Multi-Disciplinary Team Based Care
Session #1, Community of Practice

Presenter: Steven Bromer, MD
26 July 2016
Disclaimer

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Multi-Disciplinary Team Based Care: Community of Practice

Steven Bromer, MD
Clinical Director
Pacific AIDS Education and Training Center
Goals

- Review importance of Multi-disciplinary Teams in Primary Care and HIV Care
- Review meaning of Team-based care in HIV settings
- Identify key domains of effective teams
- Assess your own practice on several domains of team based care
- Agree to do Share-the-Care exercise with your team
Your presenter

- Clinical Director, PAETC
- Co-investigator SPNS Workforce Development Initiative
- Family Physician with HIV practice Sebastopol Community Health Center
PCMH Standards

1) Patient-Centered Access (10)
   A) *Patient-Centered Appointment Access
   B) 24/7 Access to Clinical Advice
   C) Electronic Access

2) Team-Based Care (12)
   A) Continuity
   B) Medical Home Responsibilities
   C) Culturally and Linguistically Appropriate Services
   D) *The Practice Team

3) Population Health Management (20)
   A) Patient Information
   B) Clinical Data
   C) Comprehensive Health Assessment
   D) *Use Data for Population Management
   E) Implement Evidence-Based Decision Support

4) Care Management and Support (20)
   A) Identify Patients for Care Management
   B) *Care Planning and Self-Care Support
   C) Medication Management
   D) Use Electronic Prescribing
   E) Support Self-Care & Shared Decision Making

5) Care Coordination and Care Transitions (18)
   A) Test Tracking and Follow-Up
   B) *Referral Tracking and Follow-Up
   C) Coordinate Care Transitions

6) Performance Measurement and Quality Improvement (20)
   A) Measure Clinical Quality Performance
   Measure Resource Use and Care Coordination
   A) Measure Patient/Family Experience
   B) *Implement Continuous Quality Improvement
   C) Demonstrate Continuous Quality Improvement
   D) Report Performance
   E) Use Certified EHR Technology

* Must-pass
Article on Team Structure and Culture

ORIGINAL RESEARCH

Team Structure and Culture Are Associated With Lower Burnout in Primary Care

Rachel Willard-Grace, MPH, Danielle Hessler, PhD, MS, Elizabeth Rogers, MD, Kate Dubé, BA, Thomas Bodenheimer, MD, MPH, and Kevin Grumbach, MD

Purpose: Burnout is a threat to the primary care workforce. We investigated the relationship between team structure, team culture, and emotional exhaustion of clinicians and staff in primary care practices.

Methods: We surveyed 231 clinicians and 280 staff members of 10 public and 6 university-run primary care clinics in San Francisco in 2012. Predictor variables included team structure, such as working in a tight teamlet, and perception of team culture. The outcome variable was the Maslach emotional exhaustion scale. Generalized estimation equation models were used to account for clustering at the clinic level.

Results: Working in a tight team structure and perceptions of a greater team culture were associated with less clinician exhaustion. Team structure and team culture interacted to predict exhaustion: among clinicians reporting low team culture, team structure seemed to have little effect on exhaustion, whereas among clinicians reporting high team culture, tighter team structure was associated with less exhaustion. Greater team culture was associated with less exhaustion among staff. However, unlike for clinicians, team structure failed to predict exhaustion among staff.

Conclusions: Fostering team culture may be an important strategy to protect against exhaustion in
Teams, Team Culture and Burnout

- Surveyed 231 clinicians/280 staff in 16 clinics
- Hypothesized that tight team structure would be protective against emotional exhaustion
- Team culture would be protective against emotional exhaustion
- Measured degree teams are stable (work with same provider/staff team)
- Measured team culture with validated 7 item tool
- Measured burnout with the Maslach Burnout Inventory

Teams, Team Culture and Burnout (2)

Burnout associated with:

- Increase in medical errors
- Reduced quality of care
- Poor communication with patients
- Longer recovery time from hospitalizations
- Poor patient adherence to care plans
- Lower patient satisfaction

# Teams, Team Culture and Burnout (3)

## Table 1. Team Culture Scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Median</th>
<th>Standard Deviation</th>
<th>Range</th>
<th>Factor Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>The group of staff and providers I work with most regularly work well together as a team.</td>
<td>7.09</td>
<td>7.00</td>
<td>2.35</td>
<td>1–10</td>
<td>0.80</td>
</tr>
<tr>
<td>My most important task in clinic is to manage patient flow.*</td>
<td>6.52</td>
<td>7.00</td>
<td>2.71</td>
<td>1–10</td>
<td>0.20</td>
</tr>
<tr>
<td>We have a “we are in it together” attitude at my clinic.</td>
<td>6.42</td>
<td>7.00</td>
<td>2.60</td>
<td>1–10</td>
<td>0.87</td>
</tr>
<tr>
<td>I feel unprepared for many of the tasks that I am asked to do every day.† ‡</td>
<td>7.76</td>
<td>9.00</td>
<td>2.47</td>
<td>1–10</td>
<td>0.35</td>
</tr>
<tr>
<td>My professional skills are used to the fullest at my clinic.</td>
<td>6.39</td>
<td>7.00</td>
<td>2.96</td>
<td>1–10</td>
<td>0.64</td>
</tr>
<tr>
<td>It is hard to get things to change in my clinic.†</td>
<td>4.77</td>
<td>5.00</td>
<td>2.56</td>
<td>1–10</td>
<td>0.60</td>
</tr>
<tr>
<td>I can rely on other people at my clinic to do their jobs well.</td>
<td>6.66</td>
<td>7.00</td>
<td>2.25</td>
<td>1–10</td>
<td>0.72</td>
</tr>
<tr>
<td>We regularly take time to consider ways to improve how we do things at my clinic.</td>
<td>6.87</td>
<td>7.00</td>
<td>2.47</td>
<td>1–10</td>
<td>0.69</td>
</tr>
</tbody>
</table>

*This item was removed from the final scale.
† These items were reverse-coded to develop a composite score. The results presented here are reverse-coded.
‡ The factor loading score for this item is low, but removal of this item did not improve the Cronbach α, and it was retained in the final scale.
Teams, Team Culture and Burnout (4)

- For clinicians team culture associated with less burnout if associated with team structure.
Teams, Team Culture and Burnout (5)

- For staff, team culture associated with less burnout but team structure is not.
- “The finding that culture trumps structure for staff is consistent with our experience that when members of a team do not get along or communicate well, team structure alone does not improve the quality of work life. “

Ryan White Care Team Model

Program Sustainability
- Access to Care
- Ryan White/Public Health Funding
- Public & Private Health Coverage
- Provider Reimbursement

Patients
- Adherence to Medications
- Adherence to Patient Visits
- Enhanced Quality of Life
- Improved Immune Status
- Risk/Harm Reduction
- Virologic Control

Service Delivery & Integration
- HIV Testing
- Linkage to Care
- Engagement & Retention in Care
- Access to Medications
- Medication Adherence Support
- Medical Case Management
- Co-location
- Social Services to Address Unmet Social Needs
- Public Health & Community Agencies

Healthcare Team
- HIV/Primary Care Provider
- Speciality Medical Care
- Clinical Pharmacist
- Care Coordinator
- Oral Health
- Nursing

Support Services
- Alcohol and Drug Treatment
- Drug Assistance Programs
- Housing
- Legal Services
- Secondary Prevention Counseling
- Nutrition Counseling
- Pharmacy Services
- Psychosocial - Mental Health

Quality Improvement
- Performance Standards
- Practice Guidelines

Electronic Health Records

Gallant et al.
Clin Infect Dis.
2011
Ryan White Clinics

- Robust model of comprehensive care
- Deep understanding of different roles on the care team
- Case management and Care Plans
- Adherence Counseling, Risk Reduction Counseling, Linkage to Care, Peer Navigator
Safety-Net Medical Home Change Concepts

1. Laying the Foundation
   - Engaged Leadership

2. Building Relationships
   - Empanelment

3. Changing Care Delivery
   - Organized, Evidence-Based Care
   - Patient-Centered Interactions

4. Reducing Barriers to Care
   - Enhanced Access
   - Care Coordination

Continuous and Team-Based Healing Relationships
10 Building Blocks of High-Performing Primary Care

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
7. Continuity of care
8. Prompt access to care
9. Comprehensive-ness and Care Coordination
10. Template of the future
Building Teams in Primary Care

Building Teams in Primary Care: Lessons Learned
Building Teams in Primary Care: Lessons from 15 Case Studies

- General agreement that strengthening primary care is essential part of health care reform
- Not enough time in the day to do the work expected of PCP with average size panel
- Building effective teams one solution
- Studied 15 different practices implementing team based care in primary care settings

2007 California HealthCare Foundation report by Thomas Bodenheimer, MD
Features of Successful Teams

- Organizational culture supporting teams
- Stable Teams (Teamlets)
- Co-location
- Communication strategies
- Staffing ratios
- Defined roles and responsibilities
- Standing Orders/Protocols
- Training on roles/skills checklists
Organizational Culture Supporting Team-based Care

- Leadership aligned to support teams
- Task-shifting vs. “Share the Care”
- Everyone work at the top of license
- Deep understanding of value of all roles
- Everyone on a Quality Improvement team
- Become a “learning organization”
## Shift in core beliefs for providers

<table>
<thead>
<tr>
<th>Lone Provider</th>
<th>Provider as Part of a Highly Functioning Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-sacrifice</td>
<td>Building Relationships</td>
</tr>
<tr>
<td>Provider-driven care</td>
<td>Collaborative health workers</td>
</tr>
<tr>
<td>Individual Hero</td>
<td>Well-being of all team members</td>
</tr>
<tr>
<td>Ownership: “ My patient”</td>
<td>Collaborative responsibility: “Our care”</td>
</tr>
<tr>
<td>Full control</td>
<td>Shared control</td>
</tr>
<tr>
<td>Physician as lone expert</td>
<td>Team expertise</td>
</tr>
</tbody>
</table>

Stable Teamlets

Health coach, behavioral health professional, social worker, RN, pharmacist, panel manager, complex care manager

1 team, 3 teamlets
Co-location

- Architecture is important
- Physical proximity facilitates communication
- Technology can be used to create virtual co-location
Co-Location Models

Teamlet A

B

C

Patient exam room

Patient exam room

Patient exam room

Patient exam room

Patient exam room

Patient exam room

Patient exam room

Patient exam room
Clinica Family Health Services: Colorado
South Central Foundation: Alaska
Virtual Co-location
Picture of virtual co-location
Staffing Ratios Per Team

Benton

- 2 Provider
- 2 MA
- 1 RN
- 1 Health Navigator
- Shared Team Members:
  - Behaviorist
  - Clinical Pharmacist
  - Panel Manager
  - Health Navigator (depending on site)

Clinica Family Health Services

- 3 FTEs of Provider
- 3 FTEs of Medical Assistant
- 1 Nurse Team Manager
- 1 Case Manager
- 1 Behavioral Health Professional
- 2 Front Desk
- 1 Medical Records
- ½ Referral Case Manager
- Dental Hygienist
- Consulting Psychiatrist
3 Levels of Communication

- Structure for communication on goals, strategies, interface with larger organization: Team meetings
- Structure of getting on the same page around immediate work: pre and post clinic huddles
- Attention to minute-to-minute communication
Defined Roles and Responsibilities

### Team Roles and Responsibilities

#### Core Team

<table>
<thead>
<tr>
<th>Provider</th>
<th>PharmD</th>
<th>Team Assistant</th>
<th>Reception</th>
<th>Behavioral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Care Delivery</strong></td>
<td><strong>Collaborative Practice</strong></td>
<td><strong>Monitors schedules in advance for problems and works collaboratively with care team to maximize access</strong></td>
<td><strong>Confirms insurance coverage and schedules appointments as indicated with Eligibility or Outreach Eligibility Worker</strong></td>
<td><strong>As outlined in Behavioral Health (BH) charting guide</strong></td>
</tr>
<tr>
<td>• Medical/MH Dx</td>
<td>• Collaborative drug therapy management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• FOLLOWS PROVIDER SCRIPT</td>
<td>• Medication therapy management</td>
<td></td>
<td></td>
<td><strong>Determines BH intervention and treatment</strong></td>
</tr>
<tr>
<td>• Therapeutic plan for urgent/chronic problems</td>
<td>• Consultation on complicated medication regimens</td>
<td></td>
<td></td>
<td><strong>Therapeutic plan for urgent/chronic BH problems</strong></td>
</tr>
<tr>
<td>• Determines clinical monitoring schedule</td>
<td>• Controlled-substance agreements</td>
<td></td>
<td></td>
<td><strong>Determines need and recommends BH monitoring schedule</strong></td>
</tr>
<tr>
<td>• Determines need / schedule for tracking for high risk</td>
<td>• Refill authorizations</td>
<td></td>
<td></td>
<td><strong>Provides consultation to providers and team regarding BH diagnosis and resources</strong></td>
</tr>
<tr>
<td>• Manages abnormal tests</td>
<td></td>
<td></td>
<td></td>
<td><strong>Liaison with Mental Health (MH) and other programs at Health Services regarding MH / BH issues</strong></td>
</tr>
<tr>
<td>• Determine overall patient education needs</td>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Decisions regarding comprehensive care to panel</td>
<td>• Patient education about disease</td>
<td>• Confirms insurance coverage and schedules appointments as indicated with Eligibility or Outreach Eligibility Worker</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Patient education about overall health and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Schedules appointments with team providers</strong></td>
<td><strong>Patient check-in for appts.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Primary responsibility for reminder calls</strong></td>
<td><strong>Collects, verifies, and updates demographic information and insurance coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>No show f/u and mgmt.</strong></td>
<td><strong>Collects co-pays, payments on account balances</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Acts as communication liaison between patients and providers &amp; MA’s to maximize efficiency and effectiveness of patient appointments</strong></td>
<td><strong>Distributes and explains client forms</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Makes f/u scheduling calls at providers’ request, including sharing</strong></td>
<td><strong>Customer service</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Standing Orders/Protocols

CARE TEAM MEDICAL ASSISTANT STANDING ORDER

DIAGNOSIS:
- HIV/AIDS 042

Care Team Medical Assistants may, without consulting the Medical Provider, perform the following tasks:

- HIV RNA QT BDNA, 3rd Generation
  - No HIV RN QT BDNA within the last 4 months
- T-Lymph CD4/CD8
  - No T-Lymph CD4/CD8 within the last 4 months
- CBC Automated
  - No CBC within the last 4 months
- CMP
  - No CMP within the last 4 months
- RPR/Reflex TPPA (diagnosis)
  - RPR/Reflex TPPA (diagnosis) within the last year
- TB-Quantiferon Gold
  - No TB-Quantiferon Gold within the last 2 years
- LIPID Profile
  - No Lipid Profile within the last year
  - Use diagnosis code V58.69 Medication exposure, long-term use high risk medication
# Community Health Center
## Phlebotomist and Lab Orientation Checklist
### 2010

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Care Tasks</th>
<th>Date Sign Off</th>
<th>Signature Approving Task</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Venipuncture:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Read venipuncture section of Manual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Learn Blood draw technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C What to do with different draws When to use a butterfly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Correct tubes used and order of draws How much blood is needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E What tests are fasting and what medications affect results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F Questions to ask patient before blood draw: DOB; Are they taking medication; fasting or not include type of liquid consumed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G Learn how to fill out forms &amp; ICD9 codes needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Insurance, Special Fund decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Reasons for rejections of the specimen – What tests are affected by hemolyzed or lipemic serum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J Where to look for information on specimen collection requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K How to use lab log</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L How to evaluate &amp; check off the lab results when they come in. What to do with abnormal results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M How to use label printer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **2. Urinalysis:** |               |                           |
| A Read Urinalysis Dip section of the Lab manual |               |                           |
| B Learn how to read and understand multistix |               |                           |
| C Learn QC |               |                           |
| D Learn when sulfosalicylic acid test is used and how to interpret |               |                           |
Features of Successful Teams

- Organizational culture supporting teams
- Stable Teams (Teamlets)
- Co-location
- Communication strategies
- Staffing ratios
- Defined roles and responsibilities
- Standing Orders/Protocols
- Training on roles/skills checklists
Share the Care

Preventive Med Intervention  Chronic Disease Monitoring  Medication Refill  New Acute Complaint  Test Results

Provider

Healthcare Support Team  Case Manager  Mental Health Provider  Referral to Specialist after Assessment  Certified Medical Assistant
Share the Care (2)
Share the Care (3)
Homework: Share-the-Care Exercise

- Email with two sets of cards
- Task and responsibilities cards
- Role cards
- Meet with team and do the exercise twice, once as your team currently functions and again in the “ideal world”
- 3-4 sites to agree to share learnings from the Share-the-Care exercise on next Community of Practice
Teams in Primary Care Reading List


Bodenheimer, T. Building Teams in Primary Care: Lessons Learned. Report prepared for the California Healthcare Foundation. 2007; Available [here](#).
Teams in Primary Care Reading List (cont.)


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