





Call for Applications: Healthy, Happy Teams

Section 1: Introduction

With funding provided by UnitedHealthcare, the Care Transformation Collaborative of RI (CTC-RI) is excited to launch a new initiative aimed at promoting "Healthy, Happy, Teams" in primary care. Teambased care is one of the foundational components needed in high-functioning health care systems. The complexity of health care services, a trend toward value-based care, and pay for performance, has elevated the importance of team-based care. Previous research has indicated that higher team effectiveness is associated with better health outcomes. The impact of high-functioning teams on quality of care, worker satisfaction, and cost of care can be substantial when it comes to surgical care, intensive care, ambulatory care, and primary care managing patient populations with chronic conditions. Despite this knowledge and growing awareness of the importance of teamwork among health care leaders, there are no consensus strategies to help health care organizations achieve optimal teamwork.

Recent findings suggest that the pandemic disrupted teamwork in the primary care setting, and the rapid shift to telemedicine altered previously defined roles of staff, with both resulting in fractured connectedness and communications between PCPs and their staff. Therefore, the hallmarks of high-functioning team-based primary care—stable teams, clear roles, and effective communication—which have the potential to mitigate the symptoms of burnout and improve both physician satisfaction and patient outcomes were impacted by COVID. Previous research indicates that cultivating teamwork and fostering communication between healthcare providers can reduce PCP burnout and improve physician work satisfaction. As primary care leaders consider sustaining and potentially expanding the use of telemedicine while functioning in a post-COVID world, it would also be warranted to consider how the high-functioning team-based care framework can be reimagined and implemented in a manner that not only takes account for how COVID has impacted healthcare team functioning, but also foster medical care team connectedness and teamwork.

CTC-RI will support up to 10 primary care practices with \$10,000 to participate in an 8-month project to assess and strengthen team-based care within the practice.

Section 2: Practice Requirements

Primary care practices in RI (internal medicine, family medicine, FQHCs, pediatrics) are eligible to apply.

For practices that are part of a system of care or have multiple sites, each site must apply individually.

Participating practices will complete the following:

- Identify a core implementation team:
 - Practice manager
 - > Physician
 - Medical Assistant
 - o Nurse
 - Any other clinical staff, such as pharmacists, care managers, integrated behavioral health clinicians (IBHC), are strongly encouraged to participate as well
- Have core implementation team attend a 2-session learning collaborative project kick off







- May 27, 12-1pm AND June 7, 12-1pm
- Complete baseline assessment
- Develop 6-month PDSA based on baseline assessment results
- Have core implementation team attend final project wrap-up meeting

Section 3: Cohort Selection and Practice Facilitation

To support practice transformation, each team will be assigned a practice facilitator, who will be available for 6-8 customized 1-hour sessions with each participating practice. Each practice will be assigned one of two practice facilitators with experience with team change efforts. Dr Nelly Burdette created, implemented, led, and shown sustainability of integrated care programs at federally qualified health centers, community mental health centers, and the Veteran's Administration for pediatric, family medicine and adult populations. In her current roles, Dr. Burdette is the Associate Vice President of Integrated Behavioral Health at Providence Community Health Centers and also serves as the Senior Director of Integrated Behavioral Health at CTCRI. Over the past several years, she has also created and led initiatives that focus on healthcare workforce resiliency and burnout that include evidence-based organizational, community and individual approaches. Dr Kristin David has been trained as an Integrated Behavioral Health Practice Facilitator and has served in this role for CTC-RI for the past several years. She received her doctorate degree in psychology from Nova South Eastern University in Ft. Lauderdale, FL. She went on to complete a postdoctoral training at Brown University. She currently is the integrated behavioral health specialist at a patient centered medical home, Associates in Primary Care Medicine, in Warwick, RI and owns a group therapy practice with consultant services focused on integrated behavioral health and burnout.

Practice facilitators will work with each team to determine the best use of coaching time. These sessions can take various formats, including:

- PDSA development and support
- Shadowing of workflows
- Best Practice Research sharing
- Coaching
- Customized workshops

Practice facilitators will aim to use existing team meeting times in order minimize disruptions in patient care.

All practices must commit to attending the 2 kick off sessions on May 27 and June 7. Practices can select when to receive their 6-8 customized coaching sessions.

Cohort 1: July 2023 - December 2023

OR

Cohort 2: September 2023- February 2024







Section 4: Practice Benefits

- Practice stipend of \$10,000 (\$5,000 at signing of participative agreement and attending kick off sessions and \$5,000 at completion of PDSA). Funding is meant to offset staff time used for meeting attendance and planning activities.
- 6-8 sessions of customized practice facilitation to promote effective team based care

Section 5: Data and Evaluation Requirements

Outcomes will be measured by completing a baseline assessment that will be provided for all participants to complete, showing aggregate role-based data around how participants rate themselves across multiple variables related to evidence-based teamwork in healthcare. A mid-point PDSA (Plan-Do-Study-Act) will be submitted by each site focused on a quality improvement (QI) initiative. A post-assessment will be provided for all participants to complete at the end of the learning collaborative that can be compared by role against the aggregate data collected initially to look for areas of success and continued challenges.

Section 6: Project Timeline

| Step | Date |
|---|---------------------------|
| Release call for applications | April 13 |
| Q&A session | April 24, 12:15-12:45pm |
| Applications due via Survey Monkey | May 4 by 5pm |
| Practices notified and participative agreement sent | May 9 |
| Participative agreements due | May 17 |
| Kick off sessions | May 17 and June 7, 12-1pm |
| First meeting with practice facilitator | July (Cohort 1) |
| | September (Cohort 2) |
| PSDA developed, | |
| Customized coaching | July-December (Cohort 1) |
| | September – February 2024 |
| | (Cohort 2) |
| | |
| Final meeting | December 2023 (Cohort 1) |
| | February 2024 (Cohort 2) |
| Timul inceding | , |

Section 7: Application Requirements, Links and Timelines







Applications will be submitted electronically via this Survey Monkey link. (https://www.surveymonkey.com/r/QCYDQR5)

See Attachment A for application questions and selection criteria.

Applications must also include a Practice cover letter indicating the practice's commitment and acceptance of the conditions stated in the application, digitally signed by members of the practice-identified team and by a practice leadership representative. (See Attachment B for template)

If a practice is part of a system of care (e.g., accountable care organization or accountable entity), we request a cover letter indicating their support provided for this initiative. (See Attachment C for template)







Attachment A: Application to be filled out via Survey Monkey

Applications questions

(1 point each)

- 1) Practice Name
- 2) Practice Address
- 3) Practice Tax ID number
- 4) Type of Practice
 - a. Pediatric
 - b. Family/Internal Medicine
 - c. FQHC
 - d. Other
- 5) Primary Contact person for this project
 - a. Name
 - b. Title
 - c. Professional Credential
 - d. Email address
 - e. Phone number
- 6) Please provide the information of the practice staff members who will be assigned to this project.
 - a. Practice manager
 - b. Physician
 - c. Medical Assistant
 - d. Nurse
 - e. If practice has staff such as pharmacists, care managers, integrated behavioral health clinicians (IBH), they are encouraged to participate as well
- 7) Total number of active patients in your panel
- 8) Patient Payer Mix
 - a. % patients insured by Medicaid
 - b. % patients insured by Commercial/Private
 - c. % patients uninsured
 - d. % patients Other
- 9) Does your practice have PCMH designation?
- 10) Can your implementation team attend the project kick off meetings on May 17 and June 7, 12-1pm?
- 11) What cohort are you interested in joining (July start or October start)

(10 points each)

- 12) Please describe your biggest challenge with working most effectively as a practice team (500-word limit).
- 13) Please describe how your practice would benefit from participating in this project (500-word limit).







Attachment B: Practice cover letter template

Letter should include practice name, practice address, practice manager, physician, medical assistant, nurse and any other designated clinical staff.

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To Care Transformation Collaborative of Rhode Island:

Please accept the following practice participation agreement letter to apply for the *Healthy, Happy Teams* project on behalf of <u>(practice name)</u>. As an organizational leadership representative, I can attest that the following staff members accept the conditions stated in the application and, if awarded, are committed to achieving the objectives of this initiative.

| Person completing practice letter of support: | | | | | | | |
|---|----------|--|-------------------------|--|--|--|--|
| Letter signed by the mem practice facilitation meet | • | eam that will be participating ir cures are acceptable): | n the team training and | | | | |
| Practice Manager | Date | Physician | Date | | | | |
| Medical Assistant | Date | Nurse | Date | | | | |
| Other Staff | Date | Other Staff | Date | | | | |
| Other Staff | Date | | | | | | |





Attachment C: System of Care Letter Template

| To: CTC-RI From: System of Care | | | |
|--|-------------------------------------|--|--------------|
| RE: Healthy, Happy Teams project | | | |
| Date: | | | |
| [Insert practice name and/or site] is a participating in the Healthy, Happy Te would benefit from participation and support to assist the practice with ma | eams project. W , as a system of | e believe that this practice and/or scare, we are willing to provide the r | ite location |
| Signature of SOC Representative | Date | Signature of Practice | Date |
| Position/Title | - | Position/Title | |
| Email | _ | Email | |
| Phone | _ | Phone | |