Michigan Institute for Care Management & Transformation

MICMT Complex Care Management Course

Team Based Care

Learning Objectives

- Define team based care in the primary care physician office
- Review tools for team-based care
- Provide some resources for learning more about team-based care

Define Team Based Care in the Primary Care Physician Office

Team Based Care

The provision of health services to individuals, families, and/or their communities

- by at least two health providers
- who work collaboratively with patients and their caregivers,
- to the extent preferred by each patient,
- to accomplish shared goals within and across settings to achieve coordinated, high-quality care.

https://www.pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care#fig1

Goals of Team Based Care

- Well-implemented team based care has the potential to improve:
  - Comprehensiveness
  - Coordination
  - Efficiency
  - Effectiveness
  - Value of care
  - Satisfaction of patients and providers

Benefits of Team Based Care

Practices with a team based environment report:

- Increased office efficiency, more hours of coverage, shorter wait times
- Improved services, patient education, behavioral health, self-management support, care coordination, and closing gaps in care
- Increased patient and staff satisfaction
- Improved financial outcomes

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https://pcmh.ahrq.gov/sites/default/files/attachments/creating-patient-centered-team-based-primary-care-white-paper.pdf

Time for Change

Dr. Robert begins a 20-minute visit with Mr. Hub, a diabetic, by looking through the chart to find the dates and results from his most recent hemoglobin A1c, low-density lipoprotein cholesterol, eye examination, and prostate-specific antigen tests.

Dr. Robert then spends 5 minutes comparing the medication bottles brought by Mr. Hub with office medication list.

Reviewing the health maintenance form, she leaves the room to request a medical assistant to draw up pneumonia and influenza immunizations.

Dr. Robert learns that Mr. Hub has been unable to obtain an appointment with the urologist for a prostate biopsy; she promises to help arrange the appointment herself.

As Mr. Hub leaves, Dr. Robert realizes that she did not need a medical degree to accomplish any of the tasks performed during the medical visit.

How could team based care help Dr. Robert and Mr. Hub?

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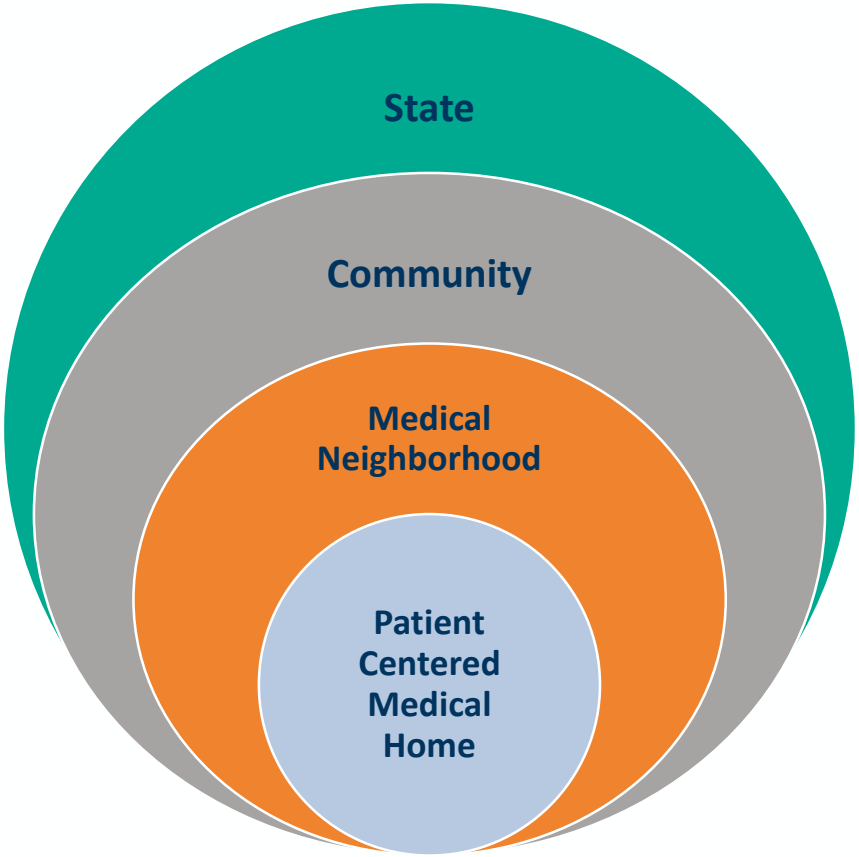
Team Based Care – Video

https://www.youtube.com/watch?v=jXwCg5zrL-w

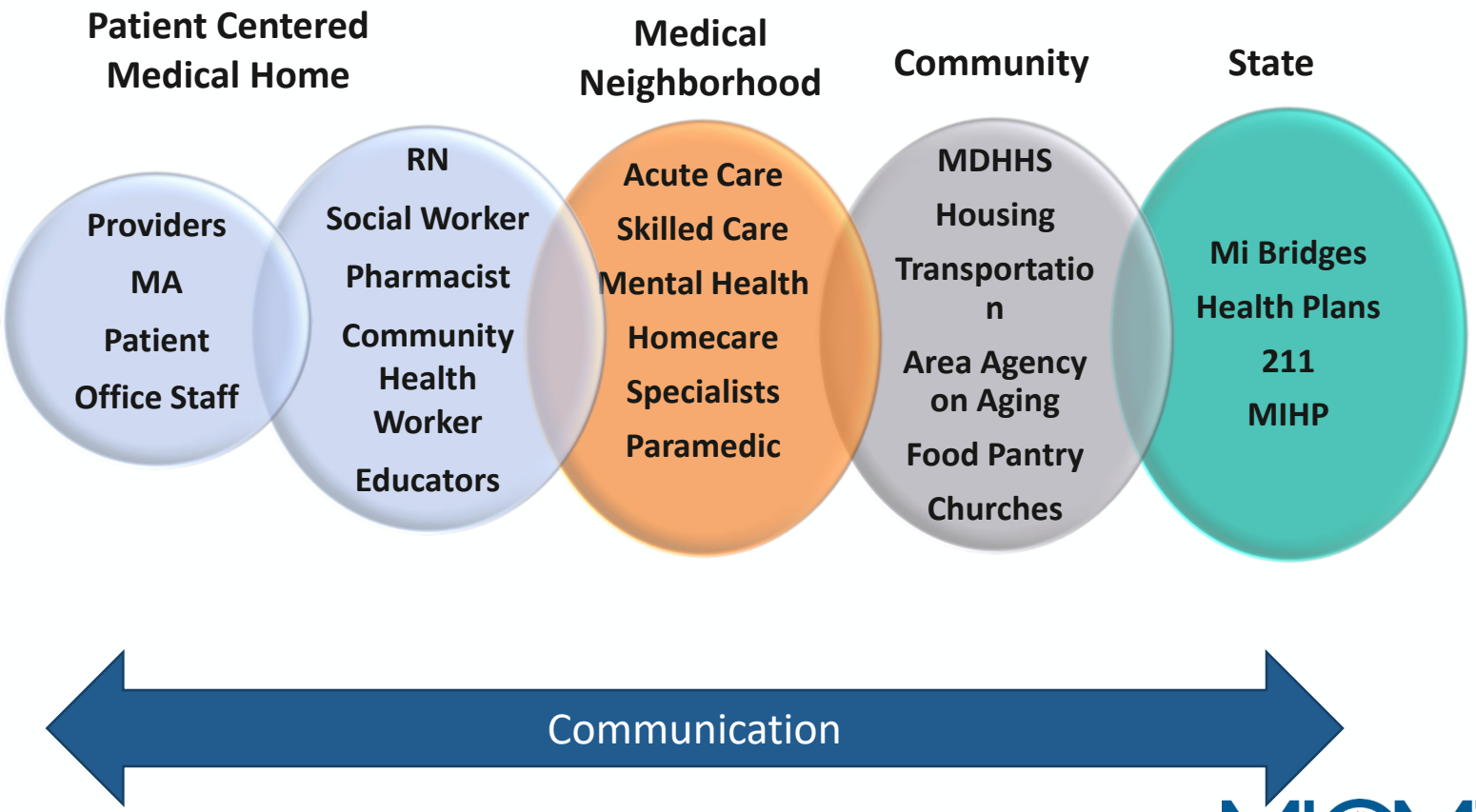
What does teamwork look like in your practice?

- Who are your team members?
- Are there expanded roles for team members?
- Does your practice use guidelines, standing orders, protocols, collaborative practice agreements or other tools?
- How does your team communicate?

Who is the expanded Team?



Who is on the Team?



PCMH Team Expanded Roles - Handout 2a

PCP	Office clerical Referral Management	MA Panel Management	RN - CM	SW CM – Behavioral Health Specialist	Clinical Pharmacist Medication Management	Community Health Worker
• Annual Physical • Orders preventive care • Diagnosis, discussion of treatment options and management of acute and chronic conditions • Coordination of care and care team • Referrals to specialists • On call	• Assist with outreach to help patient establish overdue appointments • Assist patients with obtaining referral appointment, having preauthorization orders, and obtaining follow-up reports	• Collaborate with providers in managing a panel concerning preventive services. Provides services to chronically ill patients such as self-management coaching or follow-up phone calls. • Scrub chart, provides pre-visit screenings and reviews medication list	• Provide care management for high-risk patients • chronic illness, monitoring response to treatment, and titrating treatment according to delegated order sets or Collaborative Practice Agreements.	• Provide behavioral health services in the practice or by referral protocol or Collaborative practice agreements (agreement may be in the practice or at another site) • Urgent BH patient need	• Medication review for patents on 5 or more medications • Review prescribing practices • Assist patients with problems such as non-adherence, side effects, understanding medications, medication management challenges, • Titrate medication for selected groups of patient under standing orders • Manages chronic conditions according the Collaborative Practice Agreements	• Provides self-management support, coordinates care, help patients navigate the healthcare system and access community services
	Quality Improvement Activities Team conducts QI activities to monitor quality measures and improve metrics with involvement of patient and families Program Targets Team monitors program targets and make changes to improve					

Tools to Assess Team Role Expansion

- Primary Care Team Assessment Guide
  MacColl Center for Healthcare Innovation
  http://www.improvingprimarycare.org/assessment/full

- Share the Care - LEAP Primary Care Team Guide
  http://www.improvingprimarycare.org/search/resources?keyword=share+the+care

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Handout 2b and 2c
Also Found on Team Based Topic Page MICMRC

Tools

Describe tools, strategies and resources used by high functioning primary care physician office teams

1

Communication:

- *SBAR* = Situation, Background, Assessment, Recommendation
- Clear charting documentation in the EHR
- Messaging
- Huddles

2

Expanding Roles:

- Collaborative Practice Agreements
- Standing Orders
- Order Sets

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Care Team Members - Communicating with Providers

- Communication between provider and care team:
  - Remember this is billable when face to face, over the phone
  - BCBSM includes secure web conference or video
  - G9007

SBAR

- Situation – What is the concern?
  A very clear, succinct overview of pertinent issue.
- Background – What has occurred?
  Important brief information relating to event. What got us to this point?
- Assessment/Analysis – What do you think is going on? Summarize the facts and give your best judgement.
- Recommendation - What do you recommend? What actions do you want?

SBAR – Video Examples: Ineffective Communication

SBAR Video Example: Effective Communication

SBAR – Your Turn! Activity 6

Scenario:

28 year old pregnant (32 weeks) female recently moved to Ypsilanti, MI from Flint to share an apartment with her sister and her 2 children. The patient has not set up OB care yet. She has just run out of her Lisinopril to control her blood pressure. She needs an appointment as well as medications to cover her until she can be seen. She has no means of transportation.

- **Situation** – What is the concern?
  A very clear, succinct overview of pertinent issue.
- **Background** – What has occurred?
  Important, brief information relating to event. What got us to this point?
- **Assessment/Analysis** – What do you think is going on?
  Summarize the facts and give your best judgement.
- **Recommendation** – What do you recommend?
  What actions do you want?

Huddles and Meetings

Huddle	Meeting
Max of 10 minutes	30-60 minutes
Preferably daily, but may also be weekly	Usually every other week or monthly
Goal is to review patients who are coming in *that day or that week* Review any high risk patients, complex care plans Assure that any ED or IP visits are communicated Assure gaps in care are known on each patient and there is a plan to address them	Goal is to review performance on key metrics and address barriers to the process, like: • Are the providers giving a warm hand-off to the care manager? • Do the office staff have a way of referring to the care manager? • Who is scheduling and does everyone have access to the care manager's schedule?
Participants minimally include PCP, MA, Staff RN, and Care Manager	Minimally include a representative from each role, front and back office, billing, PCP, Care Management, MA, Office Manager

Other Communication Modalities

- Documentation in the chart – this is an excellent way to communicate what happened without being able to update the PCP on every detail
- Messaging within the EHR
- **Main Point: Work out with your provider and team how they prefer to know what happened during your visits!**

Expanding Team Roles: Collaborative Practice Agreements

- A collaborative practice agreement defines what the PCP and Care Manager agree are in their scope of work.
  - Usually, this expands beyond the normal licensure parameters → allows a Clinical Pharmacist to titrate meds, for example.

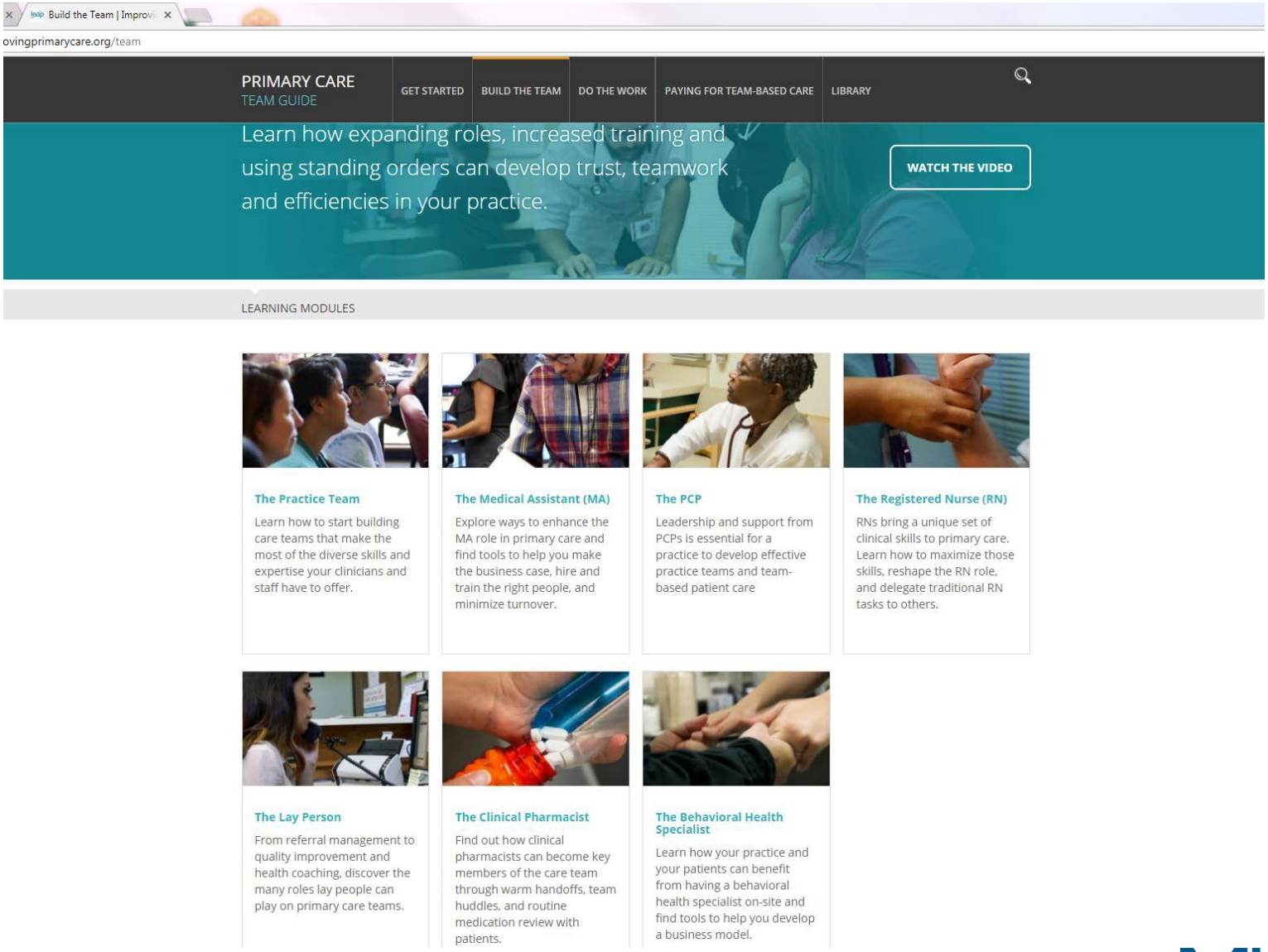
Standing Orders

- Standardize protocols and delegate work from the provider to the teams.
- Standing orders examples:
  - Immunizations, medications, or procedures
  - Preventive care or chronic disease management
  - Referrals, scheduling or answering phones

To view examples of standing orders: https://cepc.ucsf.edu/standing-orders

https://www.jabfm.org/content/25/5/594

Resources



Reference: "The Primary Care Team Guide", LEAP Primary Care Team, http://www.improvingprimarycare.org/team

MacColl Center for Health Care Innovation

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Primary Care Teams

Our current work proceeds directly from our early emphasis on activated patients and proactive practice teams

We continue to aim to better understand and inform the state of the art in high-functioning primary care teams. Recent work has included visiting innovative primary care teams across the U.S. to learn how care is being delivered by teams in new ways.

An effective primary care workforce is essential to better health and health care for all

To date, academic studies that examine primary care staff, training, and team functioning are still relatively scarce. Many organizations recognize the need to revamp their workforce, and are experimenting with innovative team structures and role definitions.

Transforming primary care: healthier patients, happier staff

We know transformation of any kind is hard work. That's why we created the Improving Primary Care Team Guide through our PCT-LEAP work. An online tool for primary care teams, The Team Guide helps build high-functioning teams and provides practical, hands-on tools—easy to use, actionable and measureable.

Resource Type

> Case Study
> Measurement Tool
> Model
> Presentation
> Project
> Publication
> Toolkit
> Translation
> Video
> Website

Focus Areas

> Chronic Illness Care
> Practice Facilitation/Coaching

http://maccollcenter.org/our-work/primary-care-teams

Standing Orders

Print PDF

Standing orders and protocols allow patient care to be shared among non-clinician members of the care team, like medical assistants and nurses. Standing orders are often based on national clinical guidelines, but practices may customize those guidelines based on their own patient population or care environment.

Standing orders might empower:

- Medical assistants to identify people due for colorectal cancer screening and provide them with a home testing kit before their medical visit; or
- Registered nurses to treat uncomplicated urinary tract infections or titrate chronic disease medications with very clear, evidence-based guidelines.

Standing orders enable all members of the care team to function to their fullest capacity.

In order to be effective, standing orders must be approved by the clinical leadership. Staff members must be trained in our how to use the standing order and must be supervised, so that someone can check to be sure that they are doing it properly. Other staff should also learn about the standing orders, so that they can support the new roles. For example, front desk staff may schedule new kinds of appointments, and clinicians need to know and buy in to the new roles.

To view some sample standing orders, please click on the PDF icons below:

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TOPICS

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Home › Topics › Patient Centered Medical Home and Team-Based Care

Patient Centered Medical Home and Team-Based Care

DASHBOARD

Keep track of your activities and accomplishments on the MiCMRC website! Login to get started.

Get Dashboard Login

Related Resources

Explore additional resources related to Patient Centered Medical Home and Team-Based Care

Additional Resources

- **MiCMRC website** Topic page: "Patient Centered Medical Home and Team Based Care" http://micmrc.org/topics/patient-centered-medical-home-and-team-based-care

- **Practice Assessment | Improving Primary Care Guide RWJ** http://www.improvingprimarycare.org/search/resources?keyword=practice+assessment

- **Key Elements of Highly Effective Teams from American Academy of Pediatrics** http://pediatrics.aappublications.org/content/pediatrics/133/2/184.full.pdf

Reference Guide

Leap - Assessment of Team Roles and Task Distribution Tool

MacColl Primary Care Team Guide Assessment

Team Huddle Checklist

SIM PCMH Key Roles of Care Coordinator/Care Manager

Care Management Responsibilities

Bellin Core Concepts for Team Based Care