Deep Dive –
Team-Based Care Organization

Team-Based Care Organization

Team-based care organization refers to groups of providers with diverse education and capabilities. Working together and leveraging their distinct expertise, these teams are designed to provide comprehensive, coordinated, and efficient primary health care to patients. Effective team-based care involves two central components: comprehensive team composition and strong team culture focused on communication, respect, and trust between team members.

Visual Aid - Team-Based Care Organization

Team-Based Care Organization

Structure of the Team
There is no ideal team size or composition. These depend on the needs and size of the patient group, as well as the competencies of the health workforce.

- Community Health Workers
- Nurses
- Physicians
- Pharmacists
- Administrative Staff

Strong team-based care makes PHC offerings more comprehensive and contributes to better coordination of care.
Team-Based Care Organization is a component of Facility Organization & Management

System
- Governance & Leadership
- Primary Health Care Policies
- Quality Management Infrastructure
- Social Accountability

Health Financing
- Payment Systems
- Spending on Primary Health Care
- Financial Coverage

Adjustment to Population Health Needs
- Surveillance
- Priority Setting
- Innovation & Learning

Inputs
- Drugs & Supplies
- Facility Infrastructure
- Information Systems
- Workforce
- Funds

Service Delivery
- Population Health Management
  - Local Priority Setting
  - Community Engagement
  - Empowerment
  - Proactive Population Outreach
- Facility Organization & Management
  - Team-based Care Organization
  - Facility Management
  - Capability & Leadership
  - Information Systems Use
  - Performance Measurement & Management Outreach

Outputs
- Access
  - Financial
  - Geographic
  - Timeliness
- High Quality Primary Health Care
  - First Contact Accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Person-centered
- Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
  - Childhood Illness
  - Infectious Disease
  - NCDs & Mental Health
  - Palliative Care

Outcomes
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Team-Based Care Organization is a component of Facility Organization and Management

Facility Organization and Management
Team-Based Care Organization
Facility Management Capability and Leadership
Information Systems Use
Performance Measurement and Management

Team-Based Care Organization

Facility Management Capability and Leadership

Information Systems Use

Performance Measurement and Management
What can you learn about Team-Based Care Organization from the Improvement Strategies?

**SECTION 1**

**What is Team-Based Care Organization**

**What it is:** Learn more about the core principles and goals of Team-Based Care Organization and its role in PHC improvement.

**SECTION 2**

**How do I assess my performance?**

**What it is:** Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Team-Based Care Organization.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

**SECTION 3**

**How do I get started?**

**What others have done:** Learn from implementation approaches and challenges in other country contexts.

**How to succeed:** Consider your country context, what elements are not functioning properly, and what needs to be in place to support effective improvements.

**What to ask:** Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

**Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.**
What can my country achieve by focusing on Team-Based Care Organization?

Goals & Outcomes

✓ Enables more comprehensive PHC services and contributes to better coordination of care

✓ Supports improved patient experience and satisfaction

✓ Strengthens provider experience, collaboration, and motivation
Team-Based Care Organization – How do I assess my performance?

Learn more about whether you should focus on Team-Based Care Organization in the Vital Signs Profile.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.
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Use the information in the Vital Signs Profile to help determine relevant areas of improvement.

Measure 29: Team-Based Care Organization

Measure 30: Facility Management Capability and Leadership

Measure 31: Information Systems Use

Measure 32: Performance Measurement and Management

Measure 33: Performance Measurement and Management – Supportive Supervision
What are other indications that Team-Based Care Organization might be an appropriate area of focus?

**Access barriers**
A significant portion or specific segments of the population have difficulty accessing high-quality, comprehensive care.

**Provider capacity**
Providers do not have the relevant skills, knowledge, and expertise to carry out their responsibilities or receive too few or too many patients relative to their capacities.

**Discontinuous patient experience**
Patients do not have continuous relationships with care providers.

**Fragmented communication and poorly coordinated care**
Care teams are in place but systems to coordinate patient care and delegate tasks between team members are fragmented or not in place.

**Skills imbalance**
Care teams are in place but team members are not equipped with the appropriate range of skills, knowledge, and expertise to provide comprehensive, holistic care.
Team-Based Care Organization - What is it?

Learn more about the core principles of Team-Based Care Organization and what you can achieve by focusing improvements in the What it is section.
What is Team-Based Care Organization?

Team-Based Care Organization refers to a strategic redistribution of work among members of a practice team by which all members play an integral role in providing patient care and share responsibilities for better care.

Effective team-based care involves two central components: comprehensive team composition and strong team culture focused on communication, respect, and trust between team members.
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Why it’s important

promotes comprehensive, coordinated care
Team-based care organization establishes a way for groups of providers with diverse education and capabilities to work together and leverage their distinct expertise to support the delivery of comprehensive, coordinated PHC.

Supports a diverse, sustainable PHC workforce
Care teams that integrate a diverse range of occupations, including mid-range and/or community-based workers, can help to support the realization of a diverse, sustainable workforce with the skills and reach needed to meet a comprehensive set of population health needs.

Strengthens service delivery
By reorienting health systems toward person-centered integrated care models made up of skilled multidisciplinary PHC teams, countries have the potential to strengthen the quality of PHC service delivery and achieve better population health outcomes for all.
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Effective team-based care involves two central components: **comprehensive team composition** and strong **team culture** focused on communication, respect, and trust between team members.

### Characteristics of care teams

- **Team identity**
- **Regular team meetings**
- **Clearly defined roles and responsibilities** that are uniformly understood by all team members
- **Shared goals** of providing quality patient care that individual teammates cannot achieve on their own
- **Mutual accountability** structures in which each team member can be held accountable by any other team member
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**Building a team**

- **Determining the size of a care team**
  This involves consideration of population health needs and provider capacity.

- **Determining the composition of a care team**
  Determining an optimal composition requires consideration of existing cadres within the country - including their size, skills, and training – and their ability to meet the needs of their patient panel.

- **Delegating responsibilities**
  Considering the skills and training for each member of the care team as well as rules and regulations within the facility, stakeholders can begin delegating necessary clinical and administrative tasks between team members.

- **Cultivating team culture**
  Simultaneously, facility leaders and team members should work to build a strong team culture focused on communication, respect, and trust between team members.
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Cultivating team culture

**Cultivate a collaborative mindset**
Effective care teams must not only have an appropriate mix of providers with differing skill sets but must also function as a singular unit to provide effective, coordinated, and comprehensive care to their population.

**Promote collective responsibility**
Coherent and unified teams should share a sense of collective responsibility and have well-defined but flexible roles and work procedures.

**Encourage interprofessional education**
Sensitizing providers to the skill sets and values of other cadres during medical or continuing education may make them stronger collaborators when they are part of care teams in facilities.
Visual aid: Team-Based Care Organization

Team-Based Care Organization

Strong team-based care makes PHC offerings more comprehensive and contributes to better coordination of care.

STRUCTURE OF THE TEAM
There is no ideal team size or composition. These depend on the needs and size of the patient group, as well as the competencies of the health workforce.

TEAM CULTURE
Team members should work to build a strong team culture to support patients. It is important that team members:

- Communicate about delegation of responsibilities
- Build respect and trust within the team
- Share a sense of collective responsibility for the health of their patients
Team-Based Care Organization – How do I get started?

Derive information from What others have done, What to ask and How to succeed to help determine where and how you might begin to plan and enact forms in your country context.
Planning for improvement in your context

The guidance and recommendations described within the Team-Based Care Organization module are not intended to provide a one-size-fits all solution.

The considerations involved in planning and implementing strategies will depend on your local context.

Sample activities

- **Consider** implementation challenges and approaches in other country contexts

- **Consider how the features of your health system**, such as how decisions get made and the role of the private sector, will impact your improvement plans

- **Identify** key elements that need to be in place to support improvements

- **Use the guiding questions in the Improvement Strategies** to spur thinking about Team-Based Care Organization in your country context and stimulate ideas for improvement

- **Start to develop** an improvement plan
Planning for improvement in your context

While the **specific considerations** involved in planning and implementing strategies **will depend on your context**, you might consider...

To **build care teams** tailored to the needs of the population and existing resources, consider:

- **Factors that impact size and composition of the care team**
  - Population health needs
  - Human resource supply
    - Existing provider knowledge, skills, and expertise
  - National policies for care delivery

- **Factors that impact team culture**
  - Organizational support and commitment to team-building
  - Team trust and understanding of team roles
  - Interprofessional education and training
Learn from what others have done

Family Health Teams | Brazil
Improving health outcomes and coverage through Family Health Teams

Cambridge Health Alliance | Boston, USA
Building a patient-centered model of care through multidisciplinary care teams
Brazil: At-a-glance context

Latin America & Caribbean

Upper-Middle Income

Portuguese-speaking country
Brazil: At-a-glance context

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<table>
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<th>Percentage of population living under $1.90 per day</th>
<th>Population</th>
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</thead>
<tbody>
<tr>
<td>14%</td>
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</tr>
</tbody>
</table>
Learn from what others have done: Brazil

Approach

Since 1994, Family Health Teams have been a primary component of the Brazilian Family Health Strategy.

Each FHT is geographically assigned to a panel of ~600-1000 families and include:
- General practitioner
- Nurse
- Auxiliary nurse
- Multiple CHWs

Clinical, organizational, and outreach responsibilities are delegated among team members to support the delivery of comprehensive, coordinated care.

Findings

The FHS has contributed to improvements in health outcomes and coverage, including:

- Decreased hospital admissions due to diabetes
- Decreased child and infant mortality
- Increased child completion of antenatal care
Learn from what others have done: Brazil

- **Strengthens geographic access to comprehensive care:** Families are geographically empaneled to FHTs and regularly visited by CHWs, who provide preventive care in their communities and homes.

- **Supports local data for decision-making:** CHWs perform disease surveillance, collect vital data, and use this data to support teams to liaise with communities and tailor care to specific population needs.

- **Establishes clear management structures:** Within the FHS team structure, nurses have both clinical and organizational responsibilities and nurses are designated as team leaders.
Learn from what others have done: Brazil

- **Facility management capability and leadership:** Despite being designated as team leaders and tasked to coordinate CHWs, nurses reported little autonomy, support, and control over the environment in this role.

- **This finding underscores the value of incorporating leadership support, training, and frequent monitoring when implementing care teams.**
Boston, USA: At-a-glance context

North America

High-Income

English-speaking country
Learn from what others have done: Boston, USA

Why reforms were needed

• Meet the complex needs of underserved patient populations

• Strengthen team’s capacity to effectively manage care in the context of limited resources and infrastructure

• Align with a patient-centered model of care and build patient-provider respect and trust

Approach

The Cambridge Health Alliance (CHA) has undergone numerous innovative reforms to align with a patient-centered model of care

The CHA’s Team-Based Model of Care is made up of a comprehensive, multidisciplinary team, including a:

• Primary care provider
• Registered nurse
• Medical assistant
• Medical receptionist, and/or licensed practice nurse
• Planned care coordinator
• Clinical pharmacist
• Registered dietician
• Social worker
Learn from what others have done: Boston, USA

- **Multidisciplinary, skilled workforce:** Although the relevant occupations will differ between countries, the CHA model of care showcases the diverse range of occupations that can work together to support person-centered, comprehensive care.

- **Effective collaboration and communication:** Teams meet for 10-minute huddles at least once a day to review the flow of the day, how they can support each other, and plan for patient care.
What elements should be in place to support effective improvements in Team-Based Care Organization?
In order to establish robust care teams, countries must have an appropriate quantity and mix of available providers meet population health needs.
What elements should be in place to support effective improvements in Team-Based Care Organization?

To ensure providers reliably show up to work and fulfil their responsibilities as a team member, providers be **available, motivated, and competent**. This includes clinical competencies and personality traits that make them likely to be strong team members.
What elements should be in place to support effective improvements in Team-Based Care Organization?

Care teams must be supported by adequate inputs in order to effectively carry out their duties, including access to a **reliable supply of essential drugs**.

Additionally, while some services can and should be delivered outside of the facility, it is important to have a **physical facility** where community-based providers can gather and where necessary medicines, equipment, and supplies can be kept.
What elements should be in place to support effective improvements in Team-Based Care Organization?

While **empanelment** is not required for the development of care teams, **information on panel size, demographics, burden of disease, and geographic spread** will help determine the number of providers, mix of expertise, and distribution of tasks within teams.
The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

Sample questions

☐ What is the current mix of providers in the country? How does their training and scope of work differ?
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

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Sample questions

☐ What is the current mix of providers in the country? How does their training and scope of work differ?

☐ What are the various tasks performed in facilities and which require specific medical training? Are workers performing at the top of their license or practice? Would shifting responsibilities within the health workforce improve efficiency?
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☐ If care teams were instituted, who would be responsible for guiding team training and fostering a vision for team-based care?
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- If care teams were instituted, who would be responsible for guiding team training and fostering a vision for team-based care?

- If care teams were instituted, how would this change in service delivery be communicated to patients?
Recap: Team-Based Care Organization

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