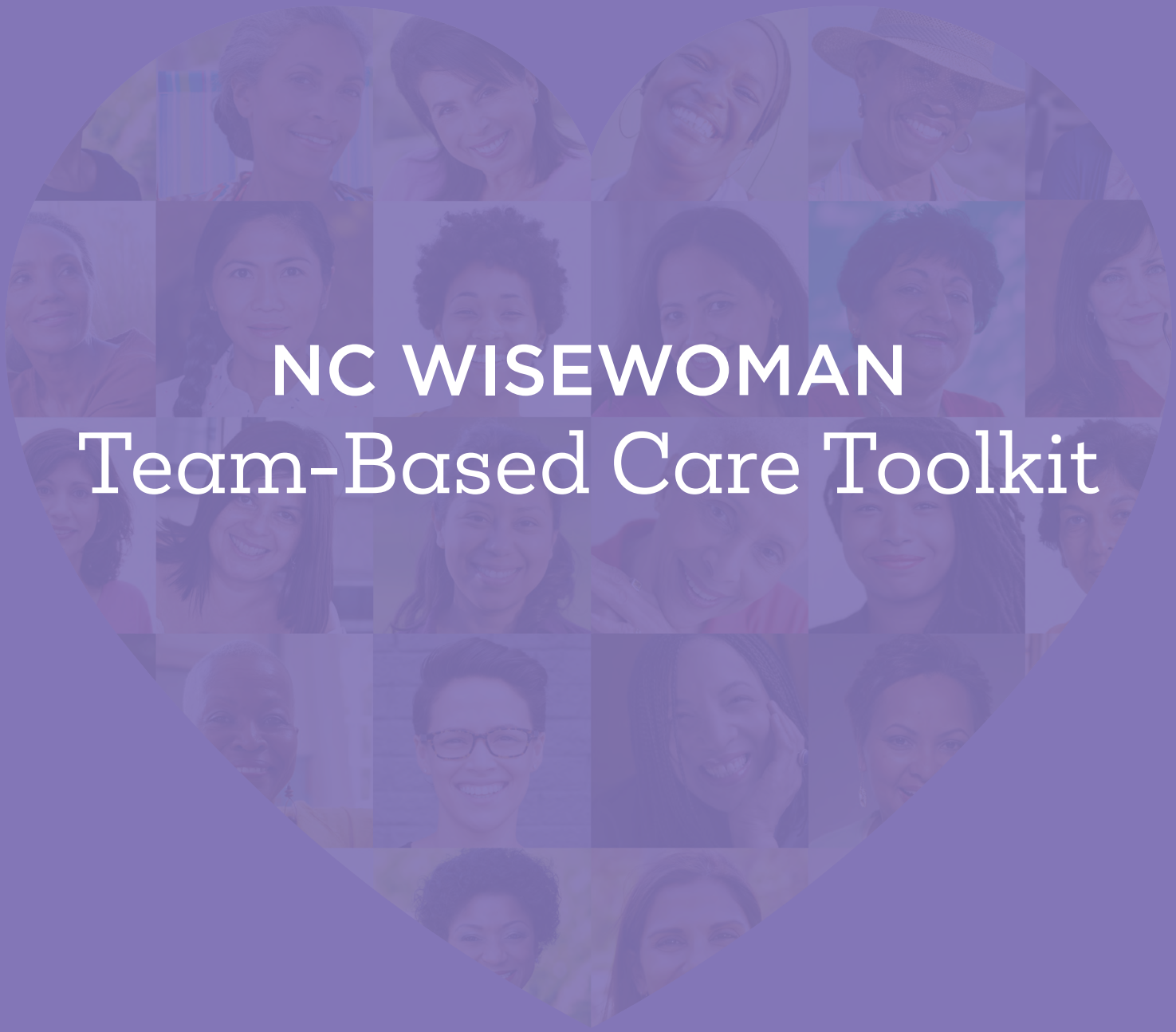

NC WISEWOMAN
Team-Based Care Toolkit

Helping the women of North Carolina make WISE choices about their health.

NC WISEWOMAN and Team-Based Care

What is team-based care and how can it be implemented?

TEAM-BASED CARE

Team-based care is a system-level healthcare delivery model that uses diverse health care disciplines working together with the patient and her primary care provider for the best patient outcomes[1]. Each team is as unique as each health department but when two or more health care providers work collaboratively to provide care, team-based care is being delivered[2]. Some teams include physicians, nurses, nursing or medical assistants, dietitians, pharmacists, social workers, health educators or community health workers. Team members can be internal to the organization or external like state level program support services.

WHY IS TEAM-BASED CARE IMPORTANT?

Team-based care is important because it works! It can improve healthcare quality and patient outcomes. Outcomes are improved as it reduces repetitious tests with medical record sharing and addresses inconsistencies in care. Patients have a multifaceted relationship with the team as a whole[3]. Team-based care is effective when health goals are reinforced and medical needs are addressed. With team-based care, participant compliance is improved. It is important to note that different racial and ethnic groups have improved health outcomes when team-based care is provided. Women with multiple health issues or low income also benefit from this systems approach.

HOW TO IMPLEMENT TEAM-BASED CARE WITHIN THE NC WISEWOMAN PROGRAM

Implementing NC WISEWOMAN team-based care begins when identified members of the team agree with the foundational principles. Those principles include shared goals, clear roles, mutual trust, effective communication, and measurable processes and outcomes[4].

I. **SHARED GOALS** for the team should be based on the overall purpose of the NC WISEWOMAN Program and the organizational commitment to serve their community. The NC WISEWOMAN program promotes effective screening and lifestyle intervention strategies for cardiovascular health to reduce the incidence of heart disease and stroke and reduce mortality in eligible under served women of North Carolina.

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[1] The Community Guide. December 2021. Heart Disease and Stroke Prevention: Team-based care to improve blood pressure control. www.thecommunityguide.org/sites/default/files/assets/one-pager-hdsp-team-based-care-p.pdf

[2] Centers for Disease Control and Prevention, Community Preventive Services Task Force (CPSTF), Team-Based Care to Improve Blood Pressure Control www.cdc.gov/dhdsp/pubs/team-based-care.htm

[3] 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. https://doi.org/10.31478/201809c

[4] Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. https://nam.edu/wp-content/uploads/2015/06/VSRT-Team-Based-Care-Principles-Values.pdf

II. **CLEAR ROLES** assures that each team member contributes to the overall success of the program by adding his or her unique professional skills. Each team member understands the role he or she contributes to the team. Some team members may be cross trained in various disciplines adding to the scope of her or his skills. Collaborative Practice Agreements (CPA) may be required formalizing expanded skills practice[5].

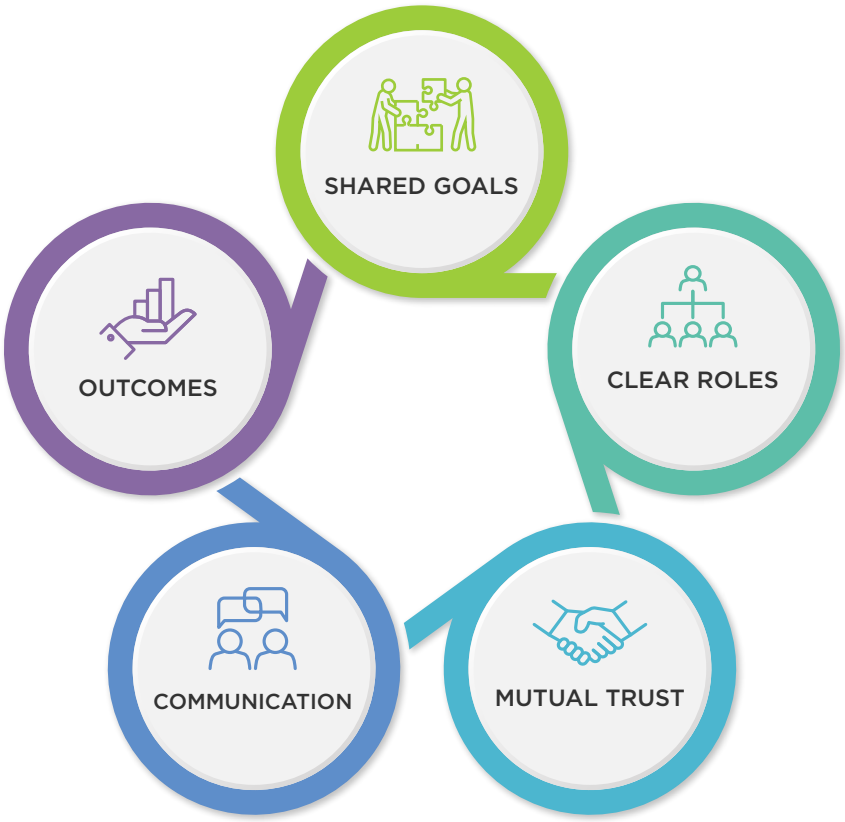
III. **MUTUAL TRUST** is built when positive results are shared, and overall contributions are acknowledged. Each team member is inter-dependent on other team members to build success of the entire program to reduce heart disease and its co-morbid conditions.

IV. **EFFECTIVE COMMUNICATION** within the team should be clear and solution focused. Teams that use explicit communications have more favorable outcomes. If something is not working, talk it out and find solutions.

V. **MUTUAL PROCESSES AND OUTCOMES** for the program are provided to the health department or provider though data captured in the electronic health record (EHR). This provides a picture of success and/or a road map to improvement.

MAINTAINING EFFECTIVE TEAM-BASED CARE[5]

Each team member contributes to the extent of her or his skill and each team member has a skill to contribute. For some organizations this is a fundamental shift from rigid role definitions, but for many public health organizations, teams have been an effective organizational model for many years. The team lead may be the primary care physician, advanced practice provider, the NC WISEWOMAN Navigator, or another clinician with overall responsibility for program delivery.



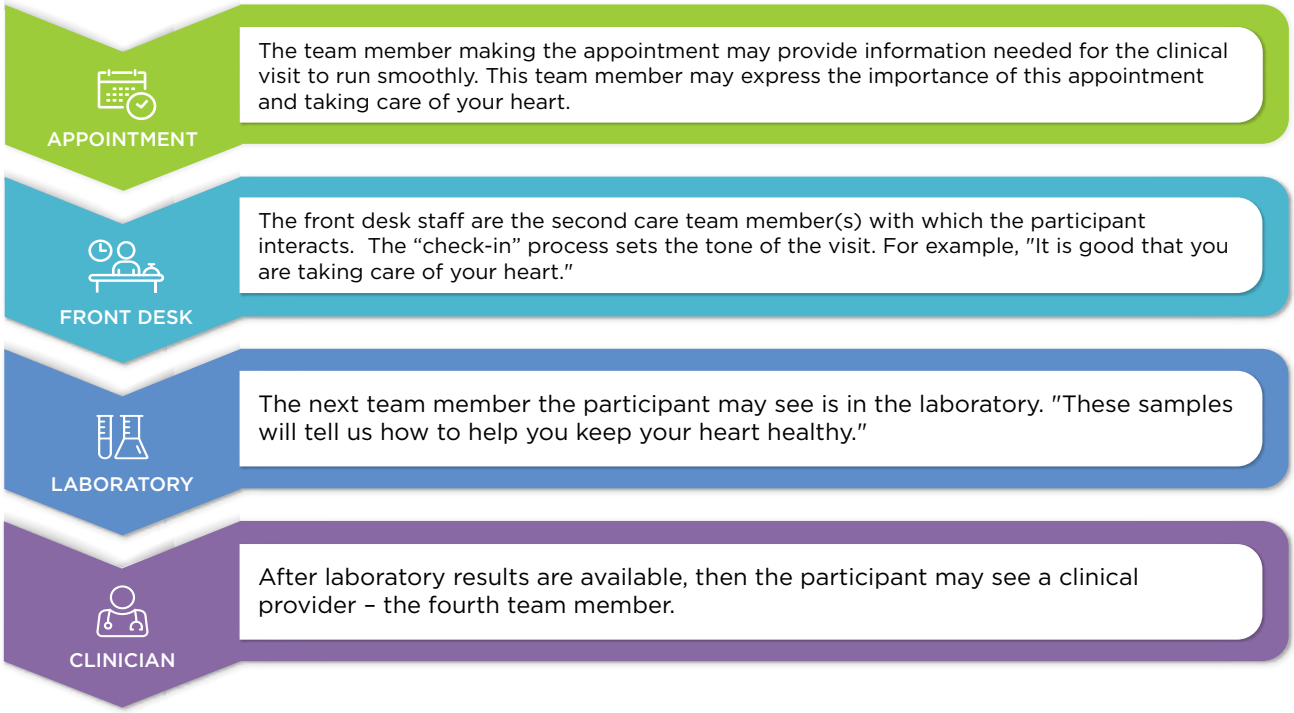
[5] Graphic based on Mitchell, P., et al. 2012. Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC.

NC WISEWOMAN and Team-Based Care

What could team-based care look like in your WISEWOMAN program?

Team-based care starts with the care plan. Care planning in the health department or provider organization may be a 'template' with a limited number of variables confined to the scope of the NC WISEWOMAN Program. The 'template' should include all available resources which may be appropriate for the individual women.

Most care pans start with a clinical visit. In an ideal situation, the initial conversation about the NC WISEWOMAN Program will be introduced at the Breast and Cervical Cancer Control Program (BCCCP) visit.



The clinician team member will review the laboratory results and provide risk reduction counseling. Risk reduction counseling clarifies for the participant which assessment screening results increase her risk for heart disease and the clinician makes health-related recommendations for behavior change. Working together, the participant and the clinician engage in the first health coaching session to:

1. **Identify the "stage of change"** or readiness of the participant to attempt behavior change to reduce her risk of heart disease,
2. **Identify supports** for healthy behavior change,
3. **Identify barriers** to change, and
4. **Craft a healthy behavior change goal** that is specific, measurable, achievable, realistic, and time-limited (SMART).

For example, a goal to address high blood pressure may look like this: For the next two weeks I will take my blood pressure medication every day to lower my blood pressure.

Specific: The participant will take her blood pressure medication.

Measurable: Everyday – yes or no for two weeks.

Achievable: Start small; two weeks of daily medication can lead to long-term success.

Realistic: Does this goal fit into the participant's lifestyle?

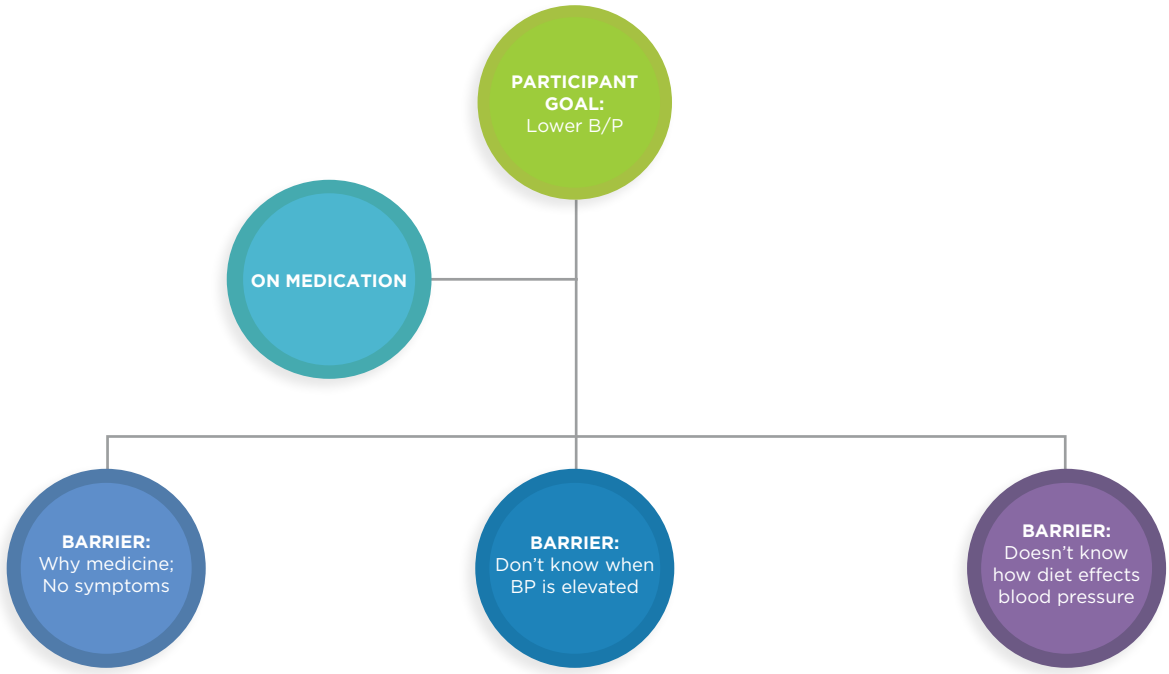
Time-limited: Health coach call in two weeks for support, encouragement or address barriers.

Up until this point, the discussion of team-based care has mainly included clinical staff members involved in the screening portion of the WISEWOMAN visit. Once the healthy behavior change goal is established, there is the potential for the inclusion of other team members.

GOAL PLANNING IN ACTION

Other team members may contribute to reduce barriers:

- **Pharmacist** uses simple language to counsel and reinforce the importance of consistently taking the medication. A pillbox may be an appropriate support tool.
- **Team member, such as a Health Educator,** teaches self-measured blood pressure, empowering her to 'see' and manage her blood pressure and provide her with the tools.
- **Dietitian** may provide guidance on salt intake or other nutritional issues that effect blood pressure.



Your organization may have other care team members that can contribute to the success of the WISEWOMAN Program to achieve participant goals. There may be internal processes for referral to these additional team members. Of course, a participant may not see each of these possible team members at every visit, but the same message from trusted sources adds to the success of her care plan.

The members of the team should all understand the core principles of shared goals, clear roles, mutual trust, effective communication and measurable processes and outcome. Each team member is valuable to supporting the NC WISEWOMAN Program's purpose to promote effective screening and lifestyle intervention strategies for cardiovascular health to reduce the incidence of heart disease and stroke and reduce mortality in eligible under served women of North Carolina.

NC WISEWOMAN and Team-Based Care

How to Assess Team-Based Care

The following assessment is a great way to evaluate how team-based care looks within your organization and what needs to be addressed. Each team member should complete the assessment and follow with a conversation about the results and possible areas of improvement. These results can be reassessed as often as necessary or when there are staff changes. This process can enhance team-based care by optimizing the team you already have and working with intention to involve everyone consistently on the care team.

Internal Team-Based Care Assessment						
Implementation	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**N/A**	**Comments:**
Our staff is familiar with team-based care.						
Team-based care is used in the implementation of NC WISEWOMAN Program services.						
Identifying three internal/external team members is difficult.						
Our site has an established internal and external referral process.						
While using a team-based approach to care, noticeable increase in self-efficacy has occurred for our participants.						
Staff has identified barriers that hinder effective team-based care. If so, a plan to address them has been established.						
Team Function and Communication	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**	**N/A**	**Comments:**
Systems are in place so information sharing is efficient.						
Members of the team communicate regularly to discuss roles, re-evaluate goals and participant progress.						
Our team operates at a high level of efficiency.						
Information regarding patient care is explained to patients and their families in lay terms.						
When communicating with patients, staff allow enough time for questions.						
Training and Professional Development	**Great**	**Could Be Better**	**Needs More Attention**	**Poor**	**Comments**	
How easy is it to obtain training or education to initiate or improve team-based care at your provider site?						
How would you rate your current implementation of team-based care at your provider site as it relates to the NC WISEWOMAN Program?						

NC WISEWOMAN and Team-Based Care

How to Expand the Team-Based Care Team

Think of a toolbox. A real toolbox with pliers, hammer, screw drivers and wrenches. If you had that toolbox, would you use a screwdriver to drive in a nail? Of course not! Team-based care members are as unique as the resources in your real toolbox. Not every resource is right for every woman's health goal but having a variety of resource team members to choose from helps to provide the best care for the participants of the NC WISEWOMAN Program. Most providers report that a registered nurse, advanced practice registered nurse and physician are basic members of the team. So, who else and how else can a team be built to have value-added resource persons?

Looking Inward

HEALTH EDUCATOR

Does the organization have a health educator? Health educators have been trained though formal education and continuing education to deliver health messages through many channels. Does the health educator conduct any health topic classes on subjects related to heart health. Can participants of the WISEWOMAN Program be referred to any existing classes or resources the health educator is already providing? Are there enough WISEWOMAN participants to create a class? Group instruction counts as health coaching for the Healthy Behavior Support Services.

PHARMACIST

Is a pharmacist present in the organization? Pharmacists provide appropriate medication education as part of normal work practice. Some pharmacists gain additional training and can provide expanded counseling on medication and health conditions. Collaborative Practice Agreements (CPA) document the expanded practice of pharmacists in partnership with a physician.

COMMUNITY HEALTH WORKER (CHW) OR LAY HEALTH ADVISOR (LHA)

Certified community health workers are professionals who are trusted members of the community they serve. CHWs have a deep understanding of the community. They are specifically trained to be an extension of the health care team. Lay health advisors may be trained on a single health issue though local or in-house non-certified programs. Adding CHWs or LHAs to the team-based care network can expand the reach and effectiveness of the team. Health messages that support heart health can be effectively delivered by CHWs or LHAs as health coach sessions.

DIETITIAN

Is there a dietitian in the facility? What are the procedures for referral? Are group or individualized educational sessions available? What nutrition topics are available, like healthy heart cooking, label reading, low salt diet or managing diabetes?

Looking Outward

STUDENT INTERN

A technical or vocational facility, a community college or university may provide student interns. What health care training course do the educational institutions provide? Students in CHW, licensed practical or registered nurse, exercise and fitness, sports medicine, recreational sciences or even computer science can be a resource to the team. Students can bring energy to group activities and serve as a resource for healthy behaviors. For example, Madison County, NC used a student intern to identify all healthy activities available in the county and publish them on a web page. This resource allowed providers to link participants to activities. Student interns can also lead free physical activity classes. Participation in these group classes counts a health coaching session.

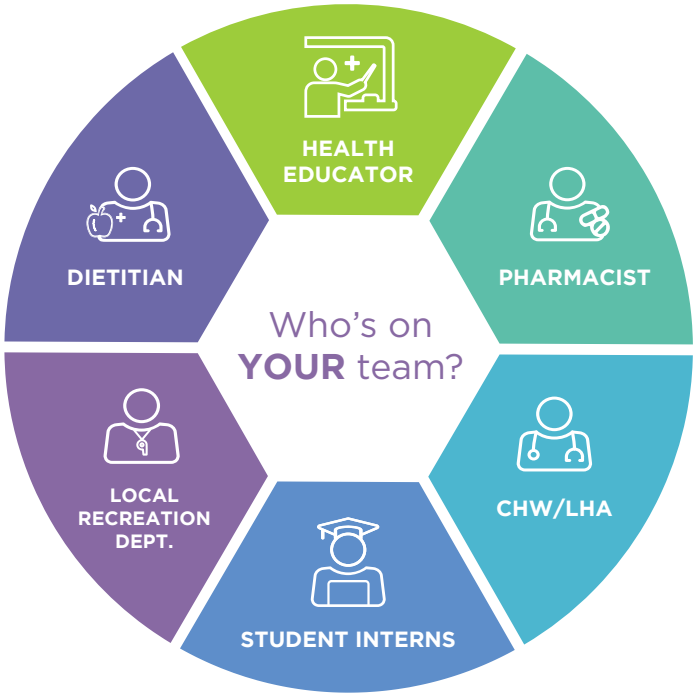
PHYSICAL ACTIVITY PROVIDERS

Who are the physical activity providers in the county or town? Does the Senior Center provide chair exercise, yoga, tai chi, or other physical activities? Do private fitness centers or gyms offer low-cost classes or would they be willing to discount classes through a relationship with the WISEWOMAN provider? County and city recreation departments may have low-cost or free activities scheduled. Local recreation departments can provide information, sometimes maps, of parks with walking trails or fitness workout stations.

NUTRITION PROVIDERS

NC Cooperative Extension food and nutrition education programs offers a variety nutrition classes to help families and youth cook healthy meals at home, be more active, save money on food costs, and handle food safely. They emphasis using local food sources including farmer's markets and seasonal foods for freshness and cost savings.

LOOK AROUND – TEAM-BASED CARE TEAM MEMBERS ARE EVERYWHERE!



NC WISEWOMAN and Team-Based Care

Including Family/Partners/Caregivers as Team Based Care Partners

Including family, extended family, partners or personal caregivers as members of the team-based care model can add valuable resources. Family members have a vested interest in helping to maintain the wellness of the primary patient. Family members can influence the primary patient positively if they understand the value they bring and are well informed on the health issues. Family members can be knowledgeable observers and reinforce wellness messages that the healthcare team provides. Healthy behavior change by one family member can have a ripple effect on the health of other family members.

Sometimes healthcare organizations do not offer to include family members because it hasn't been done in the past. A "persistent tendency to equate families with trouble is evident in both the literature and practice of medicine.[1]" Some providers think it takes too much time or they are unaware that the patient may want someone else to hear instructions and provide support at home.

CRITICAL ELEMENTS FOR HEALTHCARE TEAM WHEN INCLUDING FAMILY MEMBERS IN TEAM BASED CARE

CONSENT

Informed consent is when the patient knows and understands what will happen before it happens and agrees to it. First consideration to including family members in patient care is to determine if the patient desires to have a family member as part of their team. It is as simple as asking the patient if it would be helpful or desirable to have a family member with them during the conversation portion of their visit.

Some WISEWOMAN participants do not want a family member or other close confidant to participate in the healthy behavior health coaching session. Listen carefully to what and how the patient responds. *There may be unspoken reasons why the patient may not want a family member present.*

[1] Levine and Zuckerman, Annals of Internal Medicine 1999. Accessed 1/31/2023 from www.caregiver.org Fighting for and not with your loved one's healthcare professionals.

Be sure to emphasize that this is **an option** they can exercise, ***not a requirement.*** The value of having a family member present may assure the patient that a second pair of eyes and ears are better than one when it comes to understanding the health recommendations.

The second consideration is asking the patient in which part of the conversation she is comfortable having the family member included. Due to some cultural considerations some patients may not want family or caregivers present for all parts of the conversation. If there are some areas of confidential information which should not include the family member, those can be discussed before including the family member. The goal is to include family to the degree that the patient desires and gives consent.

COMMUNICATION

Incorporating family or partners or caregivers does not take the focus off the primary patient, but it does require attention to conversation style. Do not assume the presence of the family member or caregiver means that the patient cannot participate for herself. When there are three people engaged in conversation:

- **BE SURE TO MAKE EYE CONTACT** and speak to each one directly, **DO NOT** speak only to the family member, and
- **LEAVE SPACE IN THE CONVERSATION** for questions.

Like balancing on a three-legged stool – a triad conversation goes well when there is equal participation.

EDUCATION OF FAMILY MEMBERS "EACH ONE TEACH ONE[2]"

In the same way each member of the healthcare team teaches the WISEWOMAN participant the ways she can become heart healthier, each WISEWOMAN has the opportunity to teach her own family and social contacts how to be heart healthier. The standard practice of providing printed patient materials that support the healthy behavior change goal is still a good option. Review the support materials and reinforce the information that may be appropriate for all family members, not just the WISEWOMAN participant.

Complimentary incentive items may be offered to the family member. Including the family member strengthens the social support framework for improved compliance with goals. Family or caregivers may serve as an accountability partner increasing commitment to achieving the health goal. Cultural norms influence if, when or who may contribute the social support to positively influence health behavior.

[2] African Proverb; http://bcblackhistory.ca/each-one-teach-one ; accessed 3/6/2023.

ADDITIONAL RESOURCES FOR IMPLEMENTING TEAM-BASED CARE

Centers for Disease Control and Prevention, Best Practices Guide for CVD Prevention
www.cdc.gov/dhdsp/pubs/docs/Best-Practices-Guide-508.pdf

Centers for Disease Control and Prevention, Community Preventive Services Task Force (CPSTF), Team-Based Care to Improve Blood Pressure Control
www.cdc.gov/dhdsp/pubs/team-based-care.htm

Integrating Community Health Workers on Clinical Care Teams and in the Community
www.cdc.gov/dhdsp/pubs/guides/best-practices/chw.htm

Improve Team-Based Care and Engagement through Collaborating and Streamlined Processes-American Medical Association
https://edhub.ama-assn.org/steps-forward/module/2702513

American College of Physicians, Team Based Care Resources for Providers
www.acponline.org/practice-resources/patient-and-interprofessional-education/team-based-care-toolkit