

# TEAM-BASED CARE FUNDING OPPORTUNITY: A Snapshot of Interim Evaluation Findings

In February 2015, the Colorado Health Foundation launched the Team-Based Care funding opportunity. The goal of this work is to strengthen comprehensive, person-centered care by improving the delivery of team-based care within primary care practices across Colorado.

The three-and-a-half year Team-based Care funding opportunity builds off the Foundation's previous investments in practice transformation and integrated care. The funding opportunity is helping to prepare primary care practices throughout the state to capitalize on future delivery and payment reform opportunities.

This snapshot provides a high-level overview of a two-year evaluation conducted by Mathematica Policy Research. It describes practices' progress in making changes that align with the five principles of team-based care, facilitators of progress, barriers of progress and key findings.



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## KEY PRINCIPLES:

For the initiative, the Foundation adopted the five principles of high quality team-based care identified by the Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine.

- 1. SHARED GOALS:** The team—including the patient and, when appropriate, family members or other support people—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood and supported by all team members.
- 2. CLEAR ROLES:** There are clear expectations for each team member’s functions, responsibilities and accountabilities, which optimize the team’s efficiency and often make it possible for the team to take advantage of division of labor, thereby accomplishing more than the sum of its parts.
- 3. MUTUAL TRUST:** Team members earn one another’s trust, creating strong norms of reciprocity and greater opportunities for shared achievement.
- 4. EFFECTIVE COMMUNICATION:** The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which all team members can access and use across all settings.
- 5. MEASURABLE PROCESSES AND OUTCOMES:** The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achieving the team’s goals. These are used to track and improve performance immediately and over time.

# SHARED GOALS

## KEY FINDINGS

ENGAGING PATIENTS	SETTING	SHARING INFORMATION
<ul style="list-style-type: none"><li>• Improved self-management support, patient involvement in decision making, communication of care plans and test results</li><li>• New intake processes and patient needs assessments</li><li>• Patient advisory boards, surveys and focus groups</li><li>• Patients report staff believe patients are in charge of their own health</li></ul>	<ul style="list-style-type: none"><li>• Multidisciplinary team engagement in patient-centered goal setting</li></ul>	<ul style="list-style-type: none"><li>• Educating patients on empanelment and continuity of care</li><li>• Use of electronic patient portals</li></ul>

Sources: Primary care team guide assessment survey responses, site visit data, patient survey data.

## FACILITATORS & BARRIERS

### FACILITATORS

- Clinical champions
- Effective team use of new tools for engaging patients, making shared decisions and supporting self-management
- Positive learning environment
- Availability of resources: well-functioning call centers, user-friendly portals and bilingual staff

### BARRIERS

- Insufficient staff training on patient engagement
- Lack of staff confidence in ability to engage patients
- Patients unable or unwilling to be more engaged in their health or health care

Source: Site visit data.

# CORE ROLES

## KEY FINDINGS

DETERMINE ROLES	CLEAR LEADERSHIP	ORGANIZATIONAL FACTORS
<ul style="list-style-type: none"><li>• Linking medical assistants to specific care teams</li><li>• Integrating behavioral health services</li><li>• Integrating population health</li></ul>	<ul style="list-style-type: none"><li>• Dedicated team-based care implementation leader</li><li>• Engaged leaders communicate the importance of team-based care</li></ul>	<ul style="list-style-type: none"><li>• Providing sufficient training to support new staff responsibilities</li><li>• Empaneling patients to care teams</li><li>• Using standing orders to delegate care tasks</li></ul>

Sources: Primary care team guide assessment survey, clinician and staff survey, site visit data.

## FACILITATORS & BARRIERS

<b>FACILITATORS</b>	<ul style="list-style-type: none"><li>• Training of staff in new roles and responsibilities</li><li>• Participating in other team-based care initiatives</li><li>• Partnering with external behavioral health organizations</li><li>• Coaching support for adjusting empanelment</li><li>• Obtaining health IT support</li></ul>
<b>BARRIERS</b>	<ul style="list-style-type: none"><li>• Lack of full-time behavioral health clinicians and mid-level staff</li><li>• Low self-efficacy or burnout among staff being asked to take on additional roles and responsibilities</li></ul>

Source: Site visit data.

# MUTUAL TRUST

## KEY FINDINGS

LEARNING ENVIRONMENT	TEAM CULTURE	TRUSTING RELATIONSHIPS WITH PATIENTS
<ul style="list-style-type: none"><li>• Building the capacity for organizational learning</li></ul>	<ul style="list-style-type: none"><li>• Encouraging teamwork</li><li>• Establishing clinical care teams with stable membership over time</li></ul>	<ul style="list-style-type: none"><li>• Empaneling patients to specific care teams</li></ul>

Sources: Clinician and staff surveys, site visit data.

## FACILITATORS & BARRIERS

FACILITATORS	<ul style="list-style-type: none"><li>• Focus on empanelment</li><li>• Supportive learning environment provides time and space for implementation</li><li>• Use of team huddles</li></ul>
BARRIERS	<ul style="list-style-type: none"><li>• Not yet identified</li></ul>

Source: Site visit data.

# EFFECTIVE COMMUNICATION

## KEY FINDINGS

MULTIPLE COMMUNICATION METHODS	ACTIVE LISTENING	ORGANIZATIONAL FACTORS
<ul style="list-style-type: none"><li>• Use of team huddles and regular staff meetings to share team-based care information</li><li>• Staff retreats and newsletters to communicate team-based care changes</li><li>• Patient portals</li></ul>	<ul style="list-style-type: none"><li>• Staff surveys and bulleting boards to facilitate input</li></ul>	<ul style="list-style-type: none"><li>• Regularly scheduled meeting times</li><li>• Support for staff retreats</li></ul>

Source: Site visit data.

## FACILITATORS & BARRIERS

### FACILITATORS

- Team huddles and incorporation of team-based care information into regular staff meetings
- Leaders communicate team-based care goals and actively engage staff
- Shared work spaces

### BARRIERS

- Coordinating with part-time or volunteer clinicians
- Unclear communication from leaders on team-based care goals
- Health IT lacks key capabilities

Source: Site visit data.

# MEASURABLE PROCESSES AND OUTCOMES

## KEY FINDINGS

### CONTINUOUS QUALITY IMPROVEMENT

- Building formal quality improvement procedures

### PATIENT OUTCOMES, SATISFACTION AND CARE PROCESS

- Integrating health IT for reporting and monitoring quality
- Involving patients and family members in quality improvement

Sources: Primary care team guide assessment survey responses, site visit data.

## FACILITATORS & BARRIERS

### FACILITATORS

- Designated quality improvement leader
- User-friendly health IT, technical support staff
- Coaching and Team-based Care funding opportunity implementation supports relating to health IT and quality improvement
- Participating in other quality measurement and improvement initiatives

### BARRIERS

- Lack of quality improvement leadership
- Changes seen as not compatible with organizational priorities
- Insufficient staffing, lack of health IT resources

Source: Site visit data.

## CONCLUSIONS AND RECOMMENDATIONS

Building on the progress to date requires:

1. Renewed efforts to address concerns about leaders' engagement with and support for team-based care in some practices
2. Ensuring more consistent staff training opportunities across the practices
3. Identifying ways of addressing the growing problem of staff burnout

In the final year of the Team-based Care funding opportunity, Mathematica Policy Research will continue to monitor practice progress on implementing team-based care and assess the effects on patients, clinicians and staff, as well as care delivery.

The Foundation would like to thank Mathematica Policy Research for their work on this evaluation study. For more information on Mathematica, visit: [www.mathematica-mpr.com/](http://www.mathematica-mpr.com/).



Questions? We're here to help.

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