



EvidenceNowSOUTHWEST

| CO | Advancing Heart Health in Primary Care | NM |

EvidenceNOW Southwest is a cooperative of the Agency for Health Care Research and Quality's EvidenceNOW initiative to advance heart health in primary care.

EvidenceNow Southwest

Team Based Care

Peer Learning Workshop

February 3, 2017

Session Objectives

Team Based Care

Define team-based care

Benefits of, and evidence for, engaging in team based care

Identify the key implementation strategies of team-based care

Credentials:

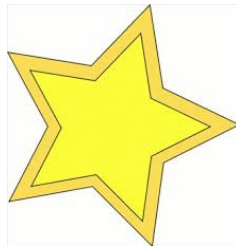
- I came by plane... that automatically makes me an expert...
- And then there's longevity....
 - Years of observation in practices
 - Years of reading the literature
 - Years of going to conferences and hearing the success stories



Disclosures:

My bias: Team-based care is **THE MOST** important change concept.

Team-based Care is not “one more thing,”
it IS “The Thing”



Agenda:

What?

Why?

How?



Team Based Activity



What is Team Based Care?



What is Team Based Care?


Distributing functions of care delivery among a group of people with:

- Complementary skills
- Everyone has a role and everyone is essential
- Common goals, purpose, accountability
- Mutual commitment, respect and trust
- Collective responsibility for performance

What Does it Take?

The 10 Building Blocks of High-Performing Primary Care

Thomas Bodenheimer, MD[†], Amireh Ghorob, MPH, Rachel Willard-Grace, MPH and Kevin Grumbach, MD

 Author Affiliations

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The 10 Building Blocks of High-Performing Primary Care

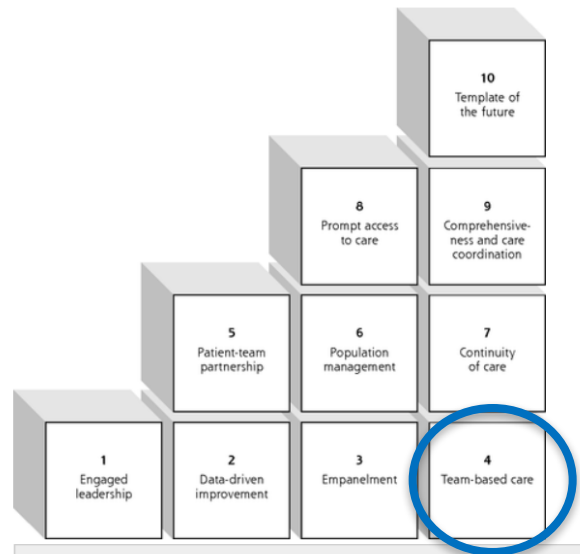


Figure 1

Ten Building blocks of high-performing primary care.

High-Performing Teamlets



Why team-based care?

What are the benefits?

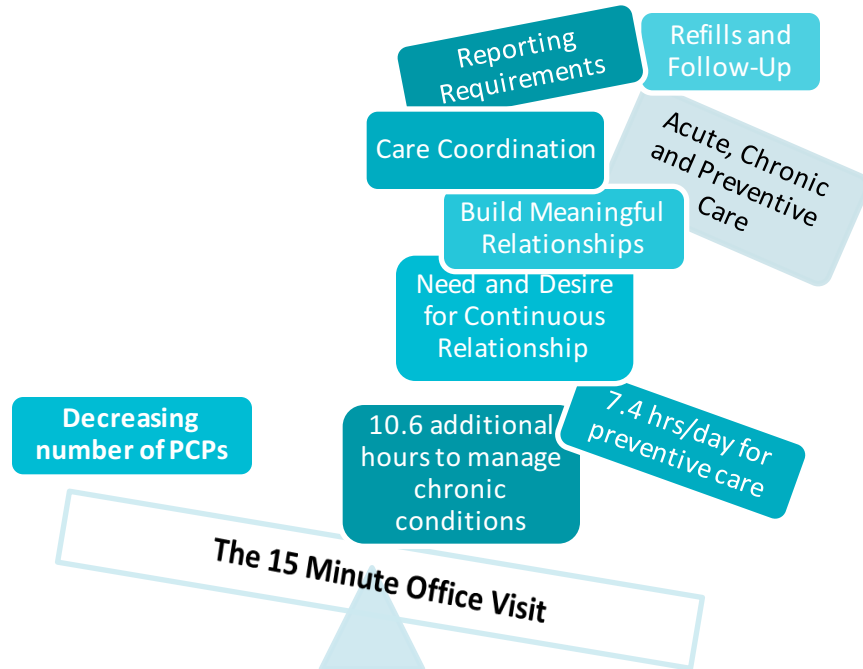
What's in the evidence?





- More efficient: increases provider capacity
- Reduces burnout, improves morale
- More patient engagement because more time with the team
- Decreases costs and increases revenue
- Better care, better outcomes

Why A Primary Care Team?



Source: From Building Teams in Primary Care: Lessons Learned (California Healthcare Foundation)

Evidence for Efficiency

REFORM PROPOSALS

By Thomas S. Bodenheimer and Mark D. Smith

Primary Care: Proposed Solutions To The Physician Shortage Without Training More Physicians

DOI: 10.1377/hlthaff.2013.0234
HEALTH AFFAIRS 32,
NO. 11 (2013): 1881-1886
©2013 Project HOPE—
The People-to-People Health
Foundation, Inc.

24%

Of time saved

The use of primary care teams for preventive, chronic, and acute issues could save as much as 24 percent of clinicians' time.

Aggregated Outcomes from the 30 Studies



21 of 23

studies that reported
on cost measures found
reductions in one or
more measures

23 of 25

studies that reported on
utilization measures



found reductions in
one or more measures

Patient-Centered
Primary Care
COLLABORATIVE

The Patient-Centered Medical Home's Impact on Cost and Quality

Annual Review
of Evidence
2014-2015

Published February 2016



NCQA / Latest Evidence: Benefits of the Patient-Centered Medical Home

September 2016

Latest Evidence: Benefits of the Patient-Centered Medical Home

Patient-Centered Medical Homes are driving some of the most important reforms in healthcare delivery today. A growing body of scientific evidence shows that PCMHs are saving money by reducing hospital and emergency department visits, mitigating health disparities, and improving patient outcomes. The evidence we present here outlines how the medical home inspires quality in care, cultivates more engaging patient relationships, and captures savings through expanded access and delivery options that align patient preferences with payer and provider capabilities. This report will be updated as new evidence of PCMH implementation is released.

Why? Improve Morale.



Ann Fam Med. 2014 Nov; 12(6): 573-576.
doi: [10.1370/afm.1713](https://doi.org/10.1370/afm.1713)

PMCID: PMC4226781

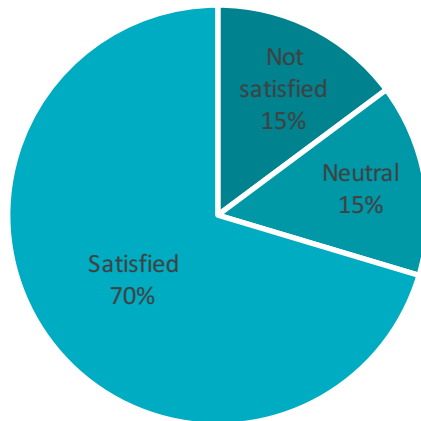
From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider

Thomas Bodenheimer, MD¹ and Christine Sinsky, MD^{2,3}



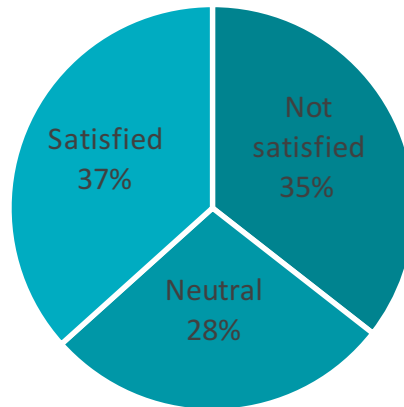
Evidence For Satisfaction

Teamlet (work with same MA)



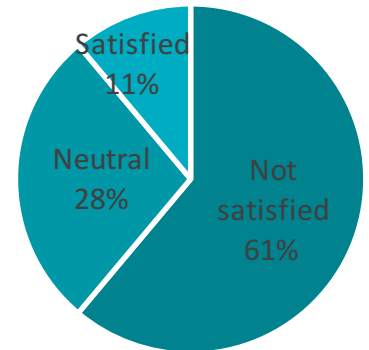
■ Not satisfied ■ Neutral ■ Satisfied

Larger team (work with a few MAs)



■ Not satisfied ■ Neutral ■ Satisfied

No team (work with many MAs)



■ Not satisfied ■ Neutral ■ Satisfied

UCSF Center for Excellence in Primary Care survey of Clinicians (Physicians, NPs, PAs) in 16 primary care clinics

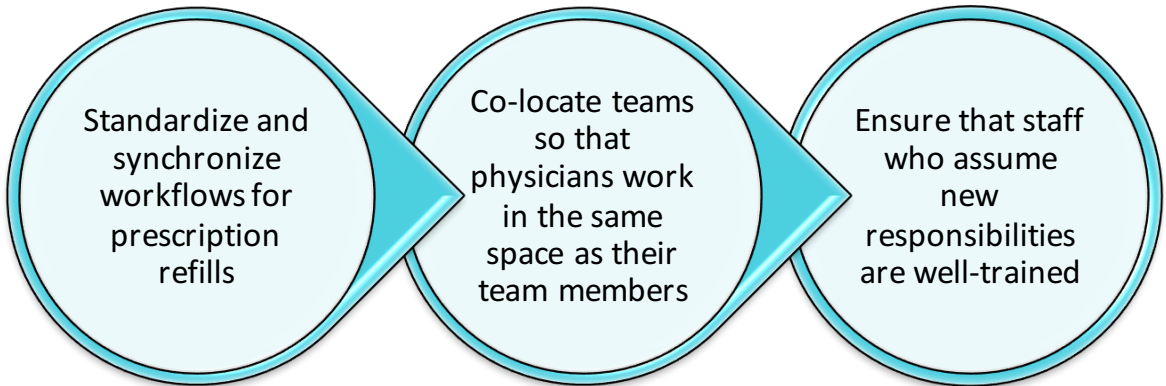
HOW Do You Do Team Based Care ?



Implementation Strategies



Implementation Strategies



Components of a High-Functioning Team – Role Definition

Medical Assistant			
Patient Care Huddle: Planned Care Vitals, HPI MA Standing Orders Immunizations and Injections Exam Room/Procedure Setup	Lab Urine culture Hcg Blood Draws A1c Strep	Equipment and Tests EKG Audiometer Vision Test Autoclave PulseOx NST Ultrasound	Administrative Schedule Diagnostic Testing & Imaging Prior Authorization Administer Risk Assessments Tasks from Provider Patient Program Paperwork Manage Rx Refills

Components of a High Functioning Team

- Well defined roles, expectations and training to build trust
- Staff working to the top of their license
- Well defined handoff between roles
- Standardization that eliminates waste and provides the ability to duplicate services across care teams
- Physical space that supports team



Team Based Care Activity





Questions?

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Resources:

<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod19.html>

From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. (2014, November). Retrieved from <http://www.annfammed.org/content/12/6/573.full>

July 18, 2015 · by #HCLDR Moderator · in Healthcare Leadership · 3 Comments, & Tags: burnout, caregivers, nurses, physicians, quadruple aim, suicide, Triple Aim. (2015, July 21). Quadruple Aim: Care of the Provider. Retrieved from <https://hclldr.wordpress.com/2015/07/18/quadruple-aim/>

Leiter, M. P., Frank, E., & Matheson, T. (2009). Values, Demands, and Burnout: Perspectives From National Survey of Canadian Physicians. *PsycEXTRA Dataset*. doi:10.1037/e604522009-001

Shanafelt, T. D., Boone, S., Tan, L., Dyrbye, L. N., Sotile, W., Satele, D., . . . Oreskovich, M. R. (2012). Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. *Archives of Internal Medicine*, 172(18), 1377. doi:10.1001/archinternmed.2012.3199

Wu, S., & Green, A. (2000, October). Projection of Chronic Illness Prevalence and Cost Inflation. Retrieved from <http://www.rwjf.org/en/library/research/2010/01/chronic-care.html>