



ABOUT THE TEAM-BASED CARE COLLABORATIVE 2019-2020

The Team-Based Care Learning Collaborative is an 8-month participatory learning experience offered by the National Cooperative Agreement (NCA) for Clinical Workforce Development, funded by the Health Resources and Services Administration, and hosted by Community Health Center, Inc. (CHCI) in Middletown, CT. The Collaborative is designed to provide transformational strategies and coaching support to help primary care practices in Federally Qualified Health Centers (FQHCs) implement an advanced model of team-based care. The Collaborative will provide a series of videoconference learning sessions with 10-12 primary care teams from across the country, as well as in-person quality improvement training, ongoing mentoring for coaches in your organization, technical assistance, and access to web-based tools. Teams will complete an assessment of their current practice using a nationally recognized method to identify opportunities for improvement, and will work between learning sessions to meet their aims.

What is team-based care?

In team-based care, the primary care provider works collaboratively with a core care team of health professionals and office staff to meet the needs of individual patients. That is, team-based care recognizes that the primary care provider cannot meet all of a patient's needs in a visit. In team-based care, the team anticipates patients' care needs through pre-visit planning, tracks compliance with practice guidelines for management of chronic diseases, and coordinates care with outside practitioners and agencies. Team-based care is the premise on which the patient-centered medical home (PCMH) is based.

What is a team?

The National Cooperative Agreement for Clinical Workforce Development uses the term "team" to refer to a teamlet, the core care team and the extended team. A teamlet is often considered one primary care provider and the dedicated 1:1 support staff, usually a medical assistant. The core care team includes the teamlet, and other staff who routinely work with the primary care provider to provide care to a panel of patients, such as a nurse, front desk staff, a behavioral health specialist, and others, such as the practice manager, depending on the size of the practice. The extended care team supports several core care teams and/or focuses on a subset of patients of multiple teams. Extended care team members can include RN care managers, social workers, pharmacists, dietitians, clinical diabetes educators, podiatrists, dental clinicians, and others appropriate to the patient population.

What is a coach?

A coach is a member of your organization who has skills in Quality Improvement or is willing to develop these skills. The coach will work with the core care team that participates in the Collaborative to guide

them through their improvement process, help them to implement team-based care, and keep them on track. The coach is not the team's leader, but rather a "guide on the side." A coach can build capacity in your organization to spread innovation by working with other teams.

BENEFITS OF PARTICIPATION

As part of your participation in the Collaborative, NCA team will provide you with the following:

- *One 2-day Improvement Coaching Program held at CHCI in Middletown, CT.* This program is designed to provide a foundation in the language and tools of Quality Improvement used during the Collaborative for your team's coach and preferably at least one other person on the core team. However, more members of your organization may attend. There is no cost for the Program itself; however, travel and lodging costs are the responsibility of the participating organization.
- *Seven (7) videoconference sessions over an 8-month period.* Members of the core and extended teams are expected to attend the videoconference sessions together. Managers and administrators are invited to attend these sessions as well. All sessions are recorded in the event an emergency precludes live participation.
- *Ongoing coaching support by CHCI mentor coaches.* Two experienced Quality Improvement coaches from CHCI will mentor the teams' coaches throughout the Learning Collaborative. Each mentor will hold weekly phone conference calls with 5-6 coaches to answer questions, provide feedback and support, and to share progress. Mentors will also be available by email and can provide one-to-one mentoring as needed by the individual coaches. This aspect of the Collaborative has been highly valued by coaches, both those with and without prior experience.
- *Access to an online learning community.* The online learning community will include quality improvement tools and tutorials that can be downloaded by the teams, as well as a place for individual teams to post progress reports that will be available to all participating teams.
- *Technical assistance.* Sometimes technology does not work as well as anticipated or teams have questions about different aspects of the Collaborative. The NCA will provide staff who can help with these matters by email or by phone.
- *A national network of FQHCs who will be learning from each other while transforming their practices.* This is the great advantage of participating in a Learning Collaborative—the ability to network with other organizations like your own as you learn together to implement team-based care.

Your participation in the Learning Collaborative will involve the following:

- Identify members of your core and extended teams.
- We strongly suggest that a core care team from your organization participate in the Team-Based Care Learning Collaborative. Together, they will work between Collaborative sessions to improve how they function as a team.
- Identify an improvement coach to work with your team during and after the Collaborative.
- Your coach and another team member(s) will attend the 2-day Improvement Coaching Program at CHCI in Middletown, CT.
- Your core team will conduct a self-assessment prior to participation in the Collaborative (see www.ImprovingPrimaryCare.org).
- Your team will use its self-assessment to identify opportunities for improvement and standardization of team-based care.
- Your team will attend and participate in seven (7) regularly scheduled Learning Collaborative videoconference sessions.
- Your team needs protected time to meet weekly at your site to work on practice improvement strategies.

- Your team needs the support of the practice manager(s)/administration to collect data, perform rapid cycle testing of change ideas, and standardize practices.
- The team needs to have access to the required data to guide decision making.
- Your team will develop a communication plan to regularly update managers and leaders regarding the team's progress and barriers.
- As your team needs the support of your organization to create change, either the Board Chair, your CEO, or both must sign the application. They will commit, to the extent possible, to attend by videoconference the last collaborative session at which your team will present your work, or will designate other senior staff to attend in their place if there are unavoidable conflicts with the scheduling of that session.

PREDICTORS OF SUCCESS

Practice transformation requires a consistent and focused effort over a period of time. The Learning Collaborative is designed to provide your team with a foundation for changing practice, recognizing that it can take 12-18 months for practices to make lasting changes. You will need to continue with this work after the Learning Collaborative ends.

While we understand that the day-to-day work of primary care can be all-consuming, it is essential that your entire team make a commitment to this work in order for you to see any positive outcomes, and that your organization provide the required resources. We have found the following factors to predict the success of teams who participate in the Learning Collaborative for team-based care:

- Participation by a core team that work together on a regular basis; that is, while personnel at the management and administrative levels can join the core team for learning sessions and some meetings, they are not providing the day to day care that will be changed, and should not determine the team's goals;
- An internal coach, that is, someone from within your organization, and not an outside consultant;
- Regular attendance by the team at the seven Learning Collaborative videoconference sessions;
- Regular attendance by the coach at the weekly coach-mentor telephone conference calls;
- Engagement by the team in the work between videoconference sessions, with weekly scheduled meetings that are protected from other obligations.

In other words, the people who do the routine work of patient care will need the time and support to change how they provide that care. Our team is excited to work with highly motivated, engaged, and action oriented practices!

WHO SHOULD APPLY?

Federally Qualified Health Centers:

- That are interested in adopting or advancing the Team-Based Care model in their organizations;
- That are interested in participating in shared learning with other FQHCs across the country; and
- That want to engage their teams in primary care innovation and Quality Improvement.

Multiple care teams often exist within a large practice. The participation of one or more care teams, and any selected extended team members, should be aligned with the health center's spread strategy for an advanced team based care model.

COMPLETING THE APPLICATION

Applications are now open at

www.regpacks.com/tbcnca

The following application is designed to help us better understand who you are, why your team wants to do this now, and the resources that you bring to this work. We are committed to your success. While we do not expect you to be experts in quality improvement, we know that experience using improvement methods and gathering and analyzing data will be beneficial, so we are asking you for some information in this area.

Key Dates

- April 1st, 2019: Applications open
- May 31st, 2019: Application deadline
- June 3rd, 2019 - June 14th, 2019: Finalist interviews (by video conference)
- June 30th, 2019: Announcement of selected participants.