

Making sense of the ideal and the real in PACT implementation using qualitative research

Part II: The importance of being there

HSR&D PACT Cyberseminar

How do we understand why some PACT teams are more successful than others?

- 1:1 interviews
- focus groups
- observation
- material culture

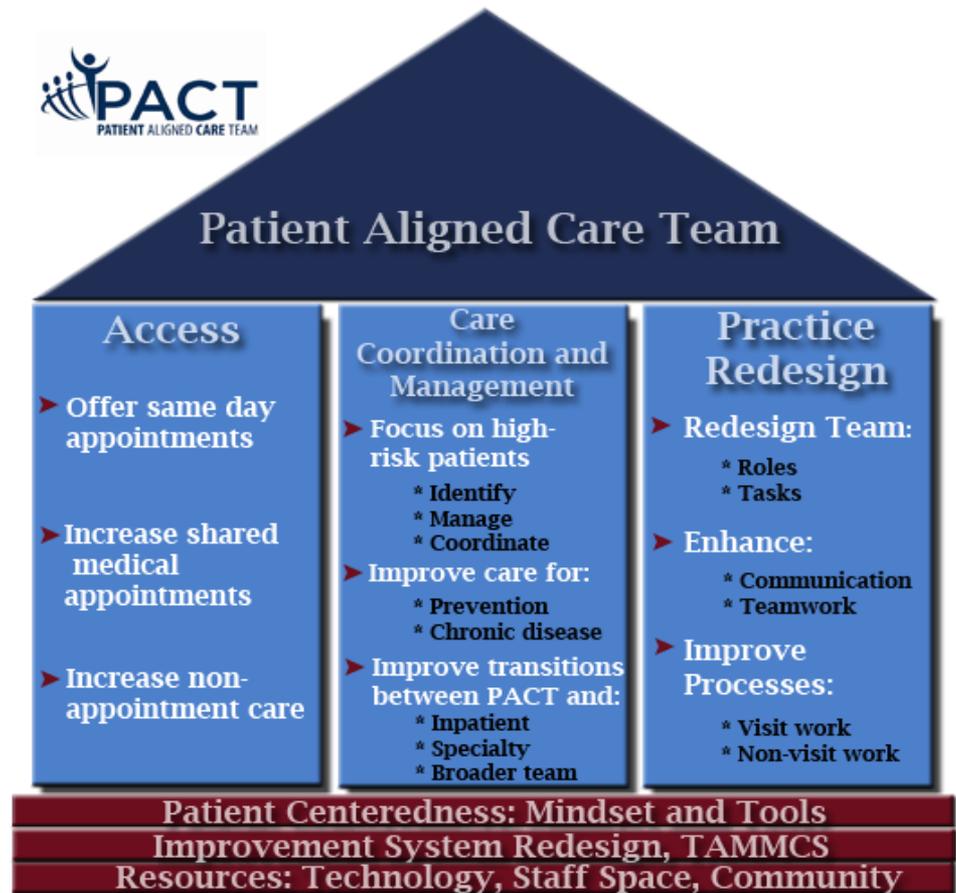
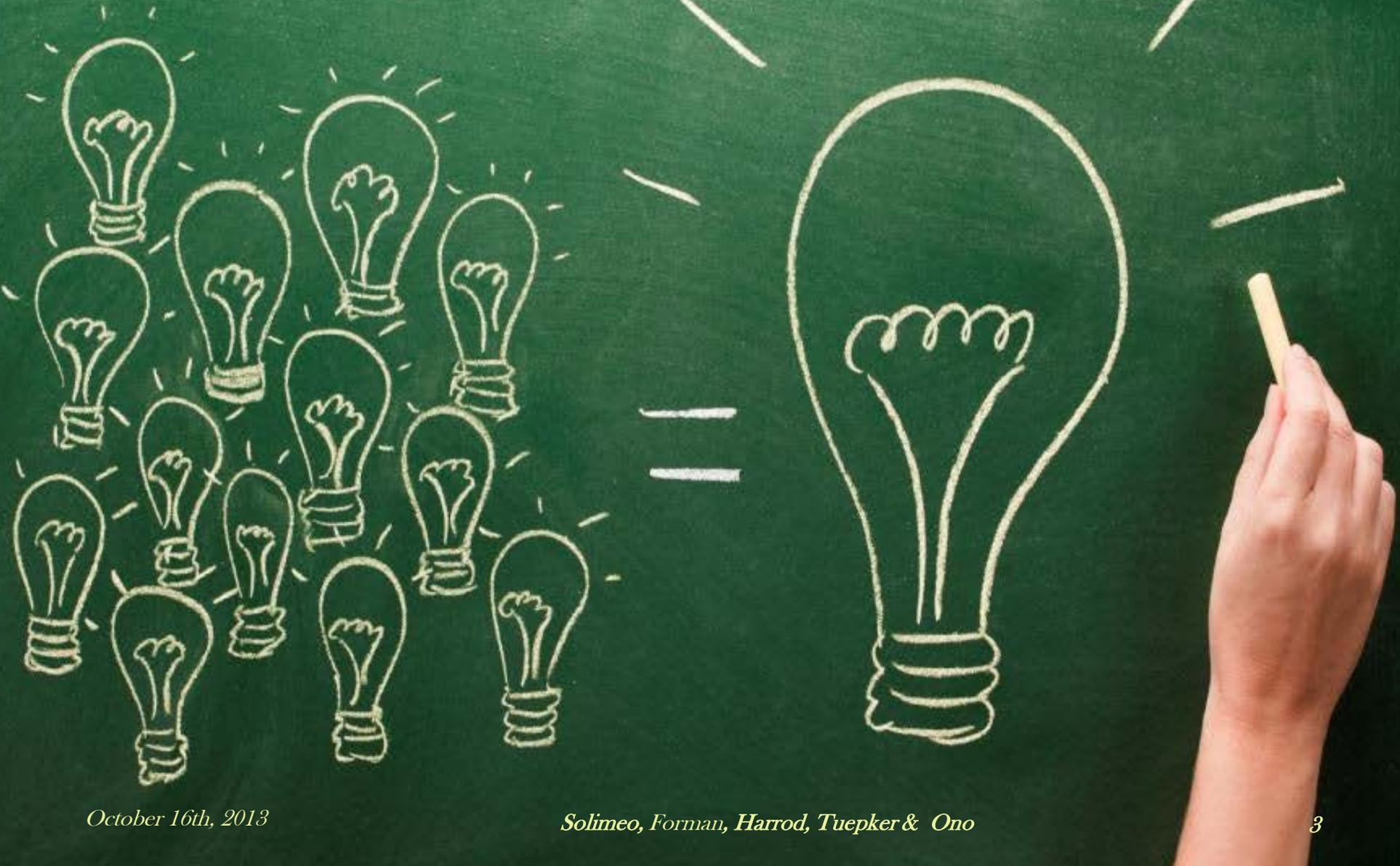


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Qualitative data draw insight from the field



Focus group participants' feedback

This was awesome. I have felt all alone. I learned I am not.
I have a better concept of where we are heading.

Very beneficial to be able to meet with other RNs at CBOCs.

This was greatly appreciated, to hear how other peers are working,
struggling, growing. Very helpful! Safe environment with peers.

Great pathway to communicate to VISN management.

PACT transformation

Professional
identity

Organizational
culture

You get what you pay for: Selected benefits of “being there”

Rapport and relationship

Out of sight, out of mind

Seeing is believing

Contextualizing performance

Belief vs behavior

Meaningful recruitment

Purposeful sampling

Getting to the Nuts and Bolts: Using Qualitative Methods to Evaluate a Locally-designed PACT Teamlet Coaching Model

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Setting

- Ann Arbor VAMC
Primary Care Clinic
- Clinic Structure
 - Over 20,000 patients
 - 20 Teamlets
 - 70 PCPs and Residents = 20 FTEE
- Average of 3.5 PCPs per teamlet
 - At least 1 resident per teamlet



History:

- PACT implementation slow; took time to build the foundation so practice redesign could occur.
- PCPs and staff had little opportunity for experiential learning.
- Coaching sessions established to help teamlets develop and implement new work processes.

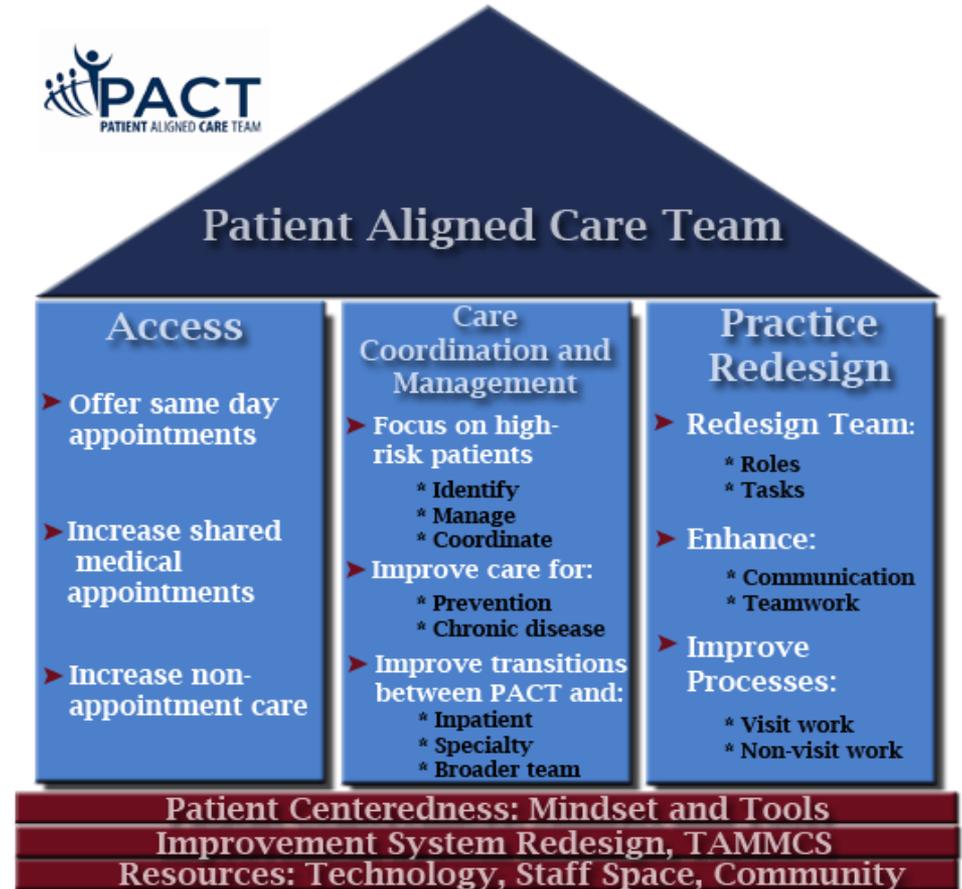


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Locally-designed PACT Teamlet Coaching Model

Developed and delivered by clinic leadership; consistent with national requirements

6 coaches

- Including the Director of Primary Care and the Associate Chief of Staff for Ambulatory Care
- Coaches meet quarterly

Brings each teamlet together for 1-2 sessions (2 hours) per month

Sessions are agenda-based with the current clinic-wide goals (e.g., to address access, continuity)

Teamlets develop and pilot QI interventions

Evaluation

- Designed with input from clinical operations leadership
- Formative evaluation with an eye to program improvement and spread to other sites
- Looking at:
 - Session content and attendance
 - Teamlet interactions
 - Development and implementation of new work processes over time
 - Spread of best practices
 - Effect on coaching sessions on part-time provider engagement and PACT metrics

Methods



- Longitudinal observation of 9 out of 20 teamlets
 - 5 different coaches; 2 in leadership positions
 - 16+ hours of observation to date
- Planned: semi-structured interviews with teamlet members and coaches
- Outcomes measurement
- Today's presentation: Preliminary analysis of observation data, focusing on teamlet *interactions* during coaching sessions.

Findings

- Teamlet members learn from each other
- Building relationships within the teamlet
- Spreading best practices across teamlets
- Teaching and learning with coaches

Teamlet members learn from each other

- Learning about each others' roles
- Working out new work processes
- Taking the initiative



Learning about each others' roles

Working out new work processes

Taking the initiative

Fieldnote:

PT MD- what tasks do you enjoy doing, or what should I be giving to you?

LPN1- I would like to not have to turf everything over to RN. I can't even take blood pressure (BP) readings over the phone. I can't document them. I can't assess them or offer my opinion.

LPN2- wouldn't that help you RN1? (RN1- oh yeah). They act like we don't know what a high BP is or what a high glucose is.

LPN1- if I take someone's blood sugar and even if it is normal, I have to hand it over to an RN.

MD1- so you can't call, take the information and put it in a note? (LPN1- nope).

Clerk- they put us in such a bind, we can't do anything.

LPN1- why can't I put numbers in and then co-sign RN1?

PT MD- I think you should be able to. You're just documenting what the patient is telling you. You do that when they are in clinic.

MD2- but will you get into trouble if you just do it?

Coach- that's what we have to find out.

Learning about each others roles

Working out new work processes

Taking the initiative

Fieldnote:

MD1-...I'll work on a list like we did for labs that has my most used injections and what I usually give.

LPN1- if you could look at the schedule that day and write down any injections that you want I can have them ready and that way, you don't have to go searching for the injection tray. We have a bunch of new Residents so you never know where they put things. It messes with the flow of the clinic.

Learning about each others roles
Working out new work processes

Taking the initiative

Fieldnote:

LPN1- what I would like to be able to do is print out the medication-reconciliation form beforehand, call the patient and tell them I am putting it in the mail and to be sure to include all over the counters, vitamins, creams, and then have them bring it in with them.

PT MD- LPN1 has picked up adherence issues with patients before I even did. She's really good at this.

Coach- that's a really good idea. That would help because it takes 20 minutes of the visit to go over it with them.

MD1- it takes sooo long. This would help so much. And then we can have all the LPNs do it! (Laughter). Is this beyond your scope of practice?

LPN1- no, it is not.

Coach- it shouldn't be because they do this on check-in.

Building relationships within the teamlet

- Affirmation within the teamlet
- Advocating for teamlet members
- Flattening the hierarchy



Affirmation within the teamlet

Advocating for teamlet members

Flattening the hierarchy

Fieldnote:

MD- she's (LPN) very good, she's very efficient. It is literally impossible for me to do my job without these two (RN and LPN).

Fieldnote:

MD2- having a dedicated LPN has been great.

MD1 to LPN1- you are making a difference. You're getting rave reviews from patients.

Affirmation within the teamlet

Advocating for teamlet members

Flattening the hierarchy

Fieldnote:

MD2- I'd be happy to facilitate the LPNs doing the BP teaching. Telling them (primary care leadership) things are going great and it's working well. It's about reallocating our resources. LPNs shouldn't be doing all check ins and check outs. Doing patient education is totally appropriate.

Affirmation within the teamlet
Advocating for teamlet members
Flattening the hierarchy

Fieldnote:

LPN1- that day you had a pap, I should have had everything ready beforehand so now I'm going to look ahead and have it ready. I had to go to the Women's Clinic to get everything and that's why it took so long.

MD2- I don't even know what the procedure is for doing paps.

LPN1- maybe on a slow day, we can sit with [Women's Clinic] and go over everything.

MD2 to LPN1- we'll work on that together.

Conclusions:

- Use of observation allows us to see process-in-action:
 - Document how change occurs - interviews can only give us an account-as-told, and not details of processes involved as they happen.
 - See the process through which all teamlet members are both teachers and learners.
 - Understand the nuances involved in teamlet transformation.
 - Delineating roles and responsibilities
 - Flattening hierarchy

Using Qualitative Methods to Identify and Pursue Unanticipated Research Questions: Examples from VISN 20 Demo Lab's Emerging Focus on Performance Metric Use and Development

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- **Initial Demo Lab focus on PACT innovations to improve care for patients with complex chronic conditions**
- **Focus groups and interviews with 242 employees in 15 Primary Care clinics; no questions about performance metrics**
- **Loose use of the Consolidated Framework for Implementation Research (CFIR) & PACT pillars to develop initial codebook**
- **Iterative coding process allowed codes to change**
- **Analysis across codes pulled together findings related to performance metrics**

“...on one hand we say we want the PACT team, we want to have more phone clinic, we want to have more kind of non face-to-face stuff so we can manage these people better...on the other side of the coin, it’s like, “Boy, that veteran really wants an appointment, and you had better give it to him on the day he wants it.” And so everybody gets an appointment and all the slots fill up...you’re given two directives that really do not, they just bounce off each other, you can’t make that fit. [PCP, Site C]

Metrics are sometimes in conflict

We started scrubbing our panels. I changed the ratio of in-person to telephone calls, things of that sort. Then we get this backlash from administration that we're not allowing patients to come in... we received this memorandum that we will see a certain number in-person and we will do a certain number of phone calls, that it will be that way. [PCP, Site K]

Metrics are sometimes in conflict - and who sets the priority?

On one hand we're saying we're a PACT team and we're a team, but ... we're using...the individual's performance as the metric for how well the team is doing....[So]to be able to go and say the PACT model doesn't work because these people haven't made their metrics, where's the breakdown? Is it the individual provider that's not really providing leadership and guidance, is it the NCM who's not really good, is it that people don't understand their roles very well? (PCP, Site N)

Metrics are missing something essential about PACT (team based care)

I'm also frustrated, when his [PCP's] numbers are clean and better, he gets the pat on the back for it. And they just say, ok, well now that you've got that done, here's what else I need you to do. And so that's very frustrating for me too. Because, what am I chasing numbers for? [Clinical Associate, Site B]

Metrics are missing something essential about PACT - and have unintended consequences (staff satisfaction)

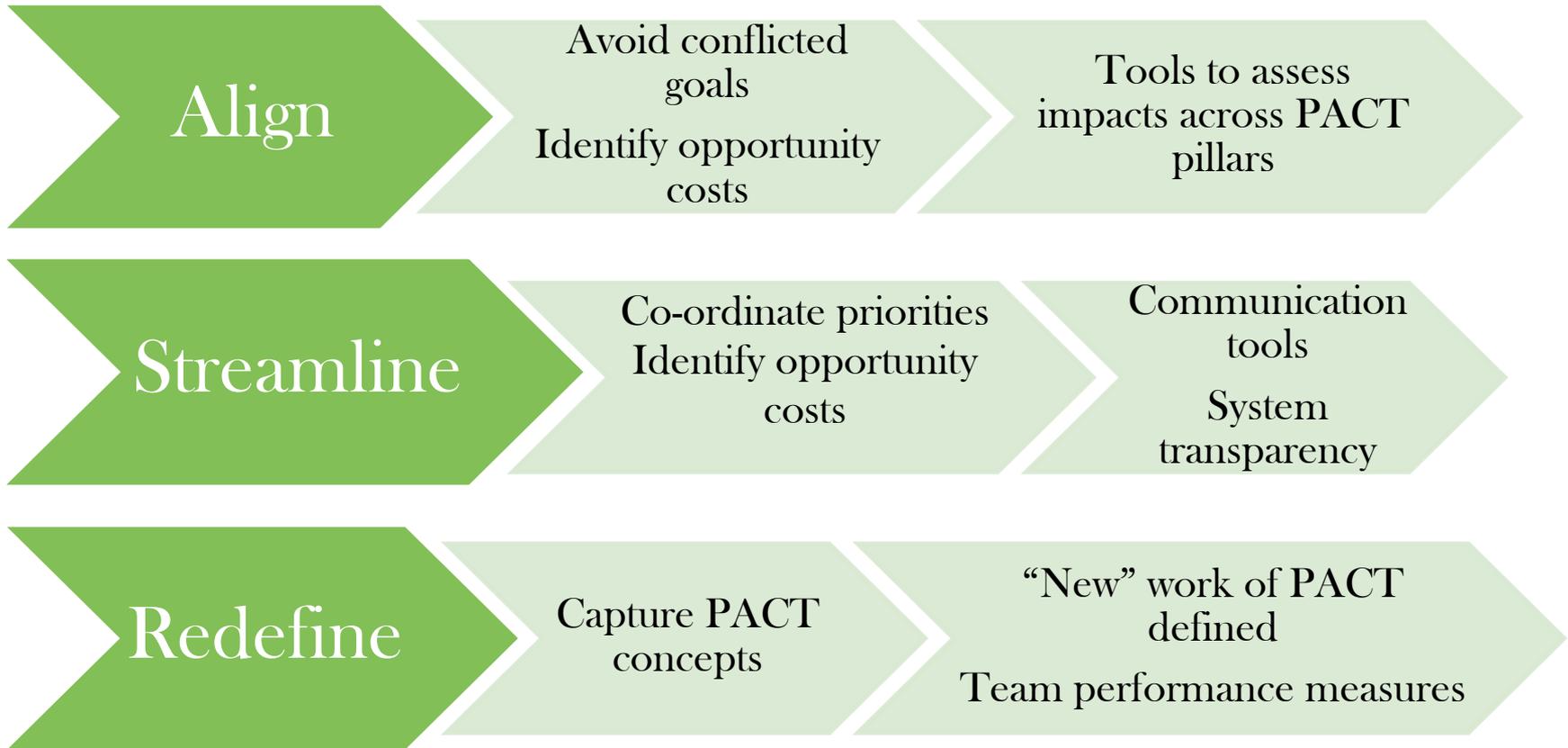
And then the clinic also has these things that say, “Well, oh, gee, nobody has um, this guy hasn’t had his cholesterol checked in 150 days. Let’s get that to your team to add.” And then that generates an appointment. Whether the patient even needs to have his cholesterol, or his A1c checked, or any of that nonsense. There’s still those little boxes that we’re still expected to check. And the patients are expected, either by themselves or by the clinic managers to come in once a year, whether or not they need an appointment. That’s a system thing. So we have this system, these system requirements that don’t speak to the PACT model. [PCP, Site C]

**Metrics might not be aligned with
PACT (“is it patient centered?”)**

I think we're reaching to some of those core performance measures, that we're able to help our providers reach some of those goals and attain them. But it's almost like, with some we're able to, but others are being left behind. Other patients are being left behind. It's like we can focus on some of them [but] not all of them.... it feels like maybe our diabetics and our congestive heart failures, COPDers, those kind of people, we're attaining those goals with them. But it doesn't seem like we're giving the same amount of attention and care to all of them across the board. [Clinical Associate, Site D]

Metrics carry an opportunity cost

Improving metrics: what to do, why to do it, and how to do it



Next steps

- Interviews with teams about specific impact of actions intended to address performance metrics
- Interviews with patients: how would they measure team performance? What matters to them?
- Interviews with VISN and facility leadership: examining processes of metric selection and dissemination
- More focused interview guide, same process of directed-to-inductive coding

Some parting comments

- Inductive and directed/theoretically driven analytic approaches are not mutually exclusive: much health services research combines both
- Validity of qualitative themes comes through consensus; involve multiple researchers and perspectives (double coding, iterative discussion, participant validity checks)
- The findings don't emerge, you work at them.

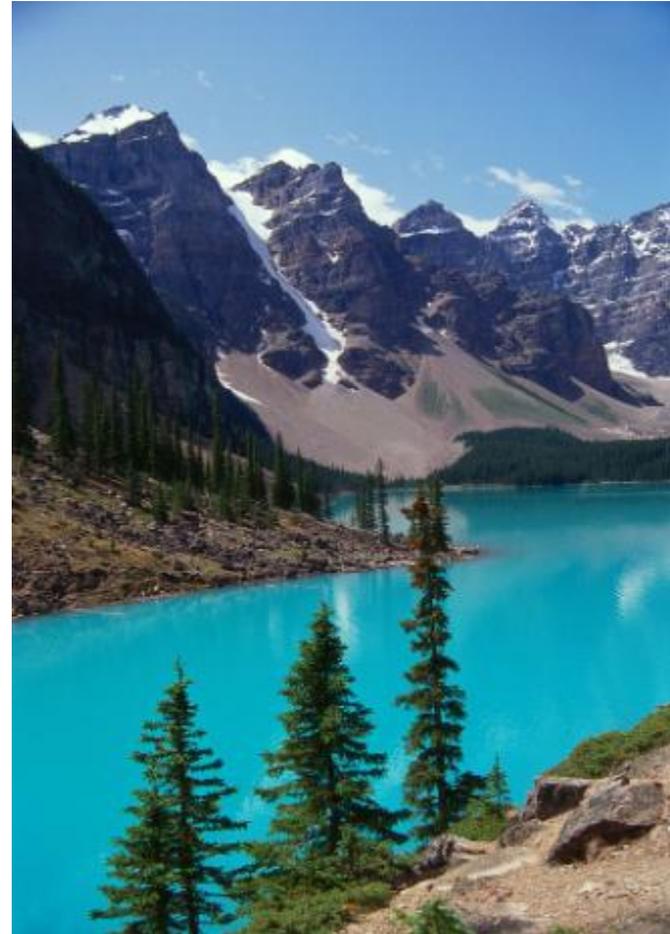
Qualitative Insight into PACT Dynamics and the Role of Clerks

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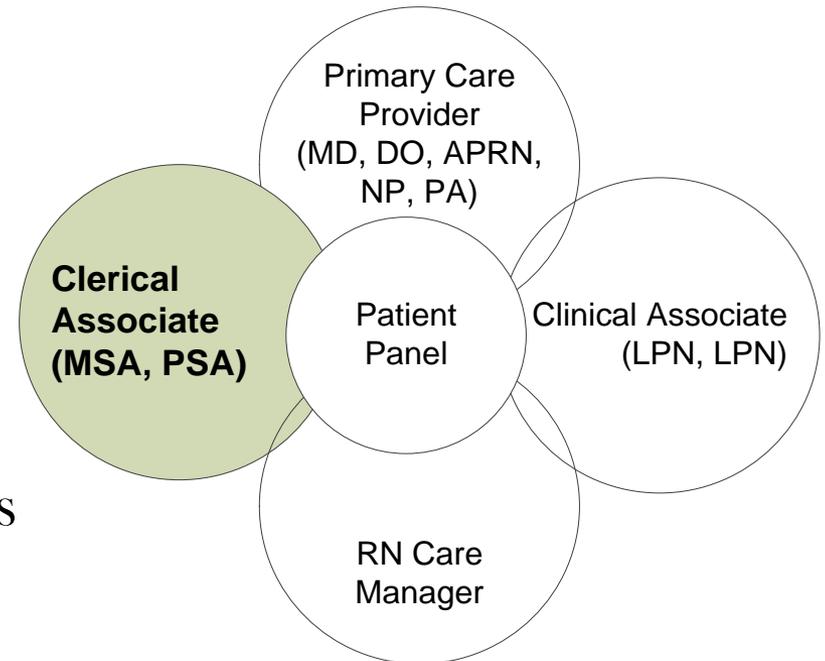
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Working With Qualitative Data



Challenge of Collecting Clerk Data

- Challenges to collecting data on Clerks: time and willingness
- Participation in research may mean something different to different role
- Nature of the interaction changes based on perceived status or power dynamic



One of these things is not like the others

- Why people become Clerks is different than other team members.
- Clerks are the only role on a PACT team without clinical licensure.



Finding #1: Clerks report high workload and low status

Clerks need to perform a broader range of tasks, including: panel management, data collection, triaging phone calls, screening secure messages, and sending faxes

Clerks are viewed by PACT team members as being “overwhelmed at front desk” and “too busy to do a great job,” but also needing to “be more involved in data collection” and to provide “better customer service.”



Finding #2: Spatial dislocation and timing of tasks leads to feeling disconnected

“[Clerks] would interact more with rest of team if not spatially apart.”

- PACT Provider

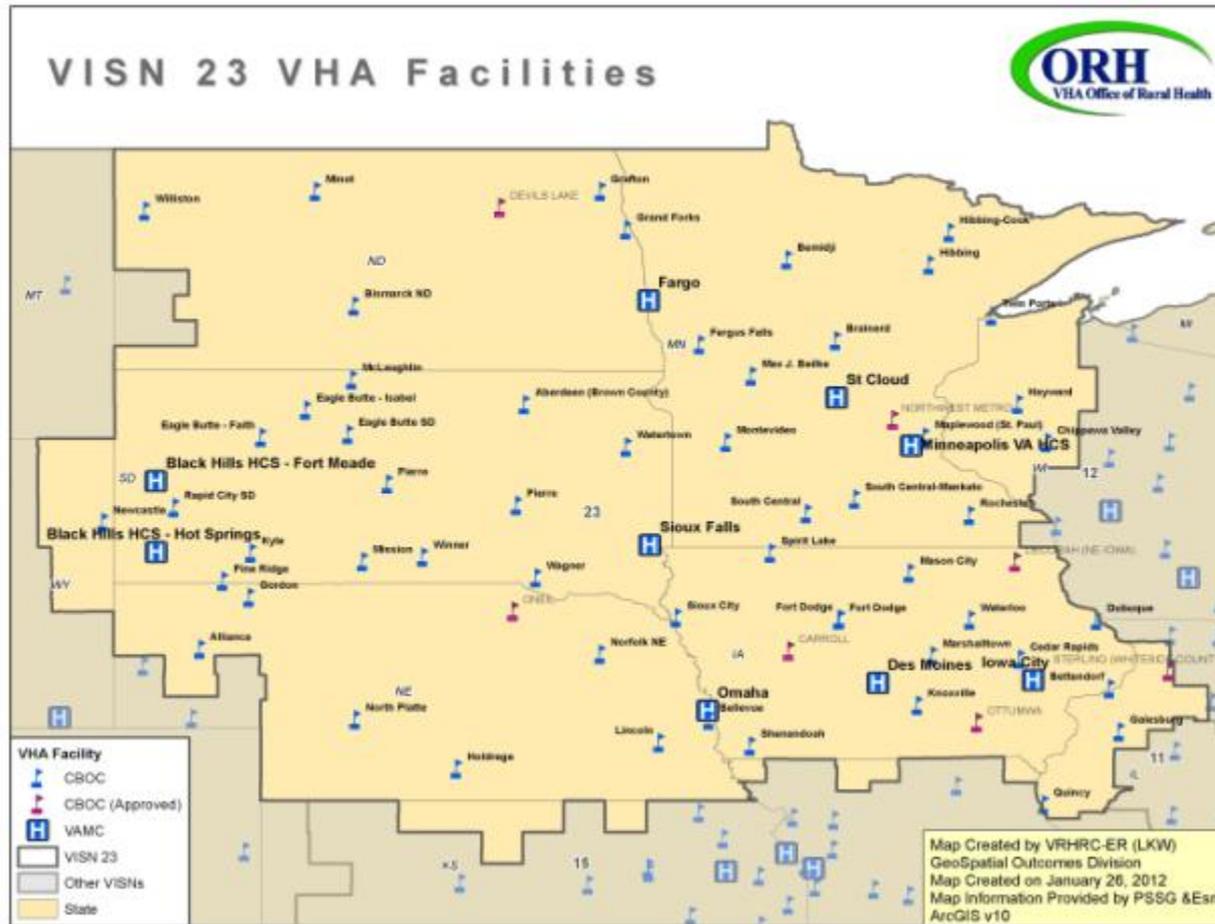
- Out of sight, out of mind
- Clerk role creates isolation in two ways:
 - Physically removed from team
 - Time and tasks
- ★ Clerks are the “face of the office”
- ★ Well-incorporated Clerks make valuable contributions to their teams.



Being There as a Method



Being There as a Method



Which aspects of qualitative observation methods would you most be interested in learning?

- Different approaches
(e.g. direct, participant, structured, etc)
- Selecting the best approach for your study
- Strategies for gaining entry and developing rapport
- Fieldnote recording and analysis

Questions?



OPPORTUNITY

**For more information
please contact individual presenters**

Samantha L. Solimeo

“The importance of being there”

Jane Forman and Molly Harrod

“Getting to the Nuts and Bolts: Using Qualitative Methods to Evaluate a Locally-designed PACT Teamlet Coaching Model”

Anais Tuepker

“Using Qualitative Methods to Identify and Pursue Unanticipated Research Questions: Examples from VISN 20 Demo Lab’s Emerging Focus on Performance Metric Use and Development”

Sarah S. Ono and Samantha L. Solimeo

“Qualitative Insight into PACT Team Dynamics and the Role of Clerks”

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