



# Spreading and Sustaining TBC

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It's not the innovation that matters most, it's what happens after the innovation.

Dr. Rob Reid



# TBC Spreading and Sustaining TBC



#### **Spreading TBC innovations**

- Strategic steps for spread of TBC
- Tactics for spread of TBC



#### **Sustaining TBC innovations**

Leadership and champion roles





# 1. Revisit and clarify strategic plan goals and aims

**Aim:** Improve patient outcomes and process performance by 15% based on system-wide implementation of team based care by 8/31/2018.



### 2. Test changes thoroughly

**System Measures:** Patient outcomes, clinical process reliability, joy in work and staff satisfaction, cost of care





# 3. Build a change culture to improve rate of adoption

- Push vs Pull
- Short term wins
- Management role
- More change, not less
- Sometimes includes turnover





# 4. Develop a spread plan and process



#### 5. Dismantle barriers

- Behaviors
- Old policies, processes, procedures



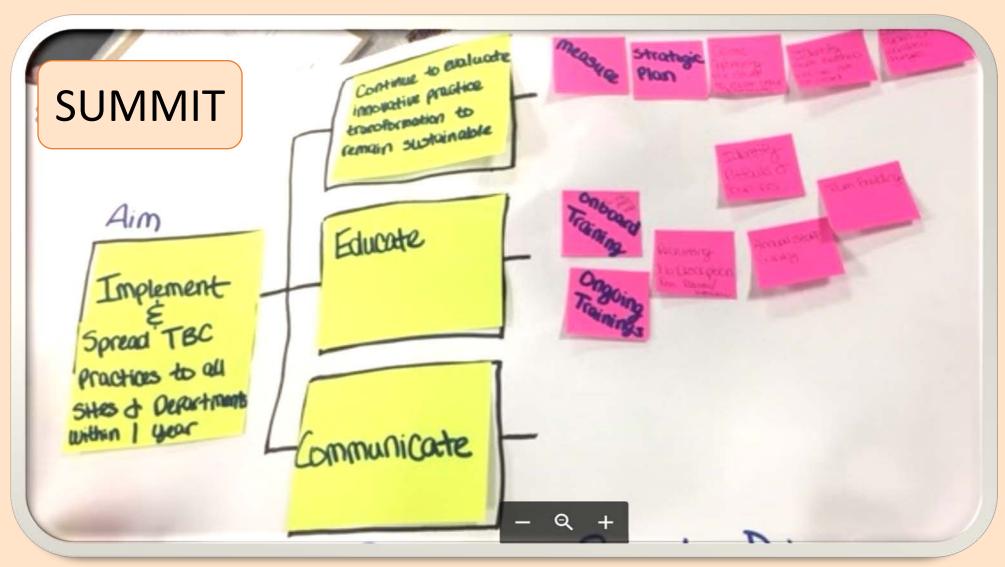


#### 6. Communication

Leadership and management support



# Spreading and Sustaining TBC Innovations





## Summit Community Care Clinic

Team Based Care





- Started Team Based Care initiative started in 2016
- Morning and/or afternoon huddles
- Formed colored teams- expanded across all service lines (medical, dental, behavioral health)
- Recipe for success: high level of upper level management excitement around TBC and culture of "how may I help you?"



- Communication Plan and Knowledge Transfer based on IHI framework:
  - TBC was communicated at an all staff retreat (December 2017)
  - TBC is integrated into the hiring process and new staff orientation process

#### • Plan:

- Team Based Care champion at CMO level
- TBC Pod Champions appointed to facilitate peer to peer knowledge sharing and facilitate further adoption of change





- Challenges:
  - Turnover
  - Need for a standardized TBC training program to orientate new staff on TBC building blocks
- Continue to work on a systematic way to share comparative data
  - Dental clinic staff need more orientation to TBC (have multiple challenges)



#### Measurement/Feedback:

- Currently using Azara throughout the organization for population health management.
- Responsible person for collecting and sharing data is the QI Director
- Data is shared with all staff.
- Currently no population health is done in the Dental Clinic.

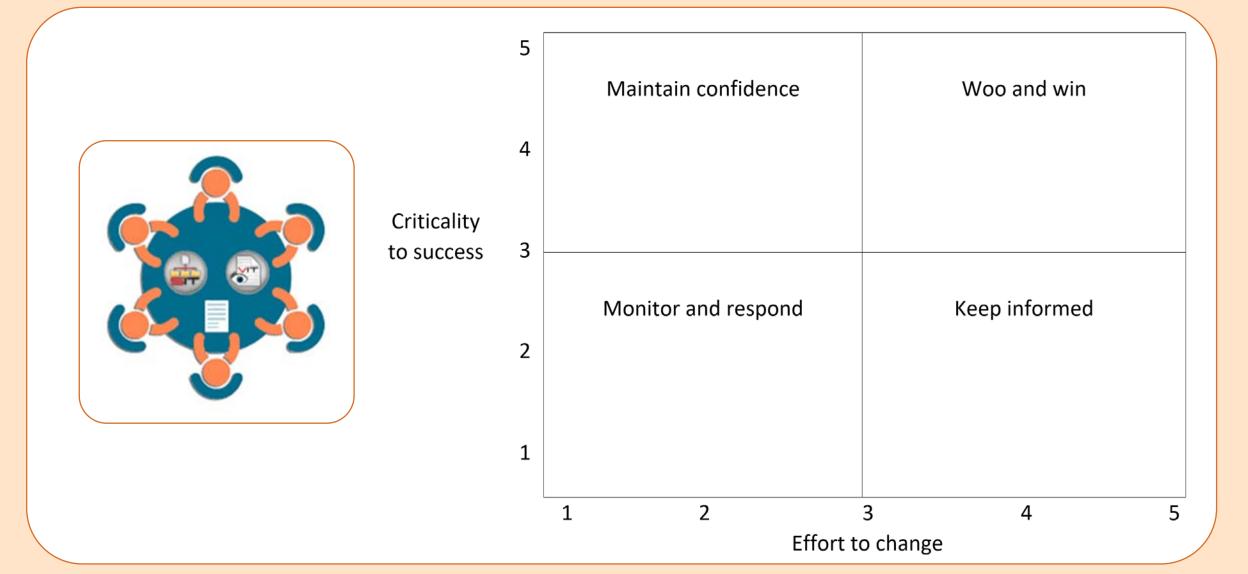






# Communication Table Exercise







# Tactical Steps for Spread of TBC



#### 1. Ensure local leadership



2. Share proven changes (PDSAs)



# Tactical Steps for Spread of TBC



#### 3. Review infrastructure

- Resources
- Education-training and retraining
- Technology



Denver Health: Starting Small and Preparing for Future Spread



### Lowry Family Health Center

- One of 7 Family Medicine model FQHC's at Denver Health.
  - Other models within DH include specialty specific (IM, Peds, Women's health, School Based)
- Unique features—refugee population and family medicine residency training site

#### **Lowry Family Health Center**



#### What we did well before

- Oldata collection
- Some team roles
- Integration of BH
- Self Management Support
- Engaged leaders
- Some planned care

### TBC Challenges at DH

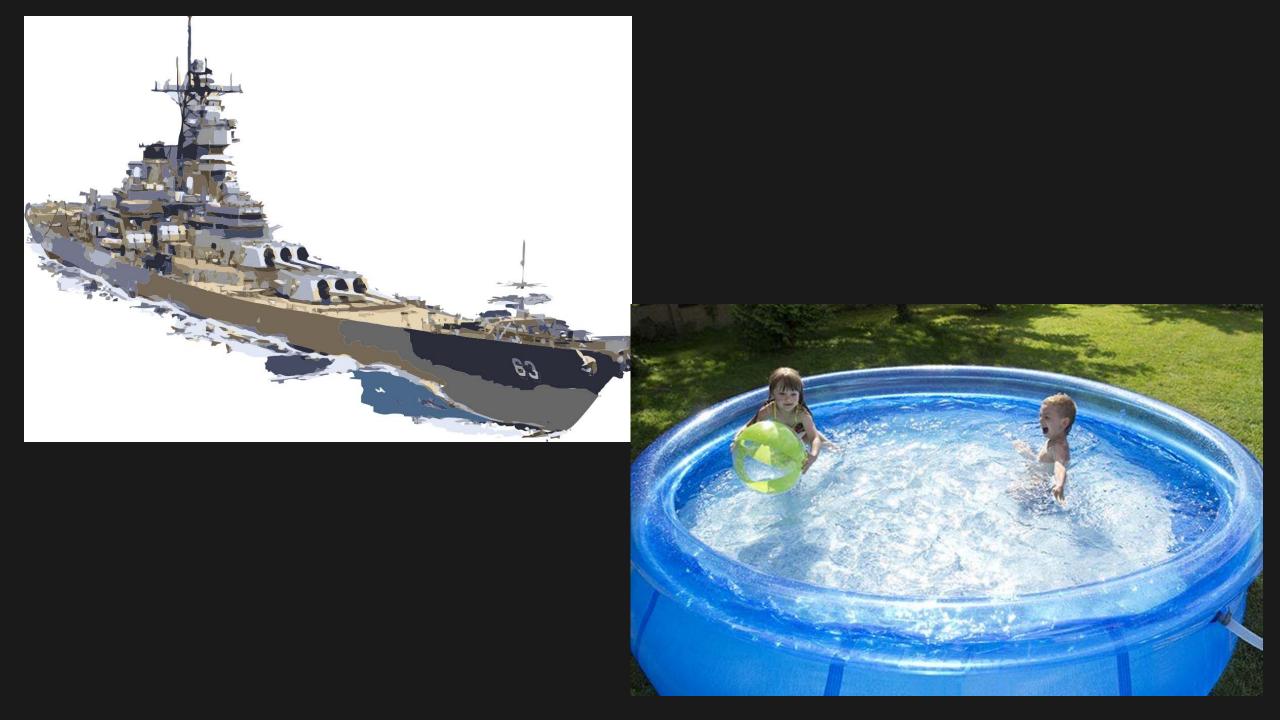
- Centralized scheduling
  - TBC, what? Teams weren't obvious outside our own clinic, so a lot of mixed team scheduling.
- Data collection not easy to get at team level
- Multiple MAs and multiple clerks on each team.
  - Who gets what and how do we make sure it gets taken care of and not duplicated?



#### AQIDC

- Gesundheit!
- Presented our journey
- O Asked for 3 changes
  - OTeam Based Schedules
  - Team level pools for some roles
  - Team ID with PCP and Medical Home (subgroup)





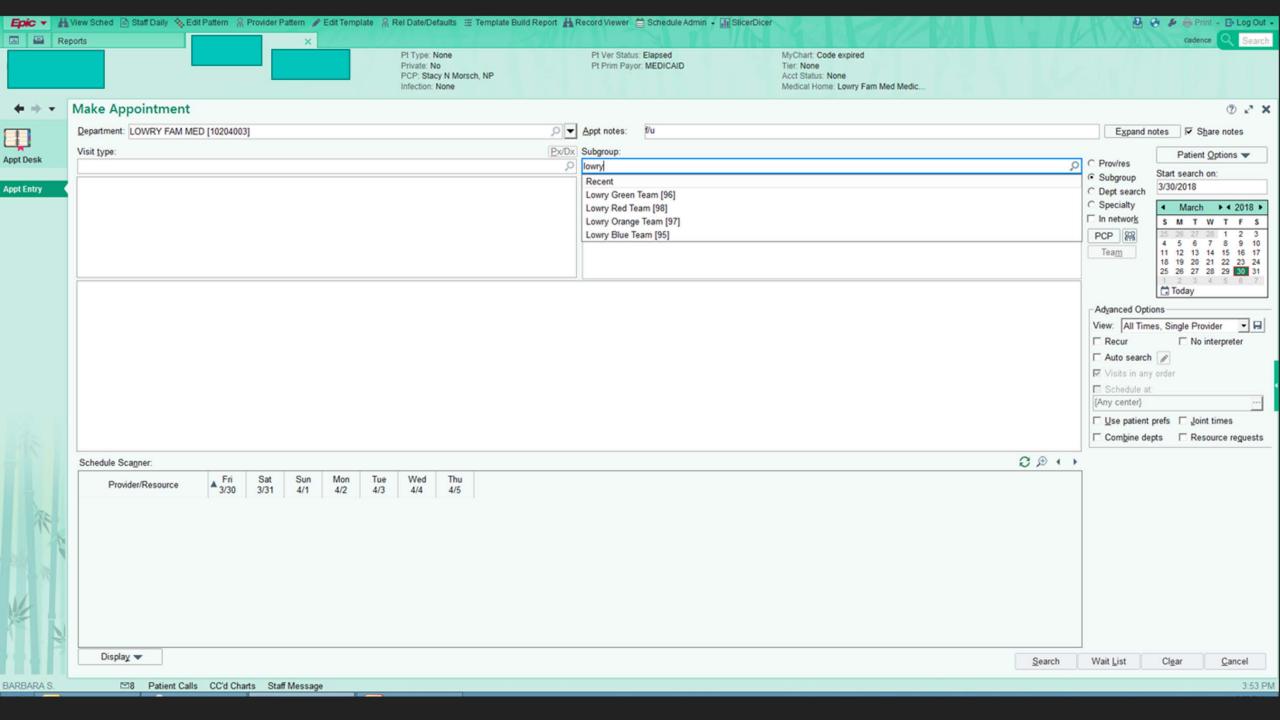
### Turning the battleship... in a swimming pool

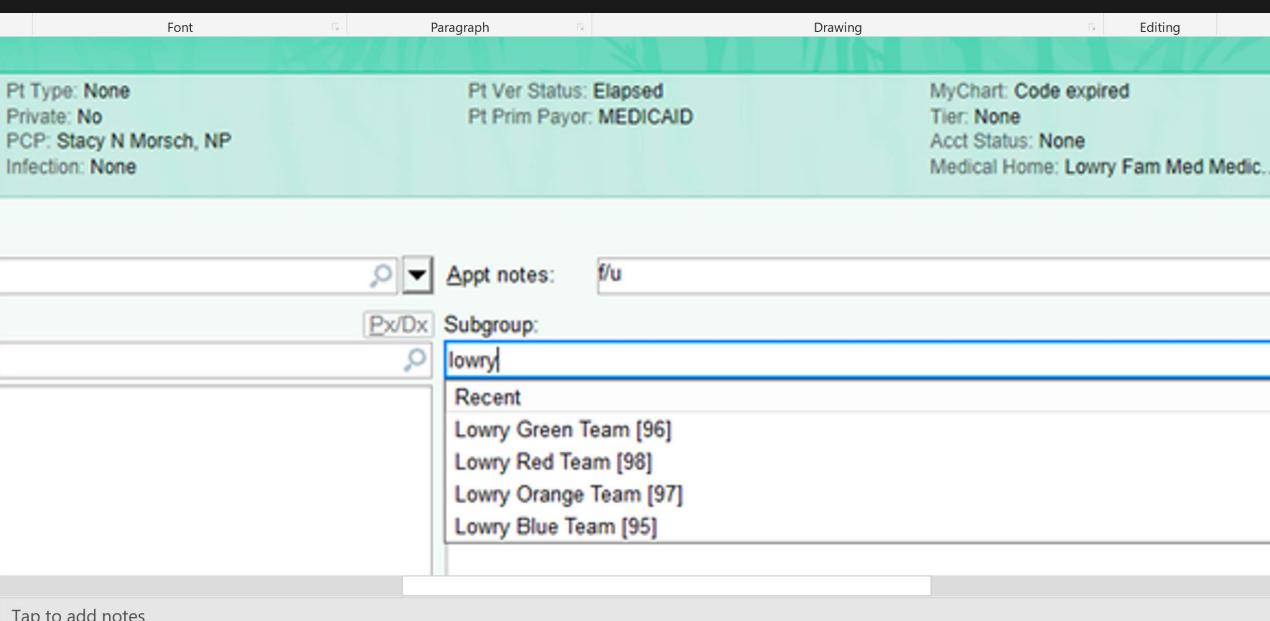
- Working on empanelment meant working with the system for all practices
- Implementing EPIC, a new EMR, in the midst of this
- Learning about priorities for the system and how to work with them, how to fit this project into them, and how to influence them

#### IT Steps: How to Benefit the Whole System

- Epic request to create subgroups
  - Multiple color options to maximize spread to other clinics
  - OAllows Medical Home/PCP with Team color
    - OEasier for scheduling
- Request for in basket pools for MAs and clerks based on team







Tap to add notes

### Next steps

- Transitions of Care—inpatient follow up
- O How can we maximize the use of the Medical Home team field?
- Ease of data collection



## Tactical Steps for Spread of TBC



#### 4. Measurement and feedback



#### 5. Communication

- PDSA learning from successes and failures
- Patient experience
- Staff experience



# Tactical Steps for Spread of TBC



6. Process for added innovation



7. Follow-up to minimize variation



# TBC Spreading TBC Checklist





#### **Tactical Steps**

- □Communicate learning
  - □Document and share PDSA results
- ☐ Focused measurement and feedback
- □ Provide infrastructure needs
- ☐ Ensure continued local leadership
- ☐ Provide infrastructure needs
- □ Develop process for added innovation
- ☐ Follow-up to minimize variation



## **TBC** Sustaining TBC Innovations



# 1. Build infrastructure supports

- Career ladders
- Succession planning
- Job descriptions
- Staffing resources, skills and competencies
- Technology



## **TBC** Sustaining TBC Innovations

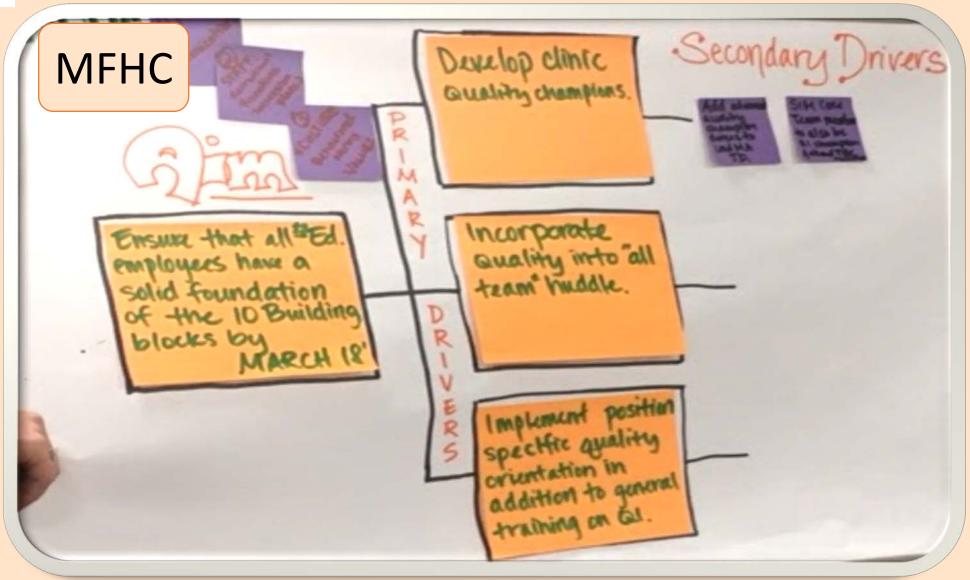


#### 2. Communication

- Explicit reinforcement of TBC changes
- Alignment with organizational goals and values
  - Show how the changes are working
  - Reiterate why the old ways didn't work
  - Question how new initiatives support TBC



# Spreading and Sustaining TBC Innovations



# Creating a culture of Team-Based Care

Mountain Family Health Centers

April 2018

### The Journey

- **PCMH** and creating the foundation
- **⋄** Participation in advanced education and practice transformation initiatives
- **⋄** Practice facilitators holding accountability
- Assessing progress
- Realigning organization strategic and QI Plans to the quadruple aim

#### Challenges

- **Turnover, scheduling and buy in to staffing changes**
- **⋄** Financial sustainability
- **The Second Property of Second P**
- **⋄** Interpretation of what Team-Based Care really is
- **⋄** Time in clinic to work on QI
- ♦ The idea of "being done"
- Working on too many different things at different sites

### **Moving Forward**

#### Starting "Advanced Team-Based Care"

- Remapping all workflows and including teams in changes
- Utilizing job descriptions to address where we are not utilizing staff to the best of their ability
  - Team-Based Care Workgroup!

- **⋄** More about the TBC workgroup
  - ♦ The right people
    - Practice Managers, HRM/Call Center/Referral Manager, Billing and Front Desk Manager, Care Coordination, Behavioral health
  - **⋄** The right places
    - **These groups represent every site, including our admin sites**
    - ♦ No groups left behind
    - **QI** to assist and follow-up with individual sites and groups between meetings as needed
  - **⋄** The right times
    - **Increased meeting times to every other week for an hour and a half.**
  - **♦** Learning from each other and prioritizing projects
  - **⋄** Accountability reports progress and status of projects to the Quality Committee
  - ♦ Ultimately, improved communication and follow-through

### Utilizing assessment tools

- **⋄** Primary Care Team Guide Assessment
  - **⋄** Current state
  - ♦ Using as a tool to educate about TBC
  - **♦** Using for project selection
  - ♦ Aligning with QI plan, 10 building blocks and the quadruple aim

- **Beginning with current state of each site** 
  - Assess all staff at site individually with roles if possible
  - **The Complete as a group with discussion** 
    - **⋄** This is often where you identify project champions
- **⋄** Reassess and adjust as needed
- **♦ Engage and assess organization leadership** 
  - **⋄** Use for comparison and gaps in interpretation
  - What we found with the first comparison

# Thank you!



## **TBC** Sustaining TBC Innovations



# 3. Building change competencies

- Use data to measure TBC patientcentered and system outcomes
- More change, reset goals and aims
- Managers are critical to the continued execution of TBC
- Recognize desired behaviors



## Spreading and Sustaining TBC Innovations



# Team Based Care

Working Together in 2018

Northwest Colorado Health Community Health Center Craig and Steamboat Springs, CO

# Is Team Based Care a Priority?



## Quadruple Aim



## Together We Are Stronger



# TEAM

T Together

**E** Everyone

A Achieves

M More

### 2018

Solidifying the Team – Introducing the Team Huddle

### Team Huddles

First Tuesday of the month from 8:30-11:00 in Hayden

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- First Tuesday of the month from 8:30-11:00 in Hayden
- Full team presence

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- First Tuesday of the month from 8:30-11:00 in Hayden
- Full team presence
- Each team champions a quality measure
  - > Yellow champions chronic pain
  - > Purple champions diabetes
  - Green champions family planning

## What Makes a Good Day?



- Timeliness
- Everything works
- Communication
- Attitudes of others
- Everyone pulling their weight
- Making a difference for a patient
- Making a difference for a coworker

## What Gets in the Way of a Good Day?



- Lateness patients, ourselves
- IT breakdowns phones, ECW, fax
- Poor communication rumors, facts vs. opinions
- Negativity patients, coworkers
- Feeling overwhelmed plate too full

## One Change For More Good Days



 Purple Team – Everyone promised to start each day with Gratitude – 1 good thing

## One Change For More Good Days

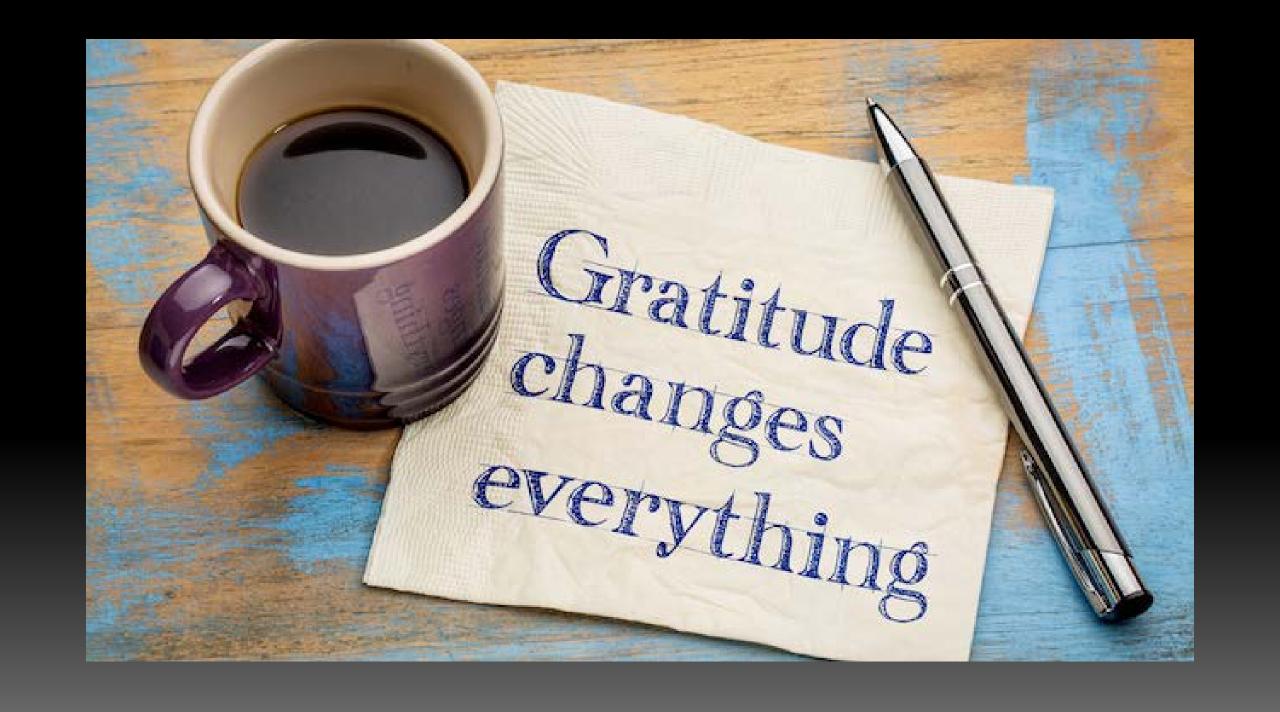


Yellow Team – Everyone promised to say hello to someone that they don't typically encounter in their typical work day

## One Change For More Good Days



 Green Team – Everyone promised to say "thank you" to another person at least once per day for something specific





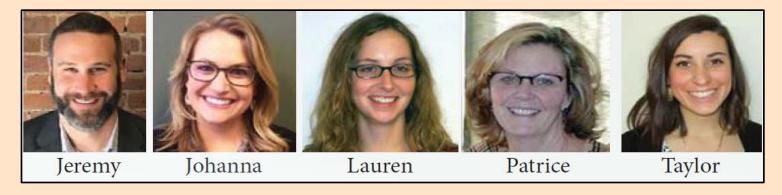


## TBC Sustaining TBC Checklist

Sustaining TBC Throughout Your Organization	
□Build support for behavior change	
□Explicit reinforcement of organizational values	
□Communication	
□Build change competencies □Testing and measuring □Learning □Adopting □Decreasing variation	



### **Coach Transition**



#### Beginning May 1 teams will pick up:

#### Strategies:

Encouraging leadership and team members to try new innovations Sharing successes and challenges with leaders and managers

Benchmarking with other TBC teams

Aligning TBC work with other priorities



## **Coach Transition**







#### Tactics:

Discussing and updating your work plan

**Action planning** 

Creating PDSAs for testing changes

Providing feedback on documents produced

Scheduling and setting agendas for monthly meetings

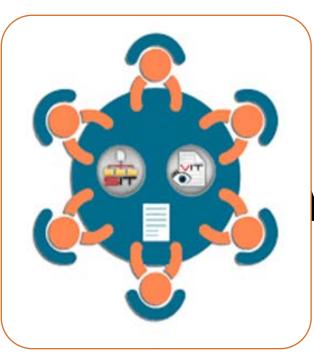
Sharing examples of tools and when to use them

Until the end of August: Coaches will still be coaching/supporting the team lead and will conduct the final TBC PCTGA in August.





## TBC Sustaining TBC



### Sustaining Change Key reas



Execute Your Spread and Sustain Plans



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