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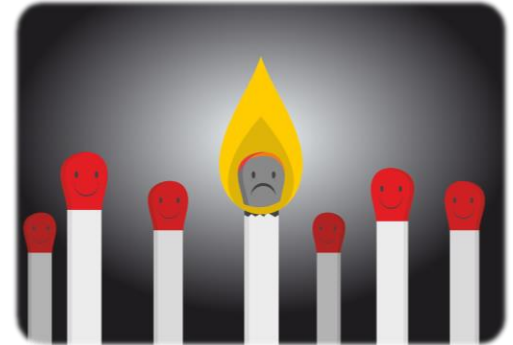
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### Can Delegating Tasks Help Reduce Burnout for Primary Care Providers and Nurses?

Burnout is common among primary care providers (PCPs) and nurses. While relatively new health care models such as the patient-centered medical home, or PCMH, utilize teams in part to avoid exhausting individual providers, CIVIC researcher **Dr. Samuel Edwards** and colleagues investigated just how much delegating tasks to team members helps – or not.

The US Department of Veterans Affairs (VA) began using a PCMH model of care in its primary clinics in 2010. In 2014, the national Patient Aligned Care Teams (PACT) organization surveyed primary care providers and staff via email to gauge how PACT was working after 4 years. Dr. Edwards, et al, asked primary care providers which of 15 specific tasks they delegated to members of the “teamlet” – each teamlet comprising a PCP, registered nurse, practical or vocational nurse, and medical assistant. They also asked RNs how much the PCPs relied on them, and surveyed both PCPs and nurses on their burnout level.

Primary care providers reported delegating more tasks than RNs reported being relied on



for tasks. Investigators found burnout in nearly half (48%) of PCPs surveyed and 35% of RNs. PCPs who reported delegating more tasks reported less burnout, while RNs who reported being relied on more, reported more burnout.

Having a fully staffed teamlet appeared to reduce burnout for both PCPs and nurses, as did lower turnover among staff members and having more experienced VA staffers on the team. Longer team huddles were associated with greater delegation by both PCPs and nurses, while working with a PACT coach lowered burnout for PCPs, but not RNs. Investigators highlighted a concern of that efforts to reduce PCP burnout may increase RN burnout. Ideally, all members of the team are utilized as fully as possible to minimize individual overload.

[Read more about Dr. Edwards' Study HERE](#)

### Upcoming Events

HSR&D CIVIC Research Conferences, Fridays from 9:30 a.m. – 11:00 a.m. Room 214, Building 6. Unless otherwise noted.



**February 8<sup>th</sup>**  
**Drs. Alan Teo and Michael Davey present:**  
Research Dissemination and Publicity

**February 15<sup>th</sup>**  
**Dr. Shannon Nugent presents:**  
Gulf War Survey



## Investigating Pain Intensity After Discontinuation of Long Term Opioid Therapy

As calls for safe opioid prescribing ring louder, overall opioid prescriptions are dropping. Chronic pain patients are less likely to receive new opioid prescriptions, and those on long term opioid therapy (LTOT) are discontinuing their existing opioid treatment. However, little is known about changes in pain after discontinuation for chronic pain patients on LTOT. A study by CIVIC's **Dr. Lovejoy** and colleagues sought to investigate changes in pain levels for chronic noncancer pain patients in the 12 months following LTOT discontinuation.

Through a review of health records from the VA Corporate Data Warehouse (CDW), the investigators identified a national cohort of continuous opioid users and collected



their pain scores for a period of 24 months (12 months prior to opioid discontinuation and for 12 months following discontinuation). Other administrative data were collected including demographic characteristics (age, sex, race/ethnicity), medical comorbidities, and service-connected disability status.

Dr. Lovejoy and colleagues found that average pain ratings remain relatively

stable following discontinuation of LTOT for chronic noncancer pain patients. Patients' individual pain ratings varied widely following discontinuation. These findings suggest that while patients' pain intensity fluctuates after opioid discontinuation, similar to their experiences of pain while on opioids, their pain intensity does not worsen and, in fact, may improve.

The authors suggest future studies to identify effective nonopioid therapies for chronic pain and to examine the effects of LTOT discontinuation on other relevant well-being outcomes such as quality of life. Furthermore, they call on clinicians to consider the present findings when discussing opioid discontinuation with their patients.

[Read more about Dr. Lovejoy's study HERE](#)

## In-person versus Facebook: Does it Matter for Your Mental Health How You Interact?



Social relationships have a positive effect on well-being and can buffer against stressors and negative emotions. The positive effects of face-to-face socialization are well documented but it remains unknown if other types of social interactions may have similar protective effects. This is precisely the question that CIVIC's **Dr. Alan Teo** and colleagues sought to answer.

Specifically, they aimed to determine

whether social interactions on Facebook are associated with reduced psychiatric symptoms in Veterans.

To answer the question at hand, Dr. Teo and co-authors invited post 9-11 Veterans to complete an online survey through Facebook ads. Participants were asked to report their frequency of social contact both in-person and on Facebook. Additionally, participants completed a series of measures to screen for mental health problems (e.g., post-traumatic stress disorder, depression, suicidality, alcohol use disorder) and provided demographic characteristics.

Overall, Veterans who had frequent social interactions on Facebook were more likely to have frequent in-person social interactions.

In contrast, those who infrequently interacted with others on Facebook were less likely to interact face-to-face with friends and family. Moreover, in-person social contact was associated with a decreased risk of screening positive for depression and PTSD, suggesting that face-to-face social contact has a protective effect.

The authors posit that in-person social contact is of a higher quality and may provide more support than online socialization. They go on to say that a lack of social interactions may pose a unique risk to Veterans' mental health that cannot be solved through social media platforms but rather through face-to-face interactions with friends and family.

[Read more about Teo's study HERE](#)

## Learning About Veterans Who Receive Opioid and Other Psychotropic Medications from VA and Non-VA Pharmacies

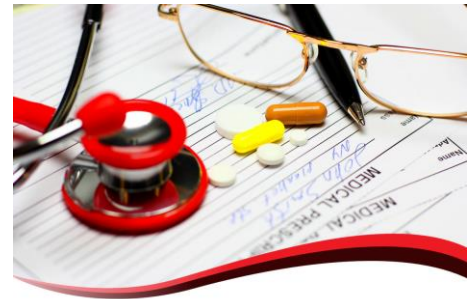
Does receiving community-based care put Veterans at greater risk of overdose when they take opioids and other psychotropic medications? Perhaps in some circumstances, according to a study of nearly 20,000 post-9/11 Veterans led by CIVIC researcher **Dr. Kathleen Carlson**. Dr. Carlson's team found that more than 17 percent of patients who filled prescriptions for these drugs at VA pharmacies were obtaining them concurrently from non-VA pharmacies. Many of these patients were participants in the Veterans Choice Program, which allows veterans to receive some of their VA-paid health care from community providers.

Using data from the VA and the Oregon Health Authority's prescription drug monitoring program, or PDMP, Dr. Carlson and colleagues matched state dispensing records with those of VA patients seen from 2014 through 2016.

They examined prescriptions for opioids, benzodiazepines, and non-benzodiazepine sedative hypnotic medications. A concurrent prescription was defined as at least one day of overlap between prescription fills.

Demographic and clinical characteristics associated with concurrent prescriptions included being 36 and older, married, living outside an urban area, having greater disability relative to other patients, and participating in the Veterans Choice Program. Veterans with post-traumatic stress disorder (PTSD) were twice as likely as other patients to fill concurrent opioid and sedative-hypnotic prescriptions as those without PTSD.

The investigators highlighted the value of providers' using state PDMPs to check each prescription of psychotropic drugs. Community providers who care



for Veterans should be aware that these patients may use both VA and non-VA health care systems and fill prescriptions concurrently. Veterans with specific demographic characteristics and diagnoses, including PTSD, depression, and pain, may be at particularly high risk for unsafe medication use and, potentially, overdose. Dr. Carlson's ongoing work will quantify this risk by examining overdose and other adverse outcomes among the Veterans with concurrent VA and non-VA prescriptions.

**[Read more about Dr. Carlson's study HERE](#)**

## CIVIC Announcements:

The 213 kitchen in Building #6 received a nice makeover, including new mailboxes and a dedicated workspace. It's sparkling, go take a look! You can send your thank you notes to **Heather Marsh** and **Greg Sebastian**.



Congratulations to everyone who made it through grant season! In the end, **CIVIC Investigators** submitted a total of 13 grants to HSR&D including 5 Innovation grants.

Since we last spoke, CIVIC has welcomed 8 new employees: **Nellie Apodaca** (Slatore), **Susan DeFrancesco** (Carlson), **Beau Edwards** (CIVIC), **Alex Hickok** (Hynes), **Emily Johnson** (Teo), **Katie McDonald** (Denneson), **Greg Sebastian** (CIVIC), and **Kailey Trussel** (Teo). Welcome to all!

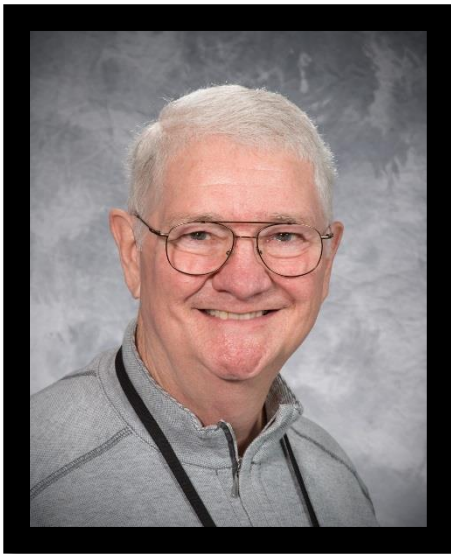
Need a book? Soon you'll be able to check it out from the CIVIC library thanks to **Drs. Linda Ganzini** and **Kathleen Carlson**. Keep your eyes on future CIVIC newsletters for more information.

The **CIVIC Veteran Engagement Group (VEG)** is recruiting new members. If you, or someone you know, is a Veteran and interested in engaging in research at VA, reach out to the VEG Liaison, Rachel Matsumoto. See the VEG Spotlight below for more information on the group and Rachel's contact information.

## **CIVIC'S Veteran Engagement Group**

CIVIC's Veteran Engagement Group (VEG) is comprised of Veterans from various service eras, branches, and backgrounds who regularly come together to meet with investigators. VEG members provide diverse and individualized feedback to CIVIC investigators at all stages of the research process. The incorporation of VEG member's perspectives, especially as users of the VA healthcare system, can bolster translation to practice and help CIVIC research be more patient-centered.

### **VEG Member Highlight: Alex Harkins**



**Alex Harkins** is a Vietnam era Navy Veteran and an active member of the CIVIC VEG since 2015. Alex was inspired to engage in VA because he receives his care from VA and “wanted to give back”. Initially he did this through volunteering, participating in research, and sitting on various committees. After some goading from an existing member, Alex decided to give VEG a try: “needless to say, I fit in well and am still [here]. While I have dropped other committees, I remain with the VEG because it is downright fun.” In addition to VEG, Alex volunteers with My HealthVet and Secure Messaging at VA Portland Health Care System and is active in the US Naval Academy Alumni Association of Oregon and SW Washington. When asked about what he has learned from being engaged in VEG, Alex says that he learns a lot about what VA does for Veterans and is able to take this information to his provider at future visits. Alex adds that “sometimes being involved pays dividends.”

**Fun Fact:** Alex's first roommate at the US Naval Academy affectionately nicknamed him “Tex” after his home state (and his accent). To this day, Alex goes by “Tex” at alumni meetings.

*If you are interested in presenting, joining, or learning more about CIVIC's VEG, contact the VEG Liaison **Rachel Matsumoto** ([Rachel.Matsumoto@va.gov](mailto:Rachel.Matsumoto@va.gov)).*

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## **HSR&D Fellows: After the Fellowship**

Three of CIVIC's Advanced HSR&D fellows, **Drs. Jason Chen, Shannon Nugent, and Jessica Wyse** have reached the end of their fellowships and are transitioning to become independent investigators with CIVIC. Dr. Chen was recently awarded a VA Career Development Award (CDA), in addition to a Trans-NIH K12 Award in Emergency Care Research. His CDA project will focus on developing a community engagement intervention for recently psychiatrically hospitalized Veterans. In addition to his own research, Dr. Chen will continue his work with Dr. Steven Dobscha and other CIVIC investigators. Dr. Nugent was awarded a five-year career development award from the American Cancer Society that focuses on pain management among survivors of head and neck cancer, which will begin in April 2019. She is currently a co-investigator on a study examining the health experiences of War Era Veterans (PI: Mark Helfand), and was recently licensed as a clinical psychologist. Dr. Wyse was awarded a K12 in Learning Health Systems Science from AHRQ and submitted a CDA grant application to HSR&D in early December 2018. She continues to work with Dr. Sarah Ono on a project that utilizes Photovoice methodology to explore and document the experiences of Veterans with traumatic brain injuries (TBI) and their care partners. Aside from accomplishments related to their fellowships, Dr. Chen has co-authored an editorial to highlight the importance of well-being in suicide prevention research staff; and Dr. Wyse co-authored a book, titled “*On the Outside: Prisoner Reentry and Reintegration*,” that will be released in February 2019.

## **A New Era: Welcoming New HSR&D Advanced Fellows to CIVIC**



**Dr. Carolyn Peterson** joined the HSR&D Fellowship Program in September 2018. She earned her Bachelor of Science in Psychology from Pacific Lutheran University in Tacoma, Washington and her Master of Developmental Psychology degree from San Francisco State University. While in San Francisco, she worked as a research assistant at the San Francisco VA Health Care System in the Geriatrics Department, participating in many R01 and K23 funded projects. She earned her doctorate from the University of Oregon (UO) Counseling Psychology Program and completed her practicums at the UO Counseling Center, UO Child and Family Center the Oregon Health & Science University Autism Clinic, and with Volunteers in Medicine.

Dr. Peterson's research involves quality analysis and improvement of VA clinical services with a focus on implementation and integration of Whole Health, increasing mental health care utilization, and Veteran engagement in mental health treatment. Currently, she is conducting a quality analysis project on a brief compensatory cognitive training program for evidence-based trauma processing as well as an evidence-based synthesis project for aromatherapy. Working with the Polytrauma Clinic, Dr. Peterson conducts secondary TBI evaluation, polytrauma evaluation, and polytrauma education. Outside of her research interests, Dr. Peterson is an avid traveler who enjoys hiking, camping, and discovering new restaurants. She spends her weekends watching football and enjoys spending time with her dog and cats. You can find Dr. Peterson in Building 103, Room E227.

**Dr. Julie Kahler** joined the CIVIC HSR&D Fellowship Program in September 2018. She earned her Bachelor of Art in Psychology at Whittier College and her Master of Clinical Psychology from Teacher's College Columbia University. During this time, she worked as a vocational evaluator for people with disabilities and a researcher at the



New York State Psychiatric Institute on R01 and R03 NIMH. Dr. Kahler earned her doctorate at the University of Nevada – Reno. She is trained in 3<sup>rd</sup> wave radical behaviorism treatments, cognitive behavioral therapy for mood disorders, and prolonged exposure for treating PTSD. Before joining CIVIC as an HSR&D fellow, Dr. Kahler was a psychology intern with VA Portland Health Care System, completing rotations in rural telemental health, neuropsychology, and the general mental health clinics.

Dr. Kahler's work is focused on telemental health, particularly for rural Veterans with PTSD. She is a member of the training committee for rural Telemental Health and collaborates with the Western Telehealth Network. Dr. Kahler is involved in multiple research projects led by CIVIC core investigators Drs. Linda Ganzini, Kathleen Carlson, and Travis Lovejoy. Outside of research, Dr. Kahler's interests include attending plays, movies, playing trivia games, and exploring new places. While in New York City, Dr. Kahler created a pop-punk rock band and is hoping to explore the music scene in Portland. You can find Dr. Kahler in Building 103, Room E227.

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