

Collaborative Care Reduces Stress and Increases Job Satisfaction and Comfort Prescribing for Primary Care Providers

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ABSTRACT

Background: Burnout among health care providers has reached epidemic levels, raising concerns about clinician wellness and the quality of care delivered. Based on years of collaboration with primary care providers through various models—including the Collaborative Care Model (CoCM)—the authors observed that such partnerships may enhance provider well-being. This study aimed to assess provider perceptions of CoCM and its impact of provider wellness.

Methods: In March 2023 a brief, anonymous, 9-question survey was distributed via email to 51 physicians, advanced practice nurse prescribers, and physician assistants working in 4 primary care clinics, each of which had implemented CoCM for at least 1 year. For this study, we examined 3 questions that specifically addressed provider wellness.

Results: Twenty-six (51%) primary care providers completed the survey. Among the responses to wellness-related questions, 84.6% indicated reduced stress level, 80.8% reported improved job satisfaction, and 57.7% noted increased comfort with prescribing psychotropic medications. All respondents recommended CoCM to their colleagues.

Conclusions: Primary care providers strongly endorsed CoCM as beneficial to provider wellness. Further research is needed to confirm these findings and to explore whether improvements in clinician well-being translate to enhanced patient care.

tional issues.^{1,2} Burnout is multifactorial, and addressing it likely requires a broad range of interventions. Evidence shows that provider-level strategies aimed at reducing stress and improving wellness have had limited success. Increasingly, research points to systemic and organizational contributors as root causes of burnout, prompting calls for interventions focused on improving organizational workflows.^{1,2}

The authors are employed within a nonprofit, multispecialty health care system that offers a full range of care, including inpatient psychiatric services. In 2018, the system implemented the Collaborative Care Model (CoCM) in 2 of its 23 primary care clinics. At that time, the system employed 5 outpatient psychiatrists, 2 psychiatric nurse practitioners, and 4 inpatient psychiatrists. CoCM represents a significant departure from traditional behavioral

BACKGROUND

Burnout among health care providers is highly prevalent, affecting approximately 50% of physicians, with the highest rates observed among primary care providers (PCPs).¹ Studies have identified several contributing factors, including excessive workloads, inefficient workflows, lack of resources, poor work-life balance, a lack of autonomy and support, and a lack of control over organiza-

health workflows. Compared with usual care, CoCM has been shown to improve clinical outcomes, enhance patient functioning, increase provider satisfaction, and reduce health care costs.³ This evidence-based model is grounded in 5 core principles: patient-centered care, population-based care, evidence-based care, measurement-based treatment to target, and accountable care.³

CoCM is a team-based approach to integrated care, designed to address mental health conditions such as depression and anxiety within the primary care setting. The model includes the PCP and an embedded behavioral health care manager (BH CM), who deliver evidence-based interventions and medication education to patients. They are supported by a psychiatric consultant who conducts regular, systematic consultations to provide treatment interventions for those patients who are not progressing as

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expected (See Figure).³ In this study, both psychiatric consultants were employed by the system and worked with the PCPs in the 4 groups surveyed.

Initial discussions among authors and the CoCM leadership raised concerns that PCPs might perceive CoCM implementation as burdensome. However, based on prior experience with collaborative care models, the authors observed that such approaches were personally beneficial to PCPs. Over time, and particularly during the COVID-19 pandemic, CoCM appeared to offer meaningful support to both providers and patients.

Preliminary findings from semistructured interviews with PCPs participating in CoCM have been encouraging.⁴ Clinicians reported increased confidence in identifying and managing conditions such as posttraumatic stress disorder and bipolar disorder, and they became more comfortable managing medications. They also noted that CoCM enhanced their learning without seeming burdensome. However, the study presented results broadly and did not include quantitative data. Further research has been recommended to better understand PCP experiences with CoCM and inform future implementation.⁴

Given the promising anecdotal evidence within our own system, we developed a survey to more explicitly assess the impact of CoCM on provider experience, patient care, and perceived provider wellness (Table). To our knowledge, this study presents the first quantitative data examining the effects of collaborative care on provider wellness.

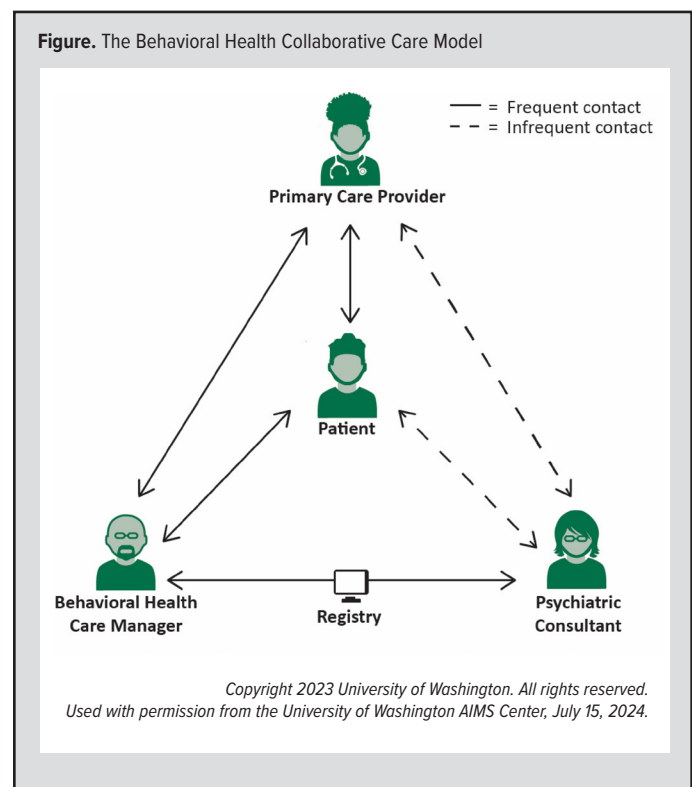
METHODS

In March 2023, a brief, anonymous, 9-question survey was distributed via email using Survey Monkey (SurveyMonkey Inc, San Mateo, California; <https://www.surveymonkey.com>) to all 51 physicians, advanced practice nurse prescribers, and physician assistants working in 4 primary care clinics participating in the CoCM. Email addresses were obtained from the system's provider directory. At the time of the survey, 3 clinics had implemented CoCM for 2 years or more, and 1 clinic for slightly over 1 year.

This study focused on 3 survey items related to provider wellness: perceived stress level, job satisfaction, and comfort with prescribing psychotropic medication. The remaining 6 items assessed attitudes toward the BH CM, including perceived fit and accessibility within the clinic, and the impact of CoCM on patient care. The authors determined that the 9 questions adequately captured the initial provider experience with CoCM. No financial incentives were offered for survey participation. Completion time was approximately 2 minutes. Institutional Review Board approval was deemed unnecessary due to the limited scope of the survey and absence of patient involvement.

RESULTS

Survey responses to all 9 questions regarding PCP experience with CoCM are presented in the Table. Three questions—Question 2



(stress level), Question 4 (job satisfaction), and Questions 6 (comfort prescribing psychotropic medications)—addressed the effect of CoCM on provider wellness. The proportion of respondents who selected “strongly agree” or “agree” was 84.6% for reduced stress, 80.8% for improved job satisfaction, and 57.7% for increased comfort with prescribing psychotropic medications. Notably, for each of these questions, “strongly agree” responses outnumbered “agree” responses by a ratio of at least 2:1.

Questions 3, 7, and 8 assessed the perceived value of CoCM for patients. For Question 3 (improved access to mental health care), responses included 19 “strongly agree,” 7 “agree,” and zero “other” responses. For Question 7 (helpfulness of BH CM interventions), responses were 15 “extremely helpful,” 10 “very helpful,” 1 “somewhat helpful,” and none selected “not so helpful” or “not at all helpful.” For Question 8 (consulting psychiatrist medication recommendations were helpful), responses included 15 “strongly agree,” 7 “agree,” 4 “neither agree nor disagree,” and zero “strongly disagree.”

For Question 1 (BH CMs are an important part of the care team), 22 respondents selected “strongly agree,” 4 selected “agree,” and there zero “other” responses. For question 5 (BH CMs are accessible for warm handoffs and discussion with the care team), 11 respondents selected “always available,” 10 selected “usually,” 5 selected “sometimes,” 1 selected “rarely,” and zero selected “never.”

Finally, for Question 9 (would you recommend CoCM to your colleagues?), 21 respondents selected “strongly agree,” 5 selected “agree,” and zero selected “other.”

Table. Primary Care Provider Survey and Responses Regarding Experiences With Collaborative Care

Survey Question	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
Q1. The behavioral health collaboration manager is an important part of the patient care team.	22	4	0	0	0
Q2. The ability to work with a behavioral health collaboration manager has decreased my stress level in caring for patients with mental health needs.	15	7	4	0	0
Q3. Behavioral health collaborative care is a viable option in helping my patients with mental health needs have quicker access to mental health services.	19	7	0	0	0
Q4. Having behavioral health collaborative care available to me has improved my job satisfaction.	15	6	4	1	0
Q5. How accessible is the behavioral health collaboration manager for warm hand-offs and for questions and discussion regarding patients?	11	10	4	1	0
Q6. Engaging in behavioral health collaborative care has increased my comfort level in prescribing psychotropic medications.	10	5	11	0	0
Q7. How helpful are the patient interventions provided by the behavioral health collaboration manager to my patient in decreasing depression and/or anxiety symptoms?	15	10	1	0	0
Q8. The medication options or recommendations by the consulting psychiatrist are clinically helpful.	15	7	4	0	0
Q9. Overall would you recommend behavioral health collaborative care to your colleagues?	21	5	0	0	0

DISCUSSION

The authors conducted a brief survey to assess the experiences of PCPs working in the first 4 clinics within our health system to utilize CoCM. The responses were more favorable than anticipated. Notably, over half of the providers completed the survey during a period of elevated stress following the COVID-19 pandemic, which further underscores the strength of their endorsements that regarding CoCM's positive impact on provider wellness.

Although new workflows are often perceived as burdensome by PCPs, none of the respondents reported increased stress associated with CoCM implementation. In fact, the majority indicated improved job satisfaction. All but 1 respondent agreed that job satisfaction had improved; the remaining respondent selected “neither agree nor disagree” but indicated that they would strongly recommend CoCM to colleagues.

Based on the authors' experience working as behavioral health care managers and psychiatric consultants in collaborative care setting, several components of the CoCM workflow appear to contribute positively to provider well-being. CoCM is a team-based model involving the PCP, BH CM, and psychiatric consultant. All respondents agreed that the BH CM is an important member of the care team. The BH CM facilitates communication among team members, streamlines workflows, accelerates treatment, and supports providers. One PCP described this collaboration as “exceptional ability to collaborate with team members and to bring the best practice recommendations we all need to stay on top of in these trying times.” BH CMs and psychiatric consultants also routinely assist with care for patients not enrolled in CoCM.

Previous research has identified the ability to provide high-quality care as a key determinant of physician professional satisfaction.⁵ PCPs rely on prompt responses to referrals, particularly for patients whose needs that are beyond the scope of primary

care. The pandemic has exacerbated demand for mental health services, further straining available resources and increasing stress among PCPs.

In our clinics, referrals to CoCM can be initiated during primary care appointments, often accompanied by warm hand-offs. BH CMs typically attempt to contact the patient within a week, and psychiatric consultants respond to urgent inquiries the same day. All survey respondents agreed that CoCM improves access to mental health care. This timely support may enhance PCPs' sense of control and ability to deliver high-quality care, contributing to improved provider and patient satisfaction.

It is noteworthy that all 26 respondents indicated they would recommend CoCM to their colleagues, with 21 selecting “strongly agree.” This finding highlights the perceived value and utility of the model.

A key element of CoCM is the regular, systematic case review conducted with the psychiatric consultant, focusing on patients new to the program or those not progressing as expected. These reviews offer valuable case-based learning opportunities, which are often applied to patients outside of CoCM. In addition, such changes in PCP practices are spread to primary care colleagues. This ripple effect may reduce practice variation, increase continuity, and improve outcomes for a broader patient population. Within our system, this effect may be amplified by the fact that consulting psychiatrists are employed within our organization, are well-known to PCPs, and are involved in other collaborative workflows. The indirect benefits of CoCM may therefore exceed its direct effects. Future research on the impact of CoCM on these additional patients would be valuable.

These findings align with the principles of population health. Because PCPs are part of the communities they serve, it is encouraging that CoCM appears to support provider wellness. Population health also involves timeliness—meeting patients at

the right time and in the right place. Given that the ability to provide quality care is a principal driver of provider satisfaction,^{5,6} improvement in the timely treatment of mental health conditions through CoCM must enhance provider wellness. Providing the resources of CoCM likely contribute to enhanced provider well-being. Increased comfort with prescribing psychotropic medications and access to CoCM resources may also alleviate service-related demands.²

Additionally, our BH CMs and psychiatric consultants utilize a smart form within the electronic medical record that summarizes the effects of current and prior psychotropic medications. This form can be integrated into provider notes and updated as needed, similar to vital signs, significantly reducing time spent searching for medication history.

Ultimately, enhancing PCP wellness may improve their overall capacity to care for patients.

Limitations

This study is limited by its small sample size and cross-sectional design. The survey employed a simple method to assess provider opinions, with no controls for confounding variables and no baseline measures. Although the survey was anonymous, it was conducted within a single health care system, introducing potential bias due to familiarity among CoCM colleagues. Additionally, respondents were not asked to identify if they were physicians, advanced practice nurse prescribers, or physician assistants, preventing analysis of potential differences across disciplines. However, based on the authors' observations, no such differences were apparent.

CONCLUSIONS

The ongoing crisis of health care provider burnout presents serious concerns for the health and safety of both patients and clinicians. Existing research has linked physician burnout with organizational constraints and system inefficiencies. Within our health system, CoCM appears to mitigate some of these limitations by enhancing access to mental health resources in primary care settings.

Findings from this survey suggest that CoCM may contribute to improved PCD wellness, as evidenced by reductions in perceived stress, increased comfort with prescribing psychotropic medications, and enhanced job satisfaction among clinicians.

Further research is warranted to validate these findings, explore potential effects on patient outcomes, and examine other changes in provider workflows that may improve PCP well-being. Investigating whether other integrated care models yield similar benefits for provider wellness would also be valuable.

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