



## An Introduction to Team-Based Primary Care

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# Background: Why Implement Team-Based Care?

- **The US is currently facing a critical shortage of primary care physicians**
  - Aging baby boomers requiring more medical care
  - Expanded insurance coverage under the Affordable Care Act has brought more patients into the market
  - Projected retirement of nearly 1/3 of the physician workforce within the next decade
  - Fewer physicians choosing careers in primary care
- **Physician-led team-based care engages all members of staff in direct patient care**
  - Affords providers (physicians, NPs, PAs) the time they need to listen, think deeply and develop trusting relationships with patients
  - Allows the primary care practice to absorb more volume, increasing opportunities to generate revenue and provide high-quality care
  - Creates more capacity through enhanced efficiency
    - Providers can increase the numbers of patients they see, as well as increase panel size

# What Is Team-Based Primary Care?

- Team-based primary care involves a restructuring of clinical workflows to allow for increased sharing of responsibilities across the entire team, enhancing practice efficiency while improving provider, patient, and staff engagement
  - Ideally, each physician/provider is supported by two clinical assistants (Medical Assistant, LPN, or RN) to maximize work flow efficiencies and teamwork
- **4-Stage Office Visit**
  - **Stage 1:** Medical assistant/nurse gathers data including expanded patient history and medication review
  - **Stage 2:** Physician performs physical exam and synthesizes/verifies data. MA/nurse documents findings in real time during office visit
  - **Stage 3:** Physician carries out medical decision-making, formulates diagnoses, and develops plan
  - **Stage 4:** MA/nurse provides patient education and implements the plan

# Four Core Principles of Team-Based Care

**Co-location** of provider, RN, LPN, and MA in a single “flow station”, increasing communication and collaboration, such as addressing patient requests directly in real time through verbal messaging and desktop management

Implementing innovations in workflow by embracing a proactive model of care, including **pre-visit planning**

- Support staff empowered to administer immunizations, schedule/order lab and radiology testing, and initiate discussions such as Advance Care Planning (ex. Advance Directives & Palliative Care) per established protocols
- Increased use of standing orders and expanded protocols for patient management
- Use of shared collaborative documentation, non-physician order entry, and streamlined prescription management

Consistently holding a 5-minute **daily morning huddle** with entire care team, including front desk staff

- Check in with the team, learn of any staffing changes or concerns
- Identify potential bottlenecks or gaps in the schedule
- Identify 2-4 same-day appointment slots for acute visits

Leveraging the **4-stage office visit** to maximize efficiency of the team

# Benefits of the Team-Based Care Model

- Significant **increases in productivity** can take place with changes in workflow and redistribution of work within the constructs of established clinical teams
- Implementing team-based care also supports **long-term financial sustainability** for the practice through potential increases in practice revenue, optimized provider: patient time, and reduced opportunity costs due to reduced patient use of alternative sites of care such as the ED
- **Reductions in clinical variation** through use of standardized protocols may lower direct costs
- Care delivery redesign helps to ensure practices have the **infrastructure to deliver better care**, resulting in a healthier population and more engaged patients
  - Increased delivery of preventive care & services
  - Improved focus on chronic disease management with better clinical outcomes
- **Increased collaboration** restores joy to the practice of medicine
- Team-based care establishes a **strong foundation for success** under value-based payment models

# Stroudwater Clients: Team-Based Care Implementation Early Results

An Internal Medicine practice in the North East achieved improved rates of preventive care services, increased visit capacity, and enhanced care management activities within the first six months, including:

- Implemented universal PHQ-9 screening for depression at patient check-in, increasing documentation of screening from baseline of 2% to 40% after three months
- Leveraged pre-visit planning and team morning huddles to increase patient same-day visit access and eliminate appointment wait lists, increasing visit volume from 90% of capacity to 124% of capacity in six months
- RN Care Manager attended pre-visit planning session and created a system for notification in the EHR, so she could meet in-person with high-risk patients at end of office visit, strengthening patient relationships and rapport
  - Ex. Developed plan for patient with COPD who had frequent ED visits, so patient could contact her before going to ED

# Stroudwater Clients: Team-Based Care Implementation Early Results (continued)

- During implementation, a primary care practice in Nebraska developed a protocol for tracking and recording diabetic eye exam results, with increased rates of documented screening for diabetic retinopathy from 21% to 42% in the first 30 days of implementation
- A primary care practice in the Southeast significantly increased their tetanus vaccination rate within the first 30 days of implementation as a result of simple changes in workflows

# About Our Services

- To learn more about Stroudwater’s Team-Based Primary Care Redesign services, please contact our team leaders or visit us at [www.stroudwater.com](http://www.stroudwater.com)



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