



CHOC Children's Hospital
Best Evidence and Recommendations

Implementing a Team-Based Model of Ambulatory Care

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PICO: Does a patient-centered, team based care model improve associate/provider satisfaction, patient and family satisfaction, efficiency, and effectiveness of care delivery in the ambulatory care setting?

P (Population/problem) In the ambulatory care setting

I (Intervention/issue) does a patient-centered, team based care model

C (Comparison) compared to current practice

O (Outcome) improve associate/provider satisfaction, patient and family satisfaction, efficiency, and effectiveness of care?

Background:

Primary care continues to serve as the initial entry point to the health care system for many patients and is the conduit for downstream specialized ambulatory services. At the same time, the structural and geographic complexities of healthcare organizations have significantly increased. As organizational networks have expanded, managing outpatient services to achieve quality outcomes and ensure customer satisfaction has become more challenging. Today, organizations struggle to effectively address changes in ambulatory volumes while simultaneously managing the increasing complexity of ambulatory care. Additionally, there are financial pressures from payers to prevent hospital admissions and limit pay for readmissions.

The role of the FF traditionally includes huddling with providers and associates at the beginning and end of each session (AM and PM sessions). During this time, review of chart prepped information is discussed along with the plan for late patients, and any additional concerns for the session. Prior to the delegation of back office associates rooming checked in patient, a sheet with the patient's name, date of birth, previous height and weight, exam room to be placed in, and the wait time to see provider is shared. Once patient has been roomed, the FF completes 15 minute room checks on all roomed patients. During time of visit/appointment, if additional information is needed by provider, it is the responsibility of the FF to request and give to the provider (i.e. labs results, radiology results, etc.). When it is time for the check-out of patient, FF will print check out instructions, review labs and prescriptions that may be needed, discuss survey that family/patient will receive, and assist with any additional questions family/patient may have. After the family/patient has left, the FF will clean the exam room and continue to maintain a smooth work flow.

According to the literature, a team approach with multidimensional skill sets is the most effective delivery of health care. Physicians do not have the needed time to ideally care for all of their patients. Most physicians only deliver 55 percent of recommended care and 42 percent report not having enough time with their patients (Agency for Healthcare Research and Quality, 2013). Providers have also noted that, 13 percent of their day is spent on care coordination activities and only half of their time on activities using their medical knowledge (Agency for Healthcare Research and Quality, 2013).

Streamlining care for treating the whole person with a collaborative team-based approach (Masterson 2014) is necessary in an effort to have the patient owned by the whole team – it's not just the primary care physician's patient; it's *our* patient (Masterson 2014). Patients encounter whatever associate is scheduled for the day, often not



knowing their name, and the associate not knowing the patient either. “It’s not enough to just say we need to try harder; we need to rethink the system. So that’s behind this push to rethink what the roles of people are on the provider team.” (Masterson 2014). What patients are not aware of is the term patient centered care “what they will know is that when they come to their visit, they will see the same associate. If they have questions between their visits, they will call and discuss their concerns with the same associate”.

The current infrastructure for care in the United States is not sufficient to meet the population management needs of a provider’s patient panel. Researchers have estimated that it would take 7.4 hours per working day to provide all recommended preventive care to a panel of 2,500 primary care patients (similar to the average US primary care panel of 2,300), plus 10.6 hours to adequately manage this panel’s chronic conditions. If you include the estimate that it takes 4.6 hours per day for acute care, this adds up to 22.6 hours per day. It’s also been estimated that an average of only 54.9% of adults in the United States received recommended care in each of those areas. It is not possible to achieve improved population health without substantial change (Hupke, 2014).

Optimizing the care team is critical to maximizing the supply of the clinic and improving the daily flow of work (Hupke, 2014). Work should be matched to each staff member’s licensure, experience and abilities, including physicians, mid-level providers, nurses, and other staff members.

Search Strategies and Databases Reviewed:

Databases searched for this review included: EBSCOhost, CINAHL, and PubMed. Key search terms included: Triple Aim, population health, ambulatory team-based care model, patient-centered care.

Synthesis of the Evidence:

- The most successful clinics are those that embrace the team-based model (Day et al., 2017).
- Expanded clinical teams can improve access to care and patient satisfaction while reducing costs (Day et al., 2017).
- There are financial incentives to providing more efficient and effective models of care.
- The transformation of health care delivery to a team-centric approach from a physician-centric approach is often underestimated.
- In the team-based care model, all care team members contribute to the health of the patients by working at the top of their licensure and skill set (Agency for Healthcare Research and Quality, 2013).
- Teams deliver comprehensive, first-contact care and address the needs of patients and families through a broad range of services delivered by multidisciplinary professionals.
- Cross training associates to be able to work to the top of their skill and knowledge capacity was verified to provide staff with experience in which they variety of their work and learned to appreciate what each other did (Day et al., 2017).
- The team based approach requires the ability to depend on each other and trust that each associate will contribute to the overall experience of the patient.
- The new structure will address patient needs more fully and efficiently, to expand individual skills, and to work as part of a team. “They were working harder, but enjoying it more” (Day et al., 2017, p. 22).
- With the optimization of care teams, a positive impact on a range of measures, including office visit cycle time, access to care, and preventive screenings.
- Providers spend more time focusing on what matters most to patients, such as communicating with patients, collaboratively setting goals, or using their expertise for more serious conditions (Hupke, 2014).
- Team-based care decreases costs and increases revenue (Agency for Healthcare Research and Quality, 2013).
- Providers need to learn to delegate tasks that they traditionally performed.
- MA’s take on new and enhanced responsibilities for patient care.



- Coordinated team care between the provider and MA increases quality of care through improved communication and information sharing with patients (Zink & Dowd, 2017).
- All members of the team are important to delivering high-quality care and enhancing the patient experience.
- Continuity of care to be associated with improved patient care and patient satisfaction.
- Provider continuity and MA engagement play a positive role in delivering quality health care.
- Provider and patient satisfaction elements associated with the composite team score indicate that patients value the team and that it enhances the providers' relationship with patients and helps them be more efficient.
- Team-based care expands access to care (shorter wait times).
- Effective and efficient delivery of additional services that are essential to providing high-quality care
- Team-based care increases job satisfaction and an environment in which all medical and nonmedical professionals are encouraged to perform work that is matched to their abilities (Agency for Healthcare Research and Quality, 2013).
- Tomorrow's ambulatory environment is a team-based sport, with each member needing to work at the top of their licensure and capacity.

Practice Recommendations:

- Implement a patient-centered, team-based model of care in the ambulatory setting.
- Develop skill validation for back office intake process.
- Create a "team" of provider and MA.
- Create education and training related to utilization of Ambulatory Summary for clinical practice.
- Develop and coordinate education and training related to the following:
 - scheduling of follow up appointments
 - printing of a school note
 - patient portal.
 - phone room responsibilities (process/workflow on lab, prescription, and unit clerk desks)
 - providers message box (labs, prescriptions, messages)
 - utilization of registry data
 - protocol/workflow of incoming calls to phone room
- Establish provider templates six months out for scheduling.
- Develop a guideline/protocol related to proposal of appropriate labs and diagnostic testing per diagnosis.

Acknowledgments:

- The Evidence Based Scholars Program was supported by a grant from the Walden and Jean Young Shaw Foundation.
- Vicky R. Bowden, DNSc, RN, Azusa Pacific University, CHOC Children's Hospital EBP Scholars Mentor.
- Jennifer Hayakawa, DNP, PCNS-BC, CNRN, CCRN, Nurse Scientist, CHOC Children's.

Bibliography

Agency for Healthcare Research and Quality. (2013). *Practice facilitation handbook module 19. Implementing care teams*. Retrieved from <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod19.html>

American academy of ambulatory care nursing position paper: the role of the registered nurse in ambulatory care. (2012). *American Academy of Ambulatory Care Nursing*. Retrieved from <https://www.aaacn.org/sites/default/files/documents/PositionPaper.pdf>



- Farrel, T. W., Tomoaia-Cotisel, A., Scammon, D. L., Brunisholz, K., Kim, J., Day, J., ... Magill, M. K. (2015). Impact of an integrated transition management program in primary care on hospital readmissions [Entire issue]. *Journal for Healthcare Quality*, 37(1). <https://doi.org/10.1097/01.JHQ.0000460119.68190.98>
- J., Scammon, D. L., Kim, J., Sheets-Mervis, A., Day, R., Tomoaia-Cotisel, A., Magill, M. K. (2013). Quality, satisfaction, and financial efficiency associated with elements of primary care practice transformation: preliminary findings. *Annals of Family Medicine*, 11(1), S50-S59.
- Health reform act: new models of care and delivery systems. (2017, April 20). *American Academy of Ambulatory Care Nursing*. Retrieved from <https://www.aaacn.org/health-reform-act-new-models-care-and-delivery-systems>
- Hupke, C. (2014). Team-based care: optimizing primary care for patients and providers. *Institute for Healthcare Improvements*. Retrieved from https://www.ihc.org/communities/blogs/_layouts/15/ihc/community/blog/itemview.aspx?
- Hupke, C. (2016). Team-based care: moving from ideas to actions. *Institute for Healthcare Improvements*. Retrieved from http://www.ihc.org/communities/blogs/_layouts/15/ihc/community/blog/ItemView.aspx?List=7d1126ec-8f63-4a3b-9926-c44ea3036813&ID=192&Web=1e880535-d855-4727-a8c1-27ee672f115d
- Masterson, K. (2014). *A team based approach to primary care*. Retrieved from <https://www.ucsf.edu/news/2014/08/116856/team-based-approach-primary-care>
- Rondinelli, J. L., Omery, A. K., Crawford, C. L., & Johnson, J. A. (2014). Self-reported activities and outcomes of ambulatory care staff registered nurses: an exploration [Entire issue]. *The Permanente Journal*, 18(1). <https://doi.org/10.7812/TPP/13-135>
- Schottenfeld, L., Peterson, D., Peikes, D., Ricciardi, R., Burak, H., McNellis, R., & Genevro, J. (2016). *Creating patient-centered team-based primary care*. (AHRQ Publication No. 16-0002-EF). Rockville MD: Department of Health and Human Services. Retrieved from <https://www.pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care>
- Zink, T., Kralewski, J., & Dowd, B. (2017). The transition of primary care group practices to next generation models: Satisfaction of staff, clinicians, and patients. *Journal of the American Board of Family Medicine*, 30(1), 16-24.