Building Capacity Block by Block: Team-based care

How are grantees improving team-based care?

Strengthening & standardizing the care team

- Observing and mapping current roles in order to standardize them
- Devising workflows for medical assistants (MAs), nurses, and others for pre-visit planning huddles
- Piloting different roles and testing them at different sites
- Training office staff and MAs in roles and process for moving a patient through the clinic step-by-step
- Working to overcome the challenge of finding time for warm hand-offs between team members by standardizing scheduling templates

Implementing RN-led chronic care visits for HTN and/or DM management

- Piloting different role descriptions and processes surrounding the visits
- Finalizing hypertension (HTN) protocols and procedures
- Training RNs in empowering patients to self-manage and/or in medication titration
- Triaging patients to see RNs based on patient need

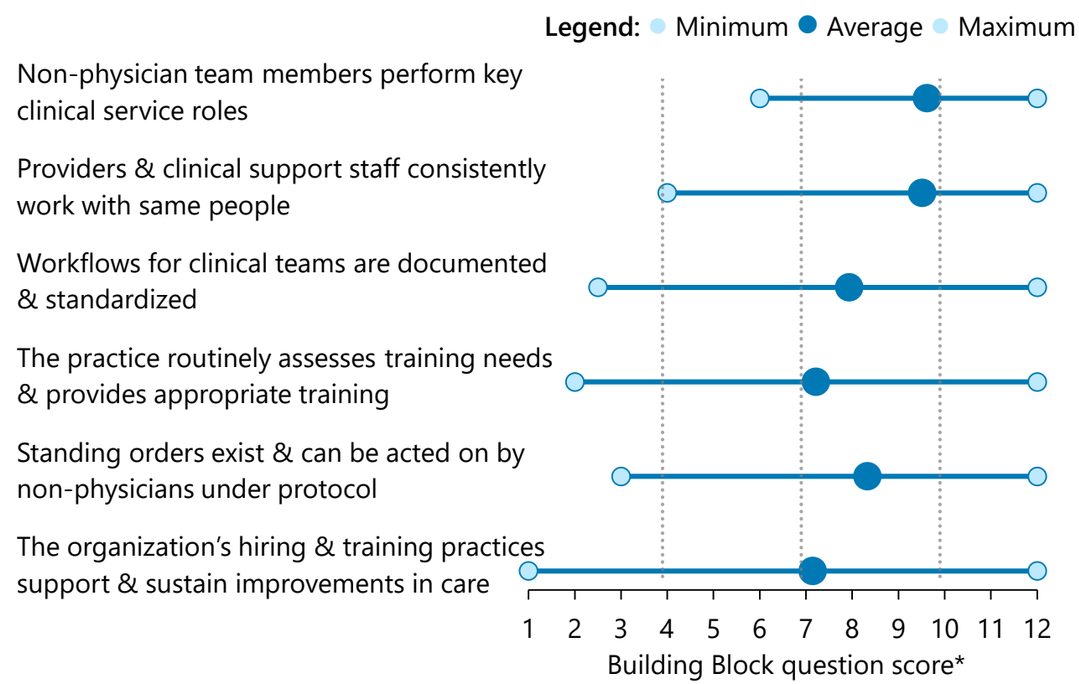
Utilizing pharmacists in primary care

- Partnering with Health Plans to update formularies to better serve the patients
- Using pharmacists for medication adherence and medication therapy management visits

What is the range of team-based care scores by question?

At mid-initiative (May 2018), there was a wide variety of capacity across health centers and clinics. (N=62 health center organizations and hospital sites).

See reverse side for full wording of the six questions in this domain.

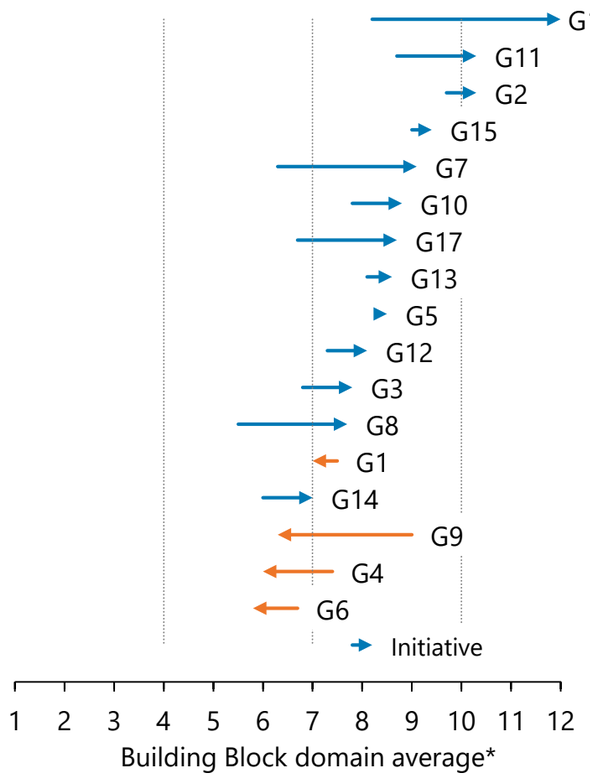


How have team-based care domain averages changed over time?

12 of 17 grantees (G1-G17) reported improved scores at mid-initiative since baseline.

Legend: ◀ Decrease ❍ No change ▶ Increase

Length of arrow = amount of change over time



Level of capacity	*Score (scale 1-12)
A (highest)	10-12
B	7-9
C	4-6
D (lowest)	1-3

PHASE Building Blocks Assessment: Team-based care (TBC)

	Level D			Level C			Level B			Level A		
22. Non-physician practice team members	…play a limited role in providing clinical care.			…are primarily tasked with managing patient flow and triage.			…provide some clinical services such as assessment or self-management support.			…perform key clinical service roles that match their abilities and credentials.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
23. Providers (Physicians, NP/PAs) and clinical support staff	…work in different pairings every day.			…are arranged in teams but are frequently reassigned.			…consistently work with a small group of providers or clinical support staff in a team.			…consistently work with the same provider/ clinical support staff person almost every day.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
24. Workflows for clinical teams	…have not been documented and/or are different for each person or team.			…have been documented, but are not used to standardize workflows across the practice.			…have been documented and are utilized to standardize practice.			…have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
25. The practice	…does not have an organized approach to identify or meet the training needs for providers and other staff.			…routinely assesses training needs and assures that staff are appropriately trained for their roles and responsibilities.			…routinely assesses training needs, assures that staff are appropriately trained for their roles and responsibilities, and provides some cross training to permit staffing flexibility.			…routinely assesses training needs, assures that staff are appropriately trained for their roles and responsibilities, and provides cross training to assure that patient needs are consistently met.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
26. Standing orders that can be acted on by non-physicians under protocol	…do not exist for the practice.			…have been developed for some conditions but are not regularly used.			…have been developed for some conditions and are regularly used.			…have been developed for many conditions and are used extensively.		
Score	1	2	3	4	5	6	7	8	9	10	11	12
27. The organization's hiring and training processes	…focus only on the narrowly defined functions and requirements of each position.			…reflect how potential hires will affect the culture and participate in quality improvement activities.			…place a priority on the ability of new and existing staff to improve care and create a patient-centered culture.			…support and sustain improvements in care through training and incentives focused on rewarding patient-centered care.		
Score	1	2	3	4	5	6	7	8	9	10	11	12

Adapted by the Center for Community Health and Evaluation for Kaiser Permanente's PHASE initiative with permission from Center for Excellence in Primary Care (CEPC) and Building Clinic Capacity for Quality (BCCQ) Program, October 2016.
Scale: Level D: score of 1-3 (lowest capacity) ||| **Level C**: score of 4-6 ||| **Level B**: score of 7-9 ||| **Level A**: score of 10-12 (highest capacity)