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"Put me in Coach, I'm ready to play"

A Team-Based Care Approach

Quality Improvement Organizations
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Great Plains Quality Innovation Network

Objectives

- Discuss Team-based Health Care and its principles
- Describe how to effectively assist patients in managing their diabetes through a multidisciplinary team approach
- Review strategies to evaluate outcomes through the measurement of key clinical outcomes

Polling Question

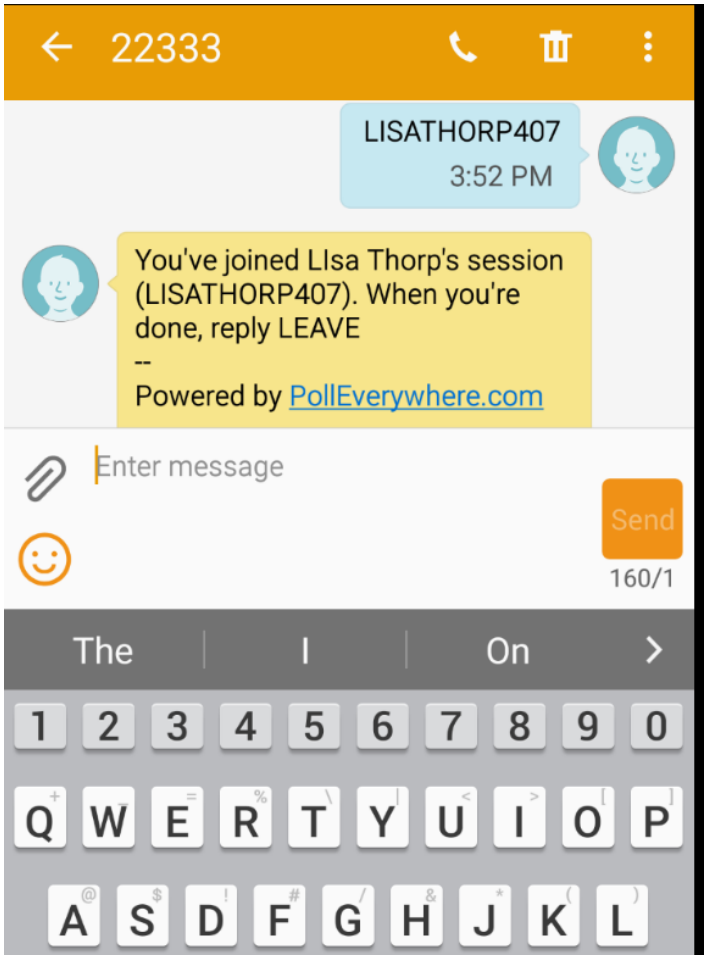
- **Please Participate**

- **Text:**

  To: 22333

  Message:

  LISATHORP407



When you think of a baseball team, which position is the most important?

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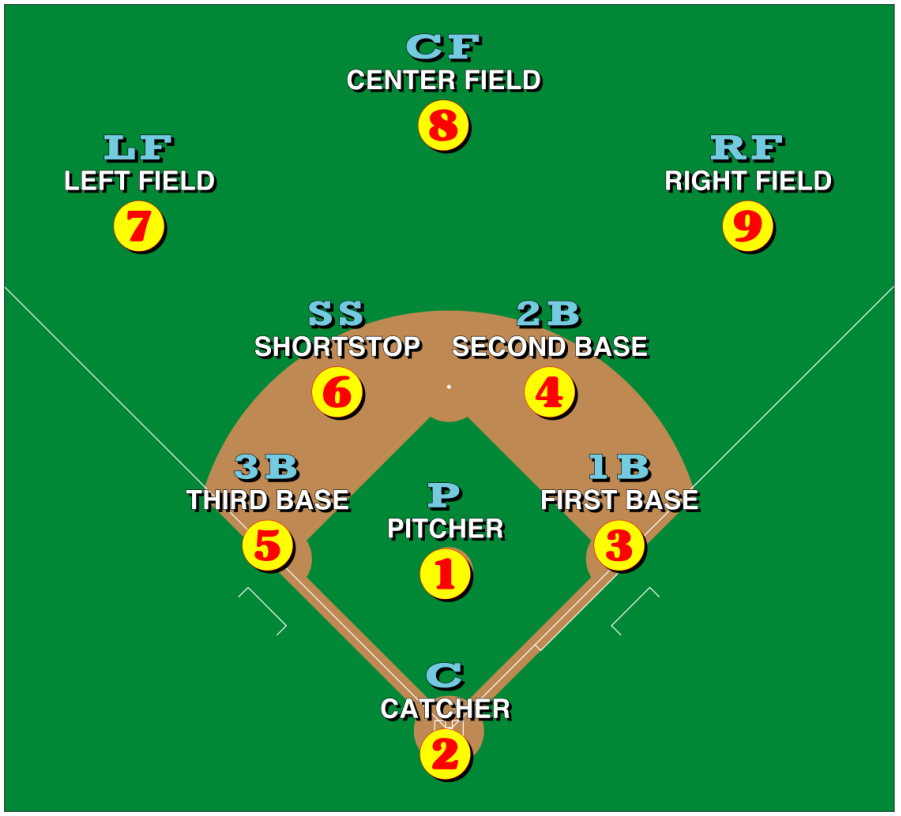
TEAM



What comes to mind when you think of a team?

Compare team members

Baseball	Diabetes
• Player at Bat (offense)	• Person with Diabetes (PWD)
• Pitcher (Defense)	• Person with Diabetes (PWD)
• Coach	• PCP
• 1st Base	• Diabetes Educator
• Shortstop	• Dietitian
• Stat keeper	• Labs
• Base Coach	• Specialists – podiatry
• Catcher	• Family member
• Equipment	• Glucose meter, pump, pens
• Fans/Team support	• Community resources

Who *is* the most important part of the team? The patient.

TEAM-BASED APPROACH TO DIABETES

- According to ADA Standards of Medical Care in Diabetes for 2018 (Abridged version)

"Optimal diabetes management requires an organized, systematic approach and the involvement of coordinated *team* of dedicated health care professionals…"

American Diabetes Association Standards of Medical Care in Diabetes – 2018. Diabetes Care 2018:41 (Suppl1): S1-S159

Patient Centered Models

- Chronic Care Model
  - Stresses prevention, emphasizes education, shifts from hospitals to primary care, follows up-to-date evidence-based guidelines
- Patient-Centered Medical Home
  - Comprehensive primary care model for all ages, that facilitates and coordinates partnerships between individual patients, their PCP, and family when appropriate

Case

- 58 year old female with long-standing Type 1 diabetes. She was scheduled for a colonoscopy but worries about her blood sugar anytime her routine is disrupted. The colonoscopy requires her to alter her diet to clear liquids for the day prior to her procedure. The surgery dept. had generic orders to hold her meal-time insulin, but she knew that she would have basal insulin on board in her system while she was limited to the prep.
- She did hold her meal-time insulin as ordered, monitored her BG frequently, and arrived the morning of her procedure with a BG of 88. She reports that her BG "was ok" during her procedure, and her discharge orders were to "resume home meds".
- She went home and followed orders, taking her usual amount of insulin. She thought she consumed enough carbs to maintain her BG. She woke up on the floor of her kitchen in the middle of the night. When she was able to check her BG it was 44.

Team members

- Patient
- Family/support people
- PCP
- Health care team

Members of the team create the management and treatment plan <u>with the patient.</u>

It is preferred that a non-judgmental approach is used, and that the patient has an active role in developing the plan.

Team members cont.

PCP

Pharmacist

Dentist

Podiatrist

Mental Health

Nurses

Dietitian

CDE

Physical therapy

Health coach

Social Services

Community Resources

Eye doctor

other specialists

Plan

Another ADA recommendation for the *care team*

"Prioritize timely and appropriate intensification of lifestyle and/or pharmacologic therapy for patients who have not achieved the recommended metabolic targets". [2]

Plan considerations

- Age
- Cognition
- School/work schedule, routine and conditions
- Health beliefs
- Support system
- Typical meal routine
- Physical activity capability
- Social situation
- Financial situation
- Cultural factors
- Literacy/Health literacy
- Diabetes complications
- Comorbidities
- Health priorities
- Preferences for care
- Life expectancy

American Diabetes Association Standards of Medical Care in Diabetes – 2018. Diabetes Care 2018:41 (Suppl1): S1-S159

Success

What qualities do practices with improved outcomes share?

1. Team care – Clinical tasks shared with non-physician staff
2. Information technology – Functions that support healthcare planning and proactive, population based care
3. Planned care – Patient needs identified prior to encounters and systematically addressed
4. Self-management support – Engaging patients as partners in care

improving chronic illness care

Where do I Start?

Getting Started

- What are we trying to solve with team-based care?
- What does team based care mean to you and your practice?
- What slows us down?
- What can be done in advance to increase efficiency?
- How can Health IT be utilized to improve efficiency?

Effective Team-Based Care

Organized Team Structure

- Empanel patients to a practitioner and/or care team
- Define roles and responsibilities
- Reserve workspace and time to facilitate team interaction

Collaborative Team Functions

- Establish huddles, and protocols to create workflows to improve efficiencies in care
- Provide training opportunities for staff members to learn new tasks and improve coordination

Team Culture

- Discuss routinely your practice data with your team to inform improvements in clinical quality, utilization, and patient experience of care

Strategies for Managing Teams

Engage staff in workflow redesign and create a safe culture for feedback and change

Utilize data to support practice transformation

Clinical champion and learning lead communicate frequently and clearly to care team members to encourage a culture of practice transformation

Steps for Pre-visit Planning

Before the Visit

- Collect clinical results
  - Specialist reports
  - Lab reports
  - Imaging reports
- Assess gaps in care
- Begin risk stratification

During the Visit

- Discuss gaps in care and order labs, imaging, etc.
- Collaborate with the patient to establish a care plan and goals
- Provide patient education that supports self-management

After the Visit

- Schedule follow-up appointments
- Establish a follow-up phone call for patients that have a care plan
- Monitor care coordination for patients referred to specialists

Putting Pre-visit Planning Into Practice

PRE-VISIT QUESTIONNAIRE

Name: _____

TODAY'S VISIT

What are you hoping to accomplish today? _____

_____

Is there anything else you'd like to work on to improve your health? _____

_____

If you have one of the following conditions, please answer:

Diabetes: Any problems with medications? ☐ Yes ☐ No
Home glucose readings _____

High blood pressure: Any problems with meds? ☐ Yes ☐ No

Home BP readings _____

High cholesterol: Any problems with meds? ☐ Yes ☐ No

Depression: Any problems with meds? ☐ Yes ☐ No

Any suicidal thoughts? ☐ Yes ☐ No

BETWEEN VISITS

Have you been to the **ER, hospital, or another doctor** since last seen here? ☐ Yes ☐ No

Please explain: _____

_____

LIFESTYLE

Exercise: What do you do? _____

How long? _____ How often? _____

Depression screen: Over the last 2 weeks have you been bothered by little interest or pleasure in doing things, or feeling down, hopeless, or depressed? ☐ Yes ☐ No

Medications: Do you have any trouble taking any of your medications? ☐ Yes ☐ No

If so, what sort of trouble? _____

_____

Bladder control: Do you lose control of your urine to the point you would like to know how to treat it? ☐ Yes ☐ No

End-of-life care: Do you want to discuss end-of-life issues? ☐ Yes ☐ No

UPDATE

Has anything new come up in your **family history**? (new illness among blood relatives) _____

Have you developed any new drug **allergies**? _____

Are you experiencing any of the following?

Constitutional symptoms: ☐ fever ☐ weight loss ☐ extreme fatigue

Eyes: ☐ double vision ☐ sudden loss of vision

Ears, nose, mouth, and throat: ☐ sore throat ☐ runny nose ☐ ear pain

Cardiovascular: ☐ chest pain ☐ palpitations

Respiratory: ☐ cough ☐ wheezing ☐ shortness of breath

Action Items

- What is one thing your practice can do next week to implement team based care?
- How can we implement or enhance pre-visit planning?
- Can we identify/clarify roles within our team to ensure proper distribution of work, efficient workflow and patient satisfaction

Upcoming events

- April 11-13 - DEEP Training (Minot)
- April 26 – TeamSTEPPS® 2.0 Essentials Training for Hospital Staff
- August 23 – Quality Forum – Quality Health Associates(Ramkota, Bismarck)
- Look for other upcoming events hosted by QHA or **GPQIN here: http://g**reatplainsqin.org/calendar-2/upcoming-events/

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