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Comprehensive Care Learning Collaborative

Session Three: Wednesday February 7th, 2024

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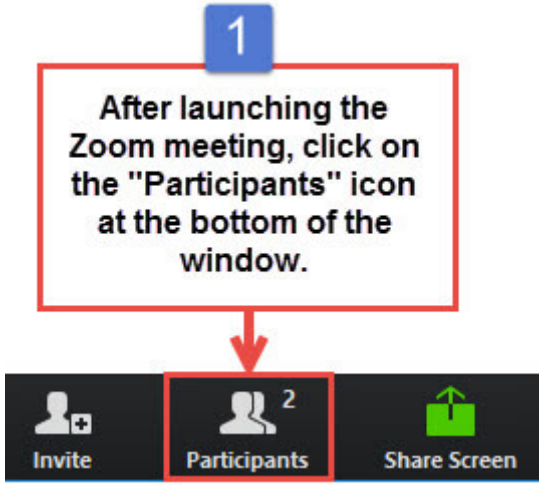
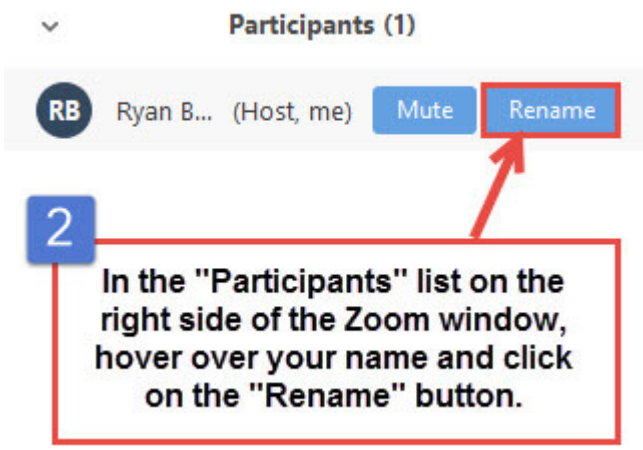
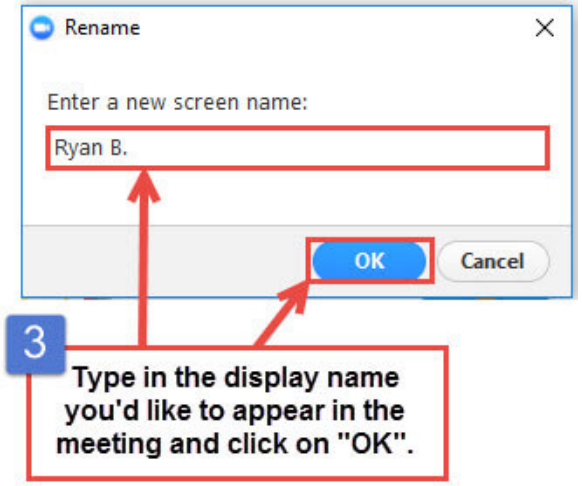
Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
  - “Meaghan Angers CHCI”







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Session 3 Agenda

1:00 – 1:05	Introduction
1:05 – 1:45	Team-Based Care: Core and Interprofessional Teams
1:45 – 2:20	Quality Improvement Refresh: Process Mapping, Fishbone Diagrams, & Solution Storming
2:20 – 2:30	Q/A, Next Steps, and Evaluation

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Learning Collaborative Faculty

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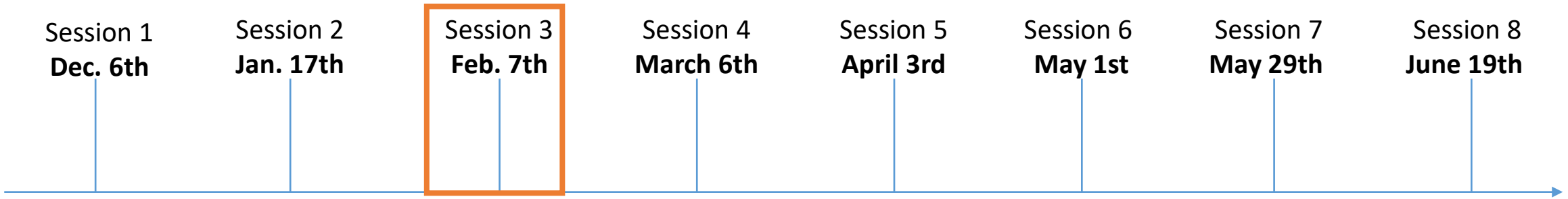
Collaborative Structure and Expectations

Eight 90-minute Zoom Learning Sessions



Between Session Action Periods

- Meet Weekly as a Team
- Conduct Daily Huddles
- Complete Assignments and upload to the Google Drive
- Use the Weitzman Education Platform to access resources

Between Sessions

- Coaches Meet with Mentors Weekly
- Faculty Support
- Discussion Board

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2023-2024 Cohort

Organization	Location
Brockton Neighborhood Health Center	Massachusetts
Brooklyn Plaza Medical Center	New York
Klamath Health Partnership	Oregon
Migrant Health Center, Western Region, Inc.	Puerto Rico
The Wright Center for Community Health	Pennsylvania

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Team-Based Care:
Core and Interprofessional Teams

Dr. Tom Bodenheimer
Center for Excellence in Primary Care
University of California, San Francisco

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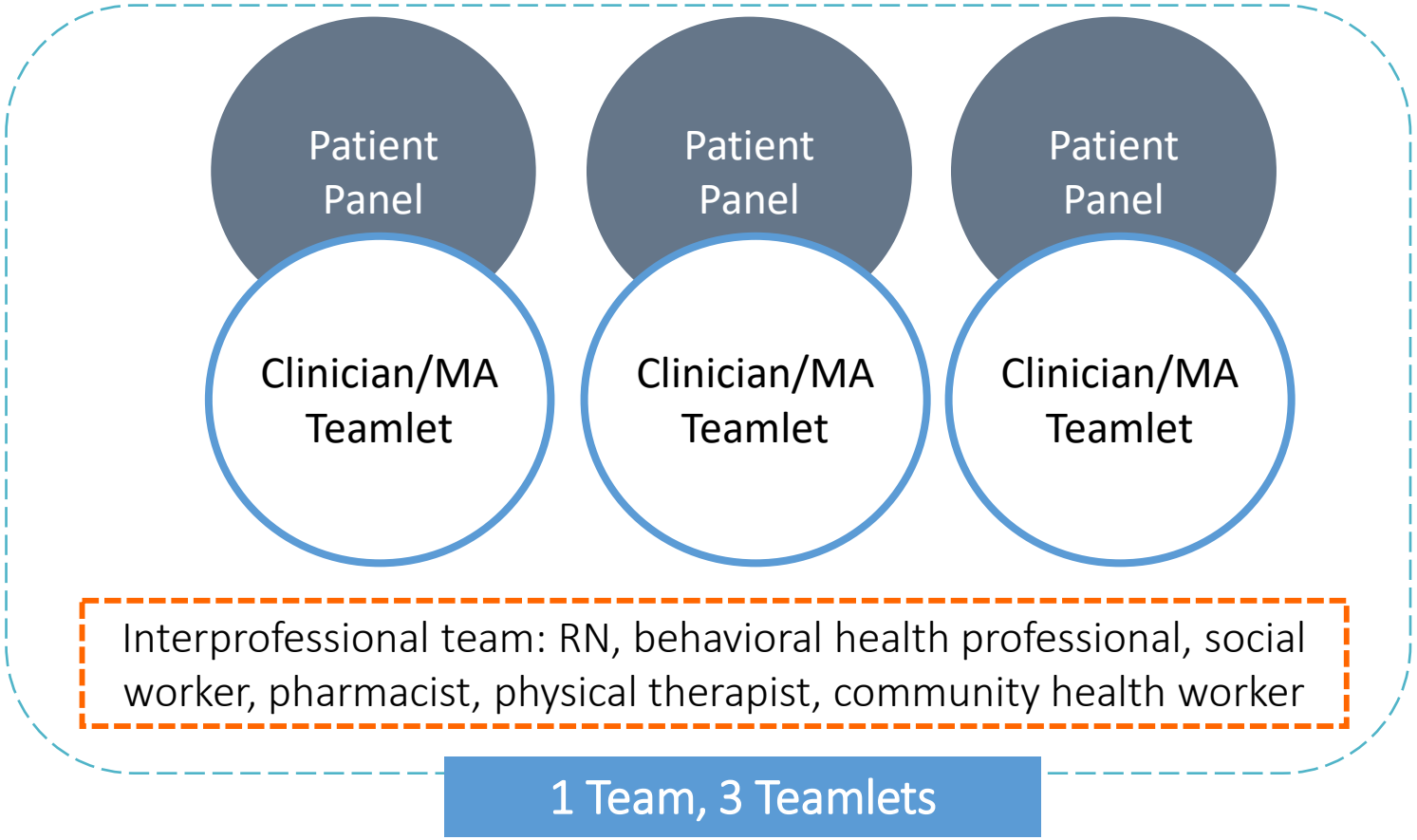
Core teams (teamlets) and interprofessional teams



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Agenda

- Review of core team
  - Functions that MAs can perform
  - Collaborative culture
- Interprofessional team

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Some primary care functions that MAs can perform

- ✓ Panel management
- ✓ Medication reconciliation
  - ✓ MAs do the detective work: what meds is the patient actually taking compared with what they are prescribed to take
  - ✓ Clinicians make the decisions on how to reconcile the 2 lists: what the patient is taking vs. what they are prescribed
- ✓ Health coaching
- ✓ In-room documentation/scribing

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Poll from Learning Session 2

Do you provide time for MAs to do panel management?

11 responses	
MAs don't do panel management	36%
They do panel management but we don't reserve extra time	27%
Unsure	27%
They do panel management & we make sure they have time for it	9%

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Clarifications on panel management

- Panel Management: Ensuring that all patients in our panel (the teamlet's panel) get recommended preventive and chronic care services.
- In other words, identifying and closing care gaps
  - Cancer screening metrics
  - Immunization metrics
  - Diabetes metrics
- Panel management involves many metrics. Few health centers do panel management for every metric. If you are doing panel management for several but not all metrics, you are well on your way.
- Once you have the workflow for some panel management metrics, like colon cancer screening or pneumococcal immunization, you can more easily apply those workflows to other metrics

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Panel management: in-reach and out-reach

- **In-reach:** panel management for patients who come to the clinic. Often done by the MA during the rooming process, for example
  - Identifying the care gap: has the diabetic patient had A1c in past 6 months? If not,
  - Closing the care gap: ordering an A1c
- **Out-reach:** panel management for patients who are not coming to the clinic
  - Requires a registry/list of patients with information on whether they have a care gap for each of the metrics you are working on
  - MA panel managers review the registry each month and contact patients with care gaps to come to the clinic (for cervical cancer screening or immunizations) or the lab (for diabetes labs) or radiology (for mammograms) in order to close the care gap
  - Outreach is harder but important; many patients with multiple care gaps are those patients who don't come to the clinic
- Some clinics work on in-reach first, and then move to out-reach

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Collaborative Team Culture

- Share the care
- Ground rules
- Standing orders/protocols
- Defined roles with training and skills checks
- Communication

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Building collaborative culture: A practical tool for teamlets

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Getting to the Heart

- Each week, each teamlet (clinician and MA) has lunch together to get to know each other and to discuss how the teamlet is working
  - Week 1: introducing Getting to the Heart
  - Week 2: values, trust
  - Week 3: power, roles, agreements
  - Week 4: What have we learned, how do we move forward?
  - Total 8 weeks
- Evaluation
  - Improved patient access due to increased productivity
  - Improved patient and staff experience
- Google: Getting to the Heart Strengthening Team Communication

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Chat Question

Could you initiate Getting to the Heart in your clinic?

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Agenda

- Review of core team
  - Functions that MAs can perform
  - Collaborative culture
- Interprofessional team

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Now let's talk about interprofessional teams

- Primary care teams include core teams and interprofessional teams
- Interprofessional team members assist core teams for patients who need additional care
- Members of the interprofessional team vary from clinic to clinic. Most commonly:
  - RNs
  - Clinical pharmacists
  - Behaviorists including social workers
  - Physical therapists
- **These highly skilled professionals can add a great deal of capacity to see more patients using minimal clinician time and thereby reducing clinician burnout**

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Polling Question

What do RNs in your clinic spend most of their time doing? (give your best estimate)

1. Telephone triage
2. Acute care: immunizations, wound care, explaining a treatment
3. Care management for chronic conditions (e.g. diabetes)
4. RN visits or co-visits with RN and clinician
5. We don’t have RNs
6. Unsure

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Polling Question

What do you think that RNs in your clinic would most like to do? (give your best guess)

1. Telephone triage
2. Acute care: immunizations, wound care, explaining a treatment
3. Care management for chronic conditions (e.g. diabetes)
4. RN visits or co-visits with RN and clinician
5. We don’t have RNs
6. Unsure

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Study of RNs in community health centers in California

- A study of RNs at 13 community health centers found that RNs confined to telephone triaging are often frustrated, but those doing co-visits and care management were able to fully utilize their professional skills.

Bodenheimer T et al.. RN Role Reimagined. California Healthcare Foundation. Published Aug 2015. Accessed January 4, 2023. https://www.chcf.org/publication/rn-role-reimagined-how-empowering- registered-nurses-can-improve-primary-care/

- **Write in chat: If your RNs are mainly doing telephone triage, are they satisfied with that role?**

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RN co-visits

- Clinica Family Health in Colorado initiated RN co-visits in 2014, with nurses able to perform 8 co-visits per day.
- The RN takes the history, the clinician enters, and the RN becomes the scribe. The clinician leaves, the RN explains the care plan and arranges follow up services.
- Twenty- to 30-minute visits take 10 minutes of clinician time, the visit is billed as a clinician visit, and clinician documentation time is minimal.
- Capacity grew by 17% at one site and 12% at another. Patient access improved. Clinicians reported leaving work on time, with charting completed. RN and patient satisfaction were high.

Funk KA, Davis M. Enhancing the role of the nurse in primary care: the RN "co-visit" model. *J Gen Intern Med.* 2015;30(12):1871-1873.

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RN care management for diabetes

- Care management is a set of activities designed to assist patients and their support systems in managing their diabetes and related social problems. These activities include
  - identifying patients most likely to benefit;
  - assessing each patient's risks and needs;
  - developing a diabetes care plan with the patient and family;
  - reviewing labs and adjusting medications per protocol;
  - assisting patients in navigating appropriate services;
  - providing self-management support for healthy behavior change and medication adherence;
  - tracking patients' progress.
- Several studies demonstrate that RN care management is associated with significant improvements in diabetes outcomes.
- Care management requires planned visits in which diabetes is the only agenda item, so that enough time can be spent with the patients to make the visit effective.

Bodenheimer T and Willard-Grace R. Health Affairs 2022;41:947-954

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Polling Question

What do pharmacists in your clinic spend most of their time doing? (give your best estimate)

1. Dispensing medications
2. Patient education on medications and med adherence
3. Care management for chronic conditions (e.g. diabetes)
4. We don’t have pharmacists
5. Unsure

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Pharmacists and care management

- Pharmacist care management of hypertension (including medication prescribing) achieved 72% blood pressure control compared with 57% with usual care
- Primary care clinicians report that pharmacists performing medication management decreased workload, reduced mental exhaustion, and increased patient access.
- At one practice, 27% of chronic disease patient appointments were converted to pharmacy appointments, opening access for other patients.
- Small clinic sites, unable to hire a pharmacist, can share pharmacist time with similar practices in their health system or network.

Bodenheimer T. Revitalizing primary care, Part 2. Ann Fam Med 2022;20:469-478

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Polling Question

What are your major barriers to creating an interprofessional team? (for example – RN, pharmacist, behaviorist, physical therapist)

1. Can't recruit the personnel
2. No business case: the team members are expensive and there is little reimbursement
3. Team members are not trained to see patients independently so they cannot add capacity to improve access and reduce clinician burnout
4. State laws/regulations restrict what interprofessional team members can do
5. All of the above
6. Unsure

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Barriers to building interprofessional teams

We can't recruit the personnel we need

Only practitioners are reimbursed

Who knows when the alternative payment model will actually arrive

No time to train and mentor staff in their enhanced roles

Scope of practice laws

Will patients accept their care?

The barriers are real and need to be addressed. First plan for building the team, one person at a time, and then tackle the barriers one by one. Don't let barriers paralyze you.

We will address these barriers in Learning Session 4.

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Chat Discussion

Write in the chat an action plan for building an interprofessional team. Remember an action plan is a small step toward a larger goal. Examples:

Hold a meeting with the RNs in the clinic to discuss their work, whether they are satisfied with their roles, what they might think about RN care management or co-visits

If you don’t have a pharmacist, make a plan for getting some pharmacist hours from other health centers or hospitals in the area

Start small.

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What is a powerful team?

Remember from Learning Session 1:

- Primary care patient access is poor and getting worse
- Panel sizes are too large because few clinicians choose primary care careers
- Poor access and large panels are major contributors to burnout
- Powerful teams can help solve these challenges; poorly functioning teams cannot

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What is a powerful team?

- A powerful team is a team that adds capacity to see more patients, thereby improving access
- Interprofessional team members add capacity by seeing patients independently, taking little or no clinician time
- Interprofessional team members help overpaneled clinicians care for their panels, thereby reducing clinician burnout
- When interprofessional team members have standing orders to see patients independently, they often have greater worklife satisfaction

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What is a powerful team? Examples

- In many states, pharmacists can independently care for patients with diabetes or hypertension – including ordering and interpreting labs and adjusting medications – under collaborative practice agreements.
- In some states, for example, California, RNs can be care managers for patients with diabetes, including adjusting medications under standing orders, thereby greatly helping clinicians care for their panels, reducing burnout, and improving quality

If you have other examples of powerful interprofessional teams, please write them in the chat.

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Take Home Points

- Primary care teams can be divided into the core team and the interprofessional team
- An important function for MAs on core teams is panel management
- Powerful interprofessional teams
  - ✓Can add capacity to see more patients, improving access
  - ✓Can reduce clinician burnout
  - ✓Can increase interprofessional team member job satisfaction

A powerful team is a beautiful thing

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Quality Improvement Refresh

Process Mapping
Fishbone Diagrams
Solution Storming

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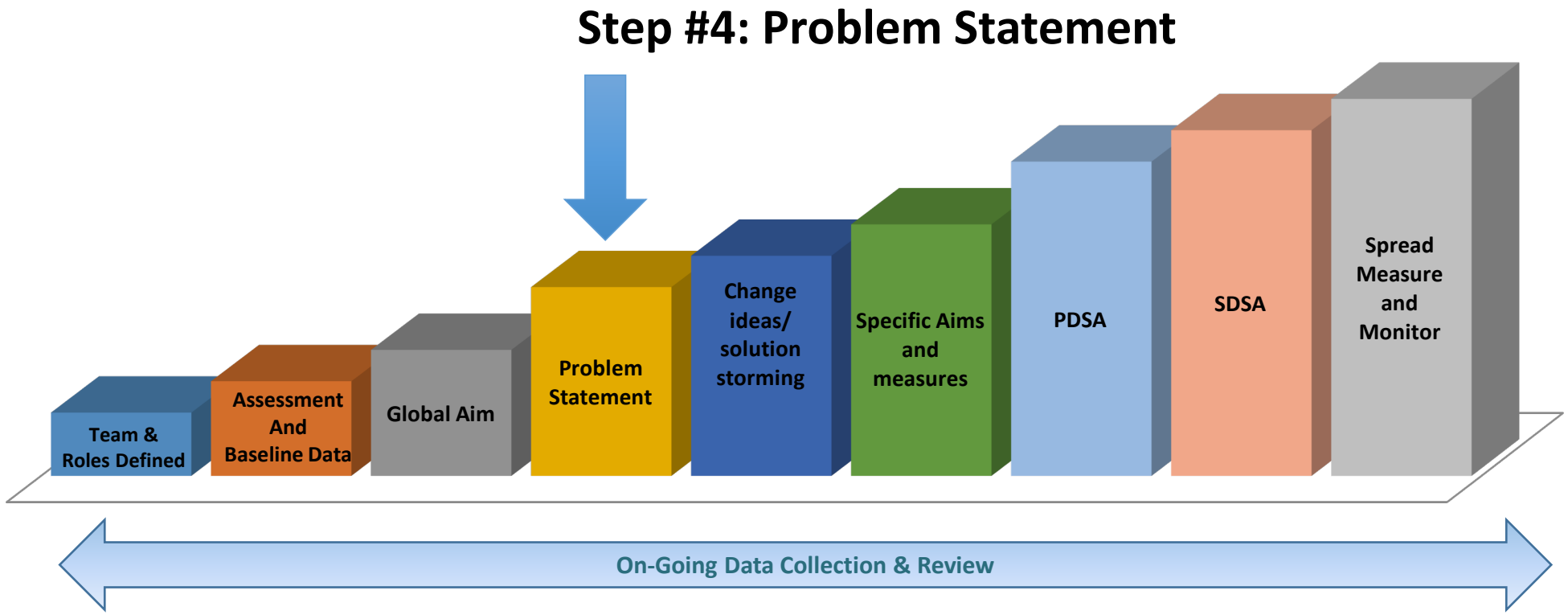
The Stages of Improvement



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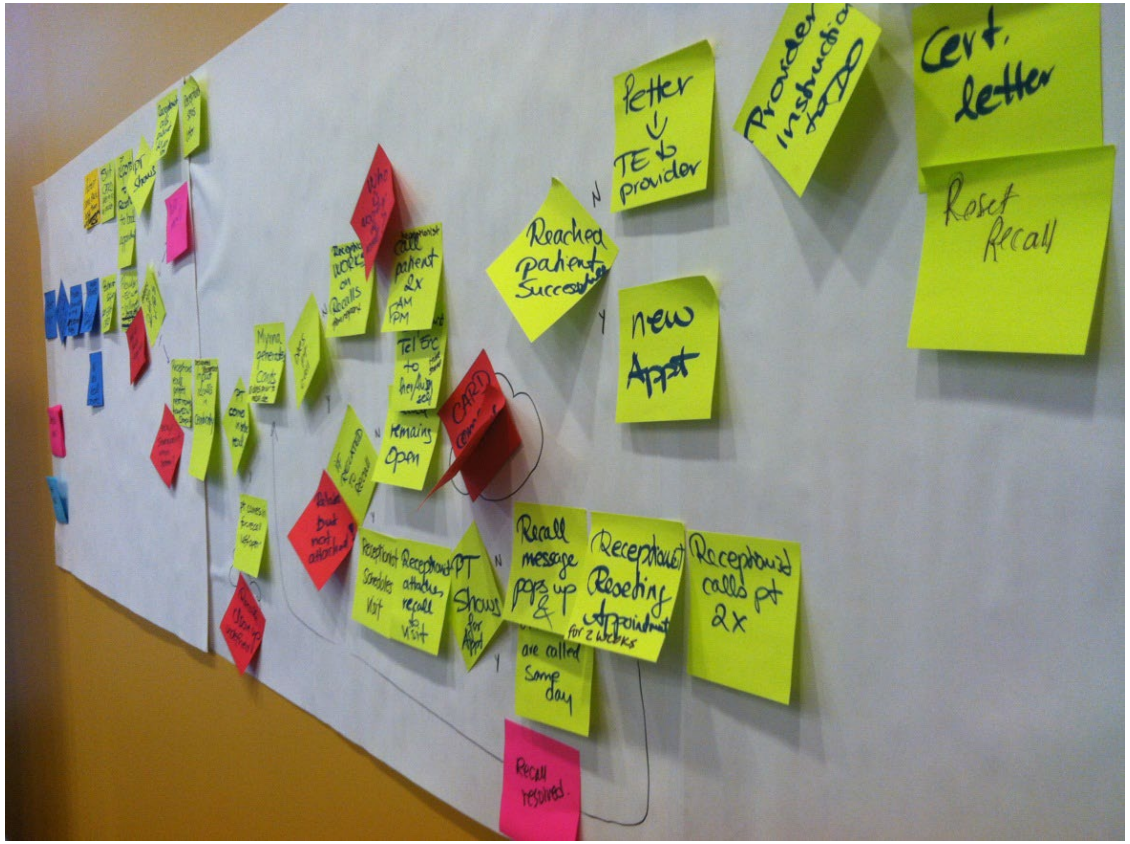
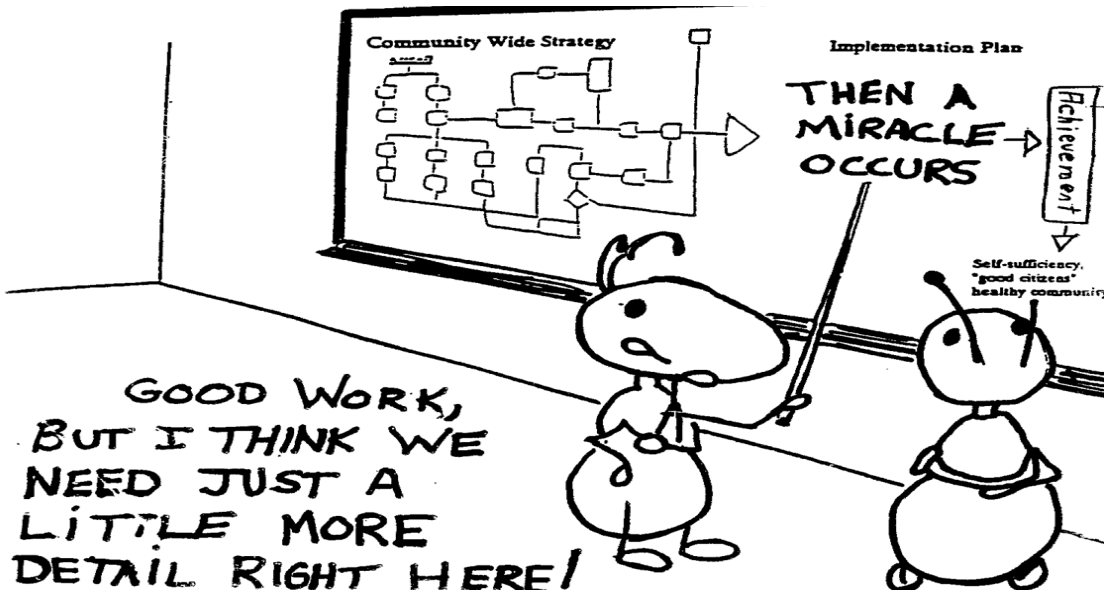
Developing & Using a Process Map



What is a Process Map?

A process map visually shows the steps of a work activity and the people who are involved in carrying out each step.

It is a sequence of detailed steps for a specific purpose.



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What process maps do:

- Show the current process, NOT the ideal process
- Reveal unwanted variation, waste, delays, and duplicate work
- Build teamwork: different team members will have different perspectives on what actually happens—which is the point of the exercise
- Generate ideas for improvement

"You don't learn to Process Map. You Process Map to learn."

- Dr. Myron Tribus

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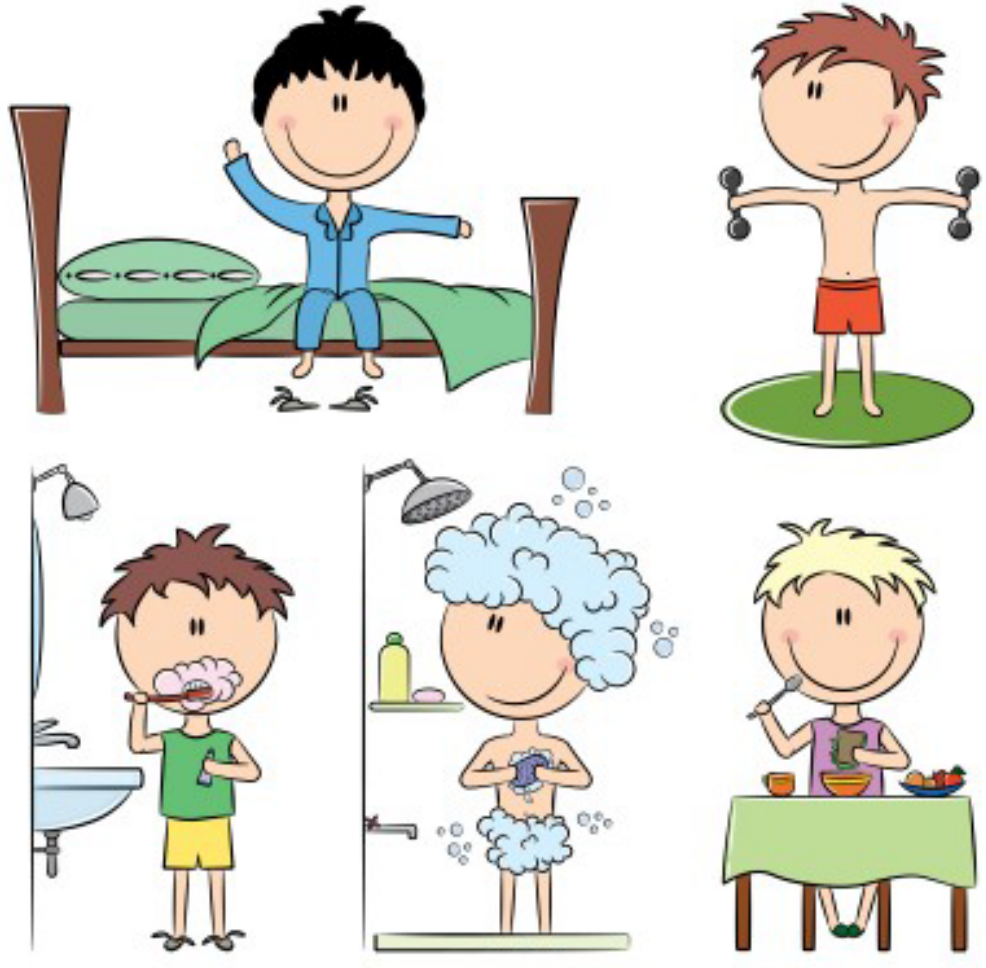
Morning Routine



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When should you use a basic process map?

- To plan new projects
- To model and document an existing process
- To solve problems
- To help teams communicate ideas more efficiently
- To analyze and manage workflows efficiently

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When should you use a basic process map?

- Makes understanding and communicating the process much easier among teams, stakeholders or leadership
- Serves as a useful tool for scenario testing and what-if assessments
- Can be used as a marketing tool to prove to your leadership or funders that your processes are reliable
- Makes process documentation more reader-friendly
- Can be used to spread awareness of the roles and responsibilities of those who are involved in the process
- Helps identify flaws in the process and where improvements should be made
- Improve team performance and employee satisfaction
- Can be used as learning material to train new employees
- Helps measure the efficiency of work processes

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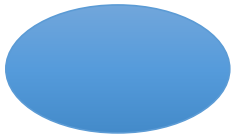
Process Map Shapes

Shape	Name	Use
	Activity/Process	Represents a step or activity in the process
	Decision	Represents where a decision has to be made
	Start/End	Represents the start and end of the process
	Arrow	Represents the connection between two steps and the direction of flow
	Cloud	Represents something the team doesn't know right now.

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7 Steps to Process Mapping

1. Identify the process you need to map

   Whether it's a process that is underperforming or important to a new strategy identify it and give it a name

2. Bring together the right team

   Bring together everyone involved in doing, managing and providing input to the proces

3. Brainstorm the process steps

   Gather all information from start to end: steps, inputs, outputs, roles, time durations e

4. Organize the process steps

   Take the steps you identified earlier and arrange them in a sequential order

5. Draw the baseline process map

   Beginning from the start, draw a map that shows the process in its current state

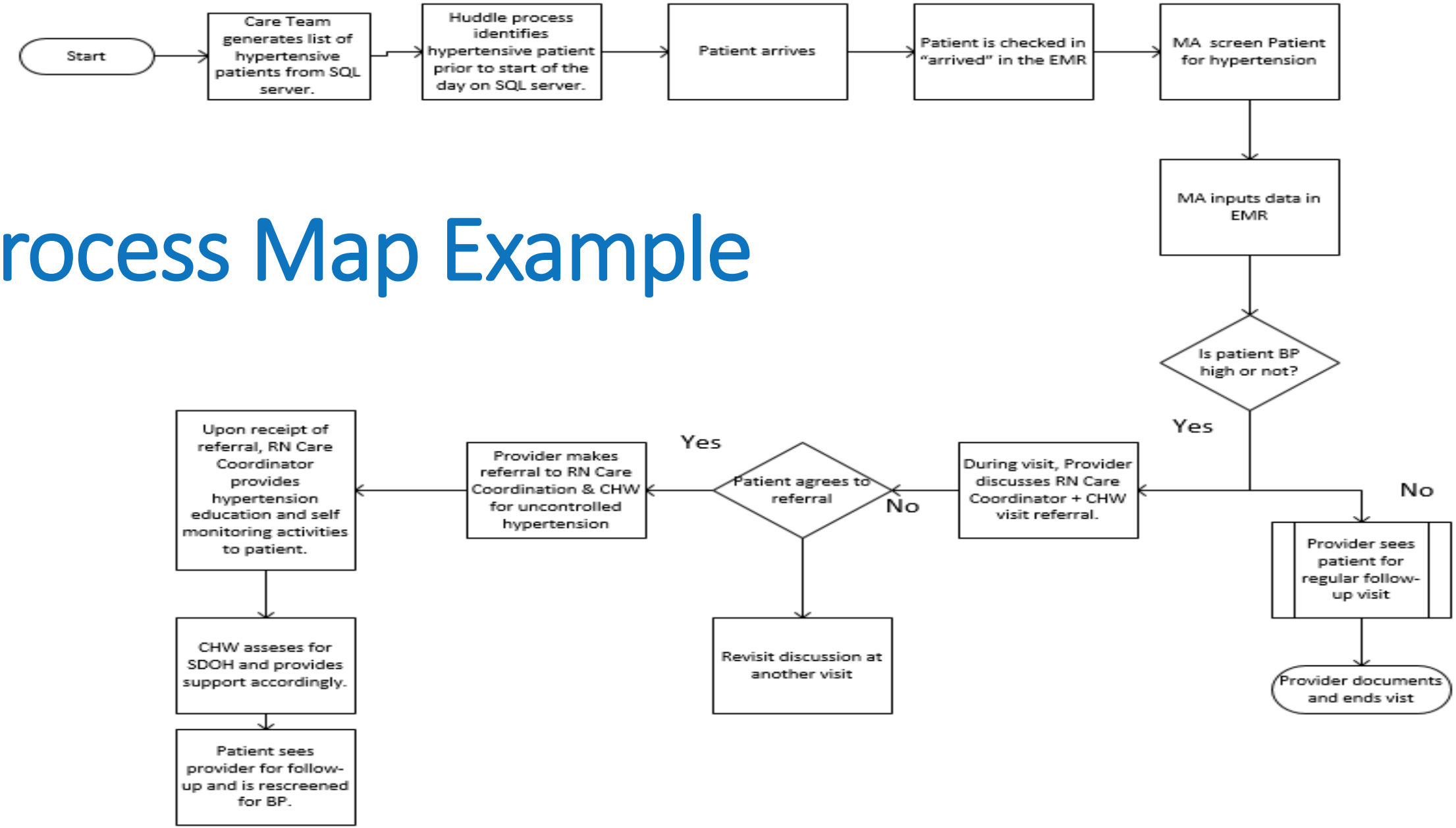
6. Identify areas for improvement

   Identify bottlenecks and inefficiencies within the process and plan for improvements

7. Implement & monitor improvements

   Implement improvements on a smaller scale and monitor the results before standardizing them

Process Map Example



Important

Map current process: Not what you <u>want</u> the process to be

Start: "begins with" from Global Aim

identifying patients……

End: "ends when…." from Global Aim

when results are documented….

Ask: *"What happens next" "Who does it"*

Use: *Post-it notes (full sticky backing)*

Dry erase markers

Super sticky flip chart paper

Blue painters tape

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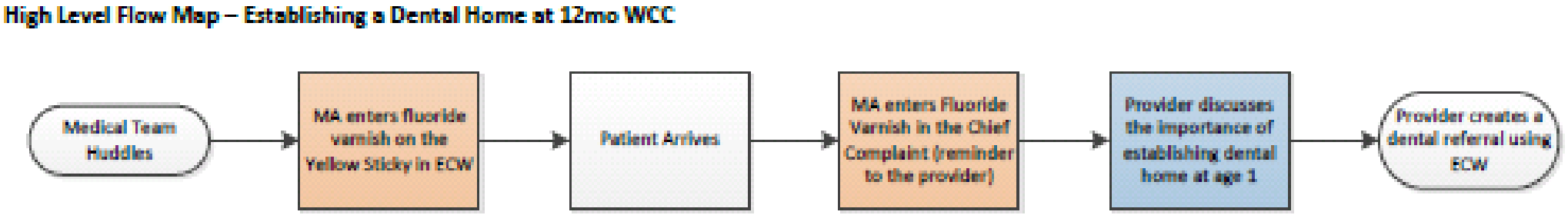
The Big Picture – 30,000 feet

A high level flowchart is a good place to start process mapping



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Lessons Learned

- **Process Maps should NOT be too complicated!**
  - Try to be concise and not overwhelm the reader. Consider more than one map if there are too many contingencies.
- **Update Process Maps regularly**
  - Set a schedule for updates to process maps to avoid confusion or providing outdated information.
- **Take the time to thoughtfully and carefully create the Process Map**
  - Don’t rush the process of developing the Process Map – it may take several meetings.
- **Use a standard and consistent language/shape formula for process maps.**
  - Use common/standard language on all Process Maps including symbols, keys and descriptions
- **Develop specificity very carefully**
  - Try not to be too specific while also being specific enough to provide adequate information to use the process.

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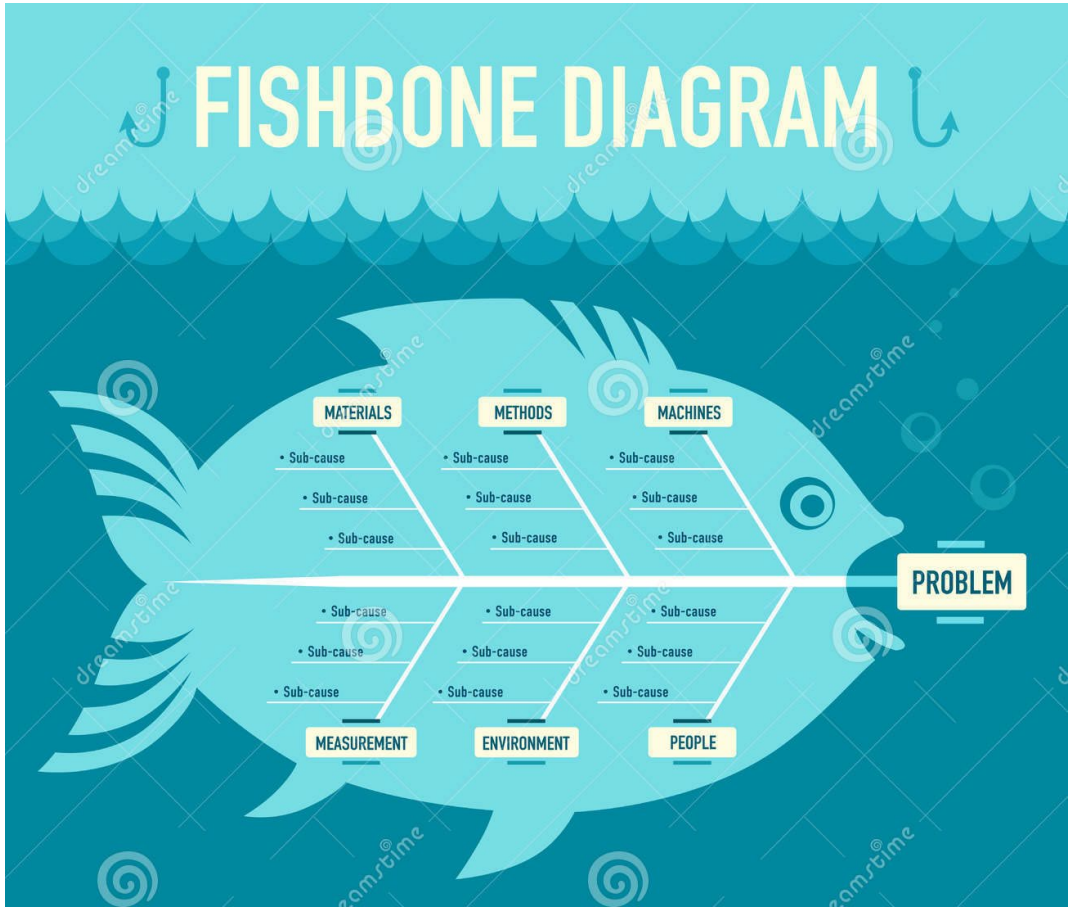
Developing & Using a Fishbone Diagram



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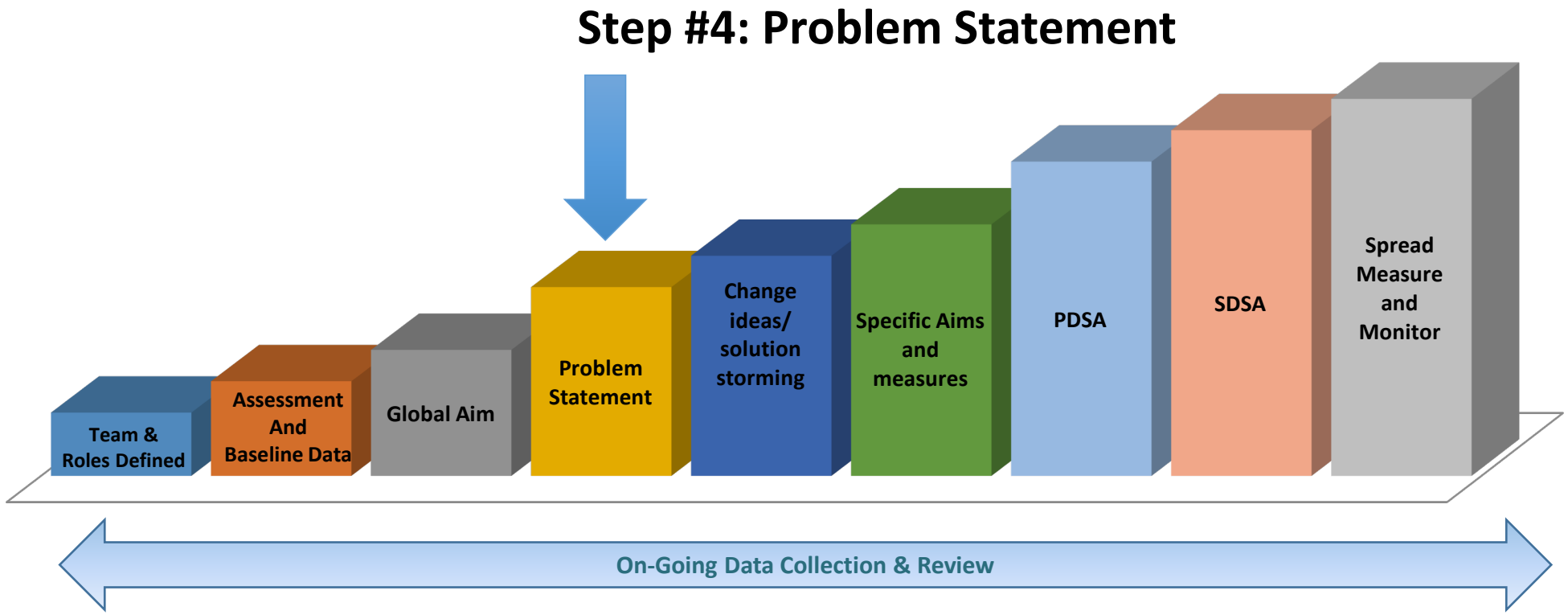

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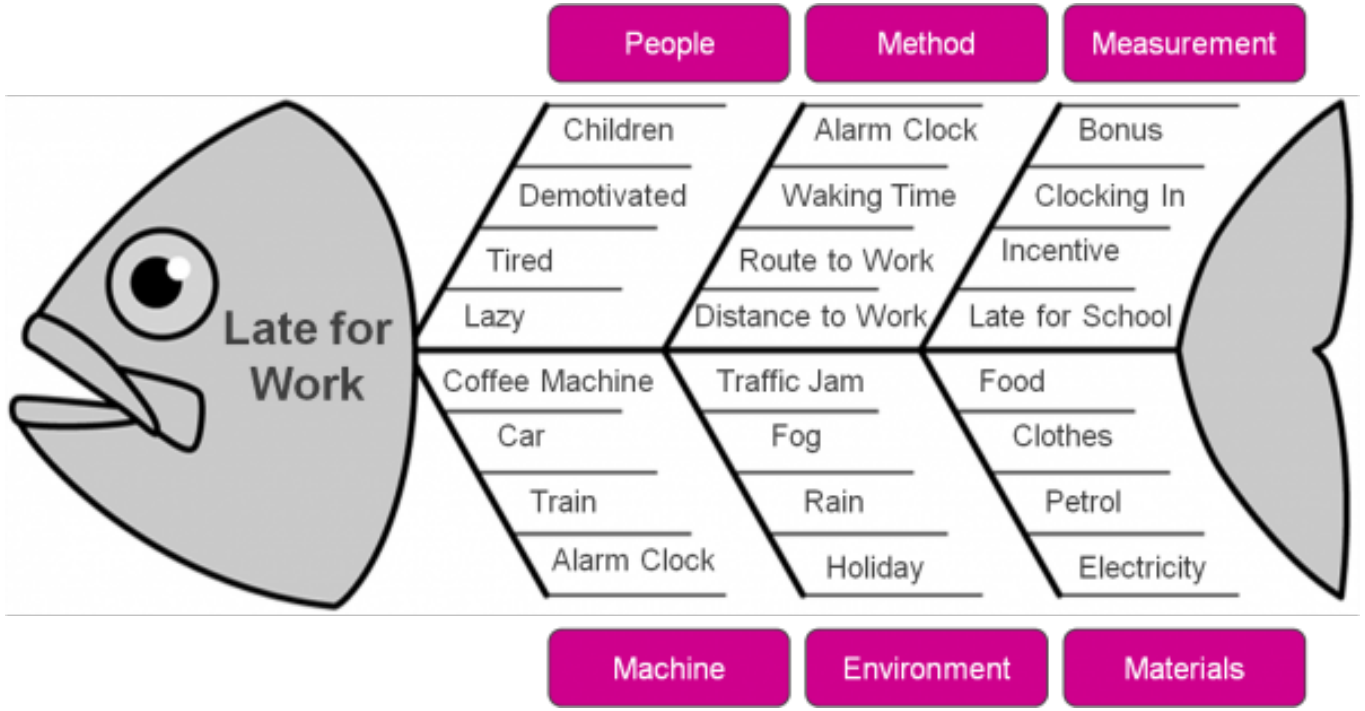
Fishbone Diagram – Cause & Effect Diagram

A team works together with a structured approach to brainstorming a list of causes of a problem



The head of the fish is the problem: Late for work.

The bones are causes grouped by category.

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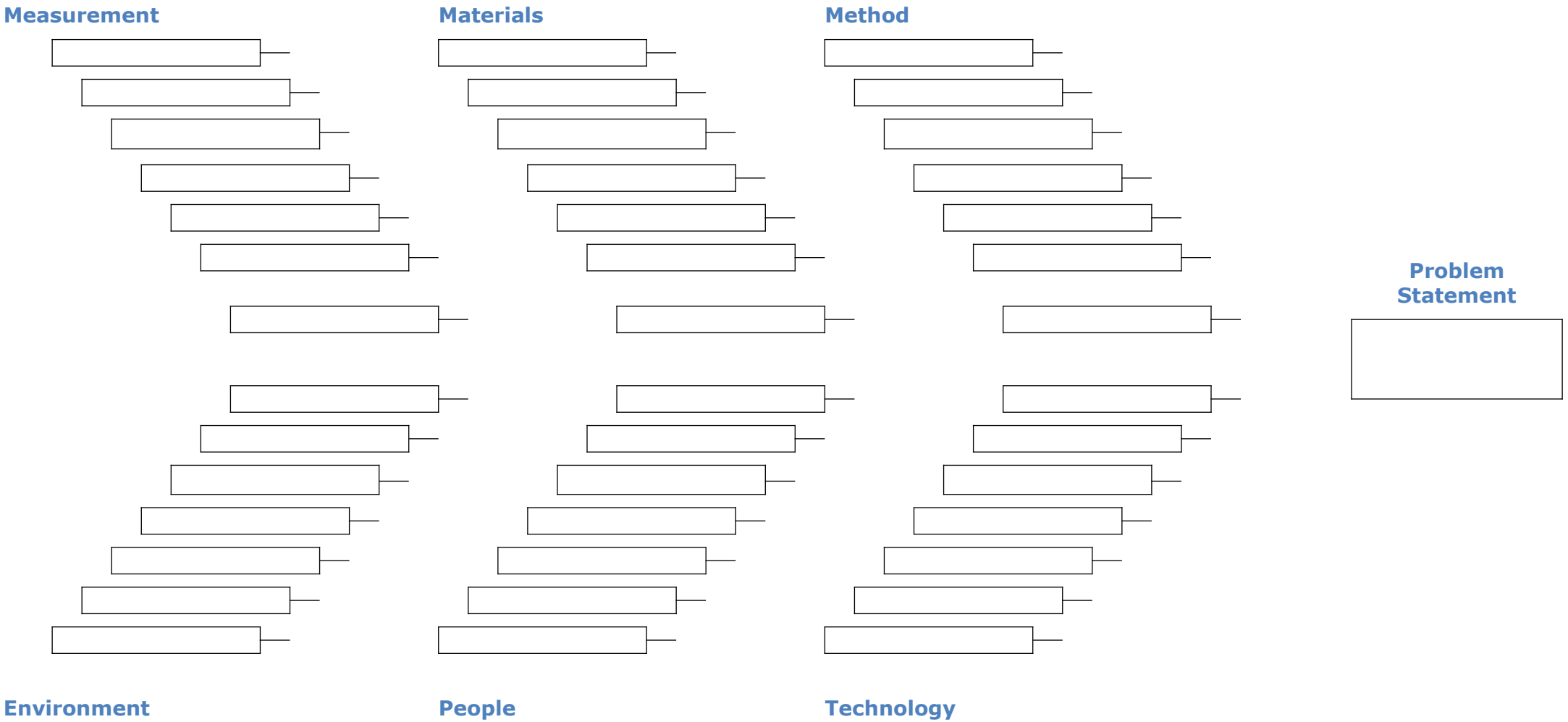

How to Proceed

1. The Head of the fish = The Problem (or effect): Team must agree on the problem statement in the global aim first!
2. What general categories will you use? Typical ones include:
   - Equipment/supplies
   - Technology
   - Staff
   - Processes/procedure
   - Environment
   - Patients
3. Each bone = Contributing Causes within a category
4. Focus on current state!! No solutions yet!
5. Don’t worry about messiness

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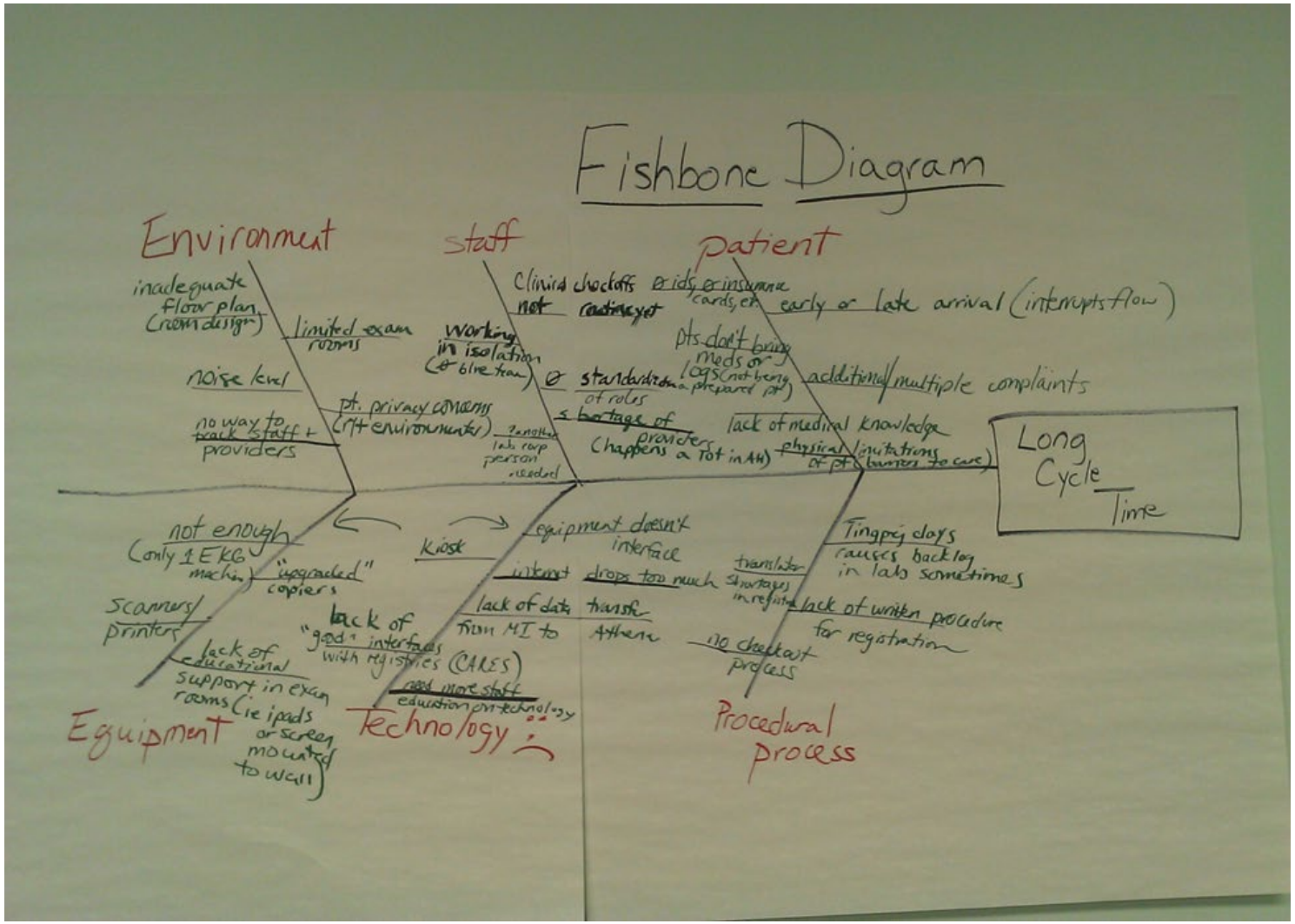

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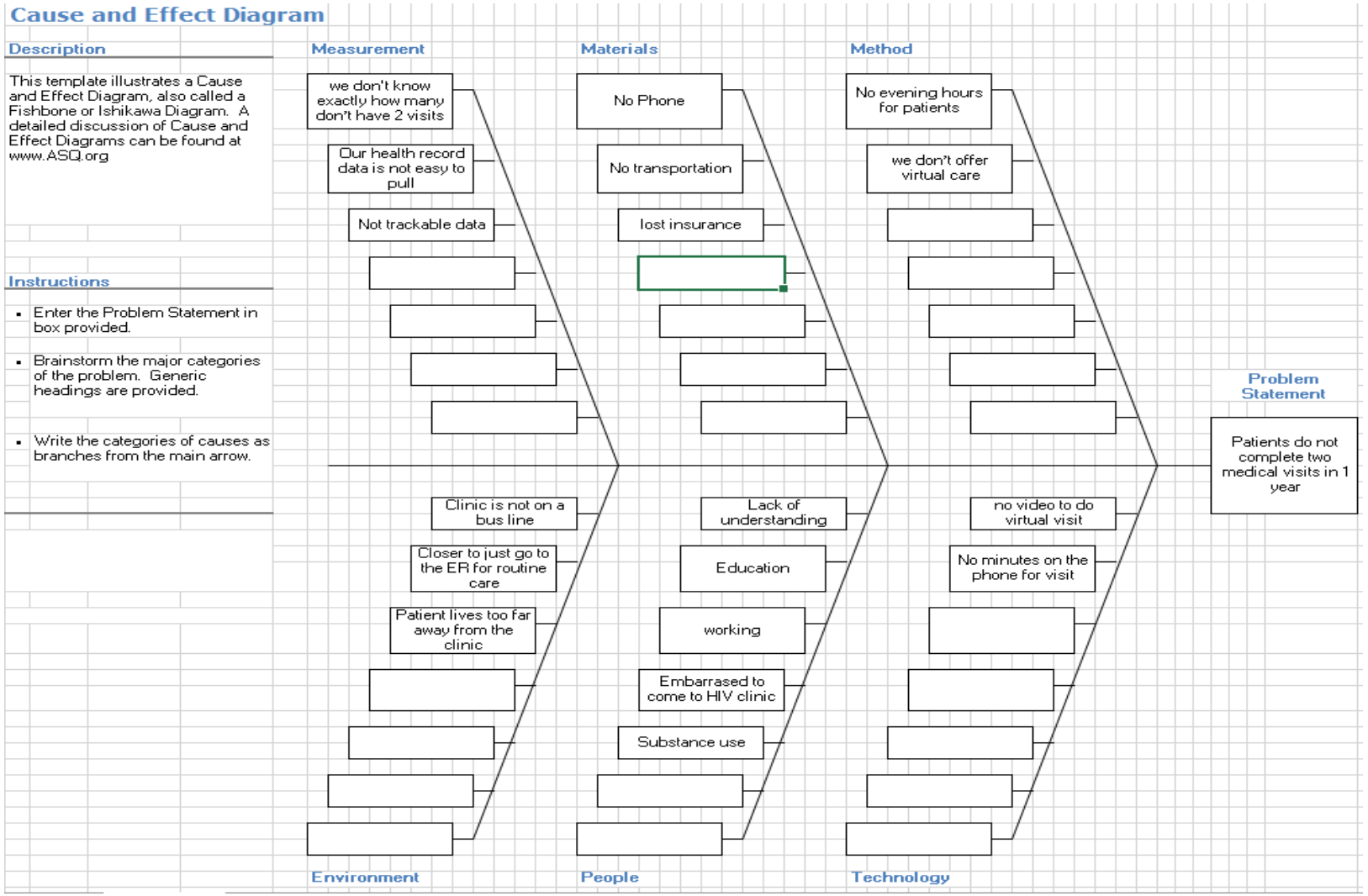

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Solution Storming
Change Ideas

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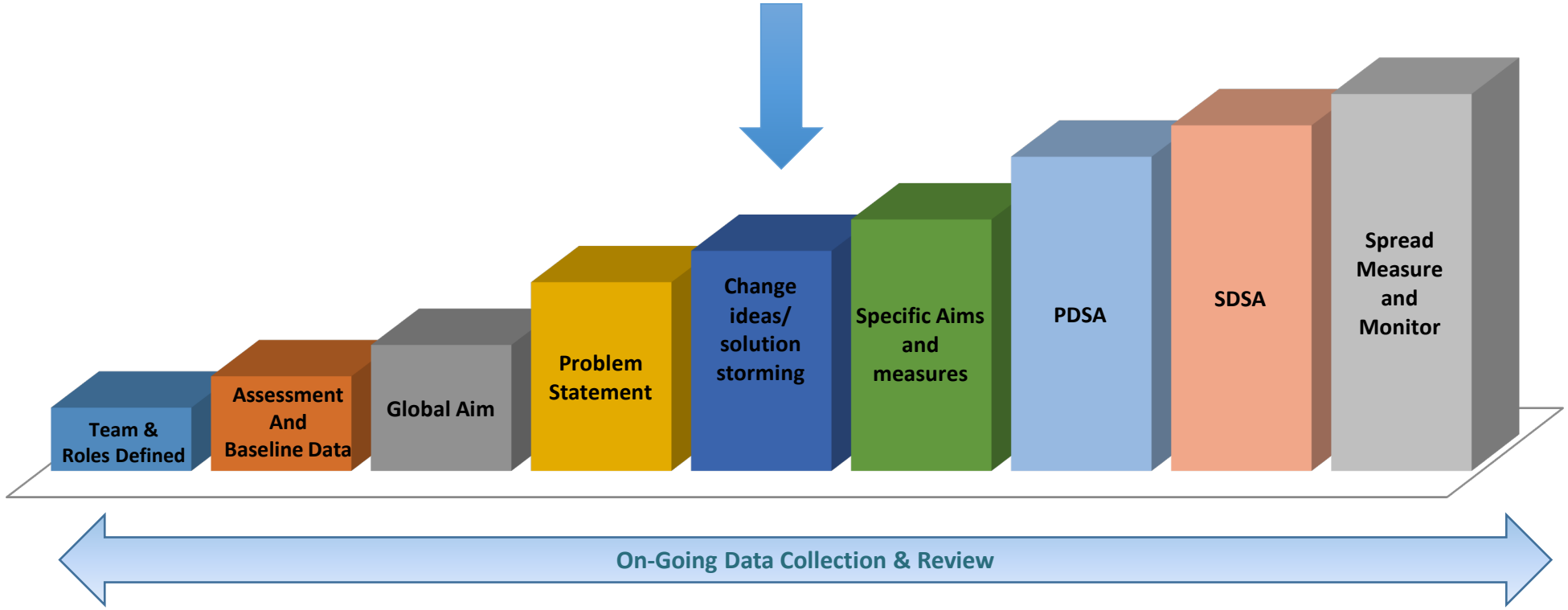
The Stages of Improvement

Step #5: Change ideas/solution storming



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What can YOU change?

Examples:

- Workflow/time:
  - Who does what when how and why?
  - How can we be proactive instead of reactive?
- Eliminate redundancies:
  - Why are some tasks done twice and some are not done at all?
- Data: the right data at the right time in the right hands
  - What data do we need and when do we need it?
  - How do we get it?
- Responsibilities/roles: clarify, retrain
  - Why are several people doing the same task?
  - Why are they all doing it differently?

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Change Ideas

Facilitator
Identify the Goal – What are you trying to SOLVE?
Time Limit
Brain-Write
Quantity vs. Quality
Write EVERYTHING
Don't Judge
Embrace the Ridiculous
Start general & basic – end specific
Look for themes
Avoid Group Think
Fresh Eyes – Someone Outside of the Group

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Questions?

Action Period 3 Deliverables

- Conduct your weekly team meetings
- **Deliverable**: Develop a Process Map
- **Deliverable**: Develop a Fishbone Diagram

Google Drive

https://drive.google.com/drive/folders/1VFv0Ar6VbdVDS_fkY6fPXQw36Tq0A1Wg?usp=drive_link

Reminders

Coach Calls:

- Wednesday February 14th 1:00pm ET / 10:00am PT
- Wednesday February 21st 1:00pm ET / 10:00am PT
- Wednesday February 28th 1:00pm ET / 10:00am PT

Session 4: Wednesday March 6th 1:00pm ET / 10:00am PT

CME and Resource Page Access Code: TBC2023

https://education.weitzmaninstitute.org/content/nttap-comprehensive-and-team-based-care-learning-collaborative-2023-2024

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REMINDER: Complete evaluation in the poll!

Next Learning Session is **Wednesday March 6th!**

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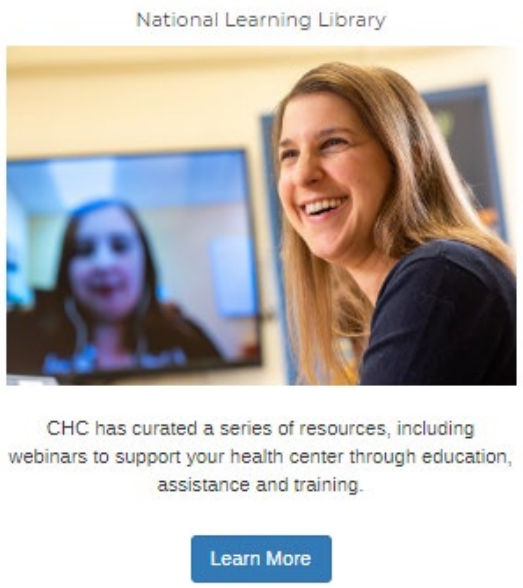
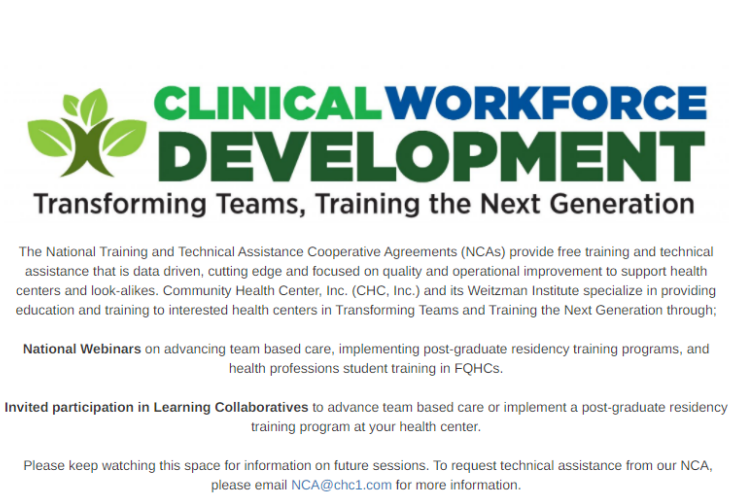
Explore more resources!

National Learning Library:
Resources for Clinical Workforce Development

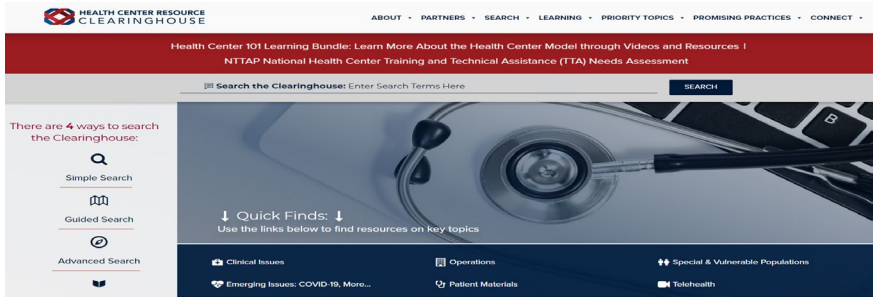




https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse

HEALTH CENTER RESOURCE CLEARINGHOUSE



https://www.healthcenterinfo.org/