

# DELEGATION IN PATIENT ALIGNED CARE TEAMS

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**VISN 23**

**Patient Aligned Care Team Demonstration Lab**

**Stacy L Astrove, BS**

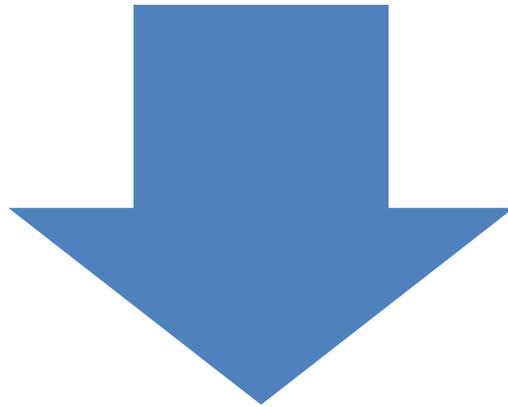
**Greg L Stewart, PhD**



# Poll Question #1

## **What is your involvement with PACT?**

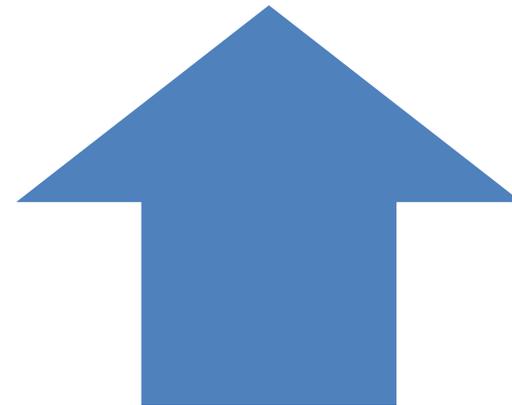
1. I am a member of a PACT teamlet
2. I am researching or evaluating PACT
3. I am an administrator implementing PACT
4. I am involved with PACT in another capacity
5. I am unfamiliar with PACT



**Leaders report  
significant stress from  
overwork**



**Subordinates  
report lack of  
empowerment to  
work to the top of  
their capacity**

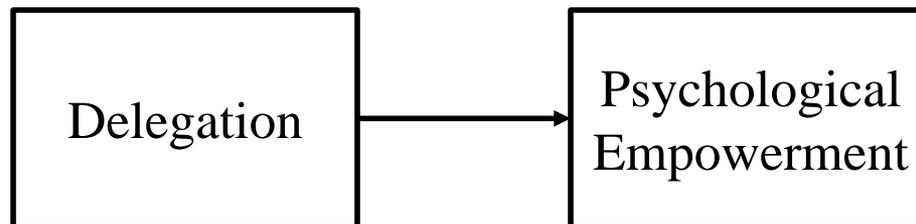


# Delegation

- Assigning tasks to subordinates
- Giving subordinates responsibility for decisions formerly handled by managers
- Increasing discretion allowed subordinates in how to do their work
- Allowing subordinates to take action without getting prior approval

# Psychological Empowerment

- Employee perceptions or beliefs that they are in control of their work
  - Self-determination
  - Competence
  - Meaning
  - Impact



Conger & Kanungo, 1988; Maynard et al., 2012; Spreitzer, 1995, 1997; Thomas & Velthouse, 19990

# Method

- Conducted 30 semi-structured telephone interviews in 2010
- Conducted 14 semi-structured follow-up interviews in 2011
- Participants examined for this study included:
  - 8 providers
  - 10 RNs
  - 5 LPNs
  - 7 administrative associates

# Method

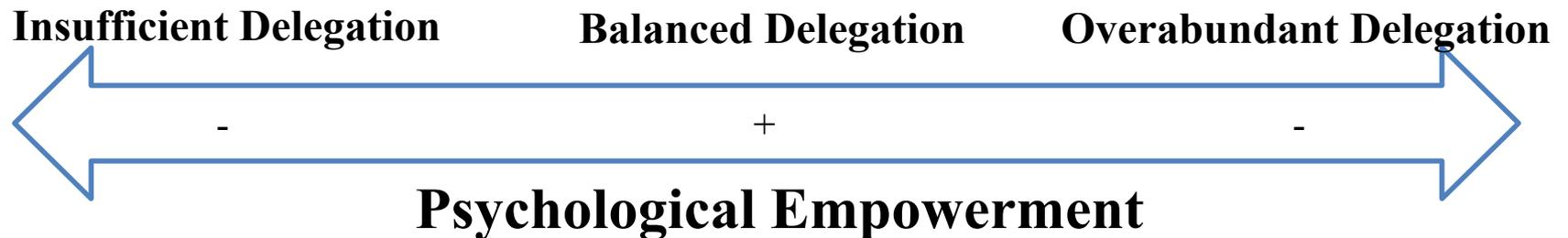
- Audio recorded
- Average length: 50 minutes
- Questions:
  - Employment history and role transformation
  - Team formation, development, and function
  - Changes in job satisfaction
  - Leadership
  - Implementation and dissemination

# Data Analysis and Coding

- Theoretical memos
- Identified themes relating to delegation and empowerment
- Pattern coding focused on delegation and empowerment

# Results

- Delegation enacted along a continuum
- Insufficient and overabundant delegation detrimental to psychological empowerment



# Insufficient Delegation

“He’s still pretty much directing the show as far as who does what.” – LPN B

“We have a lot of talent... It’s just not being utilized... Why are you going to hire someone that has 37 years of experience and then get all upset at them because they take it and run with it?” – RN D

# Balanced Delegation

“I’ll do an assessment. I’ll get their vital signs. I’ll see how they’re doing you know, which is certainly a lot more creative than just giving a shot... So I’m doing a lot more.” – RN A

“Being able to get beyond the confines of just providing medicine by policy we are able to do a lot more things that we’d like to do and that are really patient-centered that are really effective...” – LPN A

# Overabundant Delegation

“The nurses are concerned that our duties are never-ending and that they are still continuing to want to add more. Quite a few feel they couldn’t do it effectively because of everything we have to do now. I think that goes back to being spread across so many different duties that if we had fewer duties that we could spend more time. We’d be more confident in those.” – RN G

“We just love the patients, we just do. We see that as our first and foremost wonderful thing. What makes the whole day is interaction. But we’re finding a disconnect with what’s really happening... Now we’re finding that we’re being burdened with other responsibilities... So I think that’s our biggest frustration.” – RN E

## Insufficient Delegation

**Self-determination**  
Hierarchy

**Competence**  
Distrust  
Inability to work to top of capacity

**Meaning**  
Inability to interact with patients

**Impact**  
Underutilized skills

## Balanced Delegation

**Self-determination**  
Control over own work

**Competence**  
Leader confidence in skills  
Adequate resources

**Meaning**  
Patient-centered work

**Impact**  
Ability to make difference in patient-care

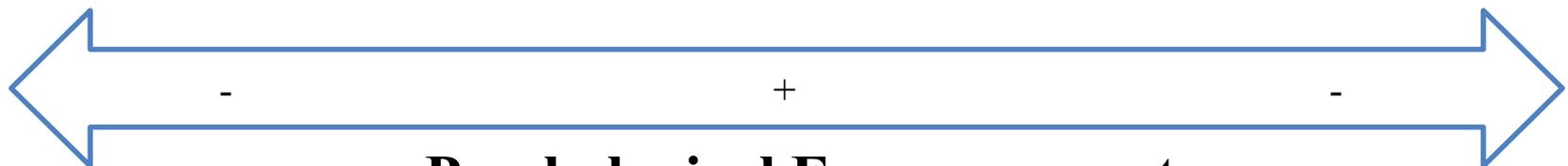
## Overabundant Delegation

**Self-determination**  
Constant interruptions or micromanaging

**Competence**  
Workload inhibiting ability to do quality work

**Meaning**  
Work moving away from patient care and focusing on "homework"

**Impact**  
Fear of mistakes



**Psychological Empowerment**

# Practical Recommendations

- Recognize that delegation errors can be made in both directions
- Erring in either direction will harm psychological empowerment
- Psychological empowerment is key to effective PACT implementation
- Training is needed to help PACT leaders more effectively delegate

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# Disclaimer

*The views expressed in this presentation are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the United States government.*



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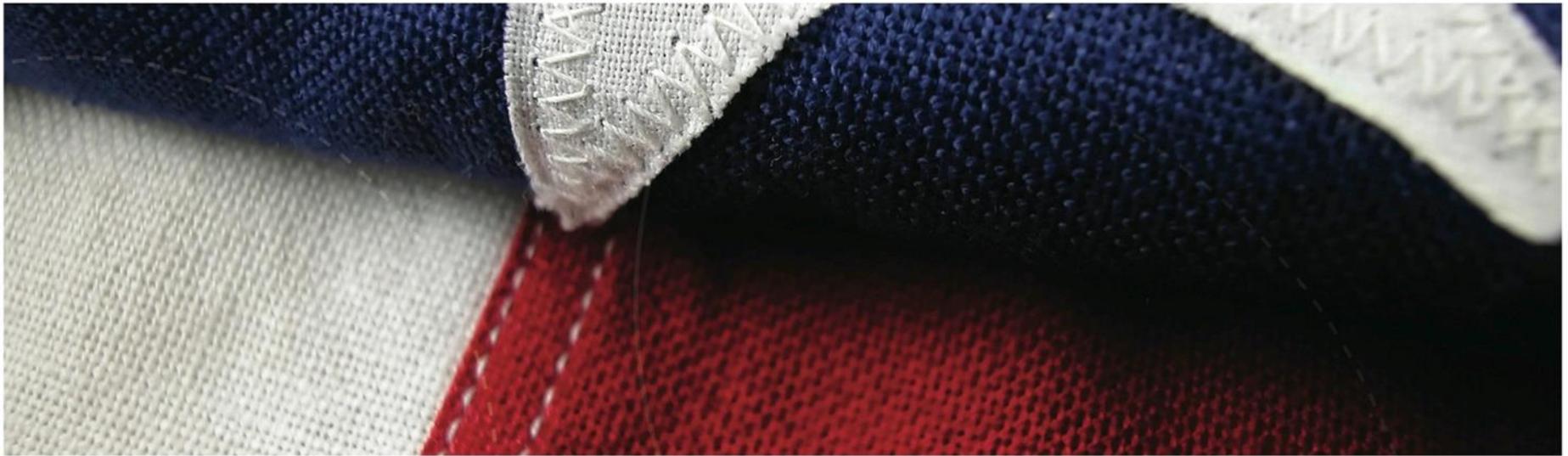
# Additional references

For the 9-item MBI:

Leiter M, Shaughnessy K (2006). The areas of worklife model of burnout: tests of mediation relationships. *Ergonomia Int J*, 28, 327–41.

*For the increase in PCP turnover since PACT:*

Sylling, P. W., Wong, E. S., Liu, C. F., Hernandez, S. E., Batten, A. J., Helfrich, C. D., ... & Hebert, P. L. (2014). Patient-Centered Medical Home Implementation and Primary Care Provider Turnover. *Medical care*, 52(12), 1017-1022.



# Patient Aligned Care Team (PACT) Primary Care Personnel Survey: Team functioning changes from 2012 to 2014

Christian D. Helfrich, MPH, PhD

VA Patient Aligned Care Team (PACT) Demonstration Laboratory Coordinating Center  
Research Assistant Professor, University of Washington, Department of Health Services

# Background

- 2010, Veterans Health Administration launched Patient-Aligned Care Team (PACT) initiative
  - Medical home model in >900 primary care clinics
- May 2012 and September 2014 survey fielded to all VA Primary Care personnel
- Goal to assess extent that has PACT been implemented; factors fostering or hindering PACT; effect on employees.

## Other Team Members

**Clinical Pharmacy Specialist** ± 3 panels

**Social Work:** ± 2 panels

**Trainees**

## Integrated Behavioral Health

Psychologist ± 3 panels

Social Worker ± 5 panels

Care Manager ± 5 panels

Psychiatrist ± 10 panels

### Team:

Assigned to 1 panel (±1200 patients)

**Provider: 1 FTE**

**RN Care Manager: 1 FTE**

**Clinical Associate (LPN, Medical Assistant): 1 FTE**

**Clerk: 1 FTE**

**Patient**

**Caregiver**

**Team-Based Care**

# Methods

- Web-based survey
- E-mail link from national leadership via local leadership:
  - In 2012, to Primary Care, Nursing, Mental Health, Pharmacy, Social Work, Nutrition
  - In 2014, just Primary Care
- Data collected
  - May 21 – June 29, 2012
  - August 4 – September 1, 2014

# Results

- Respondents: 4 PACT occupations
  - 2012: 5,404
  - 2014: 4,890
- Approximately 22% response rate

# Respondent demographics for PACT survey

		<b>2012 (n=5,404)</b>	<b>2014 (n=4,890)</b>
Age	30-49 years	46%	N/A
	>= 50 years	51%	N/A
Tenure with VA	5-10 years	22%	25%
	> 10 years	37%	32%
Supervisory responsibilities		41%	N/A

# Assigned to multiple PACT teamlets?

	<b>2012</b>	<b>2014</b>	<b>mean/ median*</b>
Provider	18%	14%	3.2 / 2
Nurse Care Manager	40%	29%	3.1 / 2
Clinical Associate	39%	40%	3.4 / 3
Admin. Associate	54%	43%	3.0 / 2
Total	33%	27%	3.2 / 2

\*In 2014, respondents also reported the number of PACT teamlets they were on if they were on multiple teamlets.

# On a PACT teamlet staffed to 3:1 ratio?

	<b>2012</b>	<b>2014</b>
Provider	44%	58%
Nurse Care Manager	48%	65%
Clinical Associate	58%	68%
Administrative Associate	61%	78%
Total	50%	65%

# Changes in staff on your PACT teamlet in past 12 months? (2014 data only)

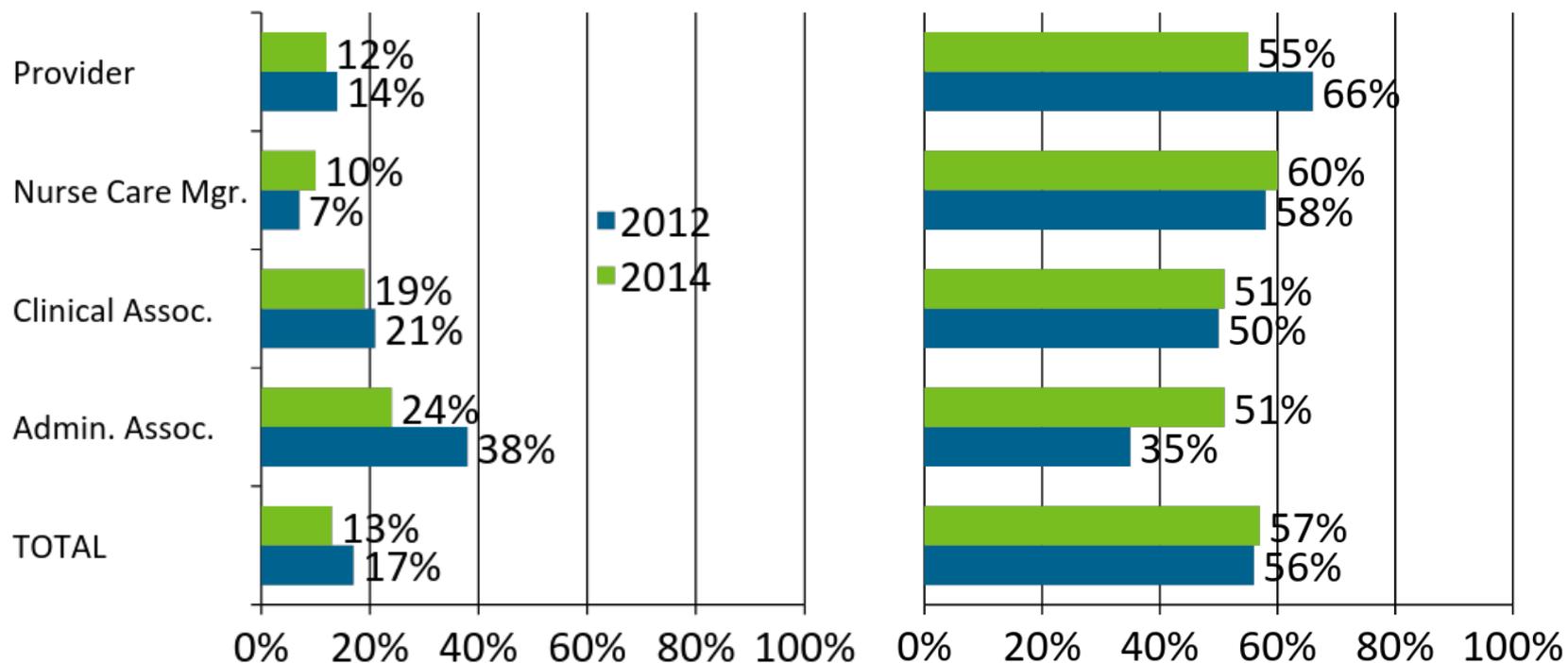
Respondent role	Teamlet role where staff have changed in past 12 months					<b>Any change</b>
	<b>PCP</b>	<b>RN</b>	<b>Clinical Assoc.</b>	<b>Admin. Assoc.</b>	<b>Not specified</b>	
Provider	33%	41%	44%	41%	15%	62%
Nurse Care Mgr.	40%	39%	41%	37%	16%	61%
Clinical Assoc.	36%	40%	49%	42%	15%	62%
Admin. Assoc.	41%	43%	35%	38%	18%	57%

Respondents could choose multiple PACT roles affected

# Use of daily teamlet huddles?\*

**Do Not Huddle**

**Spend between 6-30 minutes in huddles**



\*In 2012, respondents asked how many hours in a typical day spent on activities, including Meeting with your teamlet/clinic team to discuss patient care? (e.g., huddles)

# Delegation

Significant increase in PCPs saying they rely on their staff “a great deal” for

- Receiving messages from patients: 61-75%
- Resolving messages from patients: 46-59%
- Responding to prescription refill requests: 41-49%
- Educating patients about disease-specific self-care: 34-40%
- Encouraging lifestyle modifications: 35-41%
- Assessing patient lifestyle factors: 38-44%
- Screening patients for disease: 51-58%
- Gathering patient preventive services utilization history: 45-57%

Significant decrease in Nurse Care Managers saying their team relies upon them for:

- Assessing patient lifestyle factors: 66-60%
- Screening patients for disease: 56-39%
- Gathering patient preventive services utilization history: 47-33%

## Poll Question #2

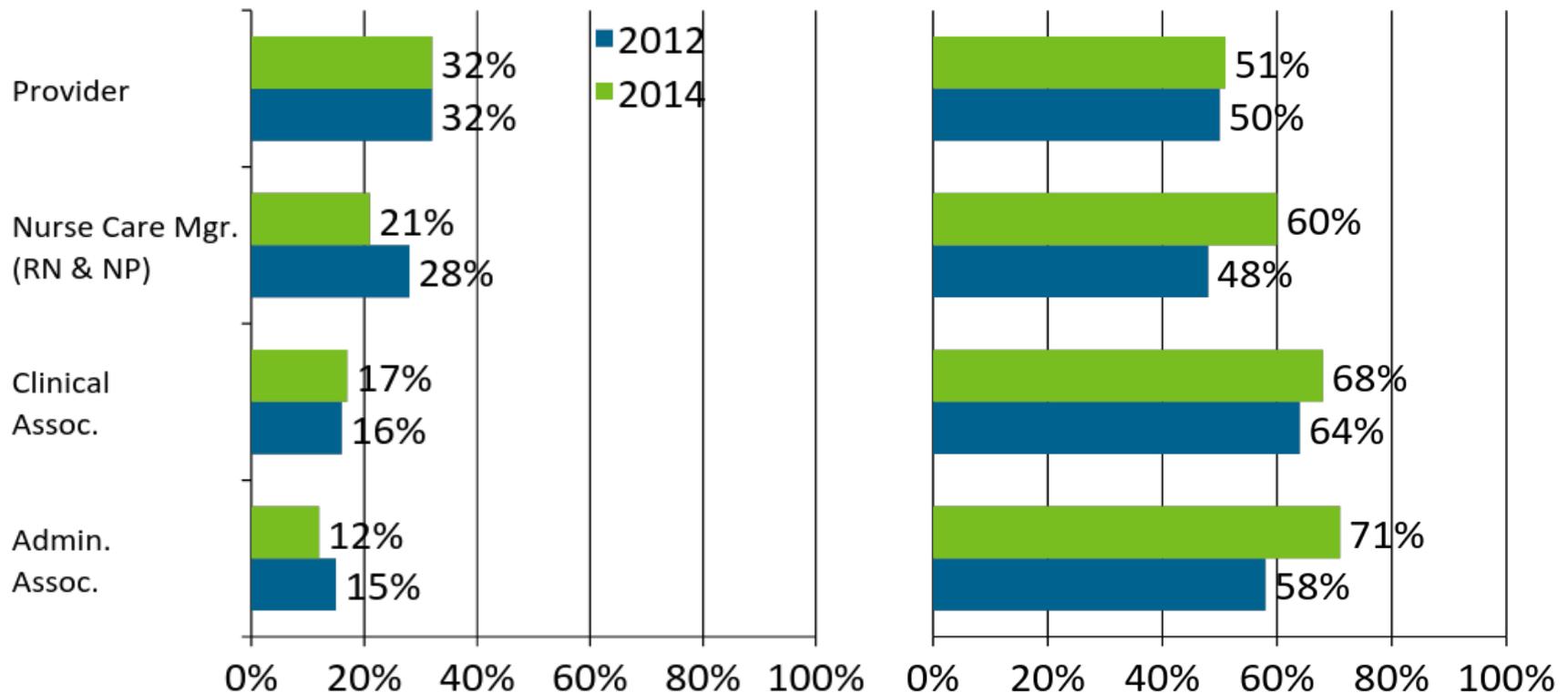
**What percentage of the time do you spend on work that only someone with your training can do?**

1. < 25%
2. 26% - 50%
3. 51% - 75%
4. > 75%

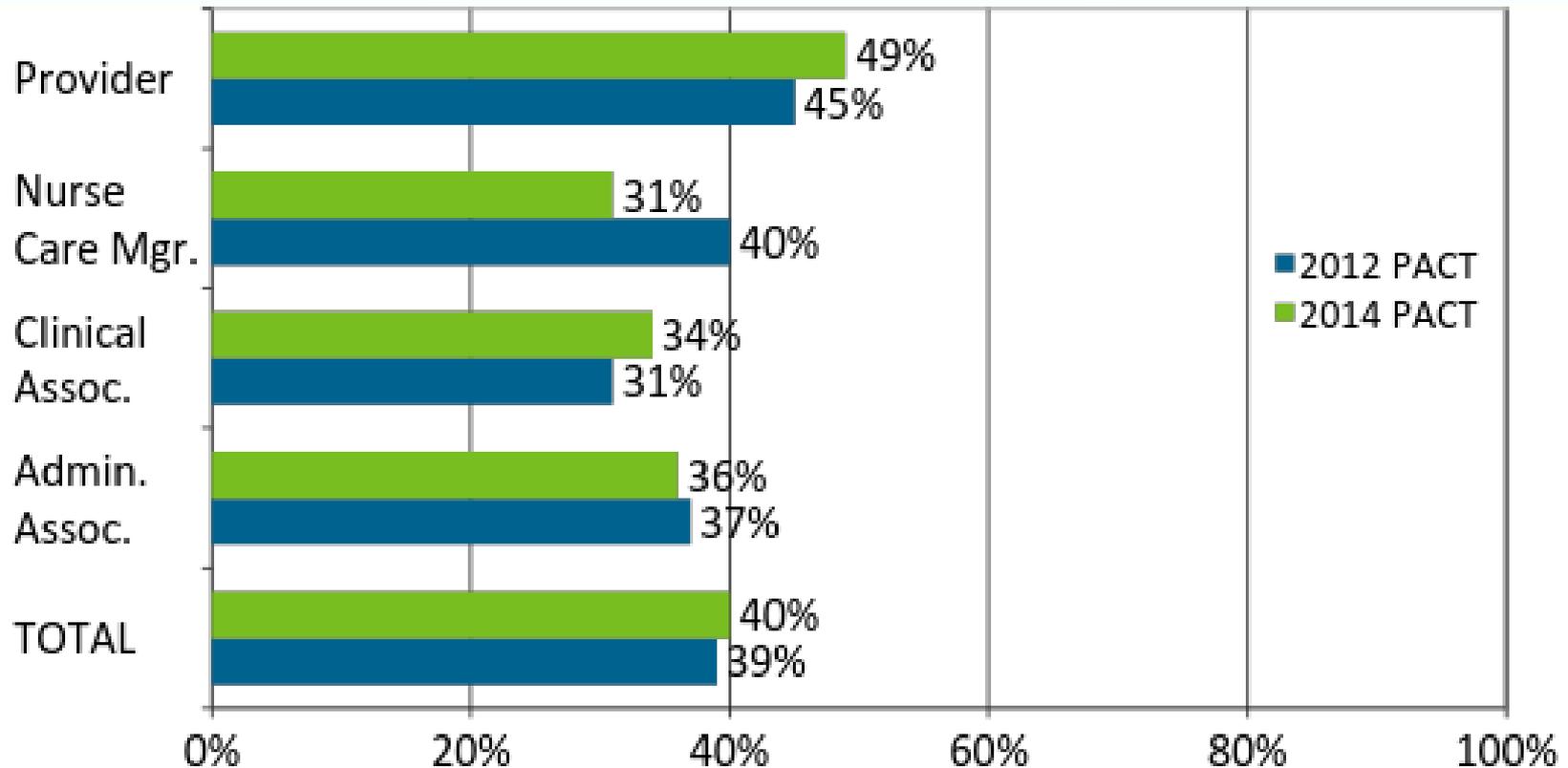
# Time spent each week on work that is well-matched with training n (%)

50 – 74%

≥ 75%



# Percentage of respondents screening positive for workplace burnout



# Key take-aways

- More PACT teamlets fully staffed (3:1 ratio)
  - Approximately  $\frac{2}{3}$  of respondents reported change in team in past 12 months
- Significant increase in PCPs saying they rely on their staff “a great deal”
- Significant decrease in Nurse Care Managers saying their team relies upon them
- Significant increase in NCMs, Clinical Associates & Admin Associates reporting they spent over 75% of their time each week on work that was well matched with their training.
  - PCPs unchanged
- Burnout prevalence increased significantly for PCPS: 45% to 49%

# Thoughts? Questions? Suggestions?

We welcome your input now and later:  
Christian.Helfrich@VA.gov, (206) 277-1655