



## The Value of Teams

A health care team could be described as “a group with a specific task or tasks, the accomplishment of which requires the interdependent and collaborative efforts of its members.”<sup>1</sup> Teams can play a central role in your office, particularly when undertaking quality improvement efforts. In effective teams, each member understands his or her role and is appropriately trained to carry out that role.

When thinking about who should be included on your team, consider the size that would make your team most effective and determine who the key players are. Key players would be those who are either directly involved in the patient encounter or who have a significant impact on the delivery of care to your patients and the patient’s experience. The most likely candidates for your team include your medical assistant or other clinical support staff, and front office staff where appropriate.

### **Developing a Team — Where to Begin**

While challenging to develop, the benefits of highly functioning formalized teams are many. Findings at a Kaiser Permanente site found that teams with greater collaboration, delegation of tasks and patient familiarity had greater patient satisfaction as well as improved quality measures for diabetes and asthma care.<sup>2</sup> Another study found fewer hospitalizations and surgeries, and more visits for health supervision among providers who worked in care teams.<sup>3</sup> When developing your team, consider the following:<sup>4</sup>

1. Define the goal of your team — does your team have a mission and objectives as to what you want to accomplish? Is there a way to measure this?
2. What are the office systems that affect your team? Do you have a patient registry that can support your team’s activities? What are the capabilities of your practice management system? Do your systems support your team’s objectives, and if not, how can they be modified? Or, do your objectives take these limitations into consideration?
3. What is the division of labor among team members? Does each team member know his or her role? Are the tasks (both for the team and for the individual) clear? Is

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<sup>1</sup> Wise H, Beckhard R, Rubin I, et al. (1974). *Making Health Teams Work*. Cambridge, MA: Ballinger Publishing Co..

<sup>2</sup> Roblin DW, Kaplan SH, Greenfield S, et al. (June 23-25, 2002). *Collaborative clinical culture and primary care outcomes*. In: program and abstracts of the annual meeting of the Academy for Health Services Research and Quality: Washington, DC,.

<sup>3</sup> Jones RVH: Teamworking in primary care: How do we know about it? *Journal of Interprof Care*. 1992;48:107-117.

<sup>4</sup> Adapted from a June 22, 2007 presentation given by Kevin Grumbach to our New Directions in Diabetes Care teams.

there a need to shift roles and responsibilities of team members both to offload physician responsibilities and to allow each member of the team to practice to the limit of his or her licensure?

4. What training can help support your team? This training can be formal or informal.

5. Communication — what are the primary methods for team communication? Do you have team meetings? Do you have a predictable way for team members to communicate?

### **Make Time for Your Team**

Among the challenges in developing truly effective teams is finding protected time to meet as a group (often done at lunch to avoid loss of revenue) as well as strong leadership and clear work roles. You may find yourself wondering when you'll even have time to meet and whether it is worth it, given all the other things you have to accomplish in any given day. But experts in quality improvement advise that you don't have the time *not* to meet.

They say that regular team meetings are so important that making time is essential; team meetings can also reduce time spent in non-value-added activities, such as looking for lab results, waiting for patients to take off their shoes and socks so you can conduct foot exams, and other activities. In addition, since the typical medical practice has physicians making most decisions, offering your team members a chance to participate in decision making and express their thoughts can improve their productivity and satisfaction. You may also hear ideas that will improve your office — ideas that would not have been voiced without a platform to do so.

Dr. Charlie Burger in Bangor, Maine has spent many years perfecting systems for team development, from formalized training to standardized communications, to prominent posting of the latest team improvement metrics on a data wall. Productivity is high — each provider (two physicians and a nurse practitioner) sees approximately 25 patients each day. Even those staffing the phones perform at a high level, using robust electronic algorithms to screen patients. Some CAFP members have also developed such a data wall, posting it in a break room or kitchen, to excellent effect.

Observing and working with hundreds of practices nationwide, several elements of high functioning teams are clear: these teams communicate frequently, often minute-to-minute, with a high degree of mutual trust, respect and appreciation. Encouraging staff and physicians to use first names during team meetings helps level the playing field among physicians and staff, promoting collaboration versus top-down relationships.

### **Delegating Improves the Bottom Line**

A higher level of functioning for team members and delegating can also positively affect the bottom line. For example, assume the average revenue per office visit is \$90. Assume also that you spend four minutes or 20 percent of your time during a visit documenting the patient history. If you could delegate that function to an appropriately trained team member, you would save four minutes or \$18 per visit. If you average 4,000 encounters

per year, you would save \$74,000 — an amount that would more than pay for additional support staff to perform that function.

This is just one example; other activities, such as having your medical assistant perform foot exams on your patients with diabetes, can also be an outgrowth of your successful team. The increasing demands of chronic illness care make delegating some of the work to team members imperative. You know — and we know — that you can't do it all. And the research supports this. For example, it takes an estimated 3.5 hours a day or 825 hours per year to provide care as advised in national guidelines for well-controlled patients with the top 10 chronic diseases (with a panel of 2,500 patients). Time demands more than triple when requirements for uncontrolled disease are factored in.<sup>5</sup>

Standardized, robust work processes that enable effective teamwork ensure the right information and people are in the right place at the right time. Risk is also reduced since most errors are caused by missing or overlooked information.

### **Plan Your Day's Workflow**

Beyond regular team meetings, huddles are another way to ensure smooth communication among your team members. Huddles also have the advantage of being much shorter than a team meeting. A huddle provides a simple, regular structure for teams to build cohesiveness while improving care. Usually conducted in the morning for 5-10 minutes, every team member can contribute to planning the day's workflow while reviewing the schedule. For example, the medical assistant can look for potential bottlenecks in the schedule, e.g., two high-needs patients back to back. He or she can also set up procedures, do chart prep and request outstanding labs and reports. The nurse can look for patients who could have nurse visits and identify potential slots for double booking if needed. The physician can review his or her list of scheduled patients, help the nurse and MA plan flow and anticipate patient needs. Physician team members can also request needed lab, procedure, or emergency department reports and let staff know of any potential for double-booking.

### **Do Patients Belong on Your Team?**

Don't underestimate the potential of patient self-management. A recent study found that type 2 diabetes patients taught to titrate their own insulin dose may equal or exceed the results that physicians achieve.<sup>6</sup> Why not think outside the box in sharing clinical information with patients? Dr. Charlie Burger provides every patient with a copy of his or her visit note. The notes are also written in a more friendly tone, using the second (you) versus third (he or she) person to engage patients.

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<sup>5</sup> Ostbye T, Yarnall K, Krause K, Pollack K, Gradison M. Is there time for management of chronic diseases in primary care? *Annals of Family Medicine*. May/June 2005; 8:3: 209-14.

<sup>6</sup> Meneghini L, et al. (2007). *Efficacy and safety of insulin detemir in a large cohort of patients with Type 2 diabetes using a simplified self-adjusted dosing guideline: Results of the predictive 303 study*. American Diabetes Association meeting: Abstract 197-OR.

### **Centralize Your Office's Strengths**

Tired of feeling overworked and inefficient, Dr. Christine Sinsky of the Medical Associates Clinic in Dubuque, Iowa decided to redesign her operations with a strong care team at the center. Working with two nurses, visits are planned before Dr. Sinsky enters the room. A standardized worksheet facilitates the visit and dictation. Nurses do the initial review of labs with patients, initiating symptom-driven tests, completing foot checks and eye exam referrals for patients with diabetes. The nurse then “presents” a given patient to Dr. Sinsky who says, “I make decisions about treatment and the nurse operationalizes them. Nurses are the nexus of the organization at the practice.” As a result, Dr. Sinsky is able to minimize the work that physicians do that is within the skill set of other team members. This ensures that all staff members are performing up to the level that their licenses allow. Nurses prefer the higher level of functioning, and Dr. Sinsky is free to do medical decision making and relationship building, not information mining. Productivity is up significantly, with an average of 25 patients seen within five hours. Relevant articles and x-rays are shared with the nurses, and a strong sense of collegiality prevails at the site.

### **Build a Better Team; Create a Better Outcome**

Effective teamwork in a practice enables coherent versus haphazard adjustments to variations in workflow throughout the day. While a willingness to get along at work may promote some level of unstructured teamwork, teams built intentionally around interdependence and collaboration can improve patient care, outcomes and job satisfaction.

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