Implementing Team-Based Care in Your Health Center

Application to participate in an intensive learning collaborative designed to take you from commitment to implementation

2016

INTRODUCTION

The Team-Based Care Learning Collaborative is designed to provide transformational strategies and coaching support to help practices implement an advanced model of team-based care. An assessment of current state using a nationally recognized method will support team identification of opportunities for improvement.

While there is variability in the definition of core and extended team, we are using the definitions discussed in the National Collaborative Agreement Clinical Workforce Development “Advancing Team Based Care” webinar series of January-May 2016. A teamlet is often considered a primary care provider and their dedicated, 1:1 support, usually a medical assistant. The core “care team” often includes, in addition, nursing, behavioral health specialists, and may include a health coach, oral health clinicians, and administrative support. The extended care team may also include additional individuals who focus on a subset of patients of multiple teams such as RN care managers, pharmacists, dieticians, CDEs, podiatrists and other extended care team members appropriate to the patient population.

Multiple care teams often exist within a large practice. The participation of one or more care teams, and any selected extended team members, should be aligned with the health center’s spread strategy for an advanced team based care model.

Who should apply

The Collaborative is open to primary care practices in Federally Qualified Health Centers, with preference given to practices that have participated in CHCI’s National Cooperative Agreement on Clinical Workforce Development “Advancing Team-Based Care” webinar series. These webinars, delivered by faculty experts in this area, have provided the advanced curriculum for the Learning Collaborative approach to achieving team based improvement aims. Only Health Centers who have made a decision to pursue development and implementation of team-based care should apply to the Collaborative.

What the Collaborative will involve: The Collaborative will include: distance learning video-conference sessions about every six weeks; work between sessions using PDSA methodology; access to online benchmarked materials and tools; technical assistance; coach training from NCA team from the NCA team; NCA mentors for internal practice coaches, and a national network of FQHCs who will be learning from each other while transforming their practices.
Your participation

Your participation in the Learning Collaborative will involve the following:

✓ Your team will conduct a self-assessment prior to participation in the Collaborative using tools provided by NCA and the MacColl Center’s resource. [www.ImprovingPrimaryCare.org](http://www.ImprovingPrimaryCare.org)
✓ Your team will meet weekly at your site. Using quality improvement methods, such as aim statements and PDSA cycles, your team will use your self-assessment to identify opportunities for change, and test those changes.
✓ Your team will have the support of their practice manager(s) for rapid cycle testing of change ideas and standardizing.
✓ Your team will attend and participate in regularly scheduled (approximately every 6 weeks) zoom-video-conference sessions. [All sessions are recorded in the event an emergency precludes live participation.]
✓ Your organization will identify at least one individual who will provide coaching support throughout the collaborative with required time for training by the NCA.
✓ Your organization will ensure that the team has access to the required data to guide decision making, which may involve bringing a member of your IT or BI staff into the process.
✓ You will develop a communication plan to regularly update your Board, CEO, CFO, and/or chief clinical officers regarding your project progress
✓ As your team needs the support of your organization to create change, either the Board Chair, your CEO, or both must sign the application. They will commit, to the extent possible, to attend by videoconference the last collaborative session at which your team will present your work, or will designate other senior staff to attend in their place if there are unavoidable conflicts with the scheduling of that session.

Practice transformation requires a consistent and focused effort over a period of time. While we understand that the day-to-day work of primary care can be all-consuming, it is essential that your entire team make a commitment to this work in order for you to see any positive outcomes, and that your organization provide the required resources. Our team is excited to work with highly motivated, engaged, and action oriented practices!

Completing the application

The application below is designed to help us better understand who you are, why your team wants to do this now, and the resources that you bring to this work. We are committed to your success. While we do not expect you to be experts in quality improvement, we know that experience using improvement methods and gathering and analyzing data will be beneficial, so we are asking you for some information in this area.

Key dates

April 22nd: Portal for application submission opens

May 20th: Portal for application submission closes

June: Finalist interviews (by zoom video conference)
July 1st: Announcement of selected participants. Signed approval for participation by CEO and/or Board Chair due by July 15th

September, 2016: Launch of Collaborative

INFORMATION ABOUT YOUR ORGANIZATION/PRACTICE

I. Contact information

Provide the following information about your health center organization (i.e., grantee organization, parent organization for multi-site health centers)

1. Name of FQHC:
   Administrative Office Address (number/street/zip):
   Health Center UDS #:
   Total number of service site locations:

2. Name of person completing application:
   Name (first and last):
   Title:
   Email:
   Phone:

3. Primary contact for this application (if different than above):
   Name (first and last):
   Title:
   Email:
   Phone:

II. Health Center Organization Leadership Team

Provide the following information about leadership staff at your health center organization (i.e., grantee organization, parent organization for multi-site health centers).

4. Chief Executive Officer
   Name (first and last):
   Email:
   Phone:

5. Chief Medical Officer/Medical Director
   Name (first and last):
   Email:
   Phone:
6. Chair of Board of Directors  
   Name (first and last):  
   Email:  
   Phone:

III. Learning Collaborative Participants

7. Name of practice/site:  
   Address (number/street/zip):

8. Provide the names of each person on your core/and or extended team committed to participating in the Learning Collaborative: their position title, role, FTE status, and years in position. We encourage you to also include team members whose day-to-day activities will be involved in or affected by adopting team-based care, and/or whose expertise will be helpful to you in the redesign of your practice: practice manager, receptionist, behavioral health, IT specialists, QI staff, and so on.

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<th>Name</th>
<th>Position title/Role</th>
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IV. Demographics

9. It is helpful for NCA to understand the size of the practice that will be participating in the Team-Based Care Learning Collaborative. Based on Table 5 of your latest UDS report, please provide the information below.

   a. Number of FTE Medical Providers:  
      ____ Physicians  
      ____ Nurse Practitioners
b. Number of FTE Mental Health Providers:
   ____ Physicians
   ____ Nurse Practitioners
   ____ Clinical Psychologists
   ____ Licensed Clinical Social Workers
   ____ Others

c. Number of FTE Staff:
   ____ Registered Nurses
   ____ Licensed Practical Nurses
   ____ Medical Assistants
   ____ Office staff (receptionists, etc.)

10. It is helpful for NCA to understand the patient profile of the practice that will be participating in the Team-Based Care Learning Collaborative. Based on your latest UDS report, please provide the information below.
   ____ Number of children ages 0-12
   ____ Number of adolescents ages 13-18
   ____ Number of adults ages 9-64
   ____ Number of elders ages 65+

V. HIT infrastructure

11. What is your health center organization’s current electronic health record?
   a. Vendor:
   b. Version:
   c. Years in place:

12. Does your health center organization use data analytic software to analyze data?
   a. Yes
   b. No

13. Does your health center organization have internal access to EHR customization? (e.g. can you create data fields, add questions that yield data, create custom alerts, etc.)
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a. Yes
b. No

14. Does your health center organization have the ability to conduct site/team level analytics for outcome and process data for reporting?
   a. Yes
   b. No

INFORMATION ABOUT YOUR EXPERIENCE WITH PRACTICE IMPROVEMENT

I. Improvement model

15. What quality improvement methodology do you use (if any)? Please provide an example of how your staff has been trained in this methodology.

16. Provide an example of work you have done to change/improve your practice, regardless of its success. How did it go? What did you learn?

II. Team meetings for practice improvement

17. How often do you meet as a team (monthly staff meetings not included)?

   Once/Wk ______ Twice/Mo ______ Once/Mo ______ Quarterly ______ Never ______

18. Has your team had any experience working with an improvement coach or quality specialist (e.g. someone who helps teams use improvement skills and work together to achieve better outcomes for patients and families)?

   No_______ Yes_______ If Yes, how would you describe the experience?

19. Has your team identified any individuals from within your organization who might serve as an internal coach?

   No_______ Yes_______ Consider an individual with some experience helping teams use improvement and data skills to redesign care processes. The collaborative will support internal coaches with a range of skills from beginner to expert.

20. Please check any/all Collaboratives in which your practice or team has participated.

   Diabetes _______ Asthma _______ Access _______ CHF _______

   Behavioral Health Integration _______ Self-Management Support _______

   Other _______
III. Quality indicators

21. Please list the performance indicators your team currently monitors daily/weekly/monthly: (clinical registry data, cycle time, next appointment available, etc.

INFORMATION ABOUT YOUR MOTIVATION AND EXPECTATIONS FOR JOINING THE LEARNING COLLABORATIVE

Please tell us why your team wants to participate in this Learning Collaborative and what you expect to accomplish during your participation. (250-300 words)