

PRIMARY CARE EMPLOYEE EXPERIENCE

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Poll Question #1:

What is your involvement with Patient Aligned Care Teams (PACT)?

- I am a member of a PACT teamlet
- I am researching or evaluating PACT
- I am an administrator implementing PACT
- I am involved with PACT in another capacity
- I am unfamiliar with PACT

How Will This Presentation Unfold?

- TOPICS
 - Burnout
 - Staffing
 - Turnover
 - Delegation
- FORMAT
 - Quantitative Trends
 - Qualitative Quotations
 - Evidence-Based Improvement Keys
- ACCESS INSIGHTS
- QUESTIONS AND COMMENTS

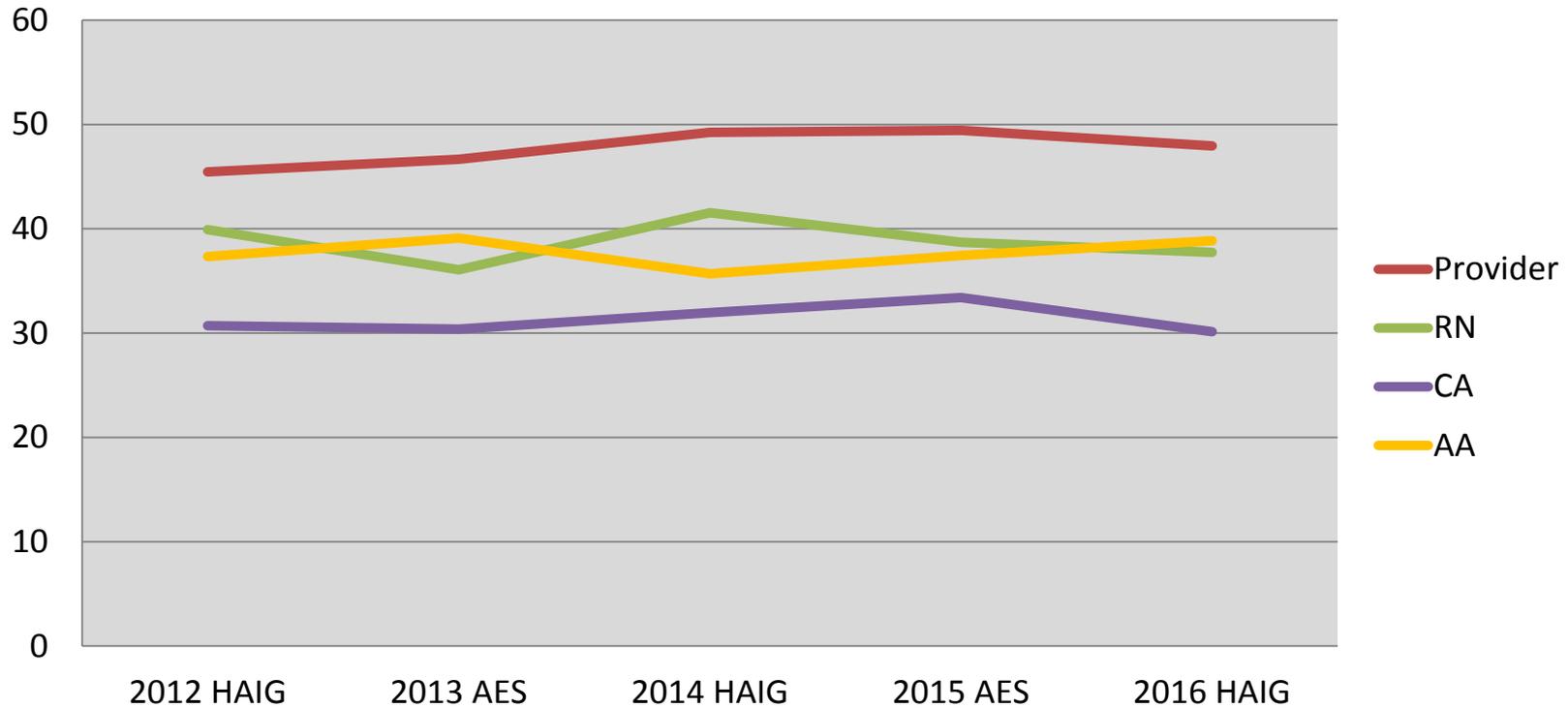


Poll Question #2:

Overall, based on your definition of burnout, how would you rate your level of burnout at work?

- Enjoy my work; have no symptoms of burnout
- Don't always have energy, but don't feel burned out
- Have symptoms of burnout; physical and emotional exhaustion
- Burnout won't go away; think about frustration at work a lot
- Feel completely burned out; need some changes or help

Who Experiences Burnout?



Why Does Burnout Occur?

Please at the CO level--have a focus to decrease the burden of Primary Care. Daily we have new mandates, requirements, policies, directives, etc/, that just add more and more to the backs of our Primary Care Doctors. Their tasks and workload continues to increase. We really need to recognize this is a crisis/ (PCP)

Task Overload

Am really so burned out—feel my care is declining due to increased jobs I should have help doing. Complain to supervisors and management but nothing changes. I am so overwhelmed at this time. (RNCM)

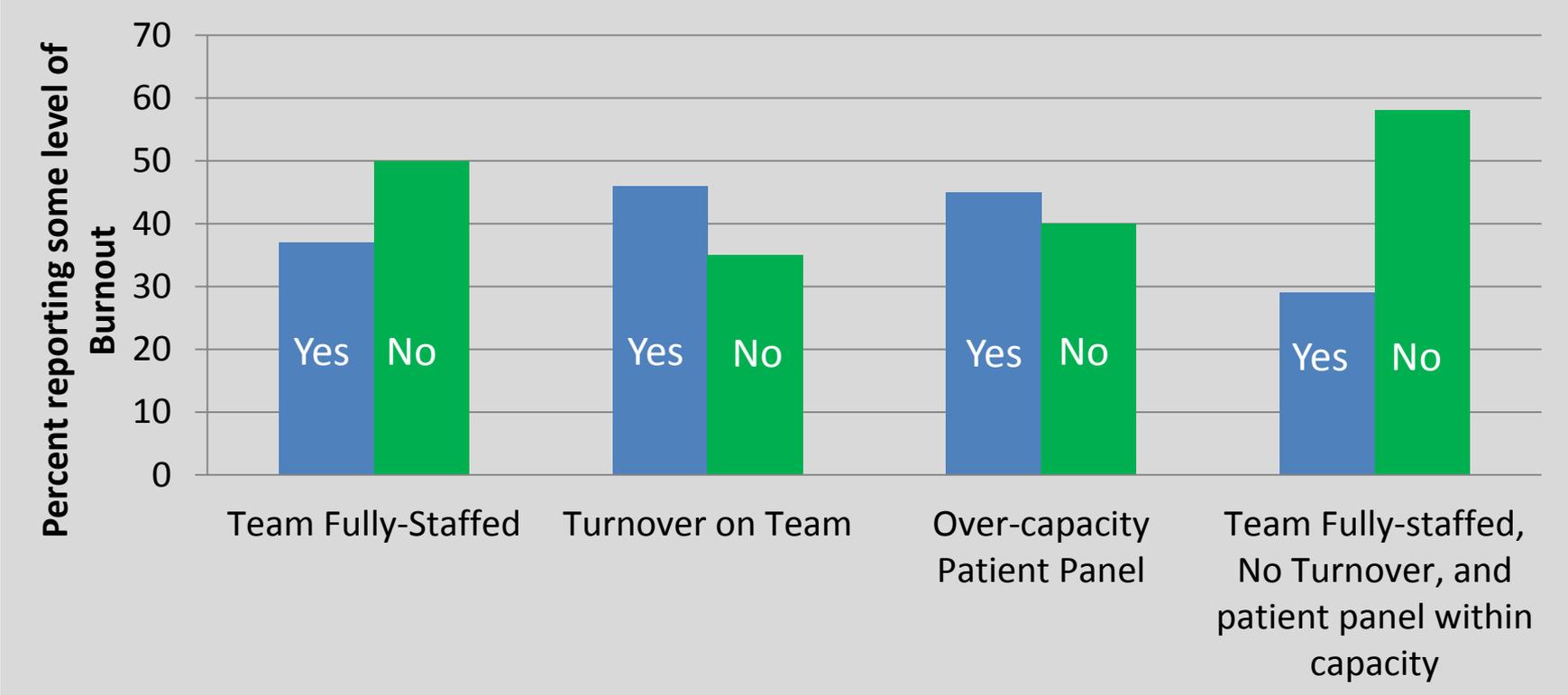
Poor Supervisory Support

We are all burnt out/ w e will continue to lose support staff as the mass exodus continues because people are tired of doing two or three different jobs. (Clinical Associate)

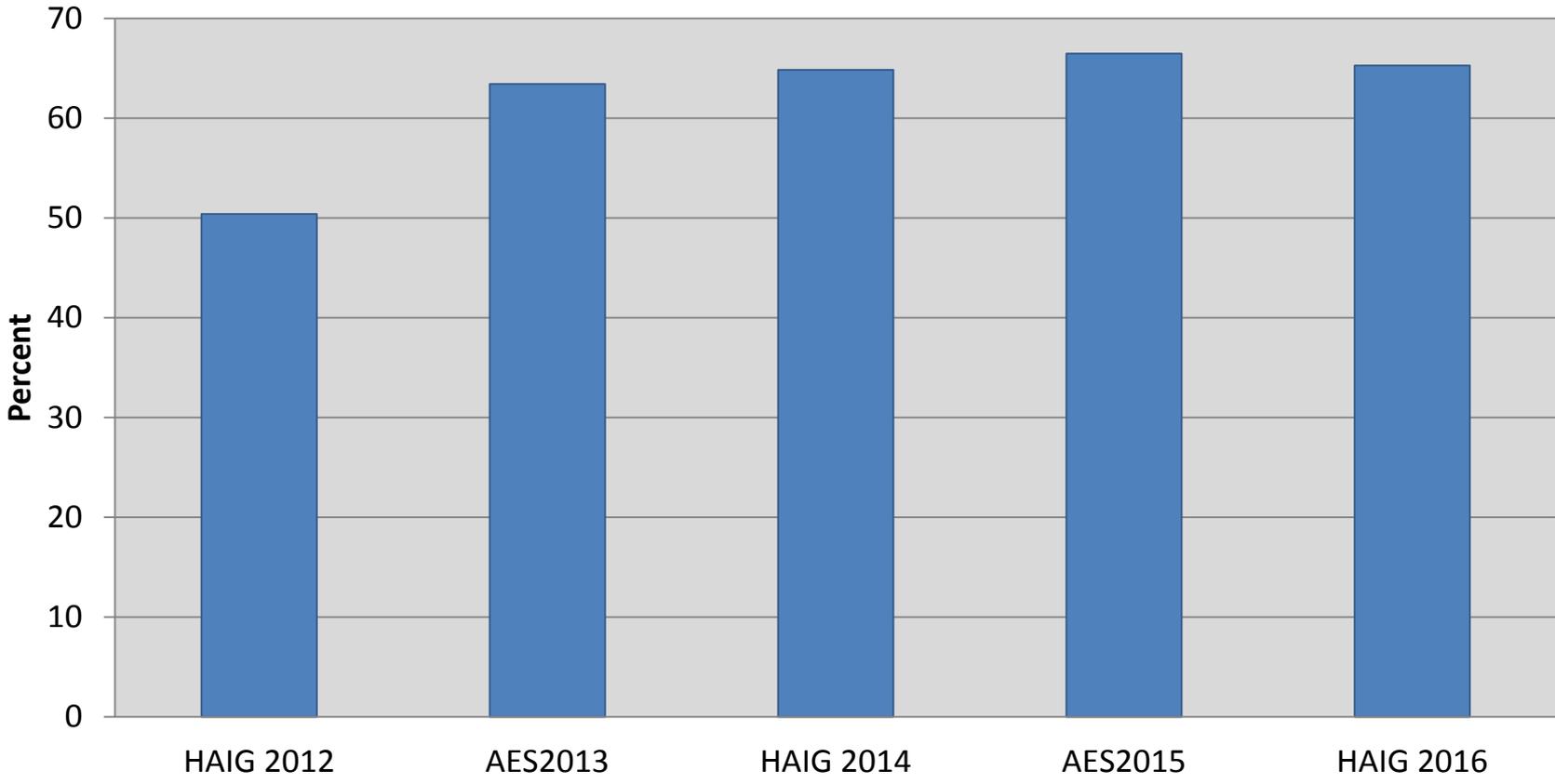
Turnover



Can Burnout Be Reduced?



Are Teams Fully Staffed?



Why Does Full Staffing Matter?

I am personally very tired of hearing about PACT when I only have an RN and no other nursing staff. We cannot keep up with the work of the day let alone do all of the other burdensome administrative chores mandated by the PACT program. I understand that in facilities where they are fully staffed this program may work well, but it is RIDICULOUS to hold us to the same standard as those centers when we have one nurse. (PCP)

Unfair Metrics

We do not have a fully implemented PACT team here/which doesn't leave a lot of room for Care Manager tasks to be completed. No time for keeping up with the CAN scores, PC Almanac etc. We function the best we can with the staff we have. (RNCM)

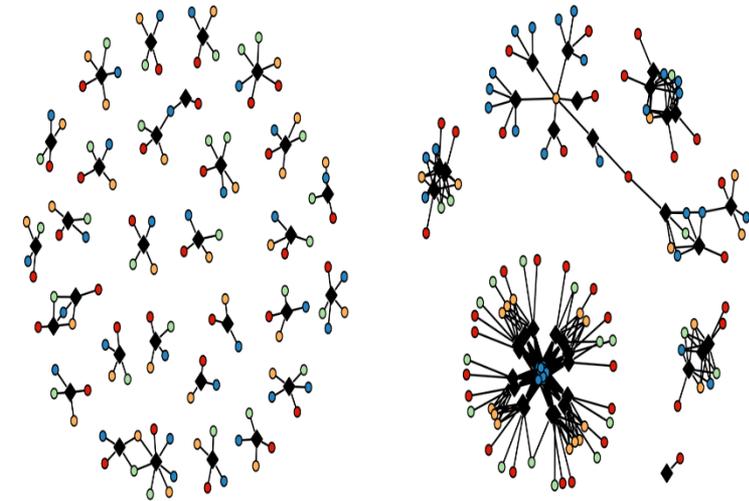
Poor Proactive Care



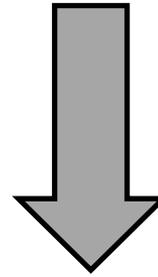
PACT is good for veterans. It needs to be supported, maintained and improved. Lack of adequate staffing, staff retention, space, and equipment have eroded the foundation of the PACT home. (PCP)

Undermined Patient Care

Does Staffing Affect Veterans?



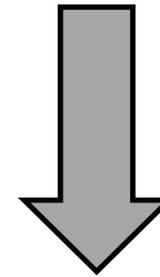
Missing/Duplicate Roles



17% Reduction in
ER/Urgent Care Utilization

36% Increase in
2-Day Post Discharge Contact

Assigned to only 1 team

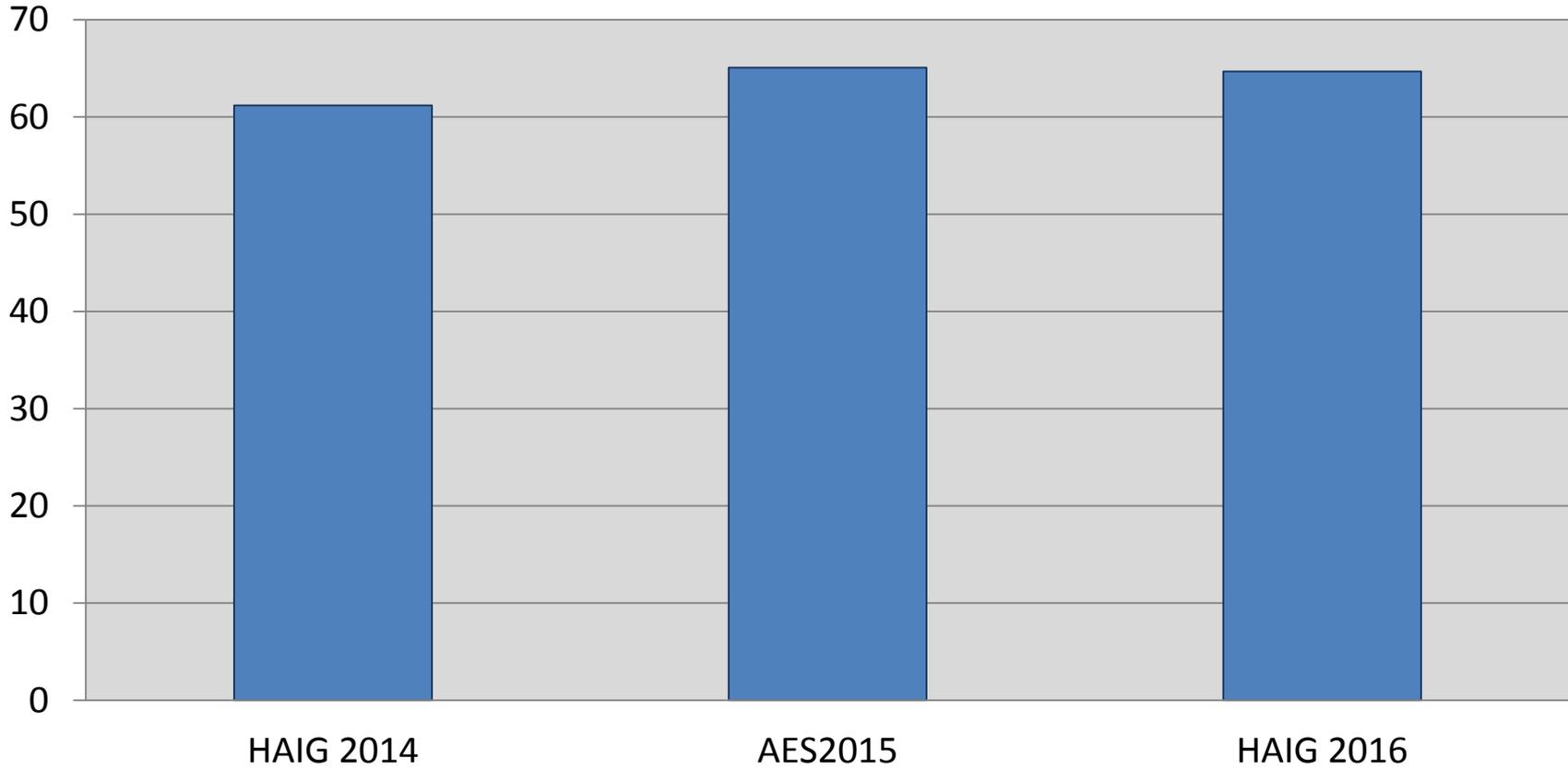


7% Reduction in
ER/Urgent Care Utilization

8% Increase in
2-Day Post Discharge Contact

Not just number of staff but how assigned

Do Teams Experience Turnover?



What Happens with Turnover?

We have been trying for years to implement PACT but are extremely frustrated and burned out/ High turnover of staff causes constant team disruption to the point we usually do not know which clerk or LPN is on our team, or if we have one at all. Not huddling primarily because of turnover. (PCP)

Teamwork Decreases

Currently disrupted given extreme staff turnover on many of the teams; staff replacements often prolonged exacerbating uncertainty, worry, fatigue, anger. (MH Specialist)

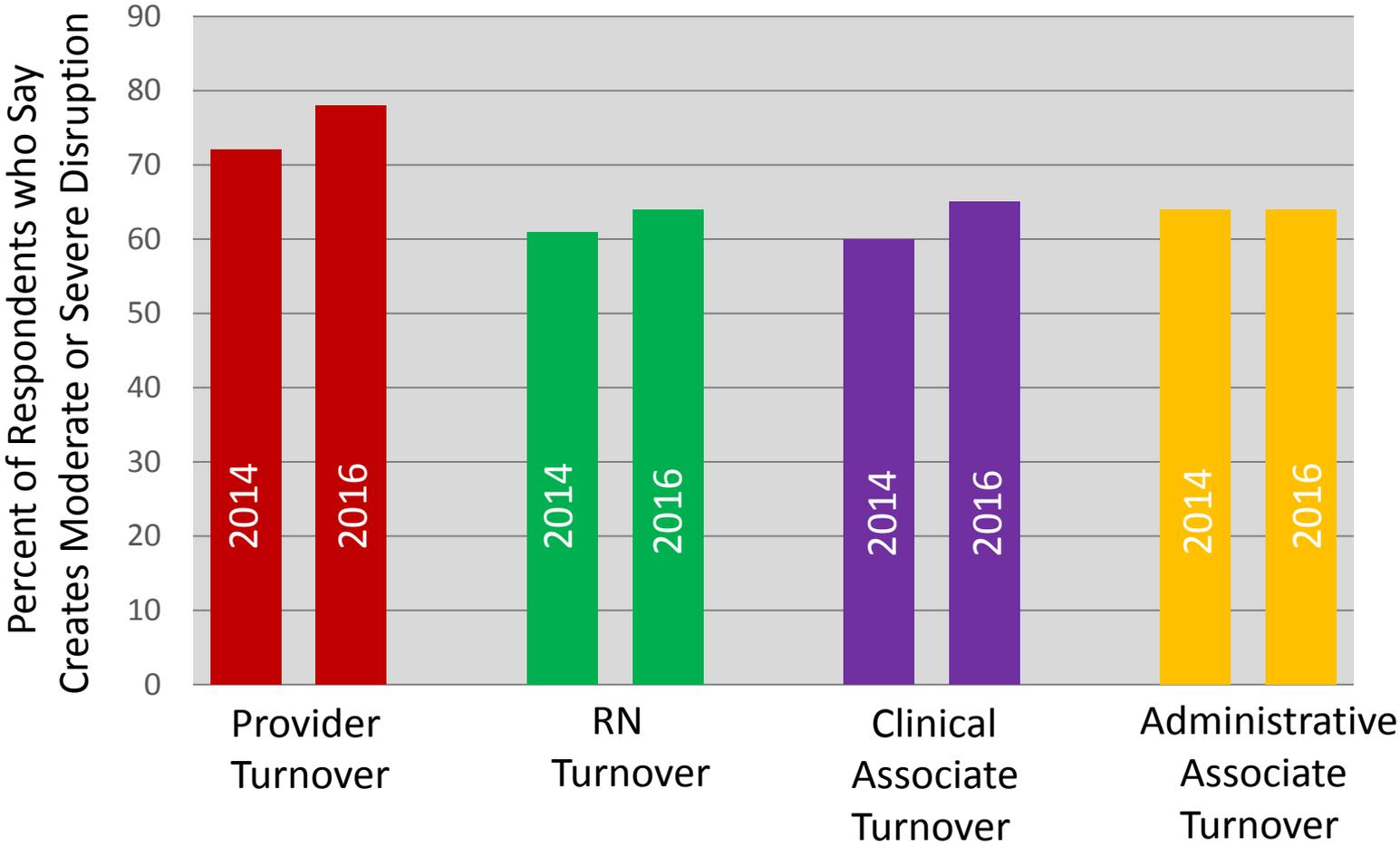
Burnout Increases



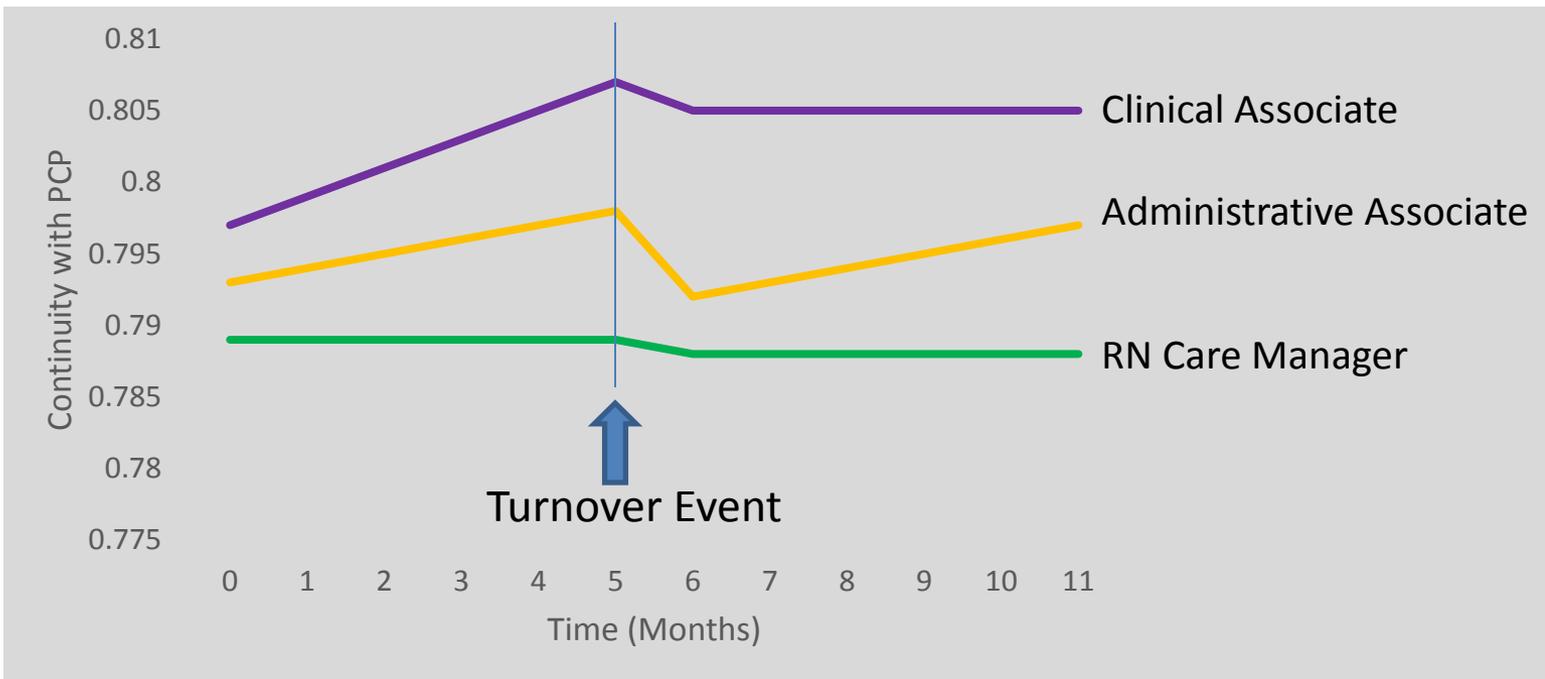
Staff turnover and cross-coverage due to vacancies and absences keeps staff from being focused on their own teamlet's work to best effect (PCP).

Patient Centeredness Erodes

Is Turnover Disruptive?



Does It Matter Who Leaves?



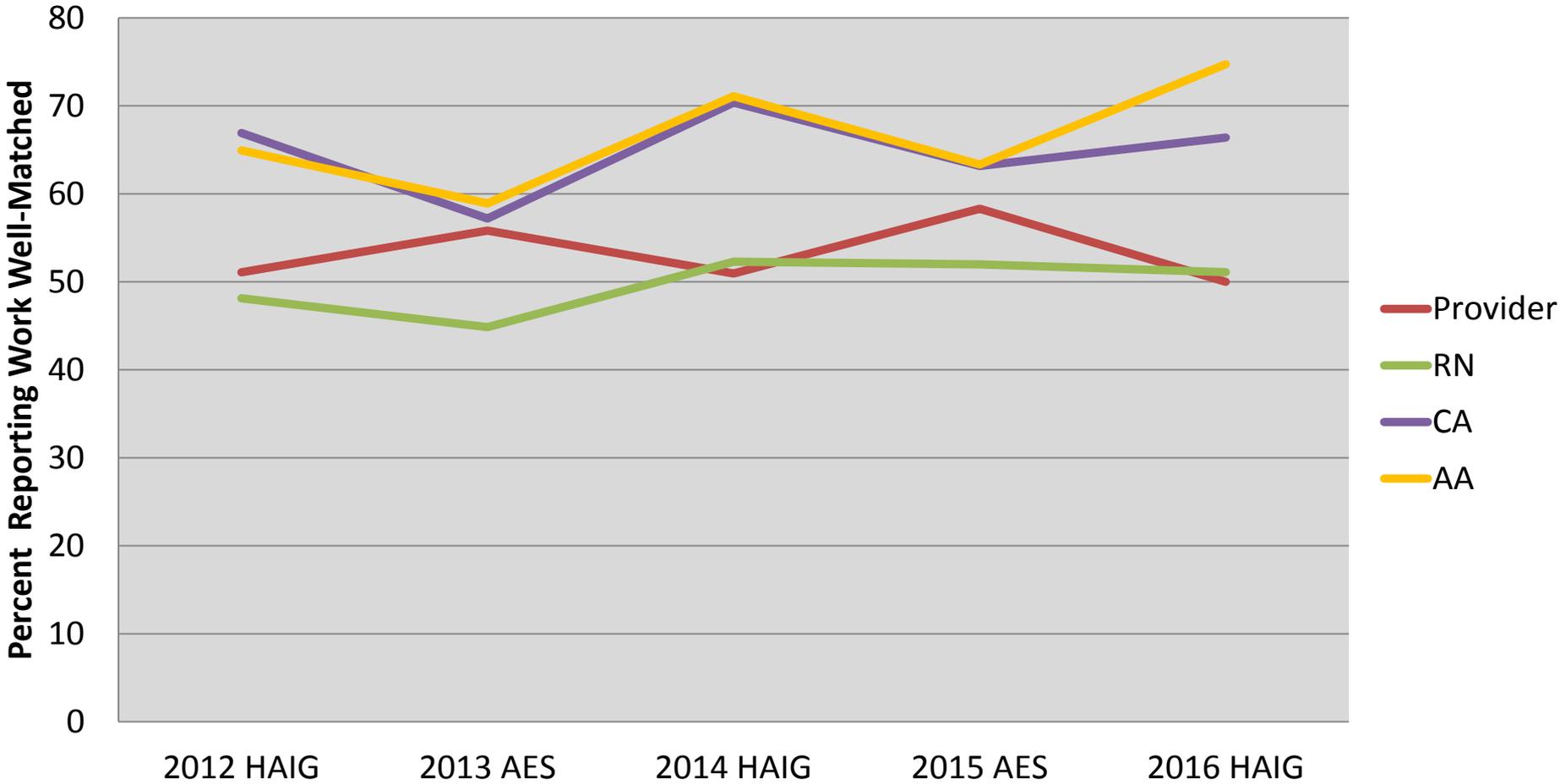
Negative Effects Linger, Administrative Associates Matter

Poll Question #3:

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

- < 25%
- 26% - 50%
- 51% - 75%
- > 75%

Does Work Fit Skillsets?



What Happens with Poor Delegation?

Provider, RN and LPN are not able to practice to the full scope of their licensure. PACTs are no longer able to manage their team, there is a manager for scheduling, a manager for clinical, etc.. There seems to be a desire from management to make all PACTs 'cookie cutter images' of one another/ I spend 60+% of my time tracking consults, answering alerts that could be answered by staff if they were not afraid of being chastised by management. (PCP)

Low Autonomy

No oversight of PACT members by their respective supervisors to ensure compliance with expected roles and responsibilities within the PACT, causing friction between members when one is not meeting their role, causing an increased workload for other members and constant backlog and patient disservice. (RNCM)

High Role Overload & Conflict



Clinic supervisor cannot approve staff members to work outside of the box to get the necessary work completed/it does not feel safe to recommend changes or encourage staff to work to the top of their licenses as they are being threatened with reporting to board of nursing. (CPS)

Decreased Psychological Safety

How Can Delegation Be Improved?

Insufficient: {Provider} is kind of a hands-on guy. He wants to do a lot of stuff himself. He has just started allowing us to have nurse visits for some this thing, but he's got some criteria that they pretty much have to be pretty basic for that to happen/ He wants to have his hand in it so he knows what's going on. (LPN)

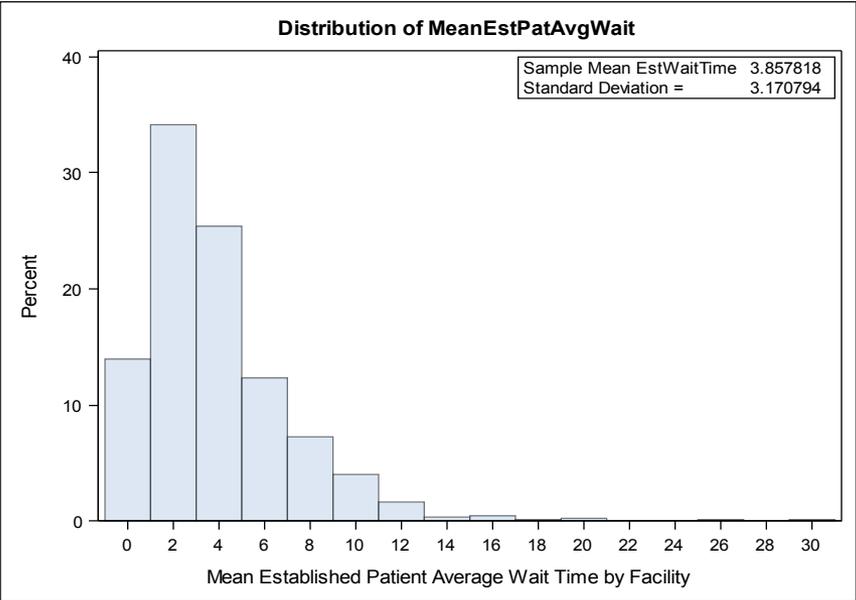
Overabundant: One of the [doctors] was making her responsible for being the... You take care of this. You make sure this is done. You make sure they do this. You make sure this person does this'. She was not capable of handling / We can't have one person having an iron fist and pounding on everybody else. (RN)



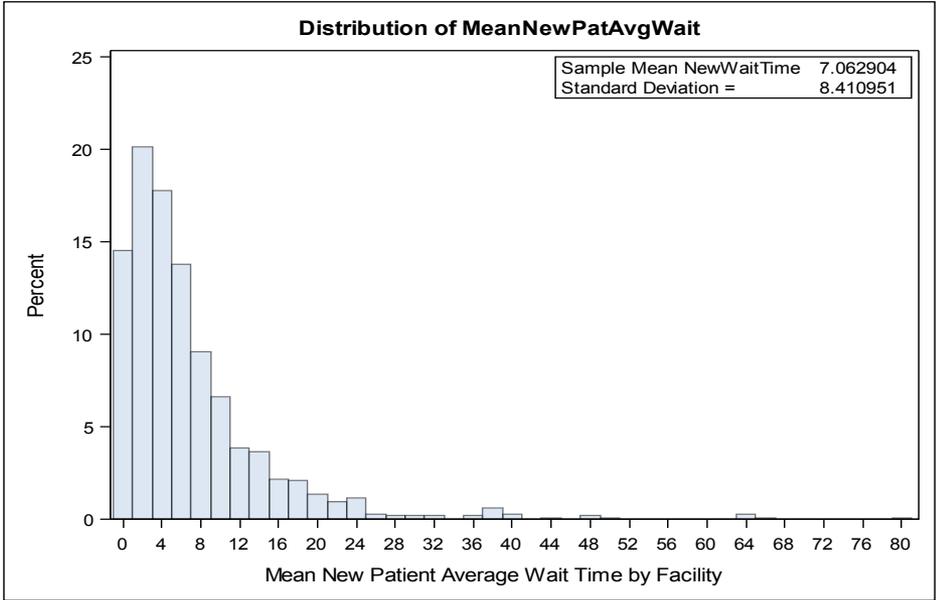
Balanced: Well actually [my provider] is just kind of a participant in the whole process. He doesn't dictate how the clinic will run. We just kind of work it together/ He tells us his preference of what he would like to see happen and then we discuss that and if it works we do it that way. If it doesn't work then we negotiate how it can be done to meet everybody's needs. (RN)

Requires Shift from Provider-In-Charge to Team-Based Care

How Long are VA Wait Times?



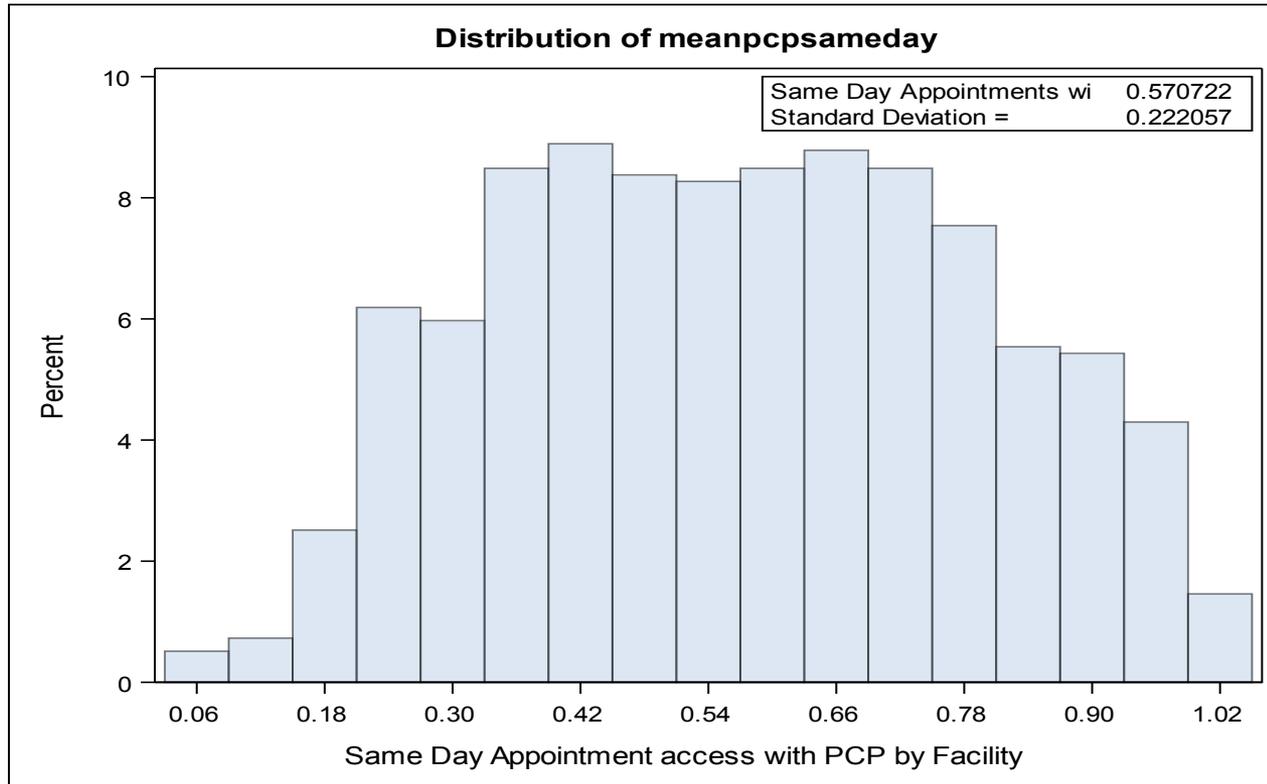
Established Patients
Facility Average = 4 days
(FY 16 YTD)



New Patients
Facility Average = 7 days
(FY 16 YTD)

Impressive, But Outliers Exist

Are Same-Day Appointments Available?

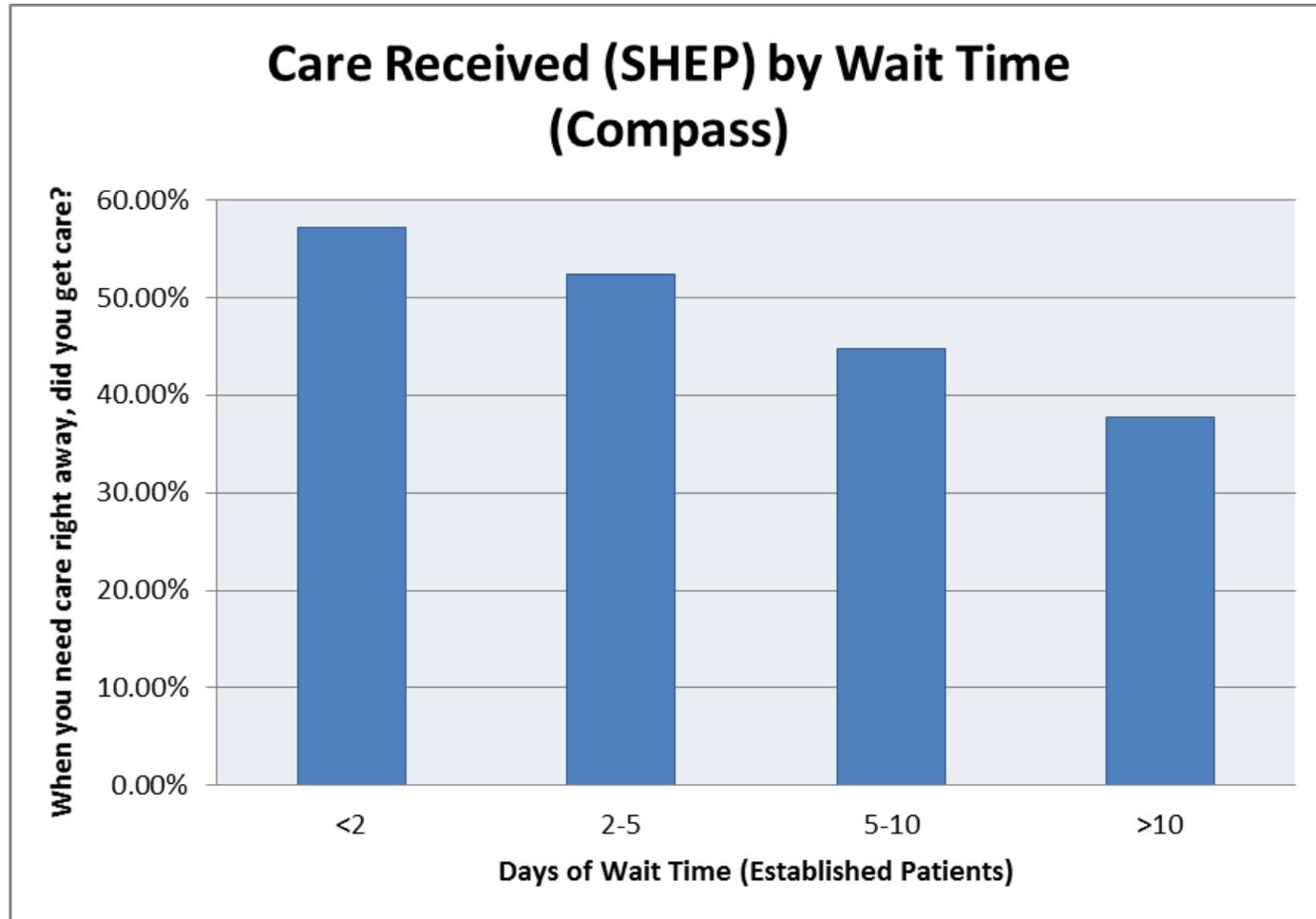


Facility Average = 57% Granted

FY 17 YTD

Substantial Variation Exists

How Does Wait Time Correspond with Veteran Experiences?



What Harms Access?

When PACT was originally implemented, the teams had some autonomy with scheduling/ Face-to-face visits were used for those whom it was necessary. Care was delivered and assistance was given by any team member who could safely provide it. Veterans had begun to trust this system as each team member felt that they were trusted to disseminate information relative to that veteran's care and concerns. Now it seems that a PCP visit is the only valid level of care and the teams can no longer decide what works for their panel of veterans. (RNCM)

Low Team Autonomy

It seems to be a bad thing if all your visit slots are not filled, hence you must not be working at full capacity. I thought one of the main ideas of PACT was to take care of your panel in ways that fit the circumstance, not necessarily requiring a face-to-face encounter.

(PCP)

Lack of Panel Management

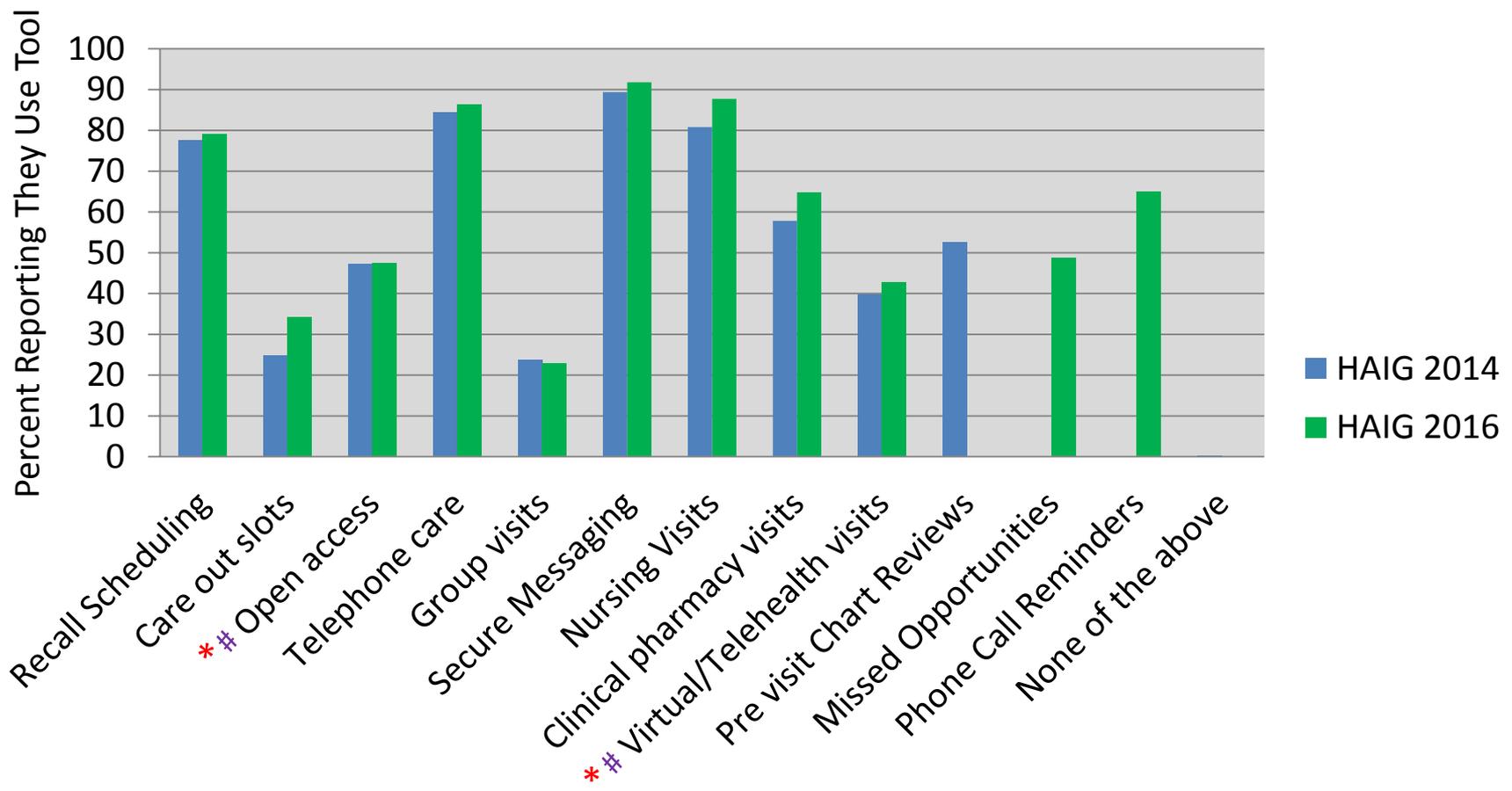


When, at the end of the day, a same-day access slot is not filled BLS regards it as a failure. When no same-day access is available the clinical side regards it as a failure. (PCP)

Competing Metrics

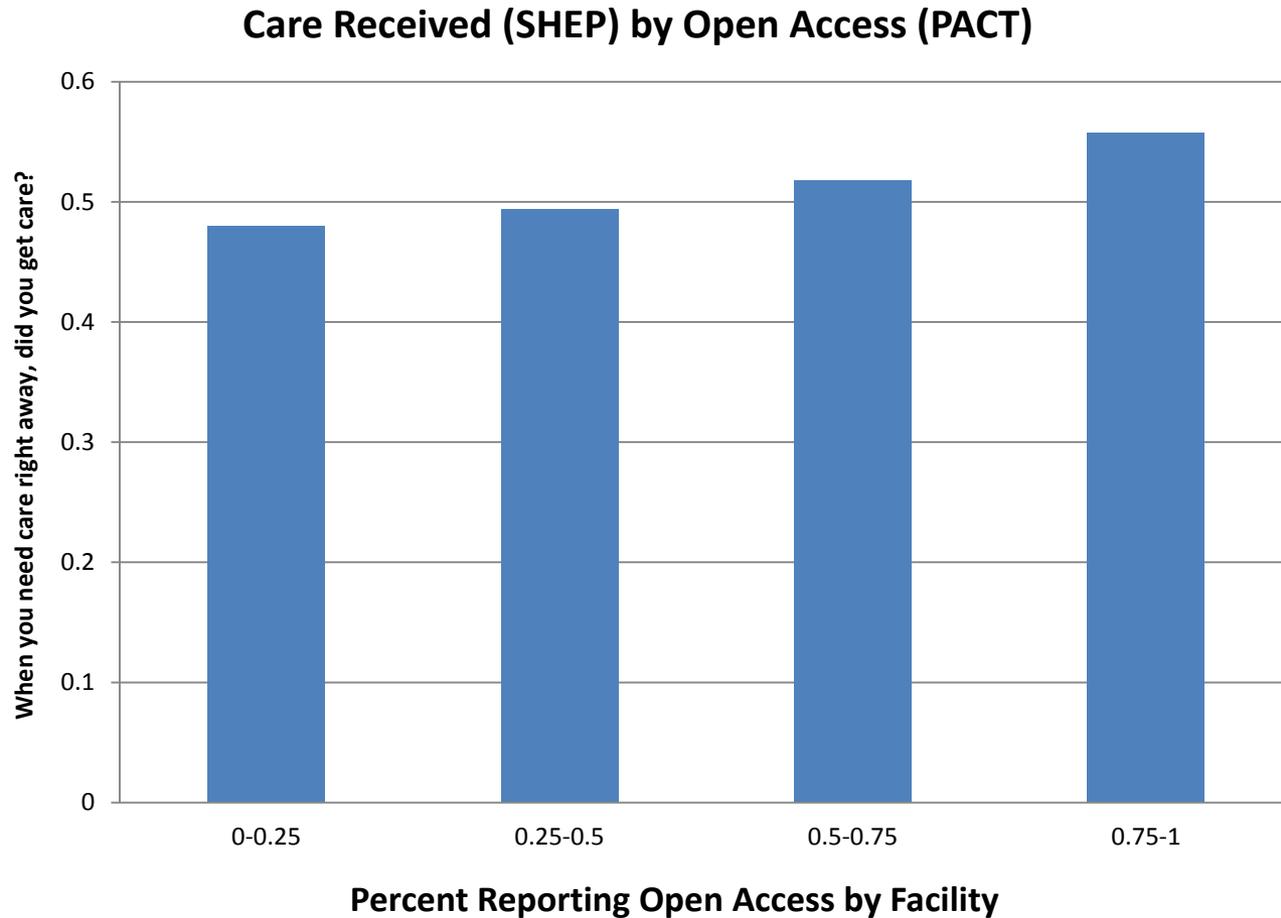
Access Is More Than Face-to-Face Visits

Are Access Tools Helping?

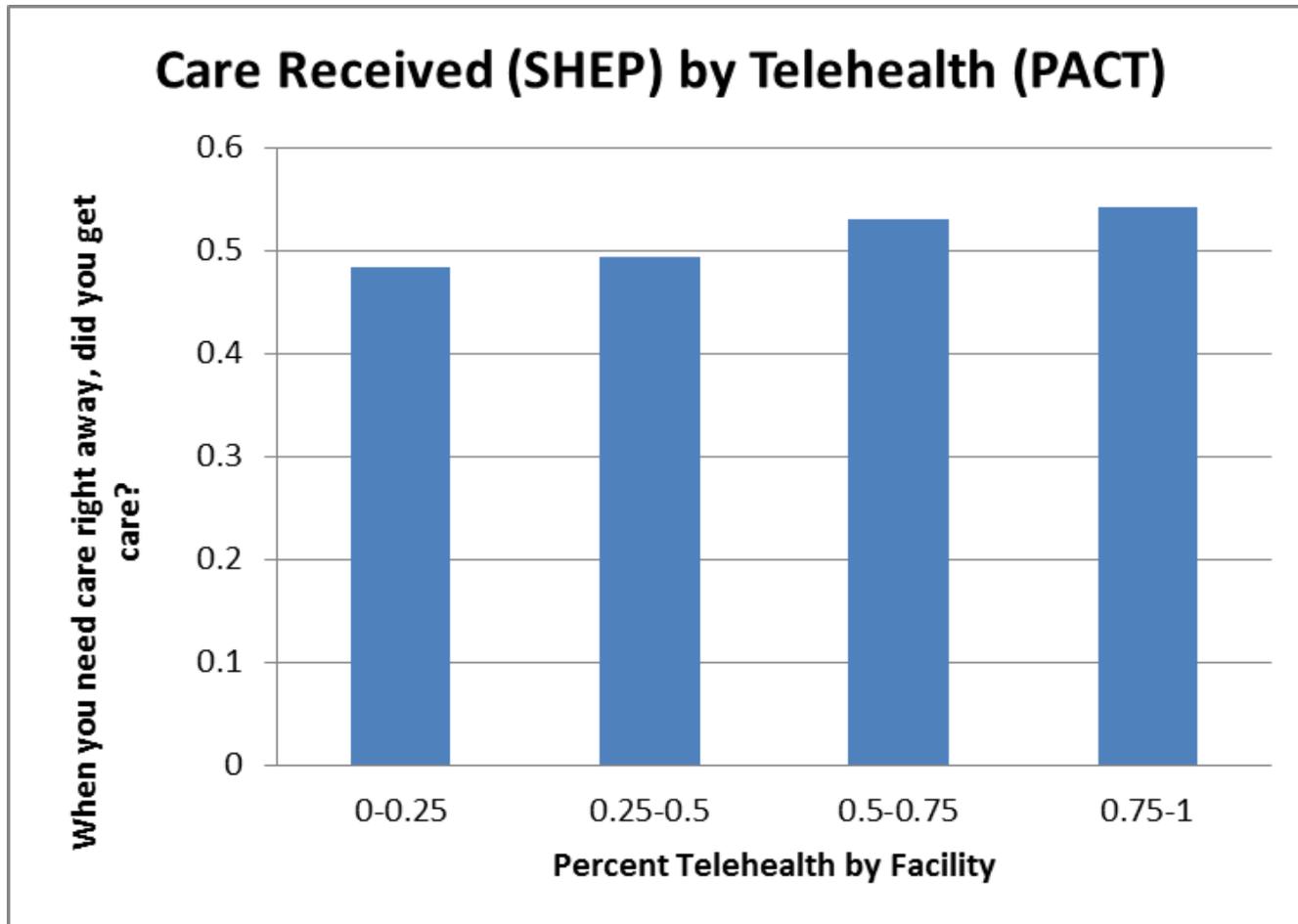


* Associated with Significant Decrease in Facility Wait Times
 # Associated with Increased Veteran Satisfaction Ratings

Open Access and Veteran Perceptions



Telehealth and Veteran Perceptions



Summary & Conclusion



- Employee Experiences Fairly Stable Over 5 Years
 - Variation Exists For Roles
 - Burnout Triad: Delegation, Turnover, & Staffing
- Evidence-Based Tools for Improvement Exist
 - Full Staffing (Human Resources)
 - Team-Based Work Design (PACT)
 - Supervisor Support and Delegation (Leadership)

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.



Questions/Comments

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