# *The Third National Medical Home Summit 2011*


## Team-Based Care: the Mojo of the Medical Home

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Integrated Physician Network, Colorado

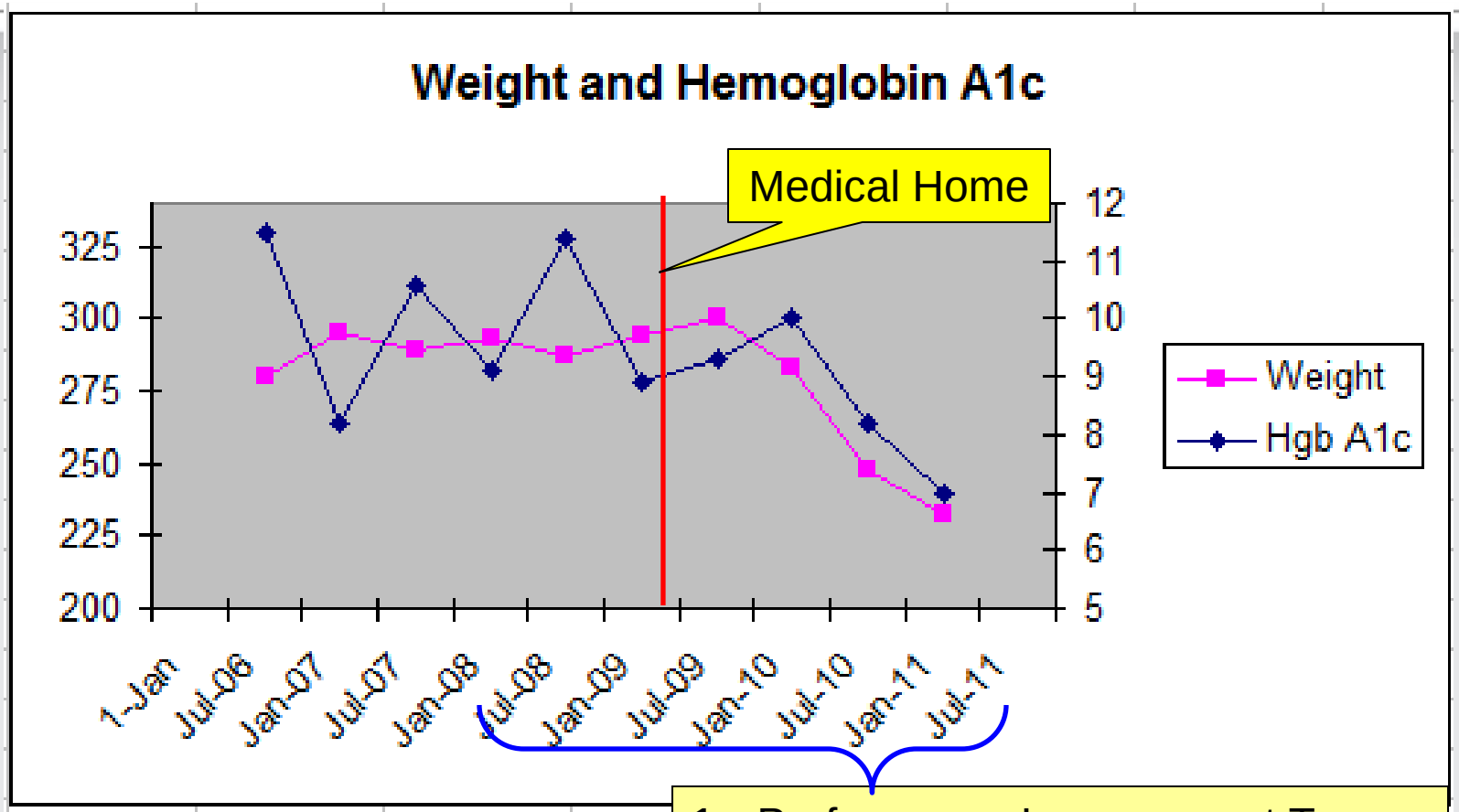
HealthTeamWorks
Building Systems. Empowering Excellence.

Integrated Physician Network accountability value sustainability

## Ruben's Story…

Diabetes for 10 years, Max weight 301#
December 5, 2009.

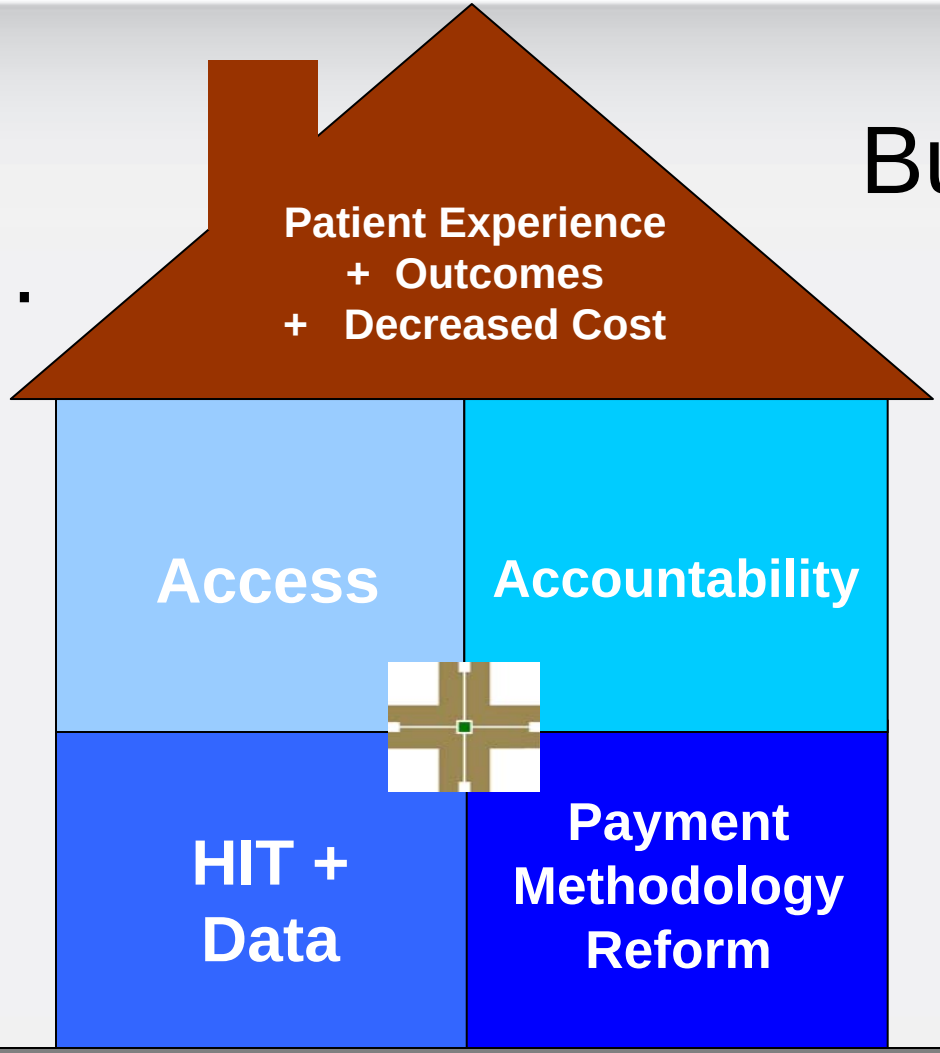
*December 2010:*
*Weight loss now at 69#...HgbA1c down from 10.0 to 7.0.*
**What worked?**




Medical Home Elements

1. Performance Improvement Team
2. Patient Self Management
3. Diabetes Registry
4. Order Tracking
5. Group Visits

Powerful change…




But where to start?

# Transformational Change…

# Why is Teamwork the MOJO?

**Teamwork =**

"Organizational and functional constructs essential to effect transformational change."

## Types of Teamwork:

1. **Working Teams**--performance improvement teams.
2. **Team Systems**--coordinated, process-oriented…transparent goals and contributions to goals, measurable performance, evolving, patient-centered, data-powered.

# Teamwork Vivisection: the sports team

- Illustrates both “working teams” and “team systems”
- Drives home the notion of continuous quality improvement as hallmarks of highly functioning teams
- Data:  front and center
- What is a winner?
- Captain as Leader

# Teamwork Fundamentals

| Team Principles/Concepts | Application in Sports |
|---|---|
| **Coach** | *Team leader, strategy, common goals* |
| **Captain** | *Quarterback, tactics, real-time leader* |
| **Teammates** | *Goal/strategic-specific roles, skills* |
| Playbook | Defines goal-directed strategy, tactics |
| Common goals | Focused on mission, explicit, shared |
| Communication huddles | Real-time strategic planning (goals...) |
| Accountability at teammate level | Measured impact on common goals |
| Contribution—transparency | Meaningful/understood impact (goals) |
| Statistics--performance measures | Players, game, season, tactics... |
| Score matters... | Coaching/teamwork/strategy working? |
| Competition based on Q of teamwork | Communication, execution, skill... |
| Who wins? | Team, players, fans...(business) |

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| **Competition based on Q of teamwork** | *Communication, execution, skill...* |
| **Who wins?** | *Team, players, fans...(business)* |

# Teamwork Fundamentals

| Team Principles/Concepts | Application in Practice--CURRENT |
|---|---|
| Coach | Nope |
| Captain | You bet...the buck stops here |
| Teammates—roles, skills | Employees, coworkers, min skill-set |
| Playbook—strategy, tactics | Increase visits/hr, dbl book, no lunch |
| Common goals—explicit, public | Max-pack volume; JD-focused goals |
| Communication--huddles | Real-time directives; perform. reviews |
| Accountability at teammate level | JD focused, yearly reviews, remedial |
| Contribution: transparency/satisfaction | Restricted, limited growth potential |
| Statistics—player, game, season | OV/mo, “no-shows,” JD performance |
| Score matters... | Profit/Loss, AR aging, “production” |
| Competition based on Q of teamwork | Compete on pt volume, services |
| Who wins? *Team, players, fans* | *The business; primary/rescue care* |

# Patient-Centered Teamwork

| Team Principles/Concepts | Patient-Centered Teamwork |
|---|---|
| Coach | **Team leadership accountability** |
| Captain | **Physician as teammate & leader** |
| Teammates—RNs, MAs, Front Office | **Specific roles, skills: planned care** |
| Playbook—coordination of care | **Defines planned care strategy, tactics** |
| Common goals—population-based | **Explicit, shared, measured objectives** |
| Communication huddles | **Real-time pt-care planning (goals…)** |
| Accountability at teammate level | **Measured impact on common goals** |
| Contribution—transparency | **Meaningful/understood impact (goals)** |
| Statistics—clinical care | **Outcomes, efficiency; moving the dot** |
| Score matters | **Practice/Provider-level outcomes** |
| Competition based on Q of teamwork | **P4P, PCMH, NCQA, PQRI…** |
| Who wins? | **Practice, providers, staff, *patients…*** |

# Take “home” themes...

- Teams maximize efficiency, communication, use the same playbook, strive for the same and explicit goals
- Hold each other accountable
- Teams have a coach
- Model for Improvement or bust
- Make the time
- Teams are built: representative (process-“touchers”), facilitated dialogue, horizontal hierarchy)

The only constant is CHANGE

# Playbook: steps to building teams in your Medical Home

- Job #1: Build your *Performance Improvement Team* ("working team")
  - Make the time
  - Standing meeting—be consistent
  - Get Data—then use, display, update it
  - Establish goals; take aim, make measures
  - Minutes...accountability
  - Facilitated leadership
  - Recruit a sponsor, get authority
  - Ensure representation...and, patient as teammate
  - Get a coach, learn to coach

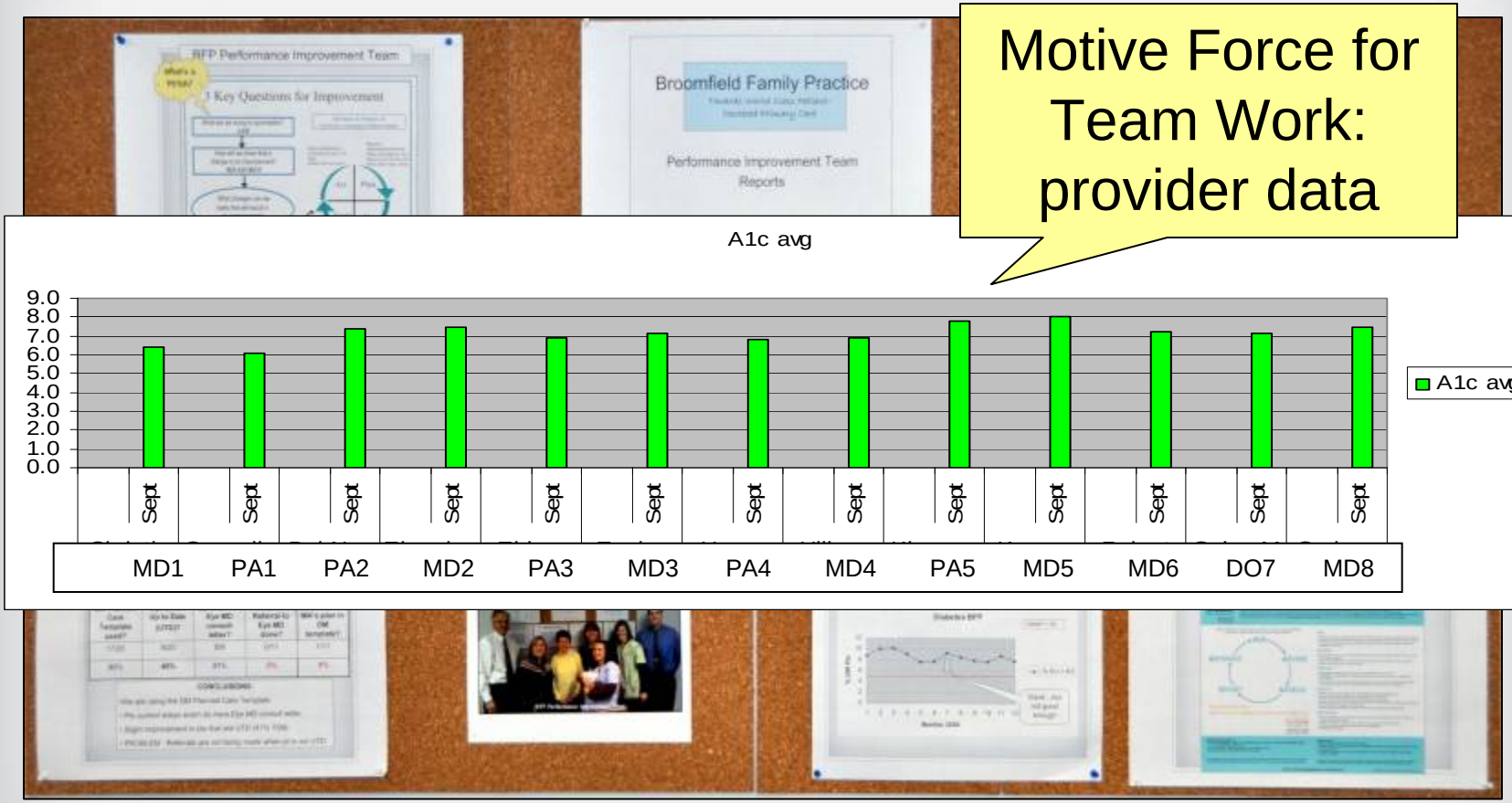
# Impact of Teamwork

Broomfield Family Practice

*Performance Improvement Team*

Meaningful Work
Skills of CQI
A new culture
Patient presence
Top of license

# The Data Wall



# Impact of Teamwork

Goal #2: Build *Team Systems*

- Pre-Visit Planning/Huddle
- Registry Management
- Lab tracking
- Medication Reconciliation
- Transitions of Care coordination
- Planned Care Model...in action
- Care Compacts...

"Anything worth doing well is worth measuring. *Any process that involves people deserves teamwork."*

# Impact of Teamwork

Care Compacts:

## Primary Care - Specialty Care Compact

### Collaborative Care Management

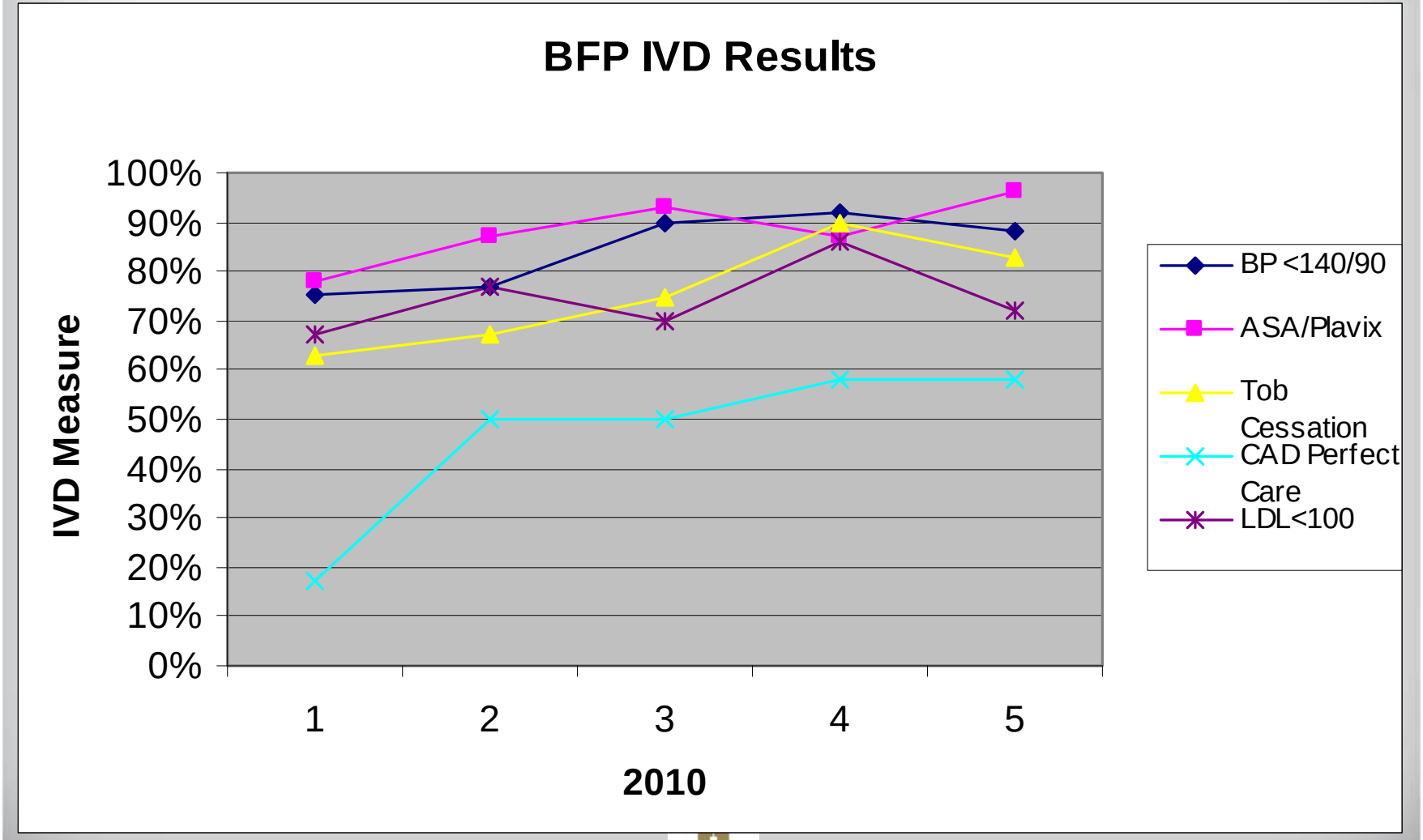
*Mutual Agreement*

- Define responsibilities between PCP, specialist and patient.
- Clarify who is responsible for specific elements of care (drug therapy, referral management, diagnostic testing, care teams, patient calls, patient education, monitoring, follow-up).
- Maintain competency and skills within scope of work and standard of care.
- Give and accept respectful feedback when expectations, guidelines or standard of care are not met
- Agree on type of specialty care that best fits the patient's needs.

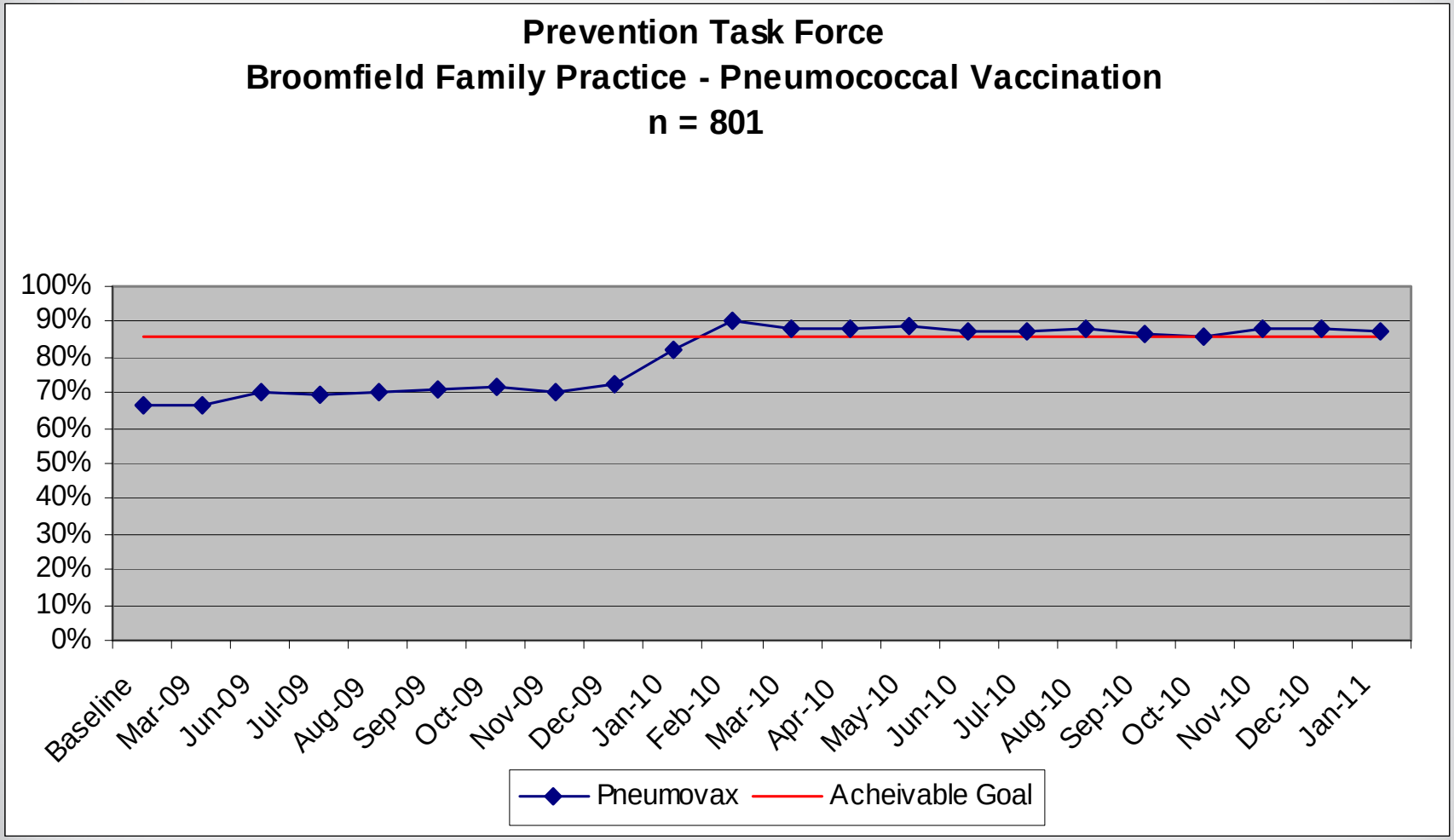
*Expectations*

| Primary Care | Specialty Care |
|---|---|
| ☐ Follows the principles of the Patient Centered Medical Home or Medical Home Index.<br>☐ Manages the medical problem to the extent of the PCP's scope of practice, abilities and skills.<br>☐ Follows standard practice guidelines or performs therapeutic trial of therapy prior to referral, when appropriate, following evidence-based guidelines.<br>☐ Reviews and acts on care plan developed by specialist.<br>☐ Resumes care of patient when patient returns from specialist care.<br>☐ Explains and clarifies results of consultation, as needed, with the patient. Makes agreement with patient on long-term treatment plan and follow-up. | ☐ Reviews information sent by PCP<br>☐ Addresses referring provider and patient concerns.<br>☐ Confers with PCP or establishes other protocol before orders additional services outside practice guidelines. Obtains proper prior authorization.<br>☐ Confers with PCP or establishes other protocol before refers to secondary or tertiary specialists. Obtains proper prior authorization.<br>☐ Sends timely (define) reports to PCP to include a care plan, follow-up and results of diagnostic studies or therapeutic interventions.<br>☐ Notifies the PCP of major interventions, emergency care or hospitalizations.<br>☐ Prescribes pharmaceutical therapy in line with insurance formulary with preference to generics when available and if appropriate to patient needs.<br>☐ Provides useful and necessary education/guidelines/protocols to PCP, as needed |

# Heart Disease

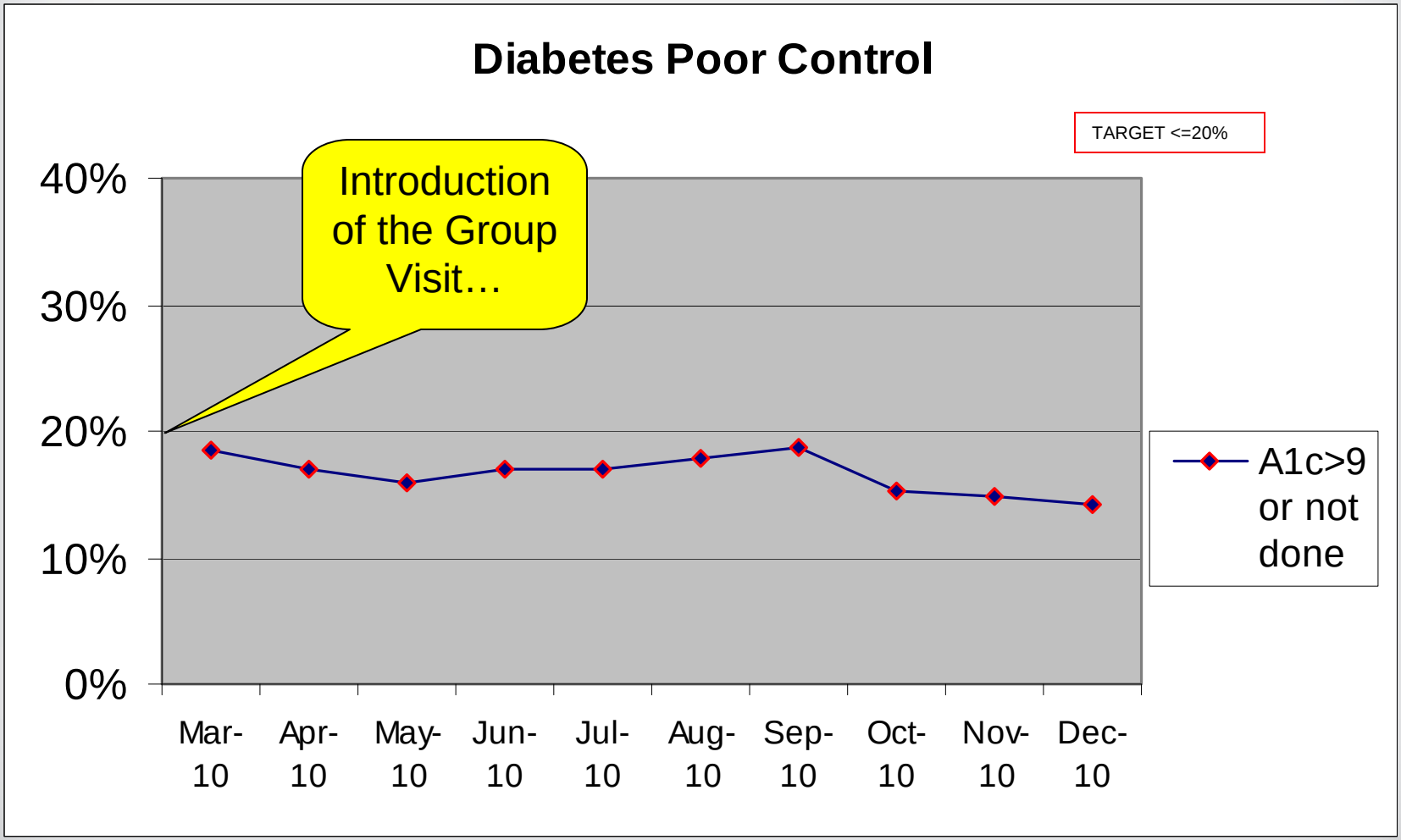


# BFP Pneumovax




NCQA Certified for Heart and Stroke Care

# Diabetes: A1c Barrier?

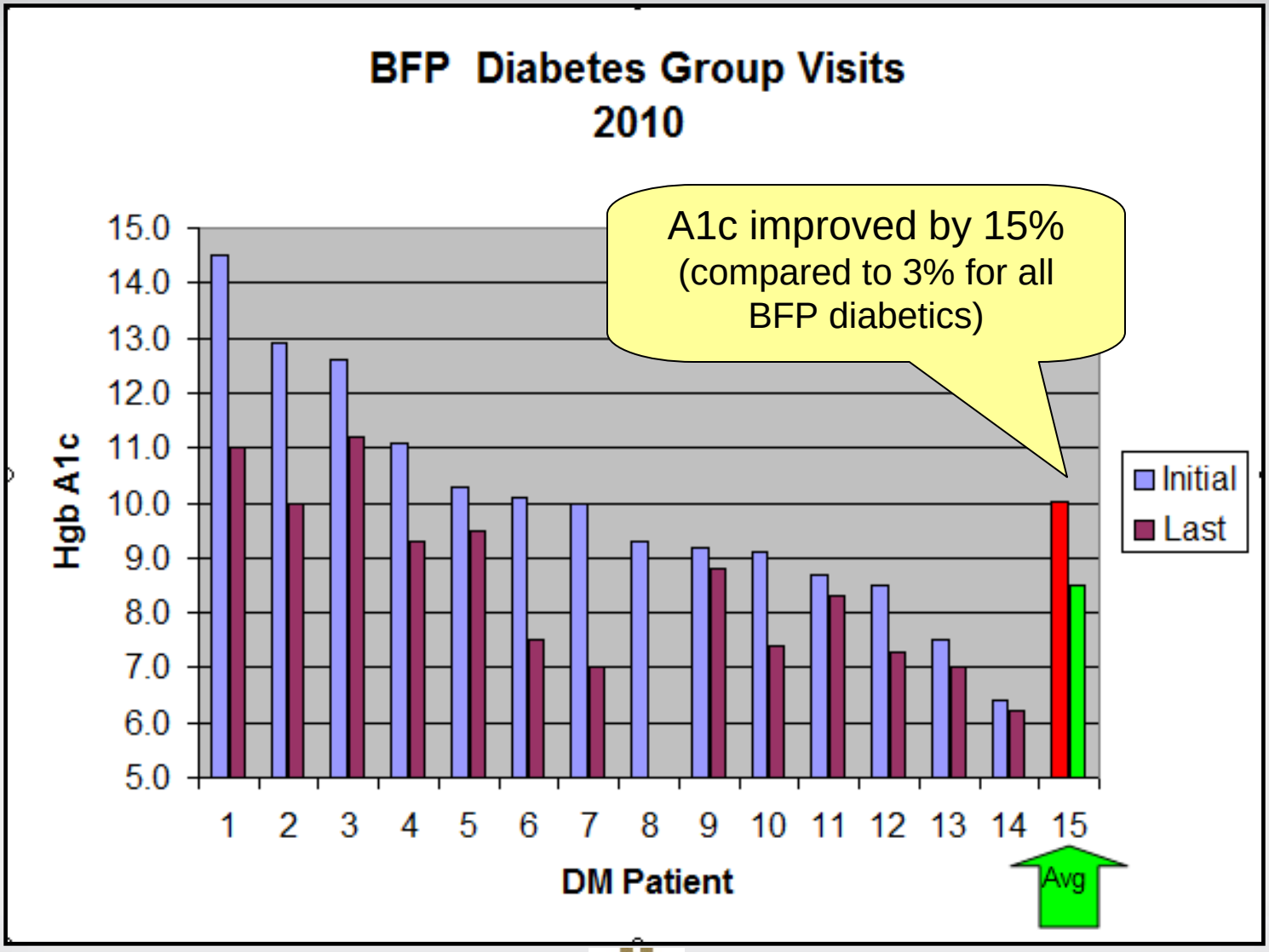



NCQA Certified for Diabetes Care

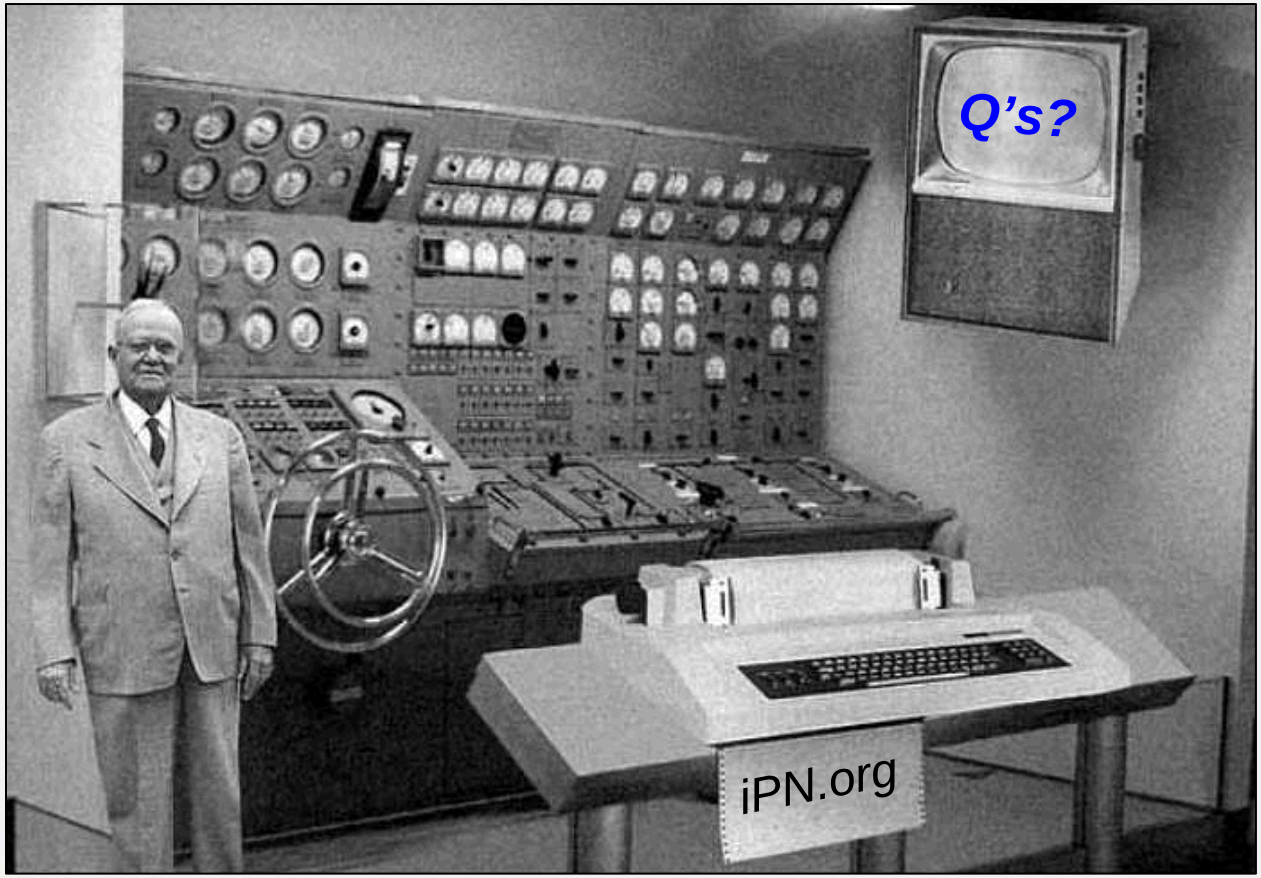
# Impact of Teamwork

## Group Visits:  Diabetes

- Team-based efficacy (led by MAs--vs MD as teacher)
- Content Thread (vs content box)
- Group Self-Management (vs orders)
- Facilitation (vs didactic)


BFP Diabetes Group Visits
2010
A1c improved by 15%
(compared to 3% for all
BFP diabetics)
Hgb A1c
15.0
14.0
13.0
12.0
11.0
10.0
9.0
8.0
7.0
6.0
5.0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
DM Patient
Initial
Last
Avg

More info: davidehrenberger@centura.org



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