



WHY TEAM-BASED CARE IS AN EFFECTIVE WAY TO PROVIDE CARE



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What are the benefits of team-based care?

Primary care practices can achieve better care experiences, better population health, lower costs, and happier staff by creating more effective practice teams.⁹

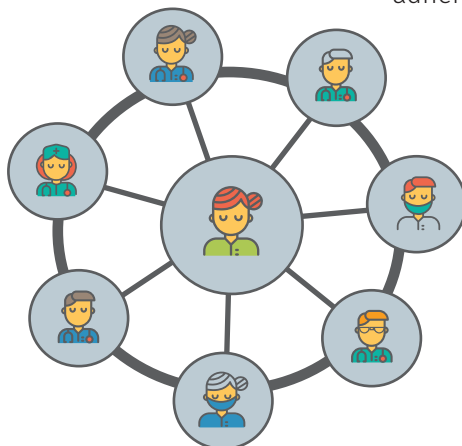
“Two reviews indicate that team-based care can result in improvements in both health care quality and health outcomes, and one review indicates that costs may be better controlled, particularly in transitional care models.”¹

Team-based care offers many potential advantages, which include:³

- Expanded access to care due to more hours of coverage and shorter wait times
- More effective and efficient delivery of additional services essential to providing high-quality care, such as patient education, behavioral health, self-management support, and care coordination
- Increased job satisfaction
- An environment in which all medical and nonmedical professionals are encouraged to perform work that is matched to their abilities and scope of practice
- Data-driven, continuous quality improvement through effective intra-team communication and problem solving
- Patients more likely to get the care they need with the expertise of a variety of team members

Team-based care that is patient-centered helps the patient feel known, respected, involved, engaged, and knowledgeable. Research links patient-centered care to positive outcomes, including:³

- Improved physician-patient communication and relationships
- Higher patient satisfaction
- Improved recovery
- Improved health outcomes
- Better recall of information and treatment adherence



What is the business case for team-based care?

Team-based care has the potential to improve the way care is delivered – and therefore improve patients' health – in a number of ways. Team-based care can:

- Improve staff satisfaction and retention
- Enhance patient satisfaction and loyalty
- Position clinics to capture pay-for-performance and quality improvement bonuses and grants
- Streamline workflow and maximize the use of staff
- Improve efficiency

To determine the return on investment (ROI) of team-based care, an organization must first understand its financing structure by examining the mix of payers and what types of practice activities generate revenue.

- If an organization is primarily reimbursed on a fee-for-service basis, the organization will generate more revenue by using a care team as a provider-extender, enabling more patients to see the provider for a billable visit each day.
- If an organization accepts full risk for patient costs, then ensuring patients are taught how to best manage their illness and avoid visits to specialists or the emergency room will likely provide a more robust financial return.
- If an organization is paid a capitated fee for primary care services, experimenting with alternative visit types may maximize the organization's ability to care for more patients.

The heart of the business of healthcare is to deliver the highest quality care to patients; therefore, improving clinical performance is key. However, understanding and responding to the reality of financial pressure through increasing efficiency and capturing more revenue makes clinical changes possible and sustainable.⁹

Tools, resources, and answers to frequently asked questions about paying for team-based care can be found here:

<http://www.improvingprimarycare.org/support/paying-team-based-care>

What are some challenges to team-based care?

Incorporating multiple perspectives in health care offers the benefit of diverse knowledge and experience. However, in practice, shared responsibility without high-quality teamwork can lead to adverse events and unnecessary waste and cost. Given the frequently uncoordinated state of care by groups of people who have not developed team skills, it's not surprising that some clinicians report that team care can be cumbersome and may increase medical errors.¹

“Although team-based care may implicitly be considered patient-centered from the perspective of the health care system, this perception may not be universal.”

From the perspective of some clinicians and patients, team-based care may feel like a departure from patient-centered care because of its perceived potential to disrupt relationships that are highly valued and seen as the foundation of good care, and splinter care delivery across multiple team members.³

Poor collaborative communication is at the center of many of the challenges of team-based care. To improve communication, research suggests:¹⁰

- Team huddles or daily briefing
- Holding patient-centered multi-disciplinary rounds
- Educating staff on good communication and process flow
- Establishing a standardized and well-defined communication process

How does team-based care work for improving blood pressure control?

The [Community Preventive Services Task Force](#) recommends team-based care to improve blood pressure control on the basis of strong evidence of effectiveness in improving the proportion of patients with controlled blood pressure and lowering both systolic and diastolic blood pressure. Evidence was considered strong based on findings from 80 studies of team-based care published between 1980 and 2012.⁵

Team-based care is established by adding new staff or changing the roles of existing staff to work with a primary care provider. Each team includes the patient, the patient's primary care provider, and other professionals such as nurses, pharmacists, dietitians, social workers, and community health workers.⁵

“Team members provide process support and share responsibilities of hypertension care to complement activities of the primary care provider.”

These responsibilities include medication management, patient follow-up, and adherence and self-management support.⁵

In a study of patient perspectives on strategies for controlling blood pressure, patients were interviewed to explore barriers to controlling blood pressure, the practice's role in controlling blood pressure, and opinions on the use of team care delivery.⁷ The study found that when developing a team approach to hypertension treatment, patients value high-quality communication and not losing their primary relationship with their provider. Patients were receptive to the idea of team-based care, but desired assurance that the providers were in charge of their care and available for direct patient-provider communications. Practice staff members in the study were open to a team-based approach, but had limited knowledge of what such an approach would entail, and were not accustomed to thinking of this model as a formal approach to care. Providers also varied in their comfort with using team-based care, particularly as it relates to potential liability. Movements toward team structures may need to include stakeholder education and gradual implementation as stakeholders' values are aligned.⁷

Is team-based care effective for other health conditions like diabetes?

The Community Preventive Services Task Force recommends team-based care to control type 2 diabetes. The finding is based on strong evidence of effectiveness for improving patients' blood glucose (measured using A1c levels), blood pressure, and lipid levels. Team-based care also increases the proportion of patients who reach target blood glucose, blood pressure, and lipid levels. Team-based care to improve diabetes control is a health systems-level, organizational intervention that assigns a multidisciplinary team to help patients manage their diabetes. Each team includes the patient, the patient's primary care provider (not necessarily a physician), and one or more other health professionals. Adding either a nurse or pharmacist led to improved diabetes-related outcomes. Teams with a pharmacist, however, produced greater reductions in patients' blood glucose levels. Patients experienced greater reductions in blood glucose levels when services such as education, counseling, and follow-up were delivered both in-person and remotely.⁸

National Case Studies

- [Team-Based Primary Care: Convergence of Improving Engagement, Safety, and Enhanced Joy in Practice – Case study](#)
- [Coordinating Care for Adults with Complex Care Needs in the Patient-Centered Medical Home \(AHRQ\)](#)
- Testimonials from Cleveland Clinic - <https://my.clevelandclinic.org/departments/medicine/depts/patient-centered#testimonials-tab>
- Patient and Family Engagement in Primary Care - <https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/casestudies.html>