ADVANCING INTEGRATED HEALTHCARE

It's all about the Relationship: How Connection in Primary Care Occurs Among Team Members

Care Transformation Collaborative of Rhode Island

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Kick-off Nurse Care Manager| July 19, 2022

Disciaimers

- Current presentation is adapted from Learning Series provided to Prospect's Accountable Entity as part of a Learning Series to Nurse Care Managers, Social Workers and Health Coaches in Primary Care

- I have no financial conflicts of interest to disclose

Objectives

- Define team-based care through a health equity lens as it applies to high-functioning health care teams

- Review best practices across five core values and skills for relational building in primary care

- Discuss what is working well and could be improved specific to relationship building in primary care among team members

Test your knowledge and take a poll

Test your knowledge

- Forty-two percent of primary care physicians report not having adequate time to spend with their patients;[6]

- In another study, patients were truly involved in only 9 percent of decisions affecting them.[9]

- Fifty percent of patients leave the visit without understanding what advice their physician gave;[7]

- Because they feel rushed, in one study physicians interrupted their patients' initial statement of their problems in an average of 23 seconds, and in 25 percent of visits, patients were never able to express their concerns at all;[8]

Source: Bodenheimer (2007)

"Too much work and not enough time to do it"

- Primary care visit = 15 min

- PCPs expected to provide acute, chronic and preventive care to patients while building meaningful relationships

- Estimates indicate it would take 7.4 hours per day to provide all recommended preventative care to a panel of 2,500 patients plus 10.6 hours to manage chronic conditions

Source: Bodenheimer (2007)

How can a team help?

"Team-based health care is 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."

Diversity in Healthcare Teams and Implications

Estimated Race and Hispanic Origin and Gender Distributions in Health Care

Scroll table to see more >

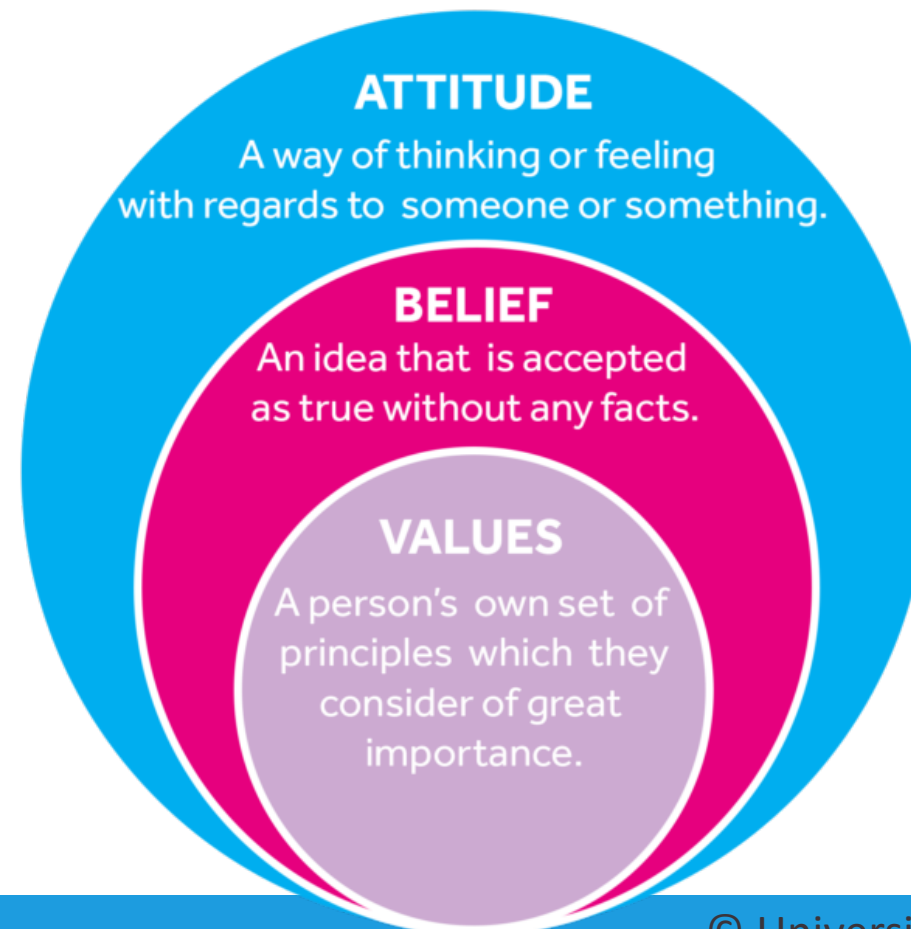|	U.S. Physicians[T1]	Medical School Enrollees[T2]	Hospital Leadership[T3]	Medical School Leadership[T3]
White	67%	49%	88%	74%
Black	5%	8%	4%	9%
Hispanic	6%	7%	2%	4%
Asian	20%	23%	6%	13%
Female	35%	52%	35%	48%

Sources: The leadership data is based on the authors' analysis of the organizations listed in the U.S. News & World Report rankings. T1. U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015), Rockville, Maryland. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf. T2. Association of American Medical Colleges. Table B-3: Total U.S. Medical School Enrollment by Race/Ethnicity (Alone) and Sex, 2016–2017 through 2020–2021. https://www.aamc.org/system/files/2020-11/2020_FACTS_Table_B-3.pdf. T3. Harder B. 2020–21 Best Hospitals Honor Roll and Medical Specialties Rankings. U.S. News

"Good intentions are not enough…"

Values of High-Functioning Health Care Teams

White Board: What are most important values to team functioning?

ATTITUDE
A way of thinking or feeling with regards to someone or something.

BELIEF
An idea that is accepted as true without any facts.

VALUES
A person's own set of principles which they consider of great importance.
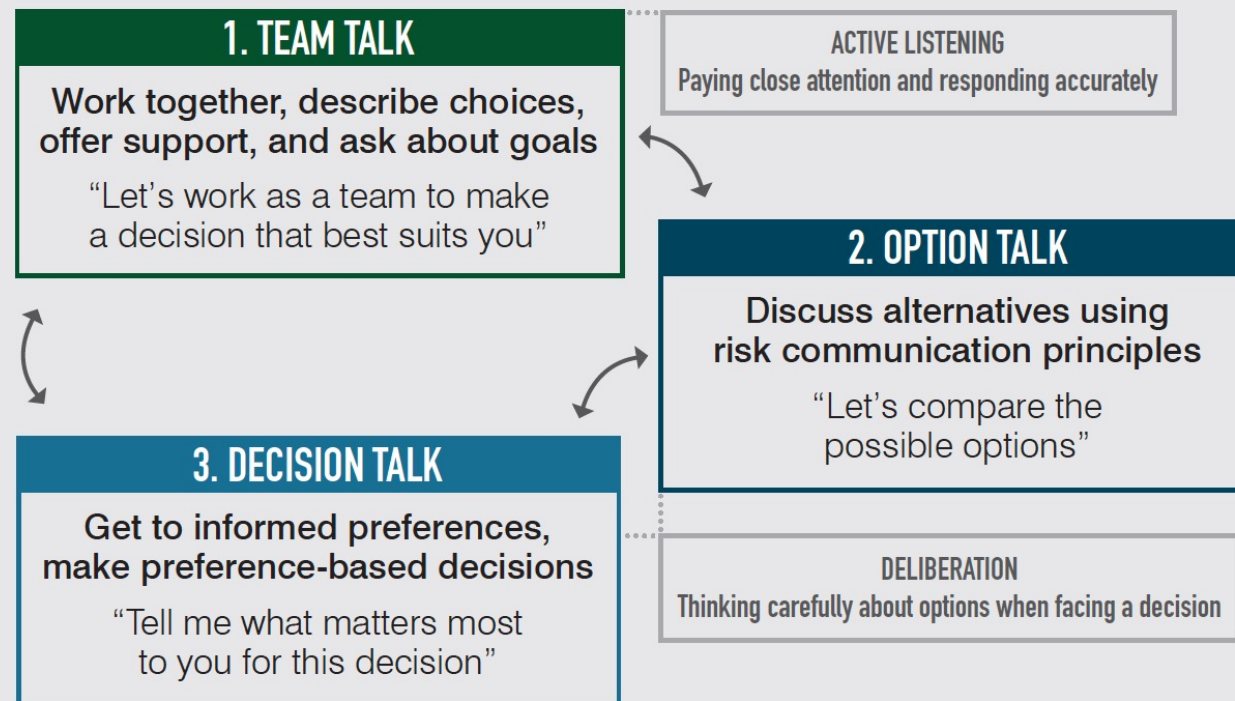
Values of High-Functioning Health Care Teams

- **Honesty**: transparency about aims, decisions, uncertainty, and mistakes
- **Discipline**: develop and stick to their standards and protocols even as they seek ways to improve or when inconvenient
- **Creativity**: excited about tackling new or emerging problems and see errors and unanticipated bad outcomes as potential opportunities to learn and improve.
- **Humility**: can rely on each other to help recognize and avert failures, regardless of where they are in the medical hierarchy
- **Curiosity**: dedicated to reflecting upon lessons learned and using those insights for continuous improvement of their own work and the functioning of the team

Best Practices for Shared Goals

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**

1. TEAM TALK

Work together, describe choices, offer support, and ask about goals

"Let's work as a team to make a decision that best suits you"

ACTIVE LISTENING
Paying close attention and responding accurately

2. OPTION TALK

Discuss alternatives using risk communication principles

"Let's compare the possible options"

3. DECISION TALK

Get to informed preferences, make preference-based decisions

"Tell me what matters most to you for this decision"

DELIBERATION
Thinking carefully about options when facing a decision

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

Best Practices for Clear Roles

Clear Roles

There are clear expectations for each team member's functions, responsibilities, and accounta-bilities, 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!

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.

5 WAYS TO HELP
CREATE PSYCHOLOGICAL SAFETY

1. MAKE it an explicit priority.

2. FACILITATE everyone speaking up.

3. ESTABLISH norms for how failure is handled.

4. CREATE space for new ideas (even wild ones).

5. EMBRACE productive conflict.

Center for Creative Leadership®

Best Practices for Effective Communication

THE MOOD ELEVATOR

- grateful
- wise
- creative
- resourceful
- hopeful
- appreciative
- patient
- sense of humor
- flexible
- curious
- impatient
- irritated
- worried
- defensive
- judgmental
- self-righteous
- stressed
- angry
- depressed

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.
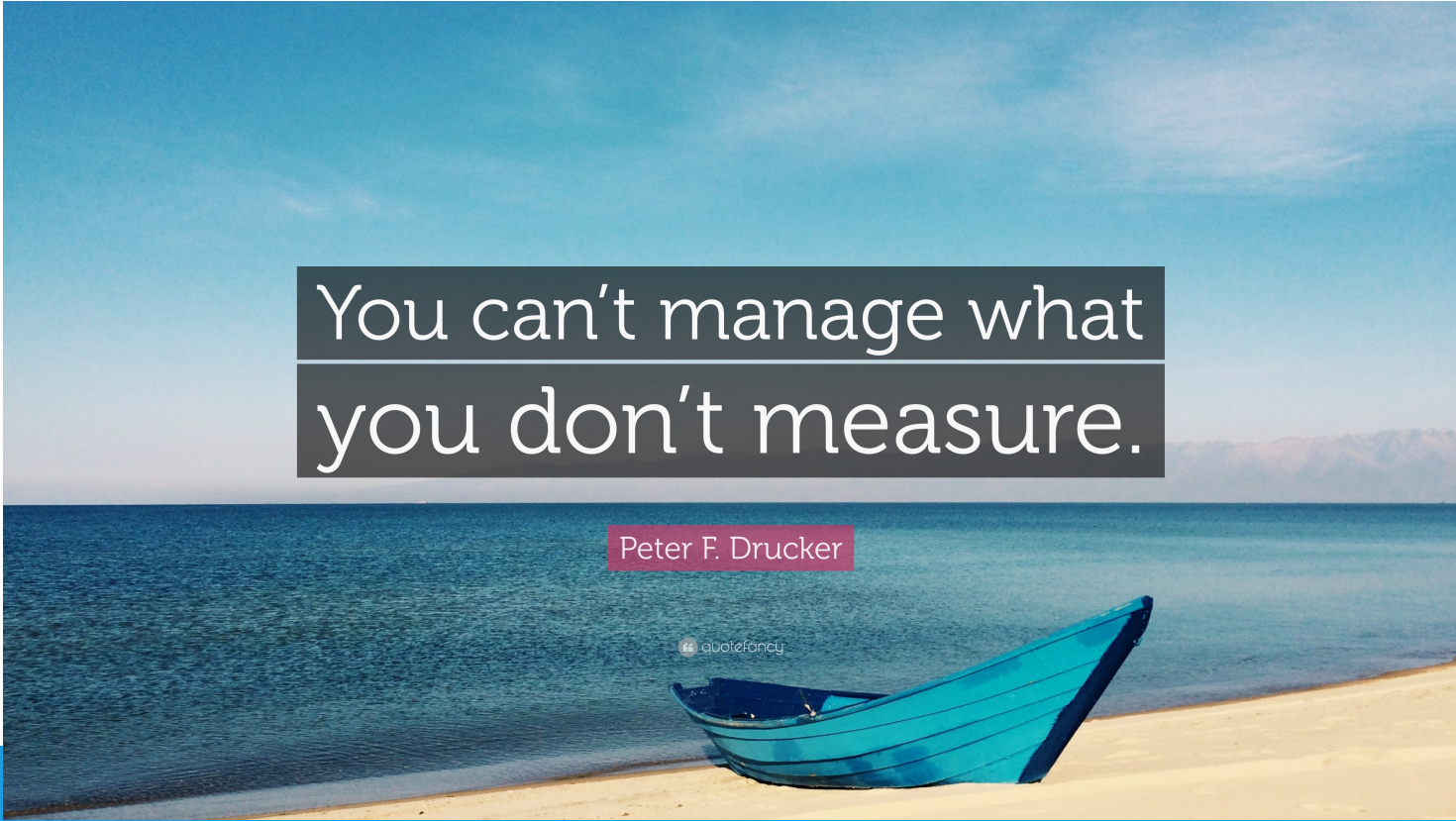
RELATIONSHIP SKILLS ARE A **FOUNDATION** for a more successful and **FULFILLING LIFE.**

Take Charge of Your Feelings, Become a Better You
THE MOOD ELEVATOR
LARRY SENN

the mood elevator
- grateful
- wise, insightful
- creative, innovative
- resourceful
- hopeful, optimistic
- appreciative
- patient, understanding
- sense of humor
- flexible, adaptive
- curious, interested
- impatient, frustrated
- irritated, bothered
- worried, anxious

Our **CONNECTION** to others and to the **WORLD DEPENDS** on how well we **MANAGE** the **UP-AND-DOWN RIDE.**

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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.

You can't manage what you don't measure.

Peter F. Drucker

Putting it all together

➤ " It is reassuring and helps make the work a bit lighter when you know that you are making a difference and achieving outcomes."

➤ "It has given teams the opportunity to take a step back and level set expectations and priorities based on the initiative. It fostered collaboration and streamlined communication, processes, and opportunities for efficiencies."

➤ "As a clinician I always "feel better" when a patient is getting the right care at the right time, by the right healthcare professional. It brings a sense of joy knowing that a patient is not sitting in a ED just to go home and follow up w/PCP after no interventions that were acute were to be had."

Topics to look forward to in 2022

- August: Older Adults and Opiates
- September: Team Based Care and Diabetes
- October: Team Based Care and Hypertension

Mark your calendars 3rd Tuesday of the month at 8am

Thank you and Questions

Sources

Bodenheimer, T. (2007) "Building Teams in Primary Care: Lessons Learned." Prepared for California Healthcare Foundation. https://www.chcf.org/wp-content/uploads/2017/12/PDF-BuildingTeamsInPrimaryCareLessons.pdf

Elwyn G, Durand MA, Song J, et al. A three-talk model for shared decision making: multistage consultation process. *BMJ*. 2017;359:j4891

Lee, T.H., Volpp, K.G., Cheung, V.G. and Dzau, V.G. (2021) "Diversity and Inclusiveness in Health Care Leadership: Three Key Steps." *NEJM Catalyst*: Innovations in Care Delivery. https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0166

Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb. C.E., Rohrbach, V., Von Kohorn, I. (2012) "Core Principles and Values of Effective Team-Based Health Care." Discussion Paper prepared for Institute of Medicine of the National Academies. https://nam.edu/wp-content/uploads/2015/06/VSRT-Team-Based-Care-Principles-Values.pdf

Reiter JT, Dobmeyer AC, Hunter CL. (2018) "The primary care behavioral health (PCBH) model: an overview and operational definition." *J Clin Psychol Med Settings*. 25(2):109–126.