

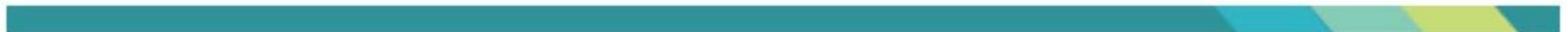
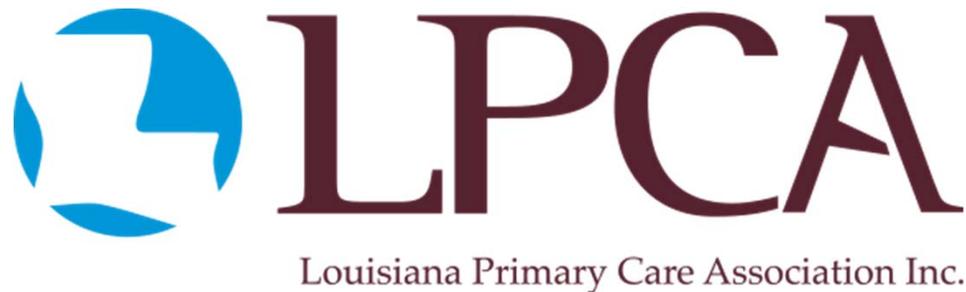


## **Team Based Care: The What, Why, and Where to Begin**

**Presented by: Dr. Robert VanGossen, MD  
and  
Trudy Franks, LCSW**



## Well-Ahead Louisiana Provider Education Network



# Meet the Experts

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- Dr. Robert VanGossen, MD



- Trudy Franks, LCSW





# Agenda

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- Define Team-Based Care
- Explain the benefits
- Where to get started
  - How does team-based care relate to the Patient Centered Medical Home (PCMH) model
- Lessons from the field: an FQHC experience
- Resources
- Q&A



# Key Takeaway Points

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- Team Based Care (TBC) is proven to improve quality, satisfaction and engagement; and reduce burnout and costs
- Change takes time and buy-in, so take small steps until you are ready to leap
- There are many resources available that will help you along your transformation journey to TBC

# Team Based Care

- Definition: The provision of health services by a health care team who work collaboratively with patients and caregivers to accomplish shared goals across settings to achieve coordinated, high-quality care.



# THE PAST

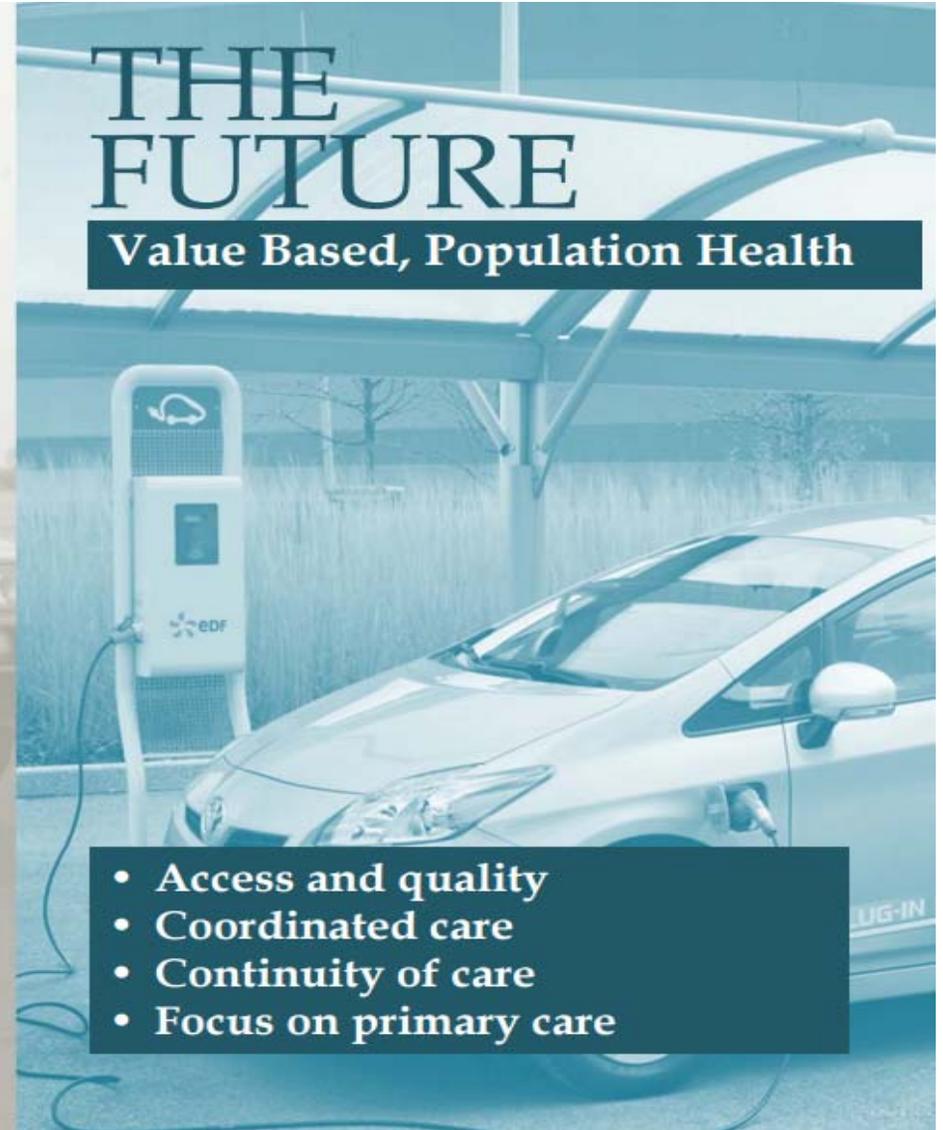
Volume Based, Fee for Service



- Focus on specialty care and technology
- Fragmented Care
- Primary care is forgotten

# THE FUTURE

Value Based, Population Health



- Access and quality
- Coordinated care
- Continuity of care
- Focus on primary care

# A NEW APPROACH TEAM-BASED MEDICINE

TRADITIONAL	NEW
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Autonomous Physician Practices	Team based multi-disciplinary approach
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Autonomous Physician Practices	Team based multi-disciplinary approach
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Physician as sole source of knowledge	Physician is part of a team with patient participation
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Physician as sole source of knowledge	Physician is part of a team with patient participation
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Single Point of Care Platform	Multiple Points of Care Platform
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Single Point of Care Platform	Multiple Points of Care Platform
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Quantity	Quality
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Quantity	Quality
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Episodic Care	Continuity of care
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Episodic Care	Continuity of care
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# Why Primary Care Teams?

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Improved  
clinical  
outcomes

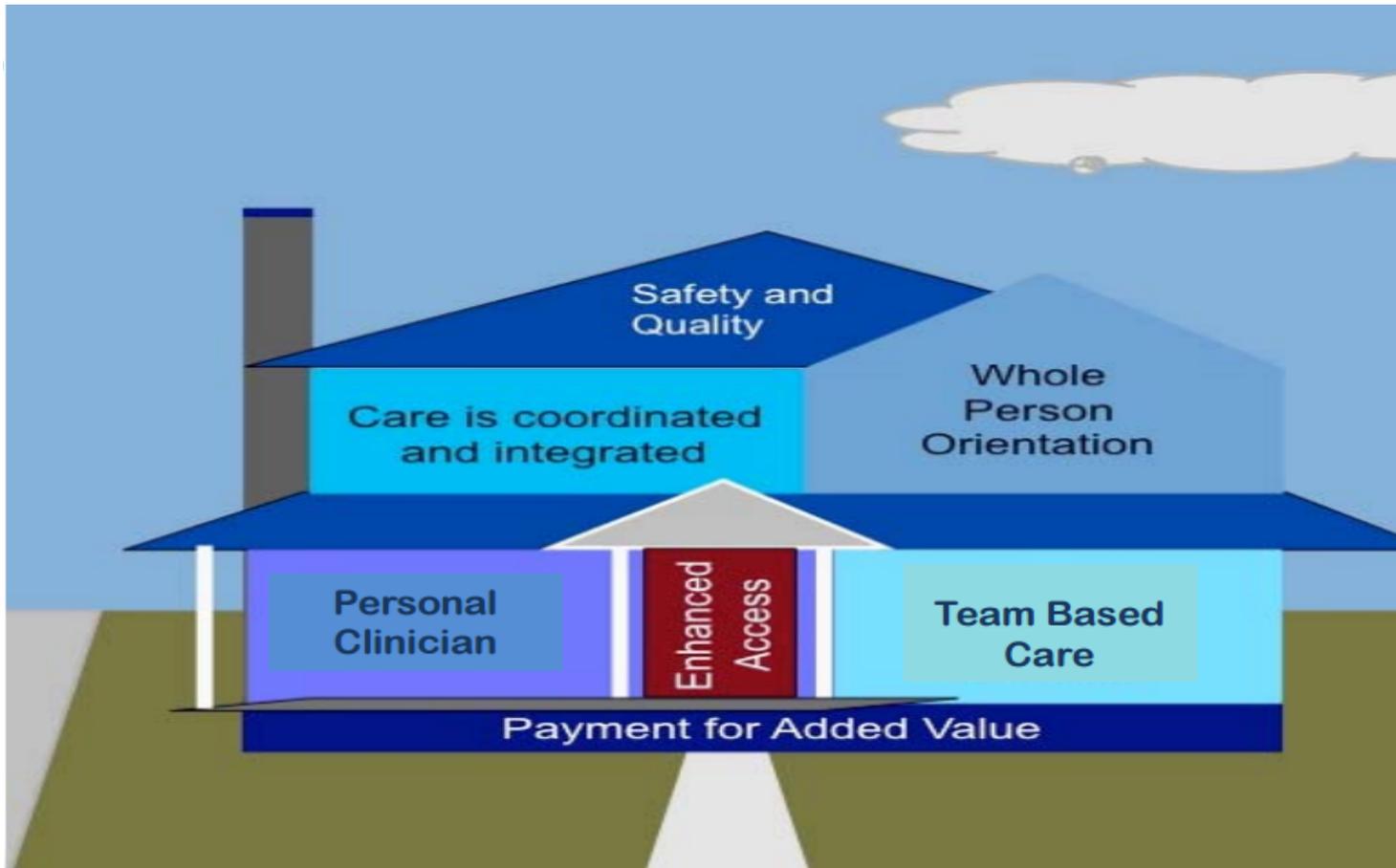
Better  
patient  
access and  
experience

Improved  
support for  
complex  
patients

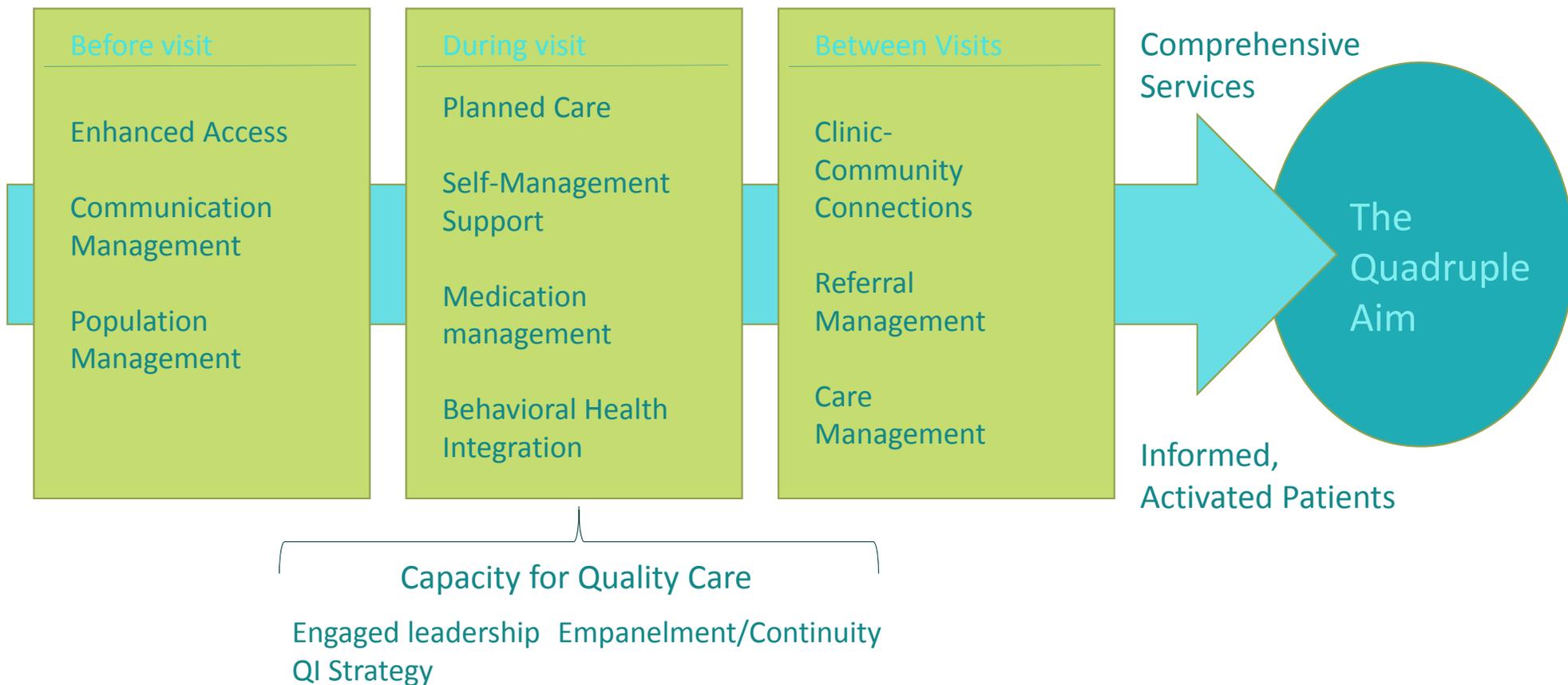
Reduced  
burnout

Become a  
Certifiable  
PCMH

# Joint principles of the medical home



# The Key Functions of Excellent Primary Care





# Where do you start?

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- Foundational blocks:
  - Leadership
  - Data driven Quality Improvement strategy
  - Clearly Define your Teams
  - Empanelment



# Step 1: Identify Leadership and Start Building a Team Culture

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- Continuous support from formal and informal leaders for team-based care and the changes proposed
- Dedicated resources
- Locate team members in close proximity
- Encourage daily meetings to organize the work and solve problems together
- Encourage all members of the team to have a voice

# Step 2: Develop a QI Strategy

- Choose and use a formal methodology for quality improvement (QI)
- Establish and monitor metrics to evaluate improvement efforts and outcomes
- Ensure that patients, families, providers, and care team members are involved in QI activities
- Optimize the use of health information technology to improve individual and population health outcomes



The image shows a PDSA Worksheet form. At the top left is a circular diagram with 'Plan' at the top, 'Do' on the right, 'Study' at the bottom, and 'Act' on the left. To the right of this diagram is the title 'PDSA WORKSHEET' and a table for 'Team Name', 'Date of Test', and 'Test Completion Date'. Below this is a section for 'Overall Aim/Project Goal' and 'What is the objective of the test?'. The form is divided into four main sections: 'PLAN', 'DO', 'STUDY', and 'ACT'. The 'PLAN' section includes a table for 'Use the table necessary to complete the test (check)' with columns for 'Metric', 'Frequency', 'When', and 'Where'. The 'DO' section includes a table for 'What the cycle called out as planned?' and 'What do you observe that was not part of the plan?'. The 'STUDY' section includes a table for 'Did the results match your prediction?' and 'Compare the result of your test to your previous performance.'. The 'ACT' section includes a table for 'Decide to Adopt, Adapt, or Abandon' and 'What do you learn?'. The form also includes checkboxes for 'Standardize' and 'Standardize'.

## Step 3: Define your teams

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- Determine what your core team(s) will look like
- Determine how many patients each of your teams can manage





## Step 4: Empanelment

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- Assign all patients to a provider and team panel
- Confirm assignments with providers and patients
- Review and update panel assignments on a regular basis
- Balance patient load
- Use panel data and registries to proactively contact, educate, and track patients by care gaps, disease status, risk status, self-management status, and community and family need.



# Why Continuity Matters

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- Data shows that improved continuity results in:
  - Improved access
  - Fewer visits to the emergency room
  - Improved patient satisfaction
  - Improved rates of preventive services completion (pap, mammograms, vaccinations, etc)

# WHY CONTINUITY MATTERS



Access  
Patient satisfaction  
Preventive services completion



ER Visits

# Next Step

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- Build a high performing team



How?

# The steps to consistently high team performance

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Build trust and communication

Identify and assign tasks

Train staff

Develop standard work

Enable staff to work independently

Monitor process and goal attainment

# An FQHC Experience

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# RESOURCES

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# Resources

## [ImprovingPrimaryCare.Org](http://ImprovingPrimaryCare.Org)

The screenshot shows the homepage of the Improving Primary Care website. At the top, there is a navigation bar with the text "PRIMARY CARE TEAM GUIDE" and three tabs: "GET STARTED", "BUILD THE TEAM", and "DO THE WORK". A search bar is located on the right side of the navigation bar. Below the navigation bar is a large teal banner with the heading "Building a Primary Care Team" and a sub-heading "Learn how expanding roles, increased training and using standing orders can develop trust, teamwork and efficiencies in your practice." A "WATCH THE VIDEO" button is positioned on the right side of the banner. Below the banner is a "TOPICS" section with a dropdown menu set to "All". There are four topic cards, each with a small image and a title: "The Practice Team", "The Medical Assistant (MA)", "The PCP", and "The Registered Nurse (RN)". Each card contains a brief description of the topic.

The screenshot shows the assessment page for Medical Assistants on the Improving Primary Care website. The navigation bar is identical to the previous screenshot. Below the navigation bar is a teal banner with the heading "MAs in our practice..." and a sub-heading "The Medical Assistant (MA) | Complete the statements below by clicking the value that best describes the care that currently exists at your practice." Below the banner is a grid of four assessment cards, each representing a different level of practice. Each card has a title, a description, and a progress indicator (a circle with a number). The levels are: Level D (mostly take vital signs and room patients), Level C (perform a few clinical tasks beyond rooming patients), Level B (perform a few clinical tasks and collaborate with the provider), and Level A (collaborate with the provider in managing the panel). Below the grid is a section titled "WHAT DO YOUR CHOICES MEAN?" with three paragraphs explaining the significance of the scores. At the bottom of the page, there is a "SHARE RESULTS" button and a "TAKE FULL ASSESSMENT" button. A footer section titled "The Medical Assistant (MA)" includes a sub-heading "MAs are a vital part of the primary care team. To make the" and an "ASSESS YOUR PRACTICE" button.

# Resources

Institute for Health Care Improvement

[IHI.Org](http://IHI.Org)



The screenshot shows the IHI Resources website. The browser address bar displays [www.ihl.org/resources/Pages/default.aspx](http://www.ihl.org/resources/Pages/default.aspx). The page features a blue header with the word "Resources" in white. On the left, a vertical navigation menu lists various resource categories: Libraries, How to Improve, Measures, Changes, Improvement Stories, Tools, Publications, IHI White Papers, Case Studies, and Audio and Video. The main content area is divided into three sections. The top section is a large image of a person's hands holding a tablet and a pen, with the word "Resources" overlaid in a light blue font. Below the image are icons for email, print, and share, followed by the text "Resources" and a brief description: "To help you with your improvement efforts, IHI offers tools, change ideas, measures to guide improvement, IHI white papers, audio and video, improvement stories, and more." The right sidebar is titled "NEWEST RESOURCES" and lists several articles with "»" links: "WIHI: Moving Upstream to Address the Quadruple Aim", "WIHI: Measures That Matter: Whole System Measures 2.0", "WIHI: How to Speak Up for Safety", "Whole System Measures 2.0: A Compass for Health System Leaders", and "Four Steps to Sustaining Improvement in Health Care". A "View All »" link is positioned at the bottom of this list. At the bottom of the page, there is a sign-up box for IHI news and a free QI course.



Questions?

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# Contact Information

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Thank you very much to [John Snow, Inc. \(JSI\)](#) for their assistance in preparing this slide presentation.

THANK YOU!

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