The PACT Curriculum: Interprofessional Primary Care at the VAMC
Session 1: Introduction and Overview
Faculty Preceptor Guide

Educational objectives:

By the end of the session, residents will be able to:
1. Describe the goals of PACT.
2. List the members of PACT.
3. Understand the importance for interprofessional collaboration for success of PACT.

General Session Outline:

Survey administration (5-10 minutes): Give residents opportunity to complete the survey.

Discussion (20 minutes): Review the questions provided below and discuss the answers.

General expectations of the faculty preceptor:
During this introduction week you will help the residents gain appreciation for the team-based approach of primary care at the VA. Much of the content for this session should be resident led as they discuss the answer to the questions. You should prompt the PGY2-PGY3s to answer the questions with their baseline knowledge about PACT. You should then provide them with a list of PACT resources. In addition, please provide input on how you have utilized the services of PACT for your own patients. **Please print and bring copies of the resident version of this session and the supplemental materials on the day of the pre-clinic conference.**

Survey administration: Residents, please take 5-10 minutes to complete the survey. This survey is part of an IRB approved project, please read the information sheet provided.

Discussion: Residents, please take a few minutes to answer the following questions.
1. What does PACT stand for?
2. In one sentence, what is the function of PACT?
3. Who are the members of PACT at the ZVAMC?

Faculty guide:
Please encourage residents to answer the questions and discuss among the group. Please encourage senior residents to share knowledge and experiences with the junior residents. Answers are as follows:
1. *Patient Aligned Care Team*
2. *Example answers: "the function of PACT is to provide team-based, patient-centered care to improve healthcare outcomes, veteran satisfaction and cost" or "PACT is the VA's model for Patient Center Medical Home (PCMH)."*
    - *Key words: <u>team-based, collaborative, interdisciplinary, interprofessional, patient centered, medical home.</u>*
    - *PACT was launched in 2010. It was a national initiative to implement a patient-centered medical home in over 900 primary care clinics.*
    - *Team-based care in primary care clinics is recommended by national organizations (ex: The Community Preventive Services Task Force).*

3. *PACT members:*
    - *Primary care provider (attending and resident)*
    - *Secretary/administrative clerk (MSA)*
    - *License practice nurse (LPN) or medical assistant (MA)*
    - *Registered nurse (RN)*
    - *Social worker (SW)*
    - *Pharmacist (PhamD)*
    - *Registered dietician (RD)*
    - *Primary care mental health integration (PC-MHI) therapist and pharmacist*

Please hand out the "PACT Resource Sheet." Please spend time reviewing both sides of the sheet. Please ask the residents if they have questions about any of the information provided or if the seniors have encountered issues and would like to discuss any concerns.

Take this opportunity to highlight research on PACT which demonstrates improvement in patient outcomes.

- *Nelson et al. JAMA Internal Med 2017[1]: reviewed > 400,000 patient records who received care between 2012-2014. Clinics that had adopted PACT to a greater degree had better performance in all clinical indicators.*
- *O'Neill et al. JGIM 2014[2]: 126 patients with poorly controlled hypertension seen in 2011 at a Midwest VA. Patients who had PACT pharmacist managing medications of HTN had similar results as those managed by physicians.*
- *Reddy et al. Health Serv Research 2018[3]: Records 1.2 million veterans assigned to VA primary care in 2012 were reviewed. Increasing continuity with VA PCP and high-functioning team-based clinics were associated with fewer ED visits and hospitalizations.*

References:

1. Nelson K, Sylling PW, Taylor L, Rose D, Mori A, Fihn SD. Clinical Quality and the Patient-Centered Medical Home. *JAMA Internal Medicine.* 2017;177(7):1042-1044.
2. O'Neill JL, Cunningham TL, Wiitala WL, Bartley EP. Collaborative hypertension case management by registered nurses and clinical pharmacy specialists within the Patient Aligned Care Teams (PACT) model. *J Gen Intern Med.* 2014;29 Suppl 2:S675-681.
3. Reddy A, Wong E, Canamucio A, et al. Association between Continuity and Team-Based Care and Health Care Utilization: An Observational Study of Medicare-Eligible Veterans in VA Patient Aligned Care Team. *Health Serv Res.* 2018;53 Suppl 3:5201-5218.

The PACT Curriculum: Interprofessional Primary Care at the VAMC
Session 1: Introduction and Overview (for Residents)

Educational objectives:

By the end of the session, residents will be able to:

1. Describe the goals of PACT.
2. List the members of PACT.
3. Understand the importance for interprofessional collaboration for success of PACT.

Survey administration:
Residents, please take 5-10 minutes to complete the survey. This survey is part of an IRB approved project, please read the information sheet provided.

Discussion:

Residents, please take a few minutes to answer the following questions.

1. What does PACT stand for?

2. In one sentence, what is the function of PACT?

3. Who are the members of PACT at the ZVAMC?

The PACT Curriculum: Interprofessional Primary Care at the VAMC
Session 2: License Practice Nurses (LPN) and Medical Assistants (MAs)
Faculty Preceptor Guide

Educational objectives:

By the end of the session, residents will be able to:
1. List the main roles and responsibilities of the LPN/MA.
2. Identify where to find the name of the LPN/MA assigned to the resident's PACT.
3. Identify appropriate clinical situations to seek assistance from the LPN/MA.
4. List the appropriate method(s) for communicating with the LPN/MA regarding patient-care issues.

Session Outline:

Introductions (5 minutes): The LPN or MA introduce themselves to the residents and the residents introduce themselves. The LPN or MA will briefly describe their roles, which are also detailed below.

Case discussion (20 minutes): A resident should read the case and the discussion questions. These questions should stimulate residents to consider how involving the LPN/MA could improve a patient's care. The LPN/MA should feel free to jump in to the discussion and provide input on what resources they offer and how they would approach each case.

Questions and wrap-up (5 minutes): Residents can address any additional questions to the LPN/MA, especially as related to their own patients. The LPN/MA should also feel free to add any information about the services that they offer.

General expectation of faculty facilitator:
You are not required to provide content, as the content should be generated through the residents' discussion and input from the LPN/MA. However, you may be needed to keep the conversation moving along and ensure that the group stays on time. **Please bring multiple copies of the resident guide and a copy of this faculty guide for yourself.**

Topics to be addressed during this session:
- Specific services provided by the LPN/MA in primary care clinic
  - Checking patients in and completing screening reminders (tobacco, PTSD, etc)
  - Chaperoning and assisting with sensitive tests
  - Labs and vaccines
  - Clinic procedures (EKG, PVR, orthostatics, foley placement, neb treatment, etc)
  - Follow up visit for BP check, glucometer download, vaccine, or DepoProvera
- How to contact the LPN/MA
  - In person, via skype, via follow up order or view alert (for non-same day care)

Case:
Katherine Smith is a 69-year-old woman with DM2, CKD III, HTN, and CAD who presents for your 6 month follow up. She reports feeling well but that she's gained weight over the past 6 months as she moved in with her daughter who loves to cook and bake. She is taking her Lantus insulin but admits that she only checks her blood sugar two or three times a week and that her numbers are all over the place. This is much better than last year when she wasn't checking it at all. She states that after a lot of guidance from the diabetes educator and her daughter, who also has diabetes, she feels that she knows how to use that pesky glucometer which she feels is very technologically advanced. She does not check her blood pressure and never has. She is compliant with her Lisinopril, ASA, Atorvastatin, and Metformin. She has her glucometer in her purse.

Questions for discussion:

- **You want to know what her glucose readings are to decide if changes need to be made, how do you make this happen?**
  The goal here is to identify that LPNs can use the glucometer to download the data and then send it via a note to the PCP during the clinic visit. You want to have residents state that they would either bring the glucometer to the LPN, or better yet, Skype the LPN to come to the clinic room to grab the glucometer now so that they can continue with their clinical visit while it's downloaded.

Case, continued:
As you wait to review her glucose readings, you review her vitals and conduct your exam. Her BP was 155/83. Her exam is unremarkable. You want her to check her blood pressure at home, but she looks at you with concern when you mention picking up an electronic cuff from prosthetics today.

Questions for discussion:

- **What do you suspect is a barrier to home BP monitoring?**
  Goal is to identify that she will need education given her lack of confidence with electronics.

- **How can you or PACT help the patient overcome this barrier.**
  Goal is for them to have the LPN teach the patient how to use the BP cuff during the clinic visit today.

Case, continued:
Ms. Smith is getting ready to leave your office and you want to discuss follow up on her diabetes and HTN. You plan to have her see you in 3 months but know that she needs closer follow up because you're starting a new diabetes medication today and are worried that her BP is not controlled.

Questions for discussion:
- **How can your LPN help bridge her to the next follow up visit with you?**
  Goal is for residents to say that the LPN could see the patient in a few weeks for BP check, documenting home BPs, and glucometer download.

- **How could you request the follow up with the LPN?**
  Goal is for residents to either say they would view alert the LPN so that she can place the follow up order or they can place an LPN follow up order with instructions to complete above and have the patient schedule on her way out.

- **Lastly, please review, in more general terms, the services provided by the LPN.**
  Goal is to review the above list of what the LPN can do in primary care.

The PACT Curriculum: Interprofessional Primary Care at the VAMC
Session 2: License Practice Nurses (LPN) and Medical Assistants (MAs)
(Resident version)

Educational objectives:

By the end of the session, residents will be able to:

4. List the main roles and responsibilities of the LPN/MA.
5. Identify where to find the name of the LPN/MA assigned to the resident's PACT.
6. Identify appropriate clinical situations to seek assistance from the LPN/MA.
7. List the appropriate method(s) for communicating with the LPN/MA regarding patient-care issues.

Case:
Katherine Smith is a 69-year-old woman with DM2, CKD III, HTN, and CAD who presents for your 6 month follow up. She reports feeling well but that she's gained weight over the past 6 months as she moved in with her daughter who loves to cook and bake. She is taking her Lantus insulin but admits that she only checks her blood sugar two or three times a week and that her numbers are all over the place. This is much better than last year when she wasn't checking it at all. She states that after a lot of guidance from the diabetes educator and her daughter, who also has diabetes, she feels that she knows how to use that pesky glucometer which she feels is very technologically advanced. She does not check her blood pressure and never has. She is compliant with her Lisinopril, ASA, Atorvastatin, and Metformin. She has her glucometer in her purse.

Questions for discussion:

- **You want to know what her glucose readings are to decide if changes need to be made, how do you make this happen?**

Case, continued:
As you wait to review her glucose readings, you review her vitals and conduct your exam. Her BP was 155/83. Her exam is unremarkable. You want her to check her blood pressure at home, but she looks at you with concern when you mention picking up an electronic cuff from prosthetics today.

Questions for discussion:

- **What do you suspect is a barrier to home BP monitoring?**

- **How can you or PACT help the patient overcome this barrier.**

Case, continued:
Ms. Smith is getting ready to leave your office and you want to discuss follow up on her diabetes and HTN. You plan to have her see you in 3 months but know that she needs closer follow up because you're starting a new diabetes medication today and are worried that her BP is not controlled.

Questions for discussion:

- **How can your LPN help bridge her to the next follow up visit with you?**

- **How could you request the follow up with the LPN?**
- **Lastly, please review, in more general terms, the services provided by the LPN.**

The PACT Curriculum: Interprofessional Primary Care at the VAMC
Session 3: Registered Nurse (RN)
Faculty Preceptor Guide

Educational objectives:

By the end of the session, residents will be able to:

8. List the main roles and responsibilities of the RN.
9. Identify where to find the name of the RN assigned to the resident's PACT.
10. Identify appropriate clinical situations to seek assistance from the RN.
11. List the appropriate method(s) for communicating with the RN regarding patient-care issues.

Session Outline:

Introductions (5 minutes): The RN introduce themselves to the residents and the residents introduce themselves. The RN will briefly describe their roles, which are also detailed below.

Case discussion (20 minutes): A resident should read the case and the discussion questions. These questions should stimulate residents to consider how involving RN could improve a patient's care. The RN should feel free to jump in to the discussion and provide input on what resources they offer and how they would approach each case. **Please advise the residents and the guests that the RESIDENTS get to try to respond to the question first, and if they cannot the PACT member can jump in.**

Questions and wrap-up (5 minutes): Residents can address any additional questions to the RN, especially as related to their own patients. The RN should also feel free to add any information about the services that they offer.

General expectation of faculty facilitator:
You are not required to provide content, as the content should be generated through the residents' discussion and input from the RN. However, you may be needed to keep the conversation moving along and ensure that the group stays on time. **Please bring multiple copies of the resident guide and a copy of this faculty guide for yourself.**

Topics to be addressed during this session:

- Specific services provided by the RN in primary care clinic
    - Procedures that the LPN may not be comfortable with (foley, simple dressing change, suture removal).
    - Glucometer teaching, diabetes education (basic).
    - Phone call for results and recommendations.
    - Phone follow up for diabetes, HTN, meds, or symptoms.
    - Communication with patients on ongoing issues.
- How to contact the RN: In person, skype, follow-up order or view alert (for non-same day care)

Case:
Mr. Thomas Johnson is a 74-year-old man with diabetes, HTN, CKD III, OSA, and chronic low back pain who presents for routine follow up. He notes that his low back pain is slowly worsening over time and now impairing his ability to take his wife for walks which he enjoyed doing in the past. He notes that this

has been ongoing for several months but he waited to see you because coming for visits is hard as he cares for his wife with advanced dementia who struggles to be in new places (like our large hospital) so he has to find someone to watch her while he's gone.

You do a good history, physical and exam focused on his back pain and feel that this is most likely chronic DJD with myofascial pain. You feel that x-rays are reasonable given his age and worsening symptoms. You tell him that they're likely to show DJD and, if that's the case, you'd recommend PT. He states that he would not be able to do this because of his wife. You then offer to start Venlafaxine for chronic pain, which he's interested in. You tell him you'd like to see him back in about 4 weeks to assess efficacy of the new medication. He looks at you with concern.

Questions for discussion:

- **What are barriers to care in this case?**
  Goal is to discuss that Mr. Johnson is struggling to make it to in person visits because of competing demands on his time, mainly his caregiving responsibilities.

- **What are some other options for follow-up besides in-person visit with you?**
  Goal is to discuss phone follow up. It is reasonable to talk about Veteran Video Connect if it comes up—but that is not an option for resident clinic so would recommend focusing on phone follow up with the RN.

- **How can your PACT RN help you achieve this?**
  Goal is to have them identify the PACT RN as the person who can do that follow up.

- **How do you logistically achieve the above?**
  Goal is to discuss how to order PACT RN follow-up. The two options are to view-alert the RN with instructions to call the patient in 4 weeks to discuss efficacy of the Venlafaxine or to place a PACT RN phone follow-up order as a recall in 4 weeks with instructions to discuss medication follow up and see the resident's note for details.

Case, continued:

Mr. Johnson leaves and gets his x-ray. As you expected it shows changes consistent with DJD which are mild to moderate and no evidence of compression fractures or other lesions. You're on nightfloat at the VA and see these results at 1am as you're admitting new patients. Your nightfloat nights have been very busy and you don't think you'll be able to call the patient during normal hours.

Questions for discussion:

- **How can your PACT RN assist you in communicating these results?**
  Goal is to identify that the RN can call the patient and review these results as they are reasonably simple, and the plan is in place.

- **How would you communicate your above request to your PACT RN?**
  Goal is for residents to say that they would write view alert asking the PACT RN to call patient and review the results.

- **Lastly, please review, in more general terms, the services provided by the RN.**
  Goal is to review the above list of what the RN can do in primary care.

The PACT Curriculum: Interprofessional Primary Care at the VAMC
Session 3: Registered Nurse (RN) (Resident Version)

Educational objectives:

By the end of the session, residents will be able to:

12. List the main roles and responsibilities of the RN.
13. Identify where to find the name of the RN assigned to the resident's PACT.
14. Identify appropriate clinical situations to seek assistance from the RN.
15. List the appropriate method(s) for communicating with the RN regarding patient-care issues.

Case:
Mr. Thomas Johnson is a 74-year-old man with diabetes, HTN, CKD III, OSA, and chronic low back pain who presents for routine follow up. He notes that his low back pain is slowly worsening over time and now impairing his ability to take his wife for walks which he enjoyed doing in the past. He notes that this has been ongoing for several months but he waited to see you because coming for visits is hard as he cares for his wife with advanced dementia who struggles to be in new places (like our large hospital) so he has to find someone to watch her while he's gone.

You do a good history, physical and exam focused on his back pain and feel that this is most likely chronic DJD with myofascial pain. You feel that x-rays are reasonable given his age and worsening symptoms. You tell him that they're likely to show DJD and if that's the case you'd recommend PT. He states that he would not be able to do this because of his wife. You then offer to start Venlafaxine for chronic pain, which he's interested in. You tell him you'd like to see him back in about 4 weeks to assess efficacy of the new medication. He looks at you with concern.

Questions for discussion:

- **What are barriers to care in this case?**
- **What are some other options for follow-up besides in-person visit with you?**
- **How can your PACT RN help you achieve this?**
- **How do you logistically achieve the above?**

Case, continued:
Mr. Johnson leaves and gets his x-ray. As you expected it shows changes consistent with DJD which are mild to moderate and no evidence of compression fractures or other lesions. You're on nightfloat at the VA and see these results at 1am as you're admitting new patients. Your nightfloat nights have been very busy and you don't think you'll be able to call the patient during normal hours.

Questions for discussion:

- **How can your PACT RN assist you in communicating these results?**
- **How would you communicate your above request to your PACT RN?**
- **Lastly, please review, in more general terms, the services provided by the RN.**