

Implementation of the Geriatric Patient-Aligned Care Team (GeriPACT) in the Veterans Health Administration

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Poll question #1

- What is your primary role?
 - GeriPACT team member
 - PACT team member
 - Other clinician
 - Researcher
 - Other



Poll question #2

- What is the fastest growing subpopulation of VA's patient population?
 - 18-25 year olds
 - 26-40 year olds
 - 41-64 year olds
 - 65-84 year olds
 - 85 and older

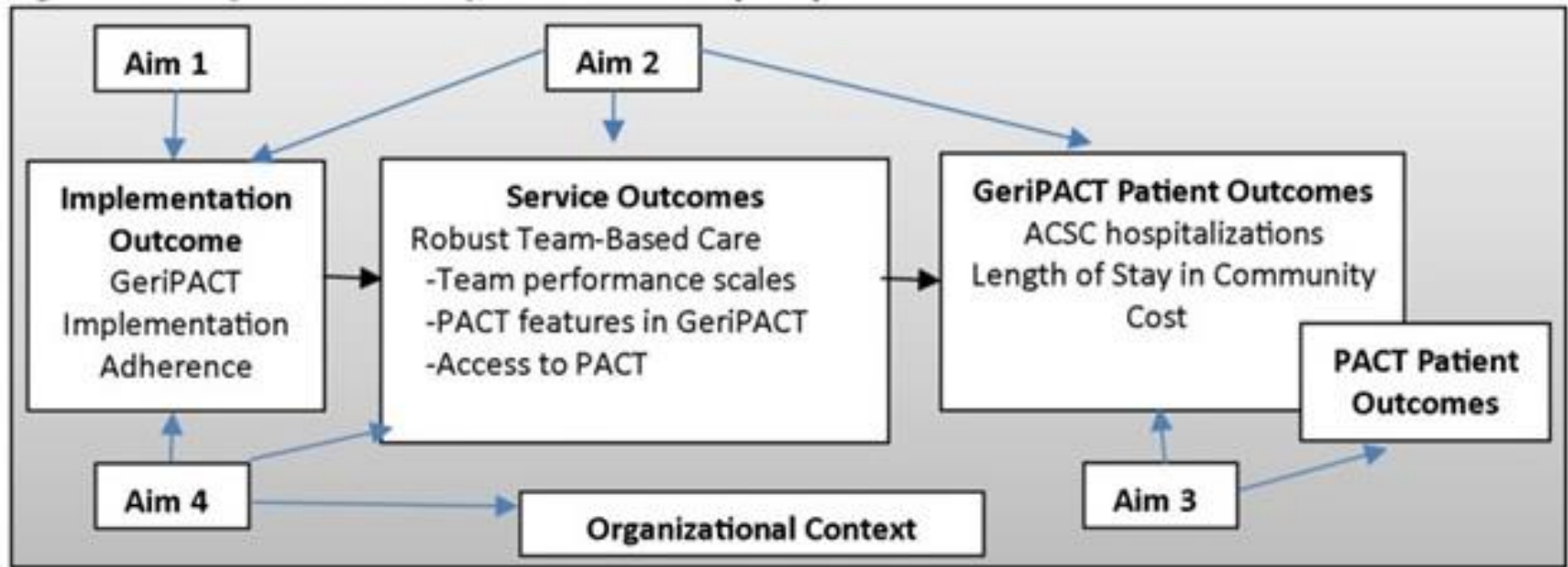
Background

- Development of GeriPACT model
- GeriPACT versus standard PACT
 - Team composition
 - Panel Size
 - Geriatrics training
- Lack of research on GeriPACT model

Sources:

- Shay K, Schectman G. Primary Care for Older Veterans. *Generations*. 2010 Jul 1;34(2):35-42.
- Sullivan, JL, Eisenstein, R., Price, T., Solimeo, S., Shay, K. Implementation of the Geriatric Patient-Aligned Care Team Model in the Veterans Health Administration (VA) *J Am Board Fam Med* 2018 31 (3)

Overview of GeriPACT evaluation



Conceptual Model adapted from Proctor (2011): Proctor E, et. al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*. 2011 Mar 1;38(2):65-76.

Aim 1 - Methods

- Implementation adherence
 - GeriPACT Program Leader Survey
 - Developed from:
 - GeriPACT Handbook
 - Medical Home Builder Survey
- Team functioning
 - GeriPACT Team Member Survey
 - Developed from:
 - nurse/ physician interdisciplinary team survey

Aim 1 Results

- Response Rates
 - Leader: 62%
 - Team: 52%
- 44 VA Medical Centers (VAMCs) w/ GeriPACTs participated
 - 101 GeriPACT teams
- 55% of VAMCs had more than 1 GeriPACT team

Ger iPACT Structures

Provider/Team Assignment	Percent
Providers assigned separate panel of patients and each panel shares core team members	76%
Providers assigned separate panel of patients and each panel has its distinct core team members	12%
Providers share panel of patients and panel has its own core members	4%
Other	8%
Space	Percent
Dedicated space co-located in Geriatrics Specialty Care	33%
Does not have dedicated space and shares space with other clinics	25%
Co-located space in PACT	25%
Other	6%

Ger iPACT Structures (continued)

Patient Assignment	Percent
By PACT referral only	75%
By patient request	57%
Only newly enrolled to VA: aged-based	49%
Current PACT patients: condition-focused	43%
Current PACT patients: aged based	42%
Only newly enrolled to VA: condition-based	21%
Other Structures	
	Percent
Report comprehensive geriatric evaluation	64%
Written collaborative service agreement with PACT	39%
Designated case manager to coordinate across specialties/providers outside Ger iPACT	69%
Designated educators	72%

Ger iPACT Staffing-Core Team

Team Role: Core	Mean FTEE	SD	Min	Max	N
Physician/Geriatrician	0.73	0.39	0.08	1.50	33
Registered Nurse (RN)	0.71	0.33	0.07	1.00	29
Licensed Practical Nurse (LPN)	0.75	0.45	0.08	2.00	19
Administrative Associate	0.56	0.34	0	1.00	23
Social Worker	0.43	0.35	0	1.00	32
Pharmacist/ Clinical Pharmacist Specialist	0.35	0.32	0.01	1.00	26

Ger iPACT Staffing-Extended Team

Team Role: Extended	Mean FTEE	SD	Min	Max	N
Nurse Aide	1.00	-	1.00	1.00	1
Nurse Practitioner	0.77	0.48	0	2.00	17
Clinical RN Specialist	0.59	0.37	0.30	1.00	3
Physician Assistant	0.50	0.41	0	1.00	4
Occupational Therapist	0.38	0.48	0	1.00	4
Physical Therapist	0.38	0.48	0	1.00	3
Health Administrator	0.31	0.09	0.25	0.38	2
Psychologist/ Geropsychologist	0.26	0.29	0	1.00	12
Dietician	0.24	0.30	0	1.00	9
Psychiatrist/ Geropsychiatrist	0.20	0.26	0	1.00	12
Speech or Language Pathologist	0.08	0.14	0	0.25	3

PACT Components within GeriPACT

PACT Component	Mean	Std Dev	Min	Max	# of Questions
Access & Scheduling	6.89	1.49	3	10	10
Organizational Elements	9.36	2.36	5	13	14
Care Coordination	17.92	3.71	5	22	22
Population Management	8.06	3.47	1	13	13
Quality Improvement	9.69	5.18	1	19	19
Care Processes	11.39	4.47	2	18	20

Source: Sullivan, JL, Eisenstein, R., Price, T., Solimeo, S., Shay, K. Implementation of the Geriatric Patient-Aligned Care Team Model in the Veterans Health Administration (VA) J Am Board Fam Med 2018 31 (3)

Team Survey Results:

Unique Function of GeriPACT

- Focus on unique issues of this population & on understanding those needs
- Ability to provide comprehensive care/continuity of care
- Close involvement with disciplines with Geriatrics expertise
- Certified providers
- Open communication & excellent teamwork
- Patient/Family Involvement

Team Survey Results:

Barriers to Providing GeriPACT Care

- Staffing issues
- Clinic space and location
- Team-based issues including communication and coordination
- Patient transportation
- Infrastructure (equipment, supplies, IT)
- Time (with patients, getting support for longer appointments)
- Leadership support for GeriPACT

Aim 4 Goals

To identify important organizational contextual factors associated with GeriPACT performance

- Help GeriPACT struggling to implement the model
- Assist newly implemented GeriPACT teams

Aim 4 Conceptual Grounding

- Consolidated Framework of Implementation Research (CFIR)
 - Characteristics of Individuals
 - Intervention Characteristics
 - Inner Setting
 - Outer Setting
 - Process of Implementation

Aim 4 Methods

- Site Selection
 - 8 high adherence sites varying on PACT Access & team functioning
- Sample
 - Key informants including GeriPACT physician leaders, team members, PACT representative, executive and middle managers

Aim 4 Data Collection

- Data Collection (11/2016-2/2017)
 - 2-day site visits
 - 2 site visitors
 - Developed interview guide based on CFIR constructs

Source: http://cfirwiki.net/wiki/index.php?title=Main_Page

Aim 4 Data Analysis

- Transcribed all recordings
- Conducted deductive coding (CFIR constructs)
- Reviewed coding reports of CFIR constructs for each site
- Reduced data from coding reports and rated evidence using a matrix format
- Created a cross-site summary and compared ratings across sites to identify patterns

Results - Site Characteristics

Variable	A	B	C	D	E	F	G	H
PACT Access	Low	Low	High	Low	Low	High	High	High
Team Functioning	Low	Low	Low	High	Low	High	High	High
Location	South	South	East	West	Mid	West	Island	Mid
# Teams	4	1	1	1	1	1	5	7
Collaborative Agreement with PACT	Yes	Yes	Yes	Yes	Yes	No	No	Yes
GRECC on-site	Yes	Yes	No	No	No	No	No	Yes
Max panel size	280-550	800	900	750	320	750	497-708	800

Sample

Role	N
GeriPACT Physicians & Fellows	10
GeriPACT Nurse Practitioners	10
GeriPACT Registered Nurse Care Managers	9
GeriPACT Clinical Care Associate	8
GeriPACT Social Workers	12
GeriPACT Pharmacists	9
GeriPACT Admin/support staff	8
GeriPACT Mental Health Providers	9
GeriPACT Dieticians	5
Other Physicians outside of GeriPACT	23
Middle Managers	25
Executive Leadership	6
Total	134

Positive Influences on Implementation

- Knowledge & Beliefs
- Relative Advantage
- Culture
- Learning Climate
- Champions/Opinion Leaders/Implementation Leaders

Knowledge and Beliefs

"It's a team that takes on all the responsibilities for the management of primary care patients but for a patient population with unique and increased needs relative to our general primary care teams...I think some of the unique services that we're able to provide through GeriPACT interactions between the clinicians, social workers, and pharmacy include better management of social needs of the patient, additional supports in the home, and support for polypharmacy that is a danger to all of us as we get older"

Relative Advantage

“In comparison to PACT, GeriPACT is a special team devoted to the frail or elderly population that have geriatric syndromes, that are better served by an interdisciplinary team than from a standalone provider”

Culture

"The values...ICARE values that the VA has are at the heart of everything that we do. In our clinic, we definitely are here to serve veterans, show compassion....we're advocates for our patients"

Learning Climate

"I think we work well together....we get along. If we don't agree with something, we will discuss and then everyone has input and then we come out with a solution."

Champions/Opinion Leaders/ Implementation Leaders

"it took staff buy-in and leadership support from our leaders. For example, our Nurse Manager is really good at escorting and encouraging and being on top of things and making sure things are working...she rolls up her sleeves and gets in and helps out. She's always open for talking if there's an issue or any type of communication issue."

Negative Influence: Relative Priority

“staff got split and spread...it's not best...it's competing priorities so depending on who the administrator is, the short-term goals, the medical center priorities, geriatrics is not always...the resources aren't always there. In fact, we have experienced a resource reduction.”

Variation by Performance

- PACT Access
 - No consistent themes
- Team Functioning
 - Networks and Communication

High Team Functioning: Positive Networks and Communication

"You have to be willing to work outside your silo...you have to willing to help each other out. I am not a doctor so I don't practice like a doctor but you know there are things that I know that I can give as interventions that are not doctor interventions. The doctor knows right away when a patient needs to come in and communicates that type of thing to me....she's on top of it. I'm then able to call the patient right away."

Low Team Functioning: Negative Networks and Communication

"We have a fantastic team and there's pretty good continuity of care despite that we are so disjointed because I think we all try to communicate well at least with our patients. I don't think we're communicating as well with each other as we should be. Staff are so busy and we are so all over the place but the patient themselves seem pleased."

Conclusion

- Variation in GeriPACT model implementation
- Successful GeriPACTs:
 - fit within their organizational setting
 - have teams dedicated to the model and Veterans
- Implementation was limited by the relative priority of GeriPACT implementation
- More research should focus on how these variations impact patient outcomes

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