



# ABOUT PATIENT ALIGNED CARE TEAM (PACT)



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## IN THIS CHAPTER:

- What is a PACT?
- How does a PACT function?
- How do health care teams partner with the patient?
- How do patients access care?
- How is care coordinated among team members?
- Who is part of the care team?
- What are the benefits of this model of care?
- What are the benefits of PACT for providers?

The Veterans Health Administration honors America's Veterans by providing quality and accessible primary care to all Veterans through Patient Aligned Care Teams (PACTs), placing Veterans at the center of their health care team.

**“This model serves U.S. Veterans enrolled in Veterans Health Administration (VHA) and provides team-based, patient-centered care focusing on a personalized, integrated, comprehensive, and coordinated approach to health care.”<sup>15</sup>**

## What is a PACT?<sup>16</sup>

A Patient Aligned Care Team (PACT) involves each Veteran working together with health care professionals to plan for the whole-person care and life-long health and wellness.

*PACT focuses on:*

- partnerships with Veterans
- access to care using diverse methods
- coordinated care among team members
- team-based care with Veterans as the center of their PACT.



## How does a PACT function?<sup>17</sup>

**A PACT is a partnership between the Veteran patient and his/her health care team to ensure the patient receives whole-person care.** This is personalized care to meet the patient's individual health care goals. The care team looks at all aspects of the patient's health with an emphasis on prevention and health promotion.

**A PACT offers many ways to access health care.** In addition to personal visits with their primary health care provider, the Veteran patient may schedule visits with other members of their team. They also may have access to group clinics and educational seminars, plus a wealth of information on the web through MyHealthVet. Patients can also communicate with members of their PACT by telephone or through Secure Messaging via MyHealthVet.

**A PACT achieves coordinated care through collaboration.** All members of the team have clearly defined roles. They meet often to talk with the patient and each other about the patient's progress toward achieving his/her health goals. The focus is on building trusted, personal relationships resulting in coordination of all aspects of health care.

**A PACT uses a team-based approach.** The Veteran patient is the center of the care team that also includes the patient's family members, caregivers, and health care professionals—primary care provider, nurse care manager, clinical associate, and administrative clerk. When other services are needed to meet the patient's goals and needs, another care team member may be called in.

## How do health care teams partner with the patient?

The patient's personalized care team meets with the patient (and caregivers) to create a care plan that meets the patient's individual goals. This plan looks at all aspects of health, focuses on health rather than disease, and emphasizes wellness, prevention, and health promotion.

*The care team cooperates with the Veteran patient to plan his/her overall health with a focus on:*

- Personal relationships
- Patient preferences
- Open communication and sharing information
- Team delivery of holistic care
- Coordination across specialties and settings of care
- Quality and safety improvements

*The tools used to deliver patient-centered care include:*

- Early detection screenings
- Preventative or wellness care services
- Educational materials
- Lifestyle coaching

## How do patients access care?

*The PACT model improves Veterans' access to care by providing multiple ways for patients to interact with their PACTs, including:*

1. **Personal visits** – Veterans can either walk in or schedule an appointment to visit with their primary care provider or other health care professionals who are members of their care team.
2. **Group clinics and educational seminars** - Veterans also have access to group clinics and can attend educational seminars.
3. **Telephone conversations** – Veterans can access telephone care 24 hours a day, 7 days a week to speak with a provider, ask questions, etc.
4. **Online access** – Through a comprehensive website called MyHealthVet, Veterans can access a wealth of information, including their personal web-based health records. They can also send secure messages to providers on their care teams.
5. **Text messaging** – A new service called VEText allows Veterans to receive appointment reminders and confirm or cancel appointments with a text message reply.

## How is care coordinated among team members?<sup>16</sup>

Coordinated care is done through collaboration among team members. Each member of the team has a clearly defined role and knows how to relate to other members of the team. Team members will talk with the Veteran patient and each other to help the patient achieve his/her health care goals.

Team members coordinate all aspects of the patient's care within the PACT and with other care teams outside of the primary care setting. PACT members also oversee the transition of care from the primary care team to specialists, and to other health care professionals outside of the VA system, if needed. The teams work with the patient to plan for life-long health, with a focus on building trusted, personal relationships that promote open communication and sharing of information to improve quality of care and patient safety.

## Who is part of the care team?<sup>17</sup>

The Veteran patient is at the center of his/her PACT, which includes the patient's family and caregivers.

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**“The care team always includes a primary care provider, a nurse who serves as the care manager, a clinical associate, and an administrative clerk.”**

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The approach to health care is holistic; and when necessary, the team expands to include specialists and additional settings of care. If specialties are needed to meet the patient's goals and needs, other care team members may be called in for support, including social workers, dietitians, pharmacists, and mental health providers. If the patient needs care beyond what is available at the VA clinic, non-VA health care providers may be included on the team.

*PACT can include:*

- Veteran patient
- Primary care provider
- Nurse care manager
- Clinical associate
- Administrative clerk
- The PACT clinical
- Pharmacist
- Social worker
- Dietitian
- Mental health provider
- Behaviorist

## What are the benefits of this model of care?

By working with the same health care team members, the Veteran patient forms relationships that result in more open communication and better coordination between all members of the health care team. Because patients are at the center of their PACT, they actively participate in managing their care, which ensures their wants, needs, and preferences are respected.

*Allowing patients to have a more active role in their health care is associated with:*

- Increased quality improvement
- Increased patient satisfaction
- Decreased hospital costs due to fewer hospital visits and readmissions

*For patients and providers, benefits of PACT include:<sup>19</sup>*

- Better coordination of health care services
- More economical use of time
- Increased satisfaction with health care services
- Improved patient safety

*On a systems level, the PACT approach to health care promises many benefits including:<sup>19</sup>*

- Healthier and more satisfied populations
- Coordinated and holistic care
- Streamlined delivery of services
- Lower costs for health care

## What are the benefits of PACT for providers?

This model of care provides flexibility and an all-inclusive, holistic approach to care. It addresses changing needs and types of patients and creates partnerships between Veterans and health care teams. Care is coordinated among all PACT members. PACT members have clearly defined roles and know how to relate to each other. Communication among PACT members is easy, frequent and available. In addition, transitions of care are overseen from primary care teams to specialists, to emergency room stays, to dual care with non-VA clinicians, to private sector referrals, and to community resources, which enhances the coordination of care.