









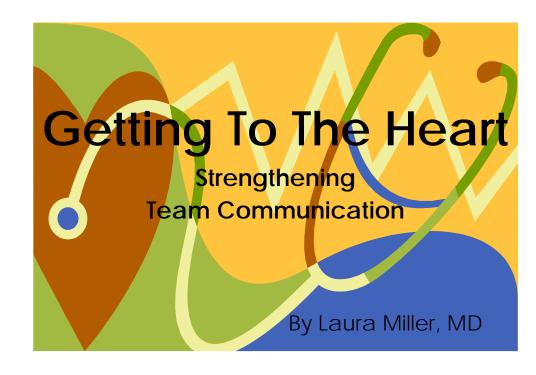




Our Community. Your Health.











Introduction

Team-based care is essential for patient care and for institutional survival in increasingly complex times. Right now, at least two challenges demand strong team-based care approaches: 1) national shortage of primary care providers and 2) continuing care for complex populations coming to care with the advent of the Affordable Care Act. Clinics are meeting this challenge in a variety of creative ways, including with staff training.

Two key elements of team-based care are the huddle and MA-Provider communication. The huddle sets up the whole team for a patient-centered visit. MA-provider relationship, and the qualities and content of the communication between this dyad is essential for patient-focused, efficient, equitable delivery of care and services. In many ways, MA-provider communication is the heart of the team, hence the title of this project "Getting to the Heart.""

The program is a work in progress, developed in consultation with Melanie Tervalon, MD, MPH. and consultant. It began in 2012 when Coleman and Associates brought their Dramatic Process Improvement program to Life-Long Medical Care — East Oakland. Many tactics of the Coleman Process were beneficial, but the challenge of MA-provider communication remained. Getting to the Heart is a program to improve communication between MA and provider. It is financially viable, and improves both patient and staff experience of care.

This guide-book covers an 8 week time period, in which MA-provider dyads are engaged in several conversations. It serves as a way for the dyads to document their open-ended conversations, discoveries and agreements in the interest of strengthening the team-based, patient-centered care approach at the clinic.

Institutional Learning

Thank you all for your time and effort in this project, which is the "heart" of my California Health Improvement Project (CHIP), which was initially presented in late 2014. In turn, the CHIP is the centerpiece of the UCSF-CHCF Health Care Leadership Fellowship.

For additional information and any feedback, please contact me at lmiller@lifelongmedical.org or lmiller@chcnetwork.org

Week #8 - Location Specific Learning and Reflection

Dyads present their findings and "best practices" at site All-Staff meeting. Staff will collect data and feedback and adjust the program so that it can be used for continued training and team development.

Your notes on the best practices of others to consider:
Teams develop a model for continued learning of the dialogue process

Week 1

Week 1 Launch at Site All-Staff Meeting.

- Description of the Program
- The Huddle Show a review of best practices for the huddle.
- Distribution of the guidebook
- Dialogue demonstration.

Weeks 2 through 7

A series of dialogues designed to enhance communication and strengthen the MA-provider relationship. Lunch will be provided and time will be paid. Creativity may be required for team to find the time; each dyad may need to solve this according to their needs.

Week 2 Purpose, Values and Trust

MA and provider come together to share a meal and to speak to each other from the heart about the work that they do. Use the work book to first write answers, and then be ready to share.

Purpose:
I am
I work at this clinic because
What makes me feel good about the work that I have done at the end of the day

What have we learned?		
How did these changes enhance patient care?		
How did these changes enhance my experience of work?		
How do we plan to continue our development?		

These are the values that are important in my life Week 7 Case Review What went well? What needed to be done differently? These are the values I bring with me every day I come to work at the clinic How did trust show up? Trust: I think trust in a work-colleague is How did our agreements make themselves evident? Lack of trust in a work colleague looks like Did we learn something new that we need to incorporate?

Values:

Week 3 Power, Roles and Relationship Agreement

Power (in the context of MA and provider in the clinic setting).				
To me, power is				
How can power be a good thing?				
How can power be a bad thing?				
Roles: What is my role in the clinic?				

Week 6

Week 6 Case Review

What went well?		
What needed to be done differently?		
How did trust show up?		
How did our agreements make themselves evident?		
Did we learn something new that we need to incorporate?		

Week 5	What are the duties that you many have that your dyad partner may not know about?
Week 5 Case Review — think about clinic sessions together in the prior week.	
What went well?	
	How do you see the role of your dyad partner?
What needed to be done differently?	
How did trust show up?	Agreements Dyad partners focus on key elements of the clinic session and discuss how they wish to handle these elements., Examples include: timeliness, huddles, 30 second report, download, the unforeseen. Make notes on what you have mutually agreed to.
How did our agreements make themselves evident?	-
	<u> </u>
Did we learn something new that we need to incorporate?	

1. Week 4 Review Prior Sessions and Agreements What I have learned How I want to move forward.... 2. As a dyad we have learned: 3. As a dyad we want to move forward with: Mid Point Review: At an All-Staff Meeting after week 4, the process and progress will be reviewed. This will be facilitated by clinic staff.

What are some key lessons that we as a dyad want to present at the Mid-Point

review next week?