



PACT Implementation: Findings from primary care surveys

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Overview

- Second of two cyber seminars on findings on PC personnel experience from surveys
- January 16 - PACT Implementation: Findings from primary care surveys
 - Michele Lempa, PhD, VISN 4 Demo Lab
- February 20 - Provider and Staff Experience with PACT: Results and recommendations from national and regional primary care surveys

Participant question

- Do you have any involvement in PACT?
 - No, and know virtually nothing about it
 - No, but have some knowledge about the initiative
 - Yes, am involved in researching or evaluating it
 - Yes, am a clinician, staff member or administrator directly involved in implementing PACT
 - Yes, involved in PACT in another capacity

Patient Aligned Care Team (PACT) initiative background

- VHA's patient-centered medical home model
- Launched April 2010
- Multiple components
 - Emphasis on team-based care
 - PCP, RN care manager, clinical assoc. & clerical assistant
 - Share responsibility for defined panel of patients
 - Scheduling & alternatives to in-person visits;
 - Use of nurse care managers and additional health promotion support

Patient Aligned Care Team (PACT) initiative background

- Resources to support PACT implementation
 - Funding to support the expanded staffing model
 - Training, e.g., Regional Learning Collaboratives w/ VA Systems Redesign
- 5 PACT Demonstration Laboratories: VISNs 4, 11, 20, 22 & 23
- National Demo Lab Coordinating Center

2012 PACT Primary Care Personnel Survey: Employee experience of PACT and burnout

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Organizational Function Working
Group

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Center

Survey fielded by the Healthcare
Analysis and Information Group
(HAIG)

Julie Kurutz – Project Manager

John Witzlib, MBA – Project
Manager

Overview

- May 2012, PACT Demo Lab Coordinating Center fielded survey to all VA Primary Care personnel
- Goal was to help answer 3 questions:
 1. To what extent has PACT been implemented?
 2. What factors foster or hinder PACT implementation?
 3. What's PACT's effect on employee burnout, satisfaction , perceived improvements in care, and training?

Survey methods

- Web-based survey
- Fielded via e-mail from 10N through clinical leadership in Primary Care, Nursing, Pharmacy, Social Work, Nutrition
- Data collected from May 21, 2012 – June 29 , 2012
- 6,476 respondents, 5,404 are teamlet occupations
- Approximately 30% response rate

Respondent demographics for PACT survey

		(n=6,476)
Age	30-49 years	46.9%
	>= 50 years	48.3%
Tenure with VA	5-10 years	21.8%
	> 10 years	36.3%
Supervisory level	No supervisory responsibility	62.9%
	Some supervisory responsibility	37.1%
Teamlet occupations	PCP, RN Care Manager, Clinical Associate or Admin Associate	78.2%

Burnout among PACT survey respondents compared to All Employee Survey (AES) respondents

Profession (categories differ in AES)*	2012 PACT Survey Respondents		2012 All Employee Survey Respondents *			
	Burnout	n	Primary Care only		All VHA	
			Burnout	n	Burnout	n
Provider	45.4%	1,769	40.3%	2,565	28.1%	10,919
Nurse Care Manager	39.9%	1,135	--	--	--	--
Clinical Associate	30.7%	1,358	25.1%	2,934	25.3%	12,597
Administrative Associate	37.3%	557	33.9%	218	30.2%	3,948
RN (other than Care Manager)	33.8%	585	31.4%	3,699	30.4%	29,591
Total	36.6%	6,467	31%	11,674	28.1%	173,413

How do team members showing signs of burnout compare to those that don't?

	No signs of burnout	Signs of burnout
Hours per typical day spent on:	Mean # of hours (SD)	
Teamlet Huddles	0.75 (1.70)	0.59 (1.36)
Face:face w/ patients	5.02 (2.63)	5.34 (2.79)
Telephone w/ patients	2.33 (2.55)	2.47 (2.80)
Electronic w/ patients	0.87 (1.82)	0.87 (1.69)
% reporting staffed to 3.0 ratio	57.3	38.3

How do team members showing signs of burnout compare to those that don't?

	No signs of burnout	Signs of burnout
Working to top of license		%
<ul style="list-style-type: none"> Spends < 1/4 time doing work that could be done by someone else 	4.8	9.6
<ul style="list-style-type: none"> Spends > 3/4 time on work well-matched to training 	1.6	3.0
<ul style="list-style-type: none"> Spends < 1/4 time doing work for which has too little training 	45.4	29.8
	Mean # of hours per day (SD)	
Team functioning		
<ul style="list-style-type: none"> Communication 	3.48 (0.64)	3.48 (0.63)
<ul style="list-style-type: none"> Decision-making 	3.26 (0.78)	3.25 (0.78)
<ul style="list-style-type: none"> Chaos 	3.34 (0.90)	3.34 (0.91)
<ul style="list-style-type: none"> History of Change 	3.48 (0.86)	3.43 (0.88)

Differences between team members showing signs of burnout/no burnout, in what % of them rely on their teamlet/team “a great deal” to complete tasks

Clinical task	No burnout	Showing burnout
Receive messages from patients	68	68
Resolve messages from patients	60.5	60.7
Screen patients for diseases	54.5	51.2
Encourage lifestyle modifications	51.4	45
Educate patients about disease-specific self-care	51.2	44.3
Respond to Rx refill requests	51.1	51.1
Assess lifestyle factors	50.8	47
Gather patient preventive services history	49.8	43.8
Educate patients about medications	43.5	37.7
Complete forms for patients	38.4	20.5
Evaluate patients and make decisions	31.6	30.5
Track diagnostic data	30	28.6
Respond to diagnostic and treatment data	29.9	28.9
Follow-up on referrals	25.7	25.6
Respond to requests for Home Health Care orders	24.4	24.4

Burnout and Job Satisfaction by PACT teamlet membership and staffing

	Belong to at least one teamlet		2012 AES
	Staffed to 3.0 ratio	Staffed <3.0 ratio	
n	2492	2121	11,674 (n/a)
Overall % reporting signs of burnout	29.9%	49.7%	31%
Mean Job Satisfaction	3.9(1.1)	3.4(1.2)	

Comparing burnout, team functioning and job satisfaction among respondents based on how helpful they found regional or national PACT learning collaboratives

	Not available/Not involved (n=1070)	Not helpful (n=1104)	Somewhat or very helpful (n=3176)
Burnout (<i>% of respondents showing signs of burnout</i>)	45.3%	58.6%	28.0%
Team functioning <i>mean(SD)</i>			
Communication	3.5(0.6)	3.5(0.6)	3.5(0.6)
Decision Making	3.3(0.7)	3.3(0.7)	3.2(0.8)
Chaos	3.3(0.9)	3.3(0.9)	3.4(0.9)
History of change	3.5(0.8)	3.4(0.9)	3.5(0.9)
Job satisfaction <i>mean(SD)</i>	3.5(1.2)	3.2(1.2)	4.0(1.1)

Comparing burnout, team functioning and job satisfaction among respondents based on how helpful they found local education sessions specifically about PACT

	Not available/Not involved (n=821)	Not helpful (n=1148)	Somewhat or very helpful (n=3753)
Burnout (<i>% of respondents showing signs of burnout</i>)	44.8%	61.0%	28.9%
Team functioning <i>mean(SD)</i>			
Communication	3.5(0.6)	3.5(0.6)	3.5(0.6)
Decision Making	3.3(0.7)	3.2(0.8)	3.3(0.8)
Chaos	3.3(0.9)	3.4(0.9)	3.4(0.9)
History of change	3.5(0.8)	3.4(0.8)	3.5(0.9)
Job satisfaction <i>mean(SD)</i>	3.5(1.3)	3.1(1.2)	4.0(1.1)

% reporting “much” or “a lot” of improvement in patient-centered primary care since PACT, by profession

	N	%
Provider	1,769	19.5
Nurse Care Manager	1,135	25.9
RN (other than Care Manager)	585	24.1
Clinical Associate	1,358	29.1
Administrative Associate	557	27.6
Total	6,467	24.6

How do nurse care managers showing signs of burnout compare to those that don't?

	No signs of burnout	Signs of burnout
Hours per typical day spent on:	Mean # of hours (SD)	
Teamlet huddles	0.70 (1.03)	0.74 (1.54)
Face:face w/ patients	3.65 (2.25)	3.79 (2.75)
Telephone w/ patients	3.45 (2.21)	3.91 (2.79)
Electronic w/ patients	0.95 (1.56)	0.99 (1.78)
% reporting staffed to 3.0 ratio	57.3	38.3

How do nurse care managers showing signs of burnout compare to those that don't?

	No signs of burnout	Signs of burnout
Working to top of license		%
<ul style="list-style-type: none"> Spends < 1/4 time doing work that could be done by someone else 	5.2	11.8
<ul style="list-style-type: none"> Spends > 3/4 time on work well-matched to training 	1.8	3.5
<ul style="list-style-type: none"> Spends < 1/4 time doing work for which has too little training 	41.9	23.5
	Mean # of hours per day (SD)	
Team functioning		
<ul style="list-style-type: none"> Communication 	3.46 (0.65)	3.47 (0.65)
<ul style="list-style-type: none"> Decision-making 	3.25 (0.79)	3.23 (0.81)
<ul style="list-style-type: none"> Chaos 	3.35 (0.90)	3.40 (0.90)
<ul style="list-style-type: none"> History of Change 	3.50 (0.87)	3.42 (0.87)

Differences between nurse care managers showing signs of burnout/no burnout, in what % of them rely on their teamlet/team “a great deal” to complete tasks

Clinical task	No burnout	Showing burnout
Receive messages from patients	83.8	88
Resolve messages from patients	83.5	90.2
Educate patients about disease-specific self-care	75.7	74.3
Encourage lifestyle modifications	71.6	69.4
Educate patients about medications	69.4	67.4
Assess lifestyle factors	64.9	67
Respond to Rx refill requests	64.3	71.2
Evaluate patients and make decisions	55	57.4
Screen patients for diseases	53.3	55.9
Gather patient preventive services history	46.2	45
Respond to diagnostic and treatment data	46	47.5
Track diagnostic data	42	45.4
Follow-up on referrals	37.9	40.1
Respond to requests for Home Health Care orders	36.5	39.3
Complete forms for patients	24.8	26.6

How do PCPs showing signs of burnout compare to those that don't?

	No signs of burnout	Signs of burnout
Hours per typical day spent on:	Mean # of hours (SD)	
Teamlet huddles	0.57 (1.19)	0.51 (1.28)
Face:face w/ patients	6.03 (2.01)	6.51 (2.44)
Telephone w/ patients	1.15 (1.97)	1.15 (1.76)
Electronic w/ patients	0.66 (1.54)	0.71 (1.23)
% reporting staffed to 3.0 ratio	52.2	33.0

How do PCPs showing signs of burnout compare to those that don't?

	No signs of burnout	Signs of burnout
Working to top of license		%
<ul style="list-style-type: none"> Spends < 1/4 time doing work that could be done by someone else 	2.8	5.5
<ul style="list-style-type: none"> Spends > 3/4 time on work well-matched to training 	0.7	1.6
<ul style="list-style-type: none"> Spends < 1/4 time doing work for which has too little training 	48.2	28.6
	Mean # of hours per day (SD)	
Team functioning		
<ul style="list-style-type: none"> Communication 	3.48 (0.62)	3.48 (0.62)
<ul style="list-style-type: none"> Decision-making 	3.28 (0.76)	3.27 (0.76)
<ul style="list-style-type: none"> Chaos 	3.32 (0.91)	3.32 (0.90)
<ul style="list-style-type: none"> History of Change 	3.45 (0.84)	3.49 (0.84)

Differences between PCPs showing signs of burnout/no burnout, in what % they rely on their teamlet/team “a great deal” to complete tasks

Clinical task	No burnout	Showing burnout
Receive messages from patients	61.6	55.3
Screen patients for diseases	51.9	46.9
Resolve messages from patients	47.5	41.4
Gather patient preventive services history	45.1	39.9
Respond to Rx refill requests	41.3	37.3
Assess lifestyle factors	38.2	35.8
Encourage lifestyle modifications	36.4	31.3
Educate patients about disease-specific self-care	36.4	29.5
Educate patients about medications	29.1	23.9
Evaluate patients and make decisions	23.6	21.4
Respond to requests for Home Health Care orders	23.1	18.7
Track diagnostic data	21.2	17
Respond to diagnostic and treatment data	21.2	19
Follow-up on referrals	20	17
Complete forms for patients	17.9	15.7

Limitations

- Response bias; no true denominator
 - Comparisons to AES demographics positive
- Not possible to link observations to teamlets (only clinics)
 - Limits ability to test for convergence at teamlet level and test associations
- Associations are cross-sectional & subject to method bias

Conclusions

- High levels of burnout among PACT occupations; similar to other recently published rates
- PACT staffing and training support negatively associated with burnout
- PCPs delegation of clinical responsibilities negatively associated with burnout for PCPs, but depends on activity for nurses
- Team functioning not associated with burnout
- Results should be viewed as descriptive and preliminary

Thoughts? Questions? Suggestions?

- We welcome your input now and later:
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VISN 20 PACT Demonstration Lab: staff experiences and associations with burnout

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Survey of Primary Care Clinic Staff

- Opted out of the national survey, modified administration and content
- Distributed to all clinic staff during an on-site visit, with one mail and 2 email reminders
- Completed in 11 clinics Aug '11- May '12
 - 3 facility-based clinics (one in academic med center)
 - 3 urban CBOCs within 15 miles of a VA hospital
 - 2 CBOCs in urban areas 50 & 150 mi from VA hospital
 - 3 CBOCs in rural areas
- Overall response rate = 72%; Clinics = 58-100%

Respondent Characteristics

	N	Response Rate (%)	% Female ^a	% at VA ≤ 3 years	% at VA ≥ 11 Years	% Hours per week > 40
PCP	60	70	52	31	40	68
NCM	60	87	89	27	52	63
Clinical Asso.	54	73	80	41	19	45
Clerical Asso.	18	37	79	33	17	65
Other Clinical	19	75	80	6	50	42
Other Clerical/Admin	14		57	36	57	50
Overall	226	72	74	31	38	58

a. 17% didn't report

Teamlet Role Characteristics

	PCP	NCM	Clinical Associate	Clerical Associate	
% Assigned to teamlet	95	92	96	78 ^a	
% Staffed to 3.0 ratio	33	42	63	79	
Median hours/day on:					
Huddles	0.40	0.40	0.50	0.20	n.s
Face to face w/pts	6.00	1.25	5.00	4.00	p<.01
Telephone w/pts	1.00	4.80	2.00	3.00	p<.01
Electronic w/pts	0.50	0.50	1.00	1.00	n.s.
Electronic not w/pts	2.00	2.00	1.00	1.00	p<.01
% who spend \geq 75% of time on work well-matched to training	61	29	69	81	p<.000

a. 12% said “don’t know”

Percent who endorse each level of burnout by role

Single item level of burnout	PCPs	NCMs	Clinical Associate	Clerical Associate
1-2 (no symptoms)	50	44	60	53
3 (burning out, ≥ 1 symptom)	37	25	23	17
4 (symptoms won't go away)	5	17	11	17
5 (completely burned out)	8	14	6	12

Job Satisfaction by Teamlet Role

	PCP	NCM	Clinical Assoc.	Clerical Assoc.	
% Somewhat or Very Satisfied with:					
Type of work	71	58	81	69	ns
Relationships with coworkers	65	62	75	59	ns
Job overall	57	52	71	64	p = .02
Amount of work	41	37	52	29	ns
Working conditions	39	28	51	24	ns
Opportunities for promotion	22	25	26	6	p = .024
% somewhat or much less satisfied vs. 2 years ago	49	48	38	47	ns
% would leave if able	41	39	28	37	ns

Burnout and Job Satisfaction

	Symptoms of Burnout		
	Not present	Present	
% Somewhat or very satisfied with:			
Type of work	81	56	p=.000
Amount of work	56	24	p=.000
Relationships w/ coworkers	77	53	p=.003
Promotion opportunities	34	10	p=.000
Working conditions	52	22	p=.000
Quality of work provided	52	34	p=.010
Job overall	85	34	p=.000
% Overall satisfaction greater vs. 2 years ago	61	10	p=.000
% Would leave if able	16	59	p=.000

Time spent on activities, staffing ratio and burnout

	Burnout not present	Burnout present	
Hours/day spent on:	Mean (SD)	Mean (SD)	
Teamlet huddles	0.52 (.55)	0.44 (.52)	ns
Face to face w/ pts	3.89 (2.28)	3.94 (2.54)	ns
Telephone w/ pts	2.66 (2.15)	2.89 (2.22)	ns
Electronic w/ pts	0.69 (0.90)	1.07 (1.36)	p = .015
Electronic not w/ pts	2.12 (1.73)	2.73 (1.88)	p = .014
% reporting staffed to 3.0	53.8	41.1	p = .086
% who spend \geq 75% of time on work well-matched to training	62	47	p = .04

% Who Perceive Barriers to Patient Care Differs by Level of Burnout

Factor limits ability to deliver patient-centered care "a great deal":	Burnout not present	Burnout present		
Lack of support from clinical leadership	13	37	p=.001	(NCMs)
Lack of control over my schedule	21	39	p=.042	(PCPs)
Lack of team members' responsiveness to my requests for assistance	8	23	p=.001	(NCMs)
Inadequate time for pt. counseling or education	34	53	p=.05	
Inadequate time for follow-up care	26	52	p=.003	(PCPs & NCMs)
Patient panels too large	50	68	p=.09	(PCPs)

Perceptions regarding PACT Vary by Level of Burnout

Percent who:	Burnout not present	Burnout present	
Understand PACT very well	66	64	ns
Confident they are capable of implementing PACT	54	42	p=.005
Confident team is capable of implementing PACT	59	37	p=.015
Confident PACT will improve care	60	44	p=.006
Have seen improvement	24	15	p=.021

Perception of team functioning & workplace

	Burnout not present	Burnout present	
SOAP-C subscales:	Mean (SD)	Mean (SD)	
Communication/relationships	3.52 (.76)	2.93 (.77)	p = .000
Decision making	3.68 (.73)	2.95 (.79)	p = .000
Stress/work demands	3.40 (.75)	4.08 (.64)	p = .000
History of change	3.42 (.69)	3.10 (.72)	p = .003
Some people lack skills they need to do team's work	3.20 (1.1)	3.46 (1.1)	p = .10
Some people do not carry fair share of workload	3.43 (1.2)	4.10 (.89)	p = .000
How seriously ideas taken depends on who person is	3.24 (1.1)	3.60 (.91)	p = .05

Summary

- Symptoms of burnout were present in a relatively high proportion of employees
- More dissatisfaction with amount of work and work conditions than with type of work, relationships or job overall
- Burnout and job satisfaction are strongly associated

Summary (continued)

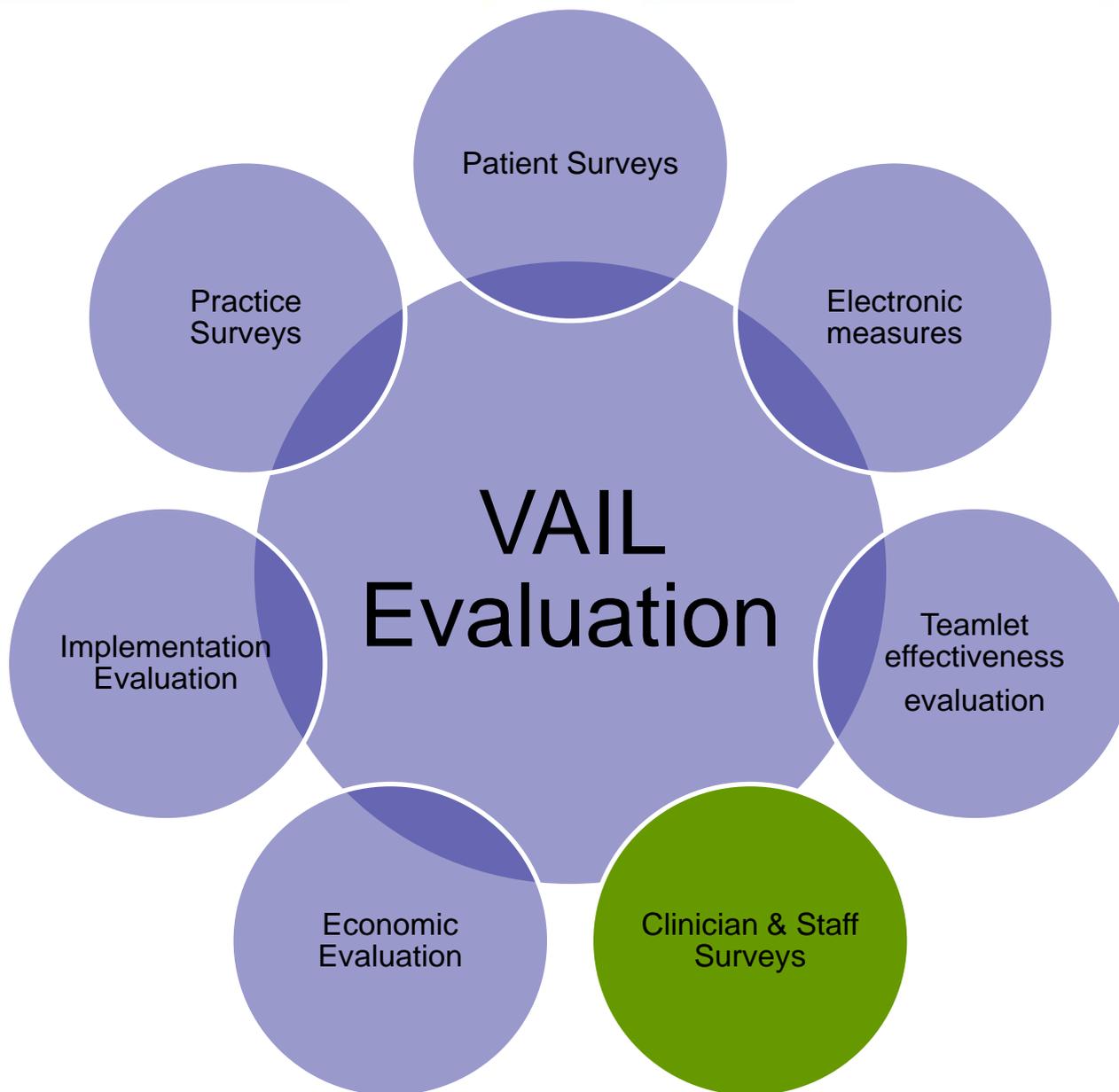
- Burnout and satisfaction are strongly associated with:
 - perceptions of barriers
 - perceptions of PACT
 - perceptions of team functioning and workplace environment



HSR&D CyberSeminar: Provider Perceptions and Experiences

Lisa Meredith

February 20, 2013



Survey Team

- VA
 - Lisa Rubenstein, Becky Yano, Lisa Altman (Co-PIs)
 - John McElroy
 - Jill Darling
 - Barbara Simon
 - Susan Stockdale
 - Kristina Cordasco
- RAND
 - Lisa Meredith
 - Nicole Schmidt
 - Tania Gutche, Bas Weerman, Bart Orriens (MMIC)

VISN 22 PACT Surveys

- Track changes in clinician and staff knowledge, attitudes, and reported behaviors related to PACT and VAIL implementation
 - Important for efficient redesign of care processes, identification of “best practices”
- Two waves: “early” and “later”
 - Early wave (11/29/11-3/9/12) replaced PACT National Survey
 - Formative feedback, pre-post changes, VAIL vs. no VAIL, factors associated with changes

Response Rates

- By Health Care System:

Health Care System	Sample Size	RR
GLA	201	67%
LOMA LINDA	89	60%
LONG BEACH	75	66%
SAN DIEGO	118	61%
SOUTHERN NEVADA	32	55%
Overall	515	63%

Response Rates

- By Demo Site Groups:

Demo Site Groups	Sample Size	RR
NON-DEMO	234	63%
PHASE 1 (3 sites)	85	60%
PHASE 2 (3 sites)	196	65%
Overall	515	63%

Demographics and Years in Clinic

Provider Characteristic	PCC		PC Staff		
	MD (n=131)	NP / PA (n=60)	RN (n=108)	LPN / LVN (n=114)	Other Staff (n=102)
% Female	36	85	83	80	67
% Latino	5	5	10	25	23
% Non-White Non-Latino	50	46	56	69	71
Mean (SD) Age	49 (10.3)	52 (9.9)	48 (10.4)	43 (11.9)	43 (12.7)
Mean (SD) Years in Clinic	12 (8.8)	10 (7.8)	6 (7.5)	6 (6.3)	6 (6.8)



"Sometimes I think the collaborative process would work better without you."

Burnout has consequences

- Negative mental and physical health outcomes
- Reduced work performance
 - Lower productivity and effectiveness
- Lower organizational commitment
 - Absenteeism
 - Turnover/intention to quit

Some factors may be linked to burnout

- Dissatisfaction with work
- Unsupportive learning environment
- Not ready for change
- Insufficient time
- Lack of respect/support by leadership
- Poor communication
- No control over schedule
- “Difficult encounters”

Components of Burnout

$\alpha=.90$ (total scale)

Emotional Exhaustion



Emotionally drained from work
Feel used up at end of workday
Working w/people all day is a strain
Burned out from work
Fatigued when get up in morning to face another day at job
Frustrated by job
Working too hard on job
Working with people directly is too stressful
End of my rope

$\alpha=.92$

Cynicism



Doubt significance of work
Less enthusiastic about work
Just want to do job and not be bothered

$\alpha=.68$

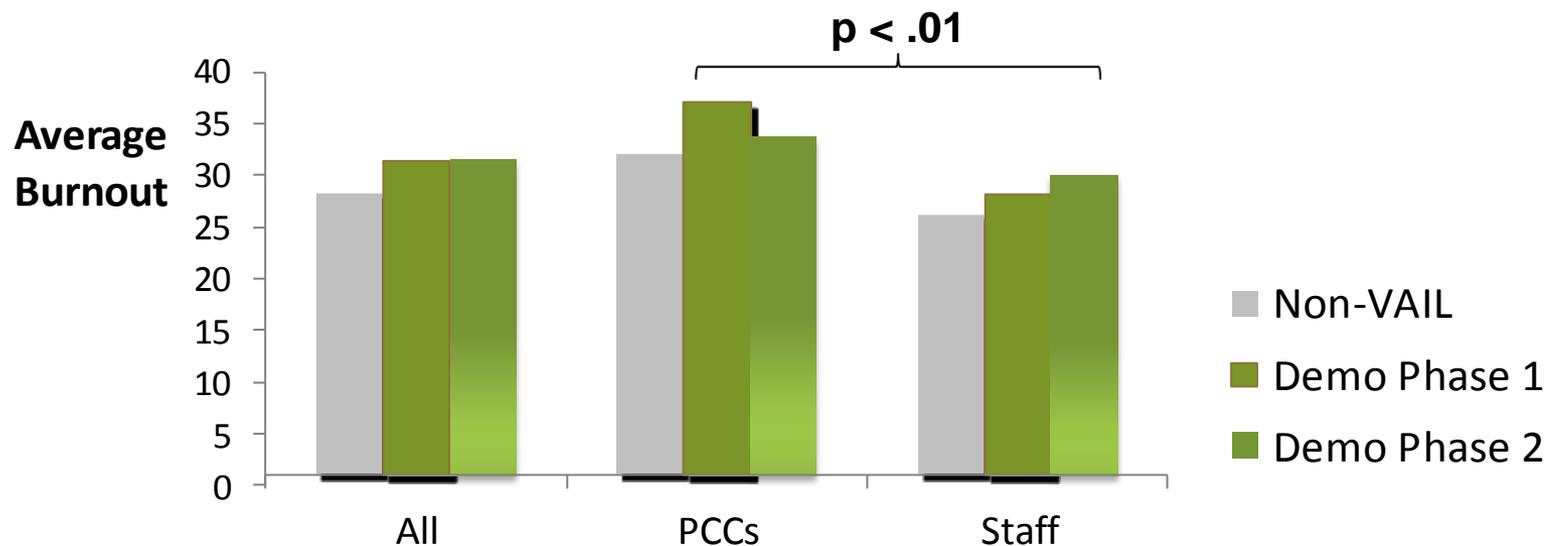
Professional Efficacy



Exhilarated when accomplish something at work
Have accomplished many worthwhile things on the job
Good at job

$\alpha=.59$

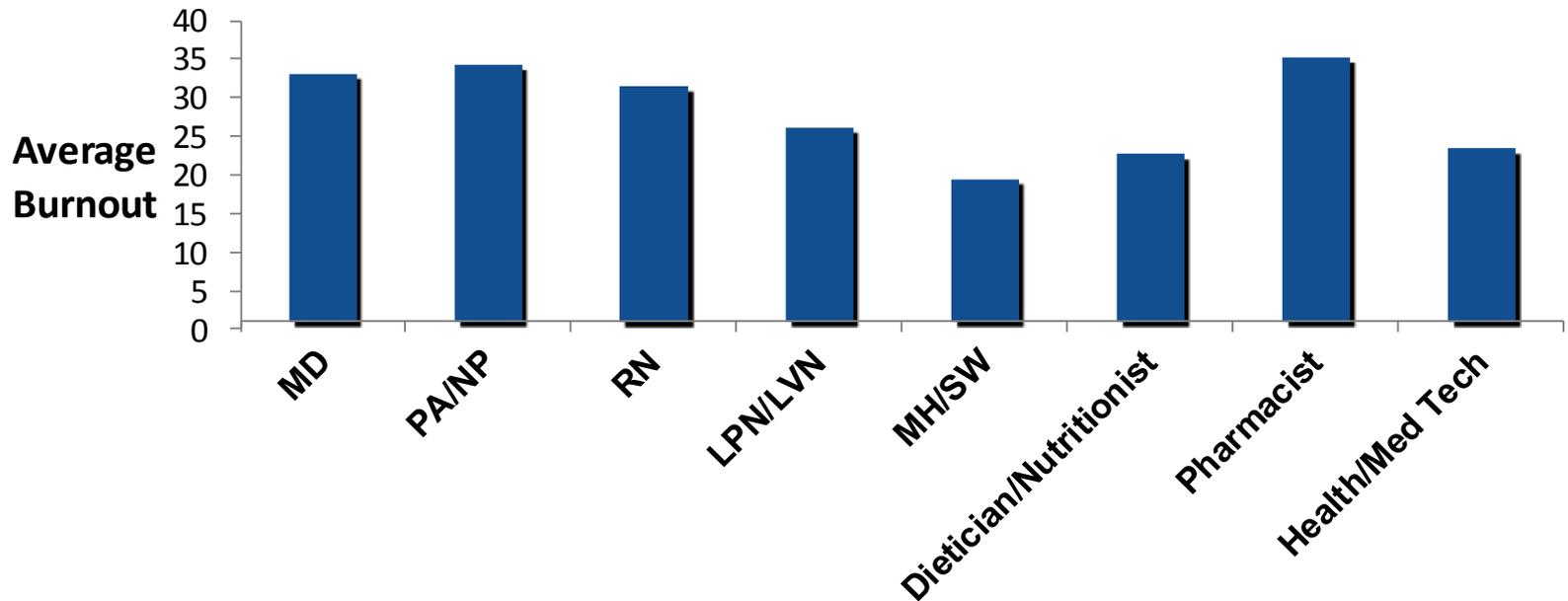
Burnout: No Differences by Demo but Differences Across Respondent Type



Cronbach's Alpha = .90

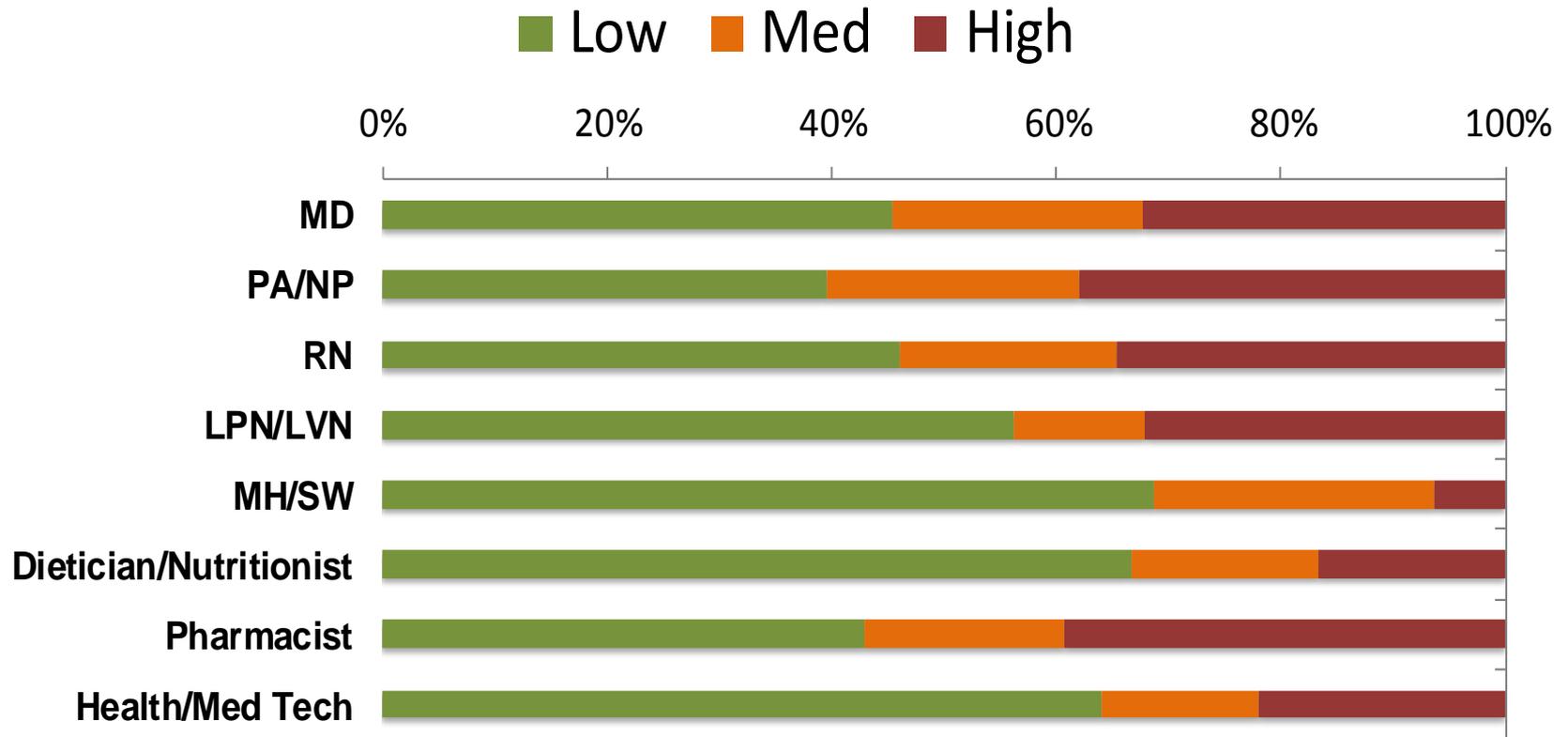
Burnout Differs By Job Type

(Total burnout scores can range from 0 to 90)

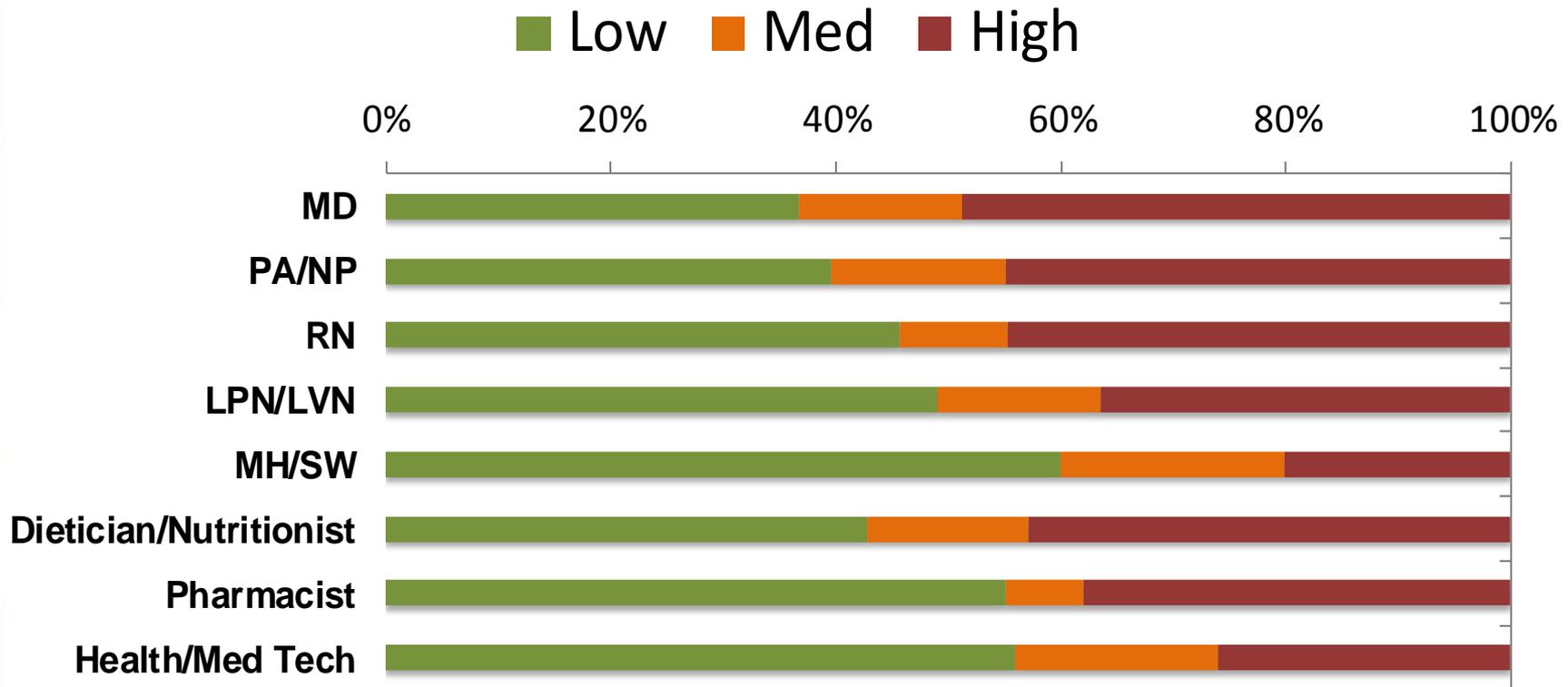


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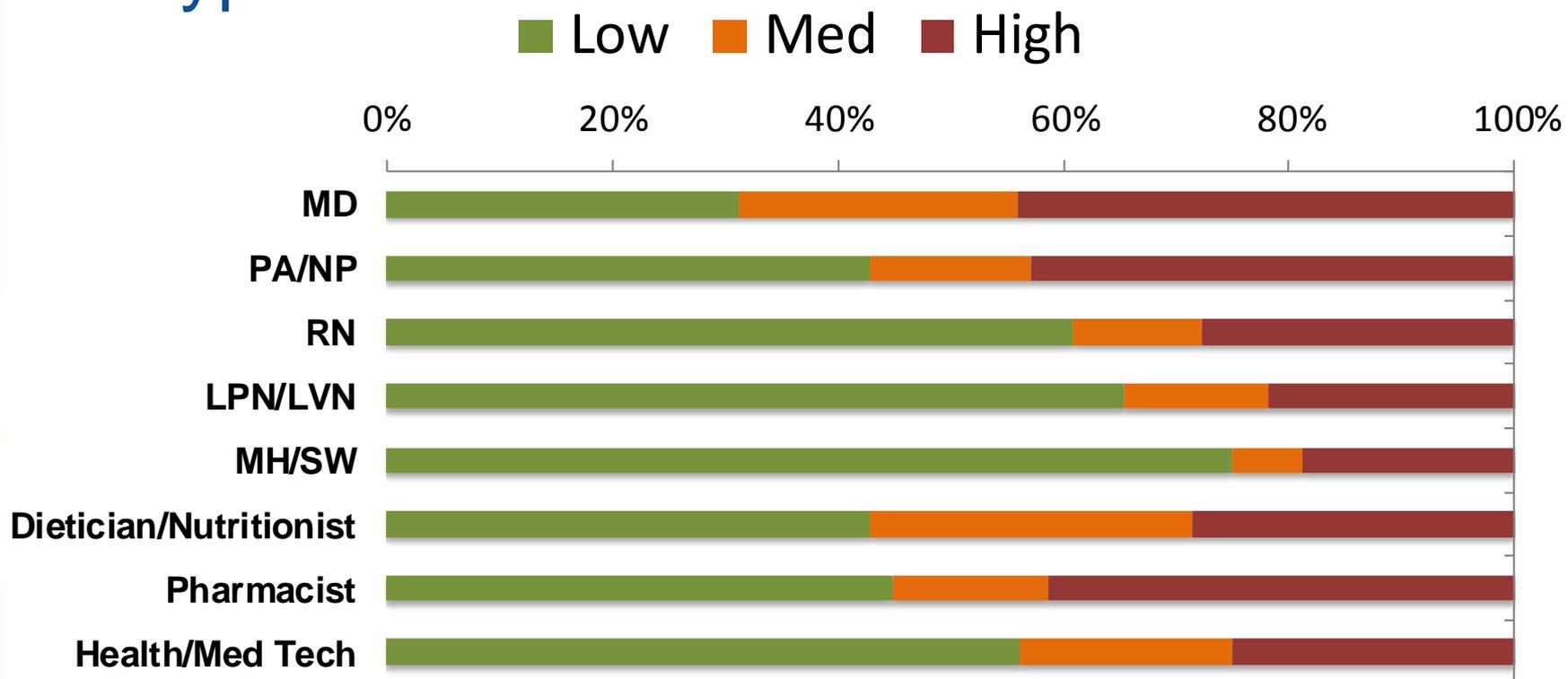
Emotional Exhaustion Differs By Job Type



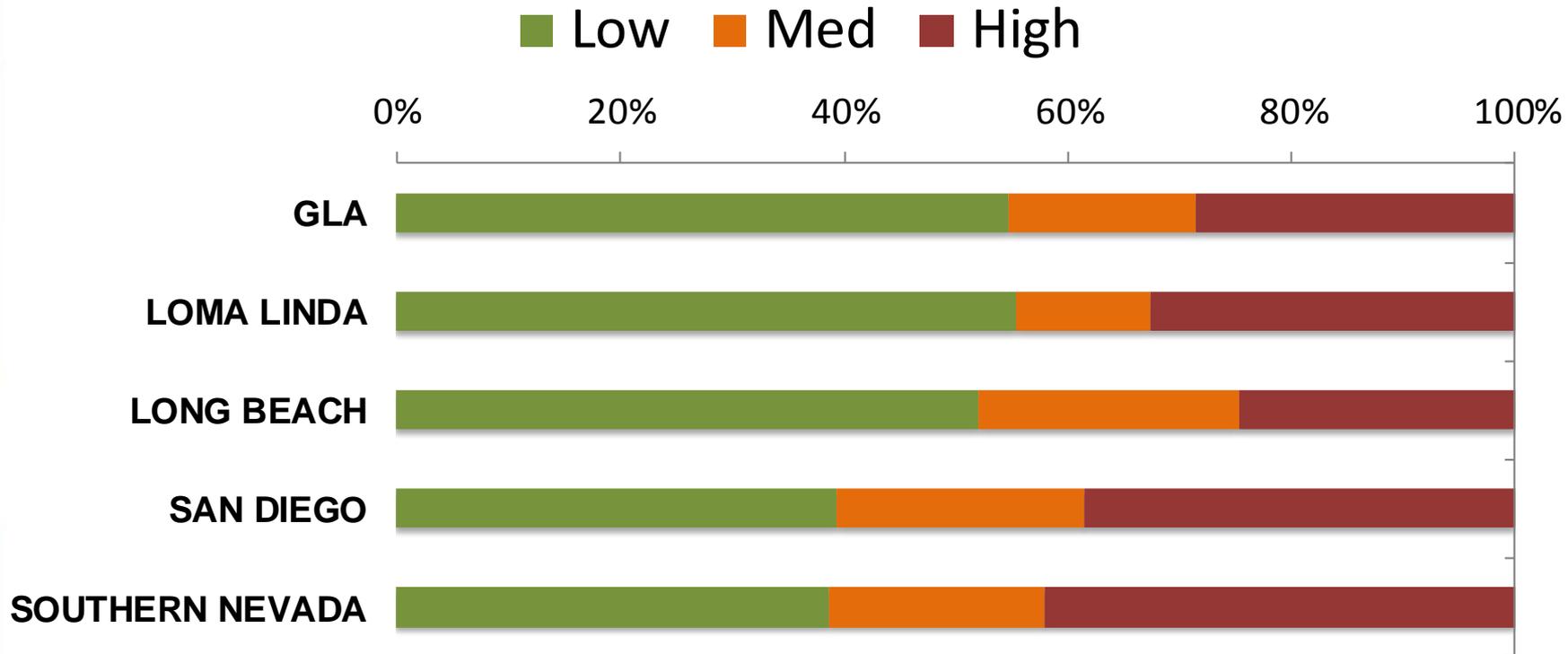
Cynicism Differs By Job Type



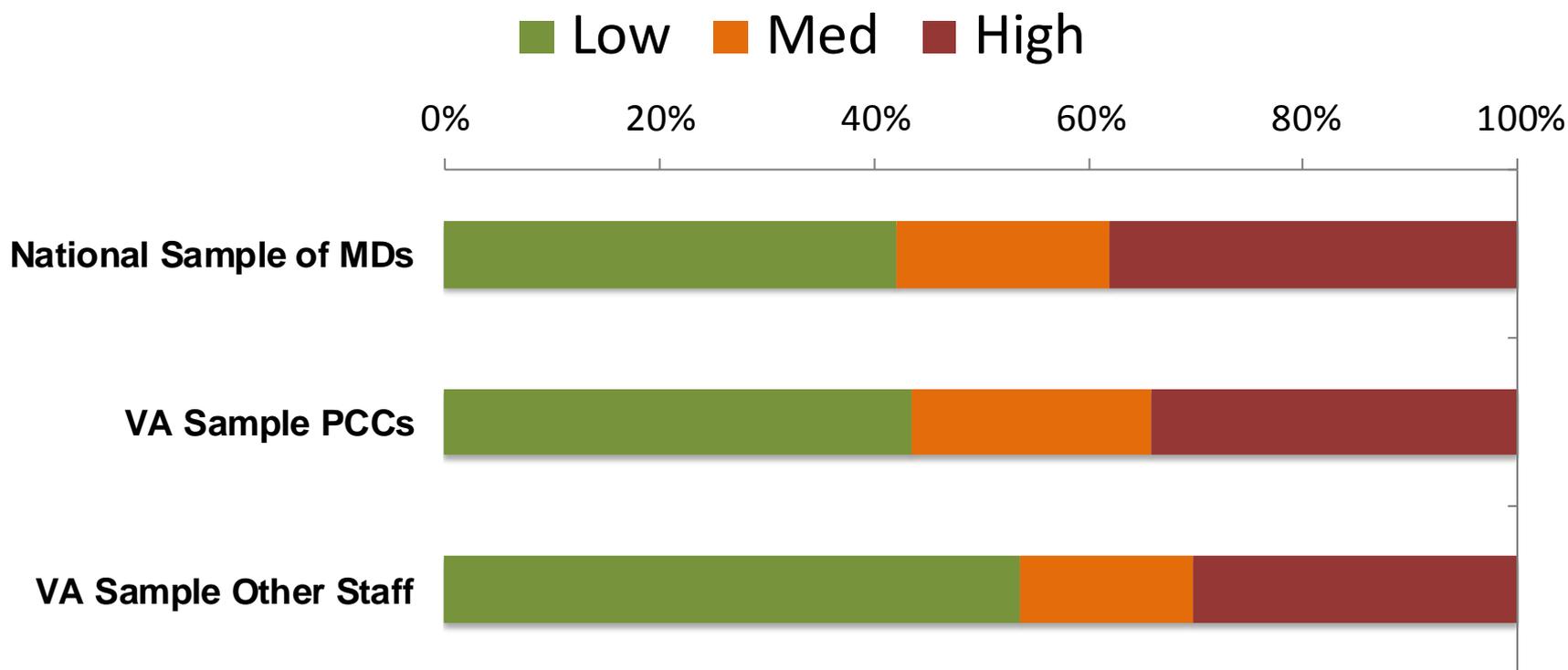
(Lack of) Professional Efficacy Differs By Job Type



Burnout differs by Medical Center



Comparing VA and National Sample of MDs (Shanafelt)



Organizational Functioning Measures

	Measure	Description
Learning Climate	Team skills and process	Members of the clinical team have enough experience and skills, and share information
	Psychological safety	Staff and clinicians are comfortable expressing their thoughts about work and owning up to mistakes
	Openness to new ideas	Staff and clinicians are encouraged to explore novel approaches
	Decision-making	Clinicians, nurses, and other staff are encouraged to be involved in decision-making, taking initiative, and making improvements
Organizational Communication	Communication	Clinic team members have constructive work relationships and are able to resolve conflict and reduce tension
	Cross-discipline communication	Co-workers from different clinical and administrative backgrounds work together effectively
	Leader norms and readiness to change	Leadership and management work cooperatively to make changes and understand implementation challenges

All of the hypothesized factors are significantly negatively associated with burnout

Correlate of Burnout	Overall Burnout	Emotional Exhaustion	Cynicism	Professional Inefficacy
Satisfaction	-0.63	-0.57	-0.59	-0.30
Teamlet Satisfaction	-0.39	-0.32	-0.37	-0.27
Individual Readiness	-0.36	-0.29	-0.33	-0.29
Team Skills & Process	-0.37	-0.29	-0.34	-0.32
Psychological Safety	-0.45	-0.40	-0.44	-0.21
Open to Ideas	-0.36	-0.33	-0.32	-0.16
Decision making	-0.46	-0.40	-0.46	-0.25
Communication	-0.44	-0.38	-0.41.	-0.26
Cross-discipline Communication	-0.39	-0.31	-0.39.	-0.29
Leadership Norms & Readiness	-0.40	-0.33	-0.39	-0.26

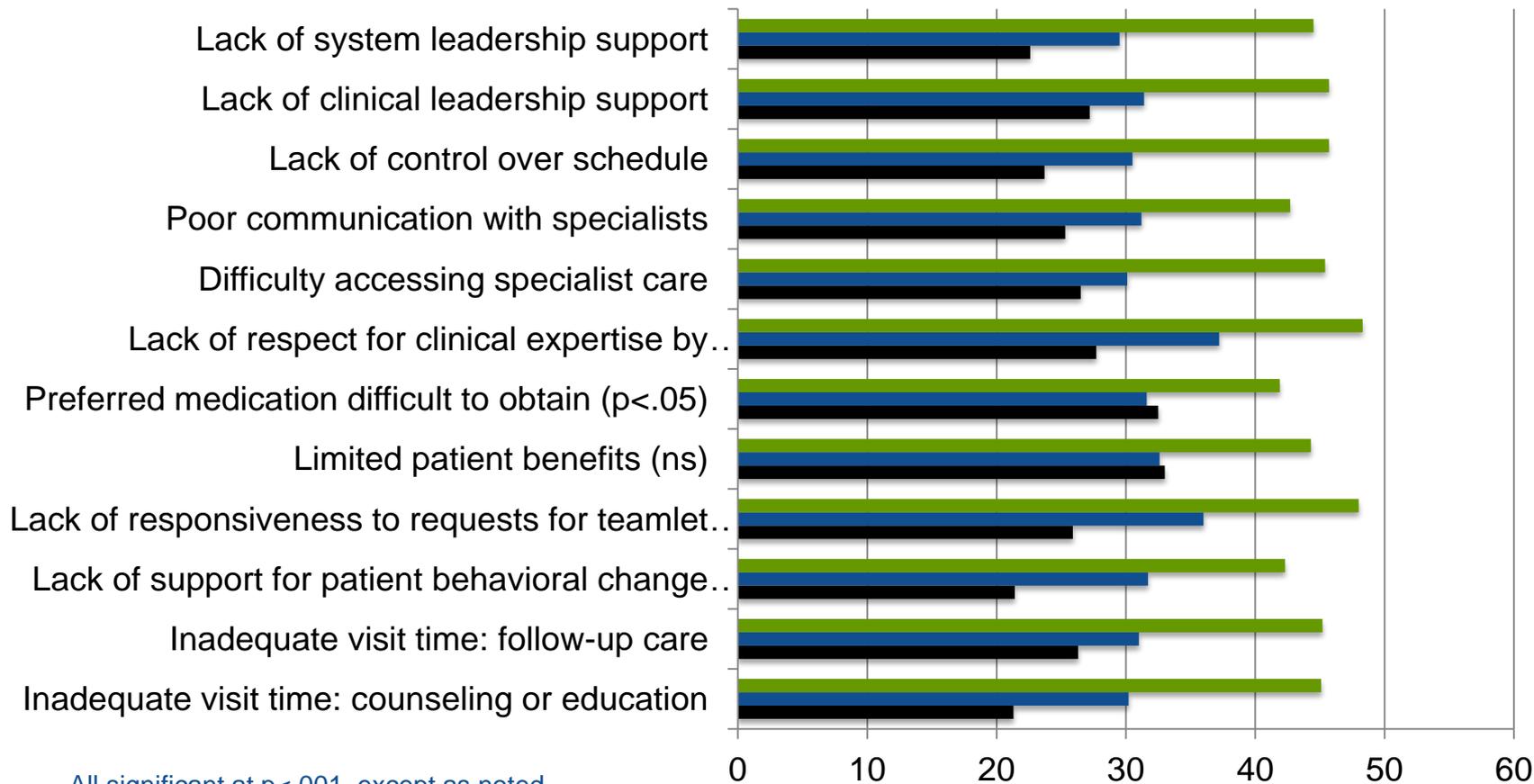
All p<.01

Summary of Regression Models for EE (n=344)

Model	Demos & Prof Chars.	Clinic Chars.	Org. Climate	Individual Experiences
Intercept	24.80	28.17	51.68	60.56
Age	-0.04	-0.06	-0.03	0.01
Male	-3.80***	-3.69**	-4.03***	-3.06**
Latino	-7.24***	-7.70***	-6.16***	-6.44***
Non-white, non-Latino	-1.15	-1.19	-0.22	0.30
Primary care clinician	4.25***	4.31***	3.85***	1.39
Years at clinic	-0.13	-0.11	-0.10	-0.04
Miles to nearest VAMC		-0.01	0.01	0.01
Panel size		0.00	0.00	0.00
Number of providers		-0.08*	-0.06	-0.03
Learning climate			-0.32	-0.30
Organizational communication			-0.47*	-0.14
Decision-making			-0.37	-0.13
Leadership			-0.20	0.01
Job satisfaction				-5.13***
Teamlet satisfaction				1.30*
Team skills and process				-0.15
Individual readiness				-0.45*
R ²	.07	.09	.27+	.40+

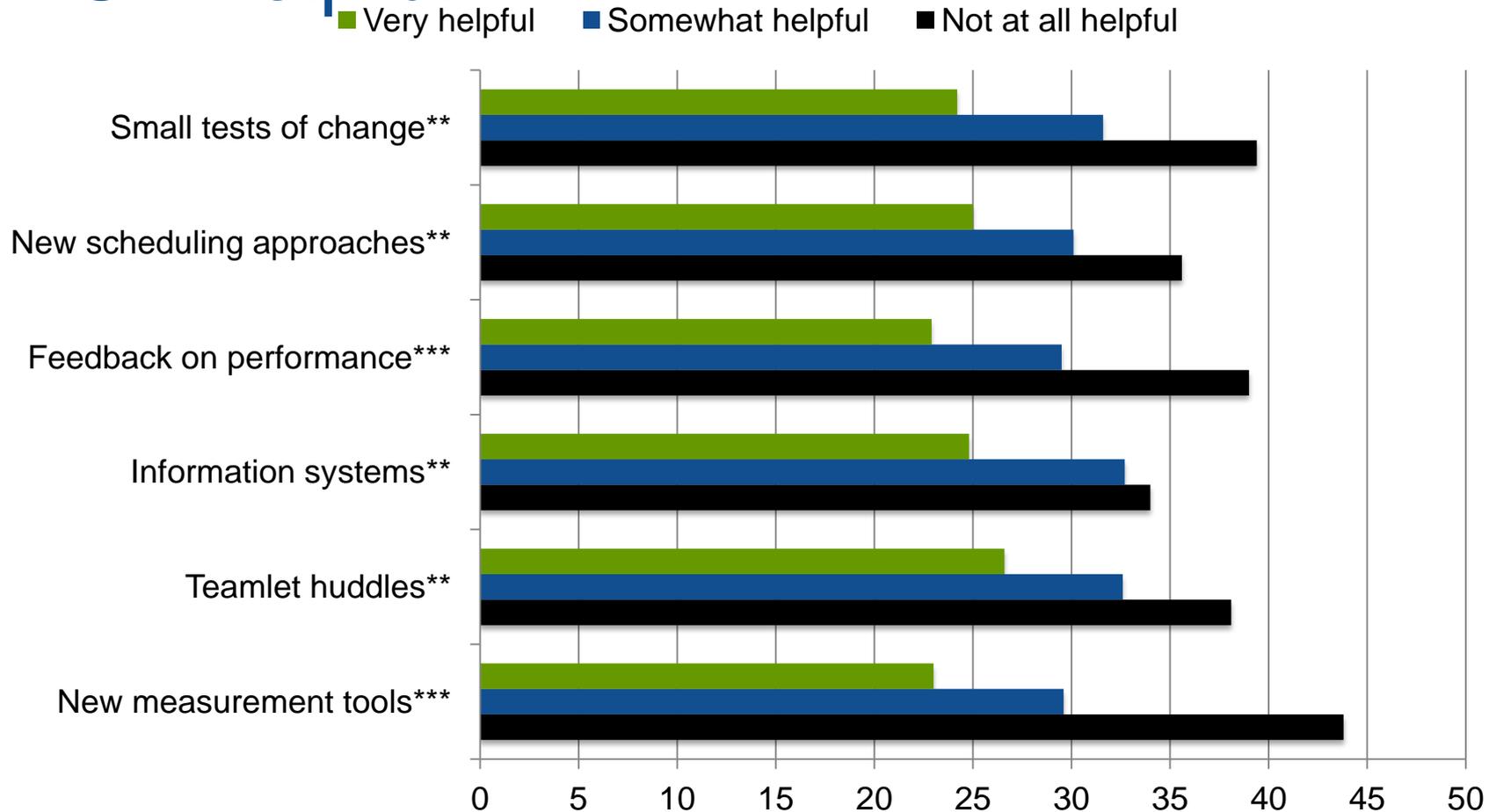
Burnout is lowest among those who do not experience barriers

■ Limits a great deal ■ Limits somewhat ■ Does not limit



All significant at p<.001, except as noted.

Burnout is lower among those who find PACT helpful



*p<.05; **p<.001; ***p<.001

Implications for Burnout in VA Primary Care

- To prevent and reduce burnout among primary care staff, create an environment that:
 - Appropriately recognizes special skills
 - Provides staff with a sense of psychological safety
 - Leverages cross-disciplinary communication
 - Encourages all staff to participate in decisions
 - Has leadership that champions the change
 - Minimizes barriers to providing optimal care

Questions



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