Teams Work: Improving Team-Based Care in Urban Safety Net Systems

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Abstract

Objectives: The objective of this study was to develop perspective on best practices for interdisciplinary team-based care in safety net settings.

Background: Primary care practices are embracing interdisciplinary team-based care as a strategy for meeting growing clinical and operational demands. Team-based care is particularly critical for safety net clinics, which care for underserved populations with limited resources. However, there is limited literature on best practices in safety net settings. San Francisco Health Network, the city health system run by the Dept. of Public Health, is conducting a quality improvement initiative to standardize care team roles across the network. This project contributed foundational research for that initiative.

Methods: In-person care team observations were conducted at three representative clinics in order to develop a set of core functions by role and capture existing best practices at each site. Time observation data was collected and evaluated across each of six core team roles.

Results: This work yielded a standardized "core function" list for each team role and qualitative perspectives on key challenges and best practices in team-based care.

Conclusions: Quality team-based care is facilitated by clear role design that encourages "top-of-license" work for every team member, shared workspaces that enable interdisciplinary collaboration, and standardized communication flows.

Introduction

Optimization of the team-based care model is a high-yield strategy for safety net systems as they navigate the clinical and operational demands of caring for underserved patients with limited resources. Safety net patients are often from low-income and minority communities, have a higher prevalence of chronic disease, are more likely to be dually-eligible for Medicaid and Medicare, and are more likely to be uninsured.[1] There is opportunity to leverage team-based care to provide culturally competent, patient-centered care to this high-need patient population. However, there is limited literature available about best practices in safety net systems.

San Francisco Health Network (SFHN) is the municipal safety net system operated by the San Francisco Department of Public Health. In an effort to better address the evolving needs of its patient population, SFHN is undertaking a Quality Improvement initiative to standardize care team design and share best practices across its clinics. This project served as the foundational research for the network's QI initiative, studying "current state" role design across clinic types and identifying best practices to share across SFHN.

Methods

In-person care team observations were conducted at three SFHN clinics to better understand team role design and identify best practices. Sites were chosen to represent three major clinic types found across SFHN:

- General **"Neighborhood Family Clinic"** serving adult and pediatrics patients
- **"Teaching Clinic"** serving adult patients with the support of resident physicians
- **"Specialty Population Clinic"** designed to serve patients with complex social needs

One week of observations was conducted at each site, with 1-2 clinic sessions spent shadowing each of six core team roles: Providers (MD), Nurses (RN), Medical Evaluation Assistants (MEA), Behavioral Health Clinicians (BHC), and Behavioral Assistants (BA). Time observation data was collected for each team role, grounded in Lean Six Sigma and "rapid improvement" process methodology.

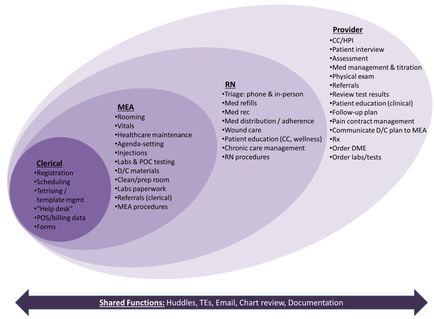
In addition, qualitative perspectives on best practices at each clinic were collected through interviews with clinic Medical Directors and through care team observations.

Results

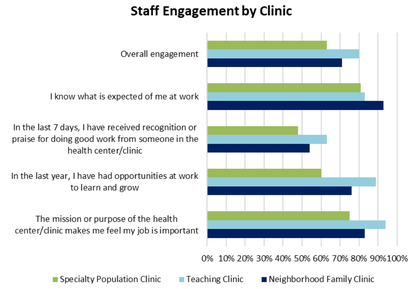
Care teams across SFHN serve patient populations with significant clinical and social needs; each clinic faces unique patient dynamics[2,3]

	Neighborhood Family Clinic	Teaching Clinic	Specialty Pop. Clinic	Network Average
Panel size	5,426	7,914	3,745	65,564
Age distribution				
0-17 years	22%	0%	0%	17%
18-64 years	67%	77%	85%	68%
65 years +	11%	23%	15%	15%
Race				
White	6%	16%	39%	17%
Black or African American	9%	13%	31%	15%
Hispanic	48%	43%	19%	37%
Asian	31%	23%	8%	25%
Insurance				
Medi-Cal (Medicaid)	57%	51%	64%	59%
Healthy SF	14%	10%	6%	8%
Healthy Worker	15%	12%	3%	13%
Medicare	7%	21%	20%	14%
Uninsured	5%	5%	6%	6%
Selected health indicators				
Adults 18-75 with DM (% total)	12%	19%	14%	12%
Adults 18-75 with HTN (% total)	24%	39%	41%	28%
Chronic pain w/ opioid mgmt. (% tot)	1%	3%	10%	3%

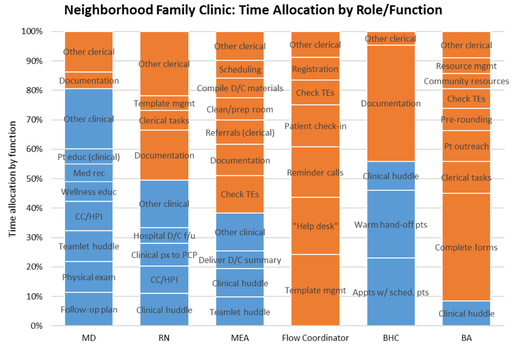
Clearly defined team roles maximize time spent on "top-of-license" tasks, preserving provider capacity for higher acuity clinical care

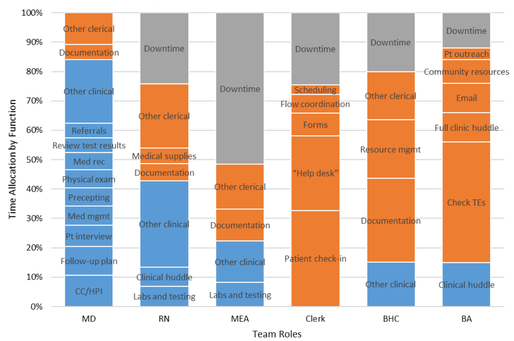


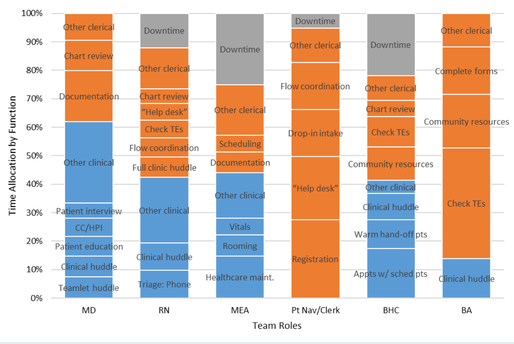
However, differences in care team design and functionality do not consistently predict staff engagement[4]



Care team time observations revealed variation across clinics in their utilization of non-clinician teammates







Conclusions

The in-depth care team role observations yielded key output for the SFHN QI project:

1) Detailed knowledge of the "core functions" defining each role
2) Perspective on how to define role expectations to improve efficiency and enable fulfilling, top-of-license work across team roles
3) Identification of best practices in role design, communication, and workflows that can be applied across safety net clinics. Findings are summarized in the table below.

Key Themes/Challenges	Best Practices
Optimizing the Provider-Medical Assistant "teamlet"	• Consistent staffing pairings facilitate communication
Empowering Medical Assistants and expanding their role on the team	• MEAs "own" components of visit: discharge, health maintenance • Inspire culture of proactivity • Communicative/supportive MDs
Facilitating interdisciplinary handoffs and collaboration	• Behavioral Health team "pre-rounds" to clinical teamlets at each session • Interdisciplinary team rooms
Improving flow around clinic	• High-touch "flow coordinator" who manages template changes, walk-in patients, and "help desk" questions
Developing RN role	• "Team RNs" conduct care coordination for team's patient panel

Future Directions

- Most immediately, the findings from this project laid the groundwork for SFHN's ongoing quality improvement initiative in team-based care. This project was completed in partnership with a working group of SFHN leadership; the key functions by role and best practices identified are contributing to a network policy on standardized care team design.
- Future research could look to map the impact of care team design on specific clinical and operational outcomes. Such a project would collect more focused data about a single care team role (e.g., medical assistants) and measure the impact of role optimization on a relevant outcome (e.g., screening rates).

References

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3. San Francisco Health Network. Active Panel Statistics. July 2017.
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Acknowledgements

The authors thank the San Francisco Health Network staff for their support and guidance. This project was generously funded by a grant from Alpert Medical School.