



Multi-Disciplinary Team-Based Care Session #2, Community of Practice

**Presenter: Steven Bromer, MD
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Disclaimer

This project was supported by a cooperative agreement from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with \$3,946,256 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.





Multi-Disciplinary Team Based Care Follow-up: Community of Practice

Steven Bromer, MD

Clinical Director, Pacific AIDS Education and Training
Center

Goals

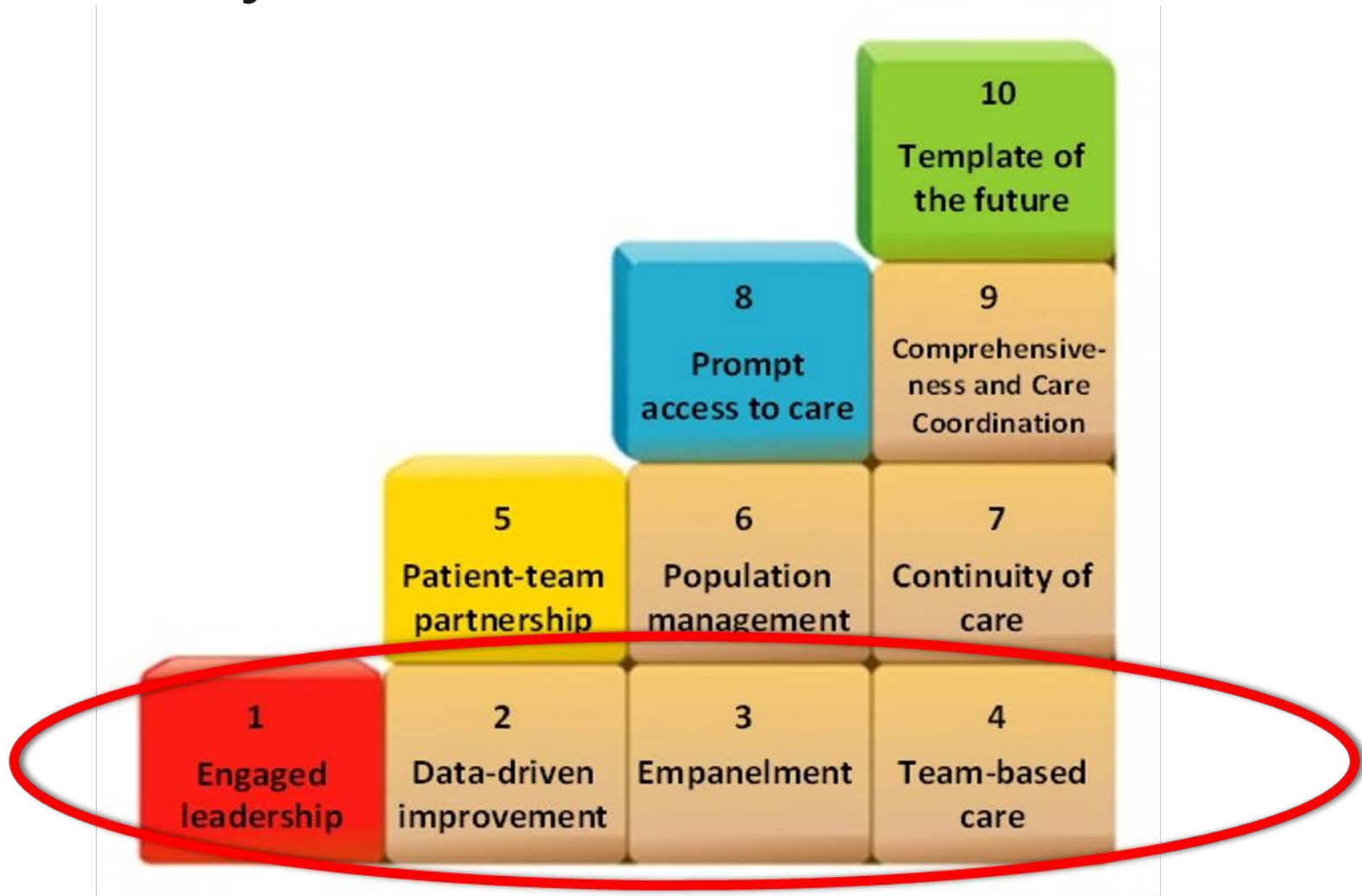
- Review 9 elements of successful teams
- Identify key questions to ask about each element
- Discuss “Share the Care” exercise
- Discuss your questions about building effective teams in your setting

Your presenter



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

10 Building Blocks of High-Performing Primary Care

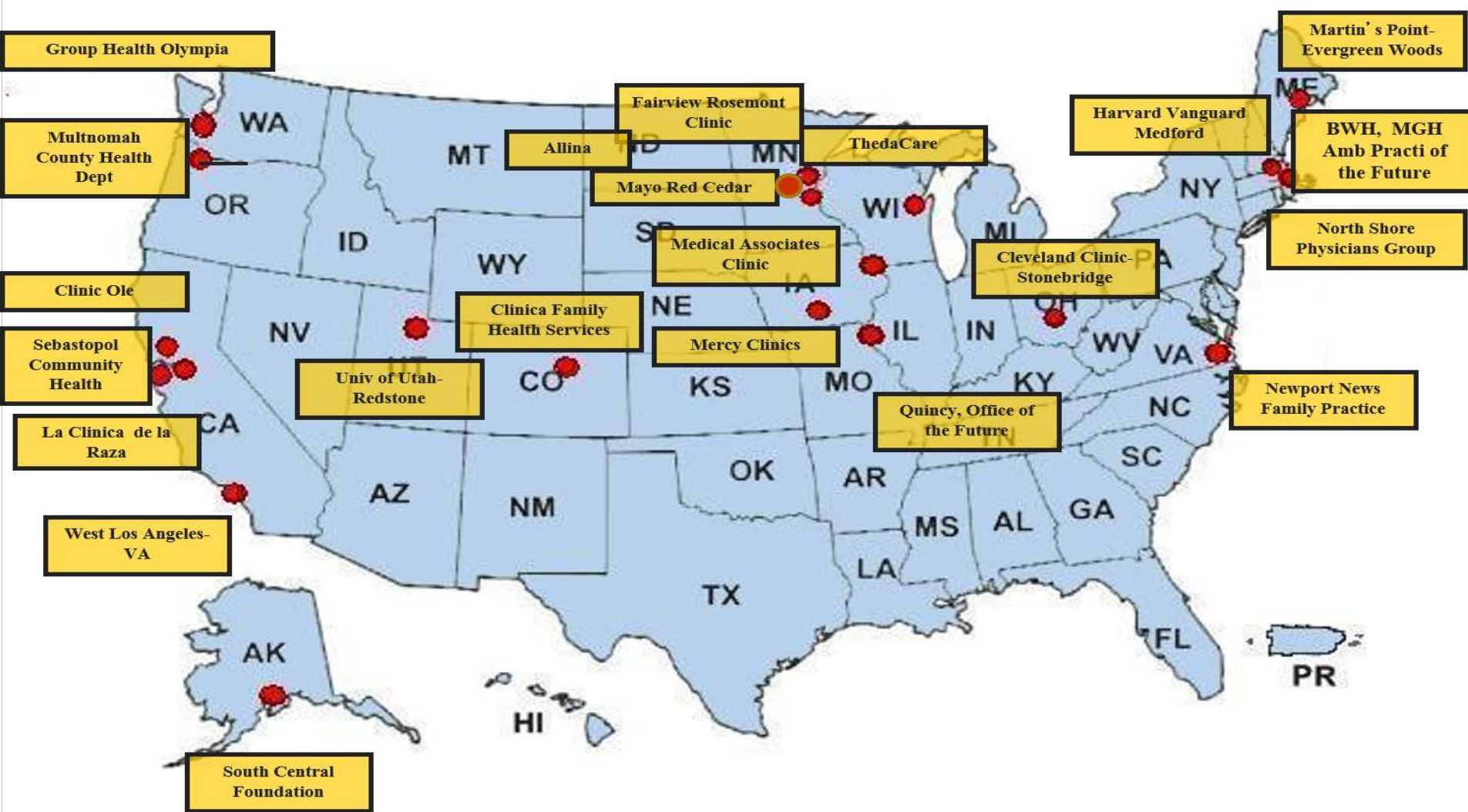


Building Teams in Primary Care



**Building Teams in Primary Care:
Lessons Learned**

Learning from 23 bright-spot practices



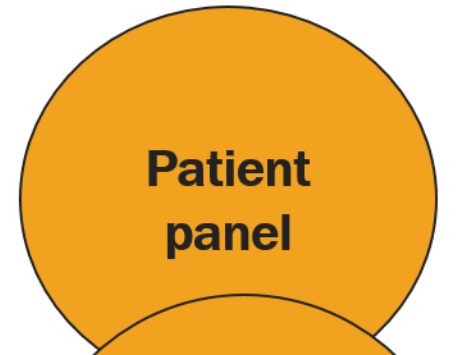
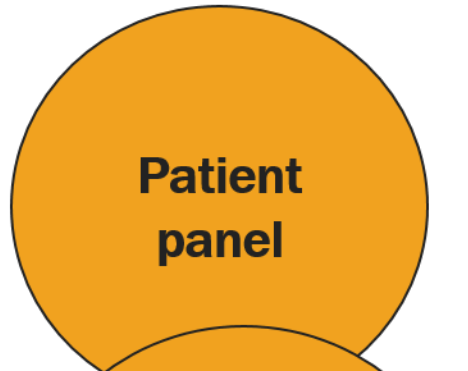
9 Elements of Successful Teams

- Organizational culture supporting teams
- Stable Teams (Teamlets)
- Co-location
- Communication strategies
- Staffing ratios
- Defined roles and responsibilities
- Defined workflows
- Standing Orders/Protocols
- Ongoing training on roles/skills checklists

Organizational Culture Supporting Team-based Care

- Why do we want effective teams in our agency?
- Where do we already have teams that work?
- Why do they work?
- What can we learn from these teams?
- How do we create a culture that values these strengths?

Stable Teamlets



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

1 team, 3 teamlets

Stable Teamlets (cont.)

- How do we define a team?
- How do we define a teamlet?
- Do we have stable teamlets?

Co-location

- Does your architecture support teams?
- Can team members communicate in real time with each other?
- Do you use technology to support communication? (not letting technology define communication)

Staffing Ratios Per Team

- Are you staffed for effective team work?
- What are your staffing ratios?
- Who does it make sense to include in the “functional team” or teamlet?
- What capacity do individual roles have to take on new responsibilities?

3 Levels of Communication

- When and how often do teams have “team meetings?” (goals, process)
- How is day-to-day work addressed? (Huddles)
- How do team members communicate in real time?

Defined Roles and Responsibilities: Huddles

Front Office

- “Robust Call” 1-2 days before to confirm visits, check on outside appts
- Check on barriers
- Request notes from outside providers
- Review any open documents and prep for clinic
- Print self management goals for huddle

Provider

- Review last PN
- Review recent labs, move to PN
- Review recent documents
- Order labs, DI, IMM
- Flag procedures likely to be needed
- Formulate agenda for visit

Defined Roles and Responsibilities: Huddles (cont.)

Nurse

- Review schedule to identify those with high acuity
- Document in PN info from RN contact relevant to clinic visit
- Verify chart prep done by other team members
- Review out of care list and

Medical Assistant

- Review alerts for each patient, order any labs per protocol
- Note in HPI care completion items needing provider
- Identify patients needing screening done by MA (depression, smoking, dental visit, foot exam etc.)

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*

Training on Roles, Skills Checklists

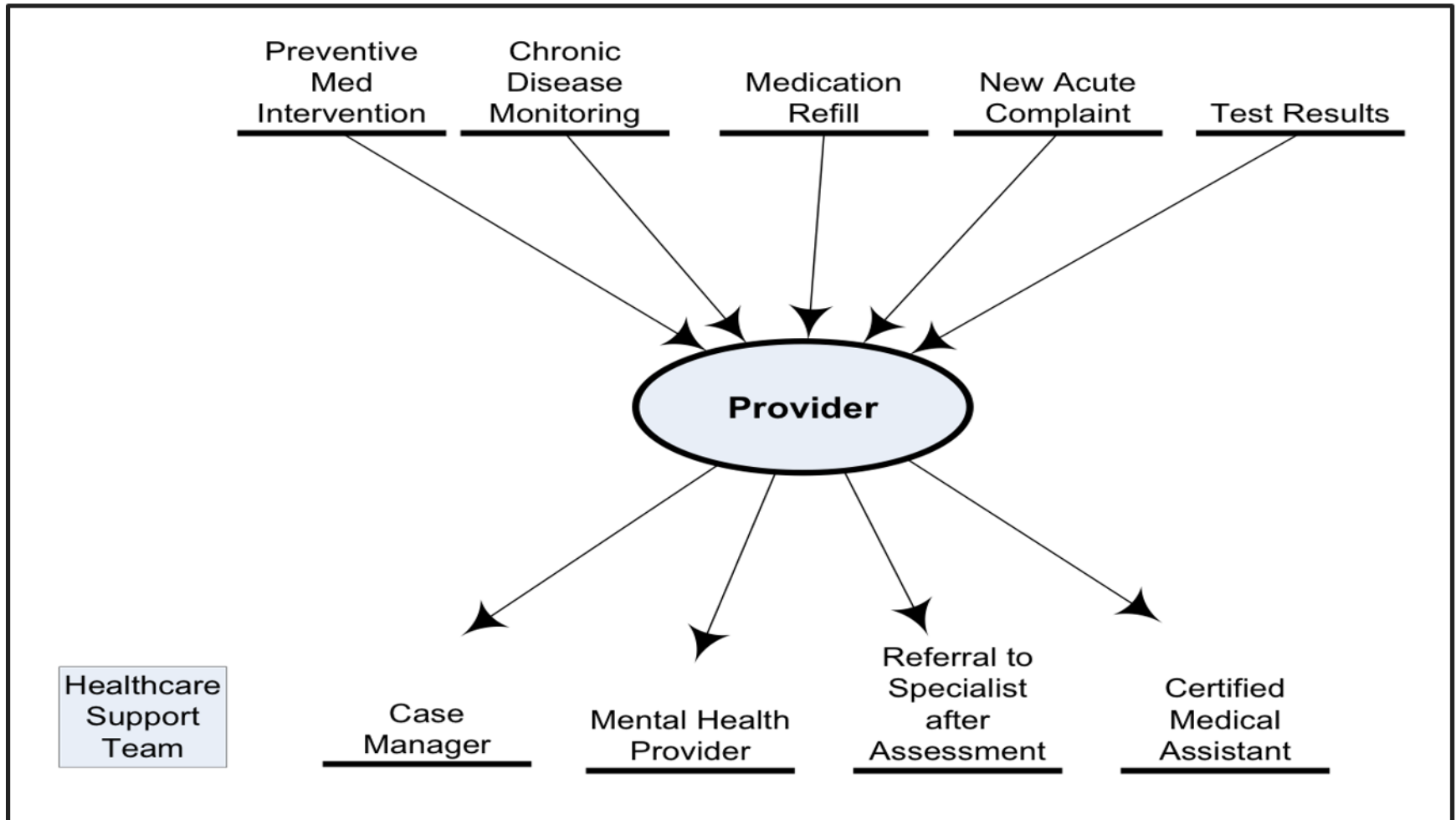
**Community Health Center
Phlebotomist and Lab Orientation Checklist
2010**

Employee Name:

Date:

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

Share the Care



Share the care: who does it now?

Tasks	PCP	RN	LVN	Medical assistant	Pharmacist
Orders mammograms for healthy women between 50 and 75 years old					
Refills high blood pressure medications for patients with well-controlled hypertension					
Performs diabetes foot exams					
Reviews lab tests to separate normals from abnormal					
Cares for patients with uncomplicated urinary tract infections					
Finds patients who are overdue for LDL and orders lipid panel					
Prescribes statins for patients with elevated LDL					
Does medication reconciliation					
Screens patients for depression using PHQ 2 and PHQ 9					
Follows up by phone with patients treated for depression					
Totals					

Teams in Primary Care Reading List

- Anderson, P. and Halley, M.D. **A New Approach to Making Your Doctor-Nurse Team More Productive.** *Fam Pract Manag.* 2008;Jul-Aug;15(7):35-40.
- Bodenheimer, T. **Building Teams In Primary Care: 15 Case Studies.** Report prepared for the California Healthcare Foundation. 2007.
- Bodenheimer, T. **Building Teams in Primary Care: Lessons Learned.** Report prepared for the California Healthcare Foundation. 2007.

Teams in Primary Care Reading List (cont.)

- Bodenheimer T and Laing BY. **The teamlet model of primary care.** *Ann Fam Med.* 2007 Sep-Oct;5(5):457-61.
- Chen EH, Thom DH, Hessler DM, Phengrasamy L, Hammer H, Saba G, and Bodenheimer T. **Using the teamlet model to improve chronic care in an academic primary care practice.** *J Gen Intern Med.* 2010;25(Suppl 4):610-614.
- Ghorob, A. and Bodenheimer, T. 2012. **Share the Care™: Building Teams in Primary Care Practices.** *J Am Board Fam Med.* 2012 Mar-Apr;25(2):143-5.
- Ghorob, A. and Bodenheimer, T. **Sharing the Care to Improve Access to Primary Care.** *N Engl J Med.* 2012; 366(21).

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