

# **Transform Your Practice Through Teamwork**

## **American College of Physicians Support and Alignment Network**

# Disclosures

- I am employed by the American College of Physicians
- My husband is employed by Merck and Co

# Learning Objectives

- Explain the rationale for teamwork in medicine
- Link high quality teamwork to improved clinician satisfaction and patient outcomes
- List the elements of high functioning teams
- Describe how ACP might help support your practice transformation efforts

# Current State of Medicine



# Definition of team

- “a work group that is made up of individuals who see themselves and who are seen by others as a social entity, who are interdependent because of the task they perform as members of a group, who are embedded in one or more larger social system (organization) and who perform tasks that affect others (such as customers or co-workers)”

Guzzo RA, Dickson MW. Teams in organizations: recent research on performance and effectiveness. *Annu Rev Psychol.* 1996;47:307-38.

# Surgical Literature: Teams and Outcomes

- 2 studies better teamwork associated with
  - ↓ post-operative complications
  - a small absolute ↓ in post-operative mortality (1.7%)

Sacks GD, Shannon EM, Dawes AJ, Rollo JC, Nguyen DK, Russell MM, Ko CY, Maggard-Gibbons MA. Teamwork, communication and safety climate: a systematic review of interventions to improve surgical culture. *BMJ Qual Saf.* 2015 Jul;24(7):458-67.

# Systematic Review: Palliative Care

- Effect of team-based palliative care on the following outcomes: symptoms, quality of life, time in hospital, total length of time in palliative care, or professional changes, such as prescribing practices
- Systematic review found 13 studies most of limited research quality
- All but one indicated a small positive effect of team-based care on patient outcomes

Higginson IJ, Finlay I, Goodwin DM, Cook AM, Hood K, Edwards AG, Douglas HR, Norman CE. Do hospital-based palliative teams improve care for patients or families at the end of life? J Pain Symptom Manage. 2002 Feb;23(2):96-106.Review.

# Medical Literature: Teams and Outcomes

- Field observation and survey-based study in nursing homes in Norway (relatives and employees and managers were surveyed)
- True teams were significantly positively related to two out of the three quality of care indices
- Team effect decreased with ↑ team member sick days

Havig AK, Skogstad A, Veenstra M, Romøren TI. Real teams and their effect on the quality of care in nursing homes. BMC Health Services Research. 2013;13:499.



# A Cross-Specialty Review

- Hospital teams (Inpatient wards, ICU, ER, OR) have been associated with ↓ adverse events and ↑ patient satisfaction, ↓ length of stay, and ↑ other quality outcomes
- Added benefits include optimizing healthcare workers' performance, reducing hospital costs/complications, and increasing job satisfaction

Epstein NE. Multidisciplinary in-hospital teams improve patient outcomes: A review. *Surgical Neurology International*. 2014;5(Suppl 7):S295-S303.

# Inter-Professional Team Training in HVC

- Experts in inter-professional education, high value care, practicing clinicians, and patient representatives
- Retreat to brainstorm about how to teach HVC at the point of care to the team



# Elements of High Functioning Teams

- Define the team and the roles of all team members with flexibility to adjust to patient complexity/needs
- Every member of the team is engaged and motivated to enhance existing knowledge and skills to obtain mastery, autonomy and purpose
- **A sense of belonging and relatedness combined with shared vision, goals, and accountability strengthen the team**

# SF VA Team Huddle



# American College of Physicians (ACP)

- A non-profit professional membership organization
- Over 148,000 clinician members
- Trusted source of medical information and education



# Top Priorities for ACP Members\*

1. Electronic Health Record Usability
2. Quality Reporting
3. Dealing with Insurance Companies



## Patients Before Paperwork Initiative

[https://www.acponline.org/advocacy/where we stand/patients before paperwork/](https://www.acponline.org/advocacy/where_we_stand/patients_before_paperwork/)

\*Identified via an ACP member and panel survey in 2013-14, and a focus group in 2014.

# What ACP is doing

- Policy Development and Education
- Feedback to Regulatory Agencies
- Collaborations with Other Stakeholders
- Developing Tools and Services



# Specific Examples of ACP Efforts

- Advocate for changes in Medicare payment to ↓ administrative burdens
- Automate benefit eligibility criteria, requests for further information by payers
- Address potential ↑burden related to home visit and DME documentation
- Minimize burden related to the implementation of appropriate use criteria requirements
- Directly engage with CMMI and practice networks to advance the evidence base for transformation



# ACP Supports the Transforming Clinical Practice Initiative (TCPI): Aims

- Support more than 140,000 clinicians in practice transformation
- Improve health outcomes for millions of patients
- Reduce unnecessary hospitalization for 5 million patients
- Generate \$1-\$4 billion in savings
- Sustain efficient care by reducing unnecessary test and procedures
- Build evidence base on transformation

# ACP Support and Alignment Network

- Recruit practices into networks (PTNs)
- Enhance and promote ACP Practice Advisor®
- Integrate patient/family partnership
- Support and prepare clinicians
- Build evidence base



# TCPi Focus Group Results – May 2016

- Internists are overwhelmed, focused on “getting through the day” and “financial survival”
- Clinician and staff burn-out are barriers
- Confused about value based payment (too many options, not enough guidance)
- Desire to delay until the MACRA rule is final
- Clinicians want to be able to choose what aspects of their practice to improve
- Interested in “risk free” options

# ACP Practice Advisor® (Medical Home Builder)

- Web-based tool to improve process and structure of care
- Practice biopsy
- Links to tools based on biopsy results
- Spotlighted practices
- CME and MOC



# ACP Practice Advisor® Navigation

## Let's Get Started

What is your objective

Improve work-life balance in your practice

Improve access and/or productivity in my practice

Provide high quality care to my patients

Partner with patients to promote active engagement in care

Earn Practice Assessment MOC credits

## Spotlighted Practices



### Ridgewood Med Peds – Rochester, NY

See how this practice team stays up-to-date with the latest evidence-based practice guidelines and uses this knowledge to provide their patients with the best care possible. [Read More](#)



### Family Physicians Group – Kissimmee, FL

See how this practice maintain their holistic approach outside primary care, the practice has identified specialists who meet their high standards for patient care. [Read More](#)

# ACP Practice Advisor® Provides a QI Framework

- PTN dashboard helps networks track the progress of enrolled practices
- Links to tools from other support networks
- Maps to TCPi change package and practice assessment
- Builds evidence base

## New Modules

- Avoid Unnecessary Testing
- Improve Patient Access
- Improve Care Coordination
- Improve Medication Adherence
- Patient Experience
- Patient Engagement
- Advanced Care Planning

# TCPi Participation: Value Proposition for Practices

- Prepare to thrive in **Value Based Payment/ MACRA**
- Access to extensive **FREE** training and tools (**ACP Practice Advisor®** & more) at **NO RISK**
- Improve the health of your patients and your clinical teams



# Social Support Influences Perception

## Social support and the perception of geographical slant

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### ABSTRACT

The visual perception of geographical slant is influenced by *physiological* resources, such as physical fitness, age, and being physically refreshed. In two studies we tested whether a *psychosocial resource*, social support, can also affect the visual perception of slants. Participants accompanied by a friend estimated a hill to be less steep when compared to participants who were alone (Study 1). Similarly, participants who thought of a supportive friend during an imagery task saw a hill as less steep than participants who either thought of a neutral person or a disliked person (Study 2). In both studies, the effects of social relationships on visual perception appear to be mediated by relationship quality (i.e., relationship duration, interpersonal closeness, warmth). Artifacts such as mood, social desirability, and social facilitation did not account for these effects. This research demonstrates that an interpersonal phenomenon, social support, can influence visual perception.

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# In Summary

- Well-functioning clinical teams led to better patient outcomes
- Teams make work more fun/less onerous
- ACP is committed to helping you transform and rekindle joy in medicine



## For More Information about ACP SAN....

- Contact grant manager Cheryl Rusten:  
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[dsmith@acponline.org](mailto:dsmith@acponline.org) or 215-351-2562

Let ACP help you get started on the path to practice transformation!

