

## Starfield Summit Issue Brief

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### DISCUSSION TOPIC

- ▶ Cultivating teams: How do we support the shift in roles, mindsets, and behaviors?

#### Why This Is Important (*brief description*):

- ▶ Numerous incentives, including federal policies are driving a shift towards team-based care. Yet the essential elements of effective teams in primary care have yet to be elucidated, let alone the strategies for shifting current models of care delivery to team-based models. Current approaches to establishing team-based care and continuous quality improvement have relied on a rather technical approach, focusing on the essential structures of these teams and policies/procedures to incentivize the shift. Yet establishing team-based care is also an inherently relational undertaking and would benefit from an analysis of other relational undertakings that have attempted to establish interdependence, coordination and collaboration amongst previously-independent actors. Community organizing is one of many such domains that might be able to offer invaluable insights and strategies.

#### What We Think We Know (*bulleted evidence + seminal references*):

- ▶ Consistent teams, huddles, co-location, and warm-handoffs may be necessary but insufficient. Team culture is being increasingly seen as important: *disruption of power hierarchies, dispersion of leadership, trust, interdependency, and interconnection.*
- ▶ Community-organizing strategies may hold insights for team-building.
- ▶ “Grassroots organizing” strategies are increasingly seen in high-performing primary care practices:
  - Daily storytelling: Stories and “shout-outs” are used to highlight team actions, broadcast common values, establish practice culture, and generate connection.
  - Disbursement of leadership: medical assistants running the huddles; non-clinicians leading quality improvement; and health coaches running visits.
  - Constant “framing” by leaders of the groups’ goals and daily work in ways that capture existing logic, values and aspirations of participants, to both motivate and direct their work.

Bate P, Robert G, Bevan H. The next phase of healthcare improvement: what can we learn from social movements? *Qual Saf Health Care*. 2004 Feb;13(1):62-6:

Mundt MP, Gilchrist VJ, Fleming MF, Zakletskaia LI, Tuan WJ, Beasley JW. Effects of primary care team social networks on quality of care and costs for patients with cardiovascular disease. *Ann Fam Med*. 2015 Mar; 13(2): 139-48.13(2): 139-48

Milstein A, Gilbertson E. American medical home runs. *Health Aff (Millwood)*. 2009 Sep-Oct 28(5): 1317-26

## QUESTIONS FOR GROUP DISCUSSION (*PRECONFERENCE*)

### Questions for Group Discussion (*add brief answers post-conference*)

- ▶ What factors constitute team culture? What are different tools/strategies for managing team culture and how do these relate to essential elements of team structure (e.g. huddles, co-location, etc.)?
- ▶ How do we get the right balance between success of teams (how we do) and satisfaction of team members (how we feel)?
- ▶ What insights can we gain from anthropology, behavioral economics, and social psychology to better understand physician burnout and how to remedy it?
- ▶ What is the role of leaders in the transformation?

### Ideas Worthy of Policymaker Attention (*lists ideas for policy preconference, refined ones post-conference*)

- ▶ Scope of practice changes to enable greater empowerment of care team members.
- ▶ EHR improvements to enable coordination, communication and collaboration.
- ▶ Reimbursement reform that de-couples payment from the “physician service.” This is both a practical and symbolic way to start “valuing” the work of non-MD members of the care team.
- ▶ Shifts in education policies to incentivize earlier focus on teamwork, interprofessional collaboration, and leadership development.

### Important Unanswered Questions & Ideas Worthy of Research Community Attention

- ▶ How do we measure effectiveness of teams in order to capture the complexities of how they function?
- ▶ What are the attributes, competencies and behaviors of team members and leaders who have effectively created and maintained team-based models? To what degree can these be taught and nurtured?
- ▶ How do we create designs to accommodate varied and multiple metrics of success or failure of teams on patient health outcomes?