

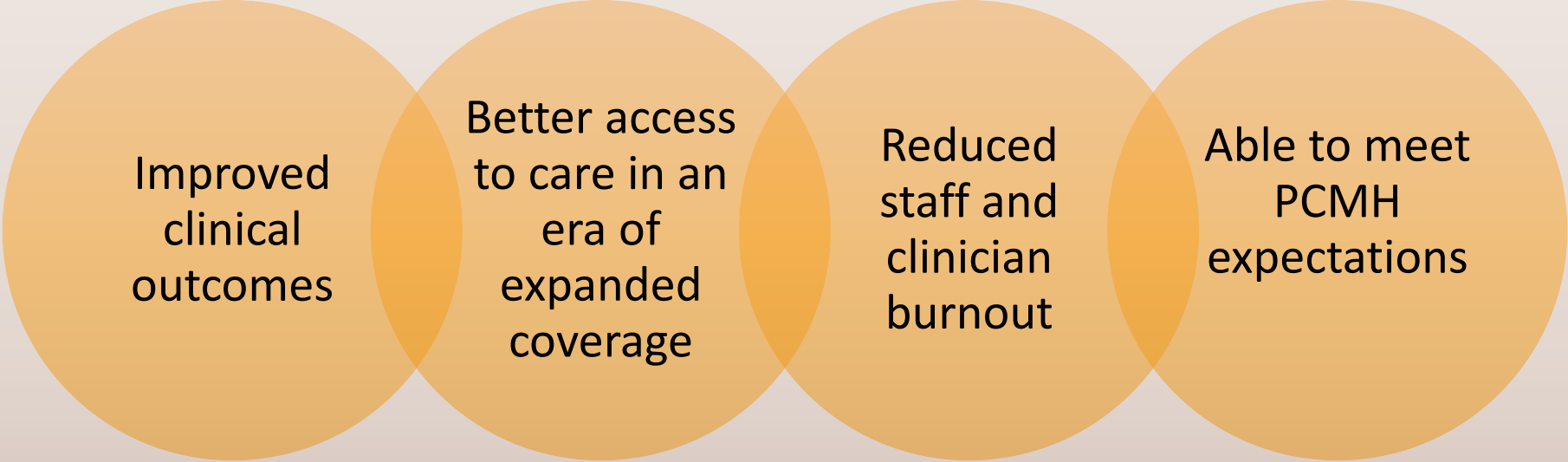


# Getting Started with Team Based Care

Webinar | Denver, CO

*Presenters:* Ed Wagner and Katie Coleman from the  
MacColl Center for Health Care Innovation

# Why primary care teams?



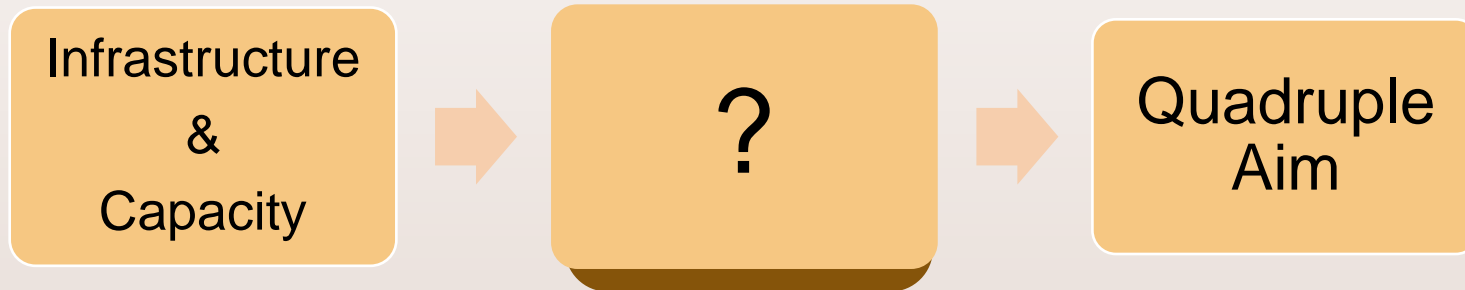
Improved  
clinical  
outcomes

Better access  
to care in an  
era of  
expanded  
coverage

Reduced  
staff and  
clinician  
burnout

Able to meet  
PCMH  
expectations

# How do PCMHs achieve the triple/quadruple aim?



- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"><li>• Engaged Leadership</li><li>• QI Strategy</li><li>• Empanelment</li><li>• <b>High-performing teams</b></li></ul> | <ul style="list-style-type: none"><li>• Timely Services</li><li>• Planned Care</li><li>• Self-management Support</li><li>• Medication Management</li><li>• Population Management</li><li>• Care Management/ Follow-up</li><li>• Referrals &amp; Transition Mgt.</li><li>• Behavioral Integration</li><li>• Community Linkages</li></ul> | <ul style="list-style-type: none"><li>• Improved Health</li><li>• Improved Patient Experience</li><li>• Reduced Total Costs</li><li>• Improved Staff Experience</li></ul> |
|---|---|---|

# Care team basics

Who is on the care team?

- Those needed to respond to all common problems for which patients seek care.

How are they organized?

- Often, around a clinician and medical assistant/nurse dyad.

Who is responsible?

- All have authority & responsibility for care. Requires trust & transparency.

What does each member do?

- The most they can in terms of patient-facing work. Training & role clarity matters.

How big are care teams?

- Smallish, 5-7 team members, communication breaks down with increasing size.

How do you know when you're done?

- Ongoing efforts, training new staff.

# The steps to consistently high team performance

Build trust and  
communication

Identify and  
assign tasks

Train staff

Develop  
standard work

Enable staff to  
work  
independently

Monitor  
demand and  
goal attainment

# Where to start



# Step 1: Identify leadership & start building team culture

- Ensure that formal and informal practice leaders repeatedly voice clear and strong support for team-based care, and act consistently in a way that signals their support for this model.
- Dedicate resources for team-building exercises to help team members begin developing trust and a coordinated way of working together – figure out how to pay for this.
- Locate core team members in close proximity with each other. Several LEAP sites had team rooms or team spaces where providers and core team staff did their charting and telephoning.
- Encourage daily huddles and meetings to organize the work and solve problems together.
- Flatten the hierarchy by encouraging all member of the team to have a voice in discussions, explicitly sharing performance information and credit (e.g., performance bonuses) for successes with all members of the team.

## Step 2: Develop a Core Team Structure and Test It.





# Expanding the MA role

## MAs in our practice

...mostly take vital signs and room patients.

...perform a few clinical tasks beyond rooming patients, such as reviewing medication lists or administering a PHQ-2.

...perform a few clinical tasks and collaborate with the provider in managing the panel (reviewing exception reports, making outreach calls).

...collaborate with the provider in managing the panel, and play a major role providing services to chronically ill patients, such as self-management coaching or follow-up phone calls.

# Innovations in the MA role

---

Helping with pre-visit planning

---

Answering phones, triaging calls, and generally serving as a primary point of contact for patients

---

Reconciling medications

---

Scribing for providers

---

Conducting patient outreach

---

Health coaching and motivational interviewing

---

Patient education

---

Participating in quality improvement work

---

Performing injections, tests, and procedures (as allowed by their license)—including EKGs, blood tests, spirometry, etc.

# MA models

- High Plains (CO) - 3 patient facilitators per care team who rotate front and back office tasks, coordinate referrals, immunizations, bring everything into the patient room
- Family Care Network (WA) – 2 clinical assistants who room the patient, “scribe” during the patient visit, and close the loop at the end of each visit.
- UCSF (CA) – provider/MA dyad or “teamlet”

# Teamlet

## Tyranny of Typical Schedule

Time	Primary care physician	Medical Assistant	Nurse	Nurse Practitioner	Medical Assistant
8:00	Patient A	Assists with Patient A	TRIAGE	Patient H	Assists with Patient H
8:15	Patient B	Assists with Patient B		Patient I	Assists with Patient I
8:30	Patient C	Assists with Patient C		Patient J	Assists with Patient J
8:45	Patient D	Assists with Patient D		Patient K	Assists with Patient K
9:00	Patient E	Assists with Patient E		Patient L	Assists with Patient L
9:15	Patient F	Assists with Patient F		Patient M	Assists with Patient M
9:30	Patient G	Assists with Patient G		Patient N	Assists with Patient N

Patients still waiting, most staff is gone, limited support for provider, some work, charting not complete, Exhaustion, frustration

Bodenheimer

## Future State

Time	Primary care physician	Medical Assistant	Nurse	Nurse Practitioner	Medical Assistant
TEAMLET 1			TEAMLET 2		
	Huddle and make plan for the day's work				
8:10	Telephone and e-mail visits – <b>12 patients</b>	Panel management	RN diabetes visits	Drop-in Patients – 4 patients	Assist with drop-in patients, close phone loop, phone follow-up
9:00	PATIENT D			Patient J	Assists with Patient J
9:30	Coordinate w/ specialist and hospitalists.	Health coach visit w/ patient J	Group visit for chronic care – <b>12 patients</b>	PATIENT K	
10:00	Consult w/ team	BP clinic – 3 patients		Join group visit for chronic care	Panel management
10:15	Patient H and Patient B		Phone Outreach	Telephone and e-mail visits – 6 patients	

5pm: Team signs out to overnight coverage and goes home.. Days work is done.

Bodenheimer T

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



10 steps to start examining roles  
Katie Bell from NeighborCare

## Step 4 : Encourage and enable staff to work independently

Know your scope of practice: American Association of Medical Assistants [www.aama-ntl.org](http://www.aama-ntl.org)

“Share the Care” Assessment of Team Roles and Tasks

MA extern program at nearby college to assess fit

Standard work and Standing orders

# Step 5: Engage Patients as Members of the team

At the start – ask patients to help you define your goals

- Add Patient to the QI team
- Talk with your Board (if applicable)

In the middle – anytime there's a question like “what do you think patients will think of...” ASK

- Survey
- Convenience sample in the waiting room
- Focus group
- Advisory board

As you start changing roles – communicate what's going on

- Verbal introductions from the provider to individual team members.
- Letters for new patients introducing the team.
- New patient orientation programs.
- Care team business cards.
- Waiting room pamphlets with team member names, descriptions, and pictures.
- Waiting room bulletin boards or posters describing the care teams.
- Color-coded badges worn by care team members to help patients visually link members of their care team.
- Updates to the practice website (if possible) that reflect care team organization

# Step 6: Meet regularly





# Step 7: Training. Training? Training!



Medical Clinic Tasking Guidelines outline roles and responsibilities of each staff member including front desk & licensed clinicians. Cover how patient interactions, information and paperwork should flow through the health center. Updated annually & guides training for new and existing staff.

# Training Builds Trust

<b>Safety / Infection Control</b>	Date Proficiency Demonstrated	Trainer's Signature	PF's Signature	Training Notes
Universal Precautions				
Blood Borne Pathogens				
Hand Washing				
Personal Protective Equipment				
Handling / Transporting Specimens				
Needles / Sharps Precautions				

Katie Bell, NeighborCare Health Medical Clinic Tasking Guidelines. From [www.improvingprimarycare.org](http://www.improvingprimarycare.org)

# Online Training Options For MAs

- Family Care Network,
- Union Health Center,
- West Count Health Centers,
- Safety Net Medical Home Initiative,
- Maine General Medical Center Training

# Step 8: Build a Career Ladder

## Union Health Center MA Career Ladder



Medical  
assistant

Health  
coach

Floor  
coordinator

<http://improvingprimarycare.org/team/medical-assistant-ma#tab-2>

# How a team would implement the new AMA Checklist for Hypertension

## Who does it?

### Checklist tasks

1. Accurately measure BP
2. Administer evidence-based stepped-care treatment
3. Help patient self-measure BP
4. Re-assess patient q2-4 weeks
5. Use evidence-based communication strategies to assess adherence and improve self-management
6. Direct patients/families to resources that support better self-management

1. MA, LPN
2. PCP with titration by RN or pharmacist
3. MA
4. MA or RN phone follow-up
5. MA/Health Coach or RN
6. Community Resource Specialist/  
Community Health Worker

# Next Steps

- Staff Survey – What to expect
- Phase 2 Updates
  - Timeline
  - September Learning Session

