaptation of the original model, retaining the core emphasis on storytelling and empathic listening
VA Voices Mission

• To develop clinicians’ interpersonal focus and skills required to put Veterans first
• To promote a team-based care delivery model aimed at engaging Veterans in personalized, proactive, patient driven care
• Designed to support relationships across PACT teams and within facilities in order to improve relationships with Veterans
• The overall goal is to place Veterans at the center of the care team and to engage them in care that goes beyond management of their diseases
VA Voices PE Activities

Provides training to help leaders engage staff, providers, and care teams and to support a Veteran-centered focus in the process of care delivery
VA Voices

- Primary Care Service coordinates the VA Voices program, which works closely with OPCC-CT
- Initiative started in FY13 with several pilot projects; there are currently 10 implementation sites
Links

• Intranet
http://vaww.va.gov/PRIMARYCARE/components/Welcome_to_the_VA_Voices_Webpage.asp

• Sharepoint
http://vaww.infoshare.va.gov/sites/primarycare/mh/pcmhinfo/VHA_Voices/admin/default.asp
Key Findings

• Many patient programs and PACT training initiatives for staff within the VHA aim to promote patient engagement, including TEACH for Success, Motivational Interviewing, story-telling, the MOVE! Program, the Whole Health approach, Personalized Health Plans, and Field Implementation Team (FIT) consultations

• While some of these programs fill a unique niche, several of these efforts overlap both in concept and in practice
Implications

• Local barriers to patient engagement on the ground at each VA facility
  – staff and clinician training, local resource constraints, and issues directly affecting the patient experience

• Organizational barriers to developing well-integrated and complementary patient engagement programs and initiatives
  – In spite of having a similar mission, the various patient engagement initiatives across the VA endorse different approaches that may appear to be at odds with each other
Implications

• Implement an organization-wide training plan including minimum competency standards for patient engagement activities
• Need for clarity and transparency of goals and directives across these programs/initiatives/offices
Patient Engagement Toolkit

- VISN 4 CEPACT Demo Lab
- Cyberseminar “Creating a Patient Engagement Toolkit” by Shimrit Keddem

Patient engagement is a core tenet of the PACT model. CEPACT’s goal is to help you achieve the PACT mission by supporting patient engagement efforts in VISN 4.

The following tools help promote patient engagement at your facility. They were developed by speaking with VA staff at facilities in VISN 4 and nationwide to learn about what efforts were being made to engage VA patients in their care. A panel of VA staff and Veterans helped us choose the most important and feasible practices and resources for patient engagement.
Questions??

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