

There is No 'I' in Team

Remodeling Family Medicine Centers to Meet Team-Based Care

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Disclaimer

The views expressed are those of the author(s) and do not reflect the official policy of the Department of the Army, the Department of Defense or the U.S. Government.

Do you have residents that feel like...



Photo credit: <http://www.virtualdrflanagan.com/about.html>

Photo credit: <https://www.bleepingcomputer.com/news/security/and-so-it-begins-spora-ransomware-starts-spreading-worldwide/>

Objectives

- Reviewed challenges of meeting preventative medicine standards of current healthcare legislation
- Discussed the benefits of team-based care (TBC) of assisting providers to meet preventative medicine standards
- Understood effective principles of structural layout for TBC
- Discussed different facility models of TBC
- Applied principles and examples of TBC to analysis of your clinic structural layout

Activity 1

- Think of the challenges unique to your clinic on providing efficient care
- Write down two or three
- Share with your neighbor(s)

5 MINUTES



Current Practice Challenges

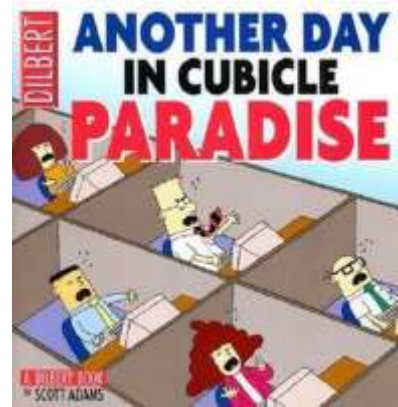
- Preventative health measures are effective, but adherence is poor
- Patient-provider cultural and social barriers
- Time constraints
- Provider focus on volume of care

Current Practice Challenges

- Uncertainty of Affordable Care Act
- Electronic Medical Records
- Heterogeneity of reimbursement types
- Team-based care only one aspect of patient centered care

Cubicle Syndrome

- Silo mentality
 - “Inward mindset” (Arbinger Institute)
 - “Meaningless rituals and bureaucracy” (Lazlo Boch)
- Physical environment
 - Isolating & Territorial
 - Privacy centric
- Prevents collaboration



Poll Question 1

- What is your level of understanding with TBC?
- A: Team-based what?
- B: Heard the concept
- C: Just started implementing
- D: Implemented and adjusting

TBC Snapshot

- Less vertical structure
- More horizontal hierarchy of trust between providers and allied health professionals
- Fewer barriers to communication: physical and intangible

TBC Principles

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



Photo Credit: <https://www.ucsf.edu/news/2014/08/116856/team-based-approach-primary-care>

TBC Principles - VA

1. Patient-driven care
2. Team-based provider collaboration
3. Enhanced efficiency
4. Comprehensive health and wellness services
5. Continuous patient-provider relationship
6. Improved communication – knocking down walls
7. Interdisciplinary, seamless service coordination

TBC Values

- Honesty
- Discipline
- Creativity
- Humility
- Curiosity



Photo Credit: <https://www.ucsf.edu/news/2014/08/116856/team-based-approach-primary-care>

TBC on the Ground

- Each team member works at the top of their qualifications
 - Physician does only he or she is qualified to do
 - Physician delegates the other tasks to well-trained clinical assistants
- Physician and clinical assistant share these responsibilities – gathering data, physical examination and synthesis of data, medical decision-making, patient education and plan-of-care implementation.

TBC Benefits

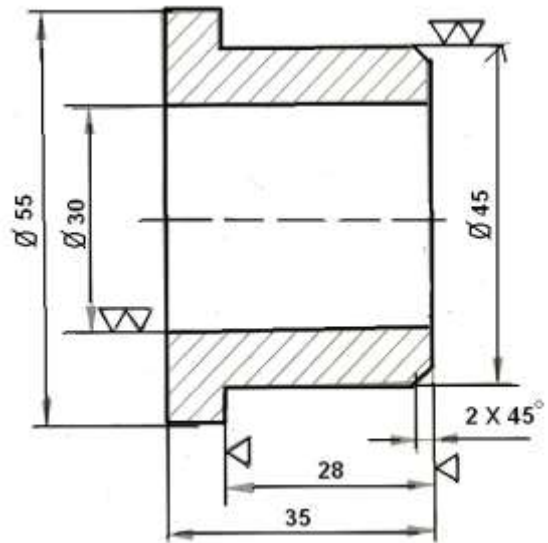
- Increased patient & provider satisfaction
- Increased productivity
- Increased RVU's
- Improved care of chronic conditions
- Potential for more data-driven quality improvement

Poll Question 2

- What is your biggest barrier to implementing team based care?
 - A: Physical space constraints & money
 - B: Employer/leader hesitance
 - C: Provider resistance
 - D: Allied staff resistance (ie. Nurses, MAs)
 - E: Other

Poll Question 3

- Your clinic is in which of the following stages of planning for TBC?
 - A: Not currently in the plans
 - B: Brainstorming
 - C: Have plans on paper
 - D: Started transition
 - E: Fully implemented



TBC Model 1 – FM Residency Clinic

- Clinic “Hall Teams”
 - 4-5 residents (mixture of interns & R2+)
 - 1-2 full-FTE providers, 1 faculty physician, 1 RN, 2-3 CNA's
 - Co-located in same hallway
- Integrated behavioral health consultant, case manager, & clinical pharmacist
- Hospital-based – Lab/Rad/Pharmacy in the building

TBC Model 1 – FM Residency Clinic

R3, R2, R1		Faculty	R3, R2, R1		Faculty
R3, R2, R1		PA Office & Exam	R3, R2, R1		PA Office & Exam
Exam Room		Exam Room	Exam Room		Exam Room
Exam Room		LPN Screening Room	Exam Room		LPN Screening Room
LPN Screening Room		RN Room	LPN Screening Room		RN Room

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TBC Model 2 – FM PCMH

- Patient care team office
 - 1 provider
 - 1-2 nurses (LPN/CNA)
- Integrated behavioral health consultant
- Clinical pharmacist
- Hospital-based – Lab/Rad/Pharmacy in the building

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TBC Model 2 – FM PCMH

Provider + 1-2 LPNs		Provider + 1-2 LPNs		Provider + 1-2 LPNs	
Exam Room		Exam Room	Exam Room		Exam Room
Exam Room		Exam Room	Exam Room		Exam Room
Exam Room		Exam Room	Exam Room		Exam Room
Exam Room		Exam Room	Exam Room		Exam Room
Exam Room		Counseling Room	Exam Room		Counseling Room

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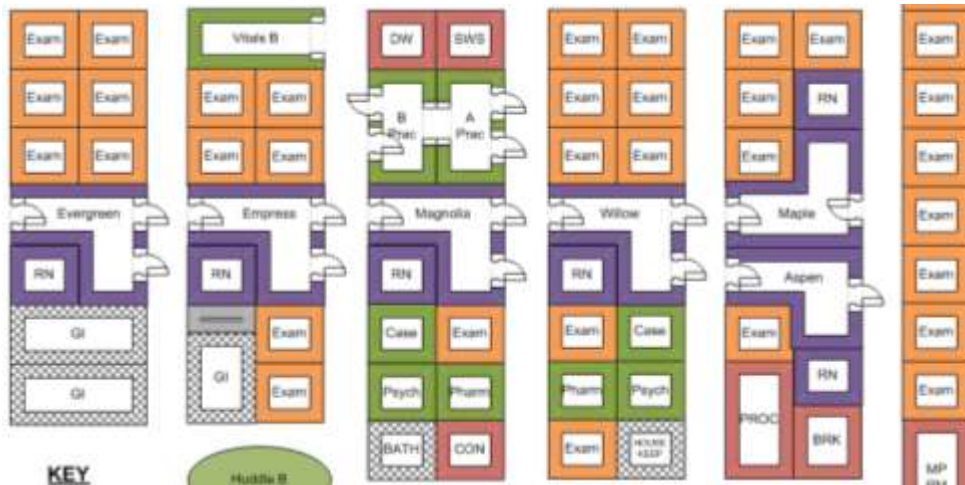
TBC Model 3 – Primary Care Clinic

- Patient care team office
 - 3 providers
 - 3 LPNs & 1 RN
- Integrated behavioral health consultant
- Clinical pharmacist
- Hospital-based – Lab/Rad/Pharmacy in the building

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TBC Model 3 – Primary Care Clinic



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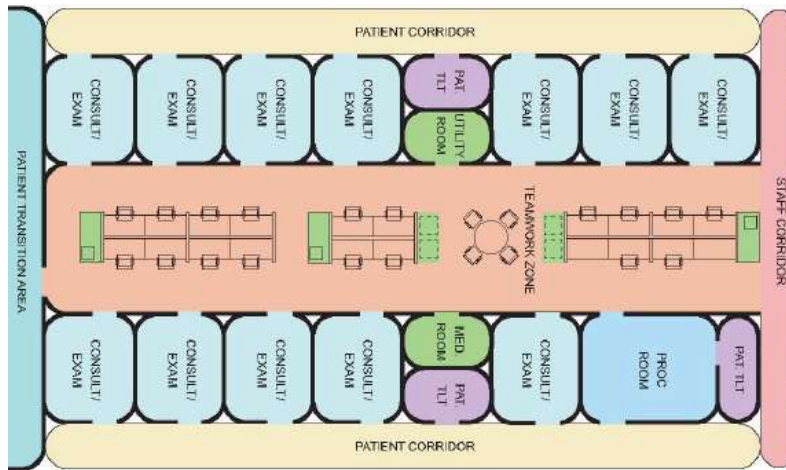
TBC Model 4 – VA Clinic

- Patient panel assigned to Patient Aligned Care Teams (PACT), divided into “teamlets”
- PACT “teamlets”
 - Ratio 3:1 of staff to FTE 1.0 provider
 - Provider, RN, LPN, and Clerk
- One clinical pharmacist per 3 patient panels
- One social worker per 2 patient panels

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TBC Model 4 – VA Clinic



Activity 2

- Use your newly gained knowledge
- Draw out on your paper one of the following:
 - Your dream clinic (staffing ratios and exam room setup)
 - Financially realistic resign/remodel of your current workspace



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Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).

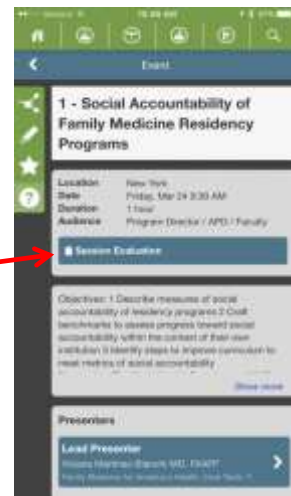


Social Q & A

Please...

Complete the
session evaluation.

Thank you.



Questions?



References

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