



# PACT Recognition Best Practices

VISN 8

PACT Team Name: BRW PACT BRAVO 6

Facility Location: 546 Miami VA Health Care System

William "Bill" Kling Outpatient Clinic (Broward Outpatient Clinic)

9800 West Commercial Blvd.

Sunrise, FL 33351



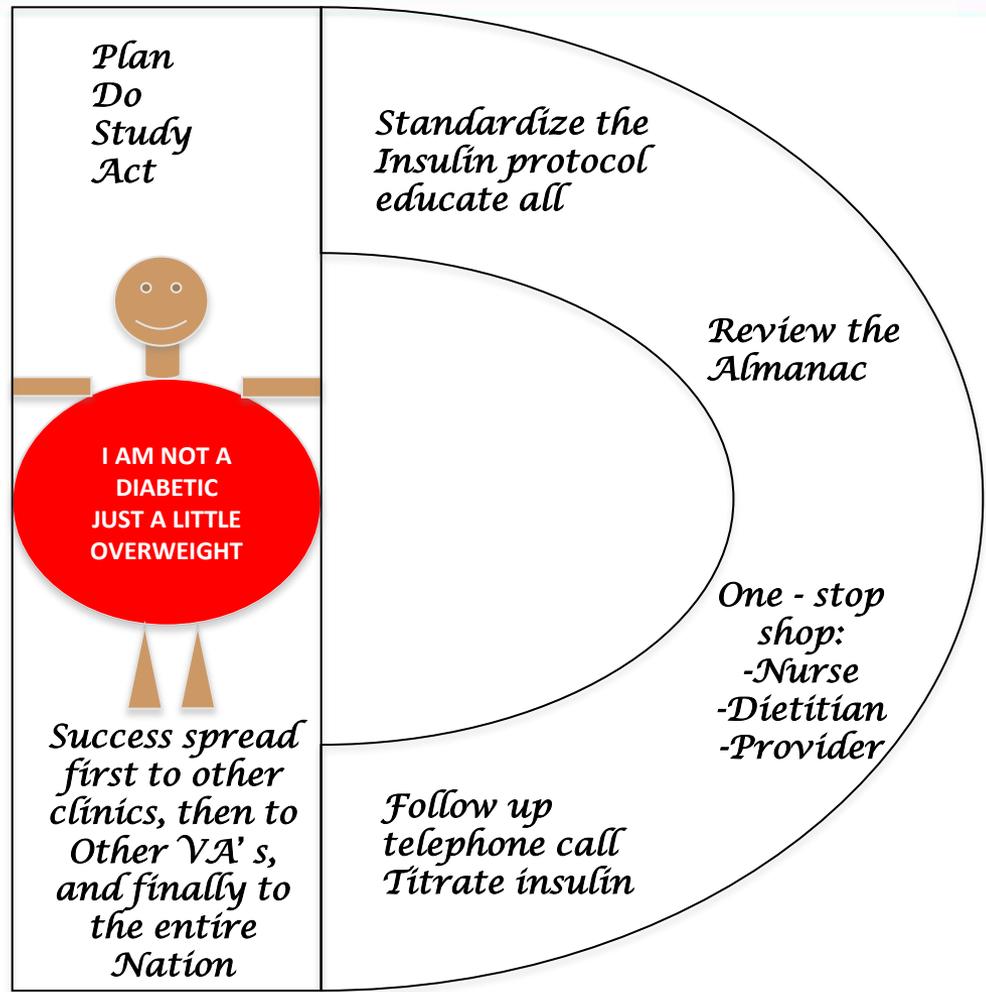
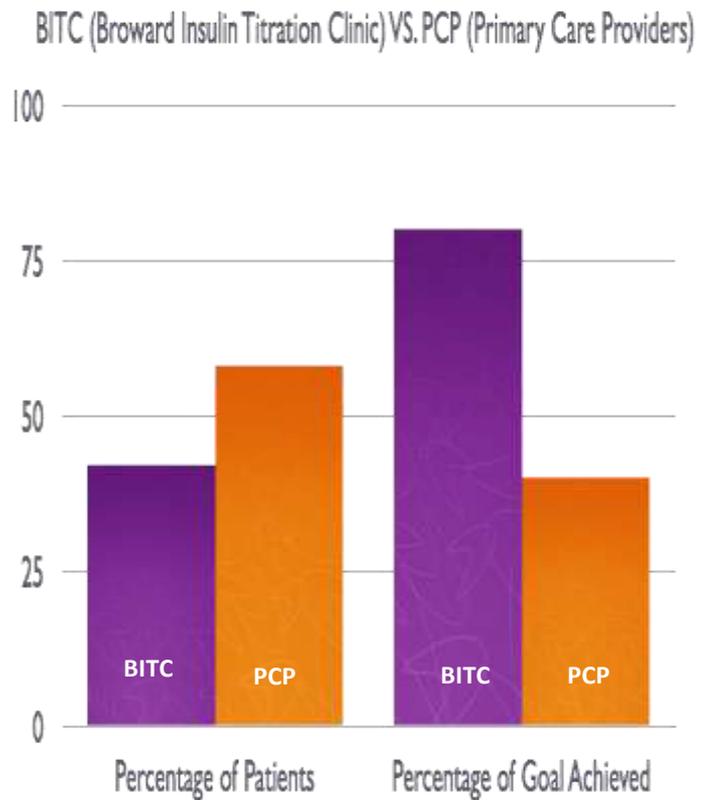
# PACT Team Members



Team Members –  
Top Left: Manny Varela, System Redesign Coordinator  
Bottom Left: Caaron Snover, PAC  
Group Photo: Back row (left to right)– Mauricio Montes, MAS; Martha Salazar, PharmD; Gail Obenauf, Dietitian; Tiffany Clarke, MAS; Karen Cionci, RN Case Manager; Phillip Greenberg, MD Chief Medical Officer, Broward Clinic  
Front row (left to right) – Rosetta Cumberbatch, RN Care Manager; Katherine Cipriano, Social Worker; Linda Arnette, Health Coach; Asmeeta Punwani, MD and Team Leader; Nancy Romer, Data Manager  
Top Right: Debbie Sommer, RN Case Manager  
Bottom Right: Kevin Caldwell, MAS  
\*Sandra Fritz, PAC;\* Remberto Rodriguez, Chief of PACT. (\*not in picture)

**WHY ?  
BEEN THERE, DONE THAT**

# Mini PACT (2009) Diabetes



# CHALLENGES

# Best Practices

## CARE COORDINATION

## DIABETES MELLITUS

*I just don't feel like going to the clinic*

*No one will notice if I don't show up*

*I have no transportation*



*I am homeless*

*Provider has no appointment for 1 month*

*Not enough time with Health Coach or Provider*

*How do I titrate meds?*

*Why can't I use a computer from the public library to contact my provider?*

*When I am discharged from the hospital, no one follows up*

*Provider seems frustrated by repeated visits*

*What do I do if my sugar falls?*

*They always seem short staffed*

*How do I adjust carbs to meds??*

*When I almost died in a local hospital, VA provider did not even know*

SUCCESS

# Best Practices

## CARE COORDINATION

## DIABETES



**SOCIAL WORKER**

**MAS**

**HEALTH COACH**

**PROVIDER**

**RN CARE MANAGER**

**DIETICIAN**

**PHARMACIST**

**CASE MANAGER**

ASSISTS HOMELESS VET

LINKS TO COMMUNITY RESOURCES:

- PHONE
- TRAVEL
- FOOD PANTRIES
- SHELTER
- FINANCIAL BENEFITS
- EMPLOYMENT

CHECKS DEMOGRAPHICS  
OFFERS ACCESS WITH APPROPRIATE TEAM MEMBER

CALL CENTER UTILIZES TELEPHONE CLINIC FOR 7 DAY ACCESS

PROMOTES SECURE MESSAGE AUTHENTICATION

EDUCATES PATIENT: HYPOGLYCEMIA FOOT EXAM MONITORING

PROMOTES CCHT

PRE VISIT REMINDERS

EDUCATES PATIENT ON INSULIN PROTOCOL

SELF MANAGEMENT

REFERS TO OTHER TEAM MEMBERS

EXPLORES BARRIERS  
MOTIVATIONAL INTERVIEWING

FOLLOW UP IN:  
-TELEPHONE CLINIC  
-GROUP  
-FACE TO FACE

CALLS PATIENT POST DISCHARGE BASED ON:  
-CPRS ALERTS  
-DAILY REPORT FROM DATA MANAGER

UTILIZES INSTANT MESSAGING FOR SAME DAY ACCESS

LOWEST MISSED OPPORTUNITY IN VISN 8

WORKS WITH PHARMACIST TO ADJUST CARBS TO MEDS

SMA'S

TITRATES MEDS  
FOLLOW UP IN:  
-TELEPHONE CLINIC  
-GROUP CLINIC  
-SECURE MESSAGE

-FACE TO FACE

UTILIZES NAVIGATOR TO CAPTURE INPATIENTS AT NON-VA HOSPITALS

GETTING RECORDS

PARTNERSHIP WITH LOCAL HOSPITALS

COORDINATES APPROPRIATE FOLLOW UP

# Best Practices

## CARE COORDINATION

## DIABETES

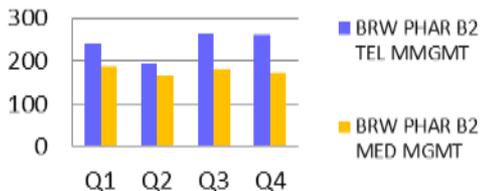


*Stan came into the clinic when his glucose was high, Screaming that he felt like he was going to die. He was then educated by the health coach. Calming him down was a team approach.*

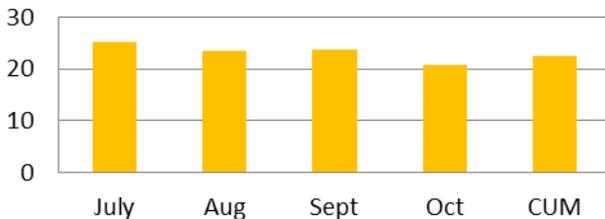
*The clerk set up an appointment for that very day, IM'd the dietitian who saw him right away. Then to the provider's office he went, Where he found out what his condition meant.*

*The R.N. Care Manager took over the care, Promising to call him to see how he would fare. The pharmacist saw him, last but not least, To bring down an A1C that was greatly increased.*

PHARMACY ENCOUNTERS  
FY13



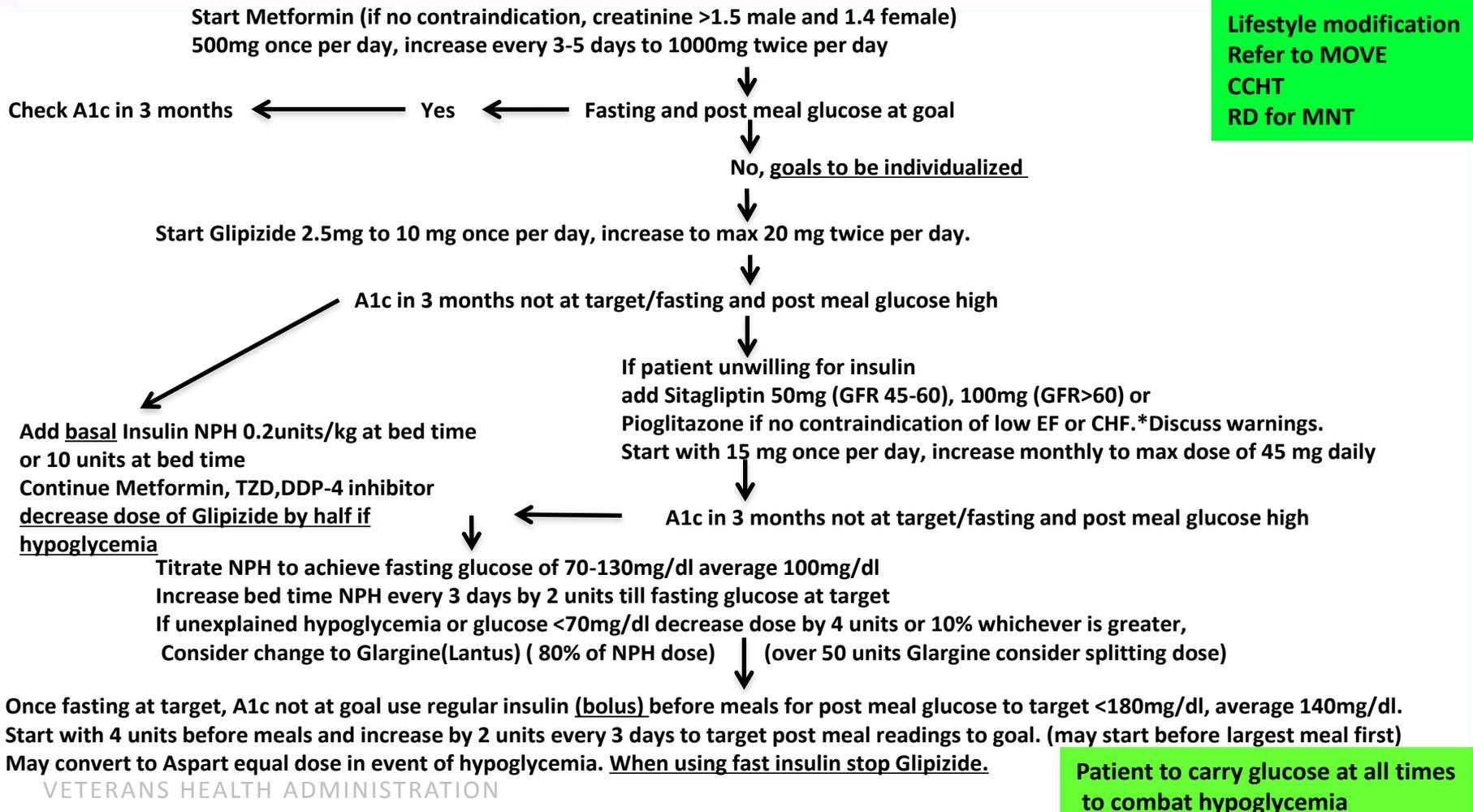
A1c > 9, 4th QTR FY13  
Benchmark less than or equal to 21%



# Insulin Protocol

Newly diagnosed or untreated Diabetes:

\* Start with insulin if A1c > 9%



WHY?

# Patient Advisory Committee - PAC

SYSTEM REDESIGN

COMMUNICATION

PATIENT ADVISORY BOARD

N

A

R

E

T

E

V

Location and agenda including refreshments planned

Who will present the PACT model?  
Members from teamlets selected, including patient advocate and union representative

Invitation letter designed

Frequency of meetings determined to be quarterly, except first follow up which would be in 1 month

Select a diverse group, making sure we invite OEF/OIF and women veterans

Patient advisory board to consist of members from any provider not necessarily the pilot

## For the VET by the VET

*They are an integral part of PACT*

*They act as unpaid partners with paid staff*

*They have organizational support*

*They embrace a military planning mindset*

*They work within the system but without the politics*

*They are result-oriented and take care of their own*

*They understand the patient's perspective the best*

# Challenges

# Best Practices

## SYSTEM REDESIGN

## COMMUNICATION

1

TEAMLET

VETERAN



NEW CENTRALIZED CALL CENTER  
\* FIX PHONE INITIATIVE \*

PATIENT ADVISORY COMMITTEE  
BRAINSTORMS  
MEANS OF COMMUNICATION  
FOR THE VETERAN BY THE VETERAN



3



WHILE THE CALL CENTER IMPROVES,  
LET US PROMOTE SECURE MESSAGING.  
WE WILL TRAIN VOLUNTEERS,  
WHO WILL THEN TRAIN VETERANS.  
NO MORE COMMUNICATION HURDLES!

VETERANS HEALTH ADMINISTRATION

4

TEAMLET

VETERAN



Success

# Best Practices

SYSTEM REDESIGN

COMMUNICATION



## Passionately promote secure messaging:

*Improves access to the team*

*Homeless vets can use Public Library computers*

*Saves gas, alleviates parking headaches*

*Cuts down on phone calls*

*Utilized for test reconciliation by all members of the team including MAS*

*Physicians can create a distribution group:*

*Utilize it to send mass educational emails,*

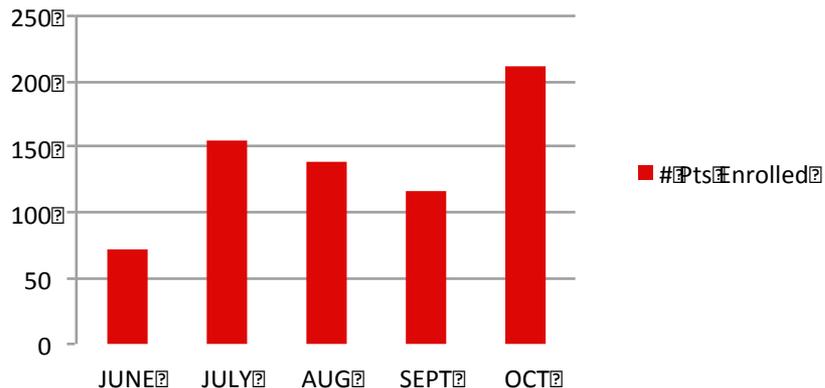
*Promote CCHT,*

*Recruit veterans for group clinics,*

*Advertise benefits of influenza vaccine*

*Meet goals for non-traditional care*

**MyHealthVet Enrollment by P.A.C. Broward Clinic**



# Point of Contact (POC)

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\*Images taken from Microsoft PowerPoint: Mac 2008 ClipArt  
Special recognition Pooja Utamsingh