

Providing High Quality Team-Based Care: Why the Physician?

(Part 1)



We are about to embark on a topic that invites a few questions.

- ▶ Is team-based care new?
- ▶ Does it need to be physician-led?
- ▶ What benefits can this care model bring?
- ▶ How to ensure high quality with a team comprising physicians, nurse practitioners, administrators and others?

Is team-based care new? What is it?

Well, team-based care is not new. Its origins could be traced to sources including the Chronic Care Model in the 1990s.

It is a strategic redistribution of work among members of a practice team. By involving other staff in patient care, it frees up the physician to focus his time and attention on the patient. At the same time, other team members are kept abreast on the patient's health history and status with the objective of handling care coordination, treatment follow-through, administration, documentation and post-visit care.

Does the care-giving team need to be physician-led?

All members of the team are essential and just as important. But strong reasons exist for physician leadership.

(1) Physicians undergo significantly more training

According to the American Association of Family Physicians ("Primary Care for the 21st Century", 18 September 2012), a primary care physician undergoes 21,700 hours of clinical education and training, compared to an average of 5,350 hours of advanced practice registered nurses (APRN) clinical education and training.

In other words, nurse practitioners (NPs) receive only 5.5 to 7 years of education compared with 11 years for a physician. On top of that, the clinical experience that NPs receive within that education is only one-fifth of the clinical experience a physician receives.

Patients also value this extensive / intensive training. The American Medical Association conducted a survey in March 2012 where 91 percent of 801 adult respondents said that a physician's years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency.

(2) Physicians contribute more to patient satisfaction

Harris Interactive surveyed 2,311 adults in 2012 on the importance of various aspects of a satisfactory experience in a health care visit.





Of the top six factors, four factors are physician-linked with the top factor supporting our earlier proposition that patients place utmost importance on a physician's knowledge, training and expertise.

(3) Primary Care's rising complexity

Primary care practices are increasingly tasked to provide more complex care. The primary care physician is trained to provide a complex differential diagnosis, develop an overall health treatment plan and interpret tests within the context of the patient's overall health condition. Nursing and other health professionals are trained to provide health services not requiring a physician's authority or expertise. The physician needs his support staff while the support staff needs leadership.

Benefits of Physician-led Team-based Care Model

Such a model can reduce costs, raise productivity and improve health management.

Without citing actual salaries or compensation, let's work out some cost savings using simple arithmetic. Let's suppose a physician's time costs \$3 a minute while a health care associate's time costs \$1.10 on average. Will it make more sense to get the physician to do strategic planning, select suitable staff to join his team, assign them duties compatible with their strengths, so that he can focus on the client who will be the one paying the dollars?

(A calculator is available at <https://www.stepsforward.org/modules/team-based-care>, if you wish to work out some actual figures.)

Productivity gains can be obtained from having each team member perform the tasks he is trained for, as efficiently and effectively as possible. Cross-functional feedback, support and collaborations will help them discover ways to improve.

With chronic disease management becoming critically urgent, team-based care could extend the reach of health care into the heart of the community.

Achieving high-quality physician-led team-based care

A high-quality team is likely to deliver high quality care. The American Academy of Family Physicians' report, "Primary Care for the 21st Century: Ensuring a Quality, Physician-led Team for Every Patient", suggests an ideal practice ratio: approximately 4 NPs to 1 physician. However, this ratio works best for the patient-centered medical home (PCMH).

For other health care setups, the team composition can vary.

Participants drawn from the Best Practices Innovation Collaborative of the Institute of Medicine (IOM) Roundtable on Value & Science-Driven Health Care produced a joint paper titled "Core Principles & Values of Effective Team-Based Health Care" in which they cited examples including the following:

Health Care Setup	Team Composition
Department of Veterans Affairs Patient-Aligned Care Teams (PACT) Nationwide	A veteran, a registered nurse (RN), a physician, a licensed practical nurse, and a clerical assistant. The RN functions as a care manager for the team.
Hospice of the Bluegrass Kentucky	Hospice physician, on-call nurse, nurses, certified nursing assistants, chaplains, bereavement counselors, social workers, and volunteers.
Park Nicollet St. Louis Park, Minneapolis	Clinical pharmacists, nurses, physicians, social workers, mental health professionals, diabetes educators, care coordinators, and more.
Cincinnati Children's Family- and Patient-Centered Rounds Ohio	The patient and their family, and the hospital physicians, nurses, administrative staff, and others.

These examples show varied approaches but clearly demonstrate that the patient and their family can be part of the health management team. Who knows what it feels like as much as the person who is feeling it?

For examples of high-functioning, physician-led, integrated health care systems, we can take a page from Geisinger, Intermountain Healthcare, Kaiser Permanente, and Mayo Clinic. It has been said that in these organizations and other physician-led teams, the focus shifts towards what the team can do rather than what the individual practitioner can do.

Conclusion

In their feature titled "Across the Chasm: Six Aims for Changing the Healthcare System", the Institute for Healthcare Improvement exhorted: "All levels require dramatic improvement, from the patient's experience — probably the most important level of all — up to the vast environment of policy, payment, regulation, accreditation, litigation, and professional training that ultimately shapes the behavior, interests, and opportunities of health care. In between are the microsystems that bring the care to the patients, the small caregiving teams and their procedures and work environments, as well as all the hospitals, clinics, and other organizations that house those microsystems."

Team-based care has a key role to play in closing the gaps in patient care continuity. With care continuity becoming an increasingly common goal, there is greater justification for a team-based model where professionals contribute in their various capacities in a coordinated and concerted effort towards better patient outcomes.

This article is Part One of a Three-Part series discussing physician-led team-based care. Look out for Parts Two & Three in our April and May newsletters.