Principles of Team-Based Care: Expanding the Team to Improve the Quality of Life for Patients Living with Diabetes and Hypertension

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Participants will be able to:

• List the **reasons** for adopting effective team-based care strategies
• Describe the **principles** of effective team-based care
• Identify **resources** for primary care practices to improve team-based care
STAYING POSITIVE IN A VUCA WORLD
Volatile
Uncertain
Complex
Ambiguous

"the new normal"
210,000 – 440,000
Top Causes of Death U.S. Numbers of Death, 2010

- Heart Disease: 600,000
- Cancer: 575,000
- Medical Errors in Hospitals: 210,000 + 440,000
- Strokes: 130,000
- Accidents: 120,000
- Alzheimer’s Disease: 84,000
- Diabetes: 70,000
80%
A Team of Experts

is not

An Expert Team
“It is clear that HOW care is delivered is as important as WHAT care is delivered”. IOM 2001
Health Care Reform Necessitates Interprofessional Team-Based Practice

- **Payment reform** – value based payment

- **Integrated care** – primary care, behavioral health, and/or oral health
Vision for 21st Century Health Care Professionals

IOM Core Competencies for Health Care Professionals:

• Provide patient-centered care
• Work in interdisciplinary teams
• Employ evidence-based practice
• Apply quality improvement
• Utilize informatics

US CDC’s 3 Buckets of Prevention:
Clinical Care
Innovative patient-centered care
Community-Wide Health

Focused on Preventive care
Key Winnable Battles for Public Health

- Tobacco
- Healthcare-Associated Infections
- Teen Pregnancy
- Nutrition, Physical Activity, Obesity and Food Safety
- Motor Vehicle Injuries
- HIV
State Innovation Model (SIM)

• In Maine:
  • Community Care Teams
  • Patient-Centered Medical Homes, Health Homes, Behavioral Homes
  • ACOs with value-based payment
  • Community Health Workers
<table>
<thead>
<tr>
<th>2011 Standards</th>
<th>Points</th>
<th>2014 Standards</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance Access and Continuity</td>
<td>20 points</td>
<td>Patient-Centered Access</td>
<td>10 points</td>
</tr>
<tr>
<td>Identify and Manage Patient Populations</td>
<td>16 points</td>
<td>Team-Based Care</td>
<td>12 points</td>
</tr>
<tr>
<td>Plan and Manage Care</td>
<td>17 points</td>
<td>Population Health Management</td>
<td>20 points</td>
</tr>
<tr>
<td>Provide Self-Care Support and Community Resources</td>
<td>9 points</td>
<td>Care Management Support</td>
<td>20 points</td>
</tr>
<tr>
<td>Track and Coordinate Care</td>
<td>18 points</td>
<td>Care Coordination and Care Transitions</td>
<td>18 points</td>
</tr>
<tr>
<td>Measure and Improve Performance</td>
<td>20 points</td>
<td>Performance Measurement and Quality Improvement</td>
<td>20 points</td>
</tr>
</tbody>
</table>

Source: NCQA PCMH 2011-PCMH 2014 Crosswalk
• Access and continuity
• Planned care for chronic conditions and preventive care
• Risk stratified care management
• Patients and caregiver engagement
• Coordination of care across the medical neighborhood
- Million Hearts
- Risk Stratified Care
- Population Health Management
- Shared Decision Making
- Individual Risk Modification Planning
- Team-Based Care
- Quality and Clinical Data Reporting
Participants will be able to:

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Interprofessional Collaborative Practice (IPCP)

“When multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care” (WHO, 2010)
4 Interprofessional Competencies

- Values/Ethics
- Roles/Responsibilities
- Communication
- Teamwork

2011 by associations of schools of nursing, MD, DO, pharmacy, dental, & public health (AACN, AAMC, AACOM, AACP, ADEA, and ASPPH)

http://www.aacn.nche.edu/education-resources/ipecreport.pdf
Does It Work?

So far, yes.
7 studies indicate positive outcomes in diabetes care, medical errors, OR care, patient satisfaction, behavioral health care.


Implementing **IP Practice** tools such as TeamSTEPPS works to reduce errors and improve outcomes and care

http://www.teamsteppsportal.org/evidence-base
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• **Identify resources** for primary care practices to improve team-based care
What can you do to build tools for interprofessional practice?

- Values/Ethics
- Roles/Responsibilities
- Communication
- Teamwork
TeamSTEPPS

U.S. DHHS AHRQ curriculum for health professionals that teach team skills

Curriculum and materials are **free** or low cost: [http://teamstepps.ahrq.gov/](http://teamstepps.ahrq.gov/)

Teamwork & the Primary Care Team

- The Primary Care Team has all these obstacles to effective care:
Leadership is a process of motivating people to work together collaboratively to accomplish tasks

**Characteristics of effective leadership:**

- Role modeling and shaping teamwork through open sharing of information
- Constructive and timely feedback
- Facilitation of briefs, huddles, debriefs, and conflict resolution
Leadership Strategies

• Briefs – planning
• Huddles – problem solving
• Debriefs – process improvement

Leaders are responsible to assemble the team and facilitate team events

But remember...

Anyone can request a brief, huddle, or debrief
Planning

– Form the team
– Designate team roles and responsibilities
– Establish climate and goals
– Engage team in short- and long-term planning
# Briefing Checklist

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>✔</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is on your team today?</td>
<td>✔</td>
</tr>
<tr>
<td>All members understand and agree upon goals?</td>
<td>✔</td>
</tr>
<tr>
<td>Roles and responsibilities understood?</td>
<td>✔</td>
</tr>
<tr>
<td>Staff availability?</td>
<td>✔</td>
</tr>
<tr>
<td>Workload?</td>
<td>✔</td>
</tr>
<tr>
<td>Available resources?</td>
<td>✔</td>
</tr>
<tr>
<td>Review of the day’s patients?</td>
<td>✔</td>
</tr>
</tbody>
</table>
Huddle

Problem Solving

– Hold ad hoc, “touch-base” meetings to regain situation awareness
– Discuss critical issues and emerging events
– Anticipate outcomes and likely contingencies
– Assign resources
– Express concerns
Debrief

Process Improvement
• Brief, informal information exchange and feedback sessions
• Occur after an event or shift
• Designed to improve teamwork skills
• Designed to improve outcomes
  – An accurate reconstruction of key events
  – Analysis of what worked or did not work and why
  – What should be done differently next time
• Recognize good team contributions or catches
Debrief Checklist

<table>
<thead>
<tr>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication clear?</td>
</tr>
<tr>
<td>Situation awareness maintained?</td>
</tr>
<tr>
<td>Workload distribution?</td>
</tr>
<tr>
<td>Did we ask for or offer assistance?</td>
</tr>
<tr>
<td>Were errors made or avoided?</td>
</tr>
<tr>
<td>What went well, what should change, what can improve?</td>
</tr>
</tbody>
</table>
One-Page TeamSTEPPS Core Tools


- Briefs, Debriefings, Huddles
- SBAR
- Call-out
- Check – back
- Situation Monitoring
- STEP

Pick a tool every month and work on it as a team!
Barriers to Team Effectiveness

**BARRIERS**
- Inconsistency in Team Membership
- Lack of Time
- Lack of Information Sharing
- Hierarchy
- Defensiveness
- Conventional Thinking
- Complacency
- Varying Communication Styles
- Conflict
- Lack of Coordination and Followup With Co-Workers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

**TOOLS and STRATEGIES**
- Brief
- Huddle
- Debrief
- STEP
- Cross-Monitoring
- Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration
- SBAR
- Check-Back
- Handoff

**OUTCOMES**
- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- *Patient Safety!!*
St. Louis University (SLU) Online TeamSTEPPS Module: The Essentials

33 interactive slides
Can be done by individuals or as a group

Other Resources: IHI Open School

Online Courses on Patient Safety, including teamwork and communication

http://www.ihi.org/education/ihiopenschool/courses/Pages/default.aspx
Building an Integrated Team That Works

U.S. DHHS SAMHSA HRSA
