HEARTS IN THE AMERICAS

Regional Workshop

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Pan American Health Organization
World Health Organization
Americas

PAHO

CDC
Centers for Disease Control and Prevention

World Health Organization

RESOLVE TO SAVE LIVES
An initiative of Vital Strategies

Sociedad Interamericana de Cardiología
SIAC

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Team-based care

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Learning Objectives

- Description of team-based care and advantages and disadvantages of the approach
- Suggested steps on how to implement team-based care
- Sample workflow charts and tables that can be customized to implement team-based care in a specific facility

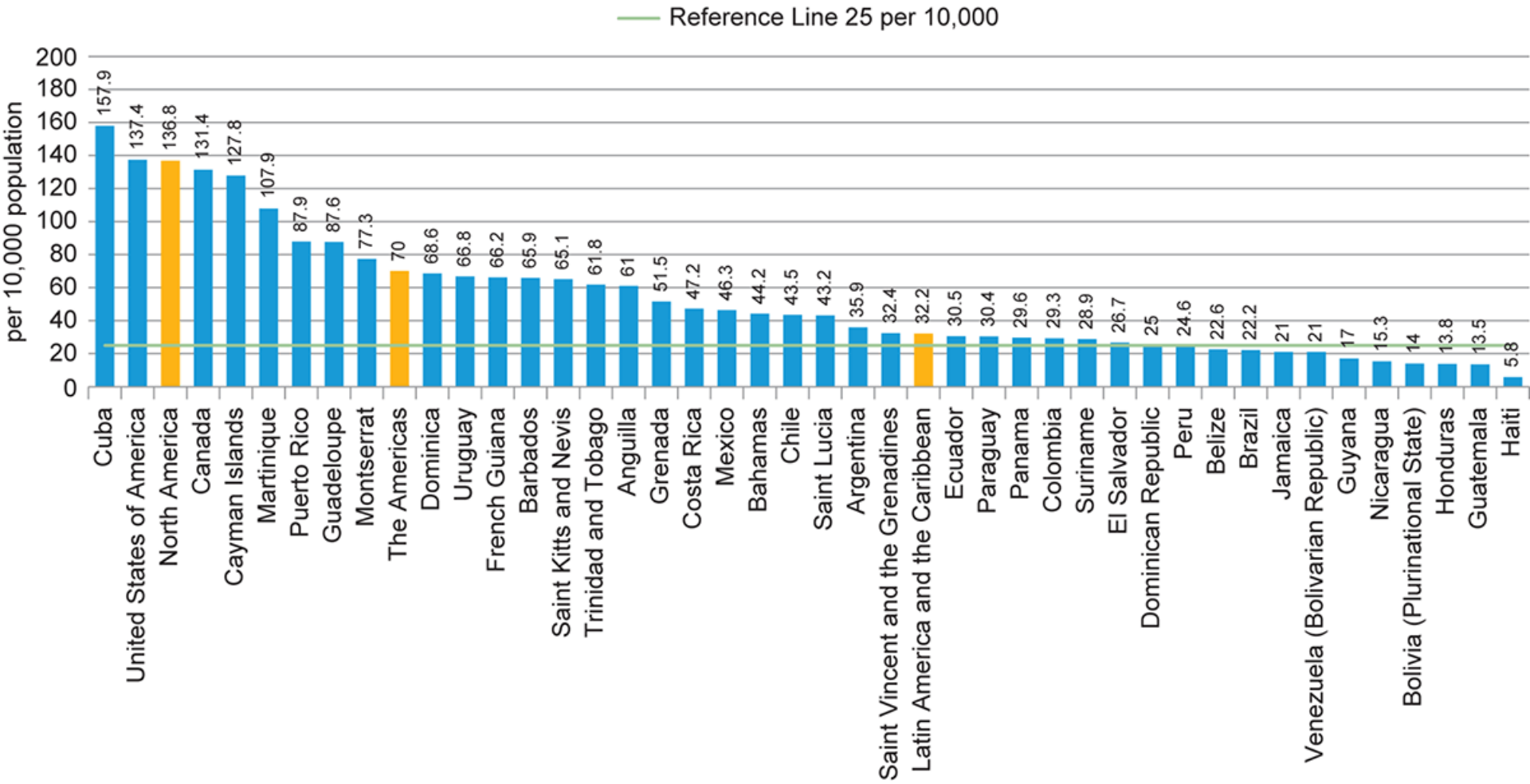
Human resources for health

- The World Health Organization established a parameter of 25 health personnel per 10,000 population as the minimum availability of human resources required to achieve high coverage of essential public health interventions

- In 2015, the Region of the Americas met the minimum recommended availability of health personnel with an average of 70 physicians and nurses per 10,000 population; however, 32 for Latin America and the Caribbean with major differences among countries.

Health in the Americas+, 2017 Edition. Summary: Regional Outlook and Country Profiles.
https://www.paho.org/salud-en-las-americas-2017/?p=178

Availability of physicians and nurses per 10,000 population, circa 2015



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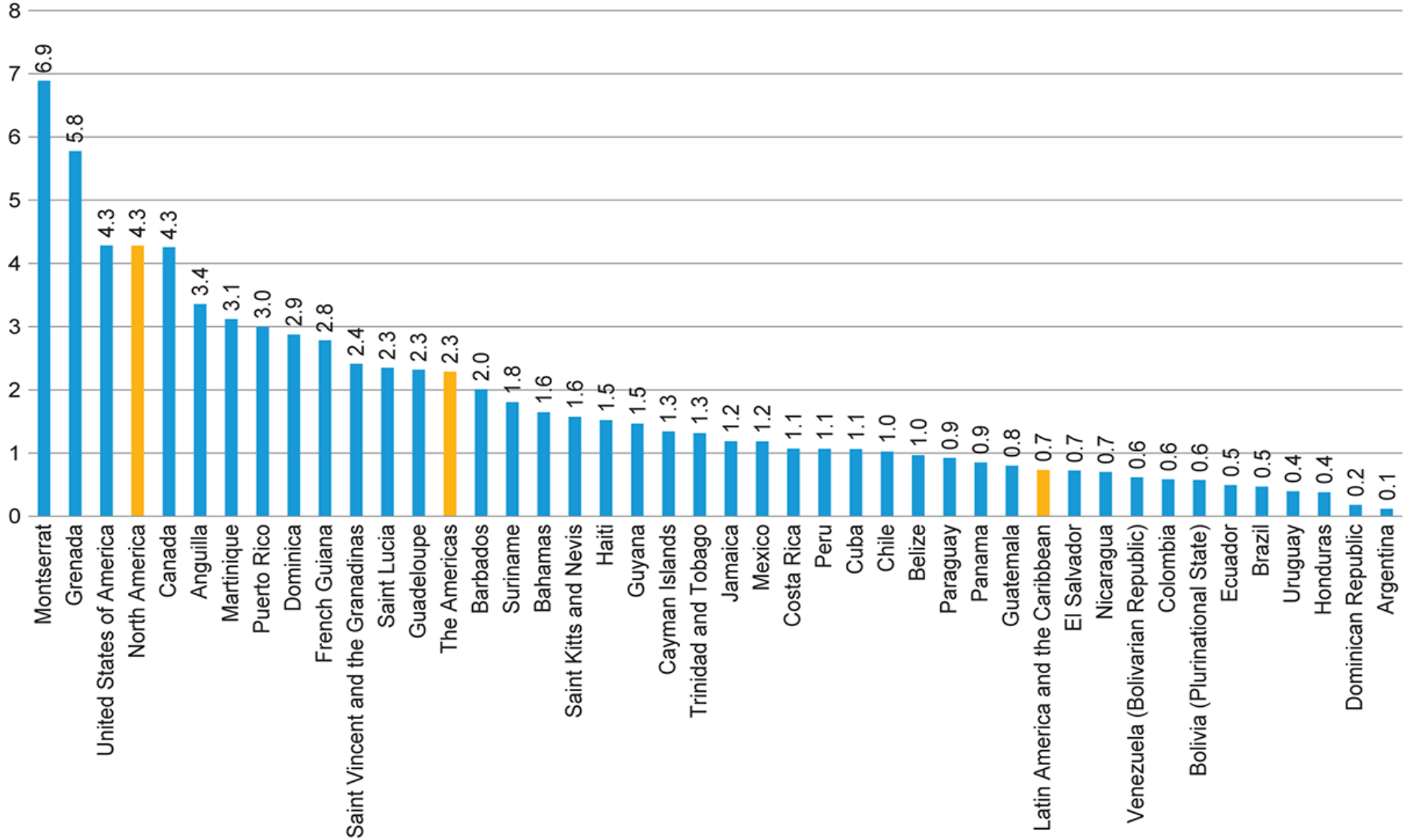
Nurses to physician ratio



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Task shifting

- The reassignment of clinical and non-clinical tasks from one level or type of health worker to another so that health services can be provided more efficiently or effectively.

Team-based

- Strategic redistribution of work among members of a practice team.
- In the model, all members of the physician-led team play an integral role in providing patient care.
- The physician (or in some circumstances a nurse practitioner or physician assistant) and a team of nurses and/or medical assistants (MAs) share responsibilities for better patient care.
- Other definition: “Team-based care is defined by the National Academy of Medicine (formerly known as the Institute of Medicine) as "...the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care."

Advantages

- Expanded access to care (more hours of coverage, shorter wait times)
- Better patient support
- Team member collaboration
- Improved patient adherence to medications
- Better follow-up
- Improved patient knowledge
- Better quality of life
- Time saving for patient and health care team
- Cost efficient
- Improved patient and physician satisfaction
- Improved BP control and other patient outcomes (CVD morbidity and mortality, and comorbid CVD risk factors such as diabetes and high cholesterol)

Barriers

- Rapid staff turnover
- Retention of training
- Patient attitudes: perception by patients of being treated by non-physician health workers
- Physician attitude and reactions
- Legislation and policy

Step by step implementation

Box 1: Implementation steps

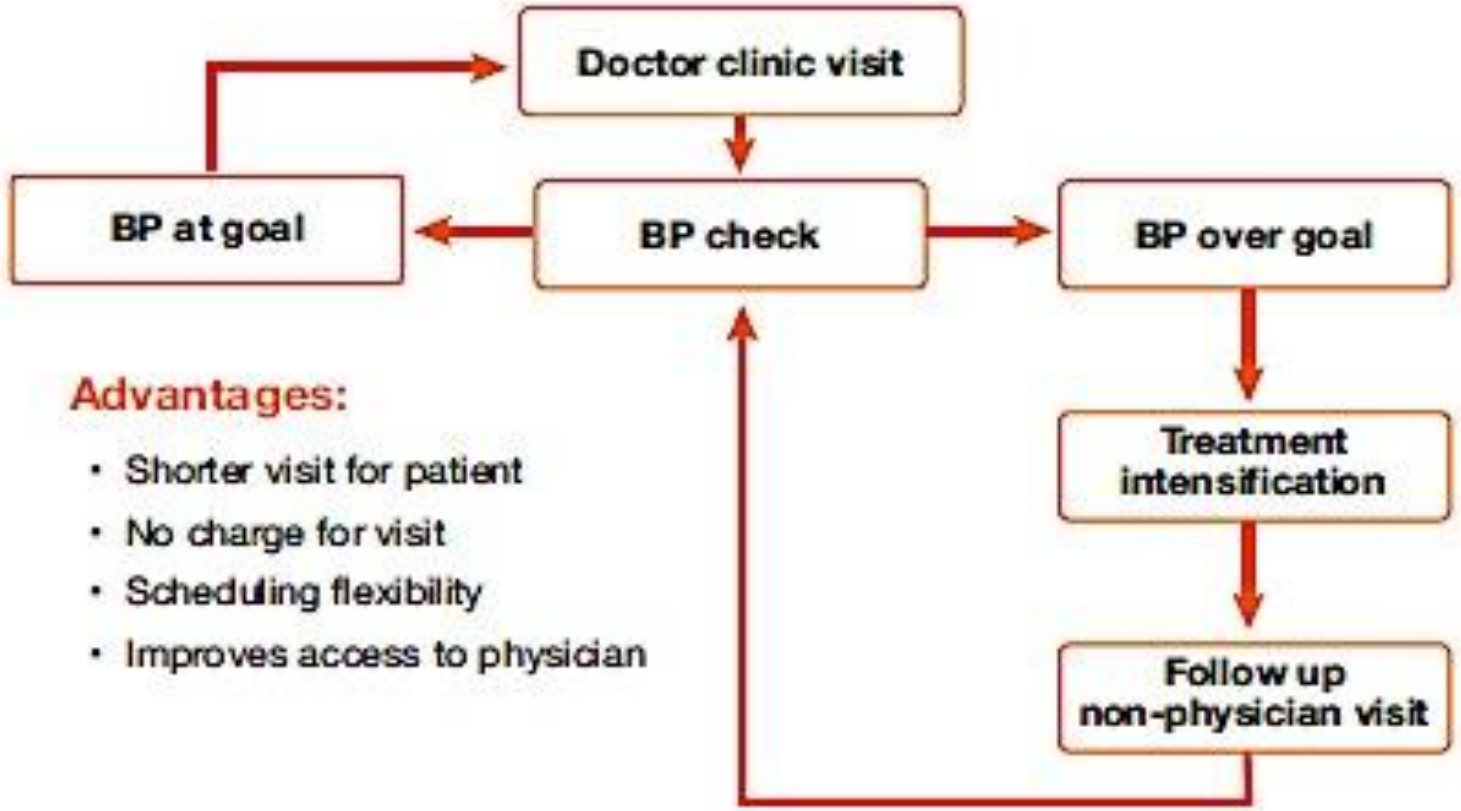
1. Engage the team
2. Determine the team composition
3. Design workflows to reflect the new model of care
4. Increase communication among the team, practice and patients
5. Use a gradual approach to implement the model
6. Optimize the care model

Bring together a multi-disciplinary team

- Medical assistants (MAs),
- Physicians
- Pharmacists
- Nutritionists
- Administrators
- Information technology staff
- Community health workers

Task	Doctor	Hypertension specialist	Nurse	Pharmacist	Counsellor	Nutritionist	Social Worker	Community health worker (CHW)	Clerical staff
Take patient history			✓						
Diagnosis	✓								
Regular evaluation for secondary causes, additional risk factors and organ damage	✓								
Highly complex patients*		✓							
Identify barriers			✓	✓		✓			
Take BP measurement				✓				✓	
Perform lifestyle counselling			✓	✓	✓	✓	✓	✓	
Refill medications			✓	✓					
Adjust medications			✓	✓					
Patient follow-up			✓			✓	✓	✓	
Refer patient			✓	✓				✓	
Data entry									✓
Appointment scheduling					✓		✓	✓	✓

Design workflows to reflect the new model of care



Jaffe, M. Care Delivery Models in Different Settings – The Kaiser Permanente Northern California Hypertension Control Project: How a large health care organization improved blood pressure control. March 7, 2013.

Communication

- Include the team's task-shifting work as a standing agenda item at team meetings and department gatherings.
- Broadcast updates in a weekly meeting or call.
- Have doctors share space with the rest of their team in a common workspace to support team communication.

Gradual approach to implementation

- Team-based care implementation will be a gradual process.
- It will take time, and every day will not be perfect.
- Be patient; know that several months may go by before the team feels like they are really comfortable with the new system.

Optimize the care model

Shared work space

- Teams that sit in closer proximity communicate with greater frequency and ease.
- Questions can rapidly be answered, reducing the time that someone may have to wait before completing a task or responding to a patient.
- Everyone will be aware of the work that their teammates are doing, enabling easier task-sharing and division

Communication management

- Lab results are discussed during the visit, so the number of messages sent back and forth to discuss results or set up a call is significantly reduced.
- Patients receive additional education at the conclusion of their visit, resulting in fewer questions after the visit.
- Care coordination is enhanced. Patients will leave with their follow-up appointments, corresponding labs and diagnostics scheduled, so they should have fewer requests after leaving the office.
- Referrals to supportive services such as behavioral health or to a health educator can be made during the visit.
- Involving additional team members in a patient's care provides them with a point of contact for follow-up questions regarding these specific services.

Planning exercises

- **Pre-visit planning** Workflow mapping worksheet Assessment of current practice
- **Patient visit** Workflow mapping worksheet Assessment of current practice
- **Post-visit follow-up** Workflow mapping worksheet Assessment of current practice

Patient visit – Workflow mapping worksheet

BEST PRACTICE

CARE TEAM
Meet to discuss patients for the day. Identify and prioritize high-risk patients.

→ **RECEPTION COUNTER**
Check in patient.
Update contact information.
Enter data.

→ **MEDICAL ASSISTANT**
Collect vitals, update medications list.
Assess medical history, allergies and social history.
Assess adherence to medications.

→ **HEALTH CARE PROVIDER**
Reconcile medications with patient.
Order required lab tests.
Conduct examination.
Develop care plan and treatment goals with patient.
Review progress. Assess and address barriers.
Prescribe medications. Provide counselling if applicable.
Refer for additional care and/or self-management support.

→ **MEDICAL ASSISTANT**
Collect specimen for labs. Confirm lab and referral orders. Provide patient resources.

→ **RECEPTION COUNTER**
Schedule next appointment.
Provide Clinical Visit Summary.
Check out patient.

→ **CARE TEAM**
Discuss patients and needed follow-up at the end of the day.

CURRENT PRACTICE

CARE TEAM

→ **RECEPTION COUNTER**

→ **MEDICAL ASSISTANT**

→ **HEALTH CARE PROVIDER**

→ **CARE TEAM**

POTENTIAL PRACTICE

CARE TEAM

→ **RECEPTION COUNTER**

→ **MEDICAL ASSISTANT**

→ **HEALTH CARE PROVIDER**

→ **CARE TEAM**

Patient visit – Assessment of current practice

Rooming the patient	Current process	Barriers/duplication	Ideal process
1. What is the average patient wait time to see the doctor?			
2. How does the front office notify the medical assistant that the patient is ready to be taken back?			
Vitals/intake	**Current process**	**Barriers/duplication**	**Ideal process**
3. Does the practice have a triage room/area? Who conducts triage, where is it conducted and how? What is measured? How is it recorded?			
4. Who conducts initial screenings, i.e., chief complaints, subjective history, etc.?			
5. Who reviews current medications in the medical record? Is it completed for every visit?			
6. Does the practice perform tobacco screening and cessation counseling for tobacco users?			
Provider	**Current process**	**Barriers/duplication**	**Ideal process**
7. What is the communication and handoff between the medical assistant and the provider (e.g., reviewing of vitals, concerns)?			
8. Review how the provider manages patients with chronic conditions, i.e., referrals, medication reconciliation and adherence, treatment procedures, etc.			
9. How does the provider communicate to the medical assistant that the patient is ready for check out? What action is taken, i.e., bill given, lab orders, vaccines, etc.?			
10. How long does it take the provider to write visit notes? Does the provider complete during or after the visit? When does the provider sign-off the chart?			

Final Recommendations

- Policy decisions are usually made nationally, but there are methods that health center managers can use to help ensure successful implementation:
  - Consult closely and coordinate with the physician.
  - Train health care workers in new skills.
  - Clearly define roles and responsibilities for different team members.

Final Recommendations

- Arrange close supervision, mentoring and support by experienced health center staff.
- Schedule regular clinical team meetings and good communications between staff to discuss patient cases and issues, so that they can work together to solve problems.
- Facilitate regular dialogue between staff about how to improve tasks in order to increase service efficiency and quality.
- Devise measurable processes and outcomes.

Conclusions

- Successful implementation of any task shifting must consider the role of contextual factors such organizational, regulatory and leadership factors.
- There must be buy-in from all team members and this takes time to build.
- Case studies within this module will provide important insights.