Team Based Care

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Health West
Outline

- Public Health District Team
- What is Team Based Care
- How to achieve it
  - Assess
  - Leadership
  - Create and refine teams
  - Job descriptions
  - Communication
  - Patient engagement
- Examples
- Resources
Public Health District 6 Support Team

Rhonda D’Amico
Comprehensive Cancer Program Coordinator
Adolescent Pregnancy Prevention Program Coordinator

Laurie Brenchley
Suicide Prevention Action Network
Regional Behavioral Health Board

Darlene Lester
Prescription Drug Program Coordinator
Women’s Health Check Program Coordinator

Traci Lambson, CHES
Diabetes, Heart Disease & Stroke Program Coordinator
Tobacco Cessation Program Coordinator
NCQA CONCEPT
TEAM BASED CARE (TC)

Criteria
Core: 5
Elective: 7
Total: 12

“Practice provides continuity of care, communicates roles and responsibilities of the medical home to patients/families/caregivers, and organizes and trains the staff to work at the top of their license and provide effective team based care.”
The Big Picture: Good Relationships

TEAM
T  Together
E  Everyone
A  Achieves
M  More

Teamwork
Work performed as a group, through cooperation or combination of effort, to achieve better results than could have been achieved through actions of individuals acting alone.
The practice is committed to transforming the practice into a sustainable medical home. Members of the care team serve specific roles as defined by the practice’s organizational structure and are equipped with the knowledge and training necessary to perform those functions.
Assess

- Gather a baseline
  - Organizational structure
  - Care Teams
Leadership

- Designate “champions” (TC01)
  - Clinical
  - Administrative
- Qualities of a champion
  - Interested
  - Engaged
  - Ready to move PCMH forward
How: Create/refine your teams

- Core (TC02)
  - Provider and clinical staff
    - RN, LPN, MA
- Extended
  - Other important roles
    - LSCW, Behavioral Health Care Manager, Registered Dietitian, Community Health Workers, Patient Navigators, Care Coordinators, Pharmacists, and Receptionists

- Test
- Think outside the box!
How does your practice enhance team culture?
PCMH Transformation Team

- Include
  - Multiple team members with different experiences
    - Individuals who are doing the various work
  - A regular meeting time and location
    - 2-4 times a month
  - Task assignment to everyone in the group
Job Descriptions

**REVIEW**

- Does the current descriptions support PCMH tasks? *(TC02)*
- Does the descriptions contain PCMH language?
- Who’s involved in quality improvement activities? *(TC07)*
- How are they involved? *(TC07)*

**RECREATE**

- Make edits to reflect the current work
- Sets a standard
Example Job Descriptions
PCMHH Language

- “Provides coordination.”
- “Communicates and coordinates with entire care team.”
- “Is an active member of the care team.”
- “Helps with panel assignments and population health management.”
- “Works with a multidisciplinary team.”
- “Provides comprehensive, quality and accessible health care services.”
- “Participates in regular huddle meetings.”
- “Tracks completion of referrals by obtaining the reports.”
- “Maintains patient engagement.”
- “Identifies barriers self management plan and meeting goals.”
Communication among staff is organized to ensure that patient care is coordinated, safe, and effective.
Patient Care Meetings (TC06)

- Interactions between front and back office
- Determine a regular meeting time and place
- Review patients for the day
- Track
  - Messages in EHR, huddle books, checklists, etc.
  - Utilizing the time to scrub charts
## Huddle Warm-Up

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## Documentation Examples

<table>
<thead>
<tr>
<th>Date:</th>
<th>Start time:</th>
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**Huddle leader:**

**Team members in attendance:**

**Check in with the team**

- How is everyone doing?
- Are there any anticipated staffing issues for the day?
- Is anyone on the team out / planning to leave early / have upcoming vacation?

**Huddle agenda**

**Review today's schedule**

**Identify scheduling opportunities**

- Same-day appointment capacity
- Urgent care visits requested
- Recent cancellations
- Recent hospital discharge follow-ups

**Determine any special patient needs for clinic day**

- Patients who are having a procedure done and need special exam room setup
- Patients who may require a health educator, social work or behavioral health visit while at the practice
- Patients who are returning after diagnostic work or other referral(s)

**Identify patients who need care outside of a scheduled visit**

**Determine patient needs and follow up**

- Patients recently discharged from the hospital who require follow up
- Patients who are overdue for chronic or preventive care
- Patients who recently missed an appointment and need to be rescheduled

**Share a shout-out and/or patient compliment**

**Share important reminders about practice changes, policy implementation or downtimes for the day**

**End on a positive, team-oriented note**

- Thank everyone for being present at the huddle

**Huddle end time:**

|       |             |
The practice communicates and engages patients on expectations and their role in the medical home model of care.
Patient Engagement

- Communicate to your patients
  
  (TC09)
  
  - New patients
  - Current patients

- What?
  
  - PCMH
  - Their role
  - Evidence based care
  - Access and availability
  - Care team

- Various methods
  
  - Newsletters
  - Newspaper articles
  - Website
  - Brochures
  - Handbooks

- Start now!
  
  - “PCMH under construction”
Continually improving our healthcare to be a trusted patient-centered medical home.

Patient Centered
We understand that the patient is the most important part of the care team. As such, we partner medical staff with patients and their families to ensure that the patients’ wants, needs, preferences, and knowledge support their desire to make decisions and participate in their own care.

Comprehensive Care
Our providers work as a team, and are accountable for a patient's physical and mental needs, including: prevention, wellness, acute and chronic care.

Coordinated
Our team will help organize your health care needs through the broader health care system, including: specialty care, hospitals, home health, as well as other community services.

Accessible
Patients can access shorter wait times at Portneuf Primary Care & Behavioral Health Clinic. Roberta Turner, NP, is currently working with the other providers to see same-day follow-ups and same-day urgent appointments.
Tools and Resources

- Primary Care Team Guide
  - http://improvingprimarycare.org/

- Huddle Guide to Implementation
  - https://www.stepsforward.org/modules/team-huddles

- Huddle Video Examples
  - https://www.youtube.com/watch?v=8Q8Cexq1fAw&feature=youtu.be
  - http://www.youtube.com/watch?v=dJrORZEiXpo
Idaho Example

HealthWest Community Health Center

Locations
- Aberdeen
- American Falls
- Chubbuck
- Downey
- Lava Hot Springs
- Preston
- Dental
- Pocatello
- Health West ISU
Questions
References

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