

“Best Kept Secret” and “Red Tape” Resident and Physician Perspectives on Working for the VA

Meg Moldestad MS, CCC-SLP (she/her)
Qualitative Analyst & Team Lead
Seattle VA HSR&D

Center of Innovation for Veteran-Centered and Value-Driven Care

VA Cyberseminar
July 15, 2020

Acknowledgments

- Thank you to our study participants for sharing their views!
- **Funding information:** Health Services R&D IIR 15-363

Co-Investigators:

- Edwin Wong, PhD
- Johnny Mao, MPH
- George Sayre, PsyD
- Chuan-Fen Liu, PhD, MPH
- Karin Nelson, MD, MSHS
- Ashok Reddy, MD, MSc
- Nora Henrikson, PhD, MPH
- Ryan Sterling, PhD, MPH, MSW
- Peter Kaboli, MD, MS
- Seppo Rinne, MD, PhD
- Christian Helfrich, PhD, MPH
- Chuck Maynard, PhD, MSW
- Catherine Kaminetzky, MD, MPH

Required statements

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.

The authors have no conflicts of interest to report relevant to the study.

Poll question 1

- What is your role at the VA? *Check all that apply.*
- 1. Investigator
- 2. Medical resident
- 3. Provider
- 4. Research staff
- 5. Other (Write in)

Introduction



PCP shortage

United States (US) projected up to 55,200 by 2032



Declining supply

Interest dwindling
Substantial burnout, turnover
Retirement



Increasing demand

Growing aging population
Rising rates of chronic disease
Expansion of Affordable Care Act

Shortage:
primary care
physicians
(PCPs)

Veterans Administration (VA) healthcare system

- Similar challenges facing primary care workforce
- Demand
 - “Wait time” scandal → increased access for Veterans (Department of Veterans Affairs, 2014)
 - Complexity of Veteran population (Agha, Lofgren, VanRuiswyk, & Layde, 2000)
- Supply
 - Patient Aligned Care Team (PACT) initiative: well-documented staffing shortages (Olmos-Ochoa et al., 2019; US Department of Veterans Affairs, 2016)



Largest provider of medical resident training in US

(Geppert, 2016)



VA trainee satisfaction increases likelihood of considering VA post-residency

(Cannon et al., 2008; Keitz et al., 2019)



Initial exposure to an organization (less than 2 years) influences desire to stay or leave

(Cooman et al., 2009)

Objective:
to understand...

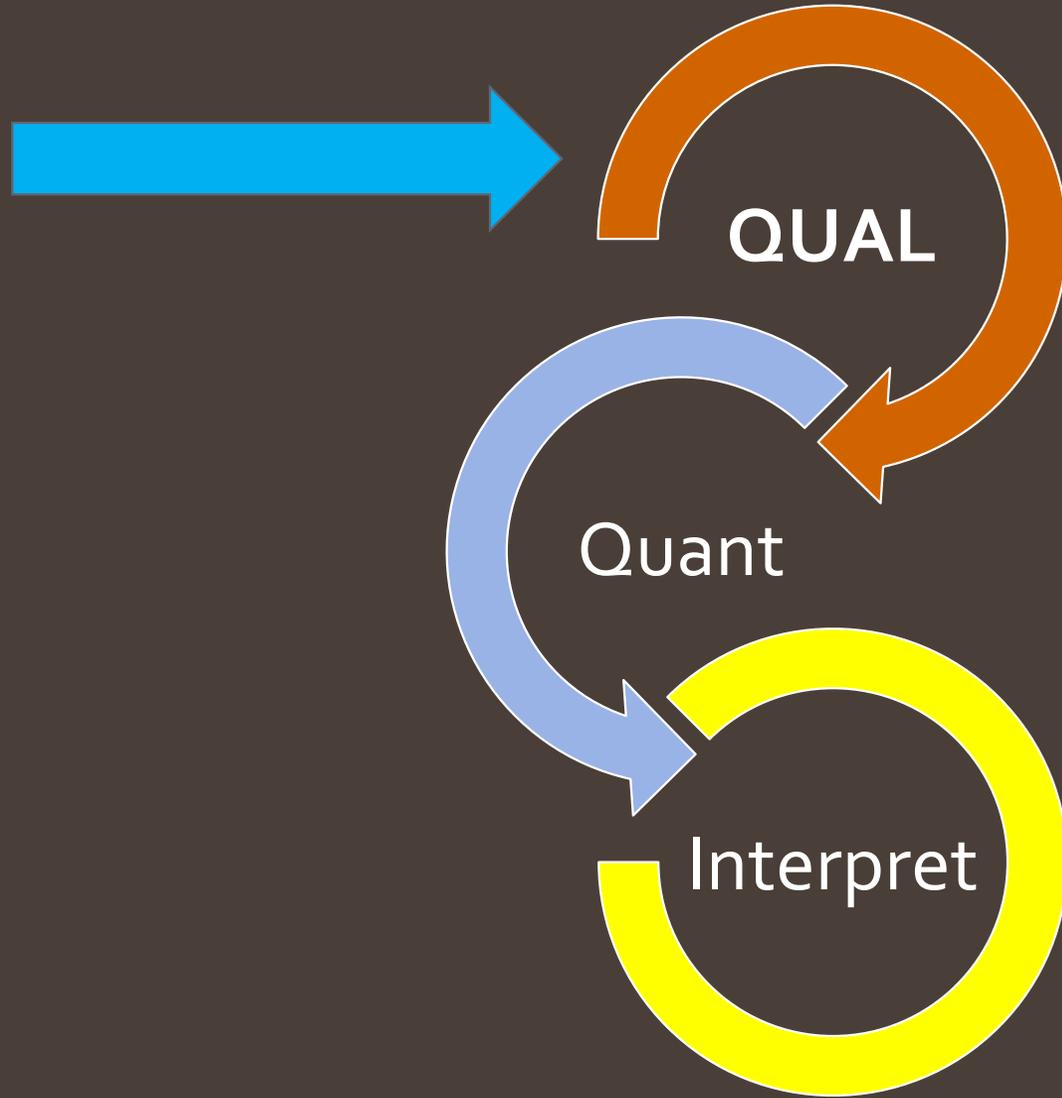
Perceptions and experiences of residents and PCPs with limited tenure within primary care in the VA healthcare system



Mutable factors to improve PCP recruitment and retention

Methods

Qualitative
exploratory
sequential
design



(Onwuegbuzie, Bustamante, and Nelson, 2010)

Recruitment

- Via email
- Purposive sampling
- **PCPs**
 - All MDs/DOs listed as primary care provider for ≥ 1 VA patient
 - Newly employed (≤ 2 years) with VA
 - Invited 285 PCPs to participate (95 responded, 44 declined, 21 interested but lost to follow-up, zero ineligible)
- **Residents**
 - All residents with primary care clinic at VA
 - Residency years 2 to 4, and recent graduates
 - Invited 1768 residents to participate (132 responded, 80 declined, 6 interested but lost to follow-up, 26 ineligible)
- All participants provided informed consent

Data collection

- Individual, semi-structured interviews; audio-recorded, transcribed
 - Unstructured → Structured
 - **Essential aspect:** using participants' **verbatim language** (e.g., "Tell me more about 'difficult'") in follow-up probes
- Guides iteratively refined



Sample root questions

PCPs

- Please describe how you chose to work at the VA.
- Describe your ideal job.
- Tell me about working at the VA.

Residents

- Tell me about your future professional plans.
- Please describe your ideal job.
- What factors will go into making your decision about your first job after residency?

Data analysis

- Combined content analysis (Elo & Kyngäs, 2008)
- Data management in ATLAS.ti (V8) (Muhr, 2016)
- Deductive coding:
 - Individual demographics (e.g., military exposure)
 - Preferences
 - Non-VA employment
 - VA training/employment
 - Rural practice
- Inductive coding: new and unexpected findings (Elo & Kyngäs, 2008; Graneheim & Lundman, 2004)
- **Information power** deemed appropriately high to illustrate study aims (Malterud, Siersma, & Guassora, 2016)

Poll question 2

- In one or two words, what do you like *most* about working for the VA?
- (Open text)

Poll question 3

- In one or two words, what do you like *least* about working for the VA?
- (Open text)

Findings

PCP and resident characteristics

PCPs (n = 30)	
Age, Mean (SD)	43.2 (8.0)
Gender, No. (%)	
Male	9 (30.0%)
Female	21 (70.0%)
Years Practicing, No. (%)	
Early (1-3)	10 (33.3%)
Mid (8-16)	12 (40.0%)
Late (20+)	8 (26.7%)
Census Region*, No. (%)	
Northeast (1)	3 (10.0%)
South (2)	13 (43.3%)
Midwest (3)	5 (16.7%)
West (4)	9 (30.0%)

Residents (n = 24)	
Age, Mean (SD)	32.5 (6.0)
Gender, No. (%)	
Male	11 (45.8%)
Female	13 (54.2%)
Year of Residency, No. (%)	
R2	8 (33.3%)
R3	10 (41.7%)
R4	3 (12.5%)
Recent graduate	3 (12.5%)
Specialty of Interest, No. (%)	
Primary Care	15 (62.5%)
All Others	9 (37.5%)
Census Region*, No. (%)	
Northeast (1)	3 (4.4%)
South (2)	7 (20.6%)
Midwest (3)	5 (22.1%)
West (4)	9 (52.9%)



*... it's the **best kept secret** for reasons that are unclear to me and I don't understand why more physicians don't want to come work for the VA... I see it as the pinnacle of my professional career.*

-PCP





CULTURE & VALUES

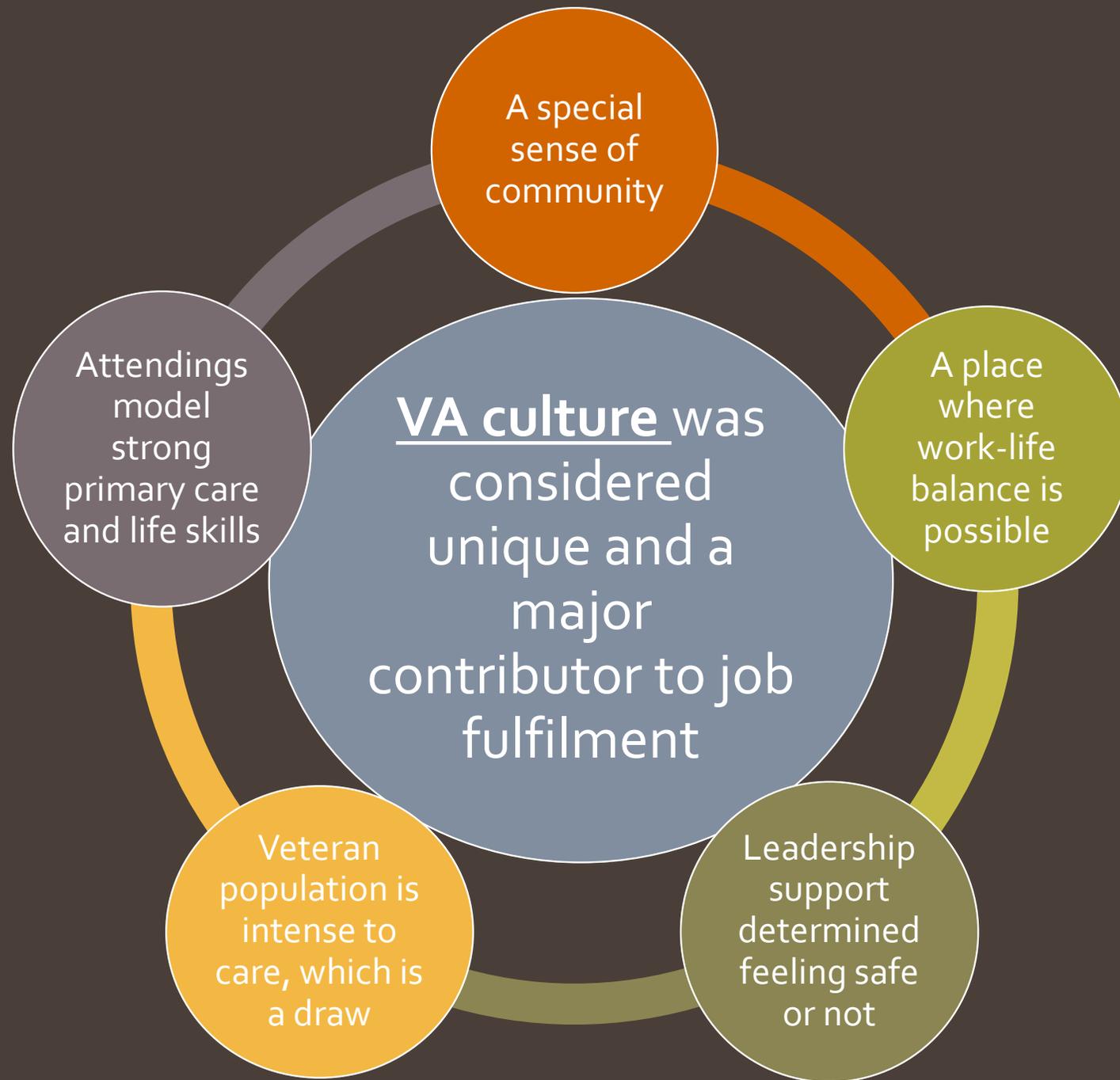


TEAM-BASED CARE



NEEDED CHANGES

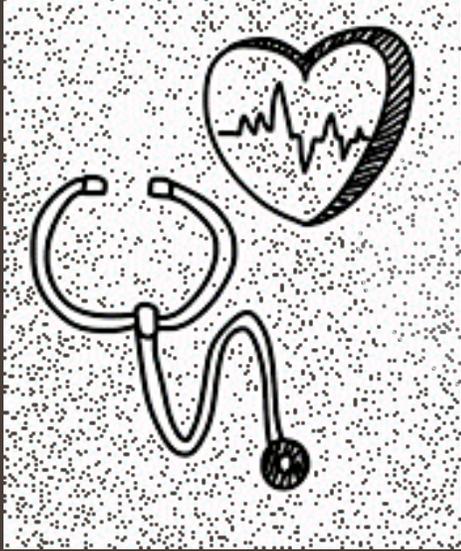






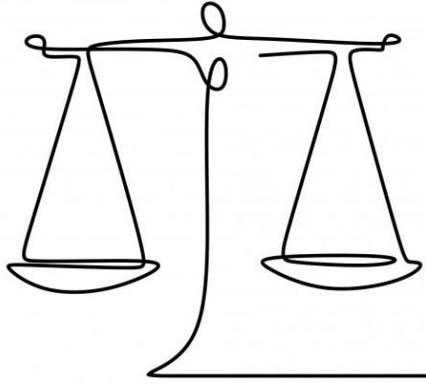
- Personal values aligned with culture
- Ability to serve Veteran population
- “Community,” “mission,” and “comradery”
 - Other staff
 - Patients

I feel like there's like a unified goal here that we don't get in the private sector. I feel like most of the people that I work with... are here mainly because they want to give back to the people who gave us so much... I feel like [there is a] sense of community... [and] when patients are coming in, they know that people want to work with them and the resources that are available to help them.



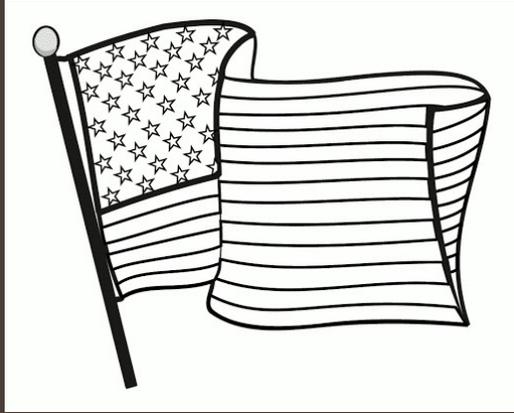
- Epitomized what it meant to be a good doctor
- “Extra mile” for learning
- Advice and help beyond training environment

Overall, [the attendings are] really thoughtful in... how they want to use resources, keeping you up to date [on patients]... I feel like there's a real congeniality that leads to trust. So not only do they want to know what I'm doing, not only asking about my own career plans, how I'm liking [city]... but also asking how my husband's enjoying his job, what he's doing... that's totally unnecessary, but it's just the kind of culture where people really help each other out...



- Residents observed, rather than directly experienced
- Especially strong for PCPs from private sector
- Trade-off for reportedly lower salary

When I moved to VA, my salary has decreased significantly, by about 30%, but my workload has decreased also by about 40%. So, considering these two factors, I think I made a good decision, even though I don't [earn] as much as before. My life quality has gotten better...



- Primary reason providers “loved” VA work
- Described as interesting, appreciative, fun
- Challenging medical/behavioral profiles
- Residents enjoyed having own panels

I love the veterans. I have a brother who's an ex-Marine, I think they're just very unique individuals. They are all strong headed and stubborn, so you can feel a great deal of success when one finally gets in and starts taking care of his health, loses weight, gets his chronic illnesses under control. I think that's very rewarding...

-Resident



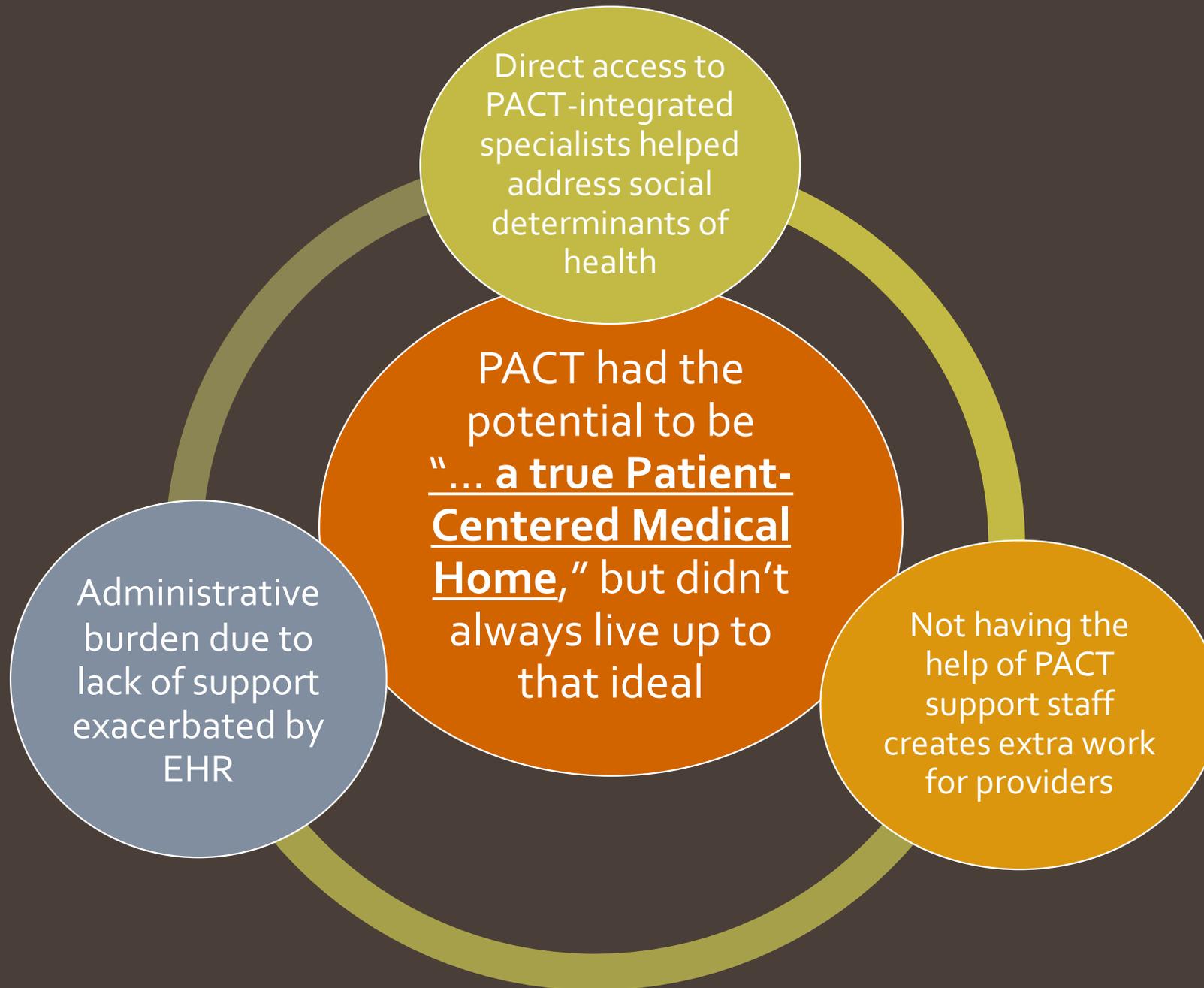
- Subjected to frequent microaggressions, overtly racist and/or sexist remarks, death threats
- Leadership response ranged from active to abusive

I've been called very racist things, and it's always been the position of the VA here that we don't tolerate those things. I had a patient who was saying that he was not going let a black doctor touch him, and [leadership] explained that if you're going to come to this teaching hospital, this is what we expect as a patient, and... they didn't reassign him...

... [my supervisor] specifically treats women providers very badly... It's a bad environment for women, period... the fact that [supervisor's] actions were never investigated [by local leadership], that's a big issue.

-PCP

-PCP





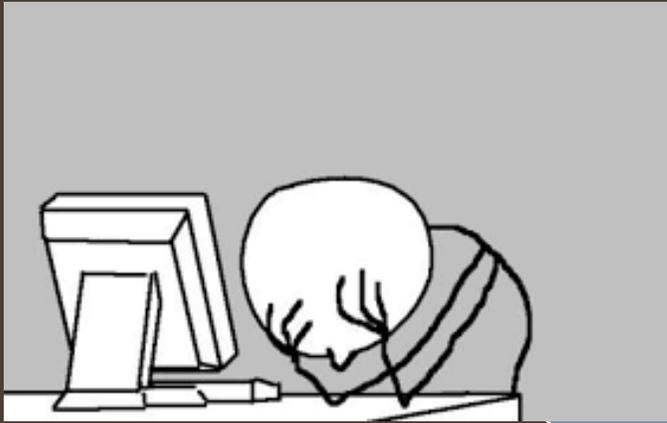
- Allowed high-quality care coordination
- Direct access to PACT-integrated specialists
- Slowed by “bureaucracy” and “red tape”
- Better than non-VA sector

I think [PACT is] one of the best models in the country... if you have a Veteran that needs assistance with home health or financial reimbursement, or finding housing, social issues, you can even refer them to social work the same day... Getting medications approved, you have a pharmacist on the PACT that you can reach out to. You have a Mental Health Provider on the PACT [for] same day handoffs, if you're worried about someone being suicidal, or not taking care of themselves.



- Detracted from feelings of success
- Staffing shortages and/or unclear roles
- Made weekend work challenging for residents
- Scope of license issues

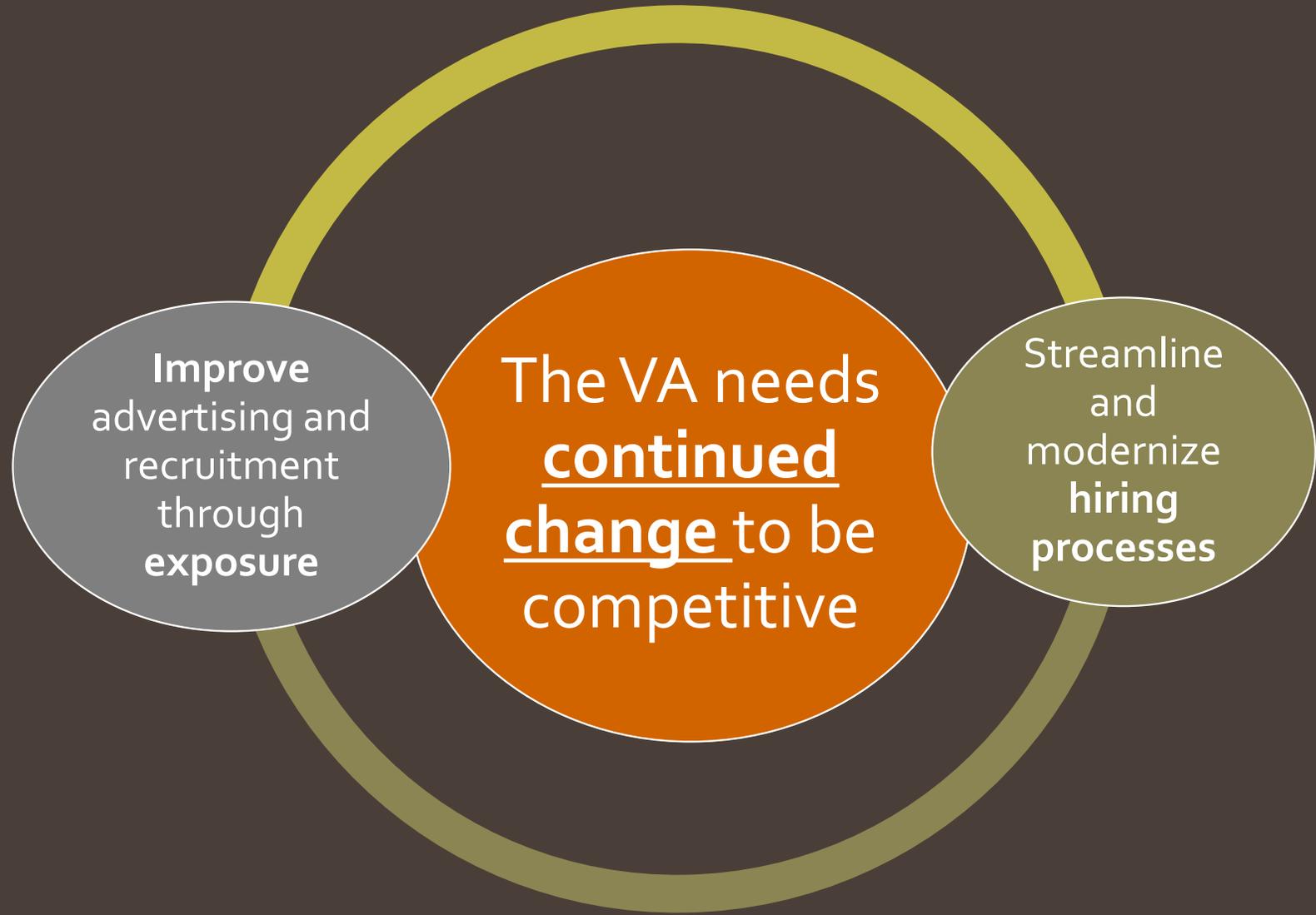
... your patients are all... fairly complex and have a lot of issues and a lot of medications, and the ability of support staff sometimes to help you with that is limited. My nurse can't put in medications. I don't know why the heck they can't. Every place else they can. My LPN can't do a med reconciliation, which is ridiculous, you know? There's some stuff like that that I don't understand at all why they cripple the nurses in their ability to work to the full scope of their degree, so that's crazy frustrating to me here.



- EHR “cumbersome” and “inefficient”
 - Dashboards, view alerts, consults
- No remote access (residents) – impacted care continuity
- Contradicted strong work-life balance

... quite frankly using the system is a little taxing... the technological barriers can sometimes feel like a challenge. I don't think it's unique to residency, but I think it's exacerbated by the fact that we're not there all the time. To be able to log in remotely at home takes way too long, it doesn't work half the time... to track care for my patients can be difficult when I'm not regularly at the VA.

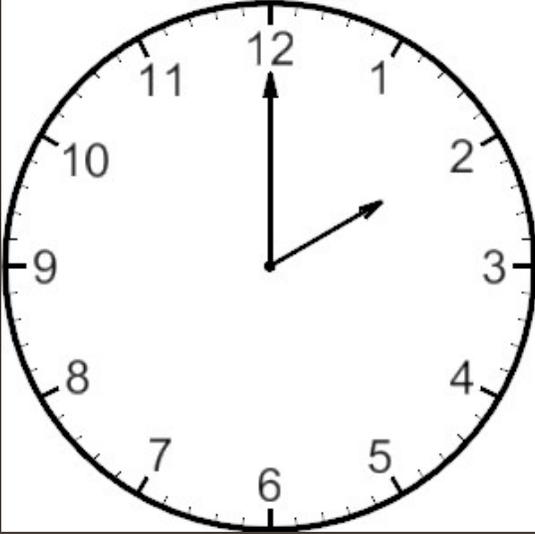
-Resident





- Initial perception didn't match reality
- VA gets unfair media attention
- Improved follow up with medical students and residents
- Allow exploration of various VAs

... training at the [city] VA has really changed my perception of the VA in general, and I am really proud of the care that we deliver, where I think beforehand, I had heard some mixed messages about VAs... I think in terms of graduates who move after training, if [the VA] wanted to retain those, it would be important just to have a way for graduates to explore more easily the other areas that they're looking at and what the VAs are like...



- Hiring perceived as frustrating, “really slow,” “piecemeal”
- Direct contrast to non-VA, especially for profit
- Lack of communication biggest barrier

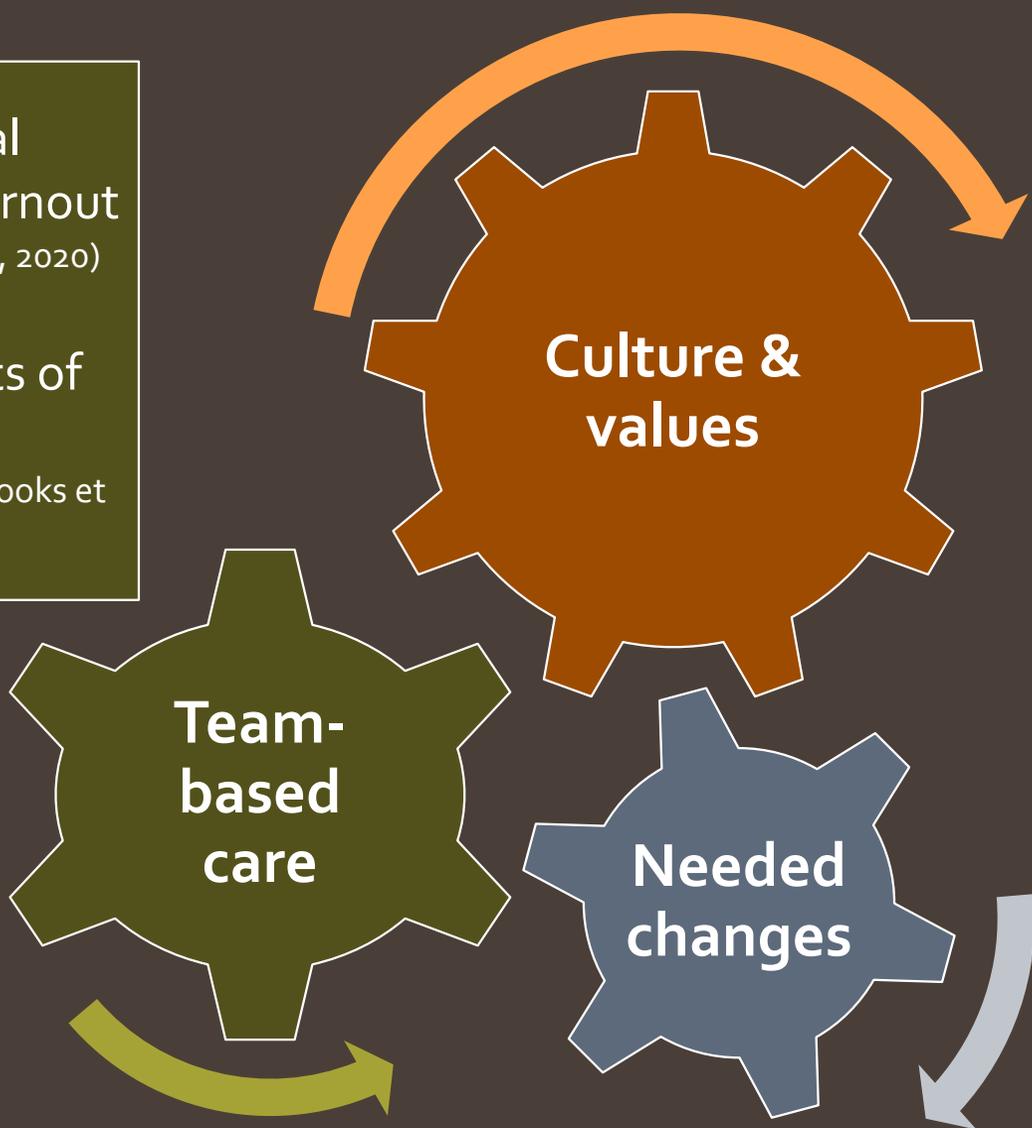
I could have planned accordingly... I still don't have a formal offer [months later], and I'm not quite sure why the VA policy is that you can't give a formal offer contingent on passing credentialing... that puts a lot of stress on the applicant... I've been training for this [for] years and I want to work, and I want to work through the VA, but if you don't want me there then there's not much I can do about it.

-Resident

Discussion

Interprofessional collaboration and burnout
(Eckstrom, Tilden & Tuepker, 2020)

Social determinants of health
(Long et al., 2016; Veazey Brooks et al., 2017)



Person-organization fit
(Cooman et al., 2009)

Addressing interpersonal and institutional racism, sexism
(Boyd, Lindo, Weeks & McLemore, 2020; Cencirulo et al., 2020)

Power/influence of attendings
(Long et al., 2016)

Repairs for the PCP pipeline

Advertising

Human resources

Implications



"JOY IN PRACTICE"
(SINSKY ET AL., 2013)



**STRENGTHENING
WORKFORCE HELPS
IMPROVE ACCESS TO
CARE FOR VETERANS**

Limitations

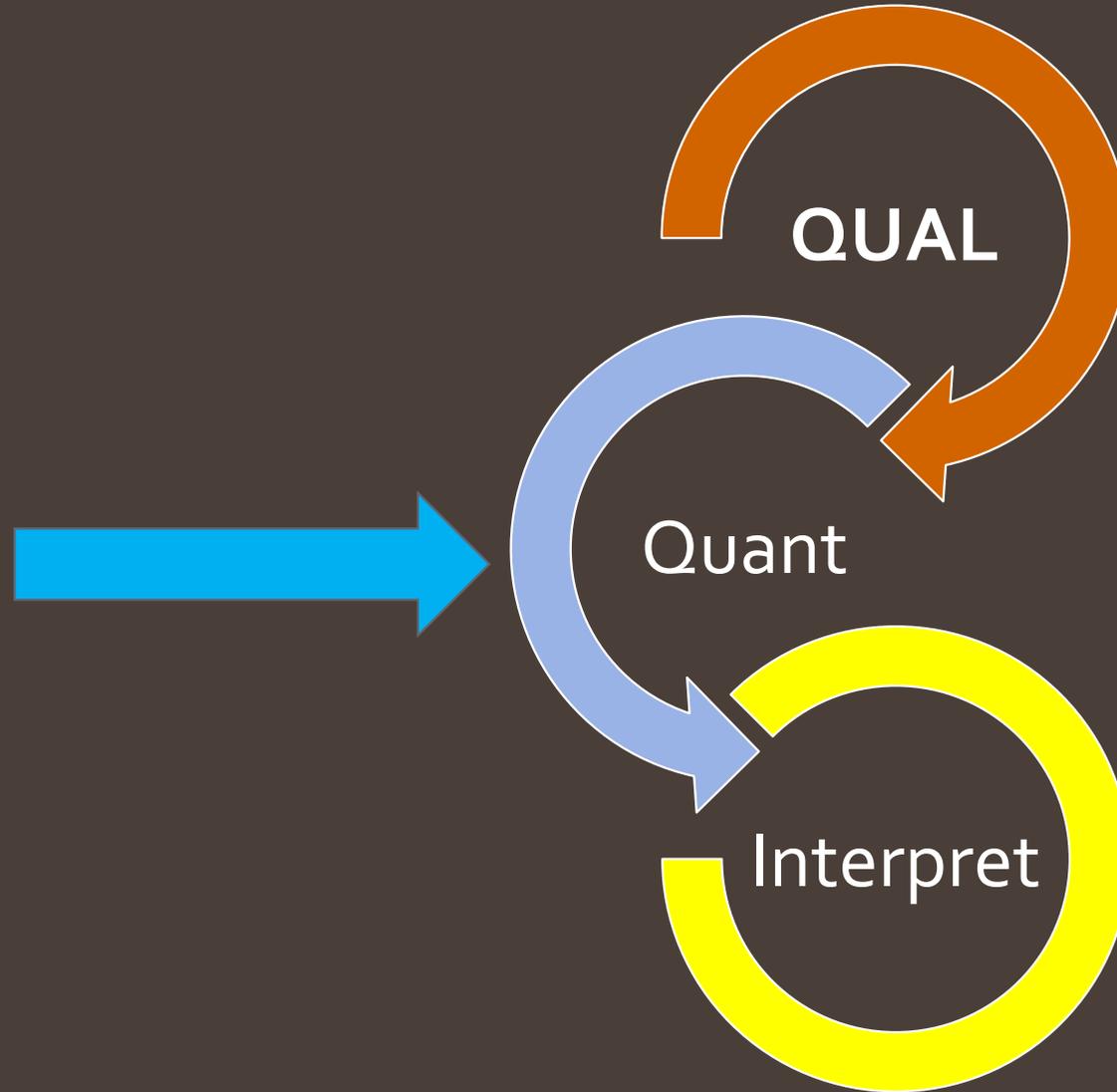
- Limited participation to residents and physicians in their first two years of VA practice
- Interviews limited to physicians
- Potential for selection bias
- Possible participants did not feel safe sharing full range of experiences including participants from racial/cultural minority groups

Future Directions

- * Understand perspectives of staff in Human Resources
- * Explore impact of institutional racism in VA
- * Investigate impact of COVID-19 pandemic
- * Survey development



Survey
development



(Onwuegbuzie, Bustamante, and Nelson, 2010)

Questions? Comments? Ideas?

Megan.Moldestad@va.gov

or

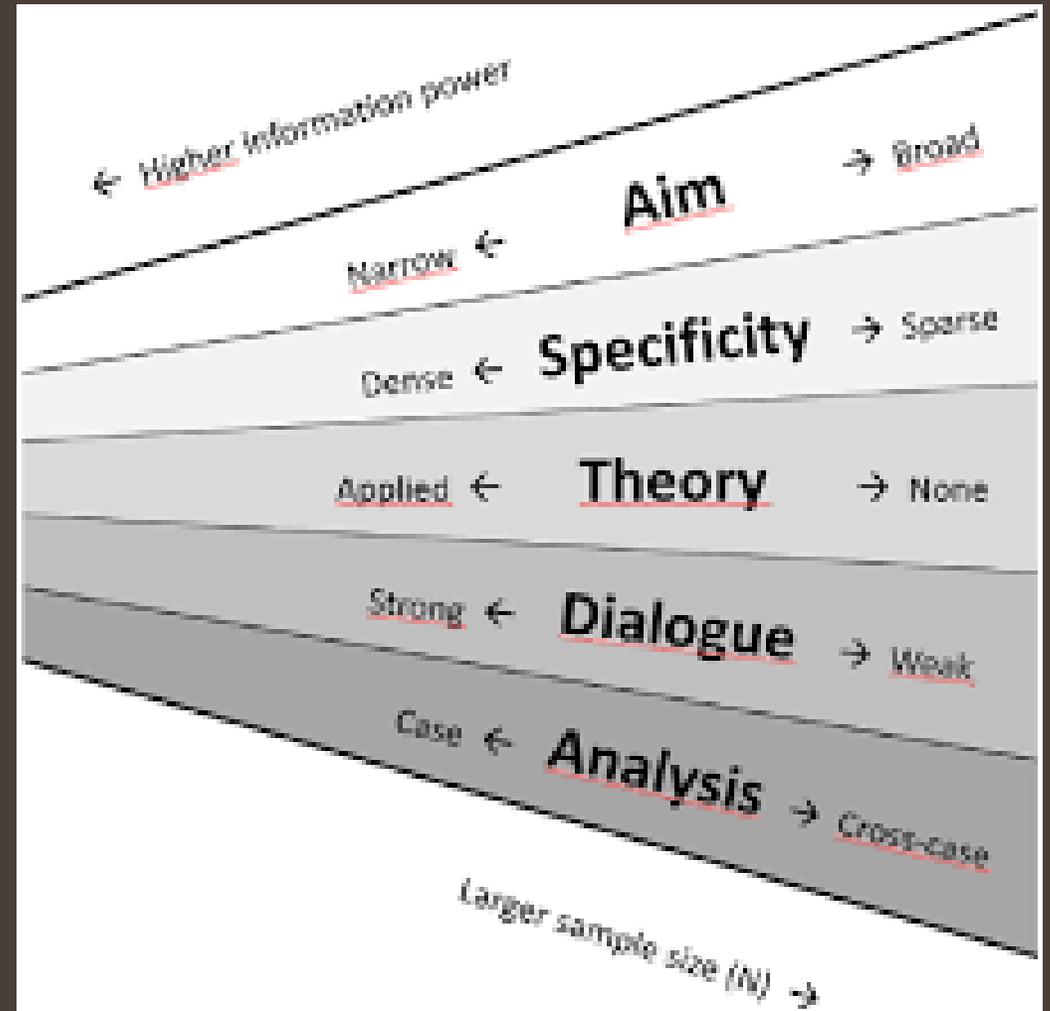
meg.Moldestad@gmail.com

References

- Agha, Zia, et al. "Are patients at Veterans Affairs medical centers sicker?: A comparative analysis of health status and medical resource use." *Archives of internal medicine* 160.21 (2000): 3252-3257.
- Boyd, Lindo, Weeks, McLemore. On Racism: A New Standard For Publishing On Racial Health Inequities. (2 July 2020). Accessed 10 July 2020.
- Cannon, G. W., et al. "Factors determining medical students' and residents' satisfaction during VA-based training: findings from the VA Learners' Perceptions Survey." *Academic Medicine* 83.6 (2008): 611-620.
- Cencirulo, J., et al. "Trainee experiences of racism, sexism, heterosexism, and ableism (the "ISMs") at a Department of Veterans Affairs (VA) healthcare facility." *Training and Education in Professional Psychology* (2020).
- Dall, T., et al. "Update-The Complexities of Physician Supply and Demand: Projections from 2017-2032." Final Report. Washington, DC: Association of American Medical Colleges (2019).
- De Cooman, Rein, et al. "Person–organization fit: Testing socialization and attraction–selection–attrition hypotheses." *Journal of Vocational Behavior* 74.1 (2009): 102-107.
- Department of Veterans Affairs. Results of Access Audit Conducted May 12, 2014 through June 3, 2014. <http://www.va.gov/health/docs/vaaccessauditfindingsreport.pdf>. Accessed July 1, 2020.
- Eckstrom, E., Virginia, P.T., Tuepker, A. "Teamness, burnout, job satisfaction and decision-making in the VA Centers of Excellence in Primary Care Education." *Journal of Interprofessional Education & Practice* (2020): 100328.
- Elo, S, Kyngäs, H. "The qualitative content analysis process." *Journal of advanced nursing* 62.1 (2008): 107-115.
- Geppert, CMA. What is the VA? The Largest Educator of Health Care Professionals in the U.S. *Fed Pract.* 2016;33(7):6-7.
- Graneheim, U.H., Lundman, B. "Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness." *Nurse education today* 24.2 (2004): 105-112.
- Keitz, S. A., et al. "Impact of clinical training on recruiting graduating health professionals." *Am J Manag Care* 25.4 (2019): e111-e118.
- Long, T., et al. "Why aren't more primary care residents going into primary care? A qualitative study." *Journal of general internal medicine* 31.12 (2016): 1452-1459.
- Malterud, K., Siersma, V.D., Guassora, A.D. "Sample size in qualitative interview studies: guided by information power." *Qualitative health research* 26.13 (2016): 1753-1760.
- Mohr, D.C., Eaton, J.L., Meterko, M. *et al.* Factors associated with internal medicine physician job attitudes in the Veterans Health Administration. *BMC Health Serv Res* 18, 244 (2018).
- Muhr, T. (2016). ATLAS.ti (Version 8) [Computer software]. Berlin: Atlas ti GmbH.
- Olmos-Ochoa, T.T., Bharath, P., Ganz, D.A. et al. Staff Perspectives on Primary Care Teams as De Facto "Hubs" for Care Coordination in VA: a Qualitative Study. *J GEN INTERN MED* 34, 82–89 (2019). <https://doi.org/10.1007/s11606-019-04967-y>
- Onwuegbuzie, A. J., Bustamante, R.M., Nelson, J.A. "Mixed research as a tool for developing quantitative instruments." *Journal of mixed methods research* 4.1 (2010): 56-78.
- Sinsky, C.A., et al. "In search of joy in practice: a report of 23 high-functioning primary care practices." *The Annals of Family Medicine* 11.3 (2013): 272-278.
- US Department of Veterans Affairs. VHA Support Service Center. Primary Care Staffing and Room Utilization Data. 2016; [online]. Accessed July 1, 2020.
- Veazey Brooks, J., et al. "Feeling inadequate: Residents' stress and learning at primary care clinics in the United States." *Medical Teacher* 40.9 (2018): 920-927.

Descriptive Slides

Information Power



(Malterud, Siersma, & Guassora, 2016)

Interview Guide: New Primary Care Physicians

- Please describe how you chose to work at the VA.
- Please describe your ideal job.
- Please tell me about working at the VA.
- [IF NEEDED]:
 - *What do you consider some of the most desirable attributes of working for VA?*
 - *What do you consider some of the least desirable attributes of working for VA?*
 - *What were your experiences with the PACT model? (IF NEEDED: Patient Aligned Care Team)*
- How did your medical training influence your choice of employment?
- [IF NEEDED]:
 - *Did you complete rotations at the VA in medical school?*
 - If YES, Tell me about those rotations.
 - If NO, [go to question 5].
- Is your site URBAN or RURAL?
 - [If located at URBAN site] Have you considered working in rural settings?
- [IF NEEDED]:
 - *Tell me more about _____.*
 - *Are you familiar with rural practice?*
 - [If located at RURAL site] How did you choose employment in a rural setting?
- [If time] Is working for the VA sustainable?
- Is there anything else you would like to share about working for the VA?

Grounded prompts: *If responses are limited or require clarification, probes may be used to elicit more detailed responses. Probes should use words or phrases presented by the participant using one of the following formats:*

1. What do you mean by _____ ?
2. Tell me more about _____ ?
3. Give me an example of _____ ?
4. Tell me about a time when _____ ?

Interview Guide: Internal Medicine Resident

- Tell me about your future professional plans.
 - If Primary Care mentioned: “tell me more about primary care...”
 - [IF NEEDED] “Tell me about how you chose primary care as a career path...”
- Please describe your ideal job.
- What factors will go into making your decision about your first job after residency (VA vs non-VA)?
- Have you considered working for the VA after you finish your residency program?
- [IF NEEDED]
 - Are you interested in primary care as a career path?
- Please describe your medical training experiences.
- Please describe your medical training experiences within VA. [IF NEEDED]: *What rotations have you had at the VA? When (or how long) were your rotations at the VA?*
- [AREAS TO PROBE IF NOT MENTIONED] Medical school, Primary care, Inpatient, Outpatient, Continuity clinic
- *What do you consider the most desirable parts about training at the VA?*
- *What do you consider the least desirable parts about training at the VA?*
- Have you ever considered working in rural settings? [IF NEEDED]: If NO: *Are you familiar with rural practice?* If YES: *Why are you interested in rural practice?* IF YES: Did the VA influence this choice?
- How have your VA experiences influenced your job plans, if at all?
- [If extra time] What were your experiences with the PACT (Patient Aligned Care Team) model?
- Do you have any suggestions to make VA a more attractive place for employment?
- Is there anything else we should know about decisions regarding future employment?

Grounded prompts: *If responses are limited or require clarification, probes may be used to elicit more detailed responses. Probes should use words or phrases presented by the participant using one of the following formats:*

1. What do you mean by _____?
2. Tell me more about _____?
3. Give me an example of _____?
4. Tell me about a time when _____?
5. Where _____?
6. When _____?
7. How does that compare to _____?
8. What does _____ look like?