



Improving Care Coordination across the Medical Neighborhood:
A Patient-Centered, Team-Based Approach

Module 1: Introduction to Care Team Formation

February 27, 2020

Hannah Stanfield

HStanfield@wacommunityhealth.org

360.786.9722 ext.237



Housekeeping

- Please keep lines muted when not speaking.
- Join us on video!
- This session is being recorded.
- Slides and a recording will be available.
- Find links to resources in the chat box.



Public Health
Seattle & King County 

 **Peninsula
Community
Health
Services**

 **CBHA**

 **CVCH**

neighborcare  **health.**

Hello!



Jillian Bird



Emily Kane

Intellectual Property, Copyright, Creation of Supplemental Resources

- The Arizona State University Center for Advancing Interprofessional Practice, Education and Research has full and exclusive rights to all of the workshop materials.
- Workshop participants may use workshop resources for non-commercial, professional development, without altering or removing any trademark, copyright or other notice on the material. No changes in the workshop materials are permitted.
- Written permission by the Arizona State University Center for Advancing Interprofessional Practice, Education and Research is required in advance of copying or creating supplemental materials to the workshop materials.



Our Partners

NNCC is thrilled to partner with the Washington Association for Community Health on a learning collaborative around team-based care.



Washington
Association for
Community Health

This training is Part 1 of a 4-part series.

NNCC is supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) through a National Training and Technical Assistance Cooperative Agreement. The information presented in this webinar, or its content and conclusions, are those of the presenters and should not be construed as the official position or policy of HRSA, HHS or the U.S. Government. More information about can be found at our website, www.nurseledcare.org



National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services



Principles of Nurse-Led Care and Health Centers

- NNCC's care team training is rooted in principles of nurse-led care
- Nurses have been functioning as members of interdisciplinary care teams for decades
- NNCC has been supporting nurse-led and interdisciplinary care team models for over two decades



Agenda

Time	Module	Description
5 minutes	Welcome and Introductions	<ul style="list-style-type: none">• Welcome participants• Introduce our speakers and module
5 minutes	National Trend and Research Overview (Jillian Bird)	<ul style="list-style-type: none">• NNCC and Care Teams• National movement towards care teams
15 minutes	Identifying High Performing Teams (Jillian Bird)	<ul style="list-style-type: none">• Characteristics of high-performing teams• National movement towards care teams
10 minutes	Assessing for Care Team Readiness (ACE-15) (Emily Kane)	<ul style="list-style-type: none">• Background of the ACE-15• ACE-15 homework for participants
15 minutes	Q&A and Next Steps	

Team-Based Care



Core Competencies for Interprofessional Collaborative Practice (2016 Update)

Interprofessional Education Collaborative (2016)

Values/Ethics for Interprofessional Practice

Work with individuals of other professions to maintain a climate of mutual respect and shared values.

Roles/Responsibilities

Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

Interprofessional Communication

Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

Teams and Teamwork

Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

<https://www.ipecollaborative.org/resources.html>



Preparing for Value-Based Care

CURRENT WORLD:

- + Visit productivity
- + Reacting to external drivers
- + Process-focused projects with large but time-limited revenues



Need to organize for:

- + Caring for a population
- + Track changes over time to anticipate diminished health
- + Enable drivers of wellness
- + Capture patient feedback and satisfaction
- + Track care across disparate providers and systems
- + Track clinical health outcomes

Patient & Family Outcomes

Team Outcomes

Satisfaction

Satisfaction

Engagement

Productivity

Adherence

Accurate problem identification

Self-care

Fewer errors

Fewer missed visits

Less turnover

Clinical outcomes

Joy in work

Quadruple Aim Framework

- Providing acute, chronic, and preventative care while building meaningful relationships

- Reducing pressure on any one team member to meet all the requirements of primary care

More satisfied patients

More satisfied providers

Better care

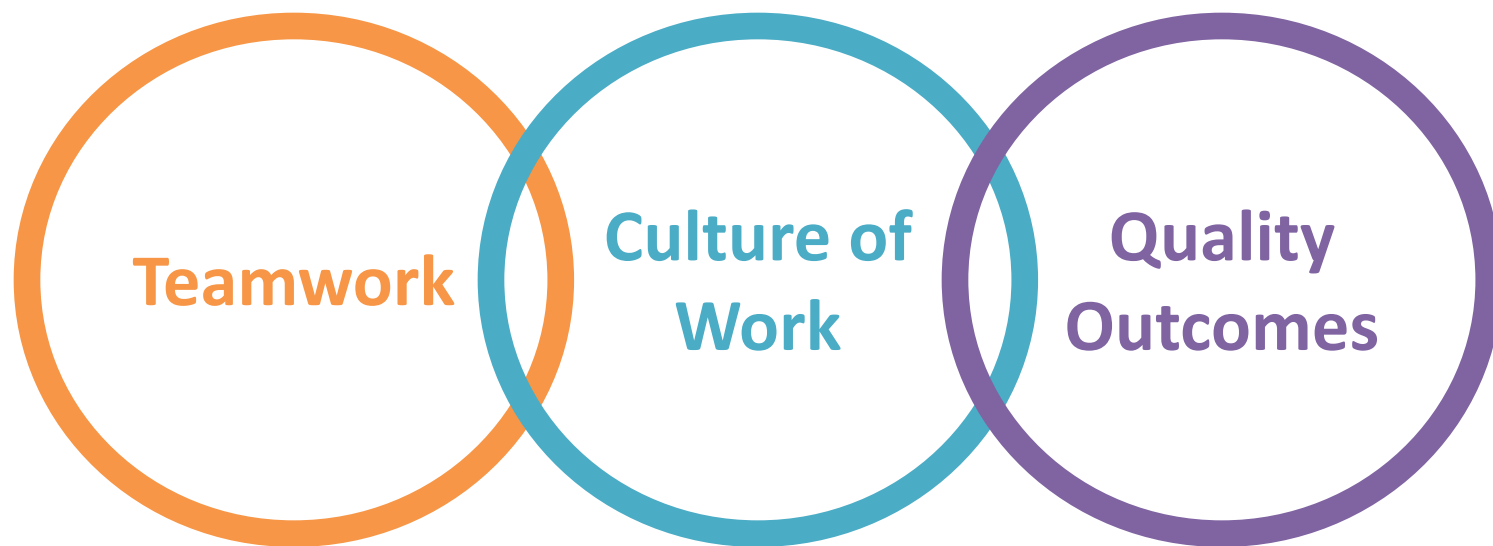
Lower total medical costs

- Managing patients with multiple diagnoses, including mental health and behavioral problems

- Meeting targets on countless metrics for both cost and quality.

Teams and Teamwork in Primary Care

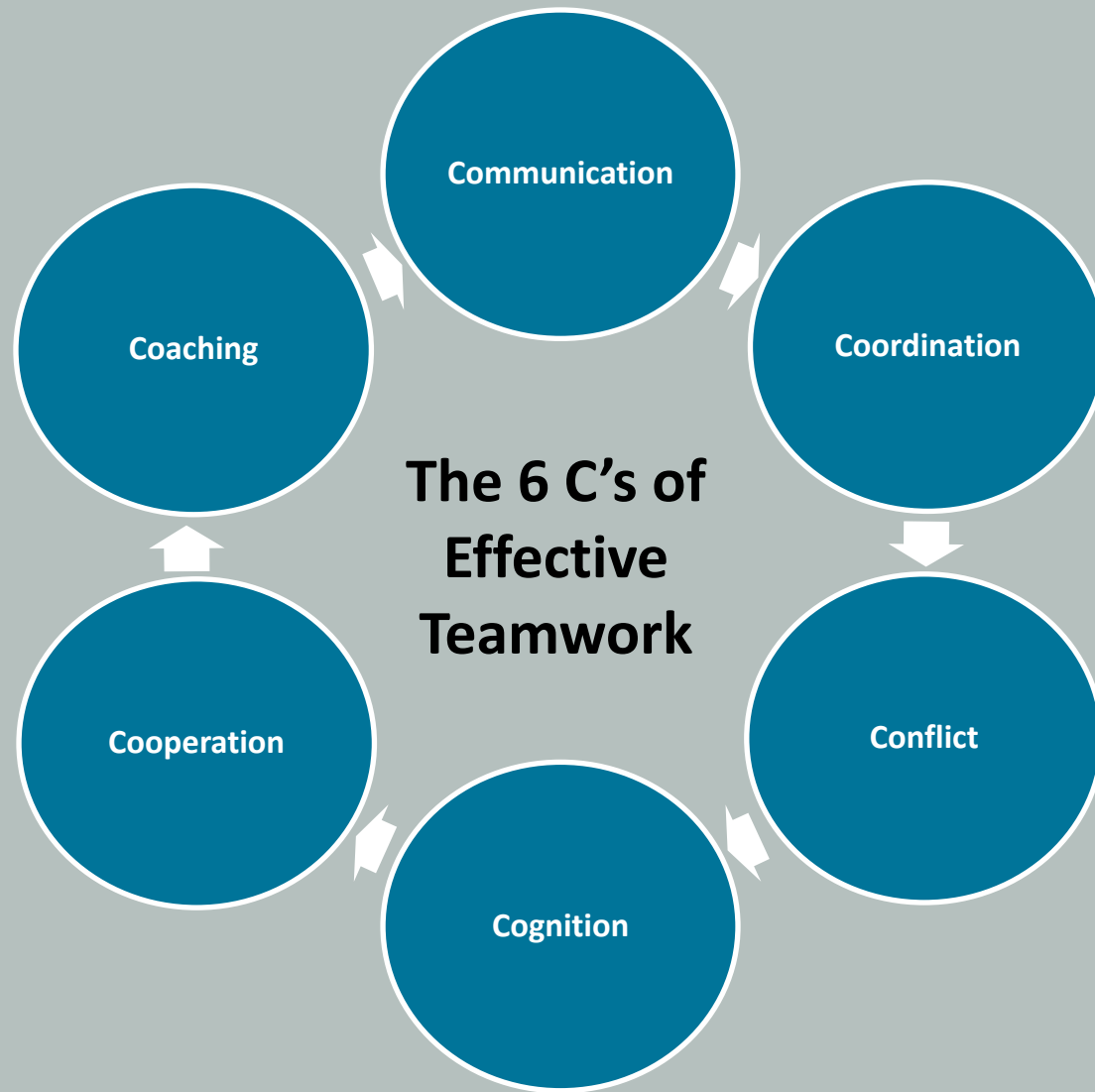




“Teamwork is the predominant form of work organization in healthcare. Clinician occupational well-being and patient safety develop in a teamwork context and are dependent on each other.”

Welp & Manser (2016)





Salas et al. 2015



Core Team Principles from the NAM (IOM) Roundtable

- Shared goals
- Clear roles
- Mutual trust
- Effective communication
- Measureable processes and outcomes

Mitchell et al. 2012



Improve Outcomes of Team-Based Care

References:

Nielsen, Marci, et al. "Benefits of Implementing the Primary Care Patient-Centered Medical Home." Washington: Patient-Centered Primary Care Collaborative (2012).

Stewart, K. R. (2016). SBAR, communication, and patient safety: an integrated literature review. <http://scholar.utc.edu/cgi/viewcontent.cgi?article=1070&context=honors-theses>

Haig, K., Sutton, S., & Whittington, J. 2006 SBAR: A shared mental model for improving communication between clinicians

Novak, K. & Fairchild, R. 2012 Bedside reporting and SBAR: Improving patient communication and satisfaction

Wentworth, L., Diggins, J., Bartel, D., Johnson, M., Hale, J., & Gaines, K. 2012 SBAR: Electronic handoff tool for noncomplicated procedural patients

Perry, R. J., McCall, N., Wensky, S. G., & Haber, S. G. "Care Continuity in a Patient-Centered Medical Home Setting" RTI Press Research Report (2016).

Jabbarpour, Y., DeMarchis, E., Bazemore, A., Paul G. "The Impact of Primary Care Practice Transformation on Cost, Quality, and Utilization: A Systematic Review of Research Published in 2016". Patient Centered Primary Care Collaborative. Washington, DC (2017)

Peikes, D., Swankoski, K., Mutti, A., Anglin, G., Converse, L., Grannemann, T., ... & Finucane, M. (2016). Evaluation of the Comprehensive Primary Care Initiative: Third Annual Report. Mathematica Policy Research.

Harding, K., Mersha, T. B., Vassalotti, J. A., Webb, F. A., & Nicholas, S. B. (2017). Current State and Future Trends to Optimize the Care of Chronic Kidney Disease in African Americans. American Journal of Nephrology, 46(2), 176-186.

Nielsen, M., Buel, L., Patel, K., Nichols, L. M., & Fund, M. M. (2014). The patient-centered medical home's impact on cost and quality. Milbank Memorial Fund.

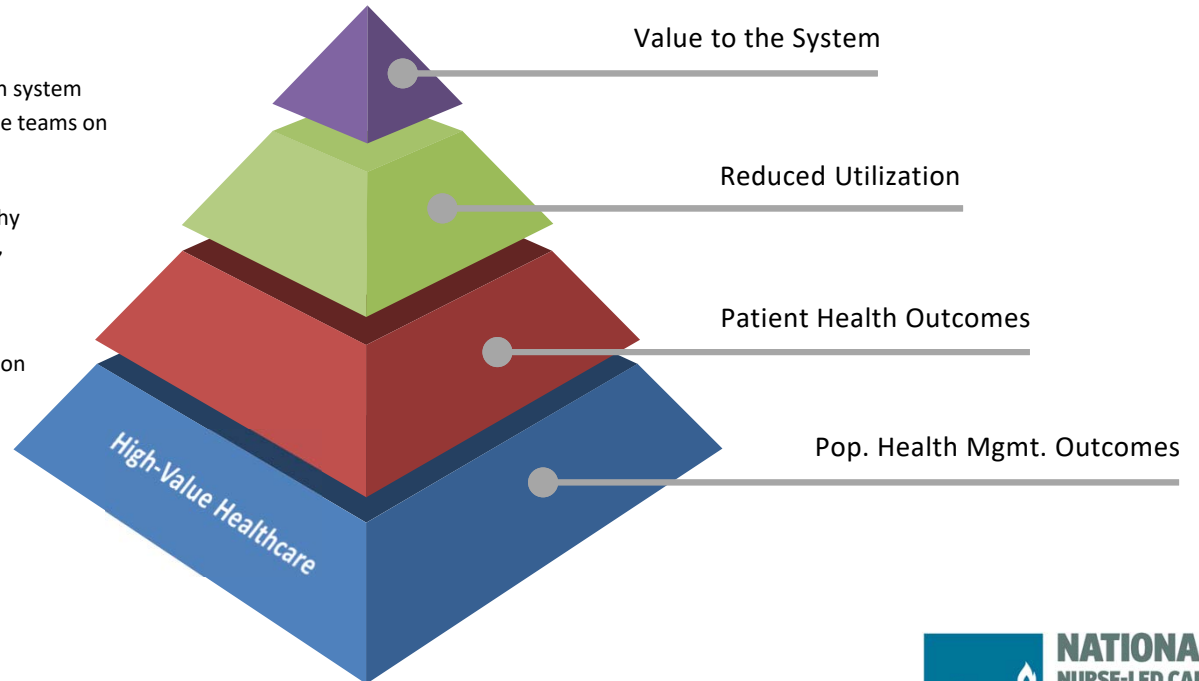
Care Teams Create Value

Evidence has found care teams create value for the health system across the care spectrum. Research into the impact of care teams on health outcomes has found:

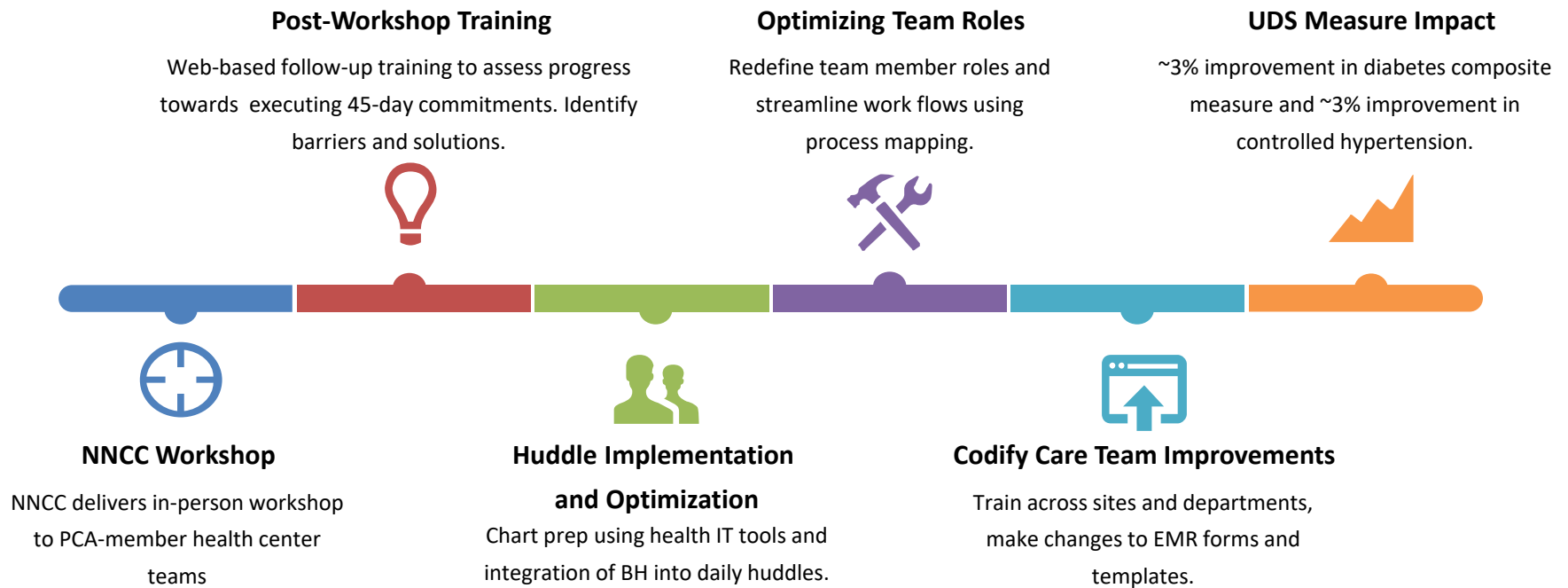
Increased Influenza immunization, mammography screening, and colorectal cancer screening rates, and eye exams.

Improved outcomes for diabetes and coronary artery disease. Improved medication reconciliation and reduced adverse drug events.

Lower ED utilization and in-patient hospitalizations. Fewer 30-day readmissions and shorter length of stay.



Outcomes of Care Team Optimization for CHCs



Recognizing Success: Teams

Objective: *Measuring Interprofessional “Teamness”*

Tool: *Assessment for Collaborative Environments (ACE-15)*

Measures:

- Effective communication
- Clear roles
- Shared goals
- Mutual trust
- Measureable process and outcomes
- Organizational support

(15 questions, 5 minutes)

ACE-15 Homework

Assessment Link:

<https://www.surveymonkey.com/r/washace-15>

- Purpose of the survey:
 - Get baseline attitudes toward care teams for participating learners
- Who should take the survey?
 - All members of your care teams, as well as any other staff involved with support/supervision of care teams
- Due date:
 - March 19th

Q&A



Remaining Modules

March 12, 2020

12:00pm – 1:00pm

March 26, 2020 – *In person*

9:00am – 3:00pm

April 30, 2020

12:00pm – 1:00pm





Thank you!

Please complete our short evaluation.

Chat Box
Follow Up Email

Hstanfield@wacommunityhealth.org