

How VA Provides Care to Veterans in GeriPACT: A Survey of GeriPACT Physician Leaders

How would you describe the structure of your GeriPACT team?

- Providers are assigned a separate panel of GeriPACT patients and each panel has its own distinct GeriPACT core team members (e.g., social worker, nurse care manager, pharmacist).
- Providers are assigned a separate panel of GeriPACT patients and each panel shares core GeriPACT team members (e.g., social worker, nurse care manager, pharmacist).
- Providers share a panel of GeriPACT patients and the panel has its own distinct GeriPACT core team members (e.g., social worker, nurse care manager, pharmacist).
- Other Specify: _____

What type of dedicated space does your GeriPACT have to see patients?

- We do not have dedicated space and share space with other clinics
- We have dedicated space co-located within PACT
If yes: How many dedicated rooms do you have to see patients? _____
- We have dedicated space co-located in Geriatrics specialty care
If yes: How many dedicated rooms do you have to see patients? _____

A GeriPACT teamlet is a primary care team that generally consists of a **core team**, which may include a provider (Physician, Advance Practice Nurse (APN), Physician Assistant (PA)), Residents in training, Registered Nurse (RN) Care Manager, Clinical Associate (Licensed Practical Nurse (LPN) or Medical Assistant/Health Technician), Social Workwe, Clinical pharmacist, and an Administrative Associate (Clerk/Health Technician).

An **extended team member** of GeriPACT is a health care professional designated to a GeriPACT/PACT position in Primary Care Management Module (PCMM) who provides direct discipline-specific patient care to one or more panels of patients, but not to all primary care patients at the facility. *Examples of extended team members are:* Registered Dietitians and Primary Care-Mental Health Integration staff.

Which disciplines participate in the GeriPACT core and extended team?

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Audiologist <input type="checkbox"/> Chaplain <input type="checkbox"/> Clerical Associate/Receptionist (e.g., MSA) <input type="checkbox"/> Clinical Pharmacist/ Clinical Pharmacist Specialist <input type="checkbox"/> Clinical RN Specialist <input type="checkbox"/> Dentist/Dentist Auxiliary <input type="checkbox"/> Dietician <input type="checkbox"/> Health Administrator <input type="checkbox"/> Kinesiotherapist/KT Aide <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Nurse Aide | <ul style="list-style-type: none"> <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Therapist/OT Aide <input type="checkbox"/> Physical Therapist/ PT Aide <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Physician/Geriatician (e.g., MD, DO) <input type="checkbox"/> Psychiatrist/Geropsychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> RN (e.g., Nurse Case Manager) <input type="checkbox"/> Social Worker <input type="checkbox"/> Speech or Language Pathologist <input type="checkbox"/> Other Specify: _____ |
|--|--|

Enter the assigned GeriPACT FTEE each of GeriPACT core and extended team members.

| | FTEE (0-1) |
|----------------------|------------|
| [insert disciplines] | |

What is the maximum panel size of your GeriPACT in Fiscal Year (FY) 2016? (i.e., the largest number of patients in panel you can accommodate)

Through which of these processes are patients assigned to the GeriPACT panel?

Choose all that apply.

- Only Newly Enrolled patients to VA: Age based enrollment
- Only Newly Enrolled patients to VA: Condition focused enrollment
- Current PACT patients: Age based enrollment
- Current PACT patients: Condition focused enrollment
- By PACT referral
- By patient request

Which conditions or concerns are managed by the GeriPACT team? Choose all that apply.

| | Yes | No |
|---|--------------------------|--------------------------|
| Advanced age | <input type="checkbox"/> | <input type="checkbox"/> |
| Multiple medical and functional concerns | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychosocial concerns | <input type="checkbox"/> | <input type="checkbox"/> |
| Failure to thrive | <input type="checkbox"/> | <input type="checkbox"/> |
| Frailty | <input type="checkbox"/> | <input type="checkbox"/> |
| Delirium | <input type="checkbox"/> | <input type="checkbox"/> |
| Falls | <input type="checkbox"/> | <input type="checkbox"/> |
| Disorders of gait and balance | <input type="checkbox"/> | <input type="checkbox"/> |
| Incontinence of bowel and bladder | <input type="checkbox"/> | <input type="checkbox"/> |
| Dementia and other causes of impaired cognition | <input type="checkbox"/> | <input type="checkbox"/> |
| Depression | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation of suboptimal outcomes in PACT (high utilization) | <input type="checkbox"/> | <input type="checkbox"/> |
| Elder abuse / neglect | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk for institutional placement or concern about independence in living arrangements | <input type="checkbox"/> | <input type="checkbox"/> |
| Impending disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: Specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|--|--------------------------|--------------------------|
| Do you report the procedure code for Comprehensive Geriatric Evaluation (i.e., S0250) as part of the activity of this GeriPACT? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your VAMC have a written collaborative service agreement between PACT and GeriPACT concerning proposed transfer of patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a specified person(s) (e.g. case manager) in your clinic, other than a physician, NP, or PA, who works to arrange and coordinate care across specialties and with providers other than those in the GeriPACT clinic? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have designated educators, other than a physician, NP, or PA, available in your clinic to teach patients how to self-manage their illnesses and medication regimens? | <input type="checkbox"/> | <input type="checkbox"/> |

| | Most | Some | A Few | None |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| How many GeriPACT team members are certified /boarded within their disciplines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other than those above, do you have team members with advanced formal training in their discipline (e.g., curriculum in geriatric education center, a one month or longer clinical mentored preceptorship)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |