Health Care’s Transition to a Team Sport
Kevin Grumbach, MD
Patient-Centered Primary Care Collaborative
2014 Western Regional Meeting
It Takes a Team to Make Primary Care Work
Developing the building blocks of the high-performing primary care practice

- Site visits and case studies of highly regarded primary care practices
- Discussions/observations of clinicians, RNs, MAs, front desk
- The practices look different from the outside but similar inside
- From our observations, we extracted 10 Building Blocks -- the foundation of these practices
- The Building Blocks are a guide to improvement for primary care
- Similar to Safety Net Medical Home Initiative change concepts
10 Building Blocks of High-Performing Primary Care

T Bodenheimer et al AnnFamMed March 2014
A primary care physician with a panel of 2500 average patients would spend:

• 7.4 hours per day to deliver all recommended preventive care (Yarnall et al. Am J Public Health 2003;93:635)

• 10.6 hours per day to deliver all recommended chronic care services (Ostbye et al. Annals of Fam Med 2005;3:209)
The Choice

- Teams
- Concierge Medicine
It Takes a Team
“Share the Care” Model

• Select the players and assign positions

• Design the plays

• Practice the plays
Team Members Aligned with Patient Population Needs

Share the Care Teams: From Universal Coverage to Universal Care

COMMUNITY-BASED

- Community-Based Care Manager Teams
- IHSS Worker Training
- Care Transitions
- Self-Management Classes

CLINIC-BASED

- HIGHEST USERS
- COMPLEX NEEDS
- CHRONIC DISEASES
- GENERAL POPULATION

Health Coaches

RN, MSW, Pharm D, Beh Health, PT, etc

Reengineered role of the MA

UCSF

Department of Family & Community Medicine
10 Building Blocks of High-Performing Primary Care

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
7. Continuity of care
8. Prompt access to care
9. Comprehensive-ness and Care Coordination
10. Template of the future

T Bodenheimer et al Ann Fam Med March 2014
It Takes a Team
“Share the Care” Model

• Select the players and assign positions
• Design the plays
• Practice the plays
Teamwork

- Team structure
- Team culture
  - Co-location
  - Standing orders/protocols
  - Defined workflows and roles – workflow mapping
  - Training, skills checks, and cross training
  - Ground rules
  - Communication – huddles, meetings, constant interaction
Team structure: stable teamlets

Patient panel
Clinician/MA teamlet

Patient panel
Clinician/MA teamlet

Patient panel
Clinician/MA teamlet

Health coach, behavioral health professional, social worker, RN, pharmacist, panel manager, complex care manager

1 team, 3 teamlets
Co-location
# Team-based care: standing orders

RNs or MAs to do diabetes refills without involving clinicians

<table>
<thead>
<tr>
<th>Appointment last 6 months</th>
<th>HbA1c = 7.5 or below</th>
<th>Normal creatinine and potassium in last 6 months</th>
<th>How to refill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>3 month supply + 1 refill</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes or No</td>
<td>No</td>
<td>1 month supply + order labs, give appt, no refill</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>1 month supply + give appt, no refill</td>
</tr>
<tr>
<td>No</td>
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</table>
Training

- In high performing clinics, everyone gets continual training. Training never stops.
- Good clinics do observation/feedback of all staff members to make sure care is excellent
- Everyone attends case conferences for continuous learning
Ground rules

• Everyone on the team needs to agree on such things as
  – Starting on time
  – Giving feedback to each other
  – When to interrupt each other
  – How are meeting agendas set
  – Step up and step back in meetings
  – Taking notes focusing on action steps, who does it and when
Communication

• Huddles: when, where, how long, who attends, who leads, huddle prep (scrubbing charts), huddle template
• Team meetings, once or twice a month
• Minute-to-minute interaction
  – Easiest if co-located
“It is naïve to bring together a highly diverse group of people and expect that, by calling them a team, they will in fact behave as a team. It is ironic indeed to realize that a football team spends 40 hours a week practicing teamwork for the two hours on Sunday afternoon when their teamwork really counts. Teams in organizations seldom spend two hours per year practicing when their ability to function as a team counts 40 hours per week.”

Who is way ahead of health care in investing in team training?

• Aviation industry
  – Crew Resource Management (CRM)

• Military
  – Tactical Decision Making Under Stress (TADMUS)
  – Team Dimensional Training (TDT)

• San Francisco Giants
Teams and the Triple Aim

The Research Evidence
Medical Teamwork and Patient Safety
The Evidence-based Relation

Literature Review

Prepared by:
American Institutes for Research, University of Central Florida, University of Miami Center for Patient Safety

Investigators:
David P. Baker, Ph.D. (AIR)
Sigrid Gustafson, Ph.D. (AIR)
Jeff Beaubien, Ph.D. (AIR)
Eduardo Salas, Ph.D. (UCF)
Paul Barach, M.D. (UMCPs)
Evidence base on health care teams

Studies of general practices in England demonstrated that better teamwork and team climate are associated with better processes of care for patients with diabetes, and better continuity of care, access to care, and patient satisfaction.

Evidence base on health care teams

At Kaiser Permanente in Georgia, primary care teams with higher “collaborative clinical culture” scores had superior patient outcomes, including better patient satisfaction and better control of diabetes and hyperlipidemia.

The Triple Aims

Quadruple

• Better patient experience
• Better health
• Lower cost
• Joyful and sustainable careers in primary care
Burnout By Specialty

Mean burnout, US employed adults

Team structure and culture are associated with lower burnout in primary care practices

R Willard-Grace, D Hessler, E Rogers, K Dubé, T Bodenheimer, K Grumbach

Journal of the American Board of Family Medicine, March 2014
Study Design & Methods

- 16 San Francisco primary care clinics (DPH and UCSF)
- Survey measures:
  - Maslach Burnout Inventory (MBI) (outcome)
  - One-item measures of team structure (predictor)
  - Seven-item measure of team culture developed by study team (predictor)
- GEE modeling to account for clustering at clinic level
Interaction between team structure and team culture on exhaustion for clinicians (adjusted for covariates)*

![Bar graph showing the interaction between team structure and team culture on exhaustion for clinicians.](image)

*Median split used to define low vs. high team culture.
### Predictors of agreeing that primary care is a “do-able job”

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Coefficient</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>Confidence that Team Performs Panel Management</td>
<td>.36**</td>
<td>.17–.54</td>
</tr>
<tr>
<td>Availability of Complex Care Management Support</td>
<td>.35***</td>
<td>.23–.46</td>
</tr>
</tbody>
</table>

*** p < .001

Adjusted for other practice setting and clinician characteristics
Challenges with health care teams

Costs of interpersonal communication increase exponentially with the size of the team and may overtake the benefits of teamwork.

Challenges with health care teams

• Teams face the challenges of human relationships and personalities
• Helpful team players: initiators, clarifiers, encouragers
• Not so helpful team members: dominators, blockers, evaders, recognition seekers

Challenges with health care teams

• Payment issues when tasks shared
Taxpayers Face Big Medicare Tab for Unusual Doctor Billings
From Medical Homes to Medical Neighborhoods

- High performing primary care necessary but not sufficient
- Need the entire system to work together in a coordinated, integrated, patient-centered manner
Where are the *patients* in the Patient-Centered Medical Home?

- Patients as part of the care and improvement team
Teamwork as a Competency for Health Professions Education

• “Leading, following, and making changes in health care: Understanding how to function in, and to lead, teams, and to organize and participate in intentional change.”

Don Berwick, Jonathan Finkelstein. “Preparing Medical Students for the Continual Improvement of Health and Health Care: Abraham Flexner and the New ‘Public Interest.’” Academic Medicine 2010
From “Me” to “We”

• “We will need to assemble systems in which physicians can build satisfying work relationships with staff and patients and feel supported in sharing responsibility for health outcomes. In place of the currently dominant “silo” training, we will need to foster interprofessional education about collaborative communication and team building skills. Expectations for role, competence, satisfaction, and success will need to change.”

  – G Saba et al., The mythology of the lone physician.
Summary

• Teams in primary care are not optional
• Figure out who needs to be on your team (patients included)
• Promote teamwork
  – Specific structures and processes that enhance teamwork
• Evidence that good teamwork is associated with better performance on quadruple aims
• Need to change the culture of medicine and medical education
Our Team at the UCSF Center for Excellence in Primary Care
Derek Siver’s Ted Talk on the First Follower

- http://www.youtube.com/watch?v=fW8amMCVAJQ