Exploring the invisible role of Administrative Associates in Patient Aligned Care Teams (PACTs)

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Objectives

- To characterize Administrative Associates' (commonly referred to as clerks) expertise and role in providing Veteran-centered care
- To identify team and organizational barriers to engagement of clerks in PACTs

Background

- VA Patient Aligned Care Teams (PACTs) are comprised of three clinically trained staff (a primary care provider, an RN, and a Clinical Associate) and one Administrative Associate/ clerk, a nonclinical staff person without formal medical training.
- PACT staff are expected to work as teams according to their individual scope of practice and expertise in order to provide high quality, patient-centered care.
- The experience of clinically trained staff transitioning to team-based care has been well explored in research conducted by the PACT Demonstration Labs and others. When adopting practice change, clinically trained staff contend with significant cultural, organizational, and clinical challenges, but little is known about clerks' experiences and attitudes towards PACT implementation and related practice change.

Design

1 Observational data were collected as part of a multi-year, multi-site formative evaluation and were analyzed using ethnographic methods.
Data were collected from clinical and nonclinical team members of 22 PACTs (located at 13 CBOCs and 8 VAMCs) over an 18-month period.

Data collection included:

- 79 Individual interviews
- 18 Group interviews
- 600 E-mail communications, training materials, reports, memos, and other documents
- 117 Observation field notes recorded during training events and site visits

2 Data were managed in a qualitative software package (MAXQDA v.11) where they were coded by two analysts to an 80% agreement benchmark.

3 Code intersections were examined for patterns, which then informed identification of exemplar data for ethnographic analysis.

4 Exemplar data were independently reviewed and synthesized into themes using an ethnographic approach informed by constant comparison techniques.

5 Themes were refined through iterative discussion and consensus building to identify factors limiting full integration of Administrative Associates in PACTs.

Results

Overview

- **Ethnographic data identified the expertise embedded in the PACT clerk role and illustrated how Administrative Associates contribute to Veteran-centered care.**
- **The ability of Administrative Associates to realize contributions to Veteran-centered care are limited by organizational factors, despite clinically trained staff's recognition of the value of assigned PACT clerks.**

1

PACT clerks are viewed as unskilled workers lacking expertise

Clerks describe an expertise that clinical staff may fail to recognize. Detailed analysis of the work performed by Administrative Associates' primary care tasks identifies expertise hidden within seemingly unskilled activities. Clerks' descriptions of these skills highlight their perceived invisibility and job satisfaction.

"Yeah, the administrative support are… they're JUST administrative people that do not have any medical training, so they can't do things like blood pressures or EKGs and things like that. (emphasis in original) And their role basically is to check people in. When [Veterans] come in, they check them in in terms of getting them into the system, and then after the provider sees them, they go see the [clerk] to check out, and the [clerk] does all their orders in terms of scheduling labs or x-rays or things like that."
—Clinical Associate interview

"..But a lot of people think that it's like this really easy thing to do, to go in and just make an appointment and move on, but there's all sorts of little things to go with every single person that's a little bit different, as far as trying to coordinate or you're supposed to update the demographics and things like that."
—Clerk interview

"I mean I have so many patients that are just so grateful for just that little bit that you do for them, you know? Telling them what their future appointments are and 'Hey, maybe we can put these [appointments] together. Do you want to do that?' And just knowing before I even call patients back, how far away they live, whether they're diabetic or not so we know how early or late we can do labs, and if there's any other appointments that need to be scheduled."
—Clerk interview

"… They have what is called a chronic disease registry and all of the A1cs and blood pressures [are recorded] and it graphs them.... So we [clerks] started printing those for all of the patients that are coming in to the clinic. And another thing [clerks] start looking at is if they're here in the clinic for something else and haven't had their A1c drawn in a while, to go ahead and do that while we're in the clinic. So [the other clerk] and I are starting to look up more data and to help with the patient care a little bit more."
—Clerk interview

2

Clerks are utilized as siloed, interchangeable workers

Administrative Associates' ability to develop team-level expertise and implement PACT is constrained by practices which treat them as interchangeable workers.

Frequent ad hoc reassignment and physical separation from the clinical staff in the office contribute to challenges in:

- Clerks' ability to participate in PACT huddles and meetings;
- Identifying, developing, and maintaining team-level systems;
- Clinical staff recognition of clerks' expertise and workload; and
- The ability of Administrative Associates to develop relationships with empaneled Veterans.

The challenge that was brought up by multiple clerks is that when you go into a new clinic, you don't necessarily know the details of how things happen there or the dynamics of the staff. Even if it's one you've been to before, you still end up in a situation where you get engaged with patients or you are following people, and that's something that has to be sustained or concluded, often beyond the period of coverage, so it ends up being additional work that comes back to you when you go to your own team.
—Clinic site visit field notes

"Yeah, physically [the team] can't see if I'm busy or not. If I need help I'd have to ask for it and by the time … somebody'd come up and get logged in, I can get it done myself."
—Clerk interview

The teamlet is spread out through both hallways and the clerk could potentially go the entire day without seeing other teamlet members.
—Clinic site visit field notes

"A couple of the things that's made ours work pretty well, one was we decentralized the scheduling.… Partly to get that relationship with the clerk and the patients developed. … And because of that decentralized scheduling, my patients know [my clerk] by name, by looks. Wwe even made a new set of business cards that has [her] direct phone number on it. … And that's created a lot of patient satisfaction.… So patients know now…or they're, or they're becoming more familiar with, the teamlet concept, and of course like having that concept. They know who they're getting when they call."
—Provider interview

Administrative Associates are part of the PACT, but often function in isolation from clinically trained staff.

3

PACT clerks meaningfully contribute to a Veteran-centered culture of care

PACT is designed to provide Veteran-centered care to individual patients that accounts for Veterans' larger social experience.

Clerks contribute to Veteran-centered care by:

- establishing long-term relationships with individual Veterans and their families;
- employing emotional labor to resolve Veteran concerns; and
- serving as informal patient advocates.

Clerks describe the work they do as contributing to Veteran-centered care.

"I work for the patients. And I can honestly say that everybody here, I mean everybody in our clinic, wants to make this work… Because we're the ones who look in the patients' faces every day. It's one thing to shuffle paper, it's another thing to shuffle people."
—Clerk interview.

"But anybody on the health care team [including the clerk] can be the sole outcry witness. The one that they finally look at and say, "This happened to me and I need help." Whether it's a TBI or a PTSD or, MST or, any other, three letter acronym. But isn't that the purpose of VA medical care? Is a true understanding of the needs of Veterans. And being able to relate."
—Clerk interview

4

Reported lack of training and understaffing of Administrative Associates

Reported understaffing of Administrative Associates and lack of clerk-specific PACT training limits the ability of teams to implement PACT

- Many PACTs lack a non-shared, assigned Administrative Associate, contributing to clerk's perceived overload. For example, in 2013, 10% of all PACTs were lacking an assigned clerk and more than 35% of teams shared clerks.
- In PACTs short on clerical staff, clerks describe feeling overwhelmed and clinical staff perform clerical duties.
- Staffing shortages make it difficult for clerks to attend training.
- PACT training's emphasis on delegating work according to clinical license and reported lack of clerk-relevant training materials was reported to contribute to lack of role clarity for the non-licensed team member— clerks.

"I can't send the clerk [to training] because she's the only clerk in the clinic ."
—Nurse Care Manager Interview)

RN suggests that the clinic has problems getting people to work to the top of their licenses because there is only one clerk for two providers. This means that either RN or clinic manager is usually at the front desk helping clerk. The RNs do clerk work, or the Clinical Associates do it. This leaves little time for RN to do tasks such as care management. The last time RN was able to really spend time doing panel management was 2-3 months ago.
—Clinic site visit field notes

Implications

When assigned to and integrated with PACT, Administrative Associates contribute to the VA mission of accessible Veteran-centered care.

Administrative Associates:

- Develop and employ knowledge of individual Veteran's life circumstances, preferences, and needs;
- Function as compassionate, accessible, and professional representatives of VA primary care to patients, their families, and the community;
- Maintain the accuracy of Veteran records vital to quality improvement work and high quality health care; and
- Identify and share reports with clinical staff and Veterans to support high quality care and health goals.

While Administrative Associates are recognized as Veterans' first point of contact, clerks' contributions to care are limited by *organizational and cultural barriers.*

These barriers have implications for implementation, team function, employee satisfaction, and the delivery of Veteran-centered care.

Suggestions for Effective PACT Implementation
PACT training for Administrative Associates could be further tailored to their role, emphasizing the importance of attention to detail, emotional labor, personalized attention, and care coordination to the VA mission and high quality care. Enabling clerks to participate in training with their PACT could foster team development and interprofessional knowledge.

Team function
The ideal staffing ratio of 1 FTE clerk to 1 FTE PCP is not yet realized in all PACTs. Our related work has demonstrated an association between ideal staffing and better access to primary care, however further specification of the effect of Administrative Associate staffing on access and other quality measure should be explored.

Employee satisfaction
All PACT members characterized clerk work environments as frenetic and potentially stressful, with workload reportedly responsible for the high rate of turnover in this position. Clerks themselves reported a perception that their work was regarded by others as simple and easily accomplished, which ran counter to their experience in providing personalized and coordinated care.

Veteran-centered care
PACT Administrative Associates contribute to PACT in ways which align with Veteran–centered care. Organizational recognition of this work as *care* may help PACTs transition from a medical to a patient-centered model of care.

Underutilization of PACT Administrative Associates limits the ability of PACTs to fully realize the potential benefits of primary care transformation.

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Related Papers

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