Care Management Connection

A publication of the Michigan Care Management Resource Center

March, 2019

Volume 4 Issue 3

Implementing Optimal Team-Based Care to Reduce Clinician Burnout: Article Review

A team is a group of individuals who coordinate their actions for a common purpose, which in health care is the prevention or treatment of disease and the promotion of health. [1] More specifically, this article defines team-based health care as the provision of care by two or more health clinicians who work collaboratively with patients and their caregivers to accomplish shared goals. [2]

The authors discuss evidence that points to how team-based care provides an opportunity to achieve key aims of high-quality health care. This is especially urgent due to the increasingly fragmented and complex health care landscape, and in light of the shift from fee-for-service (FFS) payment to value-based payment models. The evidence that connects optimal teamwork and improved patient outcomes is promising and includes studies in various settings, including ambulatory care. For example, a 2015 review of 52 studies of team-based care for hypertension found that teams achieved controlled blood pressure in 12 percent more patients than routine care did.[6] While the relationship between team-based care and clinician burnout is not as well defined in the literature, existing evidence shows an overall positive association, and high-performing teams may act as a resource to support clinicians in providing safe patient care. Successful team-based care has the potential to improve patient outcomes, the efficiency of care, and the satisfaction and well-being of clinicians.[1]

While effective health care teams may vary in their composition, involving a wide range of team members in various settings, they all possess key features that make them successful. These include shared team identity, values, and goals; leadership; defined and complementary roles; continuity and regular meetings; adequate staffing; shared physical space; psychological safety; open communication, mutual respect and trust; effective help among team members; constructive conflict resolution; task sharing and shifting; team coordination; measurable processes and outcomes; and observation and feedback to promote the function and well-being of the team and its members. [3,4]

Finally, this article discusses teamwork barriers and explores opportunities to overcoming barriers to the implementation of teamwork in health care. They suggest the use of digital health information technology to support more efficient documentation, standardized communication and workflows, and non-geographically located virtual teams. Process improvement methods may identify opportunities to redeploy resources in promotion of team-based care. Team members can be trained in new skills that may add capacity to the existing team. Additionally, the authors support team training and coaching as a means for investing in the continuous professional development of clinicians, keeping them engaged and practicing at the top of their licenses.[1,5]

In conclusion, there is strong evidence that high-functioning teams have tremendous potential to promote clinician well-being and improve patient outcomes.

Continued on page 3

UPCOMING EVENTS

VIEW OUR UPCOMING COURSES

Click on the date below to register for MiCMRC Complex Care Management Course:

April 22-25, 2019, Lansing

MiCMRC CARE MANAGEMENT EDUCATIONAL WEBINARS

Title: Identifying and Addressing Anxiety in Primary Care
Date and Time: Wednesday, March 27, 2019 at 2pm
Presenter: Teague Simoncic, LMSW
Behavioral Health Care Manager Preceptor, IHA
Register **HERE**

Title: ADHD Medication Education
Date and Time: Tuesday, April 23, 2019 at 11am
Presenter: Tiffany Munzer, MD
Fellow in Developmental Behavioral Pediatrics
Michigan Medicine
Register **HERE**

For questions, please submit to **micmrc-requests@med.umich.edu**

Nursing and Social Work continuing education opportunity. For more information visit www.micmrc.org/continuing-ed

MiCMRC Questions?

For questions please **Contact Us**

Share Your Success Stories

Submitting your success story is as easy as clicking on the following link:
Share Your Success Story

For help submitting your success story contact us at http://micmrc.org/contact-us

MiCMRC 2019 CARE MANAGEMENT EDUCATIONAL WEBINARS

Title: Identifying and Addressing Anxiety in Primary Care
Date and Time: Wednesday, March 27, 2019 at 2pm
Presenter:
Teague Simoncic, LMSW
Behavioral Health Care Manager Preceptor, IHA
Register **HERE**

Title: ADHD Medication Education
Date and Time: Tuesday, April 23, 2019 at 11am
Presenter:
Tiffany Munzer, MD
Fellow in Developmental Behavioral Pediatrics
Michigan Medicine
Register **HERE**

For questions, please submit to **micmrc-requests@med.umich.edu**

MiCMRC Complex Care Management Course Registration

The MiCMRC Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. Course content is applicable to all Care Managers in the ambulatory care setting, working with complex patients. For CCM Course details **click here**

Upcoming CCM course date and course registration:

April 22-25 | Lansing | **REGISTER HERE** | Registration deadline: April 18th, 2019

In the upcoming weeks we will post future CCM course dates/registration –check here

NOTES: If you have 15 or more Care Managers in your area and would like the MiCMRC team to provide a regional training at your location please submit your request to: **micmrc-ccm-course@med.umich.edu**

For questions please contact : **micmrc-ccm-course@med.umich.edu**

MiCMRC Approved Self-Management Support Courses and Resources Update

To access the list of the MiCMRC approved Self-Management Support courses, **click here**. The list of MiCMRC approved Self-Management Support Courses provides a detailed summary of each course, with associated objectives, location, cost and more.

Additionally, MiCMRC has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. MiCMRC's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. For "Self-Management Support Tools and Resources" **click here.**

Both of these documents can also be accessed on the MiCMRC website home page **http://micmrc.org/**

Applying CDC's Guideline for Prescribing Opioids: An Online Training Series for Healthcare Providers

As part of the training for providers offered by The Centers for Disease Control and Prevention (CDC), an interactive training series is available on *Applying CDC's Guideline for Prescribing Opioids*. As they state on their website, the **CDC Guideline for Prescribing Opioids for Chronic Pain** "provides recommendations for safer and more effective prescribing of opioids for chronic pain in patients 18 and older in outpatient settings outside of active cancer treatment, palliative care, and end-of-life care."

The aim of this training is to help healthcare providers apply CDC's recommendations in clinical settings through patient scenarios, videos, knowledge checks, tips, and resources. This online training series currently consists of eleven modules. Each module is stand-alone and offers free continuing education credit (CME, CNE, and CEU) by registering on **CDC Training and Continuing Education (TCE) Online**, searching for the corresponding module number, and completing the evaluation.

The training series can be accessed **here**.

Continued from page 1

References

1. Smith, C.D., C . Balatbat, S. Corbridge, A.L. Dopp, J. Fried, R. Harter, S. Landefeld, C. Martin, F. Opelka, L. Sandy, L. Sato, and C. Sinsky. 2018. Implementing optimal team based care to reduce clinician burnout. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington DC.
2. Naylor, M.D. K.D. Coburn, E.T. Kurtzman, J.P. Bettger, H.G. Buck, J.V. Cleave, and C.A. Cott. 2010. *Inter-professional tean -based care for chronically ill adults: State of the science*. Unpublished white papter presented at the ABIM Foundation Meeting to Advance Team-Based Care for the Chronically Ill in Ambulatory Setting, Philadelphia, PA.
3. Gordon, S., D.L. Feldman, and M. Leonard. 2014. *Collaborative caring: Stories and reflections on teamwork in health care*. Ithaca, NY: Cornell University Press.
4. Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I.V. Kohorn. 2012. Core principles and values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington DC.
5. Cromp, D., C. Hsu, K. Coleman, P.A. Fishman, D.T. Liss, K. Ehrlich, E. Johnson, T.R. Ross, C. Trescott, B. Trehearne, and R.J. Reid. 2015. Barriers and facilitators to team-based care in the context of primary care transformation. *Journal of Ambulatory Care Management* 38(2):125-133.
6. Njie, G. J., K. K. Proia, A. B. Thota, R. K. C. Thota, D. P.Hopkins, S. M. Banks, D. B. Callahan, N. P. Pronk, K.J. Rask, D. T. Lackland, T. E. Kottke, and Community Preventive Services Task Force. 2015. Clinical decision support systems and prevention: A community guide cardiovascular disease systematic review. American Journal of Preventive Medicine 49(5):784-795.

Pediatric Office Hours: Announcing Dates for 2019

SIM PCMH Initiative Pediatric Office Hours will continue with a series of three webinars in 2019. We would like to thank the SIM PCMH Initiative Pediatric Planning workgroup members for their commitment and expertise to guide the planning in 2019.

The SIMC PCMH Initiative Pediatric Office Pediatric Planning workgroup members include: Laura Kilfoyle, MPA, MDHHS; Nancy Robinson, RN, BSN, AE-C, IHA; Tiffany Turner, LMSW, HVPA; and Lynn Bryant, LMSW, Adaptive Counseling.

The following topics of interest with expert presenters:

Date/Time: Tuesday, April 23 from 11 am – 12 pm
Topic: ADHD Medication Education
Presenter: Tiffany Munzer, MD
Register for the April webinar **HERE**

Date/Time: Wednesday, June 26 from 2 pm – 3 pm
Topic: Pediatric Asthma
Presenter: Tisa Vorce MA, RRT
Register for the June webinar **HERE**

Date/Time: Thursday, September 12 from Noon – 1 pm
Topic: Pediatric Depression
Presenter: Thomas Atkins, MD
Register for the September webinar **HERE**

This presentation is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services. The content provided is solely the responsibility of the authors and does not necessarily represent the official views of HHS or any of its agencies.

The Pediatric Office Hours is open to all.

HICM Success Story

The following is a success story submitted by Marcy Binford , HICM nurse practitioner with United Physicians.

High Intensity Care Model (HICM) is a program designed to help the most complex BCBSM Medicare Advantage PPO patients manage their health conditions, coordinate their health care, and achieve optimal health. Services include care management, in-home assessment by an RN and SW, as well as other support services delivered face-to-face, often in the patient's home, and over the telephone by a trained team of interdisciplinary health care professionals who work collaboratively with the patient, the patient's family, and the patient's primary physician. These professionals deliver HICM services that address patients' medical, behavioral, and psychosocial needs. Integrating care management into the clinical practice setting is a key component of the patient centered medical home care model fostered by BCBSM in its efforts to transform Michigan's health care delivery.

Our story begins with 90-year-old Doris who has dementia and lives in her own home with assistance from her daughter. The patient also has a-fib, chronic back pain and requires help with ADLs. She was recently discharged from a sub-acute rehab facility. The patient's daughter had inquired if her mother might be on the HICM list for care. The patient's daughter was familiar with HICM due to her husband being in the program. At the time of enrollment, the family was in need of assistance with transportation to the PCP office as well as a low cost form of respite.

An initial home visit was completed by the RN and SW. Due to limited trips to the PCP the patient was not being well managed on her blood thinner and so would require the establishment of a home INR system. Once established the patient and family would require education on the system. Knowing this, the family was more receptive and motivated to better understand the use of the blood thinner, its risks and management with the INR. In addition to the INR, the team needed to address the issue of poly-pharmacy from a recent discharge from a sub-acute rehab facility. The patient was originally admitted to the hospital for a fall which resulted in a fractured femur. In addition, she was treated for a UTI. After hospitalization the patient was admitted into a sub-acute rehab prior to being discharged home. The team readdressed a few medication concerns post discharge from the sub-acute facility that potentially could have had an adverse effect on the patient, leading to increased confusion or further falls. Furthermore, the team through the help of the Area Agency on Aging was able to locate low-cost respite care. In addition, low cost transportation services were set up through GoGo Grandparents, to ensure that the patient was able to get to the PCP for her appointments.

The patient and family were grateful for the support provided through resources and education from the work of the HICM team. This helped avoid the potential for unnecessary ED visits, hospitalizations, or avoidance of an adverse health event.

Provider Delivered Care Management (PDCM)
Blue Distinction Total Care (BDTC)
High Intensity Care Model (HICM)

2019 Monthly Billing Q & A Sessions
February BCBSM Billing Q and A conference calls will highlight the BCBSM PDCM Billing Guidelines distributed January 2019

BCBSM PDCM Billing Guidelines Commercial click here
BCBSM PDCM Billing Guidelines Medicare Advantage click here

On a monthly basis, Blue Cross Blue Shield of Michigan will conduct a question and answer session via conference call relating to questions you may have after you've completed the online Billing/Coding course regarding these programs. NOTE: 2019 BCBSM PDCM Online Billing Course is coming soon. **Check availability here.**

The Q & A sessions are scheduled for the first Thursday of each month from 12:00 – 1:00 for 2019. Below is the 2019 scheduled question and answer sessions.

Please do not ask specific questions about claims. If you have an issue, you should contact your provider consultant for assistance or you can submit an inquiry to **valuepartnerships@bcbsm.com**. For additional billing resources visit **http://micmrc.org/training/care-management-billing-resources**

Below are the dates and information to join the conference call.

Barbara Brady invites you to a conference call

Teleconference information:

1. Please call one of the following numbers:
US Toll-Free: 1-800-462-5837
US Toll: 1-408-826-0381
2. Follow the instructions that you hear on the phone.
Access Code: 734 939 784

Monthly Dates:
March 7th
April 4th
May 2nd
June 6th
August 1st
September 5th
October 3rd
November 7th
December 5th