



Team-Based Model of Care

Structuring and Financing the Model

Veronica Feduniec, RN, ND
Gaston Family Health Services

Team-Based Care Is

- A **strategic redistribution** of work among members of a team;
- **Shared responsibilities** for better patient care;
- An **Optimized** care team; and,
- **Our** patient.



Building the Team

1. Engage the team

- 3 Providers, 1 MA, 1 PSR, QI/Informatics Director, Director of Nursing, Behaviorist, Practice Manager, COO



Building the Team

1. Engage the team
2. Define the team/model





Traditional Model

- 3 Providers (2 MDs, 1 PA)
- 3 MAs (1/Provider)
- 3 PSRs
- 1 Practice Manager
- 1 LCSW

Total: 11



TBMoC Model

- 3 Providers (2 MDs, 1 PA)
- 6 MAs (2/Provider)
- 3 PSRs
- 1 Practice Manager
- 1 LCSW
- 1 Panel Manager-LPN
- 1 Navigator

Total: 16

Building the Team

1. Engage the team
2. Define the model/team
3. Develop workflows to support the model



PSR & Navigator Team

PSR

- Assess eligibility, collect & verify demographics, email, contact details
- Schedule appts, follow-up
- Document Scanning/Uploads



Navigator

- Welcome patients
- Assist in way-finding
- Ensure & facilitate patient completion of health history, depression screening, etc.
- Verify insurance
- Streamline prescription pick-up
- Liaison between front and back office



Panel Manager

- Pre-visit analysis of data/quality indicators
- Triage
- New Patient Orientation
- Conduct Team Huddle
- Ensure chart completeness
- Care Management



Medical Assistants



Medical Assistant 1

- Vital signs
- History
- Labs
- Medication Reconciliation

Medical Assistant 2

- Patient Education
- Discharge Summary
- Patient Satisfaction Survey
- MU/PCMH Documentation



Practice Manager

- **Day-to-day operations**
- **Staffing/personnel issues**
- **Supply ordering**
- **Operational measures**



Creating a Team Culture



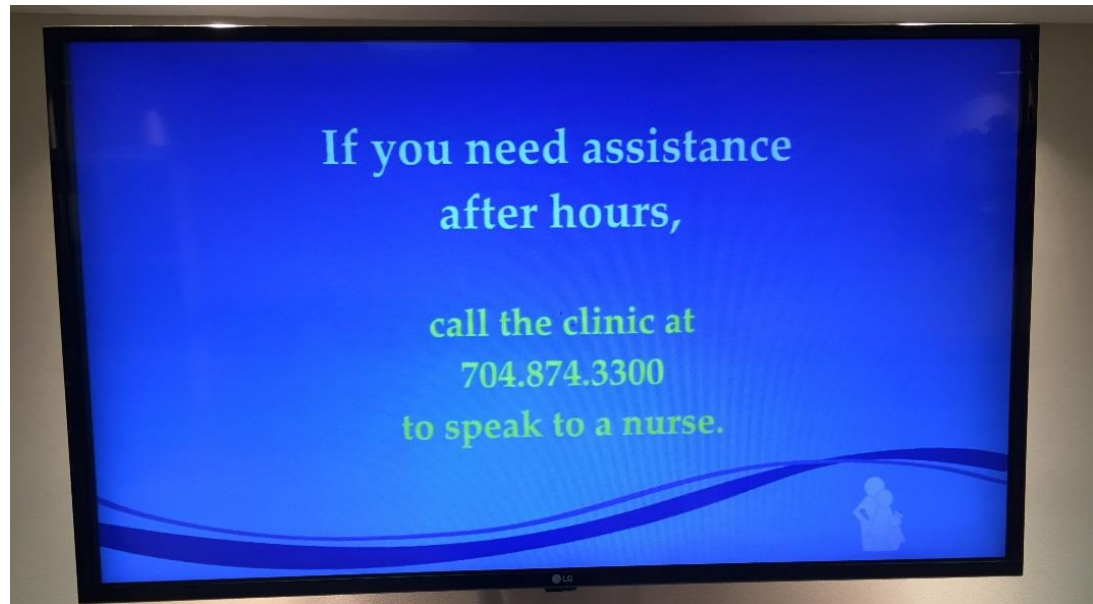
Building the Team

1. Engage the team
2. Define the model/team
3. Develop workflows to support the model
4. Increase communication



Improved Patient Education

- Digital display in waiting room
- Patient Flyers



Building the Team

1. Engage the team
2. Define the model/team
3. Develop workflows to support the model
4. Increase communication
5. Test and evaluate the model



Financing the Team

<u>Expenses</u>				
Additional Staff w/benefits				\$ 199,716
Total				\$ 199,716
<u>Revenues</u>				
Additional Medical Visits				\$ 140,250
Additional BH Visits				\$ 34,500
Total				\$ 174,750
Difference				\$ (24,966)



Successes

↑ Access by increasing productivity

- Mid-level average patients – from 17.0/day to 18.5/day
- Physician average patients – from 17.0/day to 20.5/day
- Behavioral Health patients – from 4.0/day to 6.0/day



Successes

📍 **Patient Satisfaction** by encouraging patient-centered care

“A nurse from the clinic called my sister and asked her questions about her health and needs before her first visit. I wish they did that for me.”

“Communication throughout the visit was great.”

“I was in and out so quickly and the doctor and nurses attended to all my needs.”

“I felt like the red carpet was rolled out for me.”



Successes

↑ Quality of the visit by improving workflow & communication

- ↑ # Satisfaction surveys completed & positive comments
- ↓ # Open charts & the time that charts are open
- ↑ % Colon Cancer Screenings
- ↑ % Cervical Cancer Screenings
- ↑ % Pneumonia Vaccinations
- ↑ % Flu Vaccinations
- ↑ % Falls Risk Screenings



Successes

📌 **Documentation** by using standard protocols

- Chart Completeness
- Fewer Denied Claims

📌 **Employee Satisfaction** by optimizing the care team



Struggles



Sustainability



Thank You

Veronica Feduniec, RN, ND
Gaston Family Health Services
Chief Operating Officer
vfeduniec@gfhs.info

