PERCEPTIONS FROM THE FRONT-LINES

A Summary of Responses to the 2018 PACT National Survey

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POLL #1

- What is your primary role in the VA?
  - Student, Trainee, or Fellow
  - Clinician
  - Researcher
  - Administrator, Manager or Policy-Maker
  - Other

NATIONAL SURVEY INFORMATION

- Developed by PACT Demonstration Laboratory Initiative for Patient Care Services
- Administered by Healthcare Analysis & Information Group (HAIG)
- National Survey data previously collected in 2011, 2012, 2014, and 2016
- The data in this presentation are from the 2018 PACT National Survey

NATIONAL SURVEY INFORMATION

- 42 questions
- Domains
  - General Pact Information
  - Access
  - Care Management/Care Coordination
  - Work Distribution and Coordination
  - PACT Staffing
  - Work Environment
  - Patient Centeredness
  - Demographics

RESPONDENT CHARACTERISTICS

- Total number of individuals eligible for survey is uncertain but exceeded 32,000
- Responses obtained from 5,869 respondents who reported being a member of a PACT team
- Primary Care Providers =1547; Registered Nurse = 1645; Clinical Associate 1092; Administrative Associate 708; Extended Discipline = 301; Other/Undisclosed = 576
- 74% had 2+ years experience with PACT,73% Female, 70% White, 35% with supervisory responsibility

EXAMPLE OF BRIEFS

PRIMARY CARE ANALYTICS TEAM

Primary Care Staff Experience Burnout

FINDINGS:

VA primary care staff report burnout stemming from (1) difficulty completing tasks and administrative burden, (2) delegation issues and lack of role clarity, (3) lack of time needed to implement PACT, and (4) the emphasis on comprehensive care.

EVIDENCE:

Respondents to the 2016 National PACT survey were asked to "Please provide feedback or comments regarding the PACT program, its implementation, or any concerns here." More than 600 employees responded with comments that we categorized into the following four drivers of low morale or burnout:

SURVEY RESPONDENTS PERCEIVE	IN THEIR OWN WORDS
1 Difficulty completing daily tasks and increasing administrative burden.	"I have never worked at a facility that is more stressful and overwhelming as it is here since we moved to PACT. I feel as though I have to paddle furiously every day just to keep my head above water, while not making much forward movement. It is very discouraging and frustrating, not to mention physically and mentally exhausting." **Registered Nurse Care Manager**
2 Uncertainty with delegating tasks among teams and confusion over who should be doing what, resulting in many staff not working to the top of their capabilities.	"I am very burned out. I am unclear on how to delegate responsibilities to some extent but am sure I have been doing many tasks that do not need to be done by a provider." **Primary Care Provider 1**
3 Challenges with optimizing key features of PACT, specifically prevention and population management, due to a lack of available time.	"We are all so burned out and tired we cannot [sic] even hardly think let alone do chronic disease management, hospital follow up calls and ER calls. This PACT really needs revamped and looked at." **Clinical Associate**
4 Stress from comprehensive care that puts pressure on PACT to address issues that had previously been handled by specialty care.	"Too many services now are "integrated" into Primary Care, putting the responsibility of 'specialty' issues on the PACT. [It is] unlikely that we find a primary provider who is all around competent to provide so many services… This is greatly contributing to high burnout rate for PACT providers." **Primary Care Provider 2**

The analyses reported here were performed at the request of the Office of Primary Care Services and should be considered preliminary.
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PRIMARY CARE ANALYTICS TEAM

Access Initiatives Can Hinder Patient-Centered Care

FINDINGS:

Front-line staff report difficulty balancing pressure to meet PACT performance metrics, "national directives," and patient expectations of access. Access metrics are not always seen as accurately reflecting performance nor providing credit for work done to improve access, but rather in several instances as obstructing clinicians' abilities to realize PACT goals.

EVIDENCE:

Respondents to the 2016 National PACT survey were asked to "Please provide feedback or comments regarding the PACT program, its implementation, or any concerns here." We coded 725 answers as relating to "Access" and identified the following themes.

SURVEY RESPONDENTS PERCEIVE	IN THEIR OWN WORDS
1 National mandates create competing and changing priorities between face-to-face visits and nontraditional delivery modes such as telephone visits.	"The providers become penalized if they progress to tele appointment, secure messaging, or non-traditional encounters. Despite number of encounters, if a slot is open in the grid they are given another patient, then making them 'volunteer' time to finish secure messages and tele appointment, or review high risk patient for proactive management." (RN2)
2 Others (e.g., specialty clinics, administrative staff) undermine PACT by improperly encouraging Veterans to visit clinics without appointments.	"Patients are encouraged to just come in, rather than call, for any reason - paperwork, medication refills, benefits information - and this is coming from many sources: other groups, specialty clinics, business office, administrative staff, Telecare, etc." (RN 1)
3 Unscheduled, walk-in visits erode overall access by pulling substantial resources from other activities and thereby negatively impacting other	"The main concern I have with my PACT [team] is the amount of influence over daily operations that other non-team members [have], especially supervisors, who are not medically qualified to determine the need/necessity of appointments…This practice…ties up the clinic, with routine appointments, slotted in times which were already designated as urgent care slots. Additionally, when the need for an urgent care appointment is required, such as post discharge appointments, these patients are not able to be seen in a timely manner as required by policy. [This] leaves the only other option of overbooking these urgent care appointments, which cuts down on the amount of time that providers are allotted to see/treat the veteran." (AA3)
4 National policies related to access make it difficult to deliver patient-centered care.	"I have homebound elders managed by the phone, and phone visits are being replaced with face to face…'National mandate.' This does not help geriatric people when they cannot get to the office." (PCP1)

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PRIMARY CARE ANALYTICS TEAM

Fully Staffed and Stable Teams are Key to PACT Implementation

FINDINGS:

PACT implementation and effectiveness depend upon: 1) consistent and adequate staffing; 2) developing strategies to reduce vacancies and staff turnover; and 3) role coverage policies for staff absences.

EVIDENCE:

Analysis of open-ended feedback from the 2016 PACT National Survey identified staffing and turnover as the most frequently identified issue (41% of responses). Despite support for PACT, respondents felt unable to implement or sustain the model due to three staffing issues, summarized below.

SURVEY RESPONDENTS PERCEIVE	IN THEIR OWN WORDS
1 Many PACT teams are not staffed to the recommended ratio however, they are held to the same performance standards as fully staffed teams.	"Our facility has not increased staffing levels as we have implemented PACT. Our leadership have expected all of the outcomes without any investment in PACT." **Primary Care Provider** "It has been incredibly difficult to work as a PACT when we are continually spread between additional PACTs and other clinics . . . (we) have not been fully staffed in the 4+ years I have been here." **Clinical Associate**
2 Staff turnover and slow recruitment and hiring processes results in extended vacancies within teams and leads to burnout among remaining staff.	"Constantly being short providers is causing a lot of burnout and providers are calling in sick a lot. The hiring process is really long and by the time a new hire is in place another staff member has left. It's a constant cycle in our clinic and is hard on the remainder of the staff." **Administrative Associate**
3 Lack of appropriate role coverage of planned and unplanned absences increases the workload of remaining team members and leads to feelings of stress and overload.	"Staffing is very poor, frequently no coverage for call-ins, scheduled SL/AL. Staff are not disciplined for excessive absences, not held accountable for the work they are supposed to be performing when they are here. Morale is low across PC." **Registered Nurse**

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OPEN ENDED QUESTION DOMAINS

- Access
- Access with Care in the Community
- Care Management
- Training Barriers
- Additional Trainings
- Staffing
- Work Environment
- Patient Centeredness
- PACT Additional Comments

Imported into MAXQDA

Cleaning

- Removing non-useful responses
- Ensured question/answer match

Separate into teams to subcode within and across question domains

ANALYSIS

FREQUENCIES

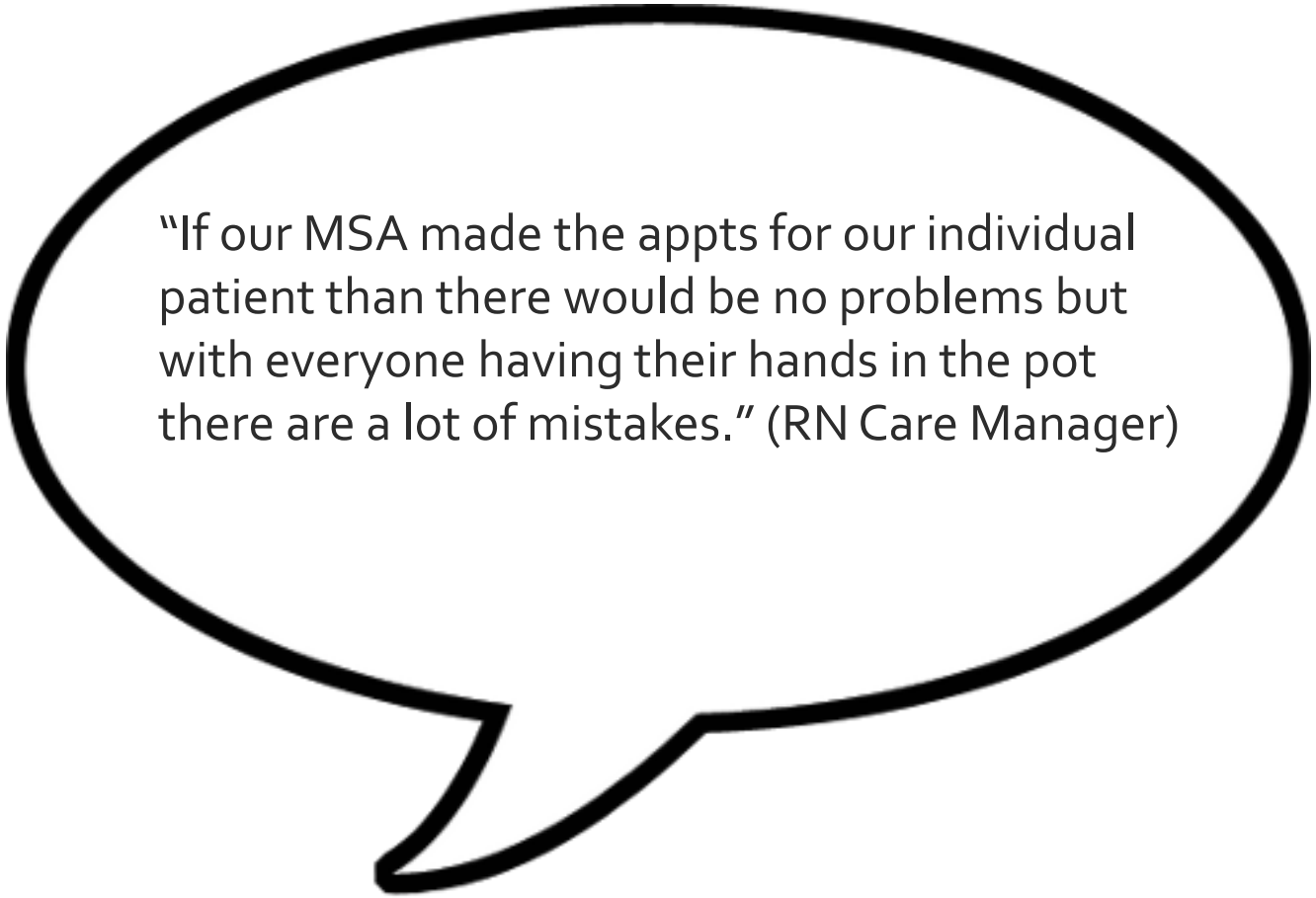
	Number of documents (n=5221)
Access (general)	3603
Access (Choice)	3988
Care management	2841
Training barriers	3823
Additional trainings	3150
Staffing_turnover	3734
Work environment	3575
Patient centeredness	1861
Leadership	1351
PACT additional comments	3008

	Number of segments (n=36521)
Access (general)	4127
Access (Choice)	4254
Care management	3310
Training barriers	3863
Additional trainings	3320
Staffing_turnover	5075
Work environment	5307
Patient centeredness	2237
Leadership	1960
PACT additional comments	3068

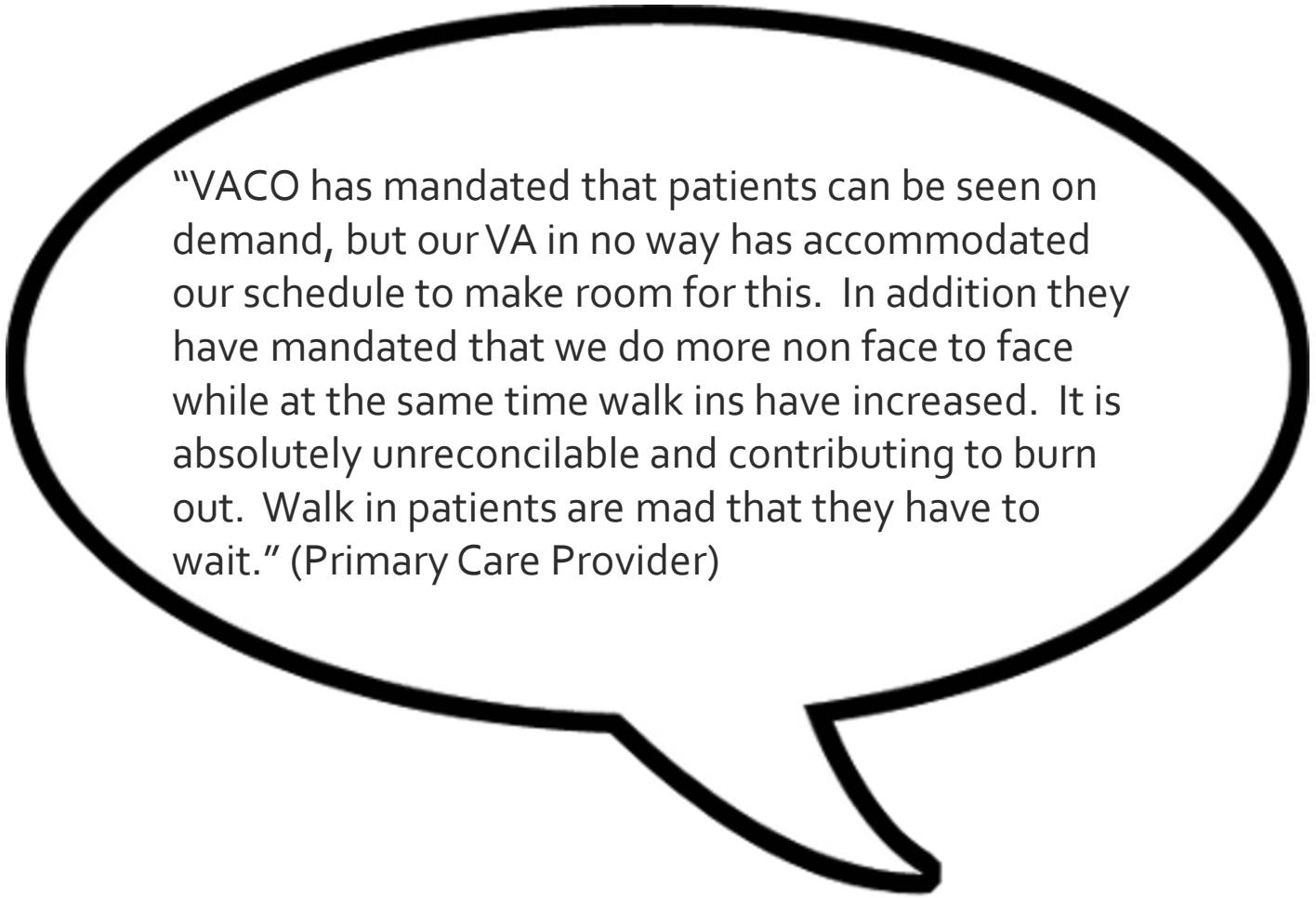
RESULTS

ACCESS - GENERAL

- VHA has broadened how and when Veterans may access their primary care teams, resulting in confusion about with whom, when, and where the Veteran should be seen.



ACCESS - GENERAL



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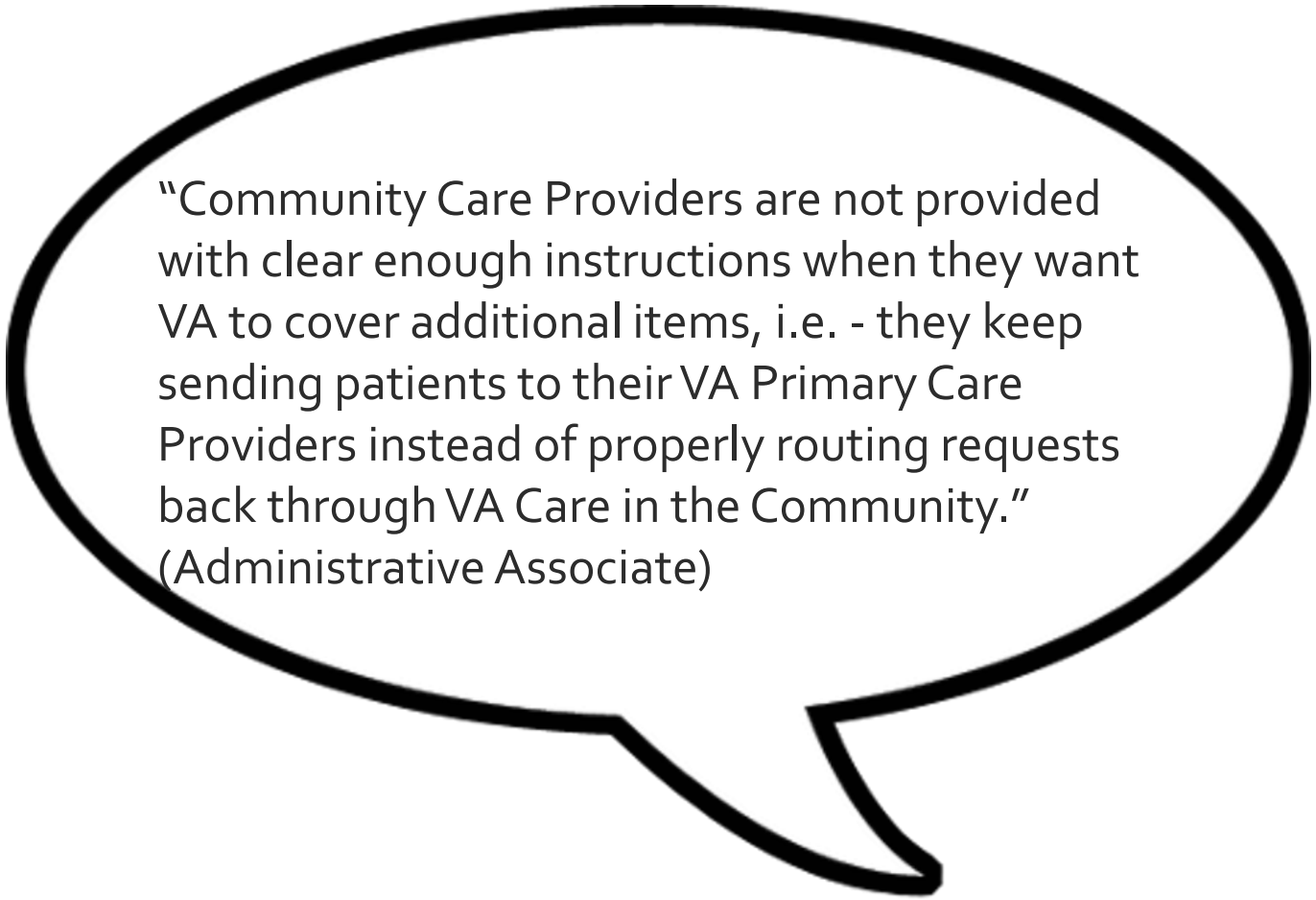
ACCESS - CHOICE

- Information sharing between VA and community providers is cumbersome for staff and patients.

ACCESS-CHOICE

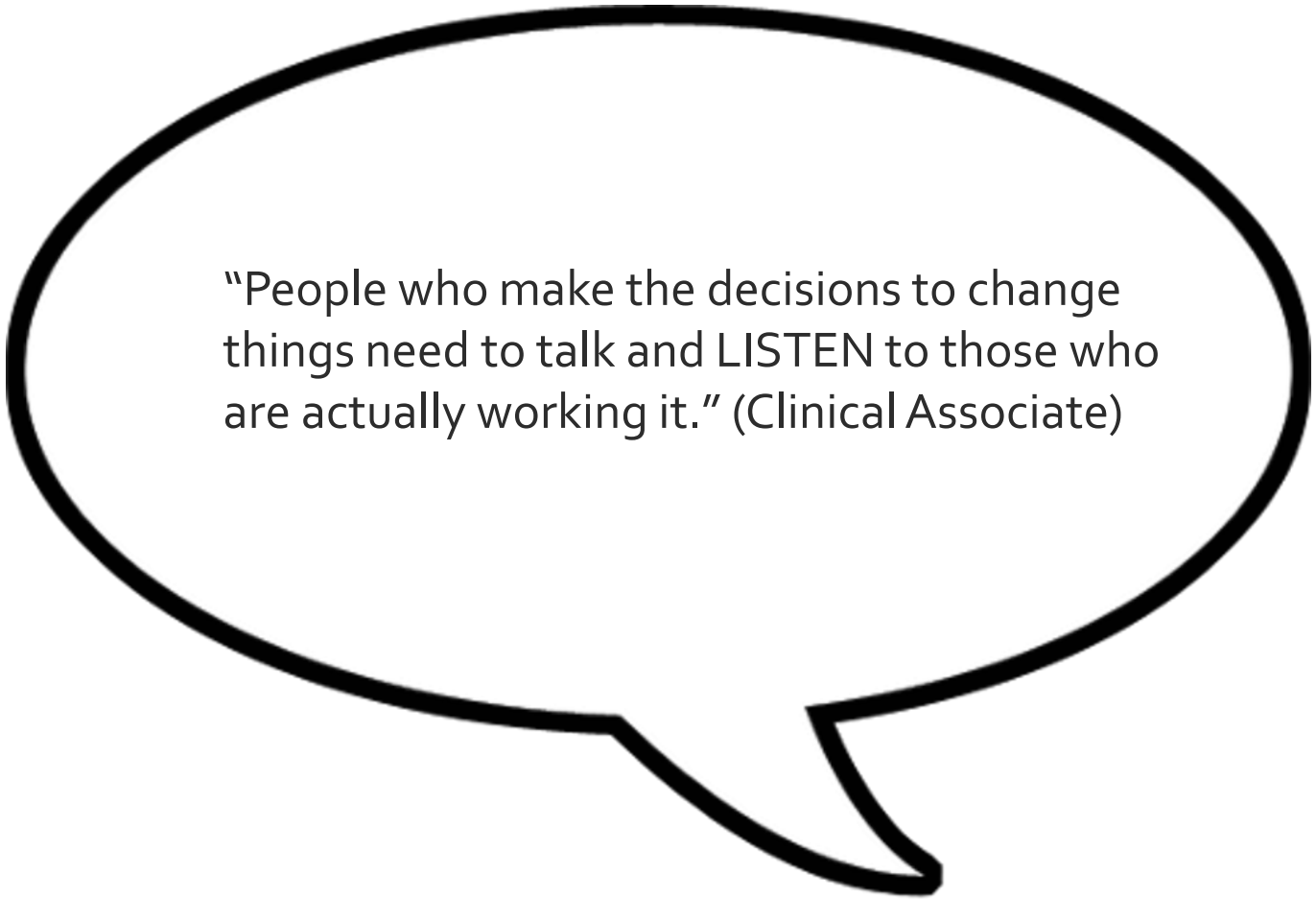


- Information sharing between VA and community providers is cumbersome for staff and patients.

LEADERSHIP-EXECUTIVE LEADERSHIP

- Leaders who were physically present at clinics were perceived as more effective, knowledgeable and caring.

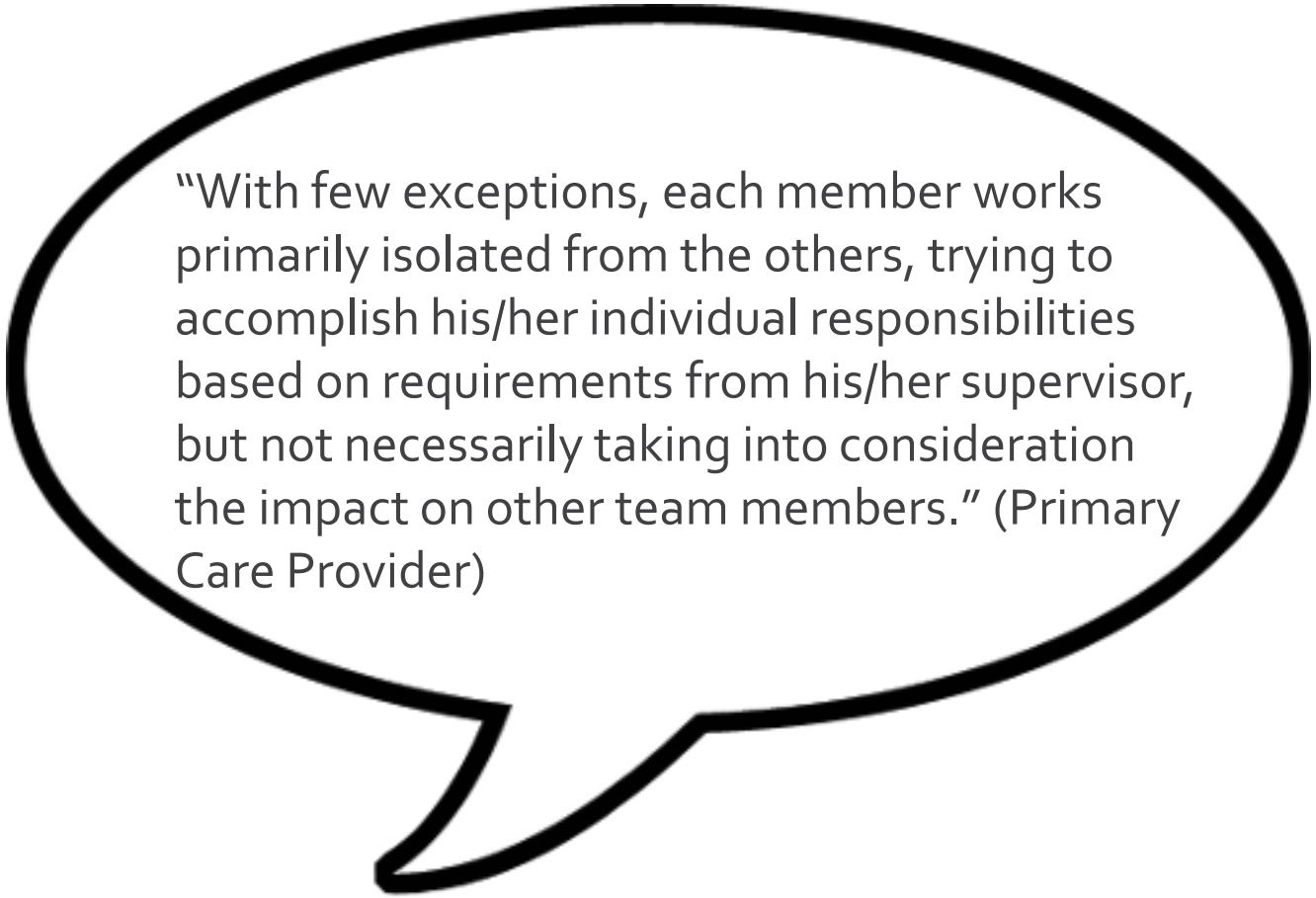
LEADERSHIP-EXECUTIVE LEADERSHIP



- PACT personnel want to be more involved in finding creative solutions to the problems they encounter day-to-day and in developing policies.

LEADERSHIP-COMPETING PRIORITIES

- PACT teams report conflicts arising from team members reporting to different leadership with different priorities.

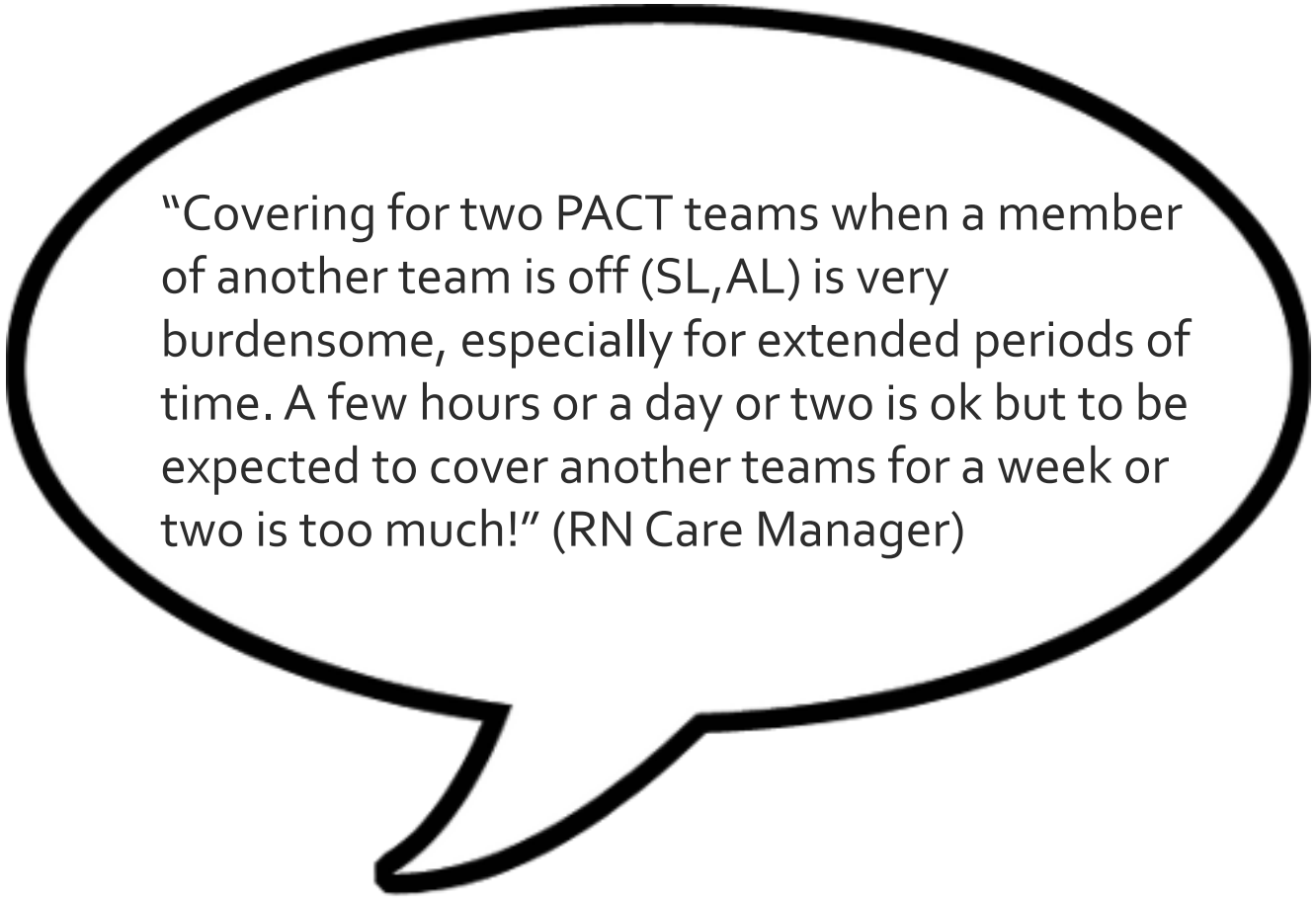


LEADERSHIP-COMPETING PRIORITIES

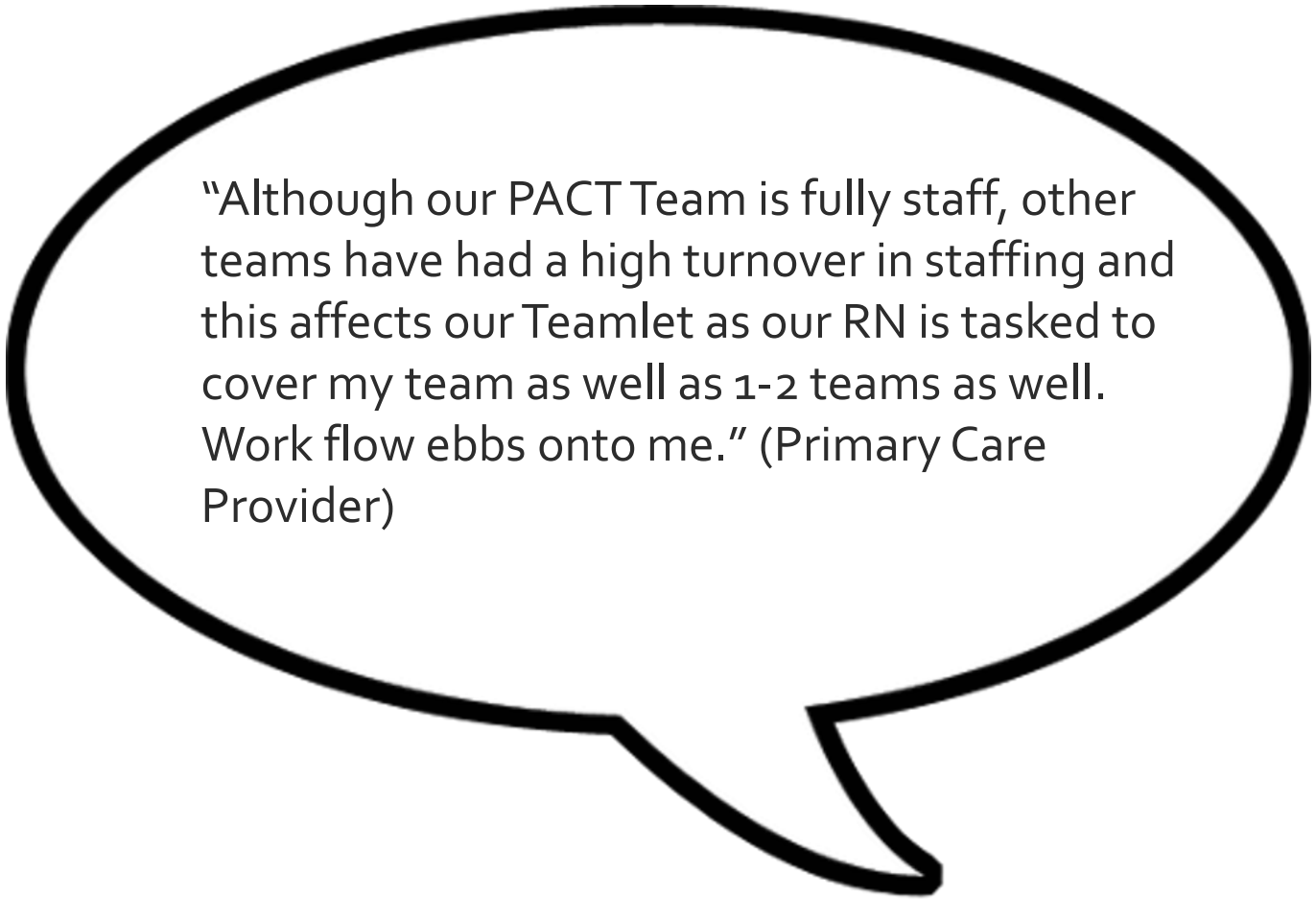
- Team members report that when directives come from the National and Regional level they don't always overlap and in some cases contradict each other.

STAFFING – TURNOVER AND COVERAGE

- Lack of appropriate role coverage for planned and unplanned absences increases the workload on remaining team members.



STAFFING- TURNOVER AND COVERAGE

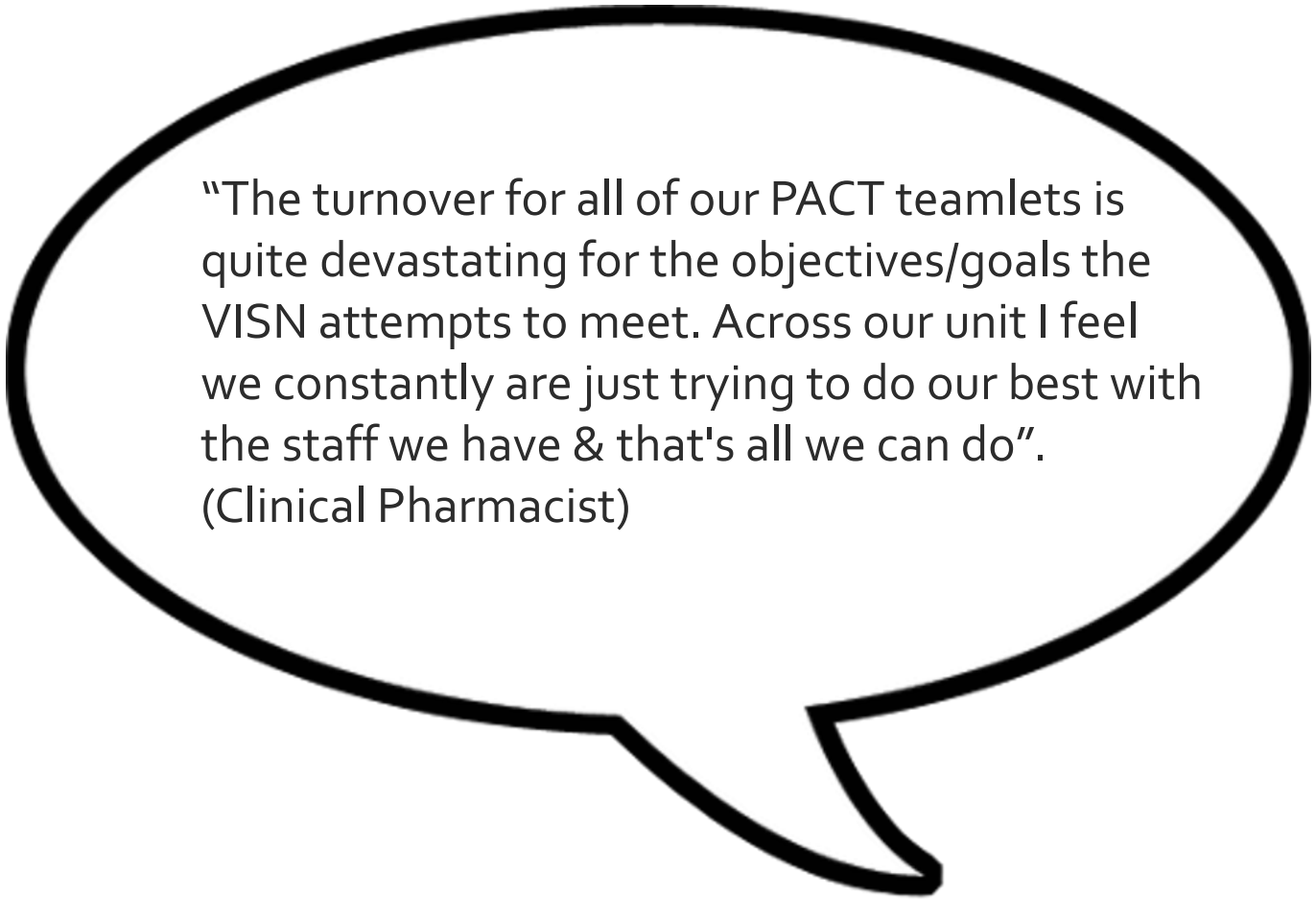


- Coverage for teams that aren't fully staffed cuts into fully staffed team's time.

STAFFING-HIRING AND METRICS

- Staff turnover and slow recruitment and hiring processes results in extended vacancies within teams and leads to burnout among remaining staff.

STAFFING-HIRING AND METRICS



- Staffing affects ability to meet metrics.

WHAT'S NEXT

- Continue Analyses
  - Work Environment
  - Care Coordination
  - Patient Centeredness
- Produce Briefs

THANKS

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QUESTIONS?

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