# Integrated Care, Team-Based Care & Physician Burnout

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## INTRO
- **Burnout:** Emotional exhaustion, feelings of cynicism, detachment from work, & a sense of low personal accomplishment (Maslach 1996)
- 54% of physicians report at least one element of burnout (Shanafelt 2014)
- $4.6 billion per year in associated costs from physician burnout (Han 2019)
- Improved patient outcomes and costs with adoption of integrated care models (Vogel 2017)

## RESEARCH QUESTION
*Does working in an integrated team environment result in greater well-being for primary care providers than a non-integrated team environment?*

## METHOD
**Systematic Review**

### Search Term
- [burnout or job satisfaction/attitude of health personnel ] + [intersectoral collaboration or patient care team or primary health care or comprehensive healthcare] + behavioral health
- ("integrated" OR "collaborative" OR collocated OR team-based) AND ("behavioral health" OR "mental health" OR psychiatry) AND (physician OR provider OR staff) AND (wellness OR well-being OR burnout OR satisfaction) AND ("primary care" OR pediatrics)

### Search Parameters
- Medline, Pubmed
- Google Scholar, PsycINFO

### Inclusion
- Team-based care, integrated care, behavioral health in primary care setting, medical home, English, Physician’s burnout/well-being

### Exclusion
- No English, outside of the USA, provider’s perspectives on integrated care, provider’s confidence or satisfaction on providing quality services in the integrated care setting

## SUMMARY TABLE

<table>
<thead>
<tr>
<th>Source</th>
<th>Study Period</th>
<th>Int./ Team</th>
<th>Type of Study</th>
<th>N of Subjects</th>
<th>Burnout Measure</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helfrich 2014</td>
<td>2 months</td>
<td>Team-based care</td>
<td>Cross-sectional</td>
<td>4,539 Outpatient staff</td>
<td>PWS 5-item scale</td>
<td>Team: 0.4 prevalence burnout Not team: 0.6 prevalence burnout / OR 1.46 (p=0.008)</td>
</tr>
<tr>
<td>Reid 2010</td>
<td>24 months</td>
<td>Team-based care</td>
<td>Quasi-Experimental</td>
<td>48 staff with care responsibilities</td>
<td>Maslach Burnout Inventory</td>
<td>Emotional Exhaustion: 12.2 pts higher in control (p &lt; .01) Depersonalization: 2.4 higher in control (p = .03)</td>
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<tr>
<td>Zubatsky 2018</td>
<td>3 months</td>
<td>Behavioral Health Integration</td>
<td>Cross-sectional</td>
<td>288 PCPs</td>
<td>Maslach Burnout Inventory</td>
<td>Higher levels of integrated care predicted higher personal accomplishment &amp; lower depersonalization</td>
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<tr>
<td>Song 2017</td>
<td>29 weeks 60% response</td>
<td>Academic Innovations Collaborative</td>
<td>Cross-sectional</td>
<td>548 PCPs</td>
<td>Work Satisfaction</td>
<td>Better group dynamics predicted higher work satisfaction Patient-care coordination partially mediates</td>
</tr>
</tbody>
</table>

## RESULTS

- **45,976** Studies identified through database search
  - 3 studies identified through other sources
  - **45,934** excluded because No integrated care, No burnout outcome
  - **45** Relevant studies identified for further review
  - 6 Duplicates removed
  - **30** excluded with reasons; Systemic review, Job satisfaction, Physician perspectives, Training effectiveness, Work environment
  - **9** Met inclusion criteria
  - **5** excluded
    - 1 not related to integrated care
    - 4 provider’s satisfaction with program

## CONCLUSIONS
- Integrated/ team-based primary care is associated with increased well-being of primary care providers and outpatient staff.
- Greater well-being for primary care providers when working in the full integration environment versus co-location.
- The effect of integrated on primary care physicians should be further investigated.
- Prospective cohort studies comparing similar clinics sites would provide valuable information.

## PIC/O
- **Population -** Practicing primary care physicians
- **Intervention -** Integrated/team-based care
- **Comparison -** Non-integrated team
- **Outcome -** Physician burnout/ work satisfaction
- **Study Design -** Observational