PARTICIPANT HANDOUTS
Distance Learning Event:
Understanding and Implementing Foundations of Team-Based Care

Presented by:
Taylor Miranda, Practice Transformation Projects Manager, CCHN
Johanna Gelderman, Quality Initiatives Specialist, CCHN
Jenny Fox, Performance Improvement Data Analyst, Northwest Colorado Health

Live Broadcast Date/Time:
Wednesday, January 24, 2018
12:00–1:30pm Mountain Time / 1:00–2:30pm Central Time

Event Overview:
This presentation will provide an overview of the foundational building blocks needed to implement team-based primary care within a Community Health Center. The session will refer to “The 10 Building Blocks of High-Performing Primary Care” (please read this short article if you are not familiar with this model: http://www.annfammed.org/content/12/2/166.full). CHCs will share their experience implementing empanelment, building a quality improvement infrastructure, restructuring team-based roles and responsibilities, and engaging leadership. Participants will be able to assess and identify how the team-based care model presents opportunities for improvement within their own practice.

Learning Objectives:
Upon completion of this session, participants should be able to:
• Identify the 4 foundational building blocks of a high-performing primary care practice.
• Learn how other practices have operationalized the foundational building blocks in their practice.
• Identify opportunities for improvement within the foundational building blocks through self-assessment and group discussion.

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CCHN ARCHIVE
This event will be archived online. The online version will be available within two weeks of the live event. For information about all CCHN archives, please visit http://cchn.org/webinar-archive/.

DESCRIPTION OF CCHN
Colorado Community Health Network (CCHN) is a non-profit organization representing the 20 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

DESCRIPTION OF CHAMPS
Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY
Taylor Miranda is the Practice Transformation Projects Manager at the Colorado Community Health Network (CCHN), in the Quality Initiatives Division. Her primary roles include providing practice coaching and technical assistance to Colorado CHCs involved in Colorado’s State Innovation Model (SIM), Transforming Clinical Practice Initiative (TCPI), and the Team Based Care Initiative. Taylor also supports CCHN’s Quality Improvement Peer Group for QI directors at Colorado CHCs.

Johanna (JoJo) Gelderman is a Quality Initiatives Specialist for the Quality Initiatives Division (QiD) at the Colorado Community Health Network (CCHN). She provides practice coaching and facilitation for various practice transformation projects, including the Colorado State Innovation Model (SIM) and Team-Based Care Initiative. JoJo also supports CCHN’s Quality Improvement Peer Group for quality improvement leaders at Colorado’s CHCs. JoJo earned a bachelor’s degree from the University of Wisconsin-Madison. Before joining CCHN, she worked at ClinicNET, providing support and advocacy to Colorado’s Community Safety Net Clinics.

Jenny Fox is a Performance Improvement Data Analyst with Northwest Colorado Health. She has been a part of their Team Based Care Initiative since 2015. She lives in Steamboat Springs, CO.
RESOURCES

- http://improvingprimarycare.org/
- http://www.safetynetmedicalhome.org/
- Peak Vista Team-Based Care Success Story Video: https://www.youtube.com/watch?v=NzNyZD8uox0
Understanding and Implementing Foundations of Team-Based Care

Presented by: Taylor Miranda, MPH, Practice Transformation Projects Manager, and Johanna Gelderman, Quality Initiatives Specialist

INTERACTIVE QUESTION

How knowledgeable do you feel about team based care?
- Not at all knowledgeable
- Somewhat knowledgeable
- Knowledgeable
- Pretty knowledgeable
- Completely knowledgeable
INTERACTIVE QUESTION

How many total people are watching this event at your computer (yourself included)?

LEARNING OBJECTIVES

• Identify the 4 foundational building blocks of a high-performing primary care practice.
• Learn how other practices have operationalized the foundational building blocks in their practice.
• Identify opportunities for improvement within the foundational building blocks through self-assessment and group discussion.
WHY TEAM-BASED CARE?

- Better Patient Outcomes
- Improved Staff Satisfaction
- Lower Costs
- Improved Patient Experience

10 BUILDING BLOCKS FOR HIGH-PERFORMING PRIMARY CARE

- Template of the Future
- Prompt Access to Care
- Care Coordination
- Patient-Team Partnership
- Population Management
- Continuity of Care
- Engaged Leadership
- Data-Driven Quality Improvement
- Empanelment
- Team Based Care
A continuous, systematic approach to improving care, based on data, requiring the input of a multi-disciplinary team, and using a formal strategy to test and learn from small cycles of change.

DATA-DRIVEN QUALITY IMPROVEMENT

PARTICIPANT POLL – RATE YOUR PRACTICE

DATA-DRIVEN QI

<table>
<thead>
<tr>
<th>Quality improvement activities are conducted by...</th>
<th>Level D</th>
<th>Level C</th>
<th>Level B</th>
<th>Level A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a centralized committee or department.</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9 10</td>
<td>11 12</td>
</tr>
<tr>
<td>topic specific QI committees.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>all practice teams supported by a QI infrastructure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>practice teams supported by a QI infrastructure with meaningful involvement of patients and families.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

POLL #1
(Level C) Quality improvement activities are conducted by... topic specific QI committees.

- Assess training needs related to QI and act upon results.
- Communicate overall QI strategy and QI methodology (i.e. Model for Improvement).
- Recruit champions for specific conditions or measures.

(Level D) Quality improvement activities are conducted by... a centralized committee or department.

**MOVING FORWARD**

**MODEL FOR IMPROVEMENT**

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act  |  Plan
---  |  ---
Study |  Do
(Level B) Quality improvement activities are conducted by... all practice teams supported by a QI infrastructure.

- Design a system to track and share results of PDSAs for organizational learning.
- Protect time for QI activities.
- Continually evaluate who is participating in QI activities and ensure appropriate staff are included.
- Evaluate reporting capabilities.
- Design and share provider/team data dashboard.

(Level C) Quality improvement activities are conducted by... topic specific QI committees.
**LEVEL A** Quality improvement activities are conducted by practice teams supported by a QI infrastructure with meaningful involvement of patients and families.

- Continually evaluate who is participating in QI activities and ensure appropriate staff AND patients are included.
- Implement formal training strategy for on-boarding new staff.
- Integrate QI strategy and QI methodology into organizational culture.

**LEVEL B** Quality improvement activities are conducted by all practice teams supported by a QI infrastructure.
Continuous improvement!

- Cultivate QI leaders and champions at all levels.
- Standard process for evaluating training needs and acting upon results.
- What technology can help enhance the reporting and sharing of data?
- Is data-drive QI truly part of your organizational culture?

(Level A) Quality improvement activities are conducted by...practice teams supported by a QI infrastructure with meaningful involvement of patients and families.

Matching patients to a PCP and/or care team to improve relationships and continuity of care.
**Panel**: List of patients assigned to the care team, or provider, in a practice.

A care team assumes responsibility for coordinating comprehensive services for his/her panel of patients.

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### PARTICIPANT POLL – RATE YOUR PRACTICE

**EMPANELMENT**

<table>
<thead>
<tr>
<th></th>
<th>Level D</th>
<th>Level C</th>
<th>Level B</th>
<th>Level A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients...</td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>10 11 12</td>
</tr>
<tr>
<td></td>
<td>are not assigned to specific practice panels.</td>
<td>are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes.</td>
<td>are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes.</td>
<td>are assigned to specific practice panels and panel assignments are used for scheduling purposes and are continuously monitored to balance supply and demand.</td>
</tr>
</tbody>
</table>

**POLL #2**

CCHN & CHAMPS 1/24/18
EMPANELMENT
Implementation—Challenges and Successes
Presented by Jenny Fox, Northwest Colorado Health
January 24, 2018

Why Empanel?

For Patients
• Consistency- Goal is for all visits to be with PCP or team member. Consistent care is better care
• Comfort-Patients are more comfortable being cared for by people they know
• Improved Satisfaction-Leads to better patient satisfaction and ultimately better health

For Provider Teams
• Customizable care plans for patients that are familiar to the team
• Registry management and improved quality outcomes
• Consistency-know what to expect
• Workload-panel size is based on factors that allow for a manageable workload.
QUESTION

Where is your clinic at in the empanelment process?

a. Not empaneled at all
b. Partially empaneled (not all patients have been assigned to a provider)
c. Partially or fully empaneled but assignments are not believed to be accurate
d. Fully empaneled

Important Considerations When Starting the Empanelment Process

• Where are you at currently in the empanelment process?
• How will you track PCP information in your EMR?
• What is each provider’s ideal panel capacity?
• What are your clinic’s rules for empaneling new patients?
• Using the 4-Cut method to assign patients to providers
• What are your goals for empanelment and continuity and how will they be tracked?
Where is your clinic at currently in the empanelment process?

We were a bit of a mess when we got started—some of our patients were empaneled but we didn’t feel confident in their accuracy. Needed to do some research and set some guidelines!

How will you track PCP information in your EMR?

Throughout the years different staff members had used our EMR in inconsistent ways. We needed to make a decision and have everyone be consistent with documentation.
What is each provider’s ideal panel capacity?

Starting point: 1200 patients per 1.0 FTE with weighting for age
This wasn’t working for our providers—some providers we expected to be full were not and vice versa.

Our practice is small enough and our providers see a diverse set of patients so it made sense to calculate each provider’s panel capacity individually.

Panel Capacity = \frac{\text{Average Number of Available Appointments}}{\text{Average Number of Visits per Patient}}

Using the 4-Cut Method

<table>
<thead>
<tr>
<th>Cut</th>
<th>Patient Description</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Patients who have only seen one provider in the past year</td>
<td>Sole provider seen</td>
</tr>
<tr>
<td>2</td>
<td>Patients who have seen multiple providers but one provider the majority of the time</td>
<td>Majority provider</td>
</tr>
<tr>
<td>3</td>
<td>Patients who have seen two or more providers equally</td>
<td>Provider who performed the last physical</td>
</tr>
<tr>
<td>4</td>
<td>Patients who have seen multiple providers without a majority</td>
<td>Last provider seen</td>
</tr>
</tbody>
</table>
Guidelines for Empaneling New Patients

• All of our medical providers except our very part-time (0.2 FTE) and per diem providers would hold patient panels
• Patients would be considered active for an 18 month look-back period
• The task of empaneling new patients would be handled by our front line staff
• Overview of our empanelment “rules”:
  a. If patient sees a provider that has an open panel, partner the patient with that provider
  b. If patient sees a provider with a full panel or a provider that doesn’t hold a panel, partner the patient with another provider that’s on the same team as provider seen
  c. If patient sees a provider that’s on a team that is completely full, partner the patient to the provider at that location with the least full panel.
  d. Explain to patient that they have been partnered with a PCP and give designated team welcome packet
• Changing of PCP
  • Change can be initiated by patient or provider
  • Both the old and new provider need to approve the change
  • Patient should be notified of change

What are your goals for empanelment and continuity and how will they be tracked?

After looking at baseline data we decided to create some goals around empanelment. This would help us maintain and improve empanelment within our clinics.

• Maintain > 95% patient empanelment for active patients
• Achieve >70% provider continuity (12 month look back)
• Achieve >80% team continuity (12 month look back)
Maintaining Empanelment

Yay your empaneled! Now what?

Panel Management

- We designated a panel manager
- Panel manager runs weekly report to ensure new patients are empaneled and partnered with correct provider
- Panel manager runs monthly reports on provider panels and provider/team continuity and shares with the clinic
- Panel manager performs annual panel cleanup based on 4-Cut method (or more frequently if provider leaves or FTE changes)
- Provider panel capacity is calculated annually or whenever FTE changes occur
Monthly Reports

Provider Panels Jan 2018

<table>
<thead>
<tr>
<th>Location</th>
<th>Provider</th>
<th>Patients</th>
<th>Panel Size</th>
<th>% Full</th>
<th>Panel Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Craig</td>
<td>Provider 1</td>
<td>327</td>
<td>301</td>
<td>109%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 2</td>
<td>404</td>
<td>438</td>
<td>93%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 3</td>
<td>315</td>
<td>349</td>
<td>90%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 4</td>
<td>919</td>
<td>1120</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provider 5</td>
<td>211</td>
<td>208</td>
<td>105%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 6</td>
<td>452</td>
<td>515</td>
<td>98%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 7</td>
<td>545</td>
<td>655</td>
<td>83%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td>Craig Total</td>
<td></td>
<td>3092</td>
<td>3387</td>
<td>91%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Provider</th>
<th>Patients</th>
<th>Panel Size</th>
<th>% Full</th>
<th>Panel Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steamboat</td>
<td>Provider 1</td>
<td>618</td>
<td>750</td>
<td>82%</td>
<td>Panel Closed</td>
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<tr>
<td></td>
<td>Provider 2</td>
<td>61</td>
<td>29</td>
<td>210%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 3</td>
<td>550</td>
<td>639</td>
<td>86%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 4</td>
<td>502</td>
<td>659</td>
<td>76%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 5</td>
<td>602</td>
<td>669</td>
<td>90%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 6</td>
<td>717</td>
<td>1120</td>
<td>65%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td></td>
<td>Provider 7</td>
<td>717</td>
<td>1120</td>
<td>65%</td>
<td>Panel Closed</td>
</tr>
<tr>
<td>Steamboat Total</td>
<td></td>
<td>2500</td>
<td>3207</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>5592</td>
<td>6594</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>

Provider/Team Continuity through December 2017

GOALS

Providers: 70% or greater continuity
Teams: 80% or greater continuity

<table>
<thead>
<tr>
<th>Location</th>
<th>CHC - Moffat</th>
<th>Provider Continuity</th>
<th>Team Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moffat</td>
<td>Provider 1</td>
<td>75%</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>Provider 2</td>
<td>77%</td>
<td>82%</td>
</tr>
<tr>
<td></td>
<td>Provider 3</td>
<td>46%</td>
<td>62%</td>
</tr>
<tr>
<td></td>
<td>Provider 4</td>
<td>78%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>Provider 5</td>
<td>70%</td>
<td>84%</td>
</tr>
<tr>
<td></td>
<td>Provider 6</td>
<td>72%</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>Provider 7</td>
<td>61%</td>
<td>79%</td>
</tr>
<tr>
<td>Moffat Average</td>
<td></td>
<td>68%</td>
<td>78%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>CHC - Routt</th>
<th>Provider Continuity</th>
<th>Team Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routt</td>
<td>Provider 1</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td></td>
<td>Provider 2</td>
<td>50%</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>Provider 3</td>
<td>53%</td>
<td>70%</td>
</tr>
<tr>
<td></td>
<td>Provider 5</td>
<td>69%</td>
<td>83%</td>
</tr>
<tr>
<td></td>
<td>Provider 7</td>
<td>72%</td>
<td>89%</td>
</tr>
<tr>
<td>Routt Average</td>
<td></td>
<td>65%</td>
<td>80%</td>
</tr>
</tbody>
</table>

QUESTION

The Biggest challenge our clinic faces in regards to empanelment is_______.
Challenges

• Making sure panel assignments are done correctly and in real time
• Getting patients and staff to understand the concepts and benefits of empanelment—culture shift
• Most of our providers work in both clinic locations so continuity can be challenging
• How to stay on top of patients that are inactive (haven’t been seen in > 18 months)
• Handling over-paneled providers

Thank you!
Leaders visibly support teams to try to new ways of working by providing: time, resources, and training.

Engaged Leadership

Template of the Future

Prompt Access to Care
Care Coordination
Patient-Team Partnership
Population Management
Continuity of Care
Data-Driven Quality Improvement
Empanelment
Team Based Care

CCHN & CHAMPS 1/24/18

PARTICIPANT POLL – RATE YOUR PRACTICE

ENGAGED LEADERSHIP

<table>
<thead>
<tr>
<th></th>
<th>Level D</th>
<th>Level C</th>
<th>Level B</th>
<th>Level A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>10 11 12</td>
</tr>
<tr>
<td>Executive leaders...</td>
<td>are focused on short-term business priorities.</td>
<td>visibly support and create an infrastructure for quality improvement, but do not commit resources.</td>
<td>allocate resources and actively reward quality improvement initiatives.</td>
<td>support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement and spread quality improvement initiatives.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Level D</th>
<th>Level C</th>
<th>Level B</th>
<th>Level A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>10 11 12</td>
</tr>
<tr>
<td>Clinical leaders...</td>
<td>intermittently focus on improving quality.</td>
<td>have developed a vision for quality improvement, but no consistent process for getting there.</td>
<td>are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving.</td>
<td>consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes, and provide time, training, and resources to accomplish the work.</td>
</tr>
</tbody>
</table>

POLL #3
MAKE THE CASE FOR TBC

- Team-Based Care can:
  - Improve staff satisfaction and retention
  - Enhance patient satisfaction and loyalty
  - Position clinics to capture pay-for-performance and quality improvement bonuses
  - Streamline workflow and maximize the use of staff
  - Improve efficiency

TEAMWORK

Optimizing team-based care by clearly defining roles and building mutual trust and effective communication among team members.
### PARTICIPANT POLL – RATE YOUR PRACTICE

#### TEAMWORK

<table>
<thead>
<tr>
<th></th>
<th>Level D</th>
<th>Level C</th>
<th>Level B</th>
<th>Level A</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>1 2 3</td>
<td>4 5 6</td>
<td>7 8 9</td>
<td>10 11 12</td>
</tr>
<tr>
<td><strong>Staff other than Primary Care Providers…</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>play a limited role in providing clinical care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>are primarily tasked with managing patient flow and triage.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>provide some clinical services such as assessment or self-management support.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>perform key clinical service roles that match their abilities and credentials.</td>
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<td></td>
</tr>
</tbody>
</table>

**POLL #4**

CCHN & CHAMPS 1/24/18
(Level C) Staff other than PCPs... are primarily tasked with managing patient flow and triage.

- Develop clear roles and responsibilities for each team member; ensure everyone is aware of expectations.
- Implement daily huddles (pre-visit planning).
- Protect time for team communication, sharing knowledge, and problem-solving.

(Level D) Staff other than PCPs... play a limited role in providing clinical care.

MOVING FORWARD

- Evaluate training needs and act upon results.
- Continue to reevaluate roles and responsibilities as they are shifted among team members.
- Create shared goals.

(Level B) Staff other than PCPs... provide some clinical services such as assessments or self-management support.

(Level C) Staff other than PCPs... are primarily tasked with managing patient flow and triage.
### Team Planning

<table>
<thead>
<tr>
<th>RESPONSIBILITY / TASK</th>
<th>ROLE - Current</th>
<th>ROLE - Future</th>
<th>WHEN IN VISIT CYCLE</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-in patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verify and update insurance information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verify and update demographic information (address, phone, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verify and update PCP selection</td>
<td>RN</td>
<td>LPN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Print summary lists (meds, dx, allergy); give to patient to review</td>
<td>MA</td>
<td>LPN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verify and update missing preventive / chronic care services</td>
<td>Provider</td>
<td>Front Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track and follow up on lab &amp; imaging results</td>
<td>LPN</td>
<td>LPN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify patient of normal results</td>
<td>Front Office</td>
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<tr>
<td>Notify patient of abnormal results</td>
<td>Pharmacist</td>
<td>RN</td>
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<tr>
<td>Track and follow up on completion of referral visits, tests &amp; procedures</td>
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<tr>
<td>Receive/review reports or other communications from facilities notifying practice of service provided to patients</td>
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<tr>
<td>Obtain notes from facilities – inpatient or rehab, emergency department, urgent care centers</td>
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</table>

(Level A) Staff other than PCPs... perform key clinical service roles that match their abilities and credentials.

- Continue to evaluate training needs to ensure staff are able to work to the top of their scope/credentials.
- Measure and improve teamwork processes and training.
- Use standing orders.

(Level B) Staff other than PCPs... provide some clinical services such as assessments or self-management support.

MOVING FORWARD

Continuous improvement!

- Is there a standard training curriculum of on-going new staff into a team-based model?
- What technology can help make the pre-visit planning process more efficient?
- Are staff empowered to contribute to the team and participate in QI activities?

(Level A) Staff other than PCPs... perform key clinical service roles that match their abilities and credentials.
10 BUILDING BLOCKS FOR HIGH-PERFORMING PRIMARY CARE

- Engaged Leadership
- Data-Driven Quality Improvement
- Empanelment
- Team Based Care
- Patient-Team Partnership
- Population Management
- Continuity of Care
- Prompt Access to Care
- Care Coordination
- Template of the Future

RESOURCES

- http://improvingprimarycare.org/
- http://www.safetynetmedicalhome.org/
THANK YOU FOR YOUR TIME

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THANK YOU FOR JOINING US!

Your opinions are very important to us.

Please complete the Evaluation for this event. Those attending the entire event and completing the Evaluation questions will receive a Certificate of Participation.

Each person should fill out their own Evaluation Survey.

Please refer to the SurveyMonkey link provided under the “Handouts” tab of the online event. The same link was provided in the reminder email sent out in advance of the event, and will be included in a follow-up email to those logging onto the live event. Please pass the link along to others viewing the event around a shared computer.

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