

Team-Based Care

Why Do It?

An essential component of the primary care model is the shift away from physician/provider-centric staffing models to a team-based approach to patient care with the patient as the most critical member of their own health care team. Members of the team work “at the top of their license (or certification)” -- meaning work is spread across the team and may involve reimagining traditional roles and the responsibilities they are assigned. Team-based care also establishes the foundation for proactive management of the patient schedule through methods like scrubbing and huddling. Be sure to also read tip sheets on *Patient & Family Engagement* and *Recruitment & Retention* for more ideas. Visit the [Institute website](#) for more [team-based care](#) resources, including webinars such as “[Developing Team-Based Care in the Patient-Centered Primary Care Home](#)”.

Where to Start

1. Establish a team structure that fits your clinic. There is no universal model, and clinics often experiment with multiple structures before finding one that works for them. The roles you choose for your team can vary depending on the team’s specific patient panel, but be mindful that most effective teams have at least two supporting roles for each clinician.

- a. In addition to clinicians, mid-level providers and medical assistants, your new team roles may include Care Coordinators, Prescription Refill Coordinators, Referral Coordinators, Behavioral Health Providers and Dietitians.
- b. Timely and detailed EHR documentation becomes critical for teams because no single person monitors all steps in a workflow. Consider adding scribes to teams so providers can fully focus on patients during visits. See the tip sheet *Collecting & Using Data* for more tips.
- c. Be sure to also include your front office staff in teams; they have a unique perspective on your patients!

“They all have individual work lists of course, but if [staff A]’s not busy, she might help [staff B] with her list, and if [staff B]’s not busy, she’s going to help somebody else. So everyone goes home in a timely matter, you’re not stuck with 18 things on your work list at 5 o’clock and everybody says ‘See you later!’ “

2. Get your work space ready. Co-locate work-stations together in open clusters rather than having providers in separate offices. Not only does this greatly facilitate communication among team members and reduce the need for formal meetings, it also de-emphasizes the traditional provider-assistant hierarchy that can keep people from asking questions or offering support.

PCPCH tip sheets were developed from the reported experiences of recognized PCPCH’s, by a Portland State University research team under contract with the Oregon Health Authority, 2016. These recommendations are not part of the official OHA technical assistance guide and are not a guarantee of program recognition. Access this Tip Sheet and other resources: <http://www.pccpi.org/search/resources>.

3. Establish communication norms. Teams with co-located workspaces often rely on frequent “just-in-time” communication through the day as questions arise. If your team isn’t co-located, consider employing huddles at the start of each shift so that teams can review the day’s schedule, anticipate needs and work proactively. **Provide training** for all team members on effective communication, managing conflict and promoting diversity, equity and inclusion across cultures and learning styles (see the tip sheet on *Recruitment & Retention*).

4. Standardize your workflows to ensure consistency now that the person fulfilling a specific step in the process may change from day to day. Make sure you understand the full scope of practice for individual professionals on your team and construct your workflows to keep each person working to the “top of their license.” Identify when visit types or steps in a process can be done by someone other than a provider and assign them accordingly, ensuring your front office staff adjust their scheduling practices along the way.

5. Tell your patients! Use brochures and talking points to help staff communicate changes, promote the benefits of working in teams, and address any concerns patients may have.

Tips for Making the Most of Team-Based Care

- ❖ Construct teams with **physicians paired with mid-level providers**. Modify your EHR if possible so it can track continuity of patient visits within the team rather than with specific providers. **Use color-coding in your EHR** to quickly identify a patient’s team, and create “phone trees” to help front office staff direct patient questions and communications (also see the tip sheet on *Access*).
- ❖ Use **competition in fun and healthy ways** across teams to keep staff engaged and promote improvement. Post visual media such as dashboards to share team metrics, and use rewards and incentives to celebrate successes.
- ❖ Leverage your teams as **innovation labs** where you can pilot changes before rolling them out clinic-wide. Encourage teams to volunteer for improvement projects that they are excited about, then utilize **Plan-Do-Study-Act (PDSA) cycles** to engage them in planning, evaluation and improvement.
- ❖ Teams with multiple professionals of a particular type (e.g. medical assistants) can provide opportunities for individuals to become **quasi-specialists in specific tasks** within their field, ensuring the entire team benefits from their enhanced knowledge.
- ❖ **Engage your teams when hiring new team members** and give them a powerful voice in the process. Hire staff who embrace team-based approaches. Make an effort to **accommodate existing staff** when they request changes in hours or schedules. These changes sometimes present opportunities to test new workflows, cross train other team members and rebalance teams as patient panels change over time.

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