Team-Based Care in MAT

ATSH: Primary Care – Learning Session 2

Bridget Hogan Cole, MPH and Chris Hunt, MPH, LSSBB
Institute for High Quality Care
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Learning Objectives

1. Leverage Google’s framework for highly effective teams – specifically *Physiological Safety, Structure and Clarity, and Dependability* – to explore and identify opportunities to strengthen the MAT team.

2. Recognize areas where structures and role clarity are needed on the MAT team.

3. Identify at least 2 areas/opportunities for defining roles and responsibilities, team norms, etc.
Warm Up

• Think about the most “challenging” team you’ve witnessed, or been on. The team that could win a “Worst Team” in the world award.

• What are some of the characteristics of these challenging, “worst” team?
Warm Up

https://cheezburger.com/3057550592/who-is-on-the-whales-team
CHARACTERISTICS OF EFFECTIVE TEAMS
Definition of a Team

“A small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable”

Katzenbach and Smith – 1993
Why can it be Challenging to operate as an Effective MAT team?
## How Teams Excel

<table>
<thead>
<tr>
<th>Psychological Safety</th>
<th>Structure &amp; Clarity</th>
<th>Dependability</th>
<th>Meaning of Work</th>
<th>Impact of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Can team members take risks by sharing ideas and suggestions without feeling insecure or embarrassed? Do team members feel supported, or do they feel as if other team members try to undermine them?</td>
<td>• Are roles, responsibilities, and individual accountability on the team clear?</td>
<td>• Can each team member count on the others to perform their job tasks effectively? When team members ask one another for something to be done, will it be? Can they depend on fellow teammates when they need help?</td>
<td>• Is the team working toward a goal that is personally important for each member? Does work give team members a sense of personal and professional fulfillment?</td>
<td>• Does the team fundamentally believe that the work they’re doing matters? Do they feel their work matters for a higher-order goal?</td>
</tr>
</tbody>
</table>

Source: NEJM Catalyst: Cultivating Great Teams: What Health Care Can Learn from Google
How Teams Excel

Explore these 3 Elements in Today’s Learning Lab

Psychological safety
Structure & Clarity
Dependability
Meaning of work
Impact of Work

Source: NEJM Catalyst: Cultivating Great Teams: What Health Care Can Learn from Google
How Teams Excel

Psychological safety

Structure & Clarity

Dependability

Meaning of work

Impact of Work

1) Psychological Safety
Psychological Safety and Teams

Teams that have higher levels of psychological safety create a team environment where their team members will:

• Be more open to change or trying a new tool or workflow
• Admit mistakes
• Ask questions
• Offer a new idea
• Identify creative solutions
Creating Psychological Safety

Goal: create a team where its members feel like they can take moderate risks, speak their mind, be creative, and voice a question or concern without fear of being seen as ignorant, incompetent, negative, or disruptive

How:
- Approach conflict as a collaborator, not an adversary
- Speak human to human
- Replace blame with curiosity
- Model the behavior: Ask for feedback on delivery

Psychological Safety Survey

1. If you make a mistake on this team, it is not held against you.
2. Members of this team are able to bring up problems and tough issues.
3. People on this team would not and do not reject others for being different.
4. It is safe to take a risk on this team.
5. It is easy to ask other members of this team for help.
6. No one on this team would deliberately act in a way that undermines my efforts.
7. Working with members of this team, my unique skills and talents are valued and utilized.

Adapted from the following sources:
2) Tool: Fostering Psychological Safety. rework.withgoogle.com
Psychological Safety Survey Scoring

• For each question, give your response the corresponding score of 1 to 4

• If you are seeing more 3’s and 4’s, you are seeing more psychological safety on your team.

• If you are seeing more 1’s and 2’s, you have opportunities to address psychological safety.

<table>
<thead>
<tr>
<th>28</th>
<th>23</th>
<th>18</th>
<th>13</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
<td></td>
</tr>
</tbody>
</table>
Getting to the Heart
Week One – Introduction

- Introduction to Getting to the Heart
- Brainstorm logistics.
- Distribute the guidebook
Week Two – Purpose, Values, Trust.

Purpose:
I am
I work at this clinic because
What makes me feel good about my work

Values:
These values are important to me
I bring these values to work

Trust:
I think trust in a work colleague is
Lack of trust looks like
Creating Psychological Safety

Strategies we’ve seen work well:

✓ Try to minimize the affect hierarchies can create on a team. Solicit input and opinions from the group and acknowledge the expertise each team member is bringing to the team.

✓ Share information about personal and work style preferences, and encourage others to do the same.

✓ Frame the work as a learning problem, not an execution problem.

✓ Model curiosity, ask lots of questions and acknowledge your own fallibility.

Adapted From Google’s Re:work Program - Helping Teams Take Action
Creating Psychological Safety

Strategies we’ve seen work well:

✓ In team meetings, build psychological safety through:
  ▪ Start small: Pair and Share – Share with your neighbor
  ▪ Expand: Share with the small group
  ▪ Expand again: Share with the room

✓ Nominal Group Technique

✓ For brainstorming, ask people to come to the meeting with 5 ideas. Collect, and then ...

Adapted From Google’s Re:work Program - Helping Teams Take Action
Sustaining Psychological Safety

Considerations:

• **Make the elements of psychological safety explicit parts of team norms**
  – invite everyone to participate and offer concerns, disagreements, and negative feelings.

• **Create team awareness about the fragility of psychological safety.**
  – Talk about the challenges of sustaining it.
  – Acknowledge that well-meaning people may not follow team norms at all times.

• **Regularly ask for feedback about how comfortable people feel speaking up.**

• **Be vulnerable and openly acknowledge when you have not been following a norm.**
  – Leaders with positional authority can have an especially powerful impact by acknowledging their own mistakes.

Adapted From IHI’s “5 Ways to Improve Psychological Safety” by Neil Baker
Discussion

With your MAT teammate, discuss the following:

• What steps or strategies have we used to build psychological safety among our team

• How might we be able to build or better the psychological safety in our MAT team?
How Teams Excel

Psychological safety

Structure & Clarity

Dependability

Meaning of work

Impact of Work

2) Structure & Clarity
Positioning Teams to Succeed

Structure & Clarity:

✓ Clarify roles and responsibilities of team members.
✓ Develop concrete project plans to provide transparency into every individual’s work.
✓ Regularly communicate team goals and ensure team members understand them.
✓ Ensure your team meetings have a clear agenda and designated leader.
How are we currently documenting team member roles and responsibilities?

**Job Descriptions**

- **Licensed Clinical Social Worker – MAT/Complex Care**

  **Job Description**

  **Position:** Licensed Clinical Social Worker - Complex Care
  **Reports to:**

  **FTE Statement**

  We are an equal employment opportunity employer. All qualified applicants will receive consideration for employment without regard to race, creed, color, religion, gender, including pregnancy, national origin, national ancestry, age, familial status, marital or civil union status, disability status, medical condition (including pregnancy-related conditions and medical conditions that the qualified applicant is perceived to have, including mental or physical disabilities), protected veteran status or any other characteristic protected by law.

  **Position Summary**

  1. Utilizes clinical judgment and expertise to coordinate care management/intervention.
  2. Develops strategies to ensure cost-effective, quality care outcomes for patients with complex care needs.
  3. Monitors and evaluates the quality of care for individuals and populations of patients, focusing on strategies to improve health outcomes.
  4. Examines plans, monitors, and provides therapeutic interventions as appropriate.
  5. Collaborates with patients and family to facilitate understanding of diagnosis and to provide therapeutic interventions to support recovery, lifestyle and behavior changes.
  6. Participates with patients, families, other health care providers, and community partners as needed for comprehensive coordination of care.
  7. Identifies needs and barriers for patients and families to access the appropriate level of care across the continuum.

  **Essential Functions**

  Duties and responsibilities are not limited to:

  1. Psychosocial assessments, depression, anxiety, and medication counseling.

- **Physician Lead – Complex Care**

  **Job Description**

  **Position:** Physician Lead - Complex Care
  **Reports to:**

  Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, creed, color, religion, gender, including pregnancy, national origin, national ancestry, age, familial status, marital or civil union status, disability status, medical condition (including pregnancy-related conditions and medical conditions that the qualified applicant is perceived to have, including mental or physical disabilities), protected veteran status or any other characteristic protected by law.

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**Workflow Maps**

- **New or Chronic Pain Appointment Workflow**

- **24/7 Pain Intake Workflow**

**IHQC INSTITUTE FOR HIGH QUALITY CARE**
Southeast Health Center

Workflow Redesign
The Old Way...
Traditional Method

Preventive Medical Intervention
Chronic Disease Monitoring
Medication Refill
New Acute Complaint
Test Results

Provider

Health Care Support Team
Case Manager
Mental Health Provider
Referral to Specialist After Assessment
Certified Medical Assistant

Source: California Improvement Network Oct 2013 Report
Southeast Health Center

A Better Way...
Parallel Structure

- Medication Refill
- Test Results
- Acute Mental Health Complaint
- Chronic Disease Compliance Barriers
- Chronic Disease Monitoring
- New Acute Complaint
- Preventive Medical Intervention
- Point of Care Testing

Health Care Support Team
Case Manager
Provider
Certified Medical Assistant
Behavioral Health Consultant

Source: California Improvement Network Oct 2013 Report
Roles on a Primary Care MAT Team

- Prescriber
- Nurse
- SUD Counselor
- Care Coordinator/Case Manager
- Behavioral Health Provider
- Others....
Challenges to Adopting Team-Based Care Strategies

- Provider and Staff Buy-in
- Physician Reluctance to Delegate
- Poor role definition
- Staff retention
- Communication breakdown
- Initiating huddle and getting staff to attend
- Sliding back to pre-team behaviors

Adapted From: Overcoming Challenges to Teamwork in Patient-Centered Medical Homes: A Qualitative Study. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4314489/
Improving Structure and Clarity

Workflow Maps
Sample Program Introduction Process

Phone call
- Conversation
  - How are they referred?
  - Program requirements
  - Urine screens
  - Packaging counts
  - Behavioral health is required

Schedule patient
Possible same days

Patient check in for enrollment
- ASI
- URICA
- ASAM
- Possible TB
- Walk patient to lab
- Conclude appt

- Patient not appropriate
- Refer to appropriate level of care

Patient appropriate

Schedule induction
2 days after
Patient is scheduled for 2 appts same day w/ Nurse1 with Provider
Schedule BH appt

Review of labs

- Not appropriate
- Refer patient to appropriate level of care

Not appropriate

The Magic Happens
Next day Follow up phone call and reminder of requirements and next steps Behavioral Health appt and expectations

Appropriate
Sample Workflow Maps

Example Behavioral Health Intake

Behavioral Health Appt scheduled → Inside clinic → After induction, explain process that next appt

Outside agency-
Patient receives BH Appt log

Verify similar to MAT guidelines

Similar → Continue to verify monthly RN Case manager

Not similar → MAT guidelines not possible

Inform/ remind patient of MAT guidelines and increase appts.

Refer to group
- Explain appt will occur during group time.
- Patient will receive script after group

Patient unable to attend group

Patient resistance

Patient completes an empowerment agreement

Patient will get an individual appt for therapist or schedule for next group. RX is only until completion of next session.
Improving Structure and Clarity

Team Responsibilities Checklist and Agreements
### 3. Gaps in Care Checked for All Patients and Made Available for Provider in Timely Fashion (Mammogram, Pap Smear, Lab Work, Immunizations)

<table>
<thead>
<tr>
<th>Mammogram</th>
<th>Pap Smear</th>
</tr>
</thead>
</table>
| **Provider**
Discuss mammogram and encourage patient to have mammo same day if possible or make an appt soon. | **Provider**
Discuss mammogram and encourage patient to have mammo same day if possible or make an appt soon. |
| **MA/LVN/RN**
I will assist member with booking an appointment, will check if SD are available. Instruct patient how to prepare. Advise MD to code exclusions if needed. | **MA/LVN/RN**
I will assist member with booking an appointment, will check if SD are available. Instruct patient how to prepare. Advise MD to code exclusions if needed. |
| **Hypertension** | **Labs** |
| **Provider**
If second set of vitals are UNL, document as new set of vitals in HealthConnect. | **Provider**
If second set of vitals are UNL, document as new set of vitals in HealthConnect. |
| **MA/LVN/RN**
Take BP – if over 139/89, will take again at end of visit. If diabetic or kidney disease patient goal is 129/79. | **MA/LVN/RN**
Take BP – if over 139/89, will take again at end of visit. If diabetic or kidney disease patient goal is 129/79. |
| **Diabetes** | **Asthma** |
| **Provider**
Review labs and logs when patient arrives. (If available) | **Provider**
Review labs and logs when patient arrives. (If available) |
| **MA/LVN/RN**
Pre-encounter: Instruct patient of labs due and ask patient to bring in logs and medication list. Encounter: Instruct patient to remove socks and shoes for examination. | **MA/LVN/RN**
Pre-encounter: Instruct patient of labs due and ask patient to bring in logs and medication list. Encounter: Instruct patient to remove socks and shoes for examination. |
| **Colorectal** | **Immunizations** |
| **Provider**
Advise nurse to give FOBT kit if available in the drug. Sign order for FOBT test, patient pick up FOBT in lab. | **Provider**
Advise nurse to give FOBT kit if available in the drug. Sign order for FOBT test, patient pick up FOBT in lab. |
| **MA/LVN/RN**
Pend order for MD to sign. Provide FOBT kit if available in your area. | **MA/LVN/RN**
Pend order for MD to sign. Provide FOBT kit if available in your area. |
| **Provider**
Sign orders and advise patient to have it done on the way out (if available in your area). | **Provider**
Sign orders and advise patient to have it done on the way out (if available in your area). |
| **MA/LVN/RN**
Review with MD, Pend order, gives Immunization if it's in your scope. | **MA/LVN/RN**
Review with MD, Pend order, gives Immunization if it's in your scope. |
## Team Huddles: Making a game plan for today

<table>
<thead>
<tr>
<th>Prepare for the huddle.</th>
<th>MA</th>
<th>Provider</th>
<th>RN</th>
<th>Receptionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review schedule of patients for the session, and reasons for visits</td>
<td>○ Review schedule of patients for the session, and reasons for visits</td>
<td>○ Review specialist and hospitalist communications about patients coming in/in the hospital.</td>
<td>○ Prepare list of team patients discharged from the hospital.</td>
<td>○ Note number of available appointments and requests for appointments.</td>
</tr>
<tr>
<td>- Review health maintenance needs</td>
<td>○ Review health maintenance needs</td>
<td>○ Review test results</td>
<td>○ Prepare list of team patients in ED since last huddle.</td>
<td>○ Note who needs to be offered MyCHArt and text messaging.</td>
</tr>
<tr>
<td>- Review DM/asthma/ depression chronic care needs</td>
<td>○ Review DM/asthma/ depression chronic care needs</td>
<td>○ Note if patients with complex/chronic disease need a care plan updated</td>
<td>○ Discuss risk and follow up with provider and team in preparation to call later.</td>
<td>○ Complete preparation of intake packets</td>
</tr>
<tr>
<td>- Review open orders</td>
<td>○ Review open orders</td>
<td>○ Note any orders/referrals that are outstanding (incomplete)</td>
<td>○ Identify high risk patients on today’s schedule for warm handoff to RN or to complex care manager.</td>
<td>○ Note any orders/referrals that are outstanding (incomplete)</td>
</tr>
<tr>
<td>- Assist in preparation of intake packets</td>
<td>○ Assist in preparation of intake packets</td>
<td>○ Enter any orders you would like done in advance of rooming as future orders.</td>
<td>○ Review immunization needs</td>
<td>○ Note which extended team members are present and availability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review patients coming in today.</th>
<th>MA</th>
<th>Provider</th>
<th>RN</th>
<th>Receptionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask for clarification of priorities (How much can we get done today?)</td>
<td>○ Ask for clarification of priorities (How much can we get done today?)</td>
<td>○ Suggest extended team members who might assist patients for possible warm handoffs</td>
<td>○ Suggest extended team members who might assist patients for possible warm handoffs</td>
<td>○ Plan to assist with scheduling overdue referrals or tests.</td>
</tr>
<tr>
<td>Clarify open orders to complete</td>
<td>○ Clarify open orders to complete</td>
<td>○ Proactively discuss likely issues with flow, lateness, or high service needs</td>
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<td>○ Proactively discuss likely issues with flow, lateness, or high service needs</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review patients discharged from the hospital or ED</th>
<th>MA</th>
<th>Provider</th>
<th>RN</th>
<th>Receptionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss when to see patients who have been in the ED or inpatient unit for follow-up.</td>
<td>○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up.</td>
<td>○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up.</td>
<td>○ Schedule these patients based on patient and team preferences.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Review major patient requests for letters, forms etc</th>
<th>MA</th>
<th>Provider</th>
<th>RN</th>
<th>Receptionist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>○ Review major patient requests for letters, forms etc</td>
<td>○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up.</td>
<td>○ Schedule these patients based on patient and team preferences.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document individual patient plans for today in Snapshot Specialty field</th>
<th>MA</th>
<th>Provider</th>
<th>RN</th>
<th>Receptionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation in EPIC:</td>
<td>○ Allows other staff to assist today if needed, for example during breaks or busy times</td>
<td>○ Allows notes to remain in place for the future if patient misses or reschedules the appointment</td>
<td>○ Serves as a reminder for today for each team member</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allows other staff to assist today if needed, for example during breaks or busy times</td>
<td>Allows notes to remain in place for the future if patient misses or reschedules the appointment</td>
<td>Serves as a reminder for today for each team member</td>
<td></td>
</tr>
</tbody>
</table>
## Primary Care Example

### Planned, Proactive Care Checklist – Cervical Cancer Screening Sample

<table>
<thead>
<tr>
<th>Outreach</th>
<th>Pre-Visit</th>
<th>Visit – Patient Arrives</th>
<th>Post-Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact Patients due for Pap</strong></td>
<td><strong>Reminder Calls</strong></td>
<td><strong>Check In</strong></td>
<td><strong>Lab Review</strong></td>
</tr>
<tr>
<td>- Run report for patients due for Pap</td>
<td>- Who:</td>
<td>- Who:</td>
<td>- Initial Triage of Lab Results</td>
</tr>
<tr>
<td>- When: (Monthly? Quarterly?)</td>
<td>- When: (1 or 2-days prior? Time of day?)</td>
<td>- How: (What systems need to be accessed?)</td>
<td>- Who:</td>
</tr>
<tr>
<td>- How: (What systems need to be accessed?)</td>
<td>- Reminder call for patients with appointments</td>
<td>- Check in patient</td>
<td>- When:</td>
</tr>
<tr>
<td>- Contact patients due for Pap</td>
<td>- Verify last Pap</td>
<td>- Provide prioritized paperwork</td>
<td>- By Whom:</td>
</tr>
<tr>
<td>- Schedule Pap as appropriate</td>
<td>- Confirm last Pap</td>
<td>- Confirm reason for visit</td>
<td>- If Results are normal, patient notified</td>
</tr>
<tr>
<td>- If last Pap completed at another organization, seek records</td>
<td>- Review needs of upcoming appointments</td>
<td>- Evaluate necessity of Pap</td>
<td>- By Whom:</td>
</tr>
<tr>
<td>- When: (Morning of? Evening before?)</td>
<td>- Determine capacity for same-day Pap scheduling</td>
<td>- Results from follow-up/referral are acquired</td>
<td>- If abnormal, patient is notified</td>
</tr>
<tr>
<td>- Schedule future appointment for Pap if:</td>
<td>- Same-day Pap if:</td>
<td>- By Whom:</td>
<td>- By Whom:</td>
</tr>
<tr>
<td>- Schedule future appointment for Pap if:</td>
<td></td>
<td></td>
<td>- Alerts/reminders for next Pap</td>
</tr>
</tbody>
</table>

### IHQC INSTITUTE FOR HIGH QUALITY CARE
MAT Team Structure & Clarity – What to Consider

• Areas where there’s been confusion about role/workflows
• Transitions and handoffs – of people, of medical information, of lab results...
• Areas where team might be able to “share the care,” elevate someone on the team to lead
• Review Scopes of Practice prior to developing these
Activity – Mat Team Structure & Clarity

• With your teammate, for 1 stage or tier, consider:
  – What are the key activities currently being performed by each role (i.e., each row)?
  – What are questions that need to be addressed per role (i.e., each row)?
  – What additional challenges, concerns or clarifications need to be addressed (i.e., last row)?
How Teams Excel

3) Dependability

- Psychological safety
- Structure & Clarity
- Dependability
- Meaning of work
- Impact of Work
Dependability Considerations

• Effective Meetings
• Effective Communication
• Team Norms
• Maintaining Momentum
Frequency of team meetings impacts improvement efforts and team effectiveness

Source: Aston Centre for Health Service Organisation Research. Team Working and Effectiveness in Health Care
Effective Teams Communicate Often

- **Formal Team Meetings**
  - **Frequency:** More frequent meetings set up teams for success
  - **Roles:** Who attends, who facilitates, who follows-up with reminders for action items.
  - **Meeting Norms**

- **Frequent Informal Team Meetings**
  - Huddles, quick phone calls and brainstorming conversations
  - Not always the entire team, may be 2-3 people focusing on a specific project activity or deliverable.
  - Team email updates and check-ins, highlight exciting progress form one of the team members, reminders on action items.
Effective Meetings

• How Often? How Long?

• Leverage Good Meeting Management Skills
  – Reminders and prompts 48 hours before meeting
  – Follow-up with action items from meeting within 48 hours.

• Start your meetings with something positive
  – One good thing that happened with this work since our last meeting, or story of impact.

• End meeting with something very actionable
  – “What’s our quick win for the week?”
Effective Communication

• **Teams use a common language** – shared language/references and openness to ask for clarification of terms

• **Good communication skills** – clear messages, open questions, active listening

• **Appropriate vehicles for communication** – huddles, meetings, one-on-one opportunities, group messages

• **Feedback** – openness, two-way communication, “I like, I wish, I wonder”

• **Respect for team members** – everyone has opportunity for input, a voice and feels heard.
Team Norms/Ground Rules

What are ground rules?
  – Determine how meetings will be run, team members will interact, behavior expected by group

Why do we need ground rules?
  – Strengthen effectiveness of the group process
  – Allow teams and meetings to be more productive

Who decides on the ground rules?
  – The Team

Who enforces ground rules?
  – The Team
Types of Team Ground Rules/Norms

• Attendance and promptness
• Document ideas, value all input and opinions, build consensus
• Actively participate, stay positive, show appreciation for others
• Be willing to experiment with ideas and techniques presented.
• Assignments between meetings
• Breaks and interruptions
• Agenda, minutes, records
• Keep everyone on track
• Celebrate successes

Gayle Northrop. Characteristics of Effective Teams. Institute for High Quality Care, March 2016
Maintaining Momentum
Additional Characteristics of Effective Teams

- Collect data and Share Results Publicly
- Celebrate early wins (and failures)
- Break large projects into smaller pieces
- Make it Fun
- Expand the team and engage frontline staff
Team-Based Care References

- Team Agreement Template on IHQC.org: [http://ihqc.org/resource-library/](http://ihqc.org/resource-library/)
- LEAP Primary Care – Team based Care resources [http://improvingprimarycare.org/team/practice-team#](http://improvingprimarycare.org/team/practice-team#)
- Cambridge Health Alliance Team-based care toolkit: [http://improvingprimarycare.org/sites/default/files/topics/Team-Step1-Cambridge-Team-Based%20Care%20Toolkit.pdf](http://improvingprimarycare.org/sites/default/files/topics/Team-Step1-Cambridge-Team-Based%20Care%20Toolkit.pdf)
- AMA STEPS Forward – Implementing Team-based Care: [https://www.stepsforward.org/modules/team-based-care](https://www.stepsforward.org/modules/team-based-care)
Effective Teams References


• Reference for “reWork” Google’s information on effective teams - https://rework.withgoogle.com/subjects/teams/


• “High-Performing Teams Need Psychological Safety. Here’s How to Create It” by Laura Delizonna. https://hbr.org/2017/08/high-performing-teams-need-psychological-safety-heres-how-to-create-it
QUESTIONS?

Bridget Hogan Cole, MPH
Institute for High Quality Care
bcole@IHQC.org

Chris Hunt, MPH, LSSBB
Institute for High Quality Care
chunt@IHQC.org