

RESEARCH SNAPSHOT

Primary Care Teams Are an Asset for VA Physician Recruitment



What we were investigating:

Under scrutiny for long wait times for appointments, the Veterans Administration (VA) health system aims to recruit 10,000 clinicians over the next three years [1]. Given the shortage of primary care clinicians (PCPs) [2], this ambitious recruitment effort must highlight factors that make the VA an appealing workplace.

Team-based care is associated with improved PCP work experience [3]. The VA has invested in Patient-Aligned Care Teams (PACTs). Prior research within the VA has shown that centers with more developed PACTs have lower PCP burnout, [4] but has not compared VA PCP experiences with those of PCPs in non-VA settings.

Do PCPs in PACTs report more positive work experiences than PCPs at two other local systems with less structured team care models?



What we did:

We surveyed 462 PCPs in 10 county, 6 university, and 3 VA-administered health centers in San Francisco in 2013.

Data were analyzed in STATA using t-tests and regression models to examine differences between healthcare systems.

Regression models controlled for PCP characteristics (attending, resident, or NP; weekly practice sessions; tenure at the practice) and adjusted error terms for clustering at the clinic level.

Survey measures:

- PCP perception of support for care of complex patients
- Emotional exhaustion [5]
- likelihood of recommending one's clinic as a place to work
- whether primary care is becoming a more doable job
- Team culture [3]

What we Found:

	County/ University systems (n=284)	SFVA (n=41)	Adjusted difference	p-value
Complex care management support (1-10 scale)	6.0 (2.6)	7.3 (2.1)	1.4	p=.001
Emotional exhaustion (0-30 scale)	16.3 (7.0)	14.2 (6.6)	-2.7	p=.013
Likelihood of recommending clinic as place to work (1-10 scale)	6.6 (2.5)	7.7 (2.0)	1.26	p=.012
Primary care is a more doable job (1-10 scale)	6.2 (2.5)	7.0 (2.2)	.84	p=.025
Team culture (1-10 scale)	6.9 (1.4)	7.3 (1.4)	.47	p=.07

SFVA PCPs report a more supportive, team-oriented practice climate than PCPs in two other local healthcare systems and were more likely to endorse their clinic as a good place to work, suggesting that aspects of the PACT model at this VA facility may enhance PCP wellbeing. SFVA PCPs' perception of greater complex care management support is consistent with the PACT model's incorporation of nurses and other skilled personnel to help address care coordination and self-management needs. Although aspects of the SFVA unrelated to PACT may account for these findings, all 3 are large organizations with employed PCPs with similar compensation. The SFVA and county systems are UCSF teaching affiliates, and both care for underserved populations.

Study limitations include the lower response rate among SFVA PCPs and cross-sectional observational design, limiting causal inferences. The study was conducted at health centers in one urban setting, and is not necessarily generalizable to other settings and VA centers. The SFVA is a VA Primary Care Center of Excellence and may be an exemplary PACT site.

Results from this study indicate that the well-developed team-based care model at the SFVA may contribute to PCP satisfaction.

Additionally, the PACT model as implemented at the SFVA may hold lessons for the VA's national effort to recruit more PCPs.



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