

Patient Care Teams: Transforming the Primary Care Practice

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Hosted by:
Community Health Association of Mountain/Plains States

**Wednesday,
June 5, 2013**

11:30AM-1:00PM
Mountain Time

12:30-2:00PM
Central Time





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POLL

Which title best fits your role at your organization?



POLL

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



Objectives

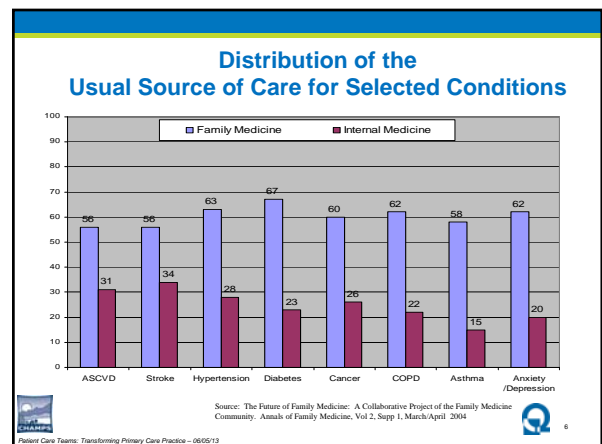
- Understand the integral role of Leadership in the transformation to PCMH Team Based Care
- Identify key roles and responsibilities of each team member and how to develop workflows to support PCMH.
- Understand how the enhanced role of the Medical Assistant enables the provider to fully engage in patient-centered care.
- Discover techniques to sustain the change of team-based care.

Challenges in Primary Care

- Delivering all evidence-based guidelines for preventive and chronic disease care has been estimated to take 18 hours a day for an average sized patient panel (Yarnall et al 2009; Alexander et al 2005)
- Most physicians only deliver 55% of recommended care, 42% report not having enough time with their patients (Center for Studying Health System Change 2008; Bodenheimer & Laing 2007)
- Providers are spending 13% of their day in care coordination and only using their medical knowledge 50% of the time. (Gottschalk 2005; Margolis & Bodenheimer 2010)
- Patient care is fragmented and patients are dissatisfied with the level of attention they receive in primary care (Bodenheimer 2008)



Patient Care Teams: The New Way

- Teams place the **patient** at the center of staff attention--
--the provider is no longer the center
- Teams know their panel of patients and take ownership of their care
- The work of care delivery is distributed to team members according to level of training, competence and legal scope of practice
- The team works together to improve efficiency, clinical quality outcomes, and patient experience of care



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7

What does a Patient Care Team look like?

- Defined -- a group of people working together toward a common goal.
- High functioning teams demonstrate the following characteristics:
 - Flattened hierarchy
 - Shared mental model
 - Clear roles and responsibilities
 - Effective communications
 - Conflict resolution skills



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8

Imagine a High Functioning Clinical Team

- Providers assess, diagnose and treat, always doing something that requires their clinical knowledge.
- Nursing role is re-established
 - Clinical expertise, leadership and educating becomes their focus, extending their reach
- The MA/LPN role is enhanced
 - Using standards and training provided by providers and RN's, they function more independently and enhance team delivery
- Upward mobility strategy
 - **Opportunities for stars to shine!**



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9

NCQA PCMH 1G: The Practice Team

The practice uses a team to provide a range of patient care services by:

1. Defining roles for clinical and nonclinical team members
2. Having regular meetings or a structured communication process
3. Using standing orders for services
4. Training and assigning care teams to coordinate care for individual patients
5. Training and assigning care teams to support patients and families in self-management, self-efficacy and behavior change
6. Training and assigning care teams for patient population management
7. Training and designating care team members in communication skills
8. Involving care team staff in the practice's performance evaluation and quality improvement activities



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10

What does it take to get to Team-Based care?



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11

A Culture of Learning and Growth

- Acknowledge that it is common to feel uncomfortable with new tasks
- Make it "safe" to ask questions to encourage a culture of shared responsibility for continuous quality improvement.
- Measure and reward accomplishments – publicly and privately to encourage growth
- Encourage everyone to recognize and acknowledge small and great successes!



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12

A Culture of Open Communication

Executive and clinic leadership should:

- Create opportunities for shared information – meetings, 1:1, emails, posters....
- Communicate early and often
- Be visible at the clinics. Do “rounds”. Use staff names and talk to them about PCMH and teamwork.
- Ask for their ideas and opinions.
- Acknowledge and respect each person’s contribution
- Find out who is engaged, not engaged and actively disengaged and follow up to improve.



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A Culture of Support

Leaders should be prepared to:

- Guide the team through the journey
- Provide reassurance
- Be the cheerleader when needed
- Drive (or nudge) the change forward
- Stay involved so you will see when potential and real barriers arise.
- Recognize when something isn’t working and discuss alternative options with the team.



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Engagement is the Key

- **Engaged** team members work with passion.
- **Not-Engaged** team members do the work expected of them, but do not put in extra effort.
- **Actively Disengaged** team members aren’t just unhappy, but are spreading their unhappiness to other staff.



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Benefits of Employee Engagement

- Staff
 - Are loyal – lower turnover
 - Excited about work, high morale, better teamwork.. with a desire to create a positive experience for patients
- Patients
 - Perceive that they are receiving higher quality care
 - Increased satisfaction leading to customer loyalty
 - More likely to be active partners in their care
- Clinic
 - Return patients and referral of new patients
 - Improved patient outcomes
 - Improved productivity with increased cost savings
 - Financially secure and successful



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What’s in it for staff?

- Fewer unplanned events
- Evenly distributed workload
- Organized and orderly workflow
- Being recognized for contributions – acknowledgement by leadership and peers.
- The opportunity to learn new skills
- Having the skills and resources to do the job
- Higher patient satisfaction; fewer patient complaints



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What makes a team successful?



- Care organized through daily huddles
- Brief, frequent meetings to review and plan PDSA cycles
- Continuous attention to improvement eventually becomes part of the care team’s thought process, culture and daily work
- Regular communication with leadership to discuss successes and barriers



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POLL



How many of you are using huddles, and are your providers present in the huddles?

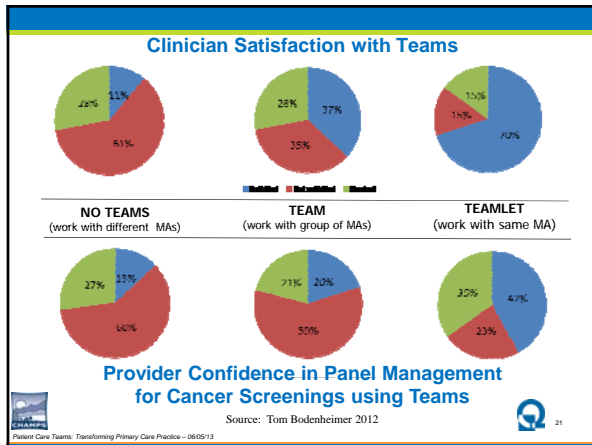
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POLL

If you are using huddles, how frequently?






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POLL

Do any of you sense that your providers lack confidence in the skills/abilities of their clinical support staff (MA, LPN, others)?

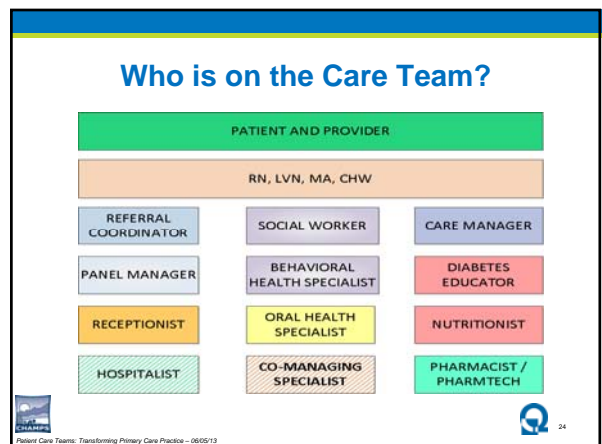



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Roles and Responsibilities






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Standardized Work = “Gold Standard” Work

- Allows work to be done the best way every time
- Ensures the highest quality of work
- The foundation from which improvements may be made and sustained
- Assists with training
- Identifies responsible person and the expected time for completion of every task





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Re-Evaluate Workflows


Identify best practices and standardize work based on continuous quality improvement:

- Flow charting processes for new workflows
- Cycle Time studies
- PDSA Cycles
- Process and outcomes data by PCP/care team




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Use Stages of the Care Cycle to Define Team Member Roles and Responsibilities




- Before the Visit**
 - Scheduling
 - Pre-Visit Planning
 - Team Huddle
- During the Visit**
 - Rooming
 - Exam / Assessment
 - Treatment Goals
 - Self Management Support
- In-between Visits**
 - Nurse follow-up
 - Care Management
 - Support for care transitions
 - Population Mgmt / outreach
- After the Visit**
 - Referrals
 - Lab/imaging studies
 - Education / Support



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Provider Role – beyond clinical care

- Will learn to use evidenced-based care processes, including intentional focus on data
- Will understand and work to standards of care, review data, and receive feedback
- Will understand the training protocols for support staff, will participate in evaluation of core competencies, and will become comfortable delegating tasks
- Will be involved in development of workflows, offering ideas, opinions, and concerns; will have “ownership”
- Will be accountable for implementation and sustainability of processes and workflows for the care team



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RN Role

The expertise and license of an RN can provide strong support to patients, providers and staff:

- RN Care Manager
- Patient educator
- Staff orientation and training
- Verification of clinical skills competencies
- Clinical Policy and Procedure development
- Triage via phone and for walk-in patients
- Supervises clinical support staff (if permitted by law)
- Committee chair (clinic operations, CQI, health education)




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The Enhanced Medical Assistant Role

Team Partner, Care Coordinator, Health Coach






- Allows team members to function at their highest level
- Provides trusting relationships with patients, practice advice on self management when cultural background is shared
- Improves job satisfaction, potential for upward mobility, and retention of excellent staff



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Examples of General Standing Orders

- Lab testing
 - Pregnancy test, Rapid Strep
 - Random glucose (fingerstick)
 - In-house HbA1C
- Well Child Check procedures
 - Hearing and vision screenings
 - Lead tests
- Immunizations
 - Childhood
 - Flu, pneumovax








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Examples of Disease-Based Standing Orders

Disease Management protocols



- Diabetes (i.e. A1c, lipid panel, Microalbumin...)
- Hypertension(i.e. Lipid panel, BMP...)
- Asthma
- Depression

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What other examples of standing orders are you using?

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Teams in an EHR World



- 2 major unintended negative consequences of the EMR:
 - Physicians are awash in unorganized data
 - Physicians are doing a tremendous amount of data gathering and data entry
- The Enhanced MA role:
 - Moves data entry to the MA
 - Now a full partner in data gathering
 - Allows development of clinical skills through close communication with the provider

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MA and Administrative Responsibilities

- Receives population management reports, reviews with Care Team / Care Manager, and conducts patient outreach
- Conducts patient check-out (prints visit summary, care plan, education, self management tools according to standards or as directed)
- Performs Referral Management for the care team
- Follows up with patients who have missed important appointments
- Is an Active participant in pre-visit planning and huddles
- Develops a relationship with patients as well as the clinical team

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Required Leadership Support






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Invest in provider leadership skills


Provide training as provider-centered care is shifted to a team approach

What	Why
Leadership Training	To enable provider to effectively lead the care team and initiate, collaborate, implement and sustain change
Patient engagement	To acknowledge the patient as an active partner in care
EHR training	Initial and advanced
Support staff core competencies	To enable mentoring, evaluation of competencies and staff development

CHAMPS  37

Invest in the Patient Care Team


- Ensure sufficient number and type of staff
- Clarify expectations through written:
 - Job descriptions
 - Policies and procedures
 - Workflows, standing orders
- Provide training to ensure staff have the skills to meet job expectations
 - Orientation
 - Competency-based training
- Change Management
- Team-based care training

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Invest in Technology


Always involve the team in planning for technology design and use!


- EMR customization for evidence based care, POC reminders, care plans, patient education, patient portals or interactive website.
- Patient registry (if unavailable from EHR)
- Lab and imaging interfaces/tracking systems,
- Automated phone systems.

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Recognize and Empower Patient Care Teams as Transformers


- Align Team Vision to meet PCMH Goals
 - Patient Flow Processes
 - Clinical Outcomes
 - Clinic Culture
- Discover
 - Understand the situation in detail
 - Generate options for action
- Facilitate Action
- Monitor Results
- Repeat



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Ensure Protected Time


- Allow time for planning and implementation of the Team-Based care model
 - Defining roles
 - Establishing guidelines/protocols
 - Revising policies and job descriptions
 - Developing training programs
 - Delivering initial training
- Allow time for sustaining the model
 - Huddles, staff meetings, pre visit planning
 - Continuing education
 - Measurement and improvement initiatives

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Develop the Infrastructure

Develop documentation to support team-based care:



- Revise job description
- Performance evaluation tool with defined PCMH responsibilities
- Competency checklists
- Training program description (teach skills, workflows, communication, conflict management)
- Clinical evidence based guidelines
- Standing orders
- Standards for medical record/EMR documentation
- Simple, easy-to-follow workflows

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A Successful Approach for Defining Team Roles

Optimizing the Care Team Exercise

1. Evaluating the Care Team's Current Work Activity
2. Redistribution of Work Activity
3. Identifying Barriers





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Questions?

THANK YOU!!!

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