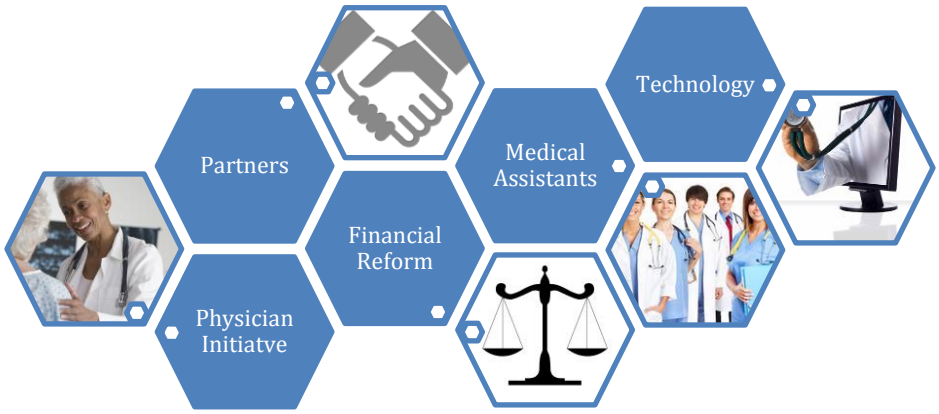
Team Based Care in Monterey County Clinics



Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health care providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care.
Core principles & values of effective team-based health care. Mitchell et al (2012).

Monterey County's clinical division first started contemplating the introduction of team based care (TBC) in 2012. There was a confluence of factors that first sparked this interest, including a sudden increase in the number of insured (due to the Affordable Care Act) and the introduction of care-based incentives from the county's managed Medicare plan. Additionally, there had been federal directives to report on social determinants of health in FQHCs and a push to integrate behavioral health services. TBC emerged as a strategy to address all of these factors. In March of 2014, the clinics shifted to a form of capitation reimbursement[a] that made many TBC concepts feasible.

As of February 2017, all seven county-owned clinics and two satellite locations have implemented at least some aspects of TBC. Each location is in a different stage of implementation, and notably the Internal Medicine Clinic has been recognized as Patient-Centered Medical Home Level 3[b].

Clinic teams are made of a physician or mid-level practitioner (such as a Nurse Practitioner or Physician Assistant) and one or two medical assistants (MAs).

[a]The American College of Physicians defines capitation as "a fixed amount of money per patient per unit of time paid in advance to the physician for the delivery of health care services."
[b]The Patient-Centered Medical Home designation is awarded by the NCQA and details of this designation are available at www.ncqa.org

Additionally, each clinic has an IT staff person to help the team use the Epic EMR system to its fullest capacity. Nurses are extremely difficult to recruit and retain in Monterey, so they are not considered part of the core team, although they do work alongside the teams in the clinics. A long-term goal is to add a social worker to the team and to have the MAs trained as Patient Navigators. At the administrative level, a quality team was formed to help monitor and assess the progress made in implementing TBC across the various sites. There is a compliance RN on this team who is responsible for writing clinical policies and procedures.

Blocking out meeting time for the teams is essential. Each primary care provider gets an hour each week to hold a working meeting with their team. All employees attend a half day meeting every quarter with the health system leadership where they can be briefed on any new developments and are also given the opportunity to ask questions.

One workflow aspect that has been introduced is group visits. About 10 patients are scheduled to come to the same appointment where topics, such as obesity and nutrition, diabetes, and chronic pain, are discussed with patients that share similar health challenges. Families and siblings of patients are encouraged to attend as well. Practitioners are given the latitude to choose what topics they would like to address during group visits, which helps to increase physician engagement with the program.

Harnessing technology has proven to be an essential part of the transition to TBC. All appointment reminders have been switched from phone calls to text messages. Electronic consultations with specialists have been introduced through Rubicon MD and telemedicine is likely to be added in the near future. Leadership is also looking into a chatbot – a computer program that simulates conversing with another person – for mild mental and behavioral health issues. Patients will be able to text with this chatbot for most mild issues, and if anything more serious is revealed, a provider will be prompted to take over care. None of these advances are currently reimbursable, which creates an administrative challenge, but it provides value by increasing the quality of care. Much of the new technology will support the TBC model by shifting basic care to either ancillary providers or to pre-established protocols that only require physician intervention under particular circumstances.

In order to launch these changes, buy-in from senior stakeholders was essential. The medical director, site managers, and clinical leadership all needed to be on board in order for this initiative to be successful. Their support was garnered by articulating the program's goals, the risks involved, and the risks of not making changes.

As a result of these changes, there have been more applicants for open positions and lower staff turnover. Providers seem to enjoy the time they get to spend working with their team, and they seem invested in the process. Additionally, the county clinic system has received over $2 million a year in meaningful use incentives from

Centers for Medicare & Medicaid Services (CMS) and outcome incentives from the Central California Alliance for Health (CCAH) Care Based Incentives Program that they largely attribute to these changes.

Two significant barriers have been recruitment and reimbursement. Hiring the additional staff, primarily MAs, that are required to effectively implement the TBC model, has been slowed by administrative barriers. A lot of the TBC aspects are not currently reimbursable, so in order to be compensated, providers are being asked to increase their productivity. The new group visits help to compensate as individual provider time is included in these group visits to help boost the reimbursements and a large number of patients are seen in a relatively short time.

Much of the work towards a full TBC practice model has been done in conjunction with several external partners, including Safety Net Institute, Blue Shield Foundation, California Primary Care Association, National Association of Community Health Centers, and others. These organizations are sources of both grant funding and expertise. Qualis consulting is providing technical assistance in implementing clinical changes. As Monterey County continues to develop, expand, and experiment with TBC concepts, they will serve as a model for other providers in the county who wish to adopt these methods.