Team-Based Care in MAT

ATSH: Primary Care – Learning Session 2

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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

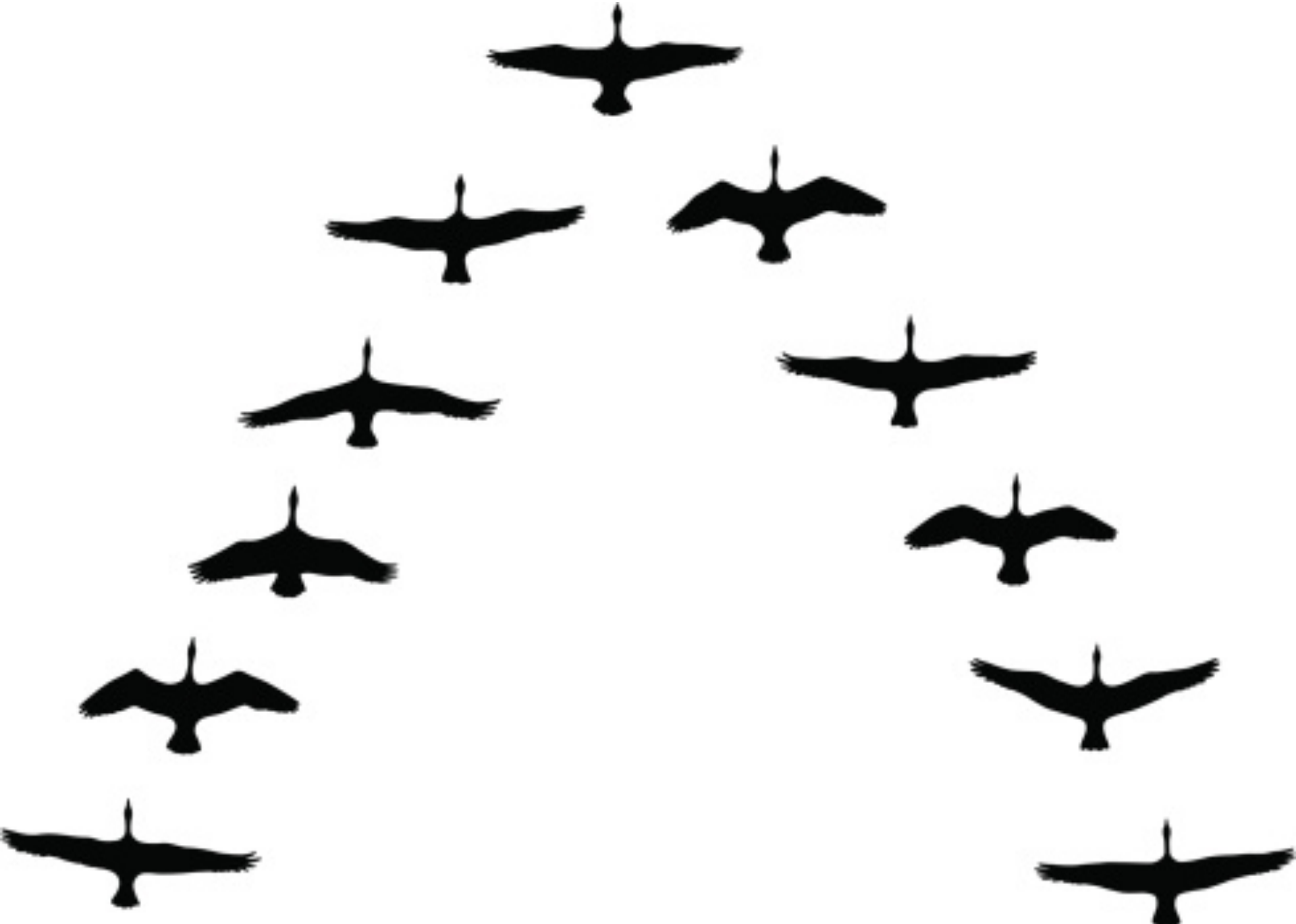
- Think about the most “challenging” team you’ve witnessed, or been on. The team that could win a “Worst Team” in the world award.

- What are some of the characteristics of these challenging, “worst” team?

Warm Up

https://cheezburger.com/3057550592/who-is-on-the-whales-team

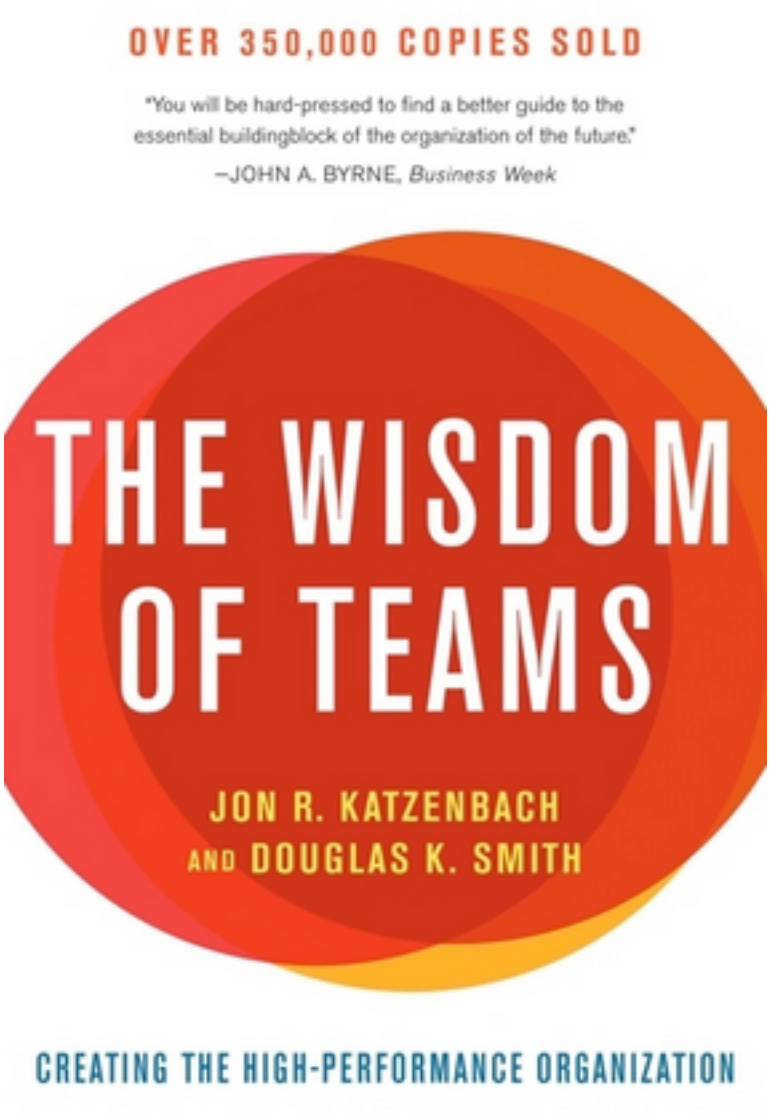
CHARACTERISTICS OF EFFECTIVE TEAMS



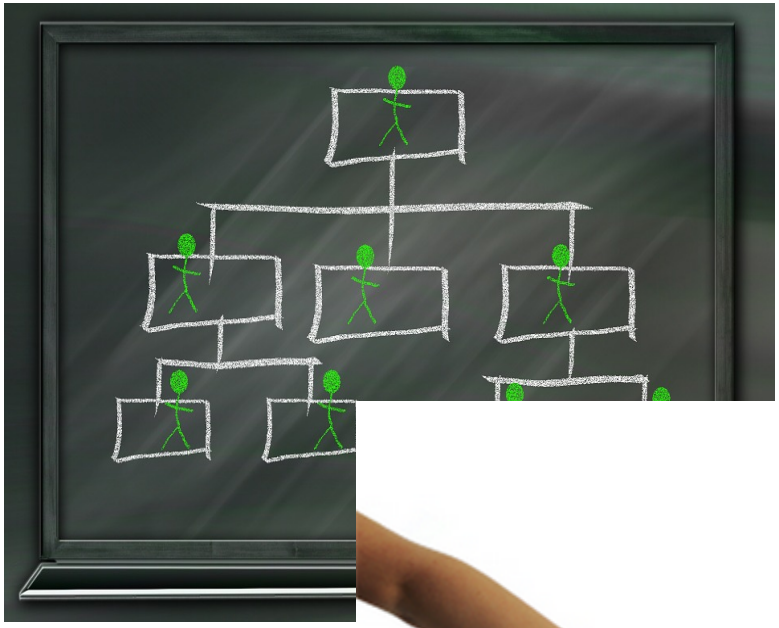
Definition of a Team

“ 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

Google

Psychological safety	• 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?
Structure & Clarity	• Are roles, responsibilities, and individual accountability on the team clear?
Dependability	• 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?
Meaning of work	• 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?
Impact of Work	• Does the team fundamentally believe that the work they're doing matters? Do they feel their work matters for a higher-order goal?

Source: NEJM Catalyst: Cultivating Great Teams: What Health Care Can Learn from Google
http://catalyst.nejm.org/psychological-safety-great-teams/

How Teams Excel

Google

- Psychological safety
- Structure & Clarity
- Dependability

Explore these 3 Elements in Today's Learning Lab

- Meaning of work
- Impact of Work

Source: NEJM Catalyst: Cultivating Great Teams: What Health Care Can Learn from Google
http://catalyst.nejm.org/psychological-safety-great-teams/

How Teams Excel

Google

- **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

Source: "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

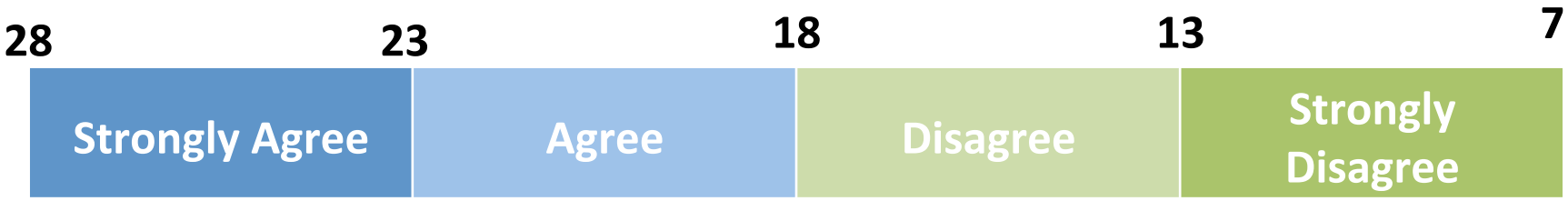
Psychological Safety Survey

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:
1) Edmondson . Psychological safety and learning behavior in work teams. Administrative Science Quarterly. June 1999
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.



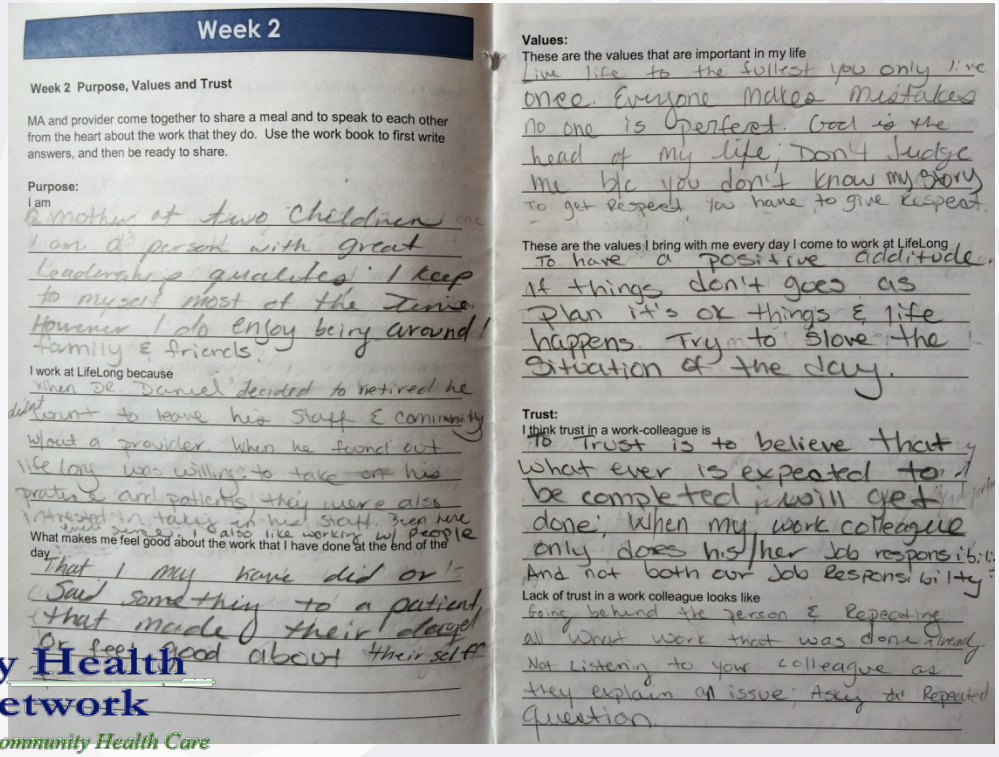
Getting to the Heart

Community Health Center Network
Setting the standard for Community Health Care

LifeLong Medical Care
Health Services For All Ages
a california health center

Week One – Introduction

- Introduction to Getting to the Heart
- Brainstorm logistics.
- Distribute the guidebook



Week 2

Week 2 Purpose, Values and Trust

MA and provider come together to share a meal and to speak to each other from the heart about the work that they do. Use the work book to first write answers, and then be ready to share.

Purpose:
I am
a mother of two Children one
I am a person with great
leadership qualities. I keep
to myself most of the time.
However I do enjoy being around
family & friends.

I work at LifeLong because
When DR Daniel decided to retired he
didn't want to leave his staff & community
w/out a provider. When he found out
life long was willing to take on his
pratise and patients they were also
interested in taking in his staff. Been here
even since. I also like working w/ people

What makes me feel good about the work that I have done at the end of the day
That I may have did or
said something to a patient
that made their day
or feel good about their self

Values:
These are the values that are important in my life
Live life to the fullest you only live
once. Everyone makes mistakes
no one is perfect. God is the
head of my life; Don't judge
me b/c you don't know my story
To get respect you have to give respect.

These are the values I bring with me every day I come to work at LifeLong
To have a positive additude.
If things don't goes as
plan it's ok things & life
happens. Try to slove the
situation of the day.

Trust:
I think trust in a work-colleague is
To Trust is to believe that
what ever is expected to
be completed will get
done; when my work colleague
only does his/her job responsibility
And not both our job responsibility

Lack of trust in a work colleague looks like
Going behind the person & Repeating
all what work that was done already.
Not Listening to your colleague as
they explain an issue; Asking the Repeated
question.

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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

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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

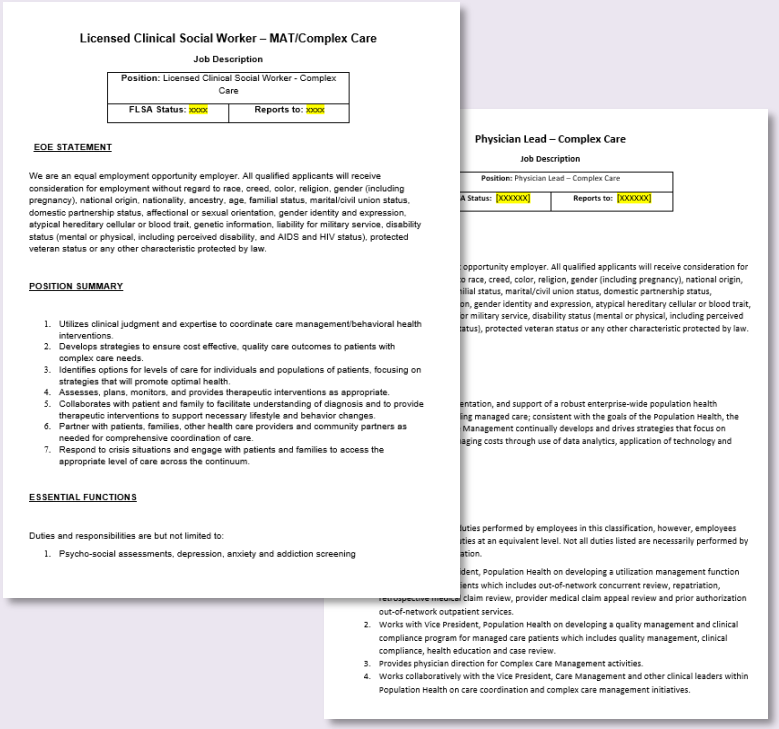
Structure & Clarity:

- ✓ 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.

Google's Re:work Program - Helping Teams Take Action

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	
FLSA Status: xxxx	Reports to: xxxx

EOE 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, nationality, ancestry, age, familial status, marital/civil union status, domestic partnership status, affectional or sexual orientation, gender identity and expression, atypical hereditary cellular or blood trait, genetic information, liability for military service, disability status (mental or physical, including perceived disability, and AIDS and HIV status), protected veteran status or any other characteristic protected by law.

POSITION SUMMARY

1. Utilizes clinical judgment and expertise to coordinate care management/behavioral health interventions.
2. Develops strategies to ensure cost effective, quality care outcomes to patients with complex care needs.
3. Identifies options for levels of care for individuals and populations of patients, focusing on strategies that will promote optimal health.
4. Assesses, plans, monitors, and provides therapeutic interventions as appropriate.
5. Collaborates with patient and family to facilitate understanding of diagnosis and to provide therapeutic interventions to support necessary lifestyle and behavior changes.
6. Partner with patients, families, other health care providers and community partners as needed for comprehensive coordination of care.
7. Respond to crisis situations and engage with patients and families to access the appropriate level of care across the continuum.

ESSENTIAL FUNCTIONS

Duties and responsibilities are but not limited to:

1. Psycho-social assessments, depression, anxiety and addiction screening

Physician Lead – Complex Care

Job Description

Position: Physician Lead – Complex Care	
A Status: [XXXXXX]	Reports to: [XXXXXX]

opportunity employer. All qualified applicants will receive consideration for
o race, creed, color, religion, gender (including pregnancy), national origin,
ilial status, marital/civil union status, domestic partnership status,
on, gender identity and expression, atypical hereditary cellular or blood trait,
or military service, disability status (mental or physical, including perceived
atus), protected veteran status or any other characteristic protected by law.

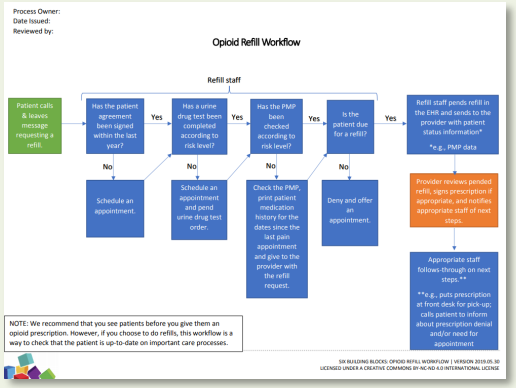
entation, and support of a robust enterprise-wide population health
ng managed care; consistent with the goals of the Population Health, the
Management continually develops and drives strategies that focus on
aging costs through use of data analytics, application of technology and

uties performed by employees in this classification, however, employees
ities at an equivalent level. Not all duties listed are necessarily performed by
ation.

dent, Population Health on developing a utilization management function
ents which includes out-of-network concurrent review, repatriation,
claim review, provider medical claim appeal review and prior authorization
out-of-network outpatient services.

2. Works with Vice President, Population Health on developing a quality management and clinical compliance program for managed care patients which includes quality management, clinical compliance, health education and case review.
3. Provides physician direction for Complex Care Management activities.
4. Works collaboratively with the Vice President, Care Management and other clinical leaders within Population Health on care coordination and complex care management initiatives.

Workflow Maps



Process Owner:
Date Issued:
Reviewed by:

Opioid Refill Workflow

Refill staff

Patient calls & leaves message requesting a refill.

Has the patient agreement been signed within the last year?

Has a urine drug test been completed according to risk level?

Has the PMP been checked according to risk level?

Is the patient due for a refill?

Refill staff pends refill in the EHR and sends to the provider with patient status information*

*e.g., PMP data

Provider reviews pended refill, signs prescription if appropriate, and notifies appropriate staff of next steps.

Appropriate staff follows-through on next steps.**

**e.g., puts prescription at front desk for pick-up; calls patient to inform about prescription denial and/or need for appointment

Yes / No

Schedule an appointment.

Schedule an appointment and pend urine drug test order.

Check the PMP, print patient medication history for the dates since the last pain appointment and give to the provider with the refill request.

Deny and offer an appointment.

NOTE: We recommend that you see patients before you give them an opioid prescription. However, if you choose to do refills, this workflow is a way to check that the patient is up-to-date on important care processes.

SIX BUILDING BLOCKS: OPIOID REFILL WORKFLOW | VERSION 2019.05.30
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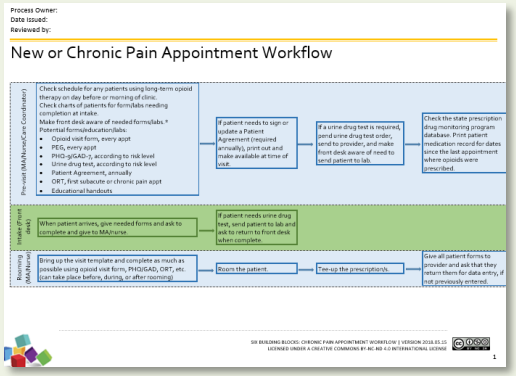

Process Owner:
Date Issued:
Reviewed by:

New or Chronic Pain Appointment Workflow

Pre-visit (MA/Nurse/Care Coordinator)

Check schedule for any patients using long-term opioid therapy on day before or morning of clinic.
Check charts of patients for forms/labs needing completion at intake.
Make front desk aware of needed forms/labs. *
Potential forms/education/labs:
- Opioid visit form, every appt
- PEG, every appt
- PHQ-9/GAD-7, according to risk level
- Urine drug test, according to risk level
- Patient Agreement, annually
- ORT, first subacute or chronic pain appt
- Educational handouts

If patient needs to sign or update a Patient Agreement (required annually), print out and make available at time of visit.

If a urine drug test is required, pend urine drug test order, send to provider, and make front desk aware of need to send patient to lab.

Check the state prescription drug monitoring program database. Print patient medication record for dates since the last appointment where opioids were prescribed.

Intake (Front desk)

When patient arrives, give needed forms and ask to complete and give to MA/nurse.

If patient needs urine drug test, send patient to lab and ask to return to front desk when complete.

Rooming (MA/Nurse)

Bring up the visit template and complete as much as possible using opioid visit form, PHQ/GAD, ORT, etc. (can take place before, during, or after rooming)

Room the patient.

Tee-up the prescription/s.

Give all patient forms to provider and ask that they return them for data entry, if not previously entered.

SIX BUILDING BLOCKS: CHRONIC PAIN APPOINTMENT WORKFLOW | VERSION 2018.05.15
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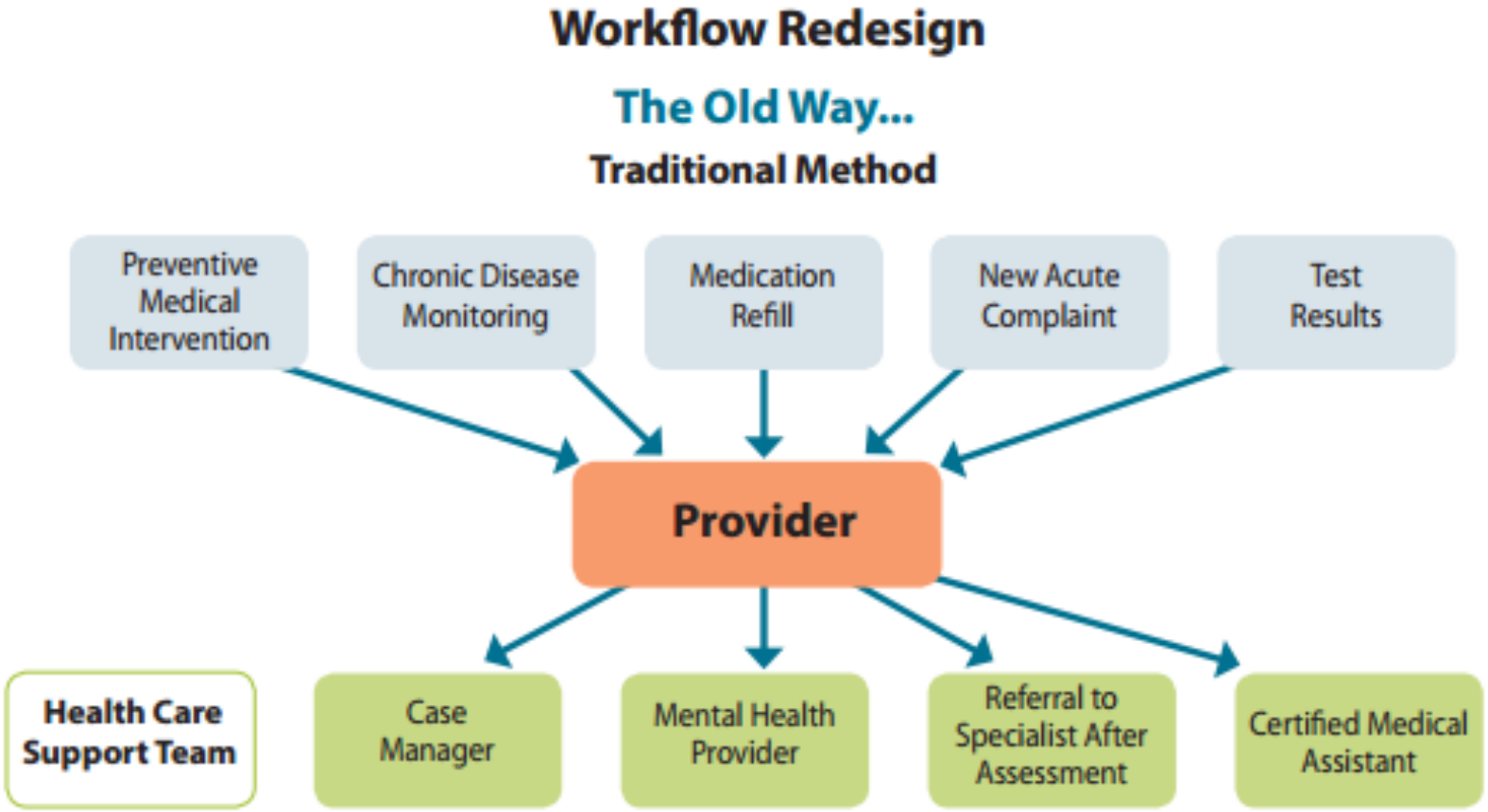
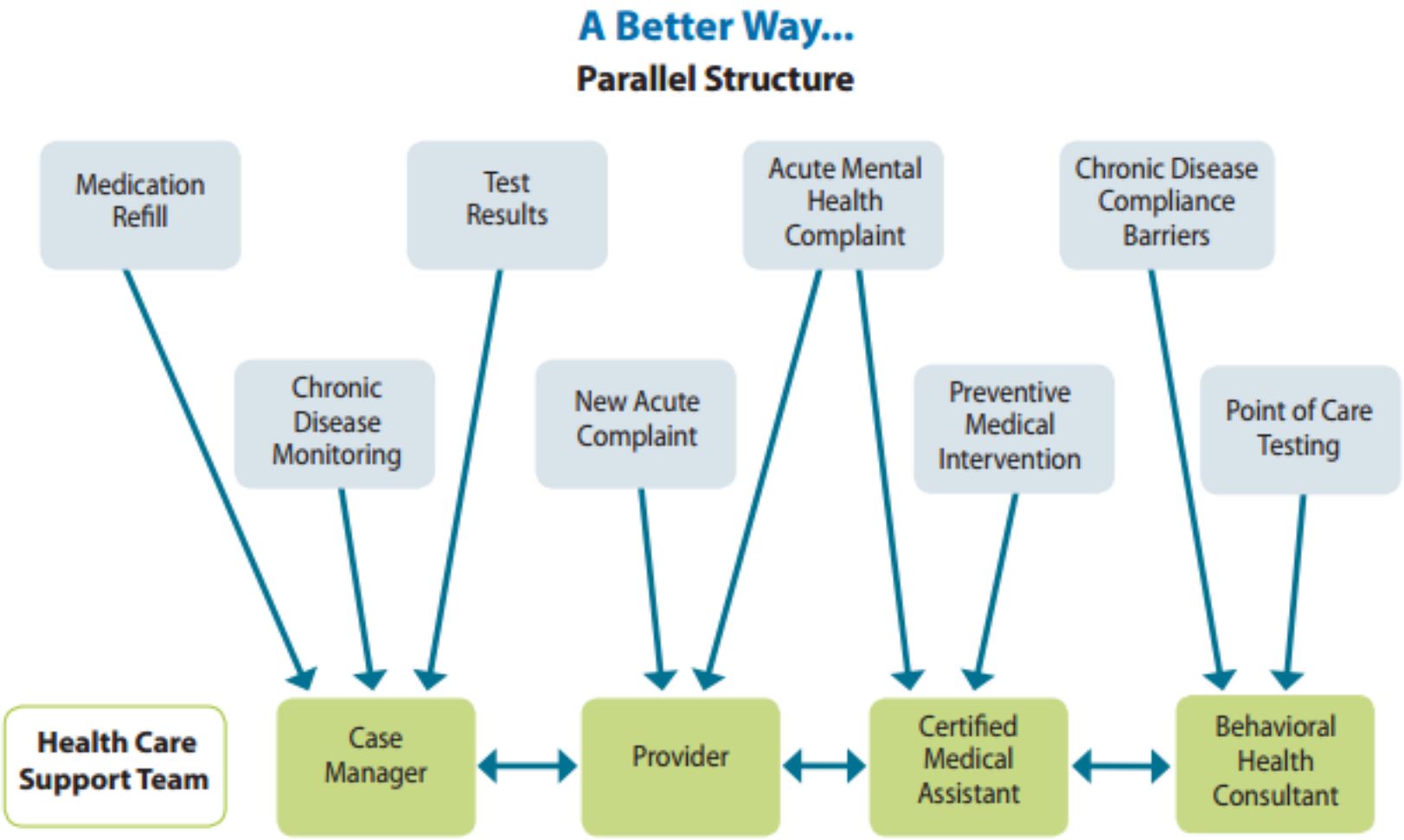
Southeast Health Center



Source: California Improvement Network Oct 2013 Report

Southeast Health Center



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

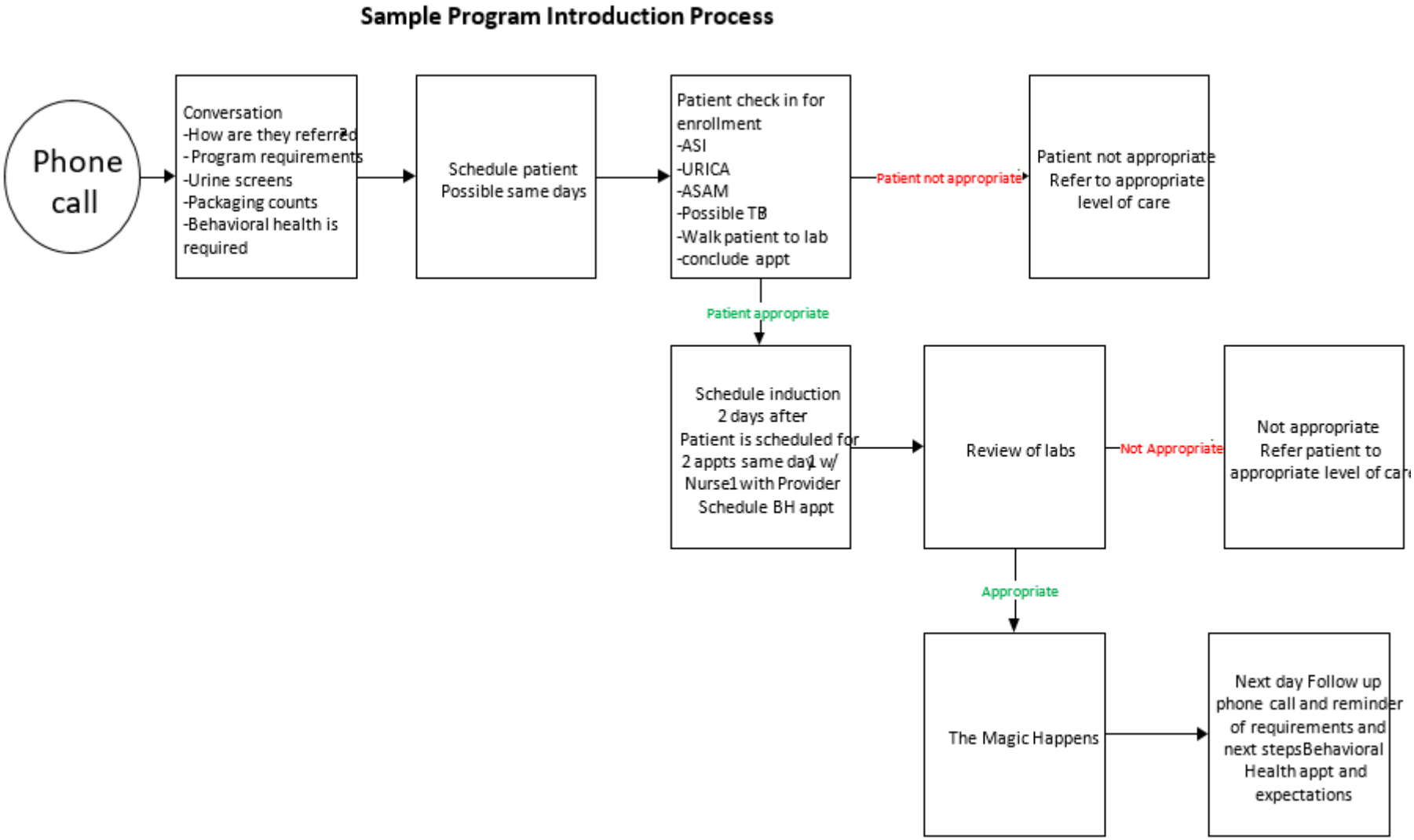
- Provider and Staff Buy-in
- Physician Reluctance to Delegate
- Poor role definition
- Staff retention
- Communication breakdown
- Initiating huddle and getting staff to attend
- Sliding back to pre-team behaviors

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

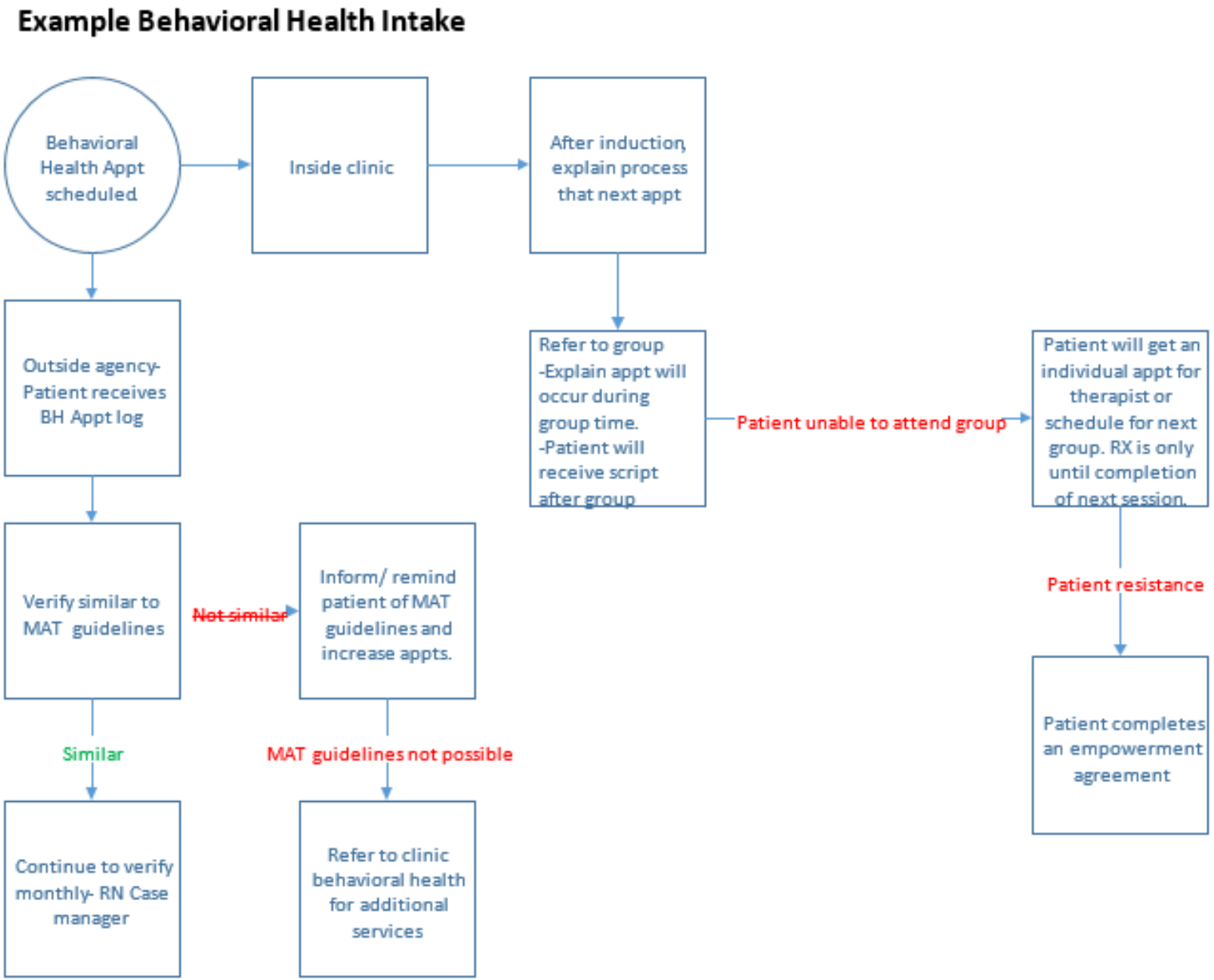
Improving Structure and Clarity

Workflow Maps

Sample Workflow Maps



Sample Workflow Maps



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)

☐ Mammogram

PROVIDER	MA/LVN/RN
Discuss mammogram and encourage patient to have mammo same day if possible or make an appt soon.	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.

☐ Pap Smear

PROVIDER	MA/LVN/RN
If member prepared for pap, I will perform pap.	Tell member ahead of time if due for pap. I will prepare room ahead of time for pap, when MD advises Pap will be performed. If member does not want pap this day, I will arrange for pap appt.

☐ Hypertension

PROVIDER	MA/LVN/RN
If second set of vitals are WNL, document as new set of vitals in HealthConnect.	Take BP – if over 139/89, will take again at end of visit. If diabetic or kidney disease patient goal is 129/79

☐ Labs

PROVIDER	MA/LVN/RN
If nurse pends labs, I will sign so patient can go to the lab prior to appointment if possible.	I will pend labs needed to close gaps.. If possible before appointment for patient to be able to have lab the day of the appointment.

☐ Diabetes

PROVIDER	MA/LVN/RN
Review labs and logs when patient arrives. (if available)	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.

☐ Asthma

PROVIDER	MA/LVN/RN
If PCP, discuss Asthma with patient when nurse documents patient has responded "yes" to any asthma questions.	I will ask Asthma patients the three asthma questions. If they answer "yes "to any I will let the MD know.

☐ Colorectal

PROVIDER	MA/LVN/RN
Advise nurse to give FOBT kit if available in the dept. Sign order for FOBT test, patient pick up FOBT in lab.	Pend order for MD to sign. Provide FOBT kit if available in your dept.

☐ Immunizations

PROVIDER	MA/LVN/RN
Sign orders and advise patient to have it done on the way out (if available in your area).	Review with MD, Pend order, gives immunization if in your scope.

SAMPLE

LEAP SITE: Cambridge Health Alliance

Team Huddles: Making a game plan for today

	MA	Provider	RN	Receptionist
Prepare for the huddle.	○ Review schedule of patients for the session, and reasons for visits ○ Review health maintenance needs ○ Review DM/asthma/ depression chronic care needs ○ Review open orders ○ Assist in preparation of intake packets	○ Review specialist and hospitalist communications about patients coming in/in the hospital. ○ Review test results ○ Note if patients with complex/chronic disease need a care plan updated ○ Note any orders/referrals that are outstanding (incomplete) ○ Enter any orders you would like done in advance of rooming as future orders.	○ Prepare list of team patients discharged from the hospital. ○ Prepare list of team patients in ED since last huddle. ○ Discuss risk and follow up with provider and team in preparation to call later. ○ Identify high risk patients on today's schedule for warm handoff to RN or to complex care manager. ○ Review immunization needs	○ Note number of available appointments and requests for appointments. ○ Note who needs to be offered MyCHArt and text messaging. ○ Complete preparation of intake packets ○ Note any orders/referrals that are outstanding (incomplete) ○ Note which extended team members are present and availability
Review patients coming in today.	○ Ask for clarification of priorities (How much can we get done today?) ○ Clarify open orders to complete ○ Proactively discuss likely issues with flow, lateness, or high service needs	○ Suggest extended team members who might assist patients for possible warm handoffs ○ Proactively discuss likely issues with flow, lateness, or high service needs	○ Suggest extended team members who might assist patients for possible warm handoffs	○ Plan to assist with scheduling overdue referrals or tests. ○ Proactively discuss likely issues with flow, lateness, or high service needs
Review patients discharged from the hospital or ED		○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up.	○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up.	○ Schedule these patients based on patient and team preferences.
Review major patient requests for letters, forms etc				○ Review requests for referrals, forms, letters etc with the team.
Document individual patient plans for today in Snapshot Specialty field	**Documentation in EPIC:** Allows other staff to assist today if needed, for example during breaks or busy times Allows notes to remain in place for the future if patient misses or reschedules the appointment Serves as a reminder for today for each team member			

http://improvingprimarycare.org/sites/default/files/topics/Team-Step1-Cambridge-Team-Based%20Care%20Toolkit.pdf

Primary Care Example

IHQC INSTITUTE FOR HIGH QUALITY CARE

Planned, Proactive Care Checklist – Cervical Cancer Screening Sample

Outreach	Pre-Visit	Visit – Patient Arrives	Post-Visit
Contact Patients due for Pap ☐ **Run report for patients due for Pap** Who: When: (Monthly? Quarterly?) How: (What systems need to be accessed?) ☐ **Contact patients due for Pap** Who: When: How: ☐ **Confirm date of last Pap** ☐ **Schedule Pap as appropriate** ☐ **If last Pap completed at another organization, seek records** Who: How: When to stop seeking these records and schedule Pap appt:	☐ *Pap appt.* ☐ *Other appt.* **Reminder Calls** Who: When: (1 or 2-days prior? Time of day?) ☐ **Reminder call for patients with appointments** ☐ **Verify last Pap** **Team Huddle** Who: When: (Morning of? Evening before?) ☐ **Review needs of upcoming appointments** ☐ **Determine capacity for same-day Pap scheduling** *Same-day Pap if:* *Schedule future appointment for Pap if:*	☐ *Pap appt.* ☐ *Other appt.* **Check In** Who: How: (What systems need to be accessed?) ☐ Check in patient ☐ Provide prioritized paperwork ☐ Confirm reason for visit ☐ Evaluate necessity of Pap **Rooming Patient** Who: ☐ **Evaluate/confirm need for pap** ☐ **Prep room for Pap if possible to complete same day** -- or -- ☐ **Schedule future appointment for Pap if can't be completed same day**	**Lab Review** ☐ **Initial Triage of Lab Results** Who: ☐ **If Results are normal, patient notified** How: By Whom: ☐ **If abnormal, patient is notified** How: By Whom: ☐ **Results from follow-up/ referral are acquired** How: By Whom: ☐ **Alerts/reminders for next Pap** Who: How is this monitored/ reviewed:

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

Google

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

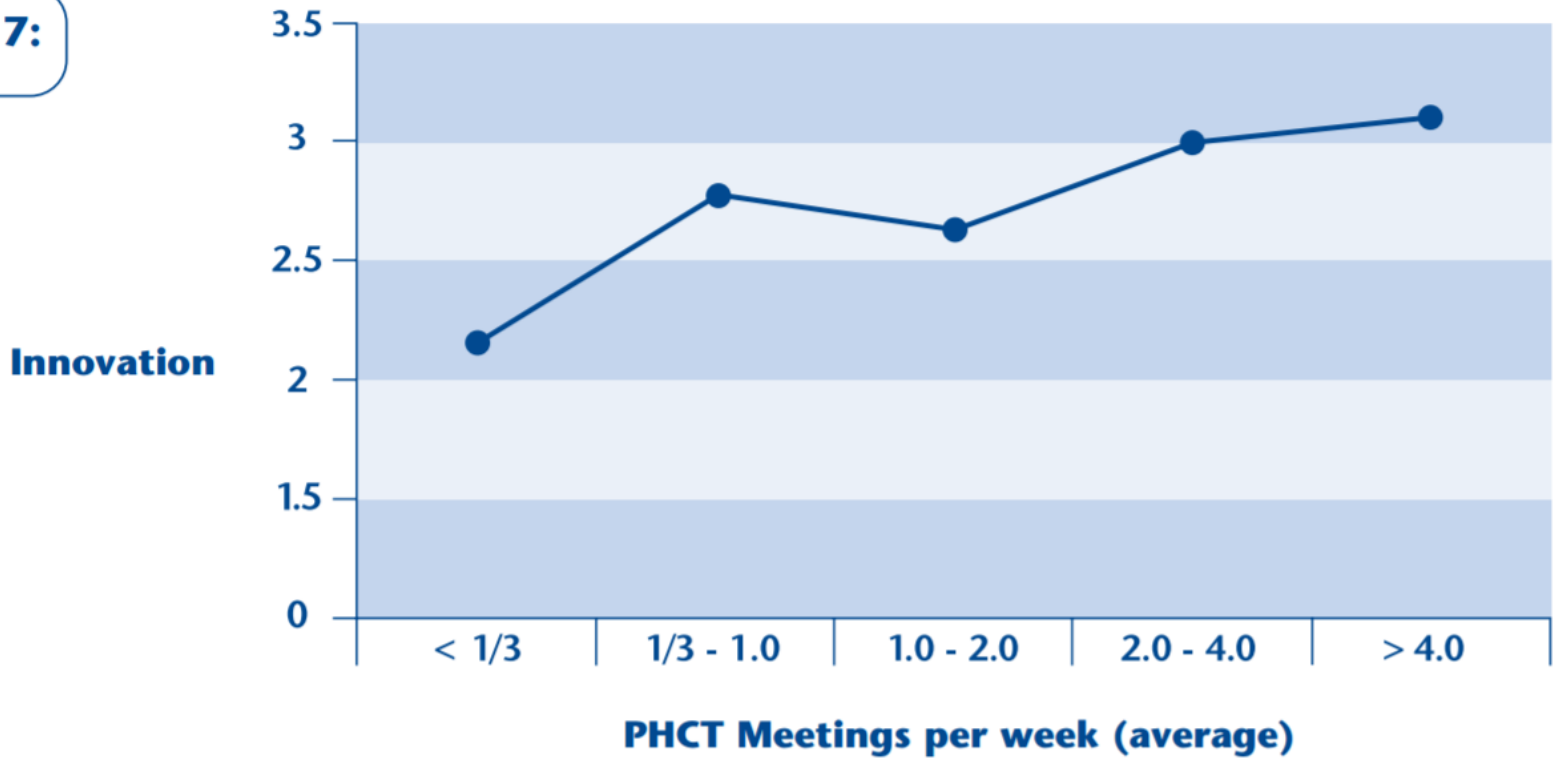
3) Dependability

Dependability Considerations

- Effective Meetings
- Effective Communication
- Team Norms
- Maintaining Momentum

Frequency of team meetings impacts improvement efforts and team effectiveness

Figure 7:



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**

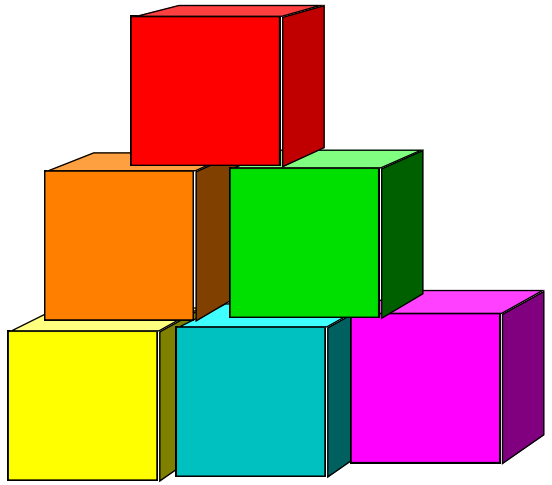
Who enforces ground rules?

- **The Team**

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

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***



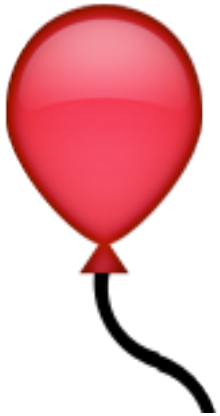
Gayle Northrop. Characteristics of Effective Teams. Institute for High Quality Care, March 2016

Maintaining Momentum

Image from Flickr, Kamyar Adl

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/
- **LEAP Primary Care – Team based Care resources** 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
- **SNMHI – Continuous and Team-Based Healing Relationships** http://www.safetynetmedicalhome.org/change-concepts/continuous-team-based-healing-relationships
- **AMA STEPS Forward – Implementing Team-based Care:** https://www.stepsforward.org/modules/team-based-care
- **Effective team-based primary care: observations from innovative practices.** Wagner et al. BMC Family Practice (2017) 18:13 DOI 10.1186/ s12875-017-0590-8
- **Overcoming Challenges to Teamwork in Patient-Centered Medical Homes**: A Qualitative Study. O'Malley et al. J Gen Intern Med. 2015 Feb; 30(2): 183–192

Effective Teams References

- Katzenbach and Smith: The Wisdom of Teams, 1993. Free pdf download can be found at https://epdf.pub/the-wisdom-of-teams-creating-the-high-performance-organization.html

- Reference for "reWork" Google's information on effective teams - https://rework.withgoogle.com/subjects/teams/

- Article in New York Times, 2016 on Google's research on effective teams - https://www.nytimes.com/2016/02/28/magazine/what-google-learned-from-its-quest-to-build-the-perfect-team.html?smid=pl-share

- Catalyst – New England Journal of Medicine - http://catalyst.nejm.org/psychological-safety-great-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?

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