



ADVANCING INTEGRATED HEALTHCARE

Best Practices in Team-Based Care

Healthy Happy Teams

Kristin David, Psy.D., Practice Facilitator, Integrated Behavioral Health, CTC-RI
Richard Ohnmacht, MD., Clinical Associate Professor of Pediatrics, Emeritus

June 18th, 2024

Care Transformation Collaborative of RI

Housekeeping

- Today's session will run for a total of 60 minutes.
- Please enter your name and organization in the chat box.
- Participants should remain muted until the end of this webinar. We will open-up the lines during the Q&A portion of the session.
- If you have questions during the webinar, please type them into the chat.
- This session is being recorded and will be made available for future viewing.

Accreditations/Designations:

- Continuing education credits are available to individuals who complete the entire activity and submit the post training evaluation.
- The AAFP has reviewed and deemed “Best Practices in Team-Based Care: Healthy Happy Teams,” acceptable for AAFP credit. Term of approval is from 6/18/24 to 6/18/25. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP’s partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Today's Speakers:



Kristin David, Psy.D.

Practice Facilitator, Integrated Behavioral Health
CTC-RI
Executive Director
Foundation for Integrated Care



Richard Ohnmacht, MD

Clinical Associate Professor of Pediatrics, Emeritus
Warren Alpert School of Medicine
Brown University
Bryant University
Director of Pediatric Research
Velocity Clinical Research

Objectives

- Participants will be able to identify the 5 domains contained in the AIMS Team Tune Up.
- Participants will learn about the current evidence which supports high level team works impact on measures of sustainability and provider satisfaction.
- Participants will be familiarized with the process PCMHs completed for the Healthy Happy Teams Initiative.

Agenda

- Overview of Healthy Happy Teams (HHT) Initiative
- HHT Practice Data review of Baseline vs Post test
- Provider Feedback
- Key Components of Healthy Happy Teams
- Question

*Thank you to UnitedHealthcare for
sponsoring this project*



HHT Launch Meeting Review

Project Objectives:

- Support team-based care through a health equity lens as it applies to high-functioning primary care teams
- Review best practices across core values and skills for relational building in primary care

Completed Baseline Assessment

University of Washington AIMS Center Team Tune-Up **adapted*

<https://www.thenationalcouncil.org/wp-content/uploads/2020/03/Team-Tune-Up-Helping-Teams-Work-Better-Together-8.12.14.pdf>

Review of Team Based Care Launch

Overview of University of Washington AIMS Center Team Tune-Up **adapted*

- 1) Sharing the same **vision** and **goals**
- 2) Understanding each team member's **role**
- 3) Enjoying mutual **trust**
- 4) Communicating and resolving **conflict** effectively
- 5) Regularly reviewing and discussing team **outcomes** and **performance**

Healthy Happy Teams Project Summary

- Project Goal:
 - Strengthen team-based care in primary care practices
 - Promote high-functioning teams through practice facilitation and QI
 - Encourage stable teams, clear roles, and effective communication
- Practice facilitators:

Nelly Burdette, Psy.D.

Senior Director, Integrated Behavioral Health (CTC-RI)
Director of Population Behavioral Health at Boston Medical Center

Kristin David, Psy.D.

Practice Facilitator, Integrated Behavioral Health (CTC-RI)
Director, Foundation for Integrated Care

Thank you to UnitedHealthcare for sponsoring this project



Project Activities

- **Timeline: May 2023-March 2024**

6-8 customized 1-hour sessions with a practice facilitator

Coaching, shadowing of workflows

Best Practice Research sharing

Customized workshops

PDSA (Plan, Do, Study, Act) QI project

Participating Practices

Cohort 1 Practices (July 2023 Start)

Atlantic Pediatrics

Santiago Medical Group

CCMA Cranston

Richard K Ohnmacht, MD

*One practice dropped out due to organizational challenges

Cohort 2 Practices (October 2023 Start)

Barrington Pediatric Associates, Inc

Hasbro Children’s Hospital Pediatric Primary Care

University Internal Medicine, Inc

Wood River Health

Brown Medicine Primary Care- Warwick

Core Implementation Team Members

- Practice Manager
- Physician
- Medical Assistant
- Nurse
- Any other clinical staff, such as pharmacists, care managers, integrated behavioral health clinicians (IBHC), are strongly encouraged to participate as well

1. Shared Goals
2. Clear Roles
3. Mutual Trust
4. Effective Communication
5. Measurable Processes and Outcomes

“Team Tune Up”, Helping Teams Work Better Together, AIMS Center, University of Washington, Psychiatry and Behavioral Sciences, (2014)

Pre/Post assessment

- 10 items survey
- Scored on a 5-point scale
 - 1= Strongly disagree
 - 2= Somewhat disagree
 - 3= Neither
 - 4= Somewhat agree
 - 5= Strongly agree
- % Disagreement combines 1&2
- % Agreement combines 4&5
- Neutral (3) dropped for data visualization
 - Pre, N=90
 - Post, N=65

PDSA Topics – version 1

Effective Communication

4

Clear Roles

4

Mutual Trust

3

Measurable Processes & Outcomes

2

Shared Goals

2

- Conflict Resolution training
- Monthly staff meetings
- Reassess and redefine roles, responsibilities
- Develop a pre-visit procedure
- Pilot a “Hot List” triage system

■ Effective Communication

- Conflict Resolution training
- Monthly staff meetings

■ Clear Roles

- Reassess and redefine roles, responsibilities

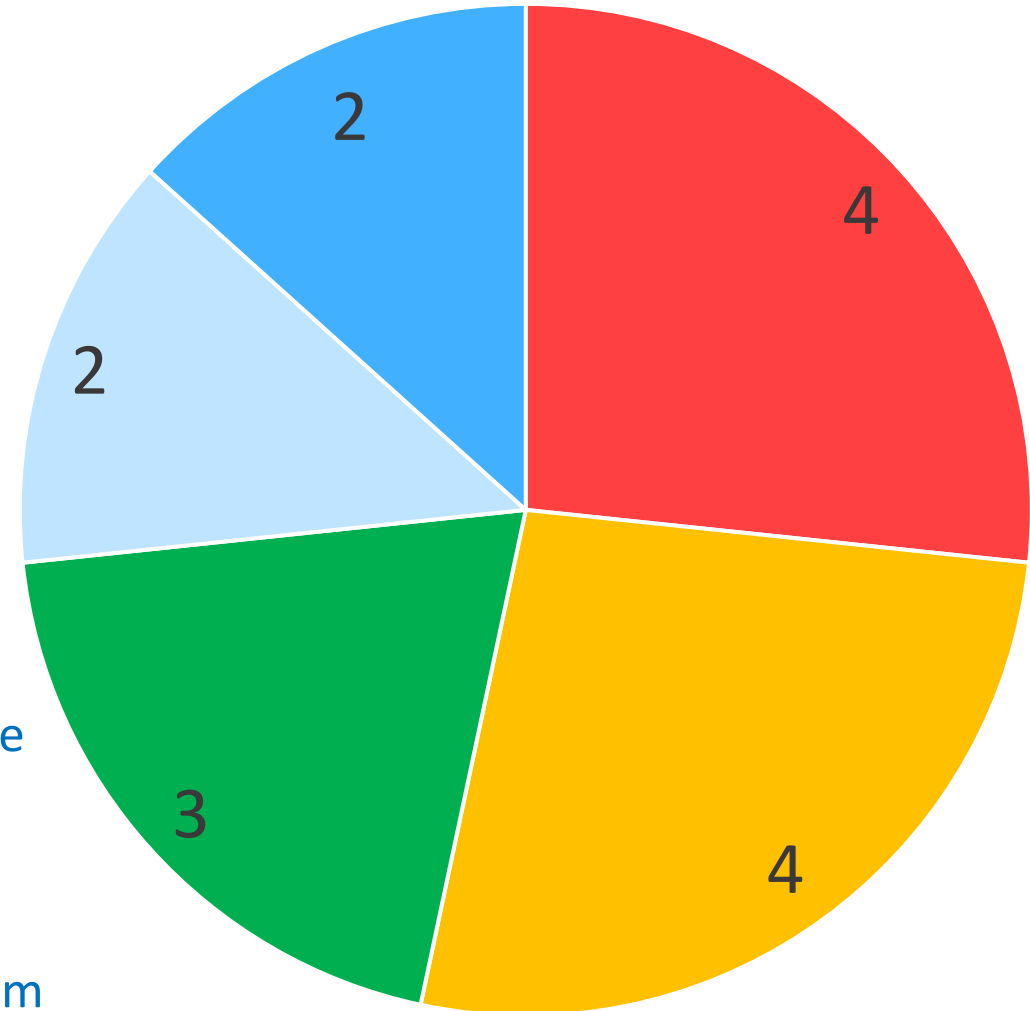
■ Mutual Trust

■ Shared Goals

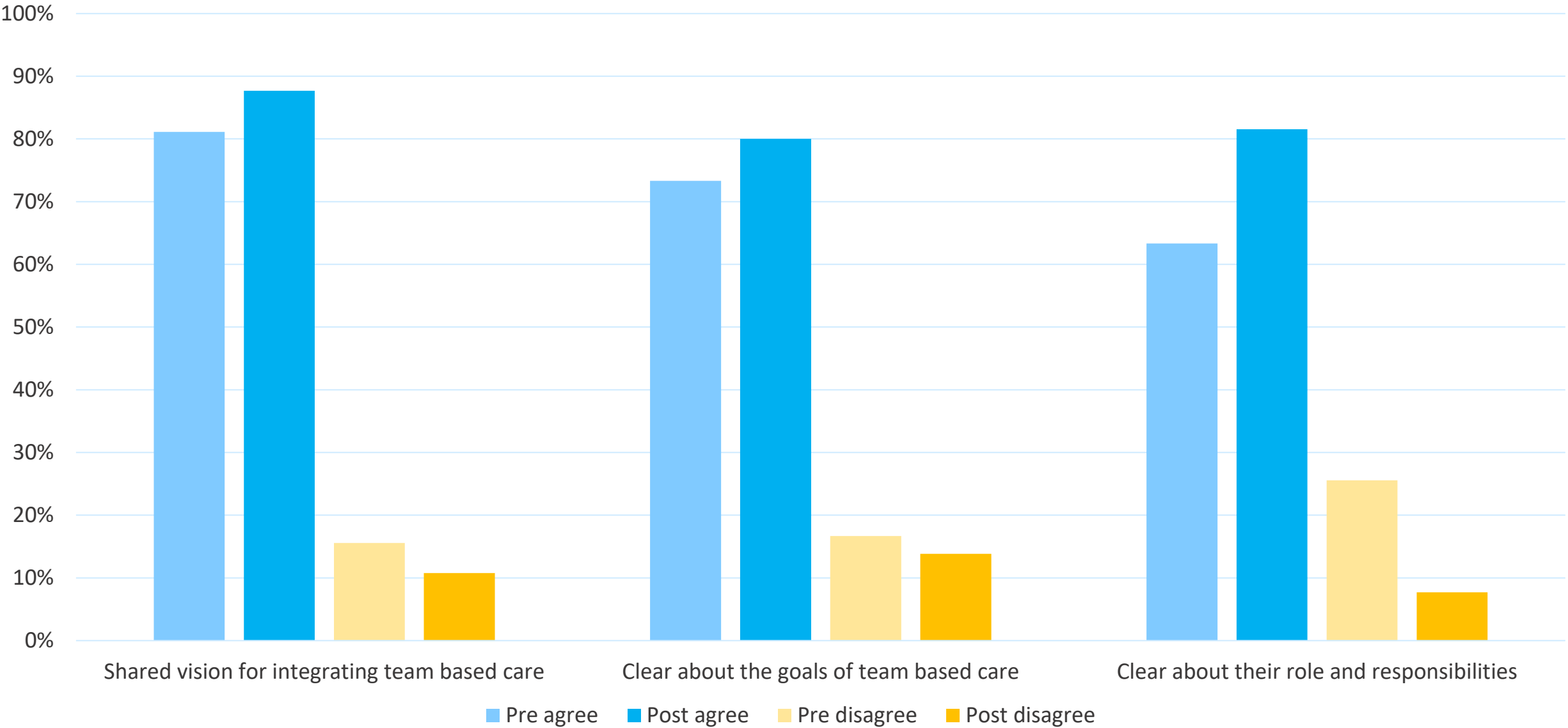
- Develop a pre-visit procedure

■ Measurable Processes and Outcomes

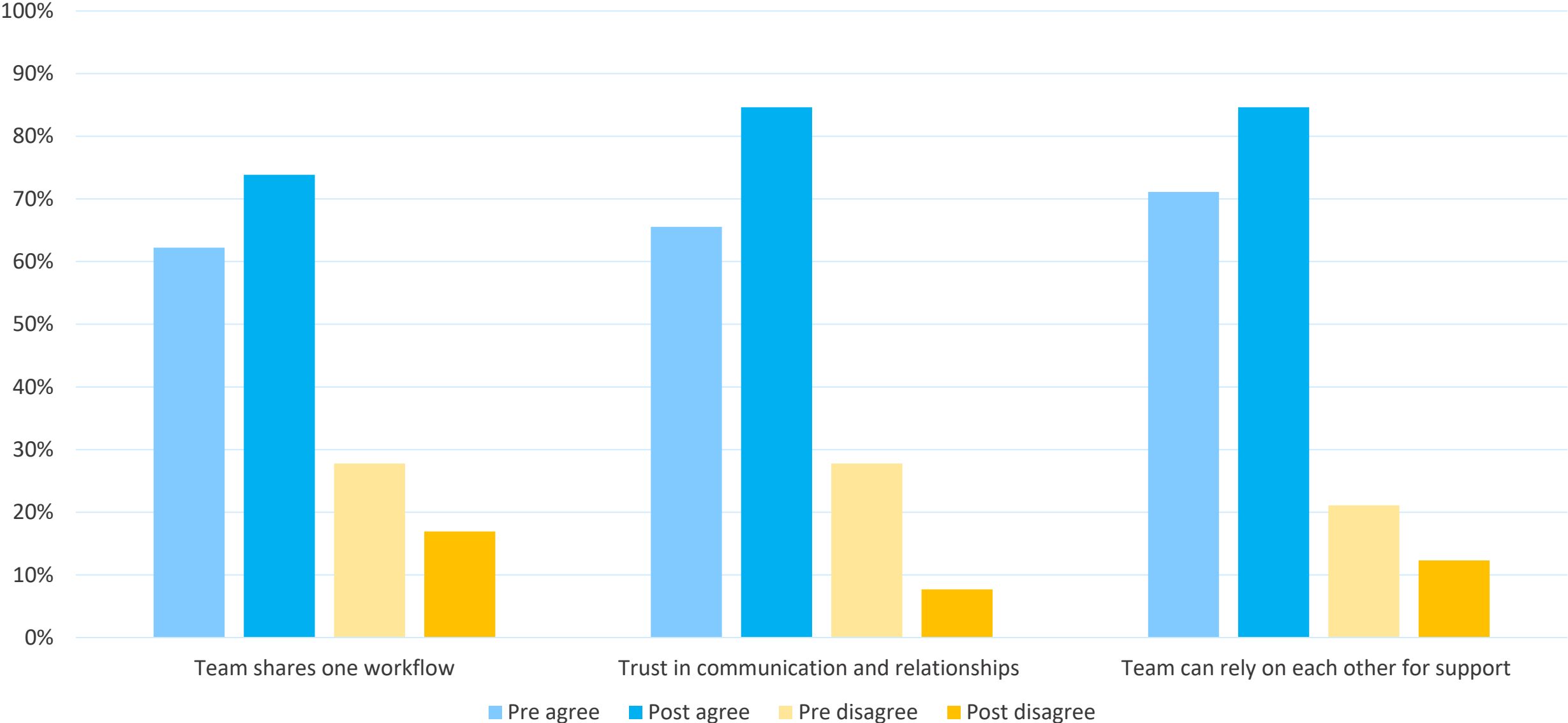
- Pilot a “Hot List” triage system



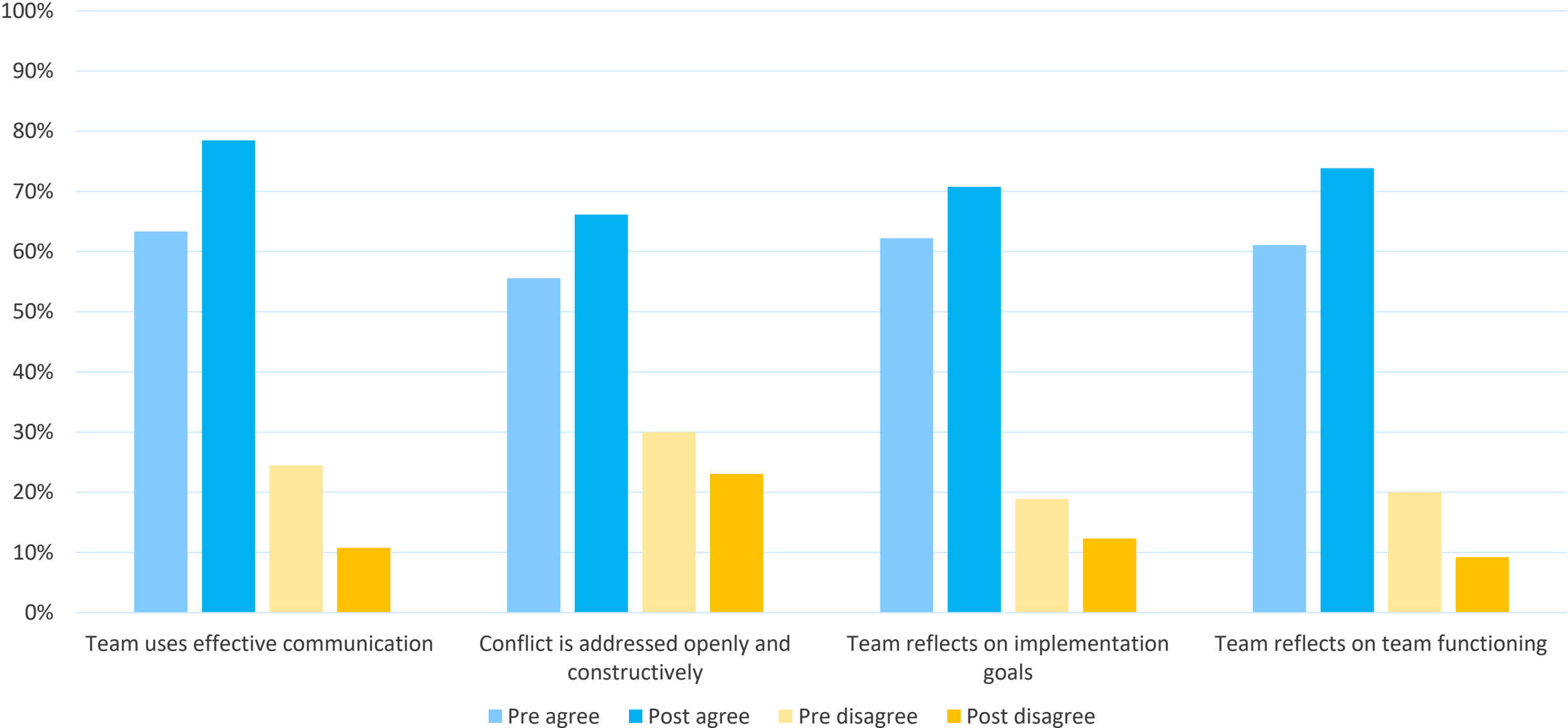
All Practices- Pre and Post Results



All Practices- Pre and Post Results



All Practices- Pre and Post Results



Largest Changes in Agreement Pre and Post

Agreement pre and post	Team is clear about their role and responsibilities	There is trust in communication and relationships	Team regularly uses effective communication
% change in agreement	+ 29%	+ 29%	+ 24%

- Most improved domains: Clear Roles, Mutual Trust, Effective Communication
- Areas of least change:
 - Shared vision for integrating team-based care
 - Clear about the goals of team-based care
 - Conflict is addressed openly and constructively

Final Reflection Questions:

What is one thing that will change in your practice as a result of this project?

What do you think will be the biggest challenge to sustaining this change going forward?

Practice Feedback:

“We didn't have the time to really talk about what we're doing [as a practice], and we this project really got us to sort of **look at our views, how we approach things,** and it really was terrific.”

“Thank you. Dr. David, you really were a big help and letting [staff] **open up to their feelings and share with each other.** I appreciated the opportunity to be part of your team.”

“Accepting that we needed the change, and then being able to implement the change was our main goal. **Our huddles and workflow** have changed tremendously, and we're appreciative of that... being able to take that pause, step back and see where we needed to change.”

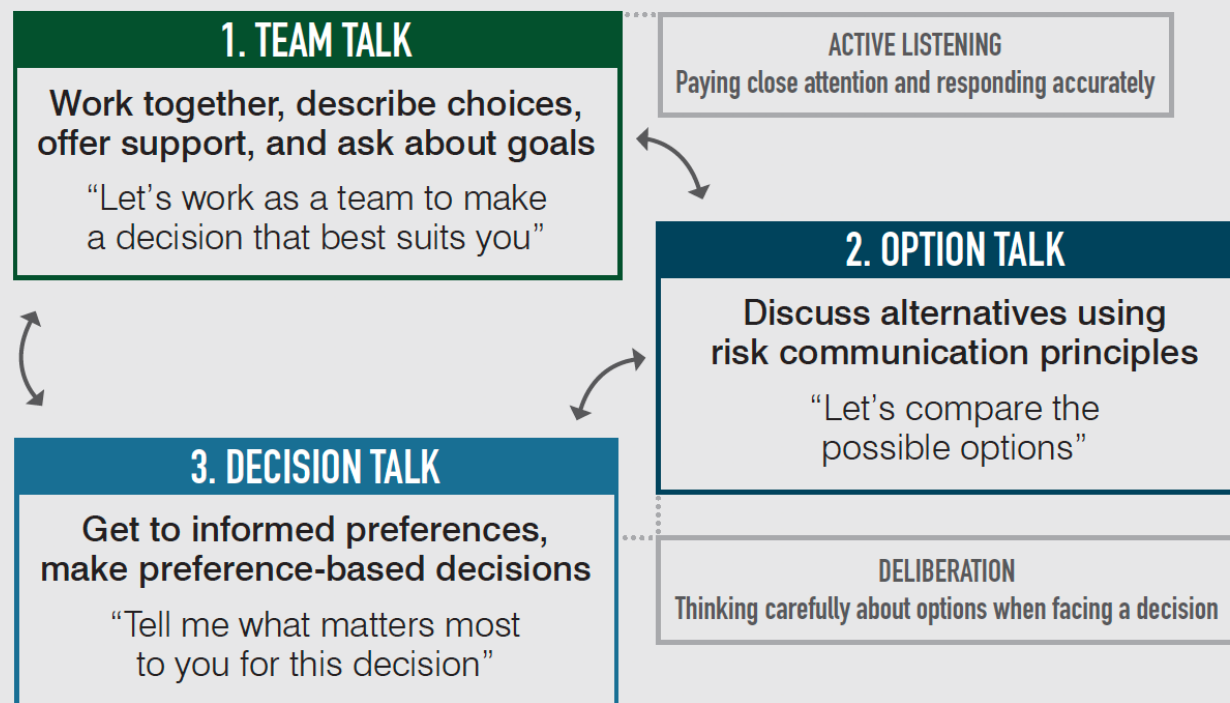
“I think what the project has done is helped us to develop ways where we can spend some time talking about that and reflect on both the challenges and the successes. And for that I think this project has been **fantastic and way beyond anything we expected.**”

“...this provided a way to **reflect, listen to the input of the staff** and maybe bring positive changes in the protocols.”

Shared Goals

The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and that can be clearly articulated, understood, and supported by all team members.

Figure 1. Three-talk model of shared decision making



Source: BMJ 2017;359:j4891. DOI: 10.1136/bmj.j4891.

Common Barriers for Shared Goals

Team Core Principles ¹	Common Barriers	Strategies
<p>Shared Goals:</p> <p>The team works together to establish shared goals that are clearly articulated, understood, and supported by all team members.</p>	<p>Lack of appreciation of the core principles of integrated behavioral health pathway</p>	<ul style="list-style-type: none"> • Reconsider your vision and vision statement. Make sure there is team buy-in to this vision. • At the organizational level, make sure to communicate the clear set of behavioral health goals as well as expectations about how behavioral health will support your larger PCMH transformation goals. • At the patient level, consider starting with a shared problem list with the ultimate goal of one treatment plan that is shared by all team members. • Encourage whole team responsibility for quality and outcomes of behavioral health care.
	<p>Vision is not aligned with resources</p>	<ul style="list-style-type: none"> • Consider if vision needs to be adjusted to reflect available resources. • Develop leadership buy-in. Identify champion(s) to advocate for resources. • Identify and support resource needs considering both staffing and system requirements. • Identify referral resources and partners (e.g., for social needs). • Address funding concerns including anticipated costs for both short-term start-up and long-term sustainability.

Clear Roles

There are clear expectations for each team member's functions, responsibilities, and accountabilities, which optimize the team's efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.

G.A.T.H.E.R.

The Essentials of Primary Care Behavioral Health

Here's a way to remember the key features of PCBH work:

G ENERALIST	The BHC is a generalist who sees any behavioral issue and all ages.
A CCESSIBLE	Most BHC services are available on a same-day basis.
T EAM-BASED	The BHC is a regular member of the team and is ready to help in a variety of ways, such as pre-PCP visits, after-PCP visits, classes, group medical visits, and assisting with resources.
H IGH PRODUCTIVITY	The BHC sees 10 or more patients every day.
E DUCATOR	The BHC teaches behavioral interventions to others on the team.
R OUTINE PATHWAYS	The BHC helps the team develop pathways or protocols that routinely involve BHC help in care for high-impact patient groups.

Let's **G.A.T.H.E.R.** together!

Common Barriers for Clear Roles

Team Core Principles ¹	Common Barriers	Strategies
<p>Clear Roles: There are clear expectations for each team member's efforts so that the team effort adds value greater than the sum of its parts.</p>	<p>Inadequate skills in effective teamwork</p>	<ul style="list-style-type: none"> • Identify facilitator/champion to facilitate team building. • Consider using a structured process to build the team and develop workflows. • Train together with a specific focus on performing in new roles. • Plan training and practice-specific collaborative care skills (e.g., integrated care planning).
	<p>Individual concerns about scope of practice</p>	<ul style="list-style-type: none"> • Clearly define roles through team building within scope of practice for each provider. • Seek to understand concerns of providers. • Acknowledge strengths of team members and apply those skills to new role(s).



Changing Roles


- In many health-care teams, there is considerable change and overlap in the roles played by different health-care professionals.
- Interprofessional primary care teams, with expanded membership and flexible roles, are evolving.
- These changing roles can present challenges to teams, in terms of acknowledgement and role allocation.

Practical tips for health-care professionals

- Always introduce yourself to the team
- Clarify your role
- Use objective (not subjective) language
- Learn and use people's names
- Be assertive when required
- Read back/close the communication loop
- State the obvious to avoid assumptions
- Ask questions, check and clarify
- Delegate tasks to specific people, not to the air
- If something doesn't make sense, find out the other person's perspective
- Always do a team briefing before starting a team activity and a debrief afterwards
- When in conflict, concentrate on "what" is right for the patient, not "who" is right/wrong?

Mutual Trust and Roles

They respect and appreciate the role of each other



Respect each other's talents, beliefs & professional contributions



Mutual Trust

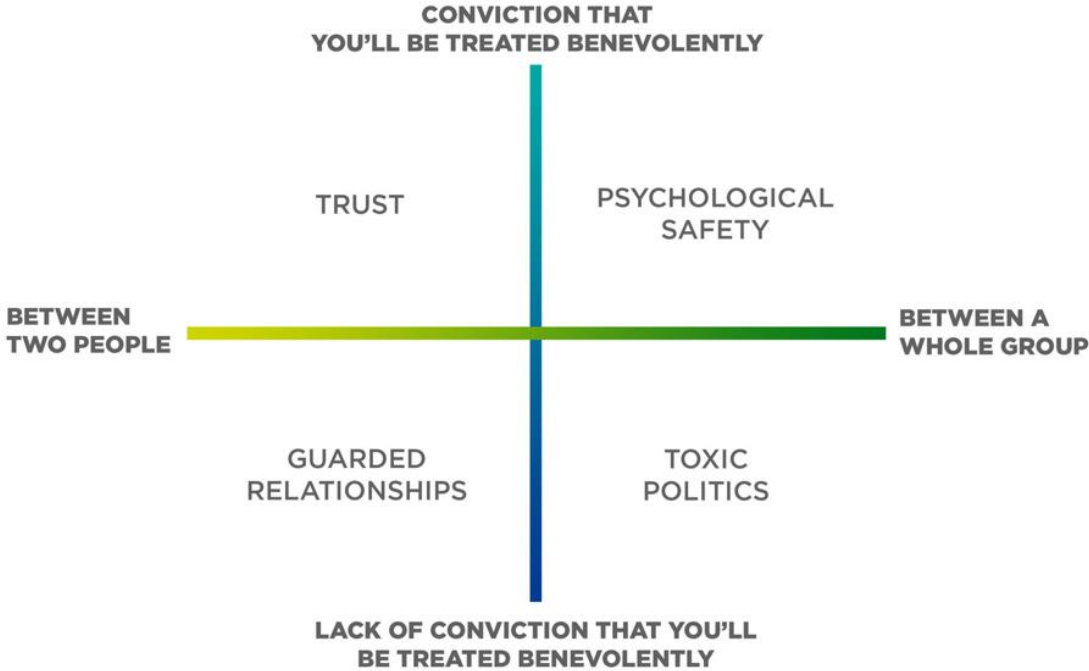
- Giving and receiving Respect
- Expressing and feeling Valued

Regardless of one's relative position on the team

Best Practices for Mutual Trust

Mutual Trust
Team members earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

TRUST VS PSYCHOLOGICAL SAFETY



www.snow.academy

SNOW ACADEMY

Common Barriers for Mutual Trust



Source: *World Economic Forum*

Best Practices for Effective Communication

Effective Communication

The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

Interprofessional PCMH team members described the elements of effective communication as:

- shared knowledge,
- situation/goal awareness,
- problem-solving,
- mutual respect;
- communication that is 5) transparent, 6) timely, 7) frequent, 8) consistent, and 9) parsimonious.

Parsimony is an emergent theme that may be especially relevant for interprofessional PCMH teams challenged with structured clinic schedules.

Common Barriers to Communication

Personal values and expectations

Personality differences

Hierarchy

Disruptive behavior

Culture and ethnicity

Differences qualifications

Differences in routines

Rivalries

Emphasis on rapid decision-making

Generational differences

Differences in education

Fears of lose of professional identity

Differences in accountability, and rewards

Concerns regarding clinical responsibility

Punitive Culture

Why address conflict?

The negative consequences include:

Dysfunctional teamwork

Decreased patient satisfaction

Employee turnover

Overton AR, Lowry AC. Conflict management: difficult conversations with difficult people. Clin Colon Rectal Surg. 2013 Dec;26(4):259-64. doi: 10.1055/s-0033-1356728. PMID: 24436688; PMCID: PMC3835442.

Pros of Conflict

Promote team-building skills

Improve critical thinking

Generate new ideas

Create alternative resolutions

Ronquillo Y, Ellis VL, Toney-Butler TJ. Conflict Management. [Updated 2023 Jul 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470432/>

Conflict styles

Avoidance occurs when people ignore or stay away from conflict either physically or conversationally.

Accommodation occurs when we allow others to have their own way rather than asserting our own point of view.

Competition is an approach to conflict that involves high concern for self and low concern for others and can result in aggression.

Interplay: The Process of Interpersonal Communication, Fifteenth Edition

Two Types

Passive aggression occurs when a communicator expresses dissatisfaction in a disguised manner.

Direct aggression occurs when a communicator expresses dissatisfaction to the source of displeasure.

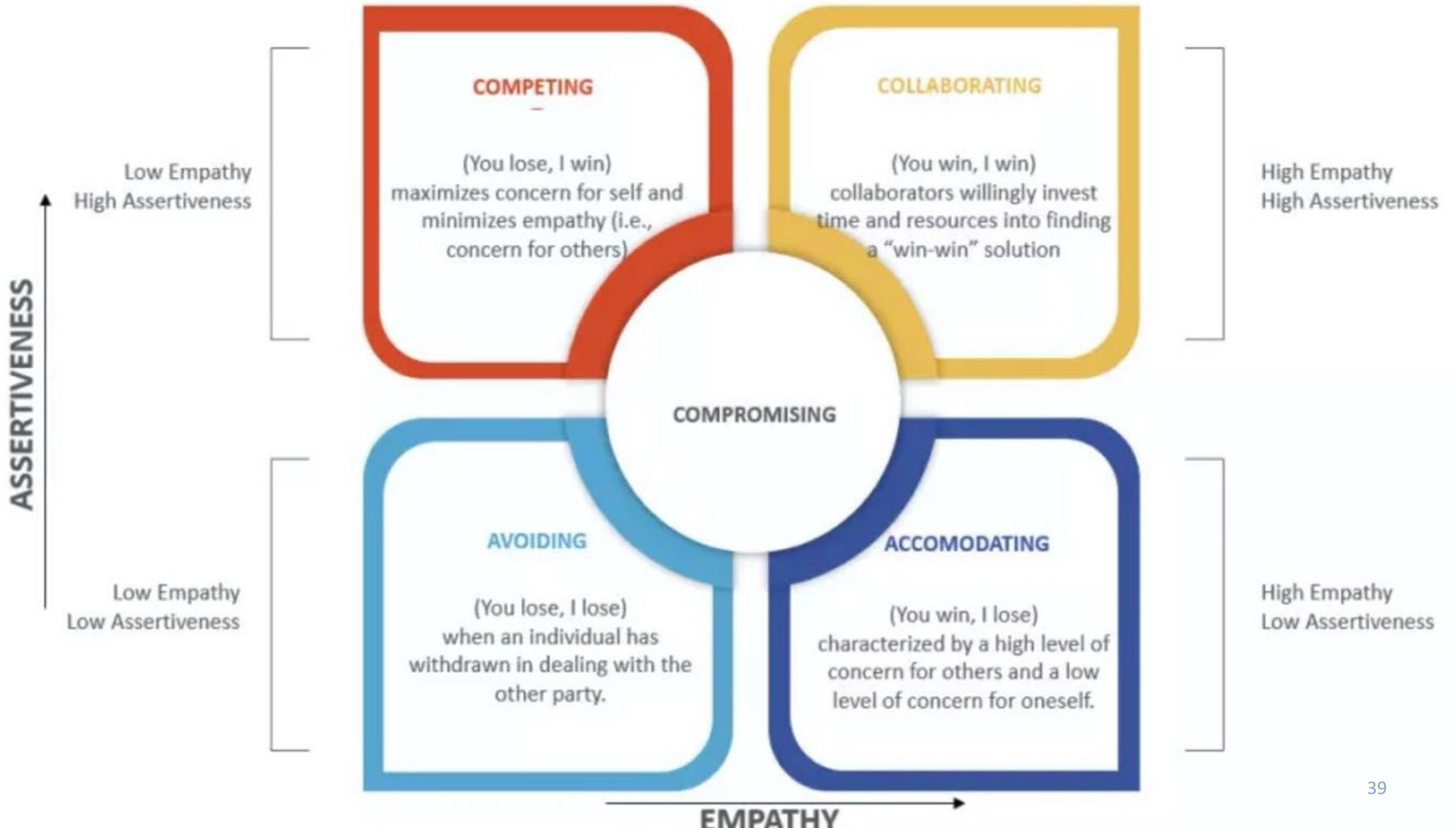
Interplay: The Process of Interpersonal Communication, Fifteenth Edition

Resolution Style

Compromise gives both people at least some of what they want, though both sacrifice part of their goals.

Collaboration seeks to apply *win/win problem solving* to conflict and involves a high degree of concern for both self and others; the goal is to find a solution that satisfies the needs of everyone involved.

Interplay: The Process of Interpersonal Communication, Fifteenth Edition



**“However we define it,
we know that conflict in healthcare
is a lived experience for clinical staff.”**

Handling Conflict Internally

Manage stress quickly while remaining alert and calm.

Control your emotions and behavior.

Pay attention to the *feelings*

Be aware of and respect differences.

Turn Off the Reptilian Brain





Cool Off

Share, Listen, Check

Take Responsibility

Brainstorm Solutions

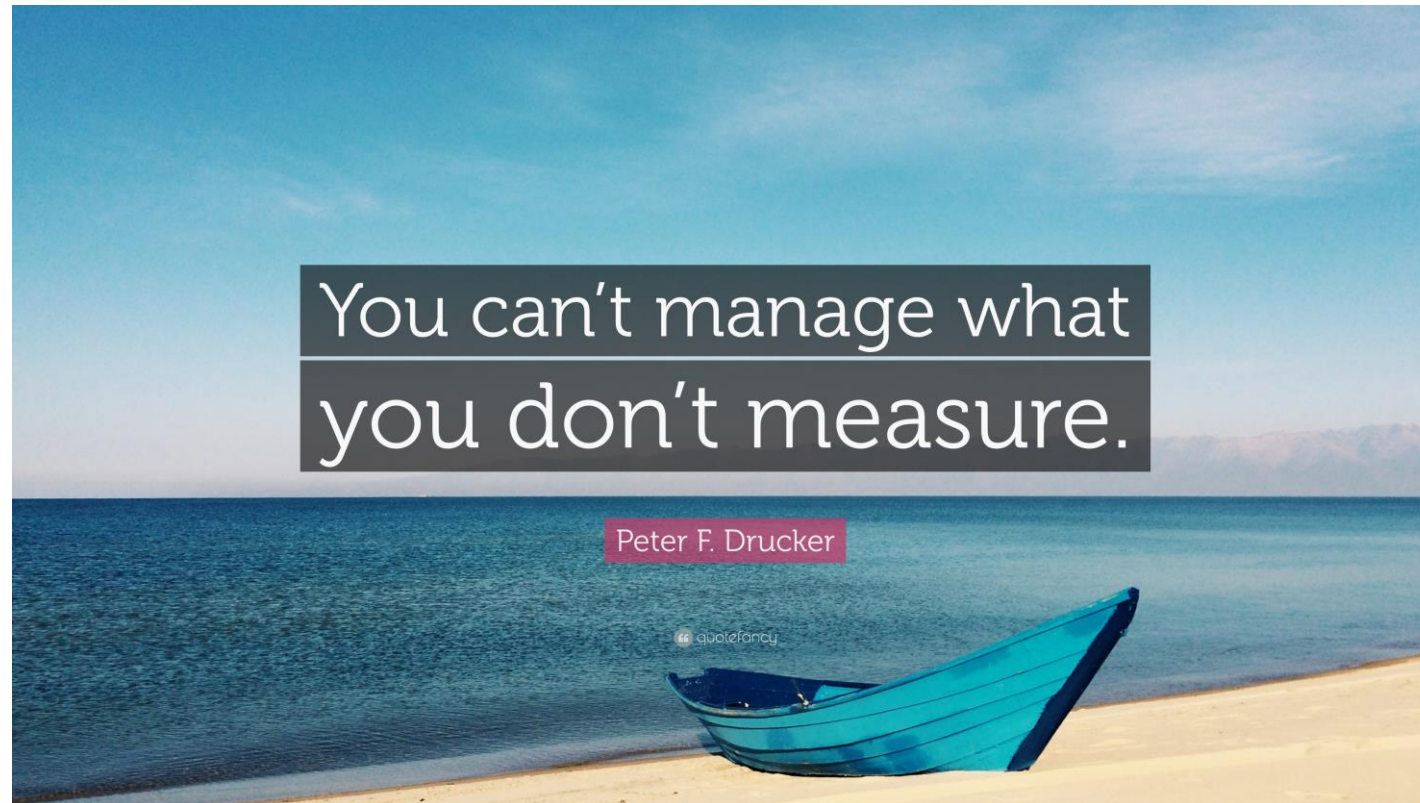
Choose Solution

Affirm, forgive or thank

Best Practices Measurable Processes/Outcomes

Measurable Processes and Outcomes

The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team's goals. These are used to track and improve performance immediately and over time.



Common Barrier for Measurable Processes/Outcomes

Team Core Principles ¹	Common Barriers	Strategies
<p>Measurable Processes and Outcomes: The team agrees to continuously monitor and adjust functioning of the team and achievement of team goals.</p>	<p>Insufficient feedback on team functioning and team goals.</p>	<ul style="list-style-type: none"> • Consider sharing data regularly at provider meetings and engage your whole organization in quality improvement activities to foster your high-functioning team. • Review behavioral health integration effort effectiveness in regularly scheduled QI meetings after effort launch and identify needs for additional training and resources. • Reflect on team functioning as part of staff meetings.

Action plan worksheet or PDSA

Action Plan Worksheet

In-Person Practice Meetings

Pre-assessment topics:

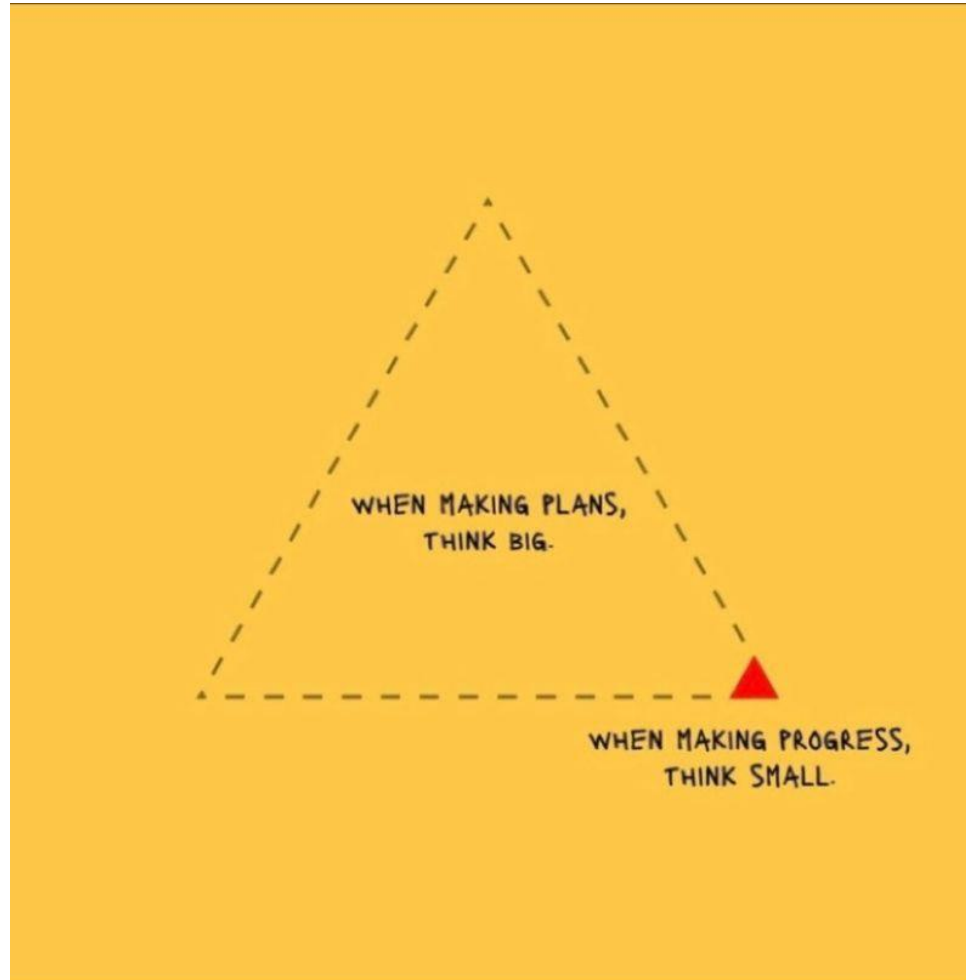
<ul style="list-style-type: none"> All healthcare team members have a shared vision for integrating team-based care. Each member of the healthcare team, including the patient, is clear about the goals of our team-based care effort. Everyone on the healthcare team is clear about their role and responsibilities. All healthcare team members share one workflow for team-based patient care. There is trust in communication and relationships in our healthcare team. 	<ul style="list-style-type: none"> All healthcare team members can rely on each other for support in their role on the team. All healthcare team members regularly use effective communication to facilitate care. Conflict on our healthcare team is addressed openly and constructively. All healthcare team members regularly reflect on successes and failures related to our team-based care implementation goals. All healthcare team members regularly reflect on successes and failures in team functioning.
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- What area(s) do we want to work on? (Results from assessment)
- Why do we think our team is struggling in this area? (Define the problem)
- What would improvement look like in this area? (Goal)
- How could we improve in this area? (Brainstorm all ideas)
- What idea(s) do we want to focus on? (Pick 1-2 ideas to develop)
- Do we have the resources to invest in this change right now? (Consider financial, organizational, and emotional)

Action Plan Link:
<https://www.surveymonkey.com/r/hhtactionplan>



Thank you and Questions



**“Change moves
at the speed of
trust.”**

**Stephen M. R. Covey
Writer and Public Speaker**

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CME Credits

(applied for MDs, PAs, Rx, RNs, NPs, PhD)

- CME Credits – Please request session credits when filling out the evaluation at the end of the meeting.
- Evaluation/Credit Request Form:
<https://www.surveymonkey.com/r/Team-based-Care-CME-evaluation>
- Evaluations must be completed to receive credit
- Certificates will be mailed ~ 1 month after event



THANK YOU

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