Advancing Access to Team-Based Care

Executive Leadership Network Meeting – Oct. 29, 2019

Jennifer Rayner
Walter Wodchis
Elana Commisso
Jennifer Im
Agenda

1. Introductions
2. Research Team Presentation
3. Participating Sites’ Presentation
4. Open Discussion / Q + A
Overview

1. Provincial and Regional Context
2. Overview of TeamCare
3. AATBC Research & Evaluation Framework
4. Preliminary Results
5. Early Lessons
6. Next Steps
Provincial Context

Existing Sites (SPiN, PCO, PINOT, etc)

New Implementation sites with facilitator (4 LHINs currently)

Interprofessional Team Proposals (expansion of team-based care) 17/18, 18/19

Advancing Access to Team-Based Care
Local Design & Adaptation

• Engage local stakeholders and end-users, including clients and providers, in defining, and planning for, change

• Build on, and enhance, existing local competencies and capacity to support ongoing collaboration, integration and improvement

• Co-design and test new operational practices and procedures that support meaningful collaboration

• Use data to inform locally-defined change and improvement goals

• Support alignment with existing initiatives at regional and sub-regional levels

• Foster the development of local change champions, and communities of practice to support continued learning, communication and partnerships
Facilitation

- Supporting change and bridging cultures
  - Facilitation helps build cross-boundary teams & communities of practice
  - Facilitation creates greater integration by bridging organizational cultures not changing them
TeamCare Process

- Population Health
- Patient Experience
- Provider Experience
- Costs
## Access to Team-Based Care (w/o PCO)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of participating sites</td>
<td>8</td>
<td>20</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Total # of new clients</td>
<td>465</td>
<td>5,004</td>
<td>15,240</td>
<td>20,709</td>
</tr>
<tr>
<td>Total # of visits</td>
<td>2,358</td>
<td>12,935</td>
<td>47,059</td>
<td>62,352</td>
</tr>
<tr>
<td># of participating PCPs and NPs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,153</td>
</tr>
</tbody>
</table>
Access to Team Care

TeamCare Growth 2017-2019

# of New Clients

# of Visits

2017 2018 2019 (Q2)

No clients or visits in 2017.

Growth from 2017 to 2019 (Q2) shows a steady increase in both the number of new clients and visits.

In 2017, there were 0 new clients and 0 visits.

In 2018, there were 2000 new clients and 1000 visits.

In 2019 (Q2), there were 4000 new clients and 2000 visits.

The increase in both new clients and visits indicates a growing demand for TeamCare services.
## Access to Team-Based Care (w/ PCO)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of participating sites</td>
<td>13</td>
<td>24</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Total # of new clients</td>
<td>1,713</td>
<td>5,315</td>
<td>15,371</td>
<td>20,709</td>
</tr>
<tr>
<td>Total # of visits</td>
<td>30,937</td>
<td>21,843</td>
<td>51,819</td>
<td>104,590</td>
</tr>
<tr>
<td># of participating PCPs and NPs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,323</td>
</tr>
</tbody>
</table>
Access to Team Care

Access to TeamCare (including PCO sites)

- # of New Clients
- # of Visits

- 2017
- 2018
- 2019(Q2)
- total
Research & Evaluation
AATBC Research & Evaluation Program

- **Purpose:** to evaluate new locally-designed models of care collaboration/team-based care in diverse regional and sub-regional contexts across Ontario

- **Local context matters:**
  - Each model is adapted to its context, capabilities of sites, primary care collaborators, and patient needs

- **Early results:**
  - Provider Readiness, Team Climate
  - Patient Experience
The six competencies for doing integrated care well are...

1/ Framing and reframing issues to create clarity, enable shared purpose and build consensus.

2/ Taking the perspective of others to build trust and create safe spaces for collaboration.

3/ Co-designing care with patients and caregivers to ensure systems provide care that meets patients’ needs.

4/ Systems thinking to optimize the performance of the system as a whole

5/ Sharing power to enable others to make decisions and act

6/ Reflective learning that enables learning from successes and failures.
Quadruple Aim Framework

1) Patient Experience
   - Access to Care
   - Coordination
   - Communication
   - Continuity
   - Quality of Life
   - SDOH

2) Provider Experience
   - Team Climate
   - Knowledge Management
   - Leadership
   - Motivation
   - Relational Coordination
   - Normalization

3) Population Health
   - Primary & specialist care
   - ED Use
   - Hospitalizations
   - Post-Acute Care

4) Cost of Care
   - TeamCare Service Utilization
   - Primary Care and specialist visits
   - ED visits
   - Inpatient hospitalizations
   - Post-Acute Care
   - Total cost of care
Preliminary Results
## Advancing Access to Team-Based Care

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># of participating sites</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total # of new clients</td>
<td>265</td>
<td>1560</td>
<td>3374</td>
<td>5199</td>
</tr>
<tr>
<td>Total # of visits</td>
<td>1178</td>
<td>4189</td>
<td>14709</td>
<td>20076</td>
</tr>
<tr>
<td># of participating PCPs and NPs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>464</td>
</tr>
</tbody>
</table>
Advancing Access to Team-Based Care

![Graph showing AATBC Growth 2017 - 2019]

- **# of New Clients**
- **# of Visits**

- **Access to TeamCare in AATBC**

- **AATBC Growth 2017 - 2019**

- **Graph Data Points:**
  - 2017: # of New Clients = 0, # of Visits = 0
  - 2018: # of New Clients = 2000, # of Visits = 4000
  - 2019 (Q2): # of New Clients = 4000, # of Visits = 8000
## Overview of Findings

<table>
<thead>
<tr>
<th>Type of Data</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Experience</strong></td>
<td></td>
</tr>
<tr>
<td>• Surveys</td>
<td>2 sites; n = 38</td>
</tr>
<tr>
<td>• Interviews</td>
<td>1 site; n = 6</td>
</tr>
<tr>
<td><strong>IP Team Provider Experience</strong></td>
<td></td>
</tr>
<tr>
<td>• Baseline Surveys</td>
<td>5 sites; n = 74</td>
</tr>
<tr>
<td>• Follow-up Surveys</td>
<td>2 sites; n = 22</td>
</tr>
<tr>
<td>• Focus groups / interviews</td>
<td>5 sites; n = 77</td>
</tr>
<tr>
<td><strong>Primary Care Provider Experience</strong></td>
<td></td>
</tr>
<tr>
<td>• Baseline surveys</td>
<td>3 sites; n = 24</td>
</tr>
</tbody>
</table>
Primary Care Provider Motivation to Participate

1. Team-based care fits well with other programs in the practice.
2. Team-based care helps us meet the needs of the patients.
3. Team-based care is timely given the needs of the patients.
4. Team-based care fits well with the culture and values of the patients.
Normalization of Team-Based Care for PCPs

5. Staff at this primary care practice have a shared understanding of the purpose of the [program].
6. I understand how the [program] affects the nature of my own work.
8. There are key people who drive the [program] forward and get others involved.
9. I believe that participating in the [program] is a legitimate part of my role.
15. Sufficient training is provided to enable staff to implement the [program].
16. Sufficient resources are available to support the [program].
Interprofessional Team Readiness

1. We have a 'we are in it together' attitude.
2. People keep each other informed about work-related issues in the team.
3. People feel understood and accepted by each other.
4. There are real attempts to share information throughout the team.

Team Climate (N=70)
Communication

Q: How frequently do [IP team members / PCPs) communicate with you about patients in team-care?

Q: Do [IP team members / PCPs] communicate with you in a timely way about patients in the [program]?
## Patient Demographics

<table>
<thead>
<tr>
<th>Patients</th>
<th>n=38</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>• Under 25</td>
<td>5</td>
</tr>
<tr>
<td>• 45-64</td>
<td>1</td>
</tr>
<tr>
<td>• 25-45</td>
<td>8</td>
</tr>
<tr>
<td>• 65 and over</td>
<td>7</td>
</tr>
<tr>
<td>• Did not answer</td>
<td>3</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
</tr>
<tr>
<td>• Female</td>
<td>14</td>
</tr>
<tr>
<td>• Male</td>
<td>21</td>
</tr>
<tr>
<td>• Did not answer</td>
<td>3</td>
</tr>
</tbody>
</table>

### Education

- Bachelor’s degree: 14%
- College: 50%
- High School: 17%
- Less than high school: 5%
- Graduate / Professional: 14%

### Annual Household Income

- Under 20K: 33%
- 20-50K: 32%
- 50K+: 35%
- 50-100K: 3%

### Employment Status

- Employed: 42%
- Retired: 19%
- Unable to work: 25%
- Unemployed: 8%
- Other: 6%

### Out-of-pocket spending on care in the past 3 months

- 0: 3%
- 1-100: 13%
- 101-200: 19%
- 201-500: 30%
- 500+: 35%
15. How often do you feel isolated from others?
16. How often do you feel left out?
17. How often do you feel that you lack companionship?
18. Do you ever worry about losing your home or place to live?
19. After paying your monthly bills, do you typically have enough money left for food each month?
20. Do you ever have difficulty making ends meet / paying your bills at the end of the month?
13. In the past 6 months, did your health care team talk with you about your goals or priorities for your health?

14. If yes, in the last 6 months, did the care you received from your health care team help you meet your goals or priorities?

Meeting Client’s Goals and Priorities (n=38)
Focus Group Findings
“...a phrase that [leader] uses all the time is culture by design...a big piece of that is who you're bringing in to be a part of your organization, making sure they share those values and beliefs...the organization tries to provide a lot of opportunity for growth and when I say that I mean by like challenging peoples’ internalized beliefs already. Like at our all-staff days we'll have presentations on trauma-informed care or [IP team provider] will give some talks about how do you as a caregiver or somebody in the caring profession care for yourself. So there’s a lot of – there’s a drive here for continual betterment.”
“...a phrase that [director] uses all the time is culture by design... a big piece of that is who you're bringing in to be a part of your organization, making sure they share those values and beliefs... the organization tries to provide a lot of opportunity for growth and when I say that I mean by like challenging peoples' internalized beliefs already. Like at our all-staff days we'll have [social worker] give presentations on trauma-informed care or[...] will give some talks about how do you as a caregiver or somebody in the caring profession care for yourself. So there’s a lot of freedom to try it on your own. Like “You think this might work, this might be helpful? Go try it. Okay, what do you need from us?” That’s something you hear all the time is “You like that idea? How can I support you in making that happen? Try it and then we’ll touch base and see how it’s going.” So there’s a lot of openness around that kind of stuff.”
Team-Based Care: Wins

“...a phrase that [director] uses all the time is culture by design. A big piece of that is who you’re bringing in to be a part of your organization, making sure they share those values and beliefs. The organization tries to provide a lot of opportunity for growth, like challenging peoples’ internalized beliefs. Like at our all-staff days we’ll have presentations on trauma-informed care or [social worker] will give some talks about how do you as a caregiver or somebody in the caring profession care for yourself. So there’s a lot of – there’s a drive here for continual betterment.

Like “You think this might work, this might be helpful? Go try it. Okay, what do you need from us?” That’s something you hear all the time is “You like that idea? How can I support you in making that happen? Try it and then we’ll touch base and see how it’s going.” So there’s a lot of openness around that kind of stuff.”

“...we’re always working towards the best client-centered care, so no matter what debate or conversation we’re having it always comes back to how do we – is this the best choice for the client, for the patient coming in and no matter what’s going on. We try to adapt our situation to fit what they need.”
"I feel definitely I’m not being rushed ... [IP team provider] made me feel very comfortable ... That’s half the battle with health care, I think.”
Team-Based Care: Wins

“We're always working towards the best client-centered care, so no matter what debate or conversation we're having it always comes back to how do we—is this the best choice for the client, for the patient coming in and no matter what's going on. We try to adapt our situation to fit what they need.”

“…”a phrase that [director] uses all the time is culture by design…a big piece of that is who you're bringing in to be a part of your organization, making sure they share those values and beliefs…the organization tries to provide a lot of opportunity for growth and when I say that I mean by like challenging peoples' internalized beliefs already. Like at our all-staff days we'll have presentations on trauma-informed care or [social worker] will give some talks about how do you as a caregiver or somebody in the caring profession care for yourself. So there’s a lot of—there’s a drive here for continual betterment.”

“I feel definitely I’m not being rushed…[IP team provider] made me feel very comfortable…That’s half the battle with health care, I think.”

“Well, I told [primary care physician] for about a year and half, two years, that I have extreme anxiety … I have a hard time with people listening to my needs … my life was hell before I started seeing [IP team provider member], and then once I got a grip on how I could get a grip on anxiety and depression, it just made me stronger.”
“I do know from experience that if you're just sending a letter it’s hard to put a face to the recommendation and then it is harder to build trust over time and even just trying to call the provider, that can be challenging as well.”
“Perhaps confusion...it wasn’t explained properly. Honestly, 5-6 months after we had [program], I still don’t know what am I doing…”

“...where did [the program] come from? Did you create it?”

“I do know from experience that if you’re just sending a letter it’s hard to put a face to the recommendation and then it is harder to build trust over time and even just trying to call the provider, that can be challenging as well.”

“Perhaps confusion...it wasn’t explained properly. Honestly, 5-6 months after we had [program], I still don’t know what am I doing…”

“I do know from experience that if you’re just sending a letter it’s hard to put a face to the recommendation and then it is harder to build trust over time and even just trying to call the provider, that can be challenging as well.”
“... If I went to one of the managers and said what communication are you having your staff send to the primary care providers who have made these referrals they wouldn’t know...It’s just very unclear because it’s a separate program...The person who’s managing this program is not managing any personnel and then the people who are not managing this program are managing the personnel. So the information is just not being disseminated about what is expected – like about communication especially...it’s a little bit siloed”
Team-Based Care: Challenges

“So a lot of times, I have clients that would walk in with a paper not knowing why they are here”
Team-Based Care: Challenges

“I think the onus is on us ... to make those connections ... **Physicians don’t understand ... the full range of services or the potential of those services.**”
### Early Learnings

<table>
<thead>
<tr>
<th>Truisms</th>
<th>Enablers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership that enables change</td>
<td>• Clear vision and direction for change</td>
</tr>
<tr>
<td></td>
<td>• Dedicated time and resources for change work</td>
</tr>
<tr>
<td></td>
<td>• Removal of obstacles</td>
</tr>
<tr>
<td>Strong organizational culture</td>
<td>• Psychological safety</td>
</tr>
<tr>
<td></td>
<td>• Growth-mindset</td>
</tr>
<tr>
<td>Effective teaming including with primary care (e.g. role clarity, communication)</td>
<td>• Relationship building including learning about expertise, experience, and backgrounds</td>
</tr>
</tbody>
</table>
## Practical Strategies

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Frontline examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear vision</td>
<td>• Visioning and collaborative goal-setting exercises</td>
</tr>
<tr>
<td>protected time and resources</td>
<td>• Role scoping</td>
</tr>
<tr>
<td></td>
<td>• Empowering staff to problem-solve and test new ideas</td>
</tr>
<tr>
<td>Safe environment</td>
<td>• Creating feedback loops for open communication</td>
</tr>
<tr>
<td>Growth-mindset</td>
<td>• Asking questions rather than making statements</td>
</tr>
<tr>
<td>Role clarity</td>
<td>• Creating opportunities to connect PCPs and IP members (e.g. speed dating to learn about roles with PCPs)</td>
</tr>
<tr>
<td>Clear communication pathways</td>
<td>• Clear process maps</td>
</tr>
</tbody>
</table>
Next Steps

1) Patient Experience
   - Access to Care
   - Coordination
   - Communication
   - Continuity
   - Quality of Life
   - SDOH

2) Provider Experience
   - Team Climate
   - Knowledge Management
   - Leadership
   - Motivation
   - Relational Coordination
   - Normalization

3) Population Health
   - Primary & specialist care
   - ED Use
   - Hospitalizations
   - Post-Acute Care

4) Cost of Care
   - TeamCare Service Utilization
   - Primary Care and specialist visits
   - ED visits
   - Inpatient hospitalizations
   - Post-Acute Care
   - Total cost of care
Questions & Discussion

jennifer.rayner@allianceon.org
Walter.wodchis@utoronto.ca
Supplementary Slides
Primary Care Provider: Demographics

**Age**
- 20 - 30: 57%
- 31 - 45: 22%
- 46 - 60: 13%
- 61+: 9%

**Gender**
- Woman: 54%
- Man: 46%

**Practice Model**
- Family Health Organization: 75%
- Family Health Group: 4%
- Fee-For-Service: 13%
- Family Health Team: 8%
## IP Team Members

<table>
<thead>
<tr>
<th>IP Team</th>
<th>n = 74</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>• 20-30</td>
<td>11</td>
</tr>
<tr>
<td>• 31-45</td>
<td>39</td>
</tr>
<tr>
<td>• 46-60</td>
<td>19</td>
</tr>
<tr>
<td>• 60 +</td>
<td>3</td>
</tr>
<tr>
<td>• Did not answer</td>
<td>2</td>
</tr>
<tr>
<td><strong>Gender Identity</strong></td>
<td></td>
</tr>
<tr>
<td>• Woman</td>
<td>58</td>
</tr>
<tr>
<td>• Man</td>
<td>13</td>
</tr>
<tr>
<td>• Did not answer</td>
<td>3</td>
</tr>
</tbody>
</table>
IP Team – Primary Roles

- Frontline Health Care Provider: 71%
- Nursing: 19%
- Social Work: 16%
- Mental Health: 9%
- Dietician: 8%
- Respiratory Therapy: 6%
- Pharmacy: 5%
- Chiropody: 5%
- Physical Therapy: 3%
- Manager/Director: 15%
- Administrative staff member: 11%
- Executive: 3%
5. This organization collects a wide range of data and information to improve the work of the organization.

6. This organization uses data and information to improve the work of the organization.

7. People in this organization have the information they need to do their jobs well.

8. People in our organization actively seek new ways to improve what we do.

9. After we have made a change in how we work, we then check to see if it is a success.

Knowledge Management (N=71)

Strongly disagree
Disagree
Slightly agree
Moderately agree
Strongly agree
10. We have clear leadership in our team.

11. Our leadership approaches collaboration by relying heavily on building trust among stakeholders.

12. Our leadership removes obstacles that prevent our initiatives from being implemented.

Leadership (N=71)
Knowing How to Manage Health

6. Does your health care team give you a sense of control over your health?
7. Does your health care team help you feel that sticking with your treatment would make a difference?
8. Does your health care team help you feel better able to take care of your health?

16. How certain are you that you can do the different tasks and activities needed to take care of yourself and see your doctor less often?
17. How certain are you that you can keep any other symptoms or health problems you have from getting in the way of the things you want to do?