

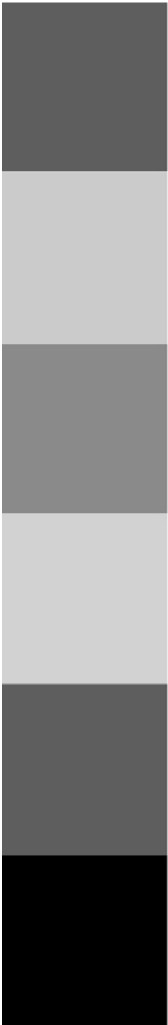
Primary Care Teamlet Formation and Evolution: Implications for Women's Health



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Today's Goals

- 
1. To **describe teamlet formation** across three different primary care contexts
 - VA Healthcare System- VISN 22 (Los Angeles, San Diego, Loma Linda primary care practices- 6 practice sites)
 - A large private physician organization (5 primary care practice sites in the greater Los Angeles area)
 - Federally-qualified health centers (FQHCs) in northern California (14 practice sites)
 1. To **discuss important practice context differences** in the implementation of primary care teamlets for women veterans. We hope to **shape a primary care teamlet key informant interview approach** within VA women's health care.



Collaborators and Funders

VISN 22 Longitudinal Teamlet Study (VHA PACT Demonstration Lab, PI: Rubenstein)

- Susan Stockdale, PhD
- Karleen Giannitrapani, MPH, MA
- Alison B. Hamilton, PhD, MPH
- John McElroy, BA
- Elizabeth Yano, PhD
- Lisa V. Rubenstein, MD, MSPH

Private physician organization teamlet study in the greater LA area (PI: Rodriguez)

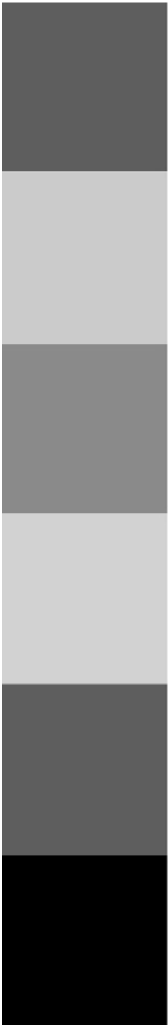
- Sherry Grace, MPH

FQHC study: Innovative Care Approaches through Research and Education (AHRQ 1R18HS020120, PI: Rodriguez)

- Philip van der Wees, PhD
- Mark W. Friedberg, MD, MPP
- Arturo Vargas-Bustamante, PhD
- Dylan H. Roby, PhD



Poll: Which comes closest to describing your role with the VHA?

- 
- Primary care clinician or staff
 - Non-primary care clinician or staff
 - Management
 - Research/Evaluation
 - Organizational Development/Consulting

Delivery System	Primary Care Team Reorganization
<p>VHA primary care practice sites in VISN 22 (Southern CA)</p>	<p>Goals:</p> <ul style="list-style-type: none"> • Accountability for the primary care of a designated panel of patients • Prioritizing continuity of care (primary care physician visit continuity) • More consistency in the working relationships of primary care personnel • More consistency in the amount and type of staff support available to PCPs
<p>Private physician organization in Los Angeles</p>	<p>Goal: Integration of new team members: Health coach and RN care manager to support teamlets to support improvements in chronic illness care.</p>
<p>FQHCs (low income, largely uninsured Latino patients)</p>	<p>Goal: Integration of new team members: CHW OR medical assistant panel manager for diabetes care</p>

Team Members

- Clinical Pharmacy Specialists
- Clinical Pharmacy Anticoagulation
- Social Work
- Nutrition
- Case Managers
- Trainees
- Integrated Behavioral Health:
 - Psychologist
 - Social Worker
 - Care Manager
 - Psychiatrist

Teamlet

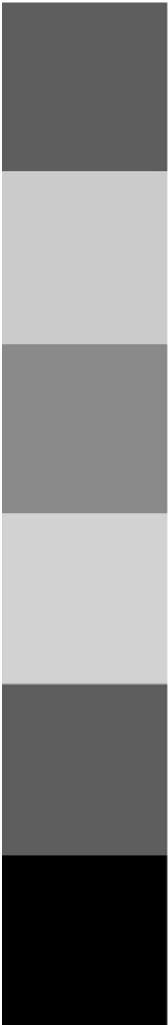
- Provider
- RN Care Manager
- Clinical Associate (LPN,
Medical Assistant / Health Tech)
- Clerk



PATIENT



Poll: Is the PACT teamlet model appropriate for women Veterans?

- 
- Yes, definitely
 - Yes, somewhat
 - No, not really
 - No, not at all
 - Other

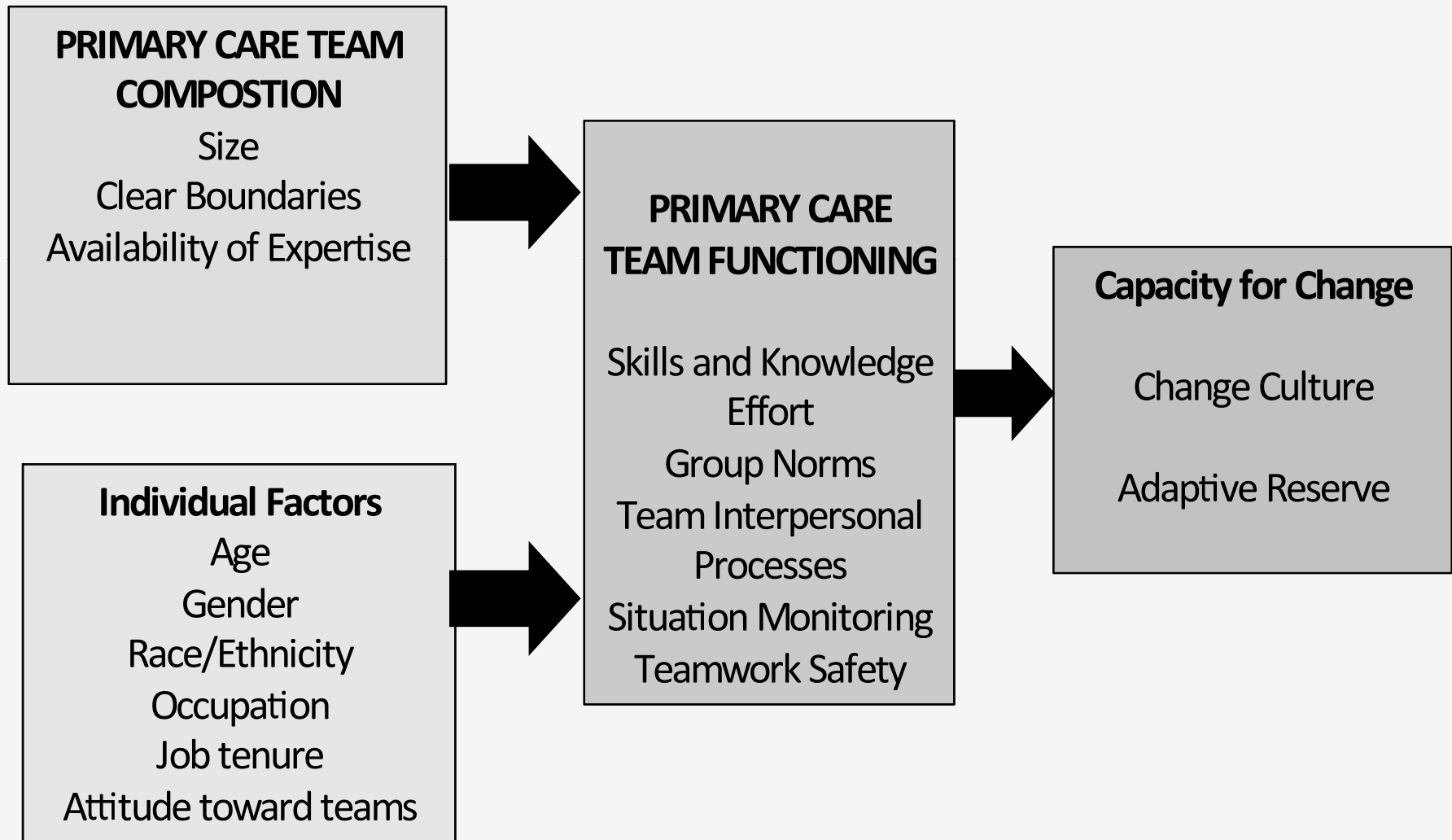
Membership, Supervision, and Role Changes

Organization	Most common practice members at baseline	Role Changes
VHA primary care practice sites in VISN 22 (Southern CA)	<ol style="list-style-type: none"> 1. PCP 2. LVN/Health tech 3. RN 4. Clerk / MSA <p>Discipline-specific supervision</p>	<ul style="list-style-type: none"> • RN population management and chronic care management • LVN/tech health coaching and population management • Clerk primarily focused on PCP panel vs. module activities
Private physician organization in Los Angeles	<ol style="list-style-type: none"> 1. PCP 2. Medical Assistant <p>LVN supervision</p>	<ul style="list-style-type: none"> • RN management (new position) • Health educator (health coach; new position) • Structured teamlet communication (includes new roles)
FQHCs (low income, largely uninsured Latino)	<ol style="list-style-type: none"> 1. PCP 2. Medical Assistant <p>Clinic manager (nursing) supervision</p>	<ul style="list-style-type: none"> • Community health worker (new position) <p>Or</p> <ul style="list-style-type: none"> • Medical assistant panel manager (new position)

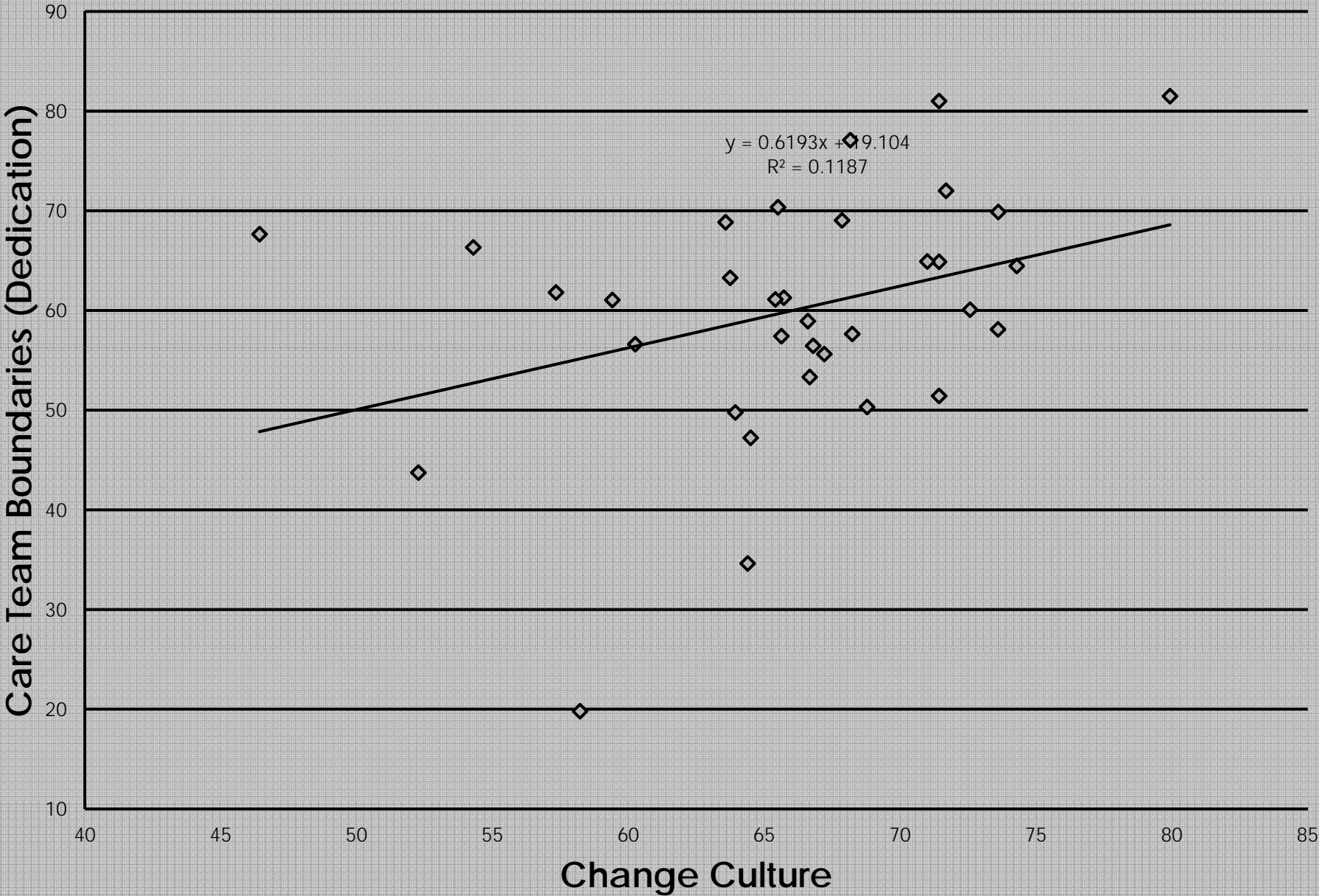
Teamlet Key Informant Samples

Study	Total Sample	Sampling Approach	Response rate (%)*
VHA Teamlets	90 teamlet members total (across 6 practice sites; 2 waves)	Cluster sampling (by role within 6 sites) <ol style="list-style-type: none"> 1. 3 part-time PCPs 2. 3 full-time PCPs 3. 3 RNs 4. 3 LVNs/Health techs 5. 3 clerks 	64%
FQHC Teamlets	50 teamlet members total (across 14 practice sites; 2 waves)	Cluster sampling (by role within 14 site) <ol style="list-style-type: none"> 1. 1 PCP 2. 1 CHW or medical assistant panel manager 3. 1 floor MA 4. 1 RN/LVN or other practice member involved in diabetes care 	35% (Note: \$20 participation incentive included)
Private Physician Teamlets	20 teamlet members total (across 5 practice sites; 2 waves)	Cluster sampling (by role within site) <ol style="list-style-type: none"> 1. 1 PCP 2. 1 MA 3. 1 health coach 4. 1 RN care manager 	75%

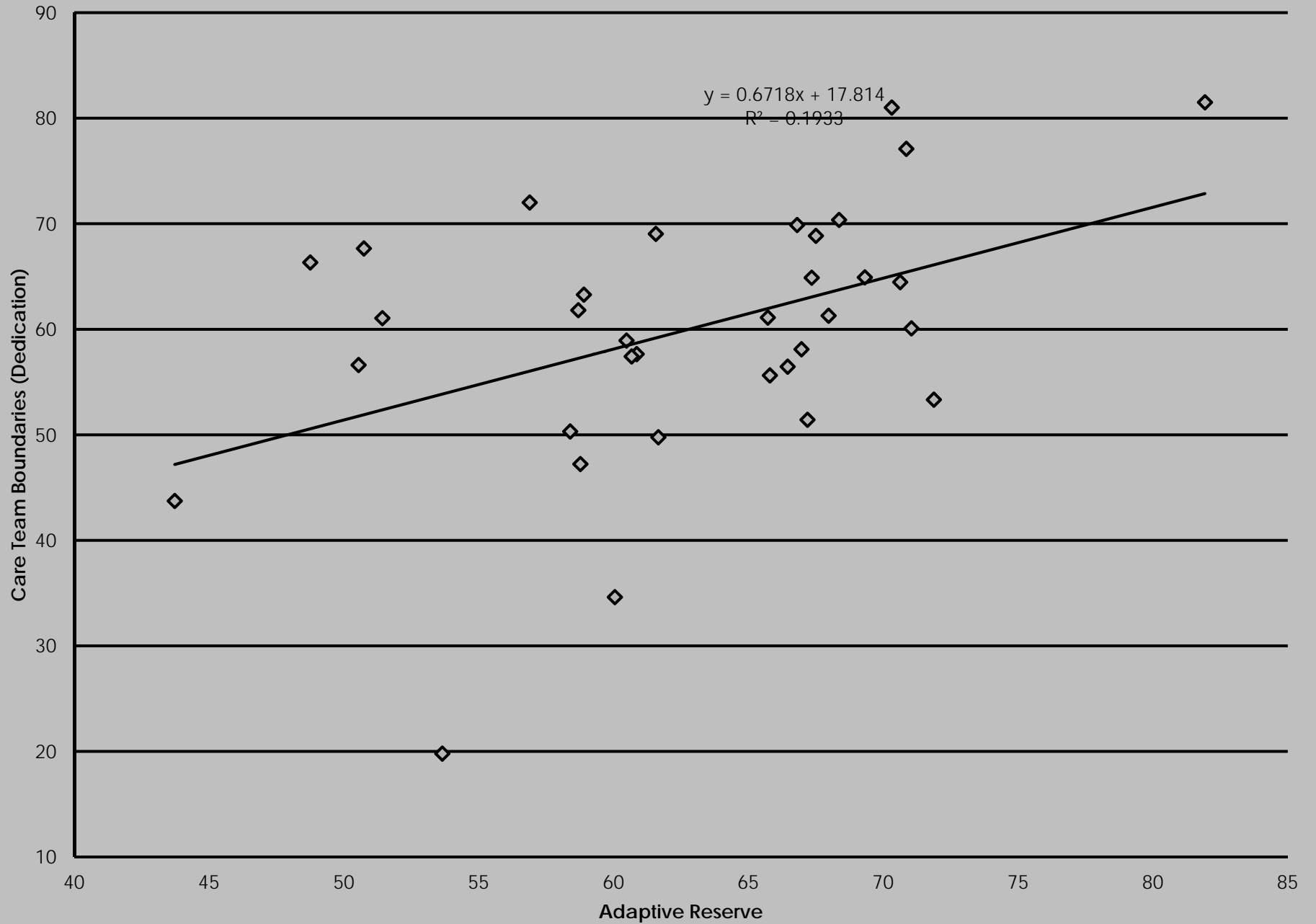
Primary Care Team Composition and Change Capacity



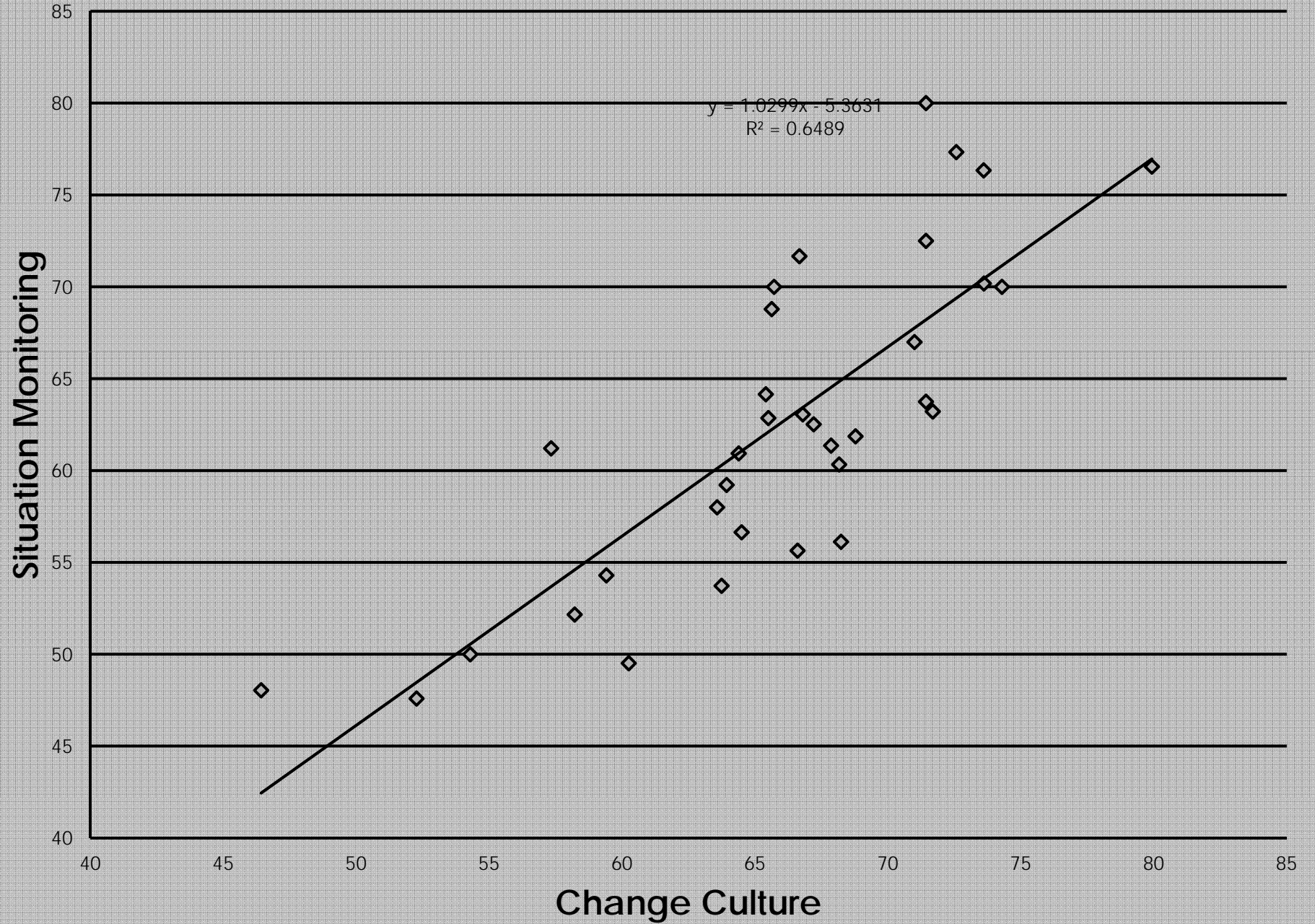
Care Team Boundaries (Dedication)



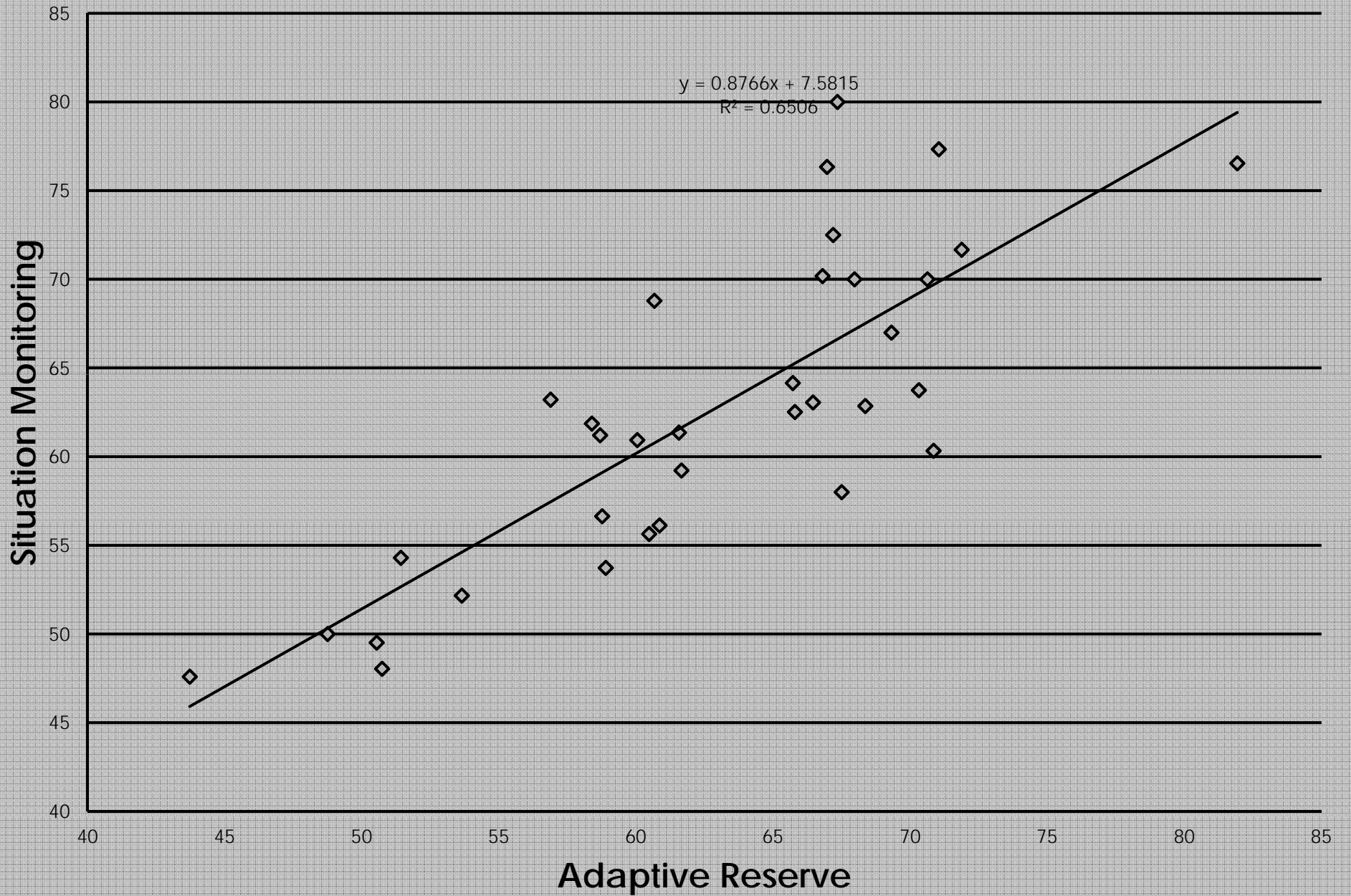
Care Team Boundaries (Dedication)

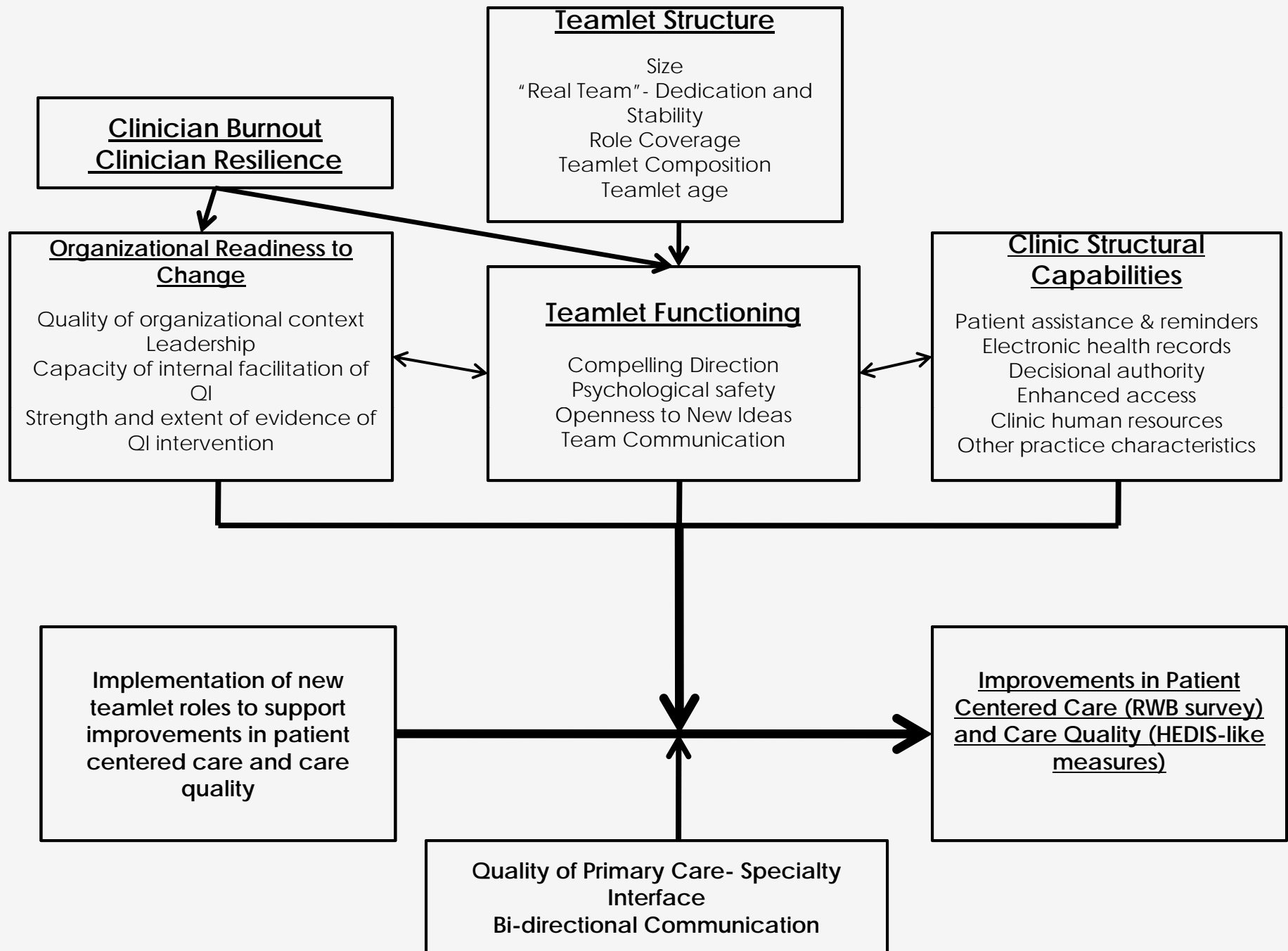


Situation Monitoring



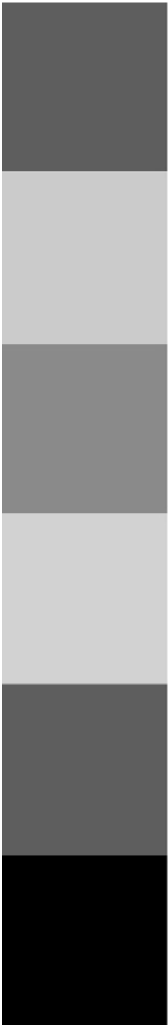
Situation Monitoring






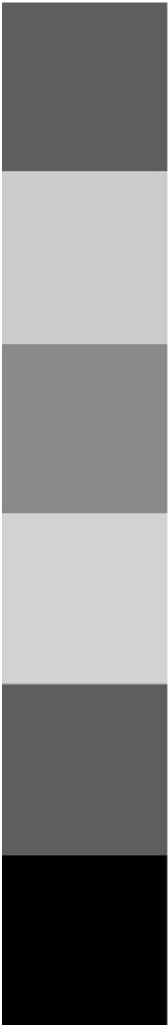


Teamlet Interview Study Methods

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- 45-60 minute key informant interviews of teamlet members
 - Record, transcribe, clean transcripts
 - Develop code book based on review of 6 cleaned transcripts and our team effectiveness logic model
 - Use ATLAS.ti to code interviews
 - Employ “member checks” to ensure consistency of coding between researchers



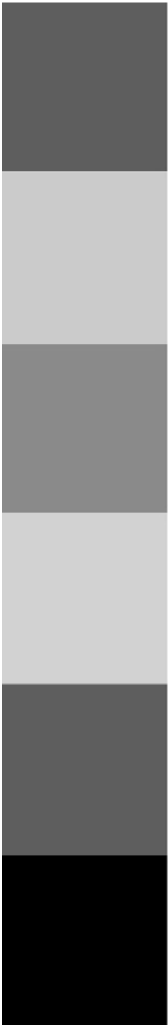
Emerging Teamlet Formation and Evolution Issues (across contexts)

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1. Structured teamlet communication (huddles and meetings)
 2. Incomplete teamlet membership
 3. Visit continuity and access to care tradeoffs
 4. Coordinating coverage across teamlets
 5. Role clarity and role overload
 6. Leadership change facilitation
 7. Using small tests of change for practice improvement

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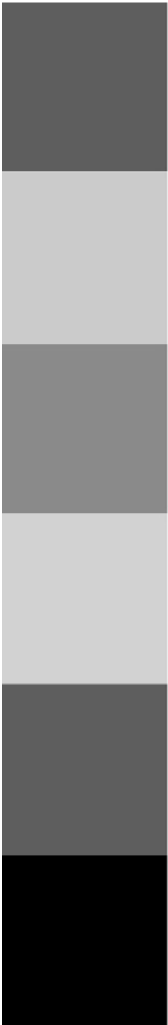


Primary Care Teamlet Formation Across Practice Contexts

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1. Some informants expressed that they were able to influence which individuals they would be working with as a teamlets, but most informants indicated that **schedules and other criteria were the determinants of teamlet membership**. High variability of formation process across sites within organizations.
 2. **Communication and guidance** on how to develop primary care teamlet member roles is needed across all organizational contexts
 3. Primary care teamlet development is considered a **difficult and complex organizational change**.
 4. Respondents highlighted the **benefits and drawbacks** of using a teamlet approach operationally. A clear challenge for teamlet implementation is the ***part-time status of many primary care clinicians and balancing the needs of resident training demands***. Less of an issue in private clinics, more of an issue for the VHA.

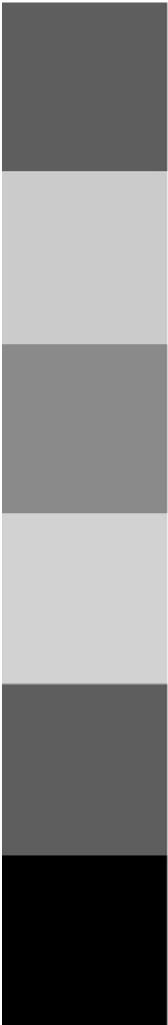



Teamlet Formation in the VHA

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- The development of teamlets was “**a huge change actually...because we work a lot closer with other people in the clinic** rather than it’s just the clerks, it’s just the nurses, it’s just the doctors, it’s just the practitioners.”
 - “I think more of the planning came from leadership and then it kind of trickled down to us because...it was kind of **a really quick transition**... maybe within a month or two. It was just quick, like we found out we’re going to be doing this, this PACT thing, **they gave us our groups, we started meeting, trying to figure out what's what.** We started going to the training that was talking about PACT **and then we just boom, put it in.**”
 - Staff received “a memo stating...you're now on Teamlet A, B, C, D, E.. **Nobody knew. I think they drew names out of a hat and put you on a teamlet.** Here you, this is your teamlet, this is your doctor, your nurse practitioner, you're the LVN, you're the whatever, and that was your teamlet”.

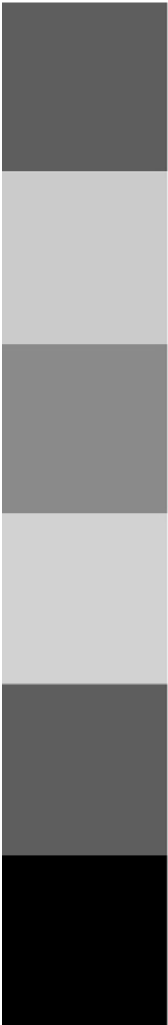



Incomplete Teamlets in the VHA

- 
- “A lot of the providers and a lot of the LVN, MSA, even the RNs, are complaining that **the PACT model was implemented when we don’t have the proper staffing.** On any given day, there’s a lot of teams missing their RNs.”
 - “I think resources would be [needed to] make sure each teamlet is properly staffed. **I think the PACT model, because each person has such a specific role, if one person is missing, the team just really falls apart.**”

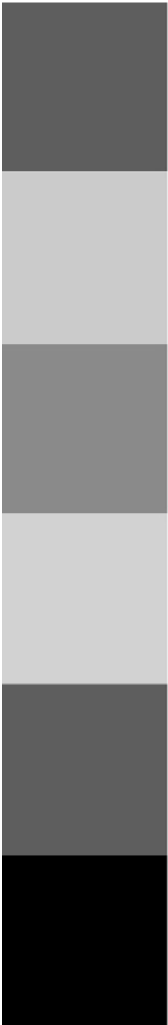


Poll: True or False: Teamlet formation will unfold differently for women's health clinics and designated providers.

- 
- True, women's health clinics have different practice resources
 - False, similar teamlet formation issues will be operating
 - Hard to tell/Other

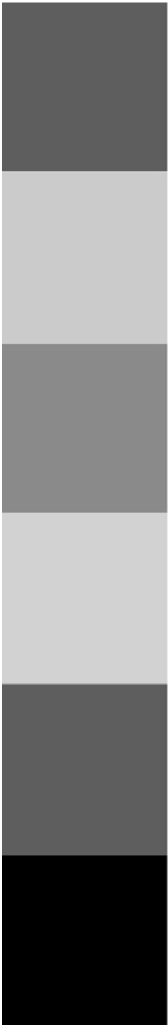


Major Challenges to the Development of New Teamlet Roles in the VHA

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1. **High variation** in individual teamlet member responsibilities, by teamlet (call backs, scrubbing)
 2. Sometimes **PCPs face challenges with tasking** their teamlet members because of discipline-specific reporting relationships.
 3. **RN roles are generally underdeveloped per PACT model** design due to walk-in patient demand and coverage problems. Clinical reminders are sometimes on the backburner for nursing because of role overload.

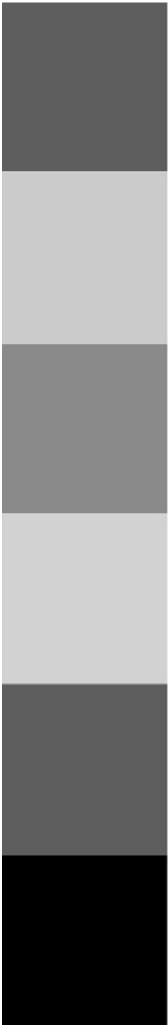


Nursing and Role Overload in VHA Primary Care

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- “**My MSA would like for me to have full nursing every day just like the providers.** But that’s impossible because who would be picking up the slack when I’m doing those nursing appointments? That box would just be full [because] I would be with that patient and those providers will run late because of me. So I don’t want that.”
 - “I think **working with the RNs to evolve that role** and the care manager role, that would be the biggest [improvement], **and taking the emphasis away from managing and triaging walk-ins to really managing panel of patients.** It’s a different skillset. It’s more case management, which is very different than being a triage nurse.
 - “For example, some other teamlets, the LVNs does all the scrubbing. For me, **my LVN said that it’s too much for her** so I’m helping her with three days a week, she does two days a week. “

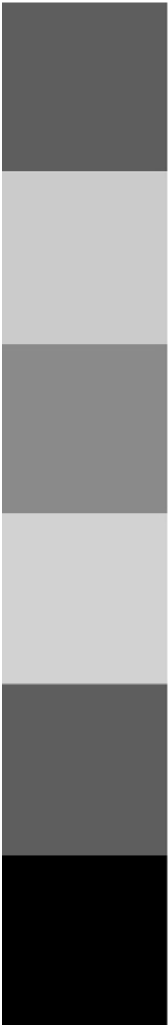


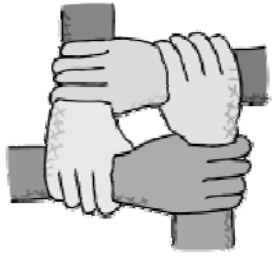
Teamlet Reorganization Can Uncover Individual Differences in Effort and Readiness for Change

- 
- “One of the biggest complaints that I see with the PACT now is that **a lot of the older employees are refusing change.** And these are the employees that have been with the VA for 10 years or longer....And so those people were so used to [other people] picking up the slack because everything was done in one bunch, nobody really got accounted for what they were doing.”



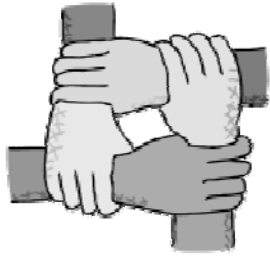
Leadership's Role and Role Clarity

- 
- “I think they **need to talk about** more-more **specifically what people's roles need to be in the teamlet process** because I think there's, you know, people aren't aware of what the clerk is able to do, what the RN is supposed to be doing. I think if there was some kind of training-well, not even necessarily training but just something where we can specify what people in the teamlet should be doing rather than passing it off to whoever.”



How Important is Structured Teamlet Communication (Huddles, Meetings)?

- Communication structures
 - Routine communication through paper and electronic information flow
 - Minute-to-minute communication through **brief verbal interactions** among team members
 - **Team meetings**
- Communication processes
 - Feedback
 - Conflict resolution

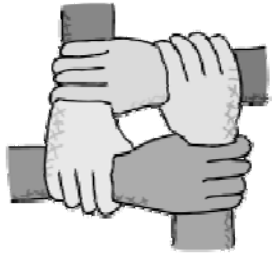


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“It is naïve to bring together a highly diverse group of people and expect that, by calling them a team, they will, in fact, behave as a team. It is ironic indeed to realize that a football team spends 40 hours a week practicing teamwork for the 2 hours on Sunday afternoon when their work really counts. Teams in organizations seldom spend 2 hours per year practicing when their ability to function as a team counts 40 hours a week”.

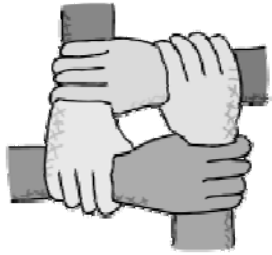
Harold Wise, Making Health Teams Work





Efficient communication is critical to the work of “real” interdisciplinary teams

- Structured communication is **essential for implementing role changes**, such that each member of the team functions at the top of his or her scope of practice
- When implementing interdisciplinary care team approaches, it is important to **develop a teaching and learning environment** where team members’ skills and knowledge can be enhanced.



Objectives of Huddles

1. Plan for daily tasks and roles
2. Review any barriers or facilitators of the day's work
3. Reflect on the previous day's work (what worked well, what didn't work so well)
4. Identify and develop solutions for addressing systematic problems

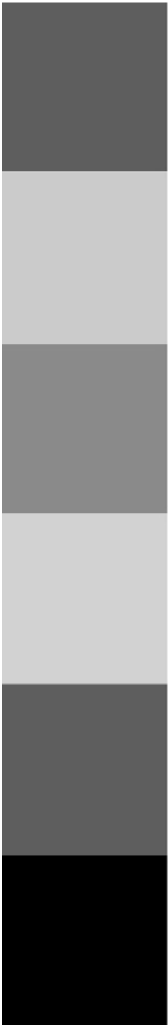
THESE MEETINGS CREATE CONSISTENT STRUCTURED OPPORTUNITIES FOR IMPORTANT AND ONGOING COMMUNICATION AND COORDINATION.

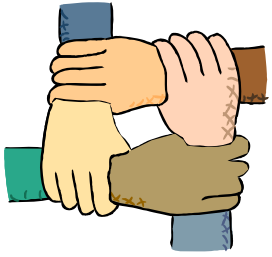
Poll to practicing clinicians and staff:
Do you huddle daily with your teamlet/team?

- Yes, usually
- Yes, sometimes
- Not sure
- Yes, but infrequently
- No, never



Private Physician Organization (Los Angeles area) and the Huddles Intervention

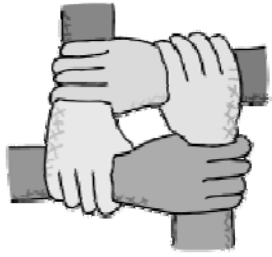
- 
- Primary care **huddles were instituted** early in the organization's life
 - **Remnants of the policy still appear** in clinician schedules at some sites (non-bookable time in scheduling templates reserved for huddles).
 - Organization aims to **resurrect huddles** as part of routine primary care.
 - Organization conducted **team communication training** and provided supports for huddle implementation to 5 practice sites.
 - **Key informant interview study** is aimed at understanding facilitators and barriers to huddle implementation and integration of new team member roles (RN care manager and health coach).



Anatomy of a Huddle Intervention

- Brief “check-ins” among teamlet members* related to specific actions and goals as highlighted in the structured agenda
- Daily consistent meeting times for 5-10 minutes
 - Generally **prior to morning and afternoon patient appointments**
- Agenda Content
 - Review**- workload and clinic operations status (staffing, equipment, etc)
 - Identification**- scheduling changes and patient’s special needs and circumstances
 - Preparation**- discussion of special care processes and expectations for patients
 - Growth**- deliberate communication about issues related to role expansions (critical to interdisciplinary team care)

*Teamlet = small team, no more than 6 members



Who Sets the Agenda?

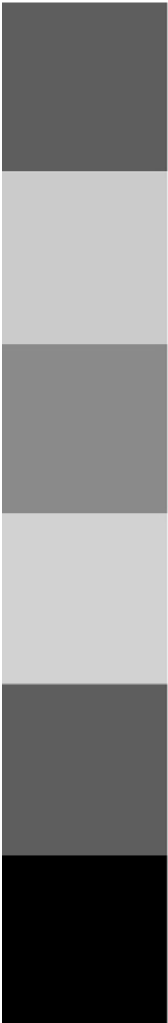
- **Most organized team member** should take on the agenda development responsibility. This individual should ensure that all members contribute to the agenda.
- Since the teamlet is organized around the PCP's patient panel, it is important for **PCPs to develop mentorship skills and facilitate the learning process**. This is critical to implementing role expansions.
- The **unit/department manager** plays a critical role in ensuring that teamlets are functioning well and provide feedback and **help resolve system issues identified as impediments to patient-centered care**.

Huddles are Likely Most Critical for Complex Clinical Tasks and Tasks that Require Patient Participation and Patient Self-Management

Clinic Task	Complexity	Teamwork	Measures
Gather preventative service history and ensure gaps are addressed	Medium	Medium	Colorectal cancer screening Flu vaccination Pap/ Mammography
Screen patients for diseases	Medium	Low	Adult BMI
Assess patient lifestyle factors and counseling	High	High	Weight and nutrition counseling, assistance with smoking cessation
Track patient diagnostic factors	Low	Medium	LCL-C screening, HbA1c testing, adult BMI

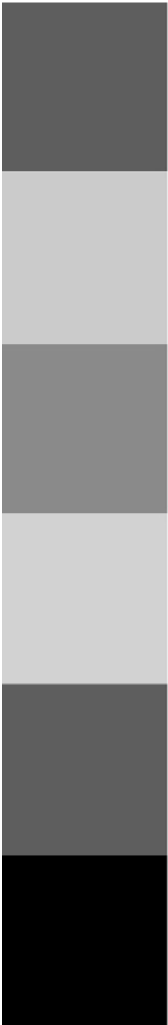


Structured Teamlet Communication in VHA Primary Care

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1. **Huddles are not routinely implemented** and generally do not consistently include the full teamlet because of opposing schedules. Communication between teamlet members occurs as mostly informal between meetings between two teamlet members (the PCP and LVN, for example).
 1. **Instant messaging is perceived to be a “leaner” form of communication than in-person meetings**, especially for teamlet communication between clinical encounters. Are huddles (daily structured communication) essential?

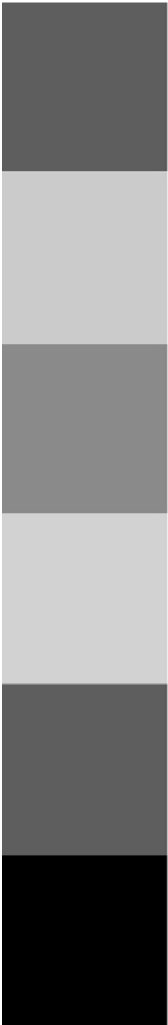


Innovative Teamlet Communication in the VHA

- 
- “We use instant messaging which is, I think is the best, because before, whenever I need to talk to the provider or the nurses, **I have to go look for them everywhere. I would be like going in a circle just to find them.** But now, since with the instant messaging it’s so convenient. This patient needs labs, this patient needs medical refills, and **I get an answer right away, and they will do it right there and then.** “




Teamlet Development for Women Veterans

- 
1. Individual VA women's health clinics have **diverse organization and scope of services** because of differences in local patient volume, clinical expertise available in primary care, and organizational capacity.
 2. We hope to **expand our teamlet development studies to teamlets for women Veterans.**
 3. We aim to understand how **women's health teamlets** are formed, how they function, how they affect individual staff roles and responsibilities, how they interface with non-teamlet primary care staff, and how they affect the women Veterans' experiences of care.

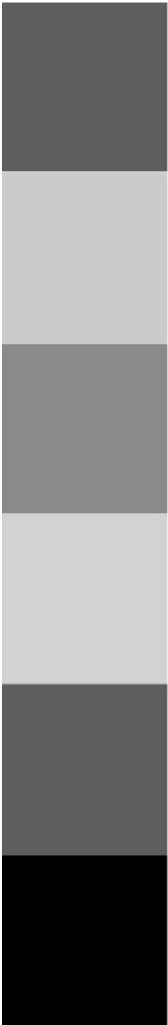


How effective are teamlet “huddles” as an team communication improvement strategy for VHA Women’s Health?

- 
- Very effective
 - Somewhat effective
 - Not effective or ineffective
 - Somewhat ineffective
 - Ineffective

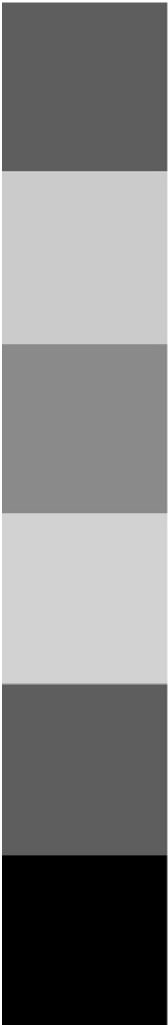


5 Key Issues for Teamlet Development for Women Veterans

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1. **Limited women's health clinic operations** at some sites may make achieving PCP continuity of care especially challenging
 2. Many VHA women's clinics are small, so **will organizing care at small organizational units (teamlets) be an efficient** and effective way of providing interprofessional care to women veterans?
 3. At sites with a high proportion of walk-ins, **how to handle the daily workload of women's health providers with limited appointment capacity** to effectively handle same-day referral/triage volume.
 4. Women veterans, on average, are more likely to need supportive services and specialty services. **Information transfer and care coordination across organizational boundaries** and outside the VHA is even more salient for improving the care of women veterans.
 5. Given the wide range of health services used by women veterans, **departmental/service agreements may be even more important** to solidify as VHA women's health implements the PACT teamlet model.



Poll: What is the most important issue to consider when implementing PACT for women Veterans?

- 
- How to balance PCP continuity and access to care
 - Social workers, mental health, etc. are part of the teamlet
 - The part-time status of many WH PCPs / operational limits
 - Care coordination across organizational boundaries
 - Other



Poll: Will the PACT teamlet model work for women Veterans?

- 
- Yes
 - With some modifications/tailoring
 - No