

## **Supplemental material for**

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## **Supplemental Appendix 1. GUIDING PRINCIPLES for Team Based Care**

*Fundamental truths that serve as the foundation for a system of beliefs or behaviors*

### **1. Put the Patient First**

Providing comprehensive high quality team based care to our patients and to our community is our guiding principle. This will help us fulfill the Bellin Health vision to have the healthiest patient population in the nation.

### **2. Build Team Culture**

A team is an organized entity that together accomplishes more than can be accomplished individually. This mindset must be ingrained in all team members to allow us to provide the very best care for our patients.

### **3. Empower Staff**

All team members should work at the top of their skill set and should be proactive in finding ways to help care for our patients. This develops trust between team members and enhances work life satisfaction for each team member, as they realize the key role they play in providing care for our patients.

### **4. Encourage Critical Thinking**

All team members should be continually looking for ways to anticipate the needs of both patients and other team members, therefore, proactively meeting these needs. This strives for the highest quality patient care, and increases effective team dynamics.

### **5. Know Your Population**

This consists of analyzing the composition and risk profile of a practice population. This determines the anticipation of resources required for high quality and comprehensive patient care, and allows for the development and improvement of measures to ensure this care is delivered as effectively as possible.

## **Supplemental Appendix 2. CORE CONCEPTS for Team Based Care**

*Notions or statements of an idea expressing how something might be accomplished*

### **1. Planned Care Principles.**

Includes principles such as obtaining pre-visit labs, and advanced access. These are necessary in order to delivery effective and efficient team based care.

### **2. Expanded Rooming Processes**

In addition to usual rooming procedures including standard and accurate vital signs and proper exam room preparation; enhanced processes include patient functional status and behavioral health screening, agenda setting, medication reconciliation, choosing a template, and beginning documentation. Completing the visit by making follow up appointments, printing and reviewing the after visit summary with the patient, and providing appropriate patient education provides closure for the patient and reinforces the relationship between the patient and the care team members. This ensures that patient needs are anticipated and met, and improves the quality of care and efficiency of the office visit.

### **3. Co-Location**

The core team, including the Provider, the Care Team Coordinators, and preferably; the RN and the Patient Access Representative, work together in a space that allows for ongoing and continuous communication between these team members. This is essential for effective team functioning and ongoing communication, which leads to a significant decrease in the need for electronic messaging.

### **4. Daily Huddles**

Brief daily check-ins of the Core Team to review the day's schedule. This improves the efficiency of the work day by allowing the team to anticipate needs of that day's patients, emphasizes the availability of all necessary records, allows for the review of options for add on appointments, and helps build team culture.

### **5. Regular Care Team Meetings**

Meetings of the Core Team and the Extended Care Team occur typically on a weekly or biweekly basis. This allows for communication between all team members involved in the care of complex or high risk patients, as well as focused discussion on the care gaps of all patients, resulting in coordinated, effective care.

## **6. Maximize use of Warm Handoffs**

Verbal communication about the patient between team members, often in the presence of the patient. This enhances engagement of the patient in their own care, and demonstrates effective communication between team members regarding the patient's ongoing needs.

## **7. Standard Documentation and Communication**

Using tools such as standard messaging, standard smart sets and templates leads to consistent and accurate communication and health record documentation. This standardization decreases the chance for errors and improves the quality of the patient record.

## **8. Effective Use of the Extended Care Team**

The extended care team members, including Case Managers, Central Care Managers, Clinical Pharmacists, Diabetes Educators, RN Care Coordinators among others, play a key role in helping to care for our highest risk and most complex patients. Using members of this team whenever appropriate greatly enhances the care of these patients, leading to improved health outcomes.

## **9. Team Approach to In-Between Visit Work**

There are many patient needs that arise at times other than their office visit. These include things like test results, triage issues, patient questions, refills, forms, and care gap issues. An empowered, critically thinking team is the most efficient way to deal with this work leading to highest quality care for our patients.

## **10. Start on Time**

Each half day seeing patients should start on time. This minimizes stress on the core team, respects the time of the RN or Extended Care Team members who may be planning on seeing the patient, and respects the time taken by the patient to come in for the visit.