

VA's Health Care Delivery System - Patient Aligned Care Team (PACT)

3 months ago

VA's Health Delivery System

VA's Veterans Health Administration (VHA) operates one of the largest integrated health delivery systems in the United States, delivering comprehensive care to approximately six million Veterans through a network of health care facilities owned and staffed by VA, academic medical affiliates and other contracted providers, contracted networks, and episodic fee-for-service purchases. Veterans scheduled approximately 80 million outpatient clinical visits – more than 300,000 each working day in FY 2011.

VA delivers care through 21 Veterans Integrated Services Networks (VISNs) which administer:

- 152 hospitals, sometimes known as VA Medical Centers or VAMCs,
- 971 outpatient clinics – most of which are extensions of a parent hospital, and
- 133 community living centers which deliver skilled nursing and extended care.

VHA sites of care are distributed across the United States and Puerto Rico with additional clinics in Guam and the Philippines. Veterans are administratively aligned with the hospital of their choice but may receive care through any hospital.

VA's care delivery model is centered in the Patient Aligned Care Team (PACT), VA's implementation of the Patient Centered Medical Home.

- PACTs consist of multidisciplinary clinical and support staff that deliver all primary care and coordinate the remainder of patients' needs, including specialty care.
- Veterans assigned to a PACT may schedule appointments with any member of the team.
- Routine appointments with specialists are often scheduled based on a PACT referral; specialty care referrals can also come from clinicians providing inpatient care, the Emergency Department, community providers, or patients themselves.
- Veterans generally schedule their own follow-up appointments with specialists or specialty care services without the intervention of the PACT.

Appointment scheduling is currently performed primarily via telephone, in person, or mail. The intervention of a VA employee is currently required to make appointments. VA needs to enable Veterans to schedule their own appointments electronically via online and mobile devices.

VA also needs to schedule and coordinate care across internal and external administrative, or system, boundaries.

As examples:

- Veterans may choose to live in different states at different times of the year and need to make appointments to receive care where they live when they need it.
- A clinician who can provide needed care for a Veteran may be located at a different hospital, in different VISN or at an external academic affiliate or contract medical group.
- A physician who will be examining a Veteran to determine nature and extent of a service-related disability may also be located at a different hospital, VISN, or be delivering examination services under contract.
- Telemedicine technologies can support care delivery by a clinician who is physically located at a different hospital or even in a different VISN than the physical location where the Veteran will receive the care.
- PACTS need to coordinate care with non-VA community providers when Veterans choose to receive care both inside and outside the VA system.
- Support services such as non-VA transportation services must be coordinated.

VA currently relies on the MSP to perform non-scheduling functions including workload data capture and a broad range of workload and other management reports.