Creating High Functioning Teams in Primary Care

Matthew Swedlund, MD

Why do we need teams?

Growing recognition of need due to insurmountable requirements of panel management.

https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod19.html

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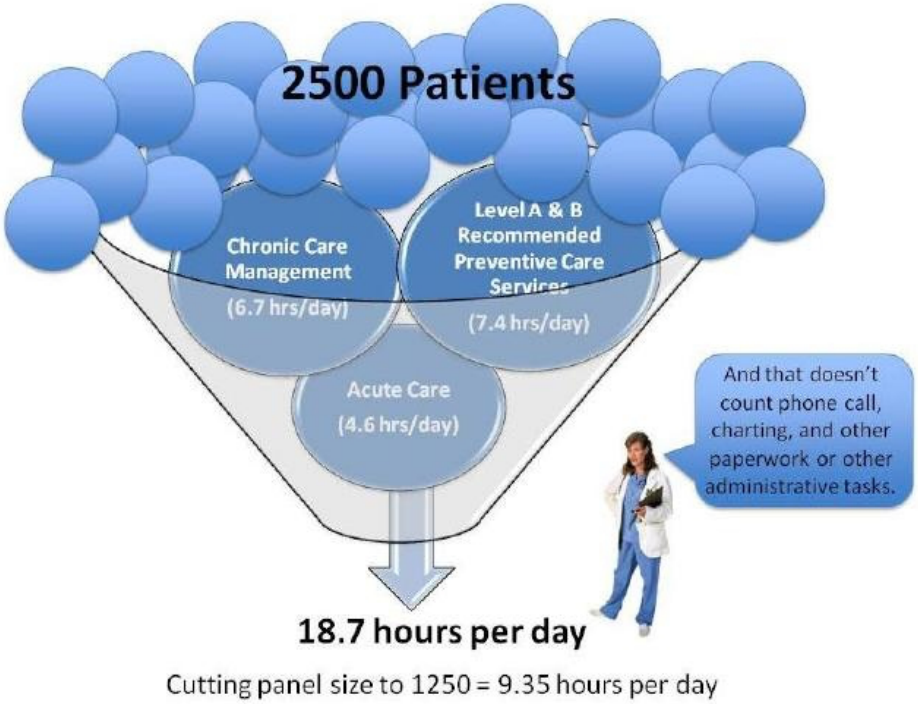

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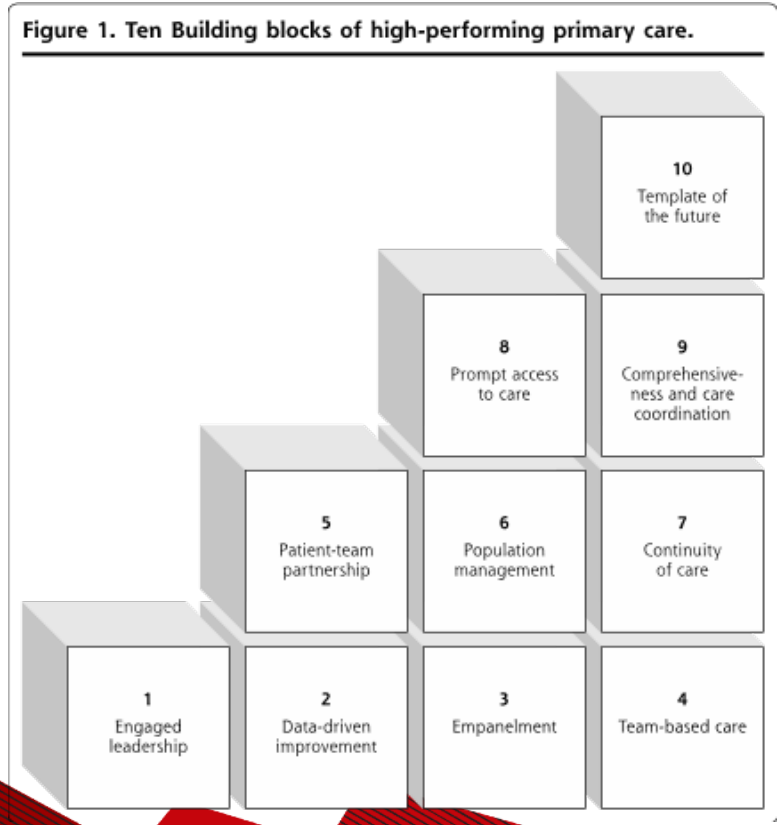
Building Blocks for Primary Care

Bodenheimer article on 10 building blocks of high performing primary care.

Majority of blocks are directly related to teams



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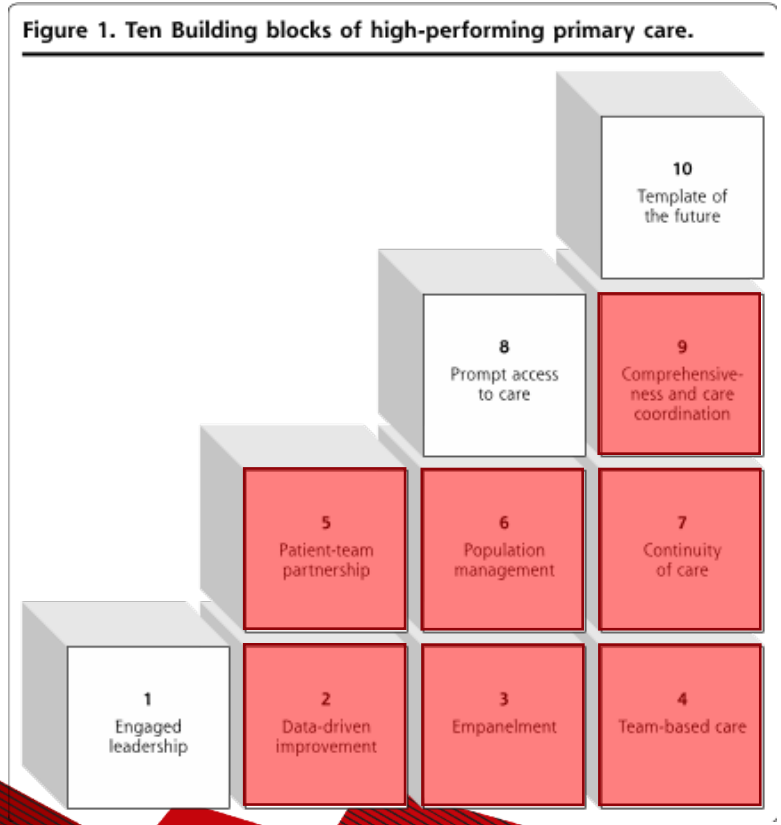

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Team Size and Structure

- Team size can vary depending on situation
- Teamlet
  - Provider/MA level
- Pod/Clinic
  - Larger team units can include APPs, RN, reception, lab, radiology, manager

Continuity

- Important for optimal patient care
- Associated with improved outcomes
- Can have continuity within teams and with individuals, depends on situation

Saultz JW, Lochner J. Interpersonal continuity of care and care outcomes: a critical review. Ann Fam Med. 2005 Mar-Apr;3(2):159-66

Continuity

Improved continuity of care leads to improvements in chronic and preventive care, reduced rates of hospitalization, greater patient and clinician experience and lower costs.

Saultz JW, Lochner J. Interpersonal continuity of care and care outcomes: a critical review. Ann Fam Med. 2005 Mar-Apr;3(2):159-66

How Connected is Your Team

Mundt Social Network Analysis

- Increased team communication
  - Improved outcomes
  - Reduced cost

Mundt MP, Gilchrist VJ, Fleming MF, Zakletskaia LI, Tuan WJ, Beasley JW.Effects of primary care team social networks on quality of care and costs for patients with cardiovascular disease. Ann Fam Med. 2015 Mar;13(2):139-48.

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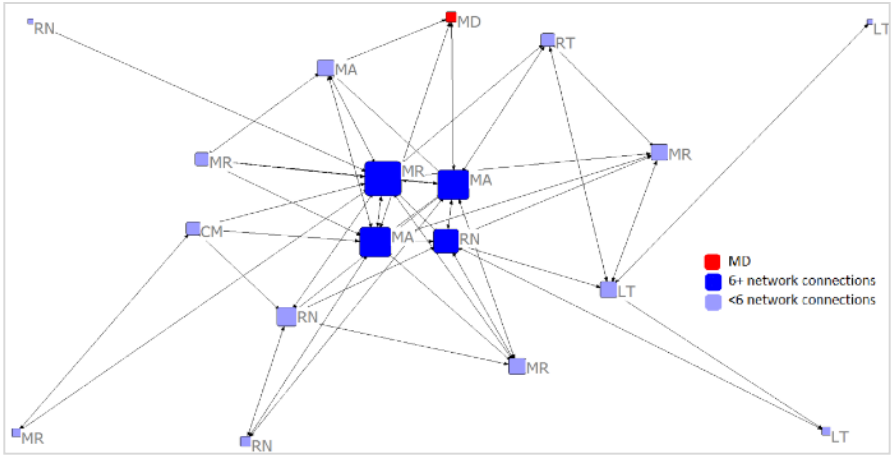

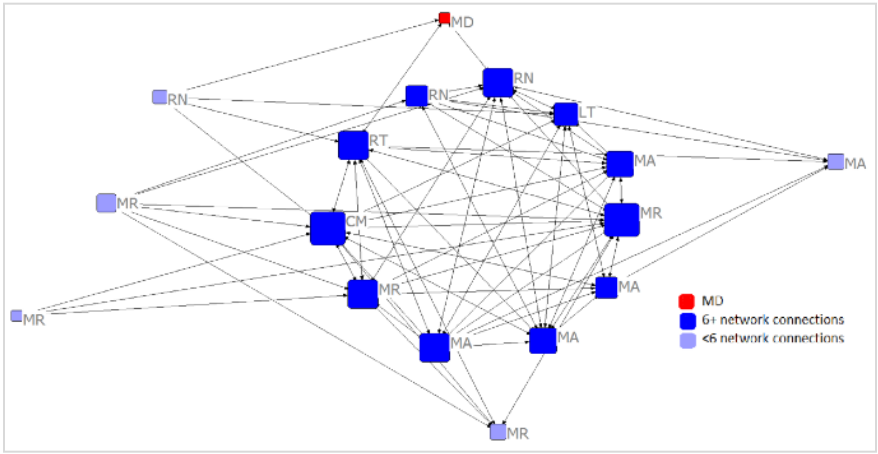

Primary care teams with lower face-to-face communication density (e.g., 0.44) had more acute visits for CVD

Primary care team with high face-to-face communication density (e.g., 0.64) had fewer acute care visits for CVD

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How Connected is Your Team

Denser face to face interaction led to improved BP and cholesterol control as well as fewer urgent care, ER and hospital visits with average savings of $556 per person.

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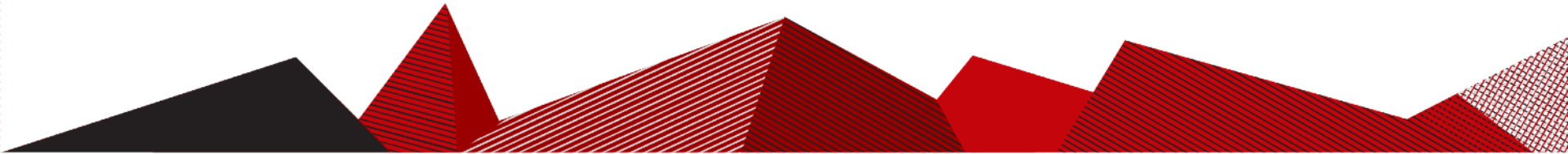
Team Models

- Qualitative Study follow up to Mundt study. Staff comments solicited and mapped to SEIPS model
  - Team
  - Physical Environment
  - Tools and Technology
  - Organization
  - External environment

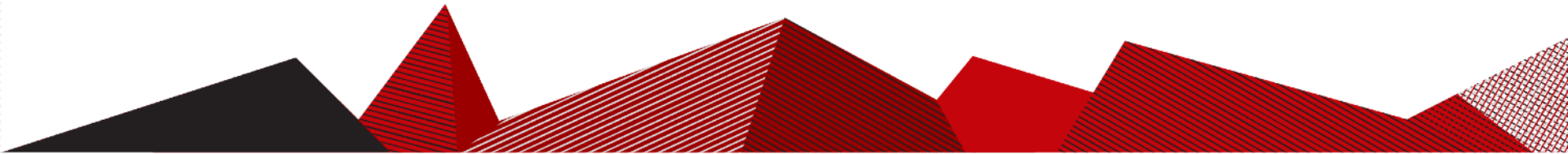
Mundt MP, Swedlund MP. A human factors systems approach to understanding team-based primary care: a qualitative analysis. Fam Pract. 2016 Dec;33(6):721-726

Team Models – Themes

- Importance of personal relationships, supportive ties among staff and social interactions for team functioning
- Shortcomings of digital communication for timely information sharing in the fast-paced environment of the clinic
- Value of physical proximity and clinicians co-location for optimizing team performance, communication and care processes

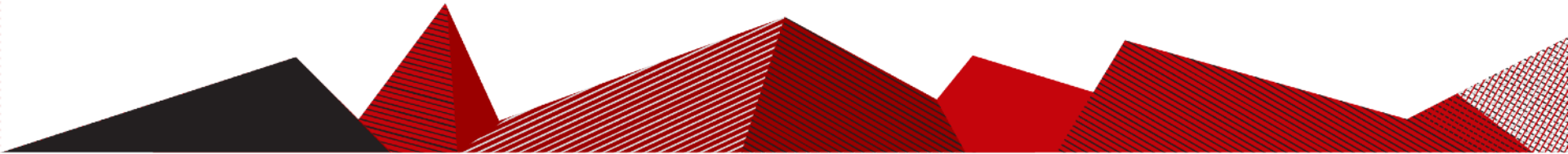


Team Models – Quotes



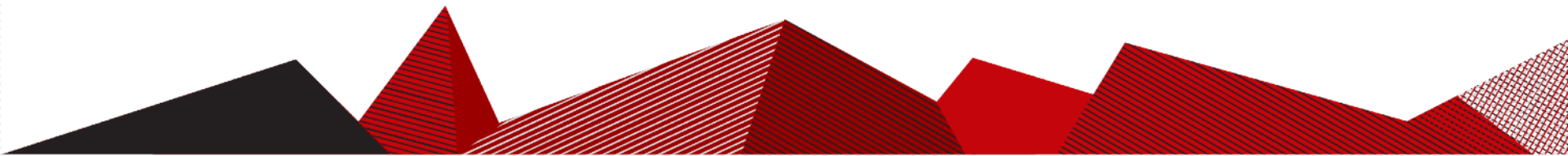
Team Models – Quotes

“I think it’s hard with Electronic Health Records because when Electronic Health Records came in, you lost that vocal communication because everything shows up as an in-basket or an order and you’re looking at a monitor to wait for something. I think it’s hard to know where that patient is in their process of the care for their visit.”



Team Models – Quotes

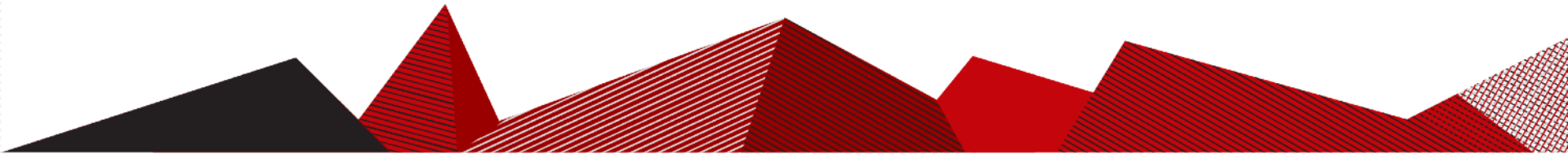
"…our telephone encounters are probably our best way of communication where you don't have to get up and leave your position… You can shoot a message and there's priority you know with that you can mark in there's to let somebody know that it needs to be kind of bump it up"



Team Models – Quotes

“So I think that just the fact that we are so segregated from each other does pose a problem with our communication.”

“I really like the way the doctors and MA’s sit together. That seems to help a lot instead of being in separate offices.”



Team colocation

- On-stage/off stage clinic layout
- Providers, RNs, MAs located in same space
  - Exceptions include RNCC in care coordination room, currently under consideration to change

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Real World Examples

"Sorry the doctor is running behind. You can keep today's appointment or I can fit you in tomorrow...whichever comes first."

Tobacco cessation workflow

- Organizationally we have struggled with identifying patients' readiness to quit smoking
- We wanted to more consistently document readiness to quit smoking
  - Hopefully would see improvement in addressing smoking cessation

Tobacco cessation workflow

- Partnership with Center for Tobacco Cessation and Intervention (CTRI) to implement Electronic referral to Wisconsin Quit Line
- MA driven workflow as part of rooming process
- Providers prompted to recognize smoking cessation discussion occurred.

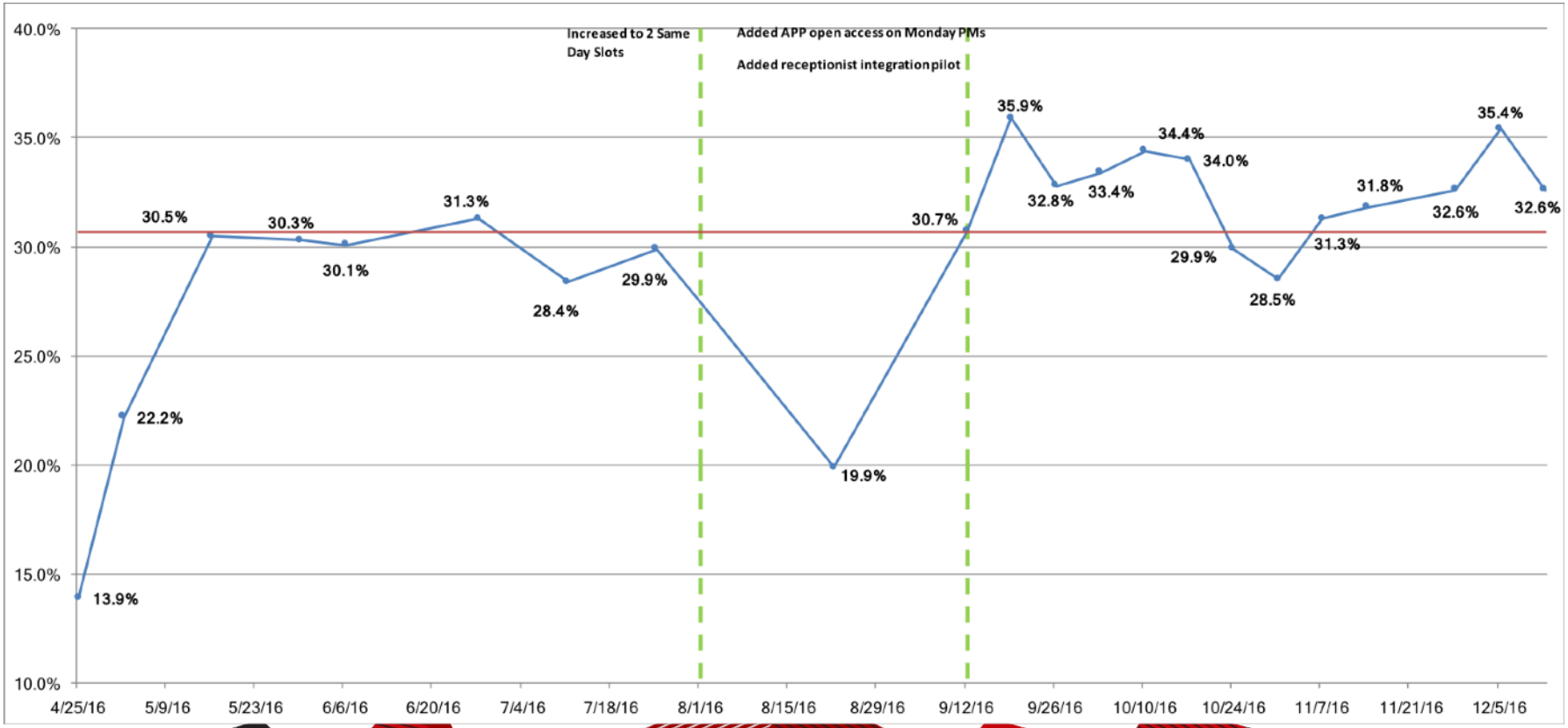
Access Improvement Project

- Local struggles with clinic access, project to focus on improving access.
  - Increased same day slots
  - Monday PM APP schedule for same day care
  - Reception integration to improve scheduling and identify areas where additional patients can be seen

Reception integration into care team

- Part of initiative to improve access
- Embedded reception into clinical teams
  - Review schedules for inconsistencies
  - Identify appointments that should be shortened/lengthened
  - Daily meeting with care team to review schedule
- Access improved but other interventions were simultaneously completed

Reception integration - Access

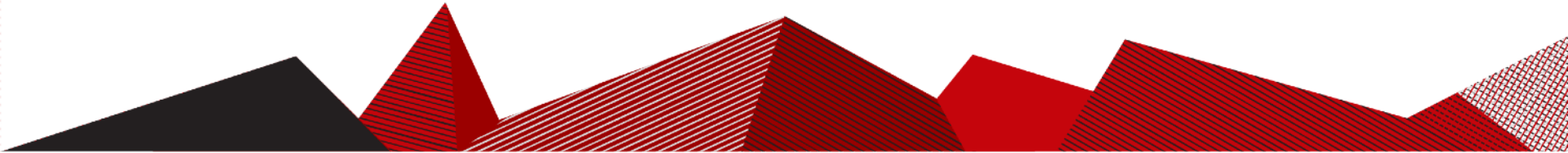


Hypertension team care

- Hypertension control has been challenging for our organization and at the clinic level
- Providers within visits can only do so much, not able to see patients with sufficient frequency
- Utilize RN visits for rechecking blood pressures
- Second blood pressure checks
- RN care coordination for longitudinal care and follow up of blood pressure
- Coordination back with physician

Hypertension team care

- Convened multidisciplinary work group (Reception, MA, RN, Providers, Clinic Manager) to address issue.
- Developed plan for improve blood pressure control
  - Create clearer team structures and keep patient care within those teams when possible
  - Providers to clearly articulate plan in documentation to allow RNs to implement those plans without inbasket communication
  - Reception workflow for patients refusing BP recheck, prevent loss to follow up



APP integration into care team

- Current model has APP integrated across clinic, no clear continuity or team structure
- Variety of models with different ratios below 1:1 ranging to 1:6 MD/DO to APP ratios
- APPs function as PCP in some areas
- Inbasket implications of APP when they are not the PCP, can increase uncompensated workload for physicians when not implemented well
- More from Dr. Sheth and Eric Elliot, PA-C