Strategic Re-Design of Team-Based Patient-Focused Healthcare Services

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In a 2011 study the Commonwealth Fund determined that patients with complex care needs who received health care through a coordinated care model such as a Patient-Centered Medical Home (PCMH) had better health outcomes than those who navigated the health care systems themselves. There was:

- Better communication among providers;
- Better sharing of patient data; and
- Reduced cost of care.
How should it work?

INPUTS

- Environment
  - Living
  - Built
- Social
  - Family
  - Culture
  - Literacy
- Economic
- Community
- Provider

PROCESS

- Coordinated Care Delivery
  - Collaboration
  - Patient Hand-offs
  - Clear roles of health professionals as team members
- Communication Networks
- Feedback Mechanisms
- Electronic Medical Records
- Health Promotion/Education
- Focus on Primary Care, Wellness & Prevention
- Patient Engagement/Advocacy
- Community Support

OUTPUTS

- Optimized System Characteristics
  - Capacity
  - Flexibility
  - Quality
  - Timeliness
  - Effectiveness
  - Efficiency
  - Efficacy
  - Advocacy
  - Equity
- Wellness & Wellbeing

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Patient-Centered Care & Management

CORE TEAM
- Patient’s Family
- Primary Care Physician
- Specialty Physician

DISEASE MANAGEMENT TEAM
- Behavioral Health Specialist
- Nurse and Nurse Practitioner
- Registered Dietitian/Nutritionist
- Health Education
- Dentist

COMMUNITY-BASED TEAM
- Pharmacist
- Social Worker
- Community/Local Healthcare Worker
- Community
- School

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The Challenge

A Teams Approach
Requires all participants to learn new behaviors, roles and skills to provide integrated and collaborative care with seamless handoffs

Patient-Centric
Centralization and communication of patient data to improve quality, appropriateness, efficiency and patient health

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Provider Care Coordination Process

**Inputs**
- Interdisciplinary Training
  - Team Building
  - Communication
  - Conflict Management
- Provider Infrastructure
- Communication Networks
- Interoperability of Health Information Technology
- User-friendliness, Functionality & Literacy
- Accessibility of Specialty Care
- Changing Provider Roles & Responsibilities

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A collaborative leadership model is something people do together, acknowledging the benefit of diversity, sharing information and leveraging collective decision making – quite different from being the lone determinant of transformation. Training and development efforts should therefore be team-based.

Adult learners retain information better when they have the opportunity to practice and apply what they learn, therefore experiential and reflective exercises where they get immediate feedback are most beneficial.
Practice Fields

Healthcare Leaders will need opportunities to practice implementing and testing new approaches to care.

Practice fields engage them in decision-making opportunities, to use new skills, frameworks, tools and feedback.

These include the ability for healthcare professionals to evaluate their behavior in teams, practice shared decision making and changing roles and responsibilities.

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Simulations are interactive:

Reality of real organizations replicates the workplace so can address real challenges
Help participants understand:

• Organizational goals
• Decision making
• Use of power
• Work group climate
• How each manager views each team member they worked with
• Feedback about the Individual and about the individual’s influence on the organization
• Degree of strategic thinking
Teams
Collaborate
And Engage
Thank You

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