

# ECHO Diabetes

## Patient-Centered Team Based Care

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## Pre-Question - which two options are correct?

- Team-Based Care

- A. Is only possible if your clinic has integrated behavioral health
- B. Is beneficial for patients but can increase dissatisfaction for staff & providers
- C. Can help improve outcomes for people with diabetes
- D. Can improve clinic workflow and job satisfaction for staff & providers

- A & B
- A & C
- A & D
- B & C
- B & D
- C & D

# Fragmented Care



- Fragmented care occurs when we practice in silos of care with poor communication between the silos.
- Harms and costs of Fragmented Care
  - missed care
  - duplicative services
  - medication errors
  - poor clinical outcomes & quality of care
  - increased costs
  - patient confusion & dissatisfaction
  - clinician/care team frustration & wasted time

*“driven by a ‘silo approach’ to healthcare consistent with the **isolationist history and professional culture**”*

# Professional Culture – Embedded in Tradition of “Solo Hero”

## The Solo Silo Tradition

- Mindset/mental model of “soloist hero” (*physician-centered care model*)
  - Self-sufficient
  - Special Knowledge
  - Self-regulating
  - Prerogative (exclusive privilege)
- Lack of cohesion (all in it together) > in it all alone (*isolation*)
- “Competing Silos”
- Fragmentation - No system for coordinating, connecting, sharing care
- Overburdened



**Siloed – *isolated* from others**



**Isolation increases risk of  
dissatisfaction  
& burnout and distress**

# The Solution = Working Together (effectively)

## Isolation → Cohesion

- Silos of care & care fragmentation can occur *between* practices – but also *within* practices & clinics (*silos within silos*)
- To help improve connected, coordinated & patient-centered care we will focus on
  - Optimizing the Referral Request (July 13)
  - **Optimizing Team-Based Care** (today)



# Studies Show Team-Based Care results in Improved Outcomes for People with Diabetes

[Team-Based Care to Improve Diabetes Management: A Community Guide Meta-analysis - PubMed \(nih.gov\)](#)

- The Community Preventive Services Task Force recommends team-based care to control type 2 diabetes.
  - The finding is based on strong evidence of effectiveness for improving patients' **blood glucose (measured using A1c levels), blood pressure, and lipid levels.**
  - Team-based care also increases the proportion of patients who reach target blood glucose, blood pressure, and lipid levels.

<https://sma.org/southern-medical-journal/article/outcomes-in-an-interdisciplinary-diabetes-clinic-in-rural-primary-care/>

- Team Approach Proves Effective
  - Overall, 86% of patients showed a reduction in HbA1c levels at follow-up & two-thirds of these patients reported improvements in self-care knowledge.
  - The authors said their findings indicated that an interdisciplinary team-based approach to diabetes management not only demonstrated sustained **reductions in HbA1c** over a period of 18 months, but they also produced a lasting effect on **patient self-care and knowledge** and showed that the model could succeed in a rural primary care setting. Widespread use of the model, they speculated, "**could have a dramatic impact on complication rates and subsequent health care costs**" related to diabetes.

# The Problem

There is a lot to do – maybe too much

Many demands

Many expectations

Many needs



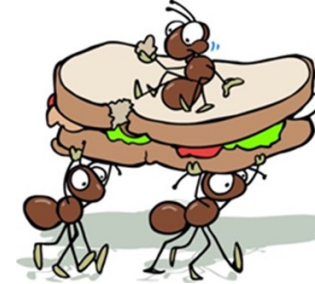
Patients slip through the cracks

You slip towards burnout

“...the extreme complexity of medicine has become more than an individual clinician can handle. But not more than teams...can handle. Atul Gawande

# Helpful Intervention

## Team Based Care



Evidence for

- Better Patient Outcomes (quality & safety)
- More cost effectiveness (reduced ED & hospital admissions)
- Improved clinician & staff well-being

"Alone, we can do so little; together we can do so much." Helen Keller

# What is Team-Based Care?

- Hiring a bunch more staff?
- Sacrificing the physician-patient relationship?
- Assembly-line medicine?

Team-based care is a *collaborative* system in which team members *share responsibilities* to achieve high-quality and efficient patient care.

AMA STEPS Forward

“the primary goal of medical teamwork is to optimize the timely and effective use of information, skills, and resources by teams of health care professionals for the purpose of enhancing the quality and safety of patient care”

Agency for Healthcare Research in Quality (AHRQ)





# First Necessary Step...

- Need to think and operate like a team

## **GROUPS vs TEAMS**

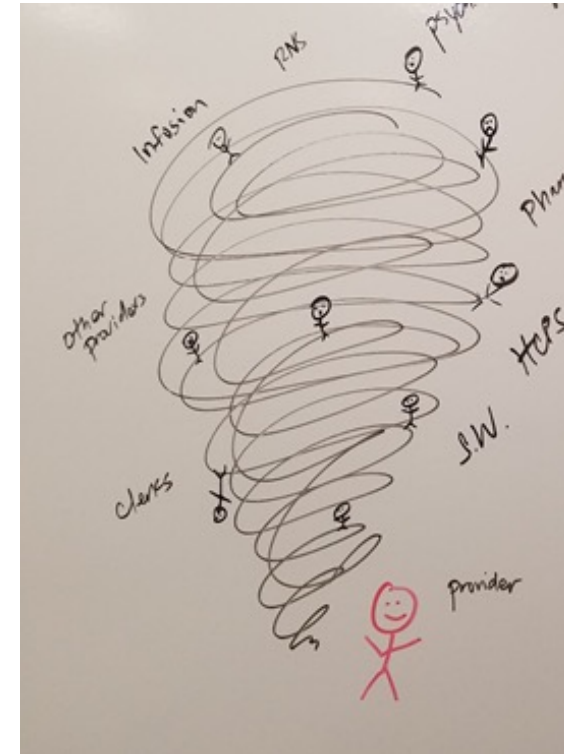
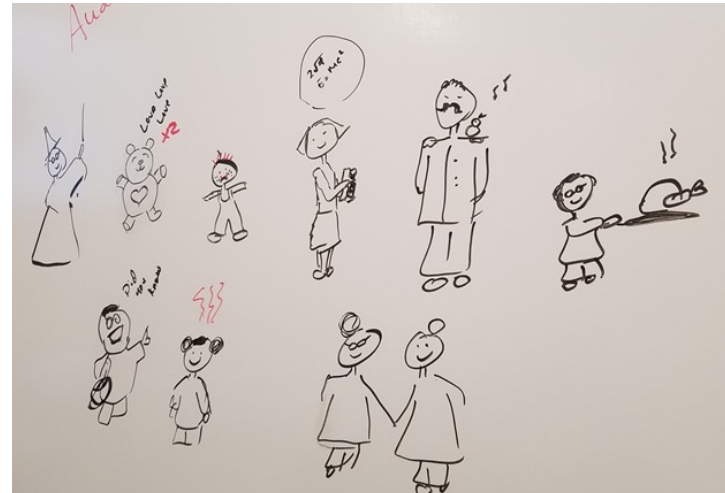
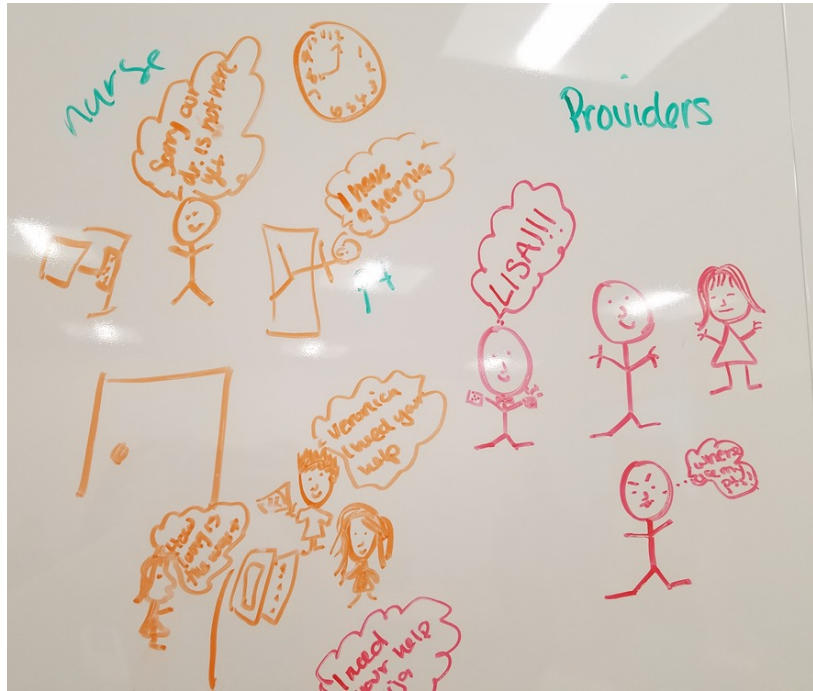
ALL TEAMS ARE GROUP, but Not All GROUPS ARE TEAMS.

GROUP is *characterized by individual self-interest.*  
GROUP is *simply collection of people working together.*

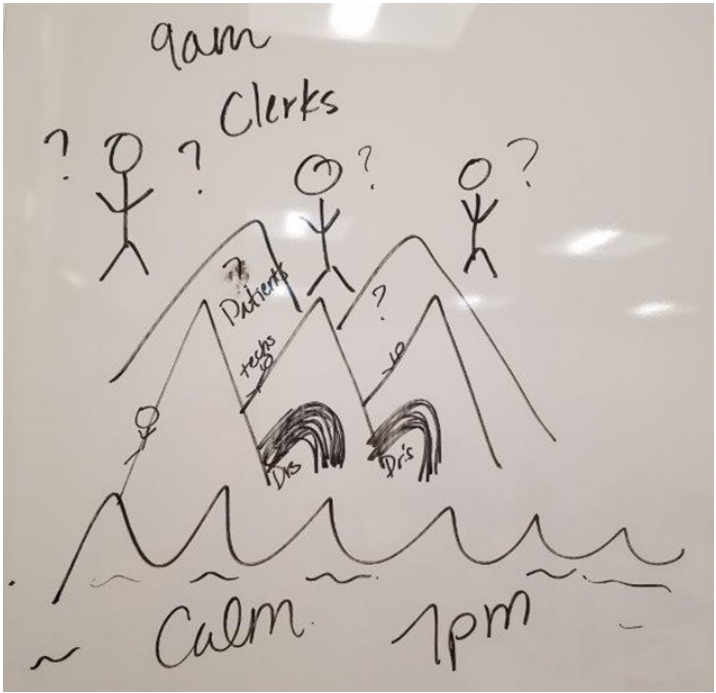
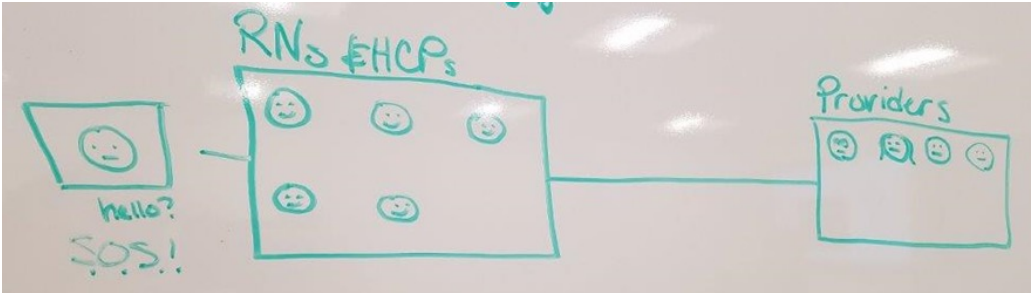
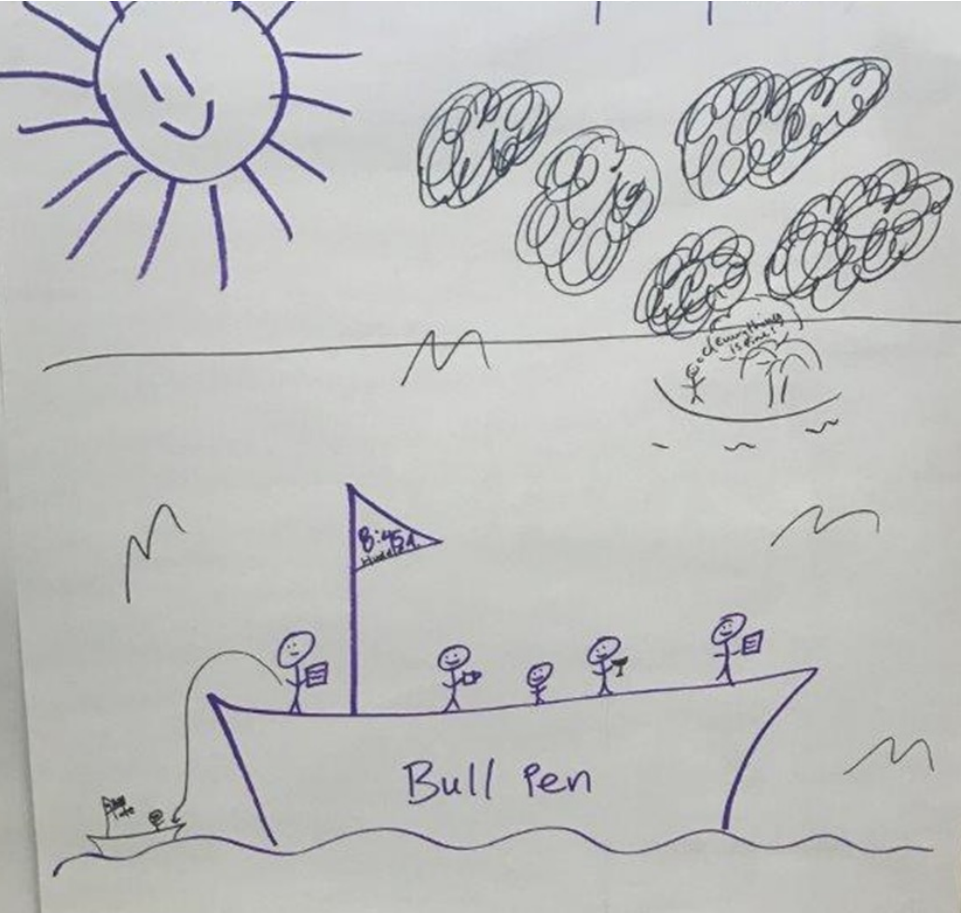
A TEAM is *a unit of interdependent individuals with complimentary skills who are committed to a common purpose and set of performance goals and to common expectations, for which they hold themselves accountable*



# Team Based Care – “what is your team like?”

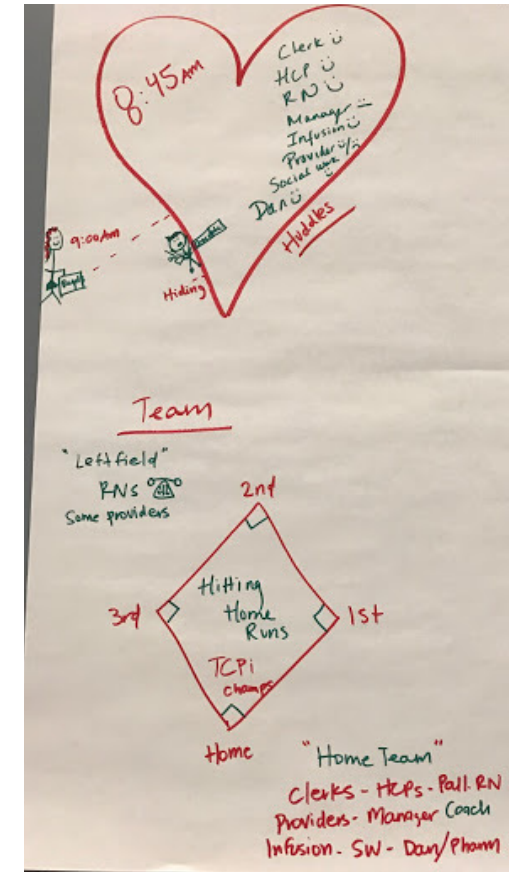
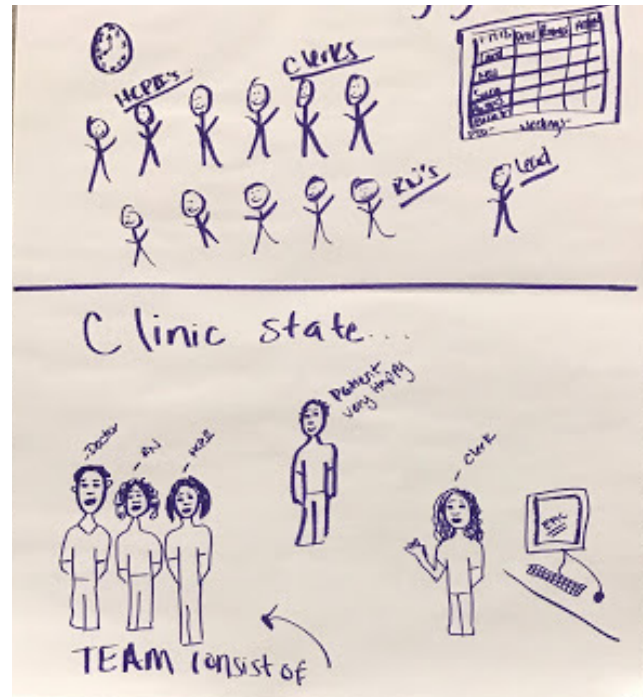


# Is everyone on board – or are there differing perceptions?



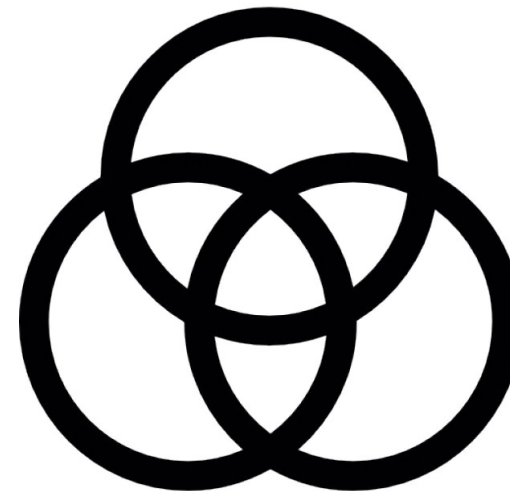


# Or... Team members communicate well with one another and act like a single, coordinated entity – "coherence" of a care team



# Key Factors in Implementing Team-Based Care

- Mindset – Culture
- Defined Roles & Responsibilities
  - Everyone working at the top of their license/skill set
  - Perspectives of entire team
    - Who does it now and who should do it
    - Optimize workflows – remove unnecessary or wasteful steps
- Policies & Procedures
  - Standing orders/protocols
  - Huddles
- Working as a Team
  - Focus on meeting patient needs



**Key Element: A mental model (mindset, culture) shift from staff doing tasks in support of the physician → to everyone having a Role & Responsibilities in care of the patient**

**“physician with helpers”**



**“we take care of patients”**



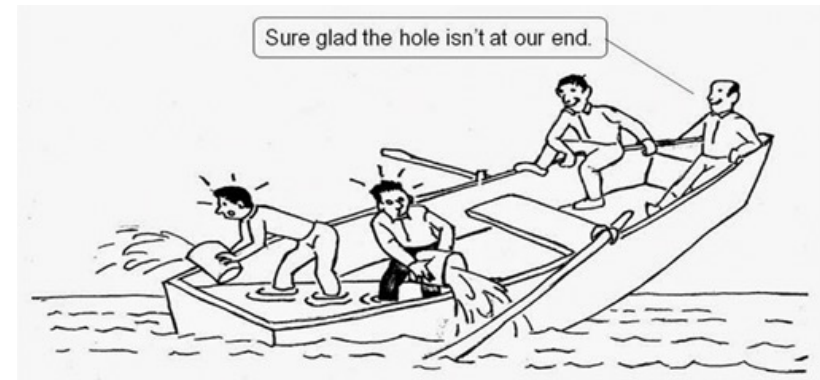
**“the physician takes care of patients and hires some people to help her/him.”**

- **Shared accountability**
  - Team members have defined roles & responsibilities
  - Distribution of care appropriate to the scope of practice (“top of license”)
- The “job” of team members is to take care of the patient (not the physician)

# Culture Change: Patient-Centered Team Care for *Our* Patients



- Create a culture that is patient (person)-centric rather than task-oriented.
- The whole team focuses on providing care to patients, changing the practice culture from one that refers to “my patient” to one that shares “our patient”.
- In the team-based care model, patient-care responsibilities are shared among members of a team, which enables physicians and care team members to better connect with their patients.
  - Quality, efficiency, and productivity should increase, and taking care of patients should become fun again.
- The practice culture is one where everyone works together to care for patients; you would never hear someone say, “*That's not my job,*” when a patient needed them.
  - Recognize That Role Flexibility Is Part of Practice Culture



# Members of the Care Team

- Team members include:
  - Physicians
  - Nurse Practitioners
  - Physician Assistants
  - Nurses
  - Medical assistants
  - Front desk staff
  - Other practice-specific team members such as pharmacists, behavioral health specialists, social workers, physical therapists, dieticians, diabetes educators, care coordinators, community health workers, etc.
- Small clinic – maybe a physician, medical assistant (MA) & front desk staff
- Large clinic – expanded team
  - Might also have individual “teamlets” (clinician & MA) or (physician, NP/PA & MA) (good to include front desk staff) within the expanded team



# Defined Roles & Responsibilities

- Everyone working at the top of their license/skill set
  - The key to success and efficacy of workflow is knowing what each team member's role is.
    - It is important to outline exactly what each person is responsible for; for example, who provides diabetes education, who makes a diagnosis, who manages medications, who handles the referrals, does triage, works the call-back line, etc.
    - Perspectives of entire team
      - Who does it now and who should do it
  - Team members coordinate responsibilities – this collaboration helps improve workflow efficiency, quality of care, access to care & patient satisfaction –
    - Everyone should be aware of their individual responsibilities and be prepared to collaborate with other team members to meet each patient's needs.
    - Working as a team allows each practitioner to work to the highest level of their license.
      - Physicians are better able to connect with patients & remain focused on their primary tasks (diagnosis, determine treatment plan, coordinate with other professionals, etc.)
      - Possible “co-visit” with clinician & MA - expanded rooming, share the visit (help with templates, order entry, etc. – able to help reinforce care plan), discharge & between visit activities
    - Be open to removing less critical activities and waste (unnecessary steps, etc. – process map can sometimes help) – to allow time for more beneficial activities

# Roles & Responsibilities - Perspectives of the Entire Team:

Who does it now and who should do it?

Example – optimize team member roles

- Role of CDCES (Certified Diabetes Care & Education Specialists)
  - PharmD, RN, RD, NP – key role in diabetes education & management
    - Shared-decision making process, motivational interviewing
    - Ensuring understanding & skill set
    - Follow-up care
- In some clinic situations,
  - Assist from Medical Assistant, LPN
    - Foot exam (standing order: perform & record exam – not interpret the results)
    - Teach self-foot-care (scripted)
  - Assist from front desk staff
    - Give patient cup for urine collection for UACR at check-in (gap analysis)

# Doing the Day's Work Together

## Care teams need to function as coherent units

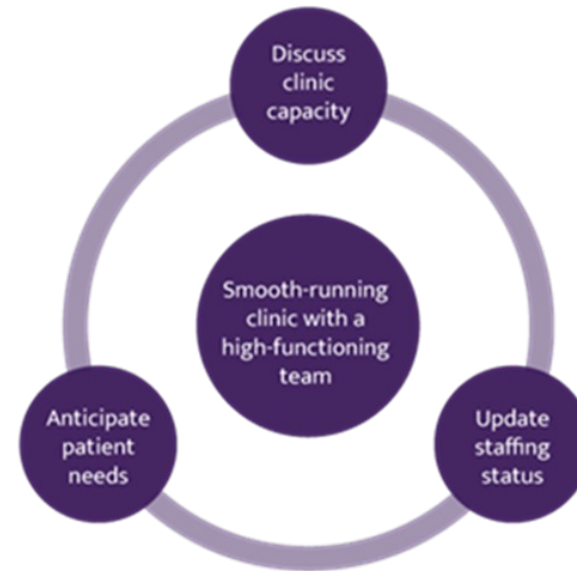
### A good place to start – Daily Team Huddles



- A Hub for Team Communication
  - The huddle is a regular, brief, structured meeting designed to foster communication among members of a health care team to address planning and coordination to improve clinical workflows & to identify resources to meet patient needs.
- A huddle is a tool to quickly communicate about patients and the flow of that day's clinic session.
  - Daily huddles last 15 minutes or less and focus on the day's action plan and any necessary adjustments to the day's workflow.
  - The goals of a huddle are to increase practice efficiency and effectiveness and enhance teamwork by anticipating patient and team member needs for the day
  - Huddles work because they elicit a pattern of practice-level thinking - everyone begins to think as a team, *proactively instead of reactively*.
  - Different than a Debriefing Huddle or Team Meeting

# What do you do in a Huddle?

- Helpful to use a checklist or template to keep the conversation concise and focused. [10.1001stepsforward.2017.0002supp2\\_1678294881.92975.docx \(live.com\)](#)
- Things to cover during the team huddle include:
  - Clinic capacity for the day (number of overbooked slots or busy times, same-day openings still available, canceled appointments, patients needing urgent appointments, etc.)
  - Staffing levels and staff absences for the day
  - Patient needs for the day, such as:
    - referrals for behavioral health
    - pharmacy consults
    - diabetes education
    - case management
    - interpreter services
    - outside records
    - procedure setups or other rooming needs (wheelchair, family, etc.)



# Preparing to Huddle

- Set Logistics and Expectations
  - To achieve an effective team huddle, involve the right team members, set an agenda, determine a convenient location, and schedule a time that works well for everyone.
  - Ideally, team huddles should include all team members who are part of daily practice operations
    - Including all team members adds more focus on patient needs and clinic flow discussions.
- It is crucial to identify a huddle leader
  - The primary responsibility of the huddle leader is to focus every huddle on the day's work
    - When bigger issues arise in discussion, the huddle leader can direct the conversation by putting those topics in a “parking lot” to discuss at a future team meeting.
  - Ensure that all team members have the opportunity to voice opinions and concerns in an open and supportive setting.
    - Rotating the role of the huddle leader to different team members helps make everyone feel more involved.
- Some component of “previsit prep”
  - Aware of patient needs

## Team members to include in huddles

- Physicians
- Advanced practice practitioners
- Nurses and nurse managers
- Medical assistants
- Case managers and care coordinators
  - Community Health Aids
- Social workers
- Behavioral health specialists
- Pharmacists
- CDCES (RN &/or RD)
- Patient liaisons
- Front desk/scheduling personnel

# Getting Started – Suggestions

- Initially, focus on creating the team
  - Changing from task work to team care – reframing (*“We are a team; your job is to take care of our patients. Your role on the team is... but your job is taking care of the patients”*)
  - Defining Roles & Responsibilities
    - What do our patients need? Who can provide it?
    - Provide training to enable staff to fulfill the roles
  - The “Why” (why we do it)...connecting staff to the care (it’s about the patient)
- Eventually – 5 to 15 minutes once or twice daily
  - Review schedule - What is needed – Who will do it
  - Share info
    - Patient related/ Team related
    - Scheduling urgencies



We do not think ourselves into new ways of living, we live ourselves into new ways of thinking.

-Richard Rohr

# Help Build Trust & Promote Psychological Safety

- Team leaders can use the huddle to encourage others to participate in the following ways:
  - Encourage team members to contribute - Invite input from all team members
  - Promote active listening and learning from each other
  - Acknowledge the limits of their own knowledge
  - Provide positive reinforcement and framing failures as learning opportunities
- Huddles also support team-based care by clarifying the following behavioral boundaries for team members to improve their work:
  - How and when to get help from team members during a workflow problem
  - How to handle errors
  - How to respond when work demand is high, or resources are low
- You will notice more natural teamwork and team cohesion as you start to huddle with your team regularly.
  - Over time, this change shifts the team to thinking *proactively* rather than reactively. When the team is proactive and plans together, the clinic becomes *more efficient, flexible, and adaptive*.
  - Team members will begin to prioritize their work and allocate their time based on patient and team needs throughout the day.

# Becoming a Team is a Process.....

- Moving from ‘a group of individuals working together’ to working as a team:
  - **Forming:** Typically characterized by ambiguity and confusion when the team first forms.
    - Team members may not have chosen to work together and may be guarded, superficial and impersonal in communication, as well as unclear about the task.
  - **Storming:** A difficult stage when there may be conflict between team members and some rebellion against the tasks assigned.
    - Team members may jockey for positions of power and frustration at a lack of progress in the task.
  - **Norming:** Open communication between team members is established and the team starts to confront the task at hand.
    - Generally accepted procedures and communication patterns are established.
  - **Performing:** The team focuses all its attention on achieving the goals.
    - The team is now close and supportive, open and trusting, resourceful and effective.



# CORE PRINCIPLES for Team Based Care

## from Bellin Health

Fundamental truths that serve as the foundation for a system of beliefs or behaviors

### 1. Put the Patient First

Providing comprehensive high-quality team-based care to our patients and to our community is our guiding principle. This will help our vision to have the **healthiest patient population** in the nation.

### 2. Build Team Culture

A team is an organized entity that **together accomplishes more than can be accomplished individually**. This mindset must be ingrained in all team members to allow us to provide the very best care for our patients.

### 3. Empower Staff

All team members should work at the top of their skill set and should be proactive in finding ways to help care for our patients. This develops trust between team members and enhances work life satisfaction for each team member, as they realize the **key role they play in providing care for our patients**.

### 4. Encourage Critical Thinking

All team members should be continually looking for ways to **anticipate the needs of both patients and other team members**, therefore, proactively meeting these needs. This strives for the highest quality patient care and increases effective team dynamics.

### 5. Know Your Population

This consists of analyzing the **composition and risk profile of a practice population**. This determines the anticipation of resources required for high quality and comprehensive patient care, and allows for the development and improvement of measures to ensure this care is delivered as effectively as possible

# Working together beyond the care plan – a Culture of Relationship

seek patient input to inform the organization and delivery of care

"A big part of patient-centered care is looking at patients and families as an untapped resource who bring unique insights and experiences to the table." Jennifer Sweeney, M.A., VP, National Partnership for Women and Families

- Engage patients in setting practice-level procedures and policies
  - Enlist a core group of patients to provide ongoing input and contribute to planning processes
    - form a patient and family advisory council (PFAC) or
    - build relationships with "patient partners"
  - Offer opportunities for all patients to provide input
    - comments box at the front desk or
    - use patient surveys to collect feedback on how the practice is doing.



# Summary – Key Points

- Patient-Centered Team-Based Care[working as a patient(person) -centered team] can improve efficiency & effectiveness with improved patient outcomes and staff job satisfaction & enjoyment
- A team is more than individuals working together – there is collaboration, cooperation, communication, cohesion around everyone working for the patient – this can require a change in mental model/mind set & clinic culture
- Defining roles & responsibilities of care team members is critical
  - Everyone working at the top of their license / skill set
  - Remove unnecessary activities/ processes/ steps
  - Include the care team in determining “who should do it”
  - Anticipate stages of acceptance
- Team huddles (before clinic sessions) are an easy & critical team building strategy
  - Help improve care delivery to patients – more proactive
  - Help improve clinic operations and flow – less chaos
  - Help improve care coordination (reduce care fragmentation) among team members
- Include patient input in clinic operations (forms, barriers to preventive care, etc.)

# Requests & Offers

- Request – information
  - Is your clinic tracking referrals?
  - Any data on completion of referrals?
    - Wait time
    - Receipt of referral response
      - Timeliness
      - Adequacy /helpfulness
    - Incomplete referrals
    - Patient feedback – satisfaction, etc.
- Offer
  - Assistance with improving your referral process &/or team-based care

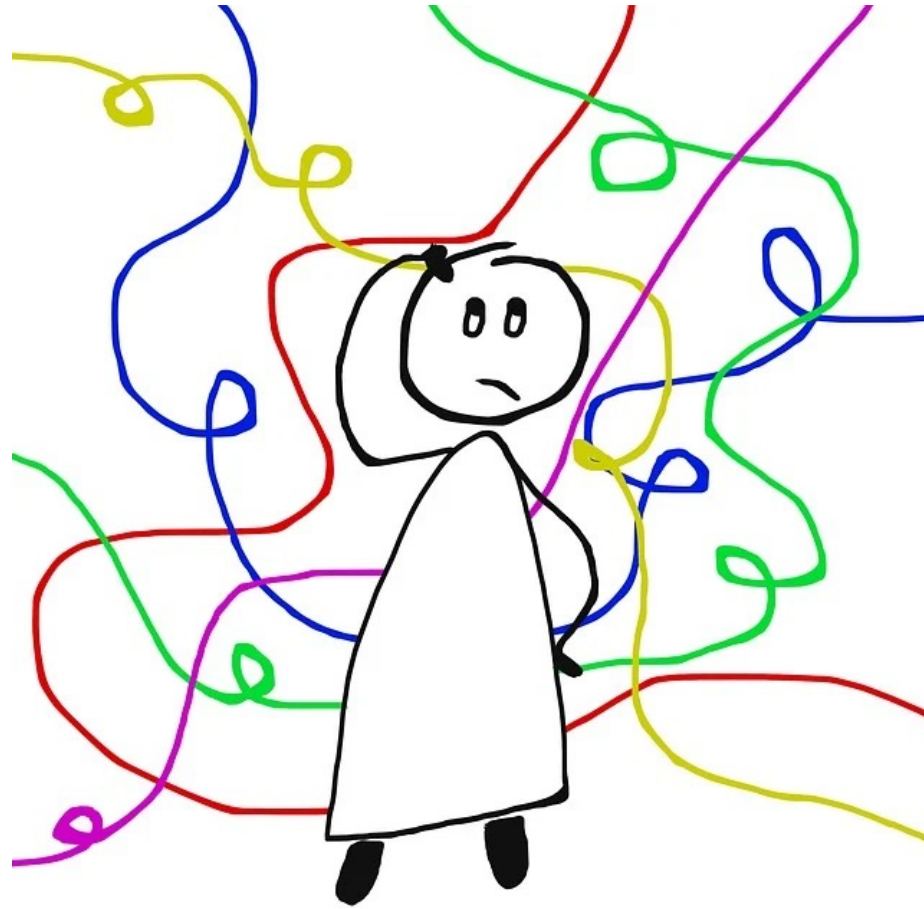
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Questions, Comments, Clarifications, etc.



Extra Slides

# What's in It for Me?

## Providers

- Improved workflow
- Shift workload to decrease stress
- More effective counseling and goal setting
- Time to do more clinical/patient interaction

## Staff

- More engaged in team care (vs “tasks”)
- Increased job satisfaction
- Increased self-efficacy

## Patient

- Better quality of care (time)
- More personalized care
- More effective care



# Questions to Ask when you ask Your Team Members to Draw their Picture of how Your Team currently Exists/Works....

- What does it look like?
  - Who are the team members?
  - When do you interact?
  - How do you exchange critical patient information?
  - If you had a magic wand, how would you change your team (if at all)?
  - What does team-care look like from the patient perspective?
- Work on the picture together as a team - make it **very real** (not just what you think people want to see, but the way it seems to you now).