

Exploring the Effects of Membership Change Event Characteristics in PACT Teamlets

Cody Reeves

Veterans Health Administration
VISN 23 Demonstration Lab
Brigham Young University

Greg Stewart, Eean Crawford, Stacy Astrove, &
Samantha Solimeo

Veterans Health Administration
VISN 23 Demonstration Lab
University of Iowa



Poll Question #1

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



PACT Teamlet Context

- Team-based health care delivery led by physician
- Organized around patient panel (± 1200 patients)
- Four core roles



Provider



RN



Clin
Assoc



Admin
Assoc

PACT Teamlet Turnover

- Roughly 60% of PACT teamlet respondents reported at least one staffing change during the prior 12 months
- Reported Changes by Role (range)
 - PCP: 33-41%
 - RN: 39-43%
 - Clinical Assoc: 35-49%
 - Admin Assoc: 37-42%

Helfrich, Christian D. (2015, June 17). Patient Aligned Care Team (PACT) Primary Care Personnel Survey: Team functioning changes from 2012 to 2014 [Webinar]. In *Health Services Research & Development Cyber Seminars*. Retrieved from http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1003



VA Turnover in the News

- “The [Government Accountability Office] has also cited employee turnover as a factor in delayed care.”
 - Andrew Blankstein, NBC News, May 9, 2014
- “Turnover at [VA] hospitals and clinics is rampant.”
 - Joanna Allhands, AZCentral, May 13, 2014
- “...[H]igh turnover is a major problem.”
 - Richard A. Oppel Jr. & Abby Goodnough, New York Times, May 29, 2014



Why is Turnover Disruptive?

- Some skills are team-specific
- Integrating newcomers requires effort
 - Socializing newcomers
 - Compensating for inexperience
 - Reconfiguring workflows



Nyberg, A. J. & Ployhart, R. E. (2013). Context-emergent turnover (CET) theory: A theory of collective turnover. *Academy of Management Review*, 38(1), 109-131.
Hausknecht, J. P. & Holwerda, J. A. (2013). When does employee turnover matter? Dynamic member configurations, productive capacity, and collective performance. *Organization Science*, 24(1), 210-225.

When is Turnover Most Disruptive?

- The number of events
 - More departures → Greater disruption
- The role affected by change
 - Role with more decision-making authority → Greater disruption?
 - Role with more task involvement → Greater disruption?
- The shared experience of those who remain
 - Greater shared experience → Greater disruption
 - Curvilinear?



Method

- Archival Data Analysis
 - Team Assignment Reports from Sept 2013 – Oct 2014
 - Team composition over time
 - PACT Compass
 - Team Performance Measures (Continuity)



Sample

- 253 primary care VA medical teams
 - Existed for six months pre/post membership change
 - Identical team structure (e.g., number of members, roles filled)
 - Replacement of departing members within a single performance period



Change Events at a Glance

Quantity

# Events per Team	# Teams
1	140
2	80
3	33

Role

Role	# Events
RN	134
Clin Assoc	108
Admin Assoc	157



Measures

- Event Quantity
 - Recent change count (6 months)
- Changed Roles
 - Dummy-coded roles (RN, Clin Assoc, Admin Assoc)
- Shared Team Experience
 - Dyadic shared experience of continuing members averaged to team level
- Dependent Variable
 - Continuity: Number of patient encounters with assigned team / all patient encounters



Poll Question #2

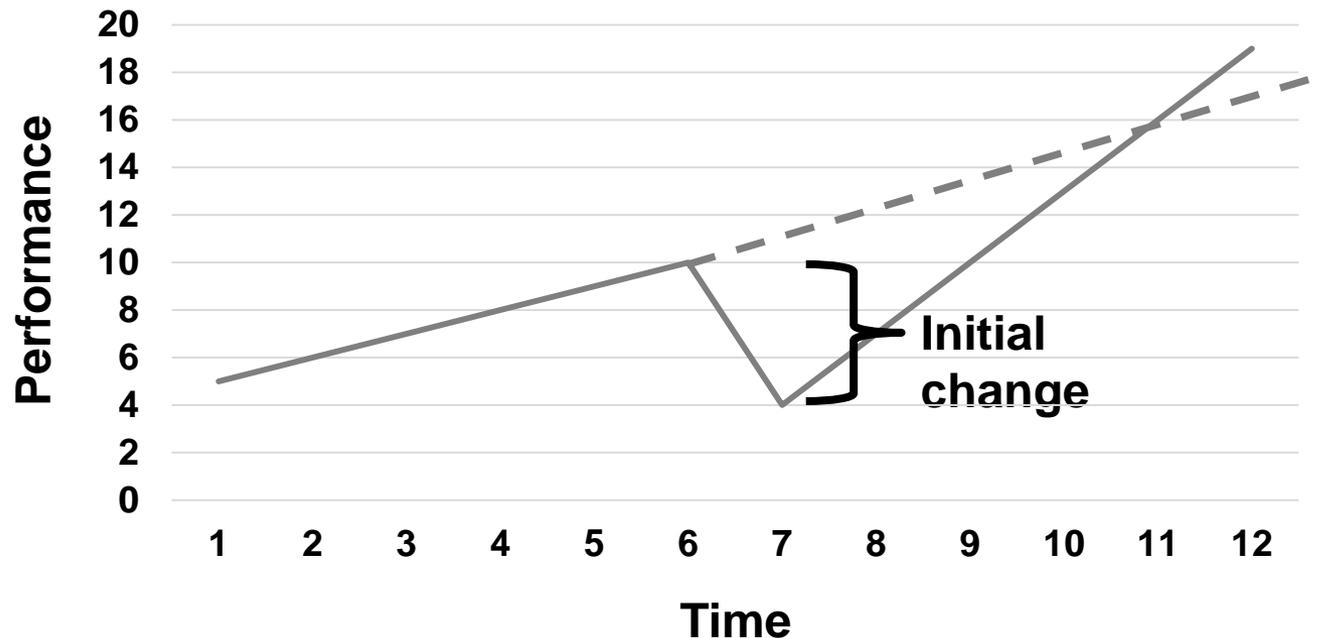
- Membership change occurs in each of the PACT teamlet roles. Which role change would you guess is most disruptive to team performance (Continuity)?
 - Nurse Care Manager
 - Clinical Associate
 - Administrative Associate



Method

- Discontinuous growth modeling

Example

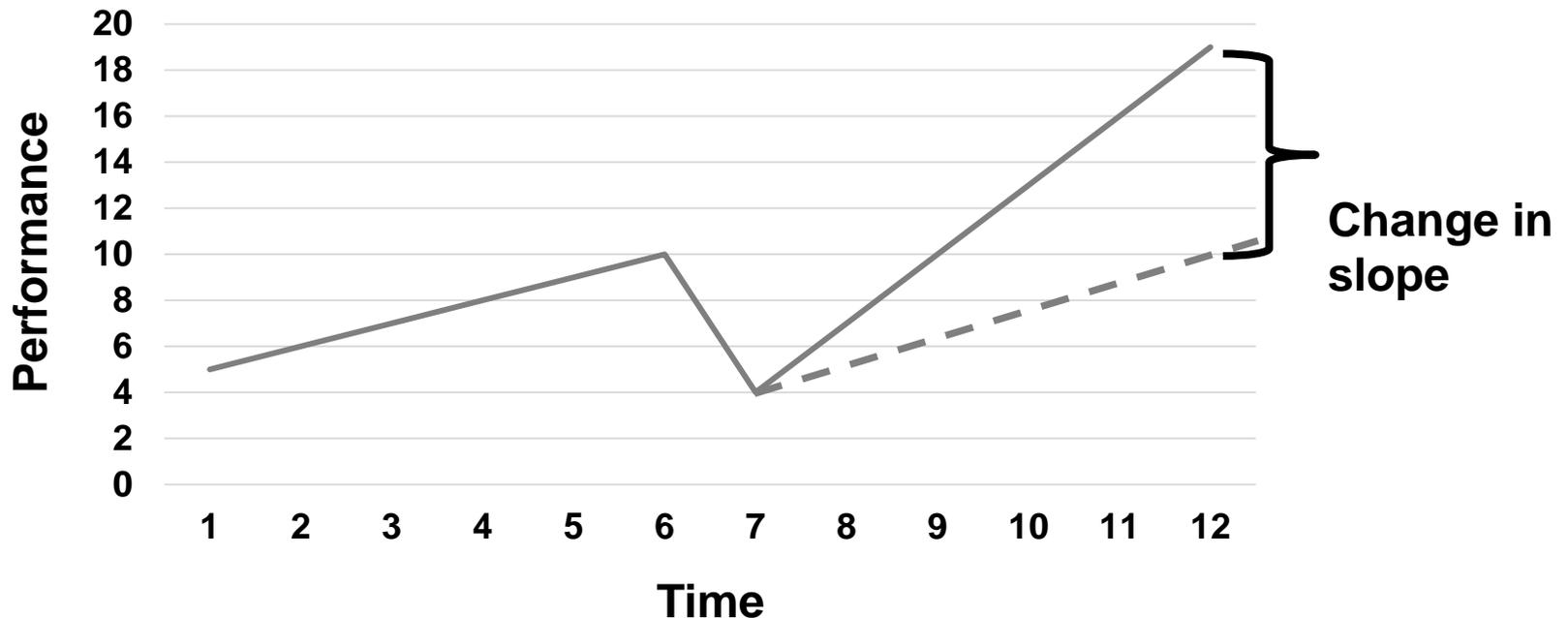


Singer, J. D., & Willett, J. B. (2003). *Applied longitudinal data analysis: Modeling change and event occurrence*. New York: Oxford University Press.

Method

- Discontinuous growth modeling

Example



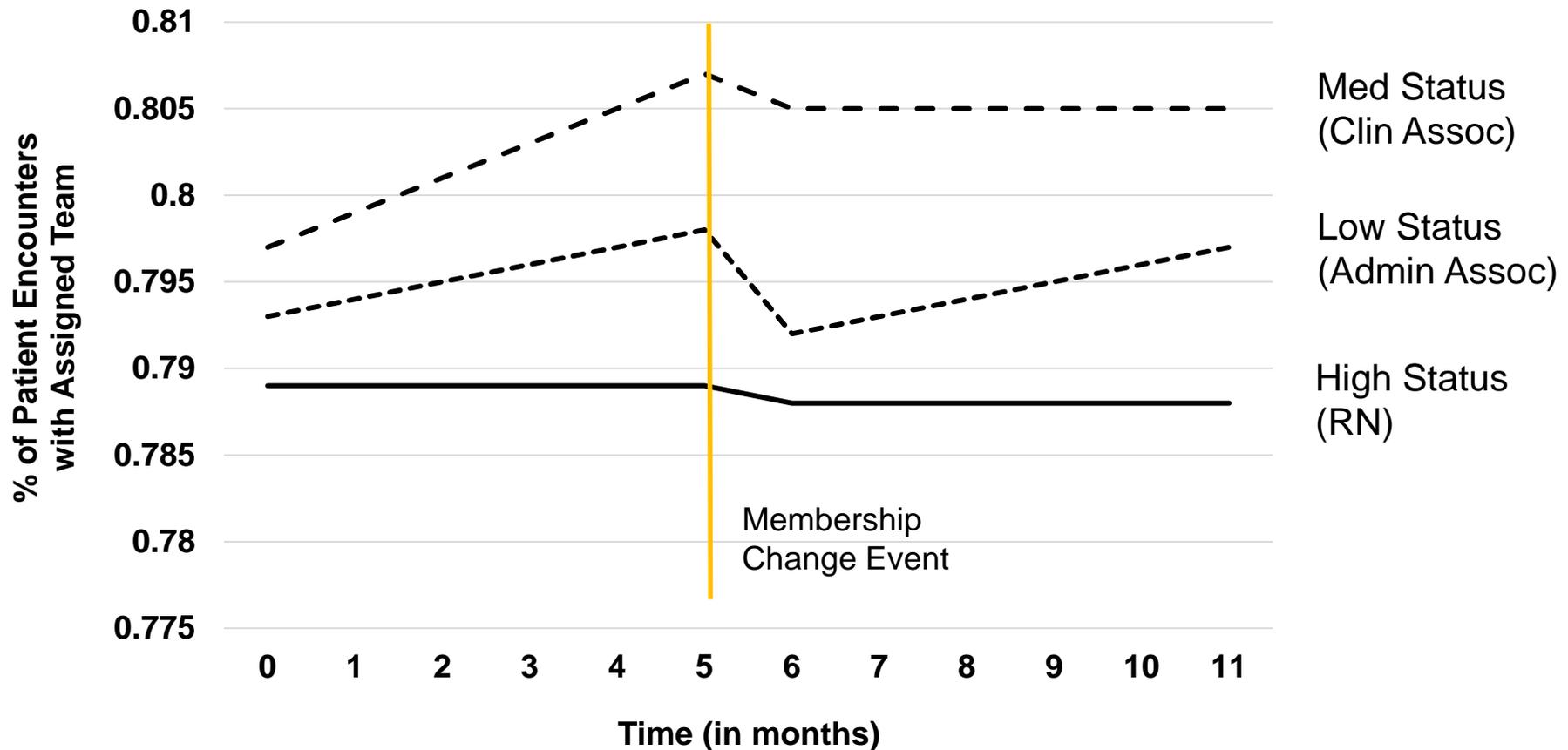
Singer, J. D., & Willett, J. B. (2003). *Applied longitudinal data analysis: Modeling change and event occurrence*. New York: Oxford University Press.

Event Quantity

- No significant results



Role Status

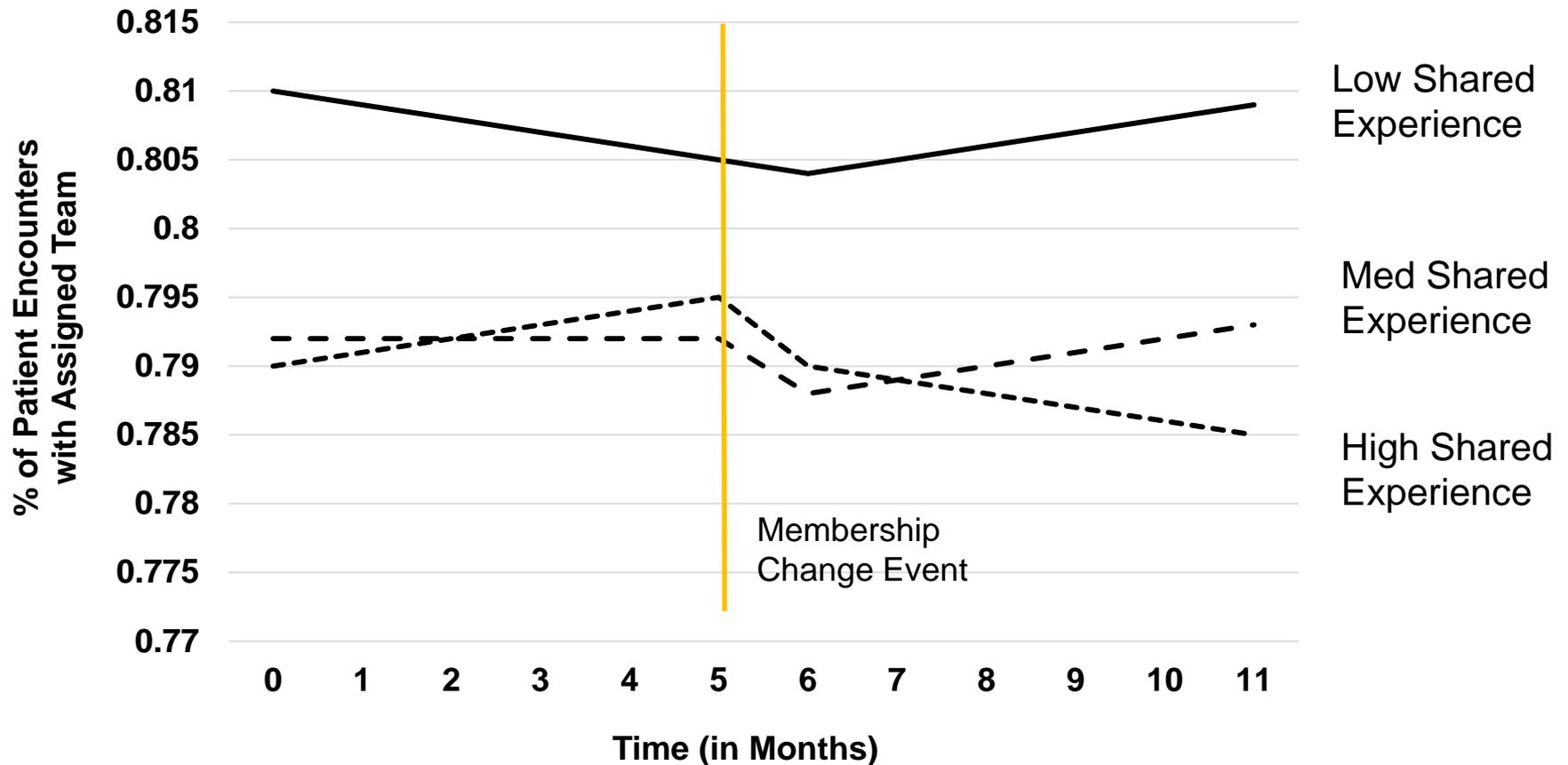


Possible Explanations

- Clinical and Administrative Associates are key drivers of teamlet workflow
- Greater variety in skill level upon arrival
- Greater *expectations* of variety in skill level upon arrival



Shared Experience



Possible Explanations

- Team members become so engrained in habit that they fail to recognize the need for change



Summary

- Turnover is disruptive
- Who changes appears to be more important than simply the number of changes that occur
- High levels of Shared Experience among continuing team members can hinder post-change adaptation



Future Directions

- What if replacement is not immediate?
- How do PACT teamlets compare to non-PACT teamlets?
- What impact does the type of departure (voluntary vs involuntary) have?



Thank You!

Cody Reeves
codyjreeves@byu.edu



A Path to Enhance Resilience of PACT Teams

Carole Warde, MD

Resilience Steering Committee

VISN 22: Veterans Assessment and
Improvement Laboratory

What is the level of Burnout in your local PACT clinics?

1. None
2. 10-25%
3. 26-50%
4. >50%

Do you think it is possible to improve PACT
burnout rates in your local clinics?

1. Absolutely YES
2. Probably
3. NO
4. Not sure

Background

- Transitioning VA primary care clinics to PACT has required major changes in work expectations, roles and responsibilities for front line care teams.
- Change fatigue, decreased job satisfaction, burnout, staff turnover can result and may affect quality of care.
- Resilience is the ability to thrive during ongoing change
- Factors that may foster resilience are:
 - Control of job duties
 - Decreased time pressure
 - Supportive team relationships
 - Protected time for reflection
 - Minimized workplace chaos

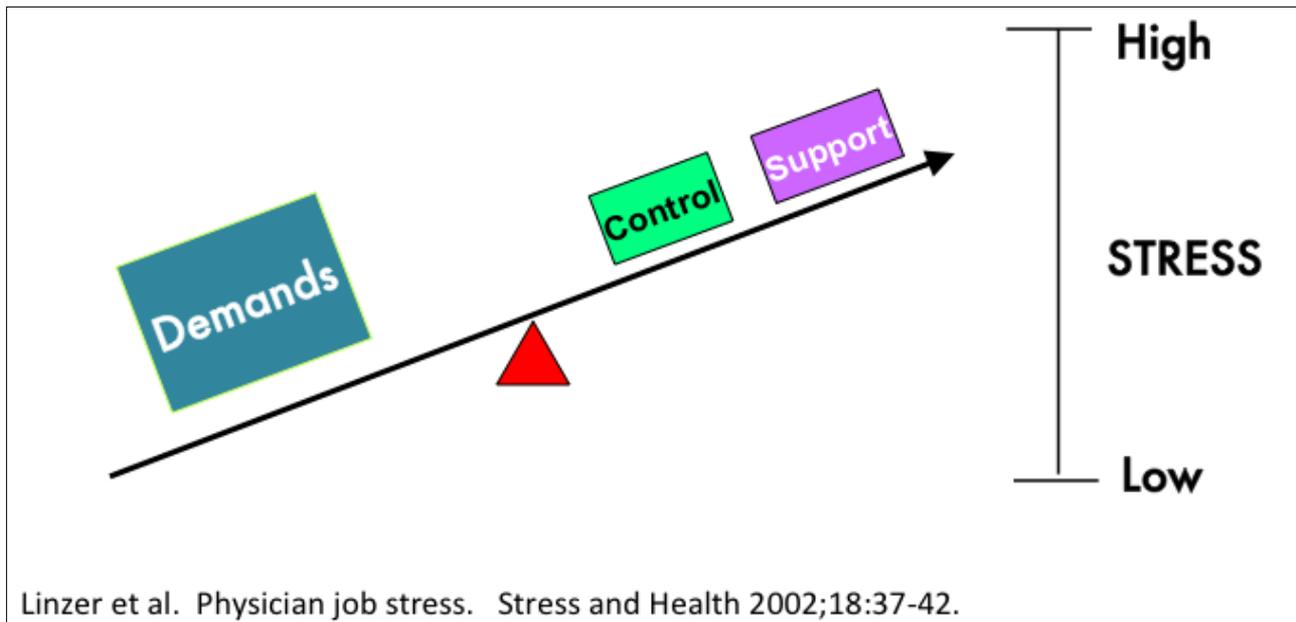
Problem

To address PACT team resilience, we initiated a year-long quality improvement (QI) innovation with 3 goals:

1. **Implement a model and method** to measure and improve PACT team resilience
2. **Identify strategies** to decrease workplace stress and burnout
3. **Share lessons** from our efforts to promote PACT team resilience at other VA sites

Plan

- **SETTING:** A VA CBOC with 12 PACT teamlets
- **AIM:** Improve PACT team work satisfaction, stress and burnout
- **WORK STRESS MODEL:** A framework to categorize factors related to PACT team resilience



Plan: A 6-Step Improvement Process

1. **Create a Resiliency Steering Committee (RSC):** A team of representatives from each PACT team discipline and a facilitator led the innovation
2. **Conduct a Needs Assessment:** Adapted the Mini-Z Clinician Worklife Survey (Linzer) and RSC identified success, challenges, solutions.
3. **Conduct a Kick-Off Event:** A 2-hour session for PACT staff and leaders to discuss w results, solutions, and improvements
4. **Initiate QI Initiatives:** Each quarter new improvements were implemented and others continued.
5. **Monthly PACT Team Resilience Meetings:** To support teams, present QI results, foster communication, share stories. These were cancelled after the first one due to the Access Crisis.
6. **Assess Improvement Quarterly:** Feedback on improvements.

TIME	Baseline N = 52-54	Quarter 1 N = 41-42	Quarter 2 N = 30	Quarter 3 N = 33	Quarter 4 N = 21-23
INTERVENTIONS		<ul style="list-style-type: none"> • Same Day (SD) Teamlet • Ed. Time • Protected Clerk Admin Time • Suggestion Boxes • Team Educ. 	<ul style="list-style-type: none"> • CANCELLED: • SD Teamlet • Ed. Time • ⬆ WORKLOAD • Protected Clerk Admin time • Suggestion Boxes • Coffee Cart • Newsletters 	<ul style="list-style-type: none"> • REINSTITUTED: • SD Teamlet • Protected Clerk Admin Time • Suggestion Boxes • Coffee Cart • Newsletters • Nursing QI Process • PCP Feedback from RNs 	<ul style="list-style-type: none"> • SD Teamlet • Protected Clerk Admin Time • Suggestion Boxes • Coffee Cart • Newsletters • Nurse Meetings
% OUTCOMES					
<ul style="list-style-type: none"> • High Job Sat. 	46	60	67	58	76
<ul style="list-style-type: none"> • High Job Stress 	63	54	67	58	39
<ul style="list-style-type: none"> • High Burnout 	57	25	47 (P < 0.01)	41	48 (P < 0.05)
% HIGH CONTROL					
<ul style="list-style-type: none"> • Workload 	40	29	50	45	48
<ul style="list-style-type: none"> • Interruptions 	24	50	30 (P = 0.05)	44	65 (P < 0.01)
<ul style="list-style-type: none"> • Pace 	56	50	69	81	65
% HIGH TEAM SUPPORT					
<ul style="list-style-type: none"> • Team Efficiency 	85	78	93	94	87
<ul style="list-style-type: none"> • Rely on Others 	44	36	47	41	52
% HIGH LDR. SUPPORT					
<ul style="list-style-type: none"> • Values Alignment 	30	38	27	35	61
<ul style="list-style-type: none"> • Enjoy Workplace 	14	24	31	25	39
<ul style="list-style-type: none"> • Growth possible 	18	24	24	22	22
% WORK ENV.					
<ul style="list-style-type: none"> • Chaotic 	40	36	43	34	30

PACT Teamlet Member Comments

Quarter 1: *“What is resilience?” “Administration is actively working to undermine PACT.” “Hire more clerks and LVNs.” “To much of what we do is data-driven and it does not reflect the meaningful care we give.”*

Quarter 2: *“People on teamlets are talking to each other more often.” “Coffee cart is a great idea, but unfortunately does not lead to change.” “It would be nice to have upper management listen to and support employees.” “We need our education days back and leadership should be required to attend!”*

Quarter 3: *“I think we do a great job, but need a little more staff.” “Please replace people that leave within a month.” “We need more teamlet training.” “Lack of trust – it took a year to fix the back door.”*

Quarter 4: *“Grateful we have another social worker!” “LVNs need to start at a competent salary.” “Would like to have weekly updates on clinic changes.” “Prefer a lunch-cart, so we can debrief with colleagues.” “There has been a mindset change, everyone is willing to help and is trying to make it a better place to work. Part of this is because the unhappy people have left.”*

Results Summary

- Half of our PACT workforce is experiencing burnout
- Quarter 1 interventions led to decreased burnout and improved control over work interruptions
- Coverage for walk-ins by the Same Day Teamlet led to improved control over work interruptions.
- Job satisfaction trended toward improvement
- Staff perceptions of support from leadership trended toward improvement
- Areas for future QI initiatives are: team member accountability, psychological safety, change management to avoid persistent problems, provision of opportunities for employee growth, and continued work to improve the work environment by staff and leadership.

Successes

- PACT team members became engaged in the process of improving their work environment
- The RSC developed supportive relationships as they worked through difficult problems; they became positive role models in resilience.
- Teamlet members felt safe with RSC members to bring up new concerns and solutions
- The RSC and site leadership worked together to design and implement changes
- Communication improved between site leadership, the RSC, and staff through the interventions and staff empathy for local site administrators grew.

Challenges

- Work environment changes are not predictable, and impact PACT team morale
- Staffing PACT teamlets is an ongoing problem that requires attention
- Resistance to address job accountability is high for PACT team members and their managers
- Site leadership could not make some important changes because their “hands were tied” by upper level management.

Lessons Learned

- Our 6-step Approach provided a useful method to address resilience of PACT teams
- Staff Burnout rates and perceived workplace control are sensitive measures to monitor practice improvements related to resilience
- PACT teamlets are open to resilience dialogue and QI
- Venting was an important, time consuming first step in this process
- Communication between staff and administration is key, yet often strained
- Facilitator is helpful to foster collaboration and feedback and in working with negative team members
- Administrators are often not appreciated and must manage constant demands for change demands from their supervisors
- Processes for dealing with accountability at all levels is needed

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Questions/Comments?

Carole Warde carole.warde@va.gov

Cody Reeves codyjreeves@byu.edu