



Share the Care

CP3 Toolkit: Building the Care Team

This tool was developed by the UCSF Center for Excellence in Primary Care.

Background

Share the Care is both a paradigm shift and a concrete implementation strategy. The paradigm (culture) shift transforms the practice from “I” to “We.” “I” refers to the lone doctor-with-helpers model, in which the clinician assumes all responsibility, makes all decisions, and delegates tasks to other team members, whose job is to assist the clinician. The language “delegating tasks from doctor to team” suggests that team-building means less work for the doctor and more work for others. Non-clinician team members often resist such delegation.

Share the Care, the “We” paradigm, means assessing the skill set and interests of the entire team to reallocate responsibilities, not only tasks, so that all team members share responsibility for, and contribute meaningfully to, the health of their patient panel. Once non-clinician team members are given the opportunity to provide meaningful care there is a shift in perception about who is responsible for the patient and the panel. The MA is the panel’s MA, not the clinician’s MA; the nurse is the panel’s nurse, not the clinician’s nurse. **The panel is the team’s panel, not the clinician’s panel.**

Instructions

Print the table on page 2 onto colored paper and cut up so that each provider type is on its own square. Print the table beginning on page 3 on paper that’s a different color and cut into squares so that each task is on a single square. Invite teams to post the “provider” squares in a row and then below each provider type, list the activities from table 3 that this provider type is responsible for. See the answer key beginning on page 6.

<p>Primary Care Provider <i>(MDs, DOs, NPs, PAs)</i></p>	<p>Other <i>(e.g., Pharmacist, Behaviorists, Coach)</i></p>
<p>MA/LVN</p>	<p>Front office</p>
<p>Nobody</p>	<p>RNs</p>

<p>Take initial patient history using EMR template</p>	<p>Order mammograms for women 50-75 years</p>
<p>Refill high blood pressure medications for patients with well controlled hypertension</p>	<p>Manage refills for chronic pain patients taking opioids</p>
<p>Use protocols to squeeze in same day patients</p>	<p>Perform diabetes foot exams</p>
<p>Review lab tests to separate normals from abnormal</p>	<p>Inform patients of normal lab tests</p>

<p>Warfarin management (anti-coagulation)</p>	<p>Identify people who need routine immunizations and administer those immunizations by protocol</p>
<p>Lead daily huddles</p>	<p>Med reconciliation for patient with 9+ meds</p>
<p>Med reconciliation for diabetes patients with 2 meds</p>	<p>Depression screening and follow-up</p>
<p>Keep track daily of third next available appointments</p>	<p>Discuss CRC screening options with patients</p>

<p>Treat uncomplicated urinary tract infections</p>	<p>Find patients overdue for LDL and order labs</p>
<p>Management of most patients with hypertension</p>	<p>Inform patient of abnormal lab tests</p>
<p>Talk with patient about treatment options for prostate cancer</p>	<p>Treat severe, recurring headaches</p>
<p>Connect patients to community resources</p>	<p>Help patients make plans to increase physical activity or remember to take medications</p>



Proposed answers:

[Note: C is clinician, F is front desk, Rx is pharmacist]

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|--|----|
| 1) Take initial patient history using EMR template | MA |
| 2) Order mammograms for women 50-75 years | MA |
| 3) Refill high blood pressure medications for patients with well controlled hypertension | RN |
| 4) Decide whether to refill narcotics chronic pain patients | Rx |
| 5) Use protocols to squeeze in same day patients | F |
| 6) Perform diabetes foot exams | MA |
| 7) Review lab tests to separate normals from abnormal | RN |
| 8) Inform patients of normal lab tests | F |
| 9) Warfarin management (anti-coagulation) | Rx |
| 10) Order and give routine immunizations | MA |
| 11) Med reconciliation for patient with 9 meds | Rx |
| 12) Med reconciliation for diabetes patients with 2 meds | MA |
| 13) Depression screening and follow-up | MA |
| 14) Keep track daily of third next available appointments | F |
| 15) Treat uncomplicated urinary tract infections | RN |
| 16) Discuss colorectal screening options with patients | MA |
| 17) Prescribe statins for patients with elevated LDL | Rx |
| 18) Find patients overdue for LDL and order labs | MA |
| 19) Lead daily huddles | MA |
| 20) Management of most patients with hypertension | Rx |
| 21) Inform patient of abnormal lab tests | C |
| 22) Assess/manage uncomplicated acute back pain | RN |
| 23) Lead complex care management team | RN |
| 24) Lifestyle counseling | MA |

Some of these new roles are supported by research evidence. Others have been successfully implemented in high-performing practices.

1) Take initial history/ MA

University of Utah health system MAs take and enter into the EMR the entire history using questions specific to the patients' complaints. The clinician reviews this history and may ask



patients some additional questions.

2) Order mammograms for women 50-75/MA.

A number of clinics have empowered MAs to do these orders without clinician involvement.

3) Refill high blood pressure medications for patients with well controlled hypertension/RN
Evidence for a number of RN competencies are reviewed in Bodenheimer and Smith, Primary care: proposed solutions to the physician shortage without training more physicians. Health Affairs 2013;32:1881-1886. RNs can do most management of hypertension, as can pharmacists.

4) Refill narcotics for stable chronic pain patients/Rx

Some clinics have a MA or RN or pharmacist meet with chronic pain patients, make sure they are conforming to their pain agreement, and give them the secure scripts that the clinician has signed. This can add considerable capacity because chronic pain visits are frequent and the clinician is not needed for every visit.

5) Use protocols to squeeze in same day patients/F

At a number of clinics, clinicians write standing orders about which complaints can be squeezed in, what is the maximum number of patients on the schedule, and how no-show slots can be used for squeeze-ins. These protocols empower the front desk to make decisions and reduce the number of times that the front desk has to check with the clinician about whether or not to squeeze in a patient.

6) Diabetes foot exams/MA

Many clinics have trained MAs to perform these exams. At Ocean Park Health Center in San Francisco, MAs are trained and observed by RNs; those that perform the exam correctly for 20 patients receive a certificate of competence. This function falls within California MA scope of practice as long as there is training and supervision and standing orders. Dower C. Medical Assistants in California: Legal Scope of Practice. July 2012. www.futurehealth.ucsf.edu

7) Review lab tests and separate normals from abnormal/RN

At Group Health Cooperative in Seattle, RNs do this function and most clinicians say that they do not need to see normals.

8) Inform patient of normal lab tests/MA or F



This is done at Group Health by the teamlet MA, who knows the patients. At Clinica Family Health Services in Colorado, the front desk performs this function. Research has shown that many patients are never told the results of lab tests. 44. Poon EG, Wang SJ, Gandhi TK, Bates DW, Kuperman GJ. Design and implementation of a comprehensive outpatient results manager. *J Biomed Inform.* 2003;36:80-91.

9) Warfarin management (anti-coagulation)/Rx

At San Francisco General Hospital Family Health Center and many other practices – including the huge Veterans Affairs health system -- pharmacists manage anti-coagulation, not involving clinicians in this function. A meta-analysis of warfarin management performed by pharmacists found that patients managed by pharmacists had better anti-coagulation control than those managed by physicians. Saokaew S et al. *J Thromb Haemost* 2010;8:2418 – 2427.

10) Order and give routine immunizations/MA

At San Francisco General Hospital Family Health Center and other San Francisco safety-net clinics, MAs give immunizations without clinician involvement, using standing orders. This is considered within the California MA scope of practice. Dower C. *Medical Assistants in California: Legal Scope of Practice.* July 2012. www.futurehealth.ucsf.edu

11) Med reconciliation for patient with 9 meds/Rx

For patients with many medications, med rec is complicated; pharmacists are best to perform this tasks, for example at Group Health Cooperative

12) Med reconciliation for diabetes patient with 2 meds/MA

In a number of practices, for example HealthPartners in Minnesota, MAs do med rec during the rooming process. MA health coaches at Mission Neighborhood Health Center also do this function.

13) Depression screening and follow-up/MA

A randomized controlled trial in small primary care practices showed that patients for whom MAs did depression screening and follow-up phone calls had better depression outcomes than patients cared for by physicians alone. Gensichen J et al. *Ann Internal Medicine* 2009;151:369- 378.

14) Keep track daily of third next available apt/F

Front desk personnel can easily daily count the number of days until the third next open



appointment slot for each clinician and record those numbers to put onto run charts. This is done in a number of practices that have instituted same-day scheduling.

15) Treat uncomplicated urinary tract infections/RN

At Clinica Family Health Services in Colorado, RNs treat this acute problem using standing orders. A research study showed that RNs using a protocol can treat UTIs with high quality. Saint S et al. Am J Med 1999;106:636-641.

16) Discuss colorectal screening options with patients/MA

At SF Department of Public Health clinics, MAs have been trained to explain the options to patients, to give patients the FOBT or FIT tests, to follow up if the patients do not return the tests, and to send the tests to the lab or process the tests themselves. Studies have shown that if colorectal cancer screening is done by someone other than clinicians (who don't have time), more people are screened. 20. Baker AN et al. Improving colon cancer screening rates in primary care: a pilot study emphasizing the role of the medical assistant. Qual Saf Health Care. 2009 Oct;18:355-359.

17) Prescribe statins for patients with elevated LDL/Rx

Group Health has pharmacists perform this function. Charrois TL et al, A systematic review of the evidence for pharmacist care of patients with dyslipidemia. Pharmacotherapy 2012;32:222- 233.

18) Find patients overdue for LDL and order labs/MA

A number of clinics who have expanded the MA role to include panel management are doing this. A study at Kaiser Permanente found that panel management performed by MAs improved 13 clinical outcomes including LDL screening rates. Zhou YY et al. Pop Health Management 2011;14:3-9.

19) Lead daily huddles/MA

Many practices have trained MAs to scrub charts prior to patients' visits and lead the daily huddle that discusses the patients coming in that day.

20) Management of most patients with hypertension/Rx

A research study found that pharmacist-run treatment of hypertension, including prescribing higher medication doses and new medications controlled blood pressure better than usual physician-run care. Magid DJ et al. Am J Managed Care 2011;17:e96-103.



21) Inform patient of abnormal lab tests/C This is a clinician-level function

22) Assess/manage uncomplicated acute back pain/RN
RNs have been shown to perform this role with high quality. See the examples of studies of the RN role in Bodenheimer and Smith Health Affairs 2013;32:1881-1886.

23) Lead complex care management team/RN
RNs acting as care managers for complex patients can improve care and reduce costs for these patients. Bodenheimer and Berry-Millett, Robert Wood Johnson Foundation, 2009 (www.rwjf.org)

24) Lifestyle counseling/MA
MAs trained as health coaches have done excellent work engaging patients in action plans to improve healthy behaviors. A research study performed at Asian Health Services in Oakland has shown that patients with diabetes have better outcomes when coached by MAs. Ivey et al, Diabetes Spectrum 2012; 25:93-1