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Regional Primary Care Coalition



KAISER PERMANENTE®

# Leveraging Effective Team-based Care

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Carolyn Shepherd

Veena Channamsetty

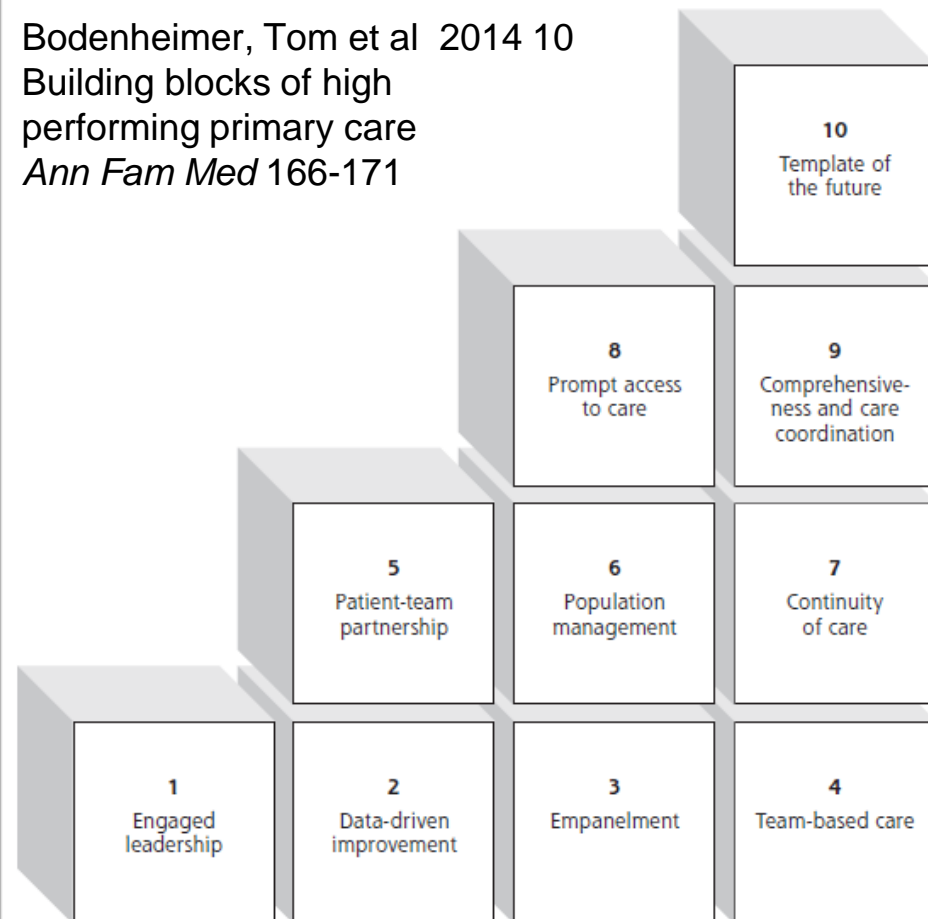
Mary Blankson

# Build Systems that Work



Figure 1. Ten Building blocks of high-performing primary care.

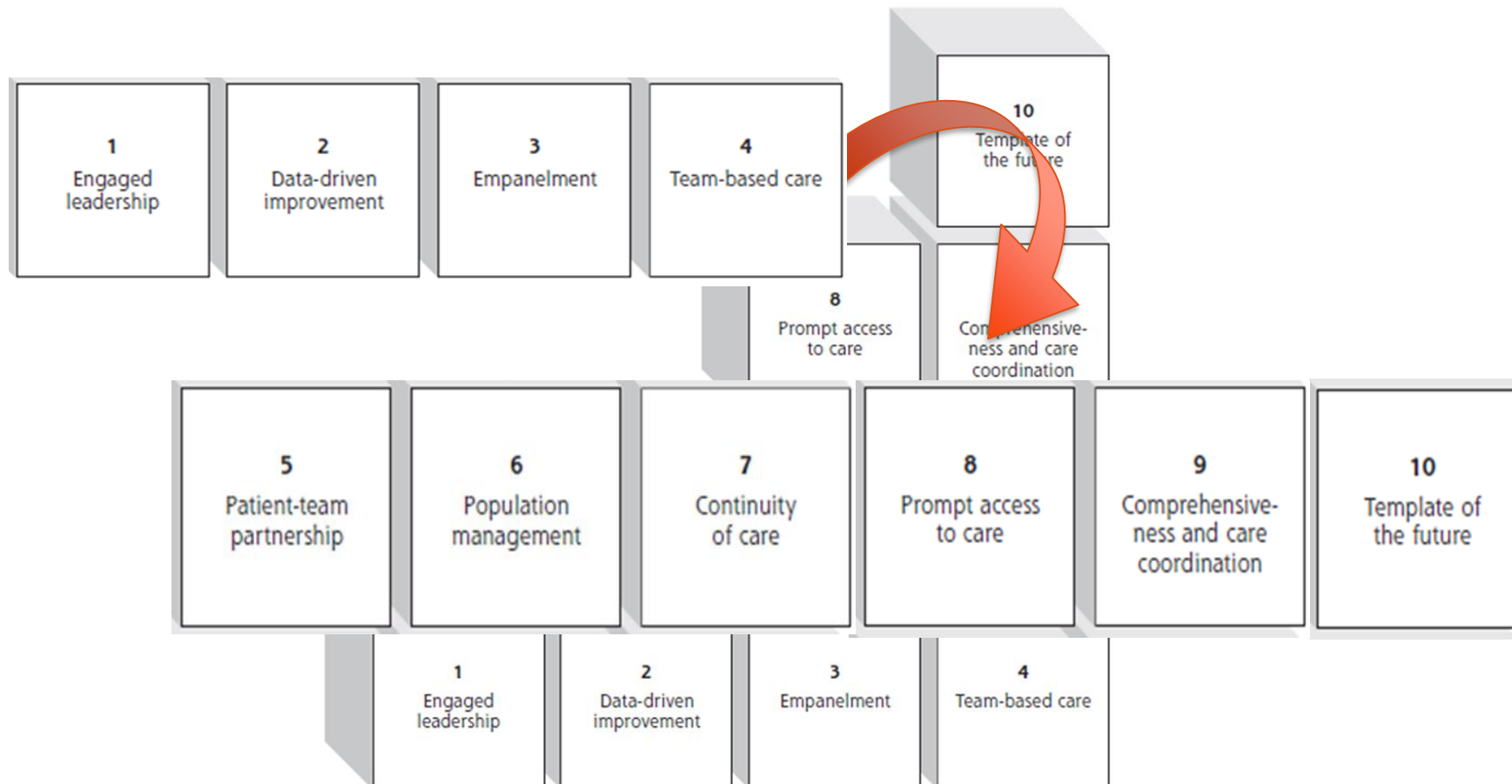
Bodenheimer, Tom et al 2014 10  
Building blocks of high  
performing primary care  
*Ann Fam Med* 166-171



# Fundamentals Matter



The standard work functions of primary care



# High Performing Primary Care Teams

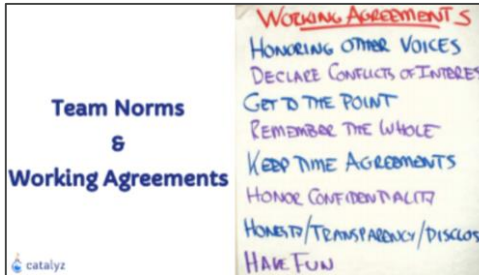


## TEAM WORK

### Build the Team



### Build Team Culture



## TASK WORK

### Do the Work



Excellent Performance of Critical Functions

# Team Work-Build the Team

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- 1. Identify organizational leadership for teams and start building a team culture**
- 2. Develop a core care team structure or structures**
  - Centralized vs core team
  - What are the needs of our patients now?
  - Start with what you have
  - Consider what you can add
  - TEST IT
  - Reduce variation

# Team Work-Build the Team



## 3. Develop clear roles and responsibilities for every member of the team

- Work at the top of the skillset and credentials
- Expand the roles of additional staff members
- Research state policies regarding licensure and scope of practice
- Partner with union personnel.



# Team Work-Build the Team



1. Identify organizational leadership
2. Develop a core team structure
3. Develop clear roles and responsibilities

Team Time



*How can your leadership and present team structure support your aim of providing Value Based Care? How are roles and responsibilities documented? (#1)*



# Team Work-Build the Team



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## 4. Encourage and enable staff to work independently.

- Culture of independence of the team
- Develop standard work processes for the delivery of common services
- Maximize the use of standing orders



# Team Work-Build the Team



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## 5. Engage patients as a member of the care team and help them understand what they can expect in a team-based model of care.

- Introduction to practice for new patients
- Help established patients understand what to expect in a team-based care model
- Develop simple scripting that reinforces the model

# Team Work-Build the Team



- 4. Enable staff to work independently
- 5. Engage patients as members of the care team

Team Time



*Do you have the right people on your team, including patients to reach your aim? Can they initiate the work of your aim independently? (#2)*

# Team Work-Build the Team



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## 6. Provide team members with regular, dedicated time and support

- Meet about patient care and quality improvement
- Facilitate strong team relationships
- Provide USEFUL timely information for improvement
- Provide tools and resources

# Team Work-Build the Team



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## 7. Provide training so that staff members learn new tasks and learn how to coordinate with team members.

- Staff members learn new tasks
- Team members learn how to coordinate care delivery

# Team Work-Build the Team



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## 8. Develop career ladders for staff

- Recruitment
- Retention
- Justice

# Team Work-Build the Team



- 6. Provide team members with time and support
- 7. Provide training on tasks and how to coordinate to get the work done
- 8. Develop career ladders for staff

Team Time



*Do you have the necessary support structures (time, information, training, opportunity) to ensure your Team Work is effective in addressing your aim? (#3)*

# Team Work-Build the Culture



- **Shared Goals**
- **Clear Roles**
- **Mutual Trust**
- **Effective Communication**
- **Measurable Processes and Outcomes**

Mitchell, Pamela et al October 2012 IOM Roundtable on Value and Science-Driven Health Care. Core Principles and Values of Effective Team-Based Health Care





# High Performing Primary Care Teams

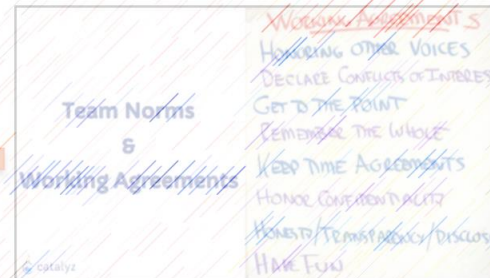


## TEAM WORK

### Build the Team



### Build Team Culture



## TASK WORK

### Do the Work



**Excellent Performance of Critical Functions**

# Task Work



## 1. Assess performance.

- Evaluate practice systems and ability to execute key functions with ambulatory guide assessments such as PCMH-A, BBPCA or PCTGA.

### Block 6: Population management

Components	Level D			Level C			Level B			Level A		
27. A patient who comes in for an appointment and is overdue for preventive care (e.g., cancer screenings)	...will only get that care if they request it or their provider notices it.			...might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used.			...will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.			...will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items (e.g., administer immunizations or distribute colorectal cancer screening kits) based on standing orders.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
28. A patient who comes in for an appointment and is overdue for chronic care (e.g., diabetes lab work)	...will only get that care if they request it or their provider notices it.			...might be identified as being overdue for needed care through a health maintenance screen or system of alerts, but this is inconsistently used.			...will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.			...will be identified as being overdue for care through a health maintenance screen or system of alerts that is used consistently, and clinical assistants may act on these overdue care items (e.g., complete lab work) based on standing orders.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
29. When patients are overdue for preventive (e.g., cancer screenings) but do <u>not</u> come in for an appointment	...there is no effort on the part of the practice to contact them to ask them to come in for care.			...they might be contacted as part of special events or using volunteers but outreach is not part of regular practice.			...they would be contacted and asked to come in for care, but clinical assistants may not act on these overdue care items without patient-specific orders from the provider.			...they would be contacted and asked to come in for care, and clinical assistants may act on these overdue care items (e.g., distribute colorectal cancer screening kits) based on standing orders.		
Score	1	2	3	4	5	6	7	8	9	10	11	12

# Task Work



## 2. Build and maintain effective core teams.

- Plan for reassessment of core team
- Build relationship with the patient
- Include resources and time.



## 3. Use rapid cycle tests of change to evaluate process changes

- Improving key functions is complex disruptive change management
- Be rigorous about applying improvement science

## 4. Make new or improved functions standard work and sustainable.

- Leadership critical
- Dismantle old systems
- Incorporate change in training, HR (pay structure, promotions, recruitment...)



# Be a Learning Organization...

- Make the fundamentals solid- leadership, data-driven improvement, empanelment and team-based care
- Study and understand what worked and what didn't work
- Apply this knowledge to the next challenge
- Develop a standardized process that centers on the patient and works for your clinic

