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Maximize Results with Team-based Care

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Medical Advantage Group℠

Lunch and Learn Challenge

>> As you listen today, select three opportunities to act on when you return to the office

- A low-effort, moderate return effort (low-hanging fruit)
- A high effort, high return effort (bang-for-your-buck project)
- An idea to research (“that’s a great idea” inspiration)

How does it relate to GLPTN?

>> Milestone 6 PCP/ 6 SPEC of the PAT

Milestone Description

“Practice sets clear expectations for each team member’s functions and responsibilities to optimize efficiency, outcomes, and accountability.”

Phase 3 Goal

“Practice has documented team member roles and accountability lanes, and each team member works to the maximum of his/her skill set and credentials in order to optimized efficiency and outcomes.”

How does it relate to GLPTN?

>> Milestone 7 PCP

Milestone Description

“Practice has a process in place to measure and promote continuity between a patient and his/her care team so that patients and care teams recognize each other as partners in care.”

Phase 3 Goal

“Practice has implemented processes to promote continuity and has the metrics to demonstrate that the processes are effective.”

5 Principles of Team-based Care

1. Shared goals - What are the team's priorities?
2. Clear roles – What are the accountabilities for each team member?
3. Mutual trust – Can team members rely on each to be responsible and respectful?
4. Effective communication – Does the team have consistent channels for communication?
5. Measurable processes and outcomes – Are there feedback loops to track how well the team is performing on their goals?

Source: Becker's Hospital Review

Practice A – Ophthalmology, 1 Physician

- >> 3 full-time staff – manager, front desk, clinical assistant
  - Sufficient cross-training that office could run with only 2 staff members
- >> 5-6 part-time ophthalmology techs to room patients and run tests, only staffed during appointment hours
- >> All patient-facing staff co-located behind front desk
- >> Clinical assistant served as scribe for physician during patient appointments
  - Physician could see 8 patients minimum per hour
- >> Team member board in waiting room – staff member official pic, casual pic, “fast facts”

Practice B – Nephrology, 8 Docs, 2 NPs

- Cared for patients in multiple settings and locations –
  - 1 main office, 4 satellite office (1/2 day per week each)
  - 5 hospitals
  - 8 dialysis centers
  - 1 access center
- Core patient teams
  - Each physician had 1 assigned MA and 1 medical secretary
  - Each MA had 2 assigned physicians
  - Each medical secretary had 3-4 assigned physicians
- MAs and medical secretaries were partnered whenever possible

Practice B cont.– Nephrology, 8 Docs, 2NPs

- Ancillary staff included 4 billers, 2 medical record techs, 1 receptionist, 1 front desk, and 2 clerical staff
- All departments co-located
- Pre-visit record review done daily (for next day) by medical records
  - Goal – make sure physician had all necessary information (lab results, test results, specialist consult letters, hospital discharge summaries, etc. to complete a thorough visit)
- Billers originally had assigned alphabetical section, but duties later changed to reflect each biller's strengths and interests

Practice C – Primary Care, 4 Physicians

- Paired physician/MA teams, with ancillary staff that covered tasks for all patients (ex referral coordinator)
- Co-location during appointment hours so physician and MA could discuss questions and issues in real time
- High level of mutual respect between physician and MA
- Low turnover in MAs
- Early morning chart review of scheduled patients by physician
- Brief follow-up huddle with MA to review patient needs

Practice D – Pediatrics, 2 Physicians

- Role-based approach to teamwork
- Each role (nurse, MA, front desk, physician) had their own clearly defined roles and expectations
- Patient moved from one team member to the next during appointment
- Team communicated frequently through EHR messaging system
- Written protocols on common processes
- Cross coverage on only high priority role tasks

Practice E – Primary Care, 4 Physicians

- Practice manager co-located with clerical staff
- Physician offices next to clinical pod
- Physician/MA pairings
- Physician and MA huddle at start of each session (AM and PM) to discuss schedule anomalies and pre-visit notes
- 1 “quality specialist” team member who completed chart review/pre-visit planning each day for next day appointments
- Quality specialist was also in charge of working “gaps in care” reports from payers

Practice F – Residency Clinic, 20+ Docs

- 3 Attending Physicians supervise 20+ interns and residents in primary care clinic
- Twice daily huddles with all attendings, residents, and clinical staff
- Residents and clinical staff all assigned one of 3 teams (Blue, red, green)
- When patients could not be booked with assigned resident, another resident from that team would see the patient
- Each week 1 resident was assigned as “Doc of the Day” to field all miscellaneous tasks and issues for residents not in the office

Other Ideas

- Consider adding part-time staff members to complete “easy”, non-urgent tasks
  - Utilize moms with school-age children during the school year, and college students/interns during the summer
- Have team members shadow another department for a day, and share feedback and suggestions on processes observed
- Consider a scribe for non-EHR friendly providers
  - Additional patients seen could cover cost of additional staff, and make life easier on everyone!
- Inform patients of who their team members are

A Note on Huddles

- Same time every day
- Create outline for huddles
  - Identify double-books or gaps on schedule that may impact patient flow
  - Identify other factors that may impact patient flow
    - Ex: patient bathroom not functional, or short staffing
  - Identify what preventive services may be needed for scheduled patients so prep work can be done prior to appointment
- When appropriate, include non-clinical staff in huddles, or inform them of helpful information after huddle

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Source: Becker's Hospital Review

NEXT MONTH

Lunchtime Recipe for Successful Care Coordination

June 12, 2018, at 11:30 a.m. at Sycamore Hospital #425