

Multiple Team Membership and Primary Care Unit Performance

Eean R. Crawford, PhD VISN 23 PACT Demonstration Lab & University of Iowa

Greg L. Stewart, PhD VISN 23 PACT Demonstration Lab & University of Iowa Cody J. Reeves VISN 23 PACT Demonstration Lab & Brigham Young University

Stacy L. Astrove VISN 23 PACT Demonstration Lab & John Carroll University



POLL QUESTION

• What is your role in PACT?

Who is on what team?

	А	В	С	D	E	F
1	Sta3n	Sta6a	Team	StaffName	StandardPo	osition
2	555	555AF	STC 555 Team #1 NP2	WALTERS, BARBARA J	NURSE (RN)
3	555	555AF	STC 555 Team #1 NP2	RICHARDS, KEITH L	MAS CLERK	(
4	555	555AF	STC 555 Team #1 NP2	LOPEZ, JENNIFER B	NURSE (LPI	N)
5	555	555AF	STC 555 Team #1 NP2	CRAWFORD, EEAN R	NURSE PRA	CTITIONER
6	555	555AF	STC 555 Team #1 *WH* NP2	WALTERS, BARBARA J	NURSE (RN)
7	555	555AF	STC 555 Team #1 *WH* NP2	STEWART, MARTHA M	MAS CLERK	(
8	555	555AF	STC 555 Team #1 *WH* NP2	LOPEZ, JENNIFER B	NURSE (LPI	N)
9	555	555AF	STC 555 Team #1 *WH* NP2	CRAWFORD, EEAN R	NURSE PRA	CTITIONER
10	555	555AF	STC 555 Team #2 PA1	STEWART, GREG L	PHYSICIAN	ASSISTANT
11	555	555AF	STC 555 Team #2 PA1	REEVES, CODY J	MAS CLERK	(
12	555	555AF	STC 555 Team #2 PA1	ASTROVE, STACY L	NURSE (LPI	N)
13	555	555AF	STC 555 Team #2 PA1	QUIJOTE, DON J	MAS CLERK	(
14	555	555AF	STC 555 Team #2 PA1	DAVIDSON, HARLEY F	NURSE (RN)
15	555	555AF	STC 555 Team #2 PA1	CRONKITE, WALTER V	NURSE (RN)
16	555	555AF	STC 555 Team #3 MD1	ACOSTA, JIM B	PHYSICIAN	PROVIDER
17	555	555AF	STC 555 Team #3 MD1	LOPEZ, JENNIFER B	NURSE (LPI	N)
18	555	555AF	STC 555 Team #3 MD1	CRICKETT, JIMINY E	MAS CLERK	(
19	555	555AF	STC 555 Team #3 MD1	GOPHUR, STEPHANIE P	NURSE (RN)
20	555	555AF	STC 555 Team #3 MD1	FREDSBURG, CATHERINE T	NURSE (LPI	N)
21	555	555AF	STC 555 Team #3 MD1	MATTHEWS, HARLAN C	MAS CLERK	(
22						

Visualization of Team Memberships

• Bi-partite member-team networks



Visualization of Team Memberships





Visualization of Team Memberships





Setting

- 849 VHA primary care facilities (divisions Sta6a)
 - 5,000+ teams
 - 26,000+ team members
 - 4.2 million patients

Measures

- Primary Care Unit Performance (Compass, Sep 2013)
 - Emergency department visits in last 12 months (M = 1,749, SD = 3,217.52)
 - Higher is worse
- Team memberships (PCMM, Sep 2013)
 - Average number of team memberships per person (M = 1.44, SD = .74)
- Patient case complexity (Compass, 2013)
 - Diagnostic cost group average for facility (M = 0.58, SD = .21)
- Covariates
 - Number of patients (*M* = 4,890.23, *SD* = 5,208.45)
 - Staff-to-provider ratio (M = 3.17, SD = 1.04)
 - Average team size (M = 4.02, SD = 1.27)
 - Urban/rural location (if Urban = 1, else = 0; M = 0.56, SD = .50)

Analysis

Negative binomial regression

- Account for overdisperson in emergency department visit count data
- Exposure offset
 - Adjust for differing sizes of patient populations per primary care unit

Results

	Number of	tment Visits	
Intercept	-1.45*	-1.45*	-1.45*
Staff-to-Provider Ratio	.06*	.07*	.07*
Average Team Size	03	05*	05*
Urban/Rural Location (if Urban = 1, else = 0)	.19*	.19*	.19*
Patient Case Complexity	.54*	.54*	.53*
Avg. No. Team Memberships		.04*	.05*
Memberships X Complexity			.06*
Model Fit			
2 x log-likelihood	-12,432.77	-12,428.45	-12,422.61
AIC	12,445.00	12,442.00	12,439.00

N = 849 organizations; *p < .05; all independent variables standardized.





Average # of Team Memberships

More care team memberships per person? Generally more ED visits per patient.

• High complexity facilities

- Increase of 1 team membership per person ~ 16% increase in patient ED visits
- Increase of 2 team membership per person ~ 35% increase in patient ED visits
- Increase of 5 team membership per person ~ 81% increase in patient ED visits

• Average complexity facilities

- Increase of 1 team membership per person ~ 7% increase in patient ED visits
- Increase of 2 team membership per person ~ 14% increase in patient ED visits
- Increase of 5 team membership per person ~ 31% increase in patient ED visits

Low complexity facilities

- Increase of 1 team membership per person ~ 1% decrease in patient ED visits
- Increase of 2 team membership per person ~ 3% decrease in patient ED visits
- Increase of 5 team membership per person ~ 5% decrease in patient ED visits

Financial Impact

Estimated Cost of an ED visit

- \$1,122 on average (CBO, 2014; Caldwell et al., 2013; Nugent et al., 2004)
- If all primary care units move to 1 team membership (from mean of 1.44)
 - 31,730 fewer ED visits
 - \$35.6 million in savings
- If all primary care units move to 2 team memberships (from mean of 1.44)
 - 41,772 more ED visits
 - \$46.9 million in costs

The majority of VHA facilities have core PACT members on more than one team.



Facility count at average numbers of team memberships per person

How does multiple team membership affect unit performance?

Research from individual and team levels suggests:

BENEFITS

- Efficient work practices
- Greater time utilization
- Load balancing
- Access to more information
- Access to more resources

(Cummings & Haas, 2012; de Vries et al., 2014; Hansen, 1999; Kc & Terwiesch, 2009; O'Leary et al., 2011)

DRAWBACKS

- Fragmented attention
- Switching costs
- Lags and delays
- Reduced cohesion
- Ill-formed mental models

(Argote & Todorova, 2007; de Vries et al., 2004; Hansen, 1999; Lewis et al., 2005; Mortensen, 2014; O'Leary et al., 2011; Pluut et al., 2014; Staats et al., 2010; Wilson et al., 2007; Zika-Viktorsson et al., 2006)

Limitations

- Association, not causation
- That was then, what about now?
- Can't examine mechanisms
- Other factors we haven't accounted for
- Unit performance beyond ED use

Thank You!

• Questions/Comments?

Eean Crawford, PhD

Associate Professor of Management & Organizations, University of Iowa US Department of Veterans Affairs VISN 23 Patient Aligned Care Team Demonstration Laboratory <u>eean-crawford@uiowa.edu</u> <u>Eean.Crawford@va.gov</u> Tel.: 319-335-2884 Tw.: @EeanCrawford



Bibliography

- Argote, L., & Todorova, G. (2007). Organizational learning: Review and future directions. *International review of industrial and organizational psychology*, 22, 193-234.
- Cummings, J. N., & Haas, M. R. (2012). So many teams, so little time: Time allocation matters in geographically dispersed teams. *Journal of Organizational Behavior, 33*, 316-341.
- de Vries, T. A., Walter, F., Van der Vegt, G. S., & Essens, P. J. M. D. (2014). Antecedents of individuals' interteam coordination: Broad functional experiences as a mixed blessing. *Academy of Management Journal*, *57*, 1334-1359.
- Hansen, M. T. (1999). The search-transfer problem: The role of weak ties in sharing knowledge across organization subunits. *Administrative Science Quarterly, 44,* 82-111.
- Kc, D. S., & Terwiesch, C. (2009). Impact of workload on service time and patient safety: An econometric analysis of hospital operations. *Management Science*, 55, 1486-1498.
- Lewis, K., Lange, D., & Gillis, L. (2005). Transactive memory systems, learning, and learning transfer. *Organization Science*, 16, 581-598.
- Mortensen, M. (2014). Constructing the team: The antecedents and effects of membership model divergence. *Organization Science*, *25*, 909-931.
- O'Leary, M. B., Mortensen, M., & Woolley, A. W. (2011). Multiple team membership: A theoretical model of its effects on productivity and learning for individuals and teams. *Academy of Management Review, 36*, 461-478.
- Pluut, H., Flestea, A. M., & Curşeu, P. L. (2014). Multiple team membership: A demand or resource for employees? *Group Dynamics: Theory, Research, and Practice, 18*, 333-348.
- Staats, B. R., Gino, F., & Pisano, G. P. (2010). Varied experience, team familiarity, and learning: The mediating role of psychological safety. Manuscript in preparation No. 10–016. Harvard Business School. Boston.

Wilson, J. M., Goodman, P. S., & Cronin, M. A. (2007). Group learning. Academy of Management Review, 32, 1041-1059.

Zika-Viktorsson, A., Sundström, P., & Engwall, M. (2006). Project overload: An exploratory study of work and management in multi-project settings. *International Journal of Project Management*, 24, 385-394.