



## Introduction: What you will Find in this Module

We know that team-based care leads to better outcomes for patients and better experience for staff. It is one of the most effective things you can do to improve all aspects of care delivery. Team based care positively effects numerous measures, including office visit cycle time, access to care, preventive screening, self-management, goal setting and action planning, and medication reconciliation.

The task of implementing team-based care includes improving process and workflows, ensuring that staff work to the top of their licensure, and sharing accountability for care delivery. Of these, sharing accountability for care delivery may be the most challenging aspect. Responsibility currently lies with doctors, and physician comfort with shifting responsibility to the team may be challenging. Advice: start with small steps. Sharing responsibility requires culture change on the part of both clinicians and non- clinician team members.

This module builds on the [First Things First: Getting Started](#) module. In that module we covered the first steps in implementing team-based care. Here, we expand the discussion by introducing more advanced steps for enhancing the team.

## Enhancing the Care Team

### Expanding and strengthening the team

**From the TCPI Change Package:**

**1.2.1 Enhance teams: Enhance the care team for efficient and effective coordination to meet the needs of patient and family.**

Additional staff can strengthen the care team. Many TCPI practices, for example, have found it useful to integrate a pharmacist, a behavioral health specialist, a diabetes educator, or a health coach into the care team. Revisit how your huddles, processes, and communication flow across the entire organization and consider adding others that might improve communication across the different areas.

As you add additional staff, consider:

- Revising your workflows to clearly map the roles and responsibilities of all care team members. Adding new staff provides a wonderful opportunity to redesign roles and responsibilities.
- Encouraging all care team members to attend daily huddles while allowing flexibility to accommodate schedules and need.

- The AMA STEPSForward™ [Embedding Pharmacists into the Practice](#) and the [AHRQ Integrating Behavior Health Playbook](#) contain more information on adding these roles to your team.

## Defining the Medical Neighborhood

### From the TCPI Change Package:

**1.5.2 Establish Medical neighborhood roles: Establish clear expectations among primary care team specialists and others in the medical neighborhood about the role each will play in a patient’s care and the information that each will share.**

**1.4.2 Community Collaboration: Identify and collaborate with community partners to enhance both service offerings and patient and family engagement.**

Health is a community issue. The medical neighborhood includes both medical and social supports necessary to enhance health. Optimizing the care team requires developing high-functioning collaboration and exchange of information among clinical partners such as specialists, home health, long term care, and hospitals. Non-clinical neighbors, such as community centers, faith-based organizations, schools, employers, public health agencies also address overall community health needs. Learn how to contact them, make appropriate referrals, and assess patients’ use of them. Develop formalized personal and electronic relationships to ensure sharing of useful information.

The following resources contain helpful information:

- [Aunt Bertha](#): an online tool listing support organization by zip code.
- [Community Resource Directory Template](#): a useful format for collecting and organizing community resources.
- March of Dimes [Community Partnership Toolkit](#)
- The Medical Neighborhood Module (please link the Medical Neighborhood module here)

### From the TCPI Change Package:

**1.2.2 Clarify team roles: Define distribute and document the roles of all care team members to maximize skill set, training and licensure certification and communicate roles to patients and families.**

Leveraging the expanded team can improve planned care and continuity, promote patient and family engagement, increase clinician accountability, and improve communication between medical neighborhood participants. For example, when you include a pharmacist on your team, they can play a central role in medication management, reconcile multiple medications, and monitor contraindications and overuse of medication. They can also develop a personal medication care plan for each patient.

Some steps to take when leveraging the expanded team: identify champions, inventory all the work, use process maps, link work to the strategic plan, and assess staff readiness.

Explore these TCPI resources for ideas of who to include as a team member:

- [Assign Practice Team Roles and Responsibilities](#)
- [Template for Practice Team Roles and Responsibilities](#)
- [Example of Practice Team Roles and Responsibilities](#)

## Optimizing Continuity

**From the TCPI Change Package:**

### **[1.2.3](#) Optimize continuity so that both patients and the care team recognize each other as partners in care**

As doctors work alongside care team colleagues in busy clinics, they often encounter a number of patients whom they have never met before. With the allocated time, they must rapidly learn the patient's previous history, develop a rapport, and address the patient's present problems. Seeing the same care team at each visit results in better standard of care along with a more satisfactory and effective consultation for both patient and doctor. Empaneling patients, or linking them to a care team, leads to continuity.

The following panel management resources will help you get started:

- Four cut tool [Manual](#)
- General panel [Manager Training](#)
- Four Cut [Tool](#)

## Involve Patients and Family Members on the Team

**From the TCPI Change Package:**

### **[1.1.3](#) Actively engage patients and families to collaborate in goal setting, decision making, health-related behaviors and self-management.**

Including patients and family members in their own care improves the quality and delivery of care. Patient and family engagement develops communication and establishes trust in the patient/doctor relationship. To effectively engage patients and hear their voice, you can prioritize the following steps: place patients or family members on key committees, organize focus groups, place a suggestion box in your office, conduct a walk-through of your office, or just ask what the patient cares about.

TCPI resources that will help enhance patient engagement include:

- "Through the Eyes of your Patient" found on page 9 of the [Dartmouth Clinical Microsystems](#) resource
- How to conduct a [Walk-About](#) for patient and family perspective.