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Center for the Study of Healthcare
Innovation, Implementation & Policy

Burnout in VA Primary Care

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Poll Question #1

What is your primary role in healthcare?

- Clinical care
- Research
- Administrative
- Other



Poll Question #2

Do you work in primary care?

- Yes – full-time
- Yes – part-time
- No



Learning Objectives

1. Understand the prevalence of burnout in VA primary care
2. Identify the individual and organizational drivers of burnout in VA primary care
3. Explore potential solutions to reduce VA primary care burnout





What is burnout?

- “A psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.”
 - Christina Maslach, creator of the Maslach Burnout Inventory (MBI), Maslach & Leiter, 2016
- Two main components of burnout in MBI:
 - Emotional exhaustion (EE)
 - Depersonalization (DP)



Prevalence of Physician Burnout

MBI-HSS EE ≥27 and/or DP≥10

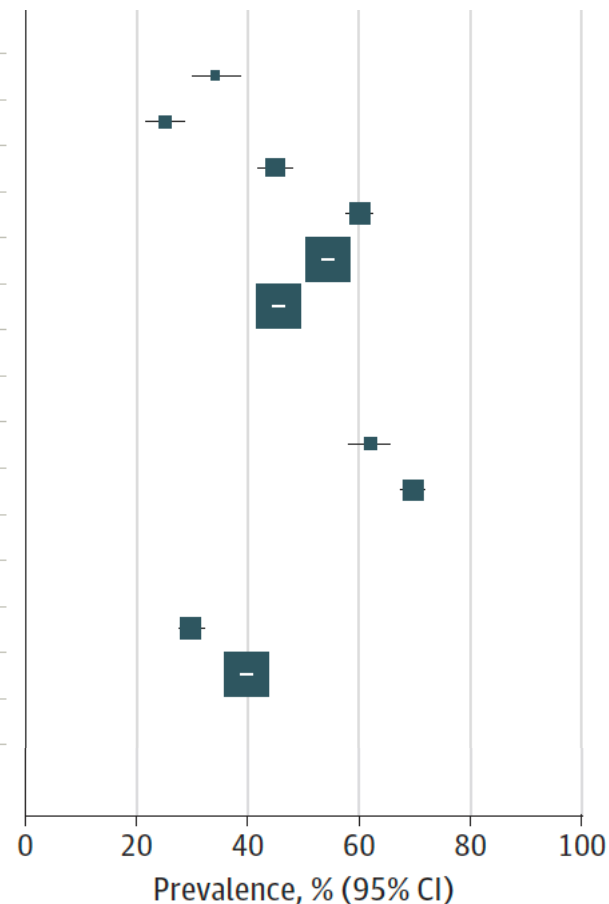
Shanafelt et al, ⁵¹ 2009	156	459	34.0 (29.7-38.5)
Pedersen et al, ⁴² 2018	147	588	25.0 (21.5-28.7)
Shanafelt et al, ⁴⁹ 2014	484	1083	44.7 (41.7-47.7)
Busis et al, ²⁵ 2017	971	1616	60.1 (57.7-62.5)
Shanafelt et al, ⁵⁰ 2015	3680	6764	54.4 (53.2-55.6)
Shanafelt et al, ⁴⁷ 2012	3310	7288	45.4 (44.3-46.6)
Subtotal	8748	17798	

MBI-HSS EE ≥27 and/or DP ≥13

Kamal et al, ³³ 2016	428	691	61.9 (58.2-65.6)
Li et al, ³⁶ 2018	1182	1696	69.7 (67.4-71.9)
Subtotal	1610	2387	

MBI-HSS EE ≥28 and/or DP≥11

Qureshi et al, ⁴⁴ 2015	460	1550	29.7 (27.4-32.0)
Shanafelt et al, ⁴⁸ 2009	3083	7785	39.6 (38.5-40.7)
Subtotal	3543	9335	

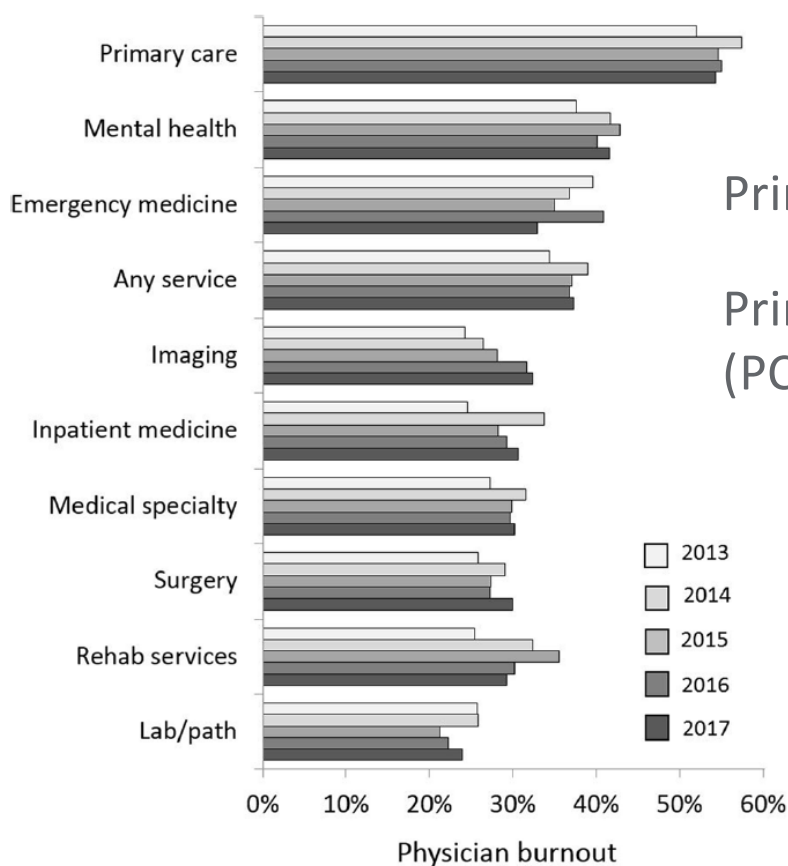


~30-62% in the US



Prevalence of VA Physician Burnout

Overall: ~34-39%



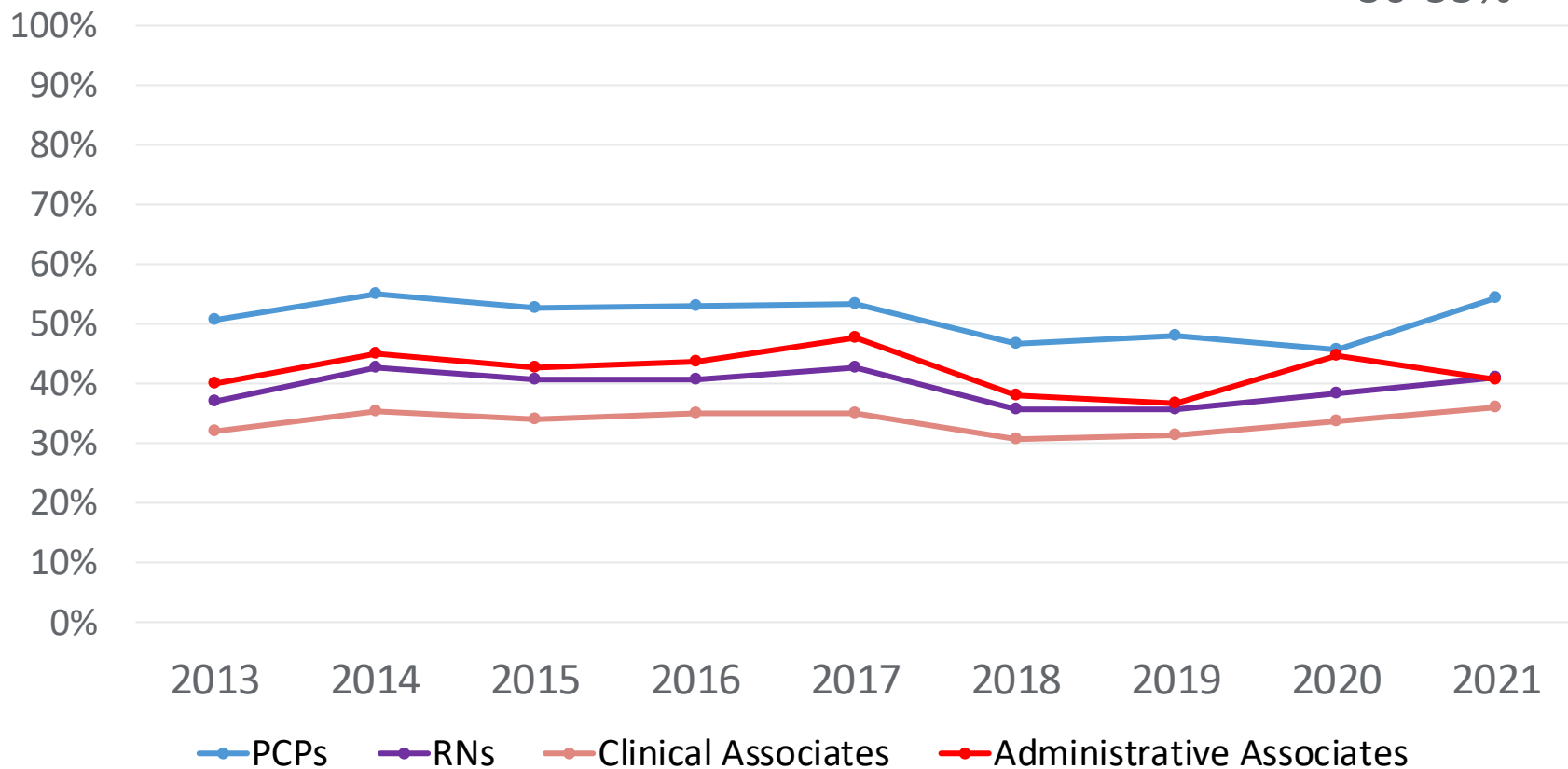
Primary care: ~52-57%

Primary care outside VA
(PCPs): ~13.5-60%



VA Primary Care Burnout

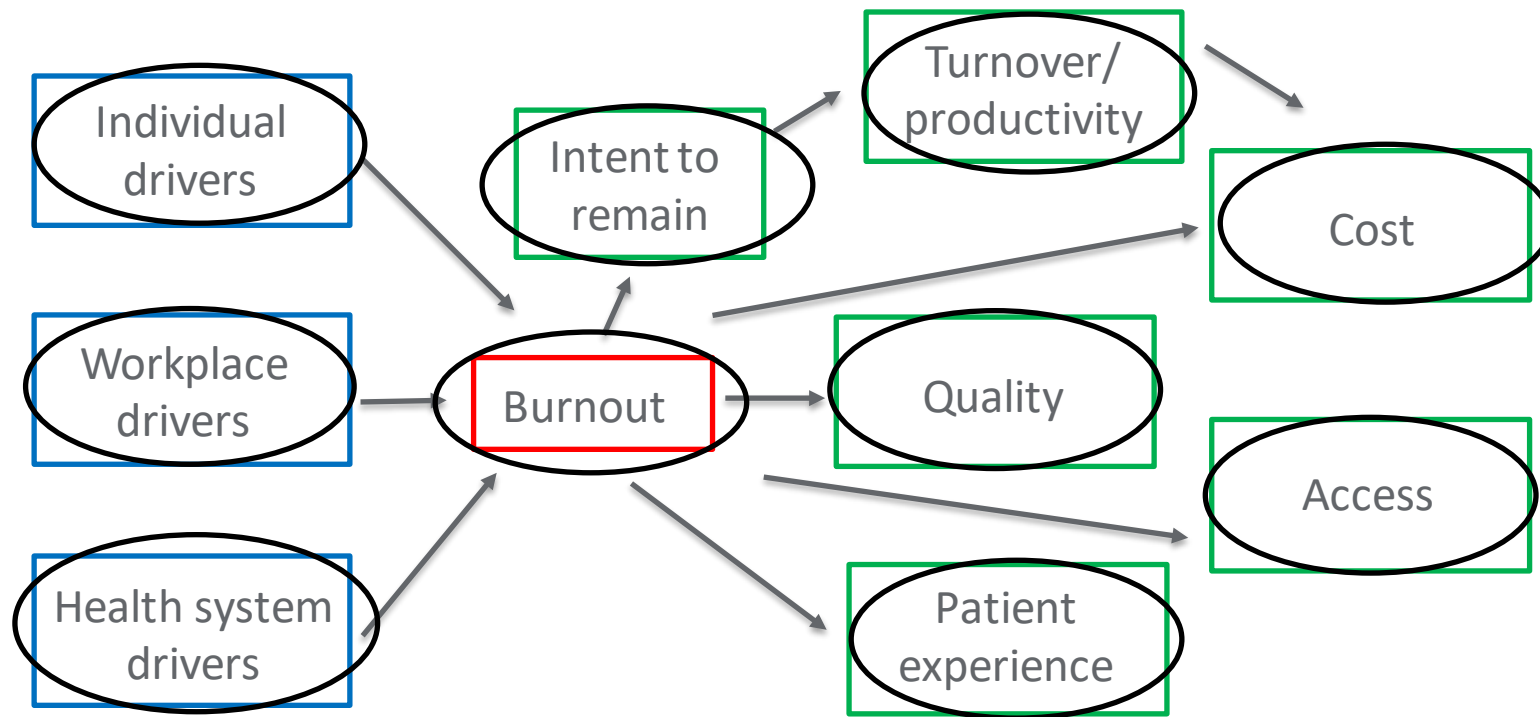
~30-55%



Note: All Employee Survey data; individual-level national averages; “once a week” or more of EE or DP symptoms



Burnout conceptual framework



Drivers → Intermediate Outcome → Downstream Outcomes



Data Sources for VA Primary Care Burnout Analyses

- Four main data sources:
 - PACT National Survey
 - VISN 22 Veterans Assessment Improvement Laboratory (VAIL) Primary Care Clinician and Staff Surveys
 - VISN 22 VAIL COVID Survey
 - VA All Employee Survey (AES)





Prevalence and Drivers of VA Primary Care Burnout (Helfrich, et al. 2014)

- **Prevalence** of burnout evident early in PACT implementation: **39%**
 - 2012 PACT National Survey of PACT teamlet members (n=4,593)
- **Individual Drivers:** More VA tenure, clinical associates worse than other members
- **Organizational Drivers:** PACT team assignment, low participatory decisionmaking, understaffed teams, working on tasks below one's training, chaotic working environment



Prevalence and Drivers of VA Primary Care Burnout (Helfrich, et al. 2017)

- **Prevalence** of burnout worsened: **41%**
 - 2014 PACT National Survey of PACT teamlet members (n=4,610)
- **Individual Drivers:** PC providers worse than other teamlet members
- **Organizational Drivers:** Understaffed teams, team turnover, panel overcapacity, working extended hours during weekend, working extended hours without one's team



Prevalence and Drivers of VA Primary Care Burnout (Kim, et al. 2017)

- **Prevalence** of burnout among PCPs: **23 points** on emotional exhaustion scale (approx. medium burnout on average)
–2012-14 VISN 22 VAIL PACT Clinician Survey (n=327)
- **Individual Drivers:** Female gender, younger age, less VA tenure
- **Organizational Drivers:** PCP intervening on patient lifestyle factors, PCPs educating patients about disease-specific self-care activities, low team communication, low team knowledge and skills, low satisfaction with team



Prevalence and Drivers of VA Primary Care Burnout (Edwards, et al. 2018)

- **Prevalence** of burnout worse for PCPs (**48%**) than nurses (**35%**)
 - 2014 PACT National Survey of PCPs and PC nurses (n=777)
- **Individual Drivers:** ---
- **Organizational Drivers:** Lack of appropriate staffing, staff turnover, lack of a PACT coach (PCPs only), task delegation (lower burnout for PCPs, higher for nurses)



Prevalence and Drivers of VA Primary Care Burnout (Apaydin, et al. 2020)

- **Prevalence** of burnout steady for PCPs: **40%**
–2016 VISN 22 VAIL PACT Clinician Survey (n=116)
- **Individual Drivers:** ---
- **Organizational Drivers:** Difficulties with tasks related to the PACT model (e.g., working with the call center, responding to patient email, responding to EHR alerts)



Prevalence and Drivers of VA Primary Care Burnout (Apaydin, et al. 2021a)

- **Prevalence** of burnout increased for PCPs: **46%**
 - 2018 PACT National Survey (n=1543)
 - VA Corporate Data Warehouse (CDW): facility-level controls (staffing, panel size)
- **Individual Drivers:** ---
- **Organizational Drivers:** Challenges with non-VA care: managing patients with outside prescriptions, obtaining outside test & records



Prevalence and Drivers of VA Primary Care Burnout (Apaydin, et al. 2021b)

- **Prevalence** of burnout increased for PACT teamlet members:
43%
 - 2020 VISN 22 VAIL pilot COVID survey of PACT teamlet members in two clinics (n=147)
- **Individual Drivers:** More VA tenure
- **Organizational Drivers:** Job-person fit for recognition & rewards at work and congruent self/organizational values (lower burnout)



Prevalence and Drivers of VA Primary Care Burnout (Apaydin, et al. 2021c)

- **Prevalence** of burnout increased for PCPs: **48%**
–Sample of male and female PCPs from the 2019 AES (n=3216)
- **Individual Drivers:** Nurse practitioner profession (women only); more VA tenure; supervisor status (women only); Asian race (women only; lower burnout); Black race (men only; lower burnout)
- **Organizational Drivers:** Less workgroup civility (women only)



Prevalence and Drivers of VA Primary Care Burnout (Apaydin, et al. 2021d)

- **Prevalence** of burnout was higher for Women's Health (WH) PCPs (**55%**) and lower for general PCPs (**47%**)
 - Sample of WH and general PCPs from the 2017-19 AES (n=7903)
 - VA CDW: facility-level controls (patient visits, staffing, panel size, patient complexity, teaching hospital status, geography)
 - Women's Assessment Tool for Comprehensive Health: presence of a comprehensive women's health clinic
- **Individual Drivers:** Female gender; more VA tenure; Black and Asian races (lower burnout)
- **Organizational Drivers:** WH-PCPs; non-teaching hospital; Midwest location (lower burnout)



Primary Care Burnout during the COVID-19 Pandemic

- Over the course of PACT implementation, primary care burnout has remained steady or increased
- Evidence that burnout has been high among healthcare workers nationwide during the COVID-19 pandemic
- Little to no literature on impact of COVID-19 on primary care burnout



Current Research: PACT Teamlet Burnout during the COVID-19 Pandemic

- Conversations with VISN 22 PC leaders revealed potential COVID-related drivers of burnout:
 - Contingency staffing for testing and COVID care
 - Challenges with telehealth
- Our pilot study (Apaydin 2021b) indicated that a positive organizational climate may be protective of burnout
- Aim: Examine VA primary care burnout prevalence and drivers during the COVID-19 pandemic



Current Research: PACT Teamlet Burnout during the COVID-19 Pandemic

- Data Sources:
 - 2019-2020 All Employee Survey (individual-level data)
 - Corporate Data Warehouse (facility-level data)
 - COVID Shared Data Resource (COVID tests and deaths)
 - VHA Support Service Center (facility complexity)



Current Research: PACT Teamlet Burnout during the COVID-19 Pandemic

- Driver Variables:
 - Individual: employee engagement; provider profession, gender, age, race, ethnicity, VA tenure, supervisor status
 - Organizational: COVID-19 tests and deaths, telehealth use, prior-year facility-level burnout, facility complexity
- Statistical Model:
 - Logistic regression
 - Standard errors clustered by facility



COVID PACT Teamlet Burnout: Individual characteristics (n=19,909)

Characteristic	n (%)
Physician	25%
Female	74%
50+ years old	48%
White	57%
Non-Hispanic	79%
20 or more years in VA	8%
Supervisor	27%



COVID PACT Teamlet Burnout: Facility characteristics (n=141)

Characteristic	M (SD)	Range
COVID-19 tests/1000 unique patients	56.5 (47.0)	9.2-471.7
COVID-19 deaths/1000 unique patients	0.5 (0.5)	0-3.6
Facility proportion of PC telehealth visits/all visits	0.1 (0.1)	0-0.5
2019 facility-level burnout rate	0.3 (0.03)	0.2-0.4
Facility complexity level	n	(%)
1 (most complex)	59	42.4
2	58	41.7
3 (least complex)	22	15.8



COVID PACT Teamlet Burnout: Burnout and engagement (n=19,909)

Characteristic	%
Emotional exhaustion or depersonalization burnout	37
Emotional exhaustion burnout	35
Depersonalization burnout	27
High employee engagement	39



COVID PACT Teamlet Burnout: Highly engaged providers and staff were 70% less likely to be burned out (n=16,191)

Characteristic	Burnout (OR [95% CI])
<i>High Employee Engagement</i>	
No	Ref
Yes	0.30 (0.28-0.33)*

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout: Individual Drivers (n=16,191)

Characteristic	Burnout (OR [95% CI])
Role	
Provider (MD/DO, NP, PA)	Ref
RN	0.70 (0.63-0.78)*
Clinical Associate	0.66 (0.59-0.75)*
Administrative Associate	0.93 (0.83-1.06)
Gender	
Male	Ref
Female	1.11 (1.03-1.20)*

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout: Individual Drivers (n=16,191)

Characteristic	Burnout (OR [95% CI])
Race	
White	Ref
Black or African American	0.79 (0.72-0.87)*
Asian	1.00 (0.80-1.25)
American Indian or Alaskan Native	0.81 (0.72-0.91)*
Native Hawaiian or other Pacific Islander	1.21 (0.95-1.55)
Ethnicity	
Hispanic	Ref
Non-Hispanic	1.07 (0.92-1.24)

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout: Individual Drivers (n=16,191)

Characteristic	Burnout (OR [95% CI])
Age	
29 years and under	Ref
30-49 years	0.75 (0.63-0.88)*
50+ years	0.55 (0.46-0.66)*
VA Tenure	
2 years or less	Ref
2-10 years	1.72 (1.56-1.89)*
10-20 years	1.85 (1.65-2.08)*
20+ years	1.81 (1.54-2.14)*

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout: Individual Drivers (n=16,191)

Characteristic	Burnout (OR [95% CI])
<i>Supervisor</i>	
No	Ref
Yes	1.14 (1.05-1.23)*

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout: Organizational Drivers (n=16,191)

Characteristic	Burnout (OR [95% CI])
Facility COVID Test Rate	
Lowest quartile (9.2-38.7 tests/1000 unique patients)	Ref
2 nd quartile (38.9-47.6 tests/1000 unique patients)	0.98 (0.88-1.09)
3 rd quartile (47.8-61.4 tests/1000 unique patients)	0.95 (0.84-1.07)
Highest quartile (65.2-471.7 tests/1000 unique patients)	0.89 (0.78-1.01)
Facility COVID-19 Death Rate	
Lowest tercile (0-0.27 deaths/1000 unique patients)	Ref
Middle tercile (0.27-0.69 deaths/1000 unique patients)	1.03 (0.94-1.12)
Highest tercile (0.69-3.65 deaths/1000 unique patients)	1.07 (0.84-1.05)

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout: Organizational Drivers (n=16,191)

Characteristic	Burnout (OR [95% CI])
<i>Facility Proportion of PC Telehealth Visits/All Visits</i>	0.77 (0.55-1.06)
<i>2019 average facility-level burnout rate (30%)</i>	7.87 (2.01-30.81)*
<i>Facility Complexity</i>	
1	Ref
2	0.99 (0.87-1.13)
3	1.07 (0.94-1.23)

Note: These results are from our full model, containing all individual- and facility-level covariates, which may not appear on this slide.



COVID PACT Teamlet Burnout:

Highly engaged employees in primary care are less likely to be burned out

- **37%** of primary care providers and staff were **burned out** during the pandemic
 - Burnout for PCPs decreased to **46%**, while burnout for nurses (**39%**), clinical associates (**33%**), and administrative associates (**44%**) increased, from 2019 to 2020
 - These values are similar to burnout rates (ranging from 30-55% from 2013-2019) in VA primary care before COVID-19
- **High employee engagement** was related to **70% lower odds** of burnout
- HCWs in **facilities with greater than average burnout** in 2019 were almost **8x more likely** to be burned out in 2020
- COVID tests and deaths, and telehealth visits, were not related to burnout



Overall Conclusions

- Burnout in VA primary care is **persistently high**
- **Individual drivers: women, those with more VA tenure, supervisors, are more burned out** across studies
- **Organizational drivers: higher burnout** in VA primary care is related to:
 - High workload/hours
 - Low staffing
 - Low teamwork
 - Difficulties with work processes inside and outside VA
 - WH-PCPs
 - High facility-level average burnout



Overall Conclusions

- **Organizational drivers:** emerging evidence that **lower burnout** in VA primary care is related to:
 - **Job-person fit**
 - **High workgroup civility**
 - **High employee engagement**





VA Prioritizing Burnout Reduction

- Reduce Employee Burnout and Optimize Organizational Thriving (REBOOT) Task Force
 - Set up by the Acting Under Secretary for Health
 - Composed of workgroups to determine recommendations to reduce burnout in VA
- Two components:
 - Employee well-being
 - Organizational design
- Recommendations to be made public over the next few weeks



Evidence-Based Interventions to Reduce Burnout

- **Individual interventions:**
 - Mindfulness training
 - Counseling
 - Stress management
 - Group education
- **Organizational interventions:**
 - Team-based care
 - Use of scribes
 - Schedule adjustments
 - Quality improvement



Few Burnout Interventions Evaluated in VA

- Interventions to reduce burnout have not been yet extensively evaluated in VA
 - Some evidence that evidence-based quality improvement (EBQI) for PACT implementation reduced PCP burnout as a side effect (Meredith, et al. 2018)
- Current and future research:
 - Hospital Employee Appreciation Resiliency Training (HEART) Mindfulness Program (Stephanie Taylor, PhD; VA Greater Los Angeles)
 - Pilot testing deployments of national Chief Well-Being Officer and Listen-Sort-Empower programs (facilitated by Office of Patient-Centered Care & Cultural Transformation; evaluation TBD)



VA HSR&D Prioritizing Burnout Research

- VA HSR&D has already funded studies of mental health provider burnout (Kara Zivin, PhD; VA Ann Arbor) and turnover (Edwin Wong, PhD; VA Puget Sound)
- VEEWS (VHA Employee Engagement and Workforce Stability Research Group) meeting regularly to foster collaborative research development
– Co-chaired by Kara Zivin, PhD, and Tanya Olmos-Ochoa, PhD (VA Greater Los Angeles)
- AcademyHealth contracted to help develop national VA clinician burnout research agenda (FY22)



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Thank You!

Questions?

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