



Wisconsin Council on  
Medical Education & Workforce

# Building a Culture for Patient- Centered Team-Based Care in Wisconsin

## Summary of the Proceedings Executive Summary

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## **Executive Summary**

### **Creating a Culture of Patient-Centered Team-Based Care**

#### **Background**

Achieving the triple aim of “access, quality, and cost” continues to be a widespread shared vision within Wisconsin’s health care community. What we’re doing now as health care providers and systems falls short of patient, provider, and payor expectations. It’s time to try something different. In January 2014, the Wisconsin Medical Society, Wisconsin Hospital Association, and the Wisconsin Nurses Association came together to discuss health care redesign strategies, most notably patient-centered team-based care. All agreed that it was time to embrace, promote, and support models of patient-centered team-based care in Wisconsin. Critical to this is changing the culture if such advances are to be sustained. According to the U.S. Centers of Disease Control and Prevention, team-based care has the potential to improve the effective delivery and use of clinical and other preventive services to prevent disease, detect diseases early, and eliminate risk factors and mitigate or manage complications of chronic disease (Naylor MD, Coburn KD, Kurtzman E. March, 2010).

Drivers supporting a deeper and broader examination of team-based care are many and include but are not limited to: (1) supports for care coordination as outlined in the Affordable Care Act; (2) two publications that include *Who Will Care For Our Patients?* and *100 New Physicians a Year: An Imperative for Wisconsin* (Wisconsin Hospital Association, March 2004, and November 2011) which emphasized the need to continue dialogue and discovery of models of team based care in Wisconsin; (3) the *Summit 2.0 – Primary Care Workforce Summit Plan Development Meeting* (Wisconsin Academy of Family Physicians, November 13, 2013); (4) increasing interest in team-based care among Wisconsin’s health care providers; (5) Reference Report *Care Coordination and Nursing’s Role* (Wisconsin Nurses Association, 2011); (6) Medicare payment for quality outcomes; (7) associated penalties for readmissions less than 30 days post discharge; and (8) a growing body of literature and evidence for team-based care.

#### **Vision for the Conference**

Based on these aforementioned factors, a unique and innovative one-day summit was created, sponsored by WCMEW, to focus on Wisconsin health care organizations that are creating a culture of patient-centered team-based care. It was envisioned that such a statewide event would provide the opportunity for attendees to engage in discussions about how cooperation and integration health professionals leads to continuous improvement of patient care. The conference would be entitled: *Building a Culture for Patient-Centered Team-Based Care*.

#### **Planning Committee**

To be successful, WCMEW ascertained that it would require a shared vision from a diverse planning team who could tap the expertise of “grass tops” and “grass roots” leadership for team-based care in Wisconsin communities and Wisconsin health care organizations and systems. It was further agreed that reaching the diverse voices of health care providers and key community-based organizations serving patients, families, and population groups was needed and that a rural, suburban, and urban perspective was paramount to assure balance.

In February 2014 a planning committee was formed under the leadership of WCMEW. Members included: Wisconsin Rural Health Cooperative, Pharmacy Society of Wisconsin, Wisconsin Nurses Association, Wisconsin Medical Society, Wisconsin Hospital Association and the Wisconsin Academy of Physician Assistants. The planning committee targeted its conference outreach to health care professionals interested in implementing successful teams in their organizations, including: physicians, nurse leaders, nursing staff,

pharmacists, physical therapists, physician assistants, advance practice registered nurses, social workers, administrative leaders, and any other health care staff who design and support team-based care initiatives within their organizations.

### **Processes Used to Develop the Conference**

In designing the agenda, Co-chairs Charles Shabino, MD, Chief Medical Officer, Wisconsin Hospital Association, and Gina Dennik-Champion, MSN, RN, MSHA, Executive Director, Wisconsin Nurses Association and the Wisconsin Council on Medical Education and Workforce (WCMEW) planning committee posed five key questions to guide planning processes:

1. What is the state of team-based care in Wisconsin?
2. Why are teams formed?
3. What are the key ingredients needed for teams to be successful?
4. What are the barriers to team-based care?
5. How do we as a state move team-based care forward?

Using these questions as a foundation, the planning committee reached out to health care organizations and professional associations for the purpose of developing the statewide summit. Abstracts were widely solicited from Wisconsin teams who could address one of three topics that provided the “best fit” for their team: (1) mission and driving forces; (2) team interaction and culture; and (3) patient population served and outcomes. In the end, 40 abstracts were received and published in a conference compendium, 12 abstract authors were invited to formally serve as panel presenters, and 25 poster presenters shared their team-based care approaches and experiences during the conference.

Additionally, three keynote presenters were invited to lay a foundation of the conceptual, professional, and practical considerations in developing and sustaining patient-centered team-based care. The keynotes included Maureen Smith, MD, MPH, PhD, University of Wisconsin; Andy Anderson, MD, MBA, Aurora Health Care Inc.; and Richard Dart, MD, President, Wisconsin Medical Society. After the luncheon keynote, attendees viewed over 30 abstracts and Gina Dennik-Champion, RN, MSN, MSHA, Wisconsin Nurses Association closed the conference with a synopsis of what was learned using the five questions posed above by the conference planning committee.

## **The Conference – Creating a Culture for Patient-Centered Team-Based Care**

On November 12, 2014, the conference was held in the Wisconsin Dells, Wisconsin. Approximately 200 people participated in dynamic learning that included a welcome session, three keynote addresses, twelve panel presentations, and a closing session. The key messages from the conference presenters and panelists are summarized as follows:

### **Welcome and Opening Remarks**

Dr. Charles Shabino, MD, provided opening remarks and set the overall tone of the conference. He encouraged all participants to visit the poster presentations during the luncheon break. He then shared the five key questions that were identified as important to the outcome of the conference and laying the groundwork for future collective action.

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## **Keynote #1: The New Role of Teams in the New American Population Health**

Dr. Maureen Smith, MD, MPH, PhD focused her remarks on the rationale for team-based care and offered a conceptual framework for team collaboration and patient coordination, particularly for those patient populations with chronic diseases. She stressed the importance of team training.

When conceptualizing and implementing team training it is important to: train teams in skill sets correlated to success; build team training around a project; create an environment that supports the team and utilization of the following three elements of training be addressed: knowledge, skills, and attitudes. She recommended two evidence-based training frameworks:

- *TeamSTEPPS*: Known as *Team Strategies to Enhance Performance and Patient Safety*, this “train-the-trainer” framework was developed by the U.S. Department of Defense, Agency for Healthcare Research and Quality, and the American Institutes for Research. There is a national infrastructure for this framework which can be customized for any organization. It uses knowledge, skills, and attitudes. To learn more, go to: <http://www.ncbi.nlm.nih.gov/books/NBK43686/>
- *Medical Team Training* is a framework developed by the Veterans Administration Center for Patient Safety and Medical Team-Training. This is a “train-the-staff” model and focuses on “teams building teams.” This includes learning sessions led by a multidisciplinary team that includes leadership; peer-to-peer communication; follow up support to teams that are trained; and simulation. To learn more, go to: <http://www.ncbi.nlm.nih.gov/pubmed/17566541>

Dr. Smith stressed that team leadership is not enough. The system itself is a crucial element if a team is to be successful. The system creates the environment.

## **Keynote #2: Cultures that Make Teams Successful**

Andy Anderson, MD, MBA addressed the need for communicating a burning platform for change and the elements of team-based culture. He stressed that competence, relatedness, and autonomy must undergird effective team development. He described the current health care landscape in terms of our current focus on volume-based/episodic care to a desired future state hallmarked by value-based and continuous care. He provided an in-depth overview of the team-based care model being adopted across the Aurora Health System in Milwaukee, Wisconsin. Aurora’s conceptual framework for team-based care employed two evidence-based training frameworks: TeamSTEPPS and LEAN. He provided an overview of teamwork elements and practical tools that included: mutual support; task assistance; feedback using an “assertive statement” methodology; closed-loop communication; situation, background, assessment; “SBAR” huddles; white boards; and the importance of patient-centeredness.

## **Panel Presentations**

Three panels presented throughout the day each focusing on an important element of successful team development and implementation.

### **Panel #1**

The first panel addressed the importance of an organization-wide mission that recognizes and responds to the internal and external driving forces. The different models offered by the panelists included:

- PACE and Family Care Partnership, Community Care, Inc.
- APRN Hospitalist Programs in Rural, Critical Access Hospitals, Ministry Health Care
- VA GRECC Connect Geriatrics Clinic, William S. Middleton VA Hospital
- HIV and Integrated Mental Health Services, Medical College of Wisconsin

## **Panel #2**

Members presented their models that included a conversation about team interaction and culture. The panelists also shared information on the populations that they served. Panelists represented the following organizations and their team-based model:

- Acute Care for Elders (ACE) Team, UW Hospitals & Clinics
- Wisconsin Avenue Clinic Patient-Centered Team, Wheaton Franciscan Healthcare – All Saints
- UW Family Medicine Clinics, Aurora Health Care
- Palliative Care, Monroe Clinic

## **Panel #3**

Members presented information on the team-based care model from the perspective of the patient population served and care outcomes. They shared the importance of collecting and analyzing data in order to demonstrate the success or improvements needed for the team. The members of the panel represented the following organizations.

- Tracheostomy and Home Ventilator, Children’s Hospital of Wisconsin
- New London’s Line Up, ThedaCare Physicians
- Ambulatory Pharmacy Department, Froedtert and the Medical College of Wisconsin
- Primary Care Services for the Hispanic Population, Sixteenth Street Community Health Centers

## **Keynote #3: Team-Based Care: A Commentary**

Richard Dart, MD, reported that he has made team-based care his priority in his current term as President of the Wisconsin Medical Society. He reported the many complexities that health care providers face in delivering quality care. He stressed the importance of multidisciplinary team work and collaboration. He described the challenges of complex care management and highlighted the components of team-based care that included leadership, compassion, and caring. He said that health care is important and expensive and that insurance companies and employers constantly say that health care “costs a lot” and they pay the bills. He said it was our shared obligation to show them “what we are going to do about this.” He closed by citing the Voltair quote: *Don’t let the perfect be the enemy of the good.*

## **The Day’s Recap and Next Steps**

Gina Dennik-Champion, RN, MSN, MSHA, provided a comprehensive synopsis of the day’s learnings framed by the five questions posed at the outset of the conference. Team-based care has the potential to produce high rates of patient satisfaction by listening to the patient perspective and getting them the help they need. Most of what we’re doing now doesn’t meet patient, provider, and payor expectations. Teams are created to assure patient safety, quality, and patient-centered care.

Teams are also created to control costs. Teams have the potential to deliver on all three levels of prevention: primary, secondary, and tertiary. She stressed that, at the macro level, teams need the collective support and collaborative engagement from parent organizations if patient-centered team-based care is to move forward and be sustained as a critical health care system redesign strategy.

## **Poster Sessions**

The conference also included time for review of 25 submitted posters. The poster session provided an opportunity for poster authors to dialogue with the conference participants about team-based care models and programs.

## **Next Steps**

In a collaborative effort between the Wisconsin Council on Medical Education and Workforce and the Wisconsin Nurses Association, a set of conference proceedings is expected to be published in March 2015 to lay the groundwork for future action. Readers should be aware that a compendium of conference abstract

submissions was developed by the Wisconsin Nurses Association and published in early November 2014 by the Wisconsin Council on Medical Education and Workforce. These publications are available at: <http://www.wha.org/Data/Sites/1/pdf/14TBCSubmissionsCompendium.pdf>. We invite current and future partners to disseminate and otherwise help make this information available by web- posting these publications on their respective websites.

### **Contact Information**

WCMEW and WNA invite the engagement of Wisconsin's health care organizations to join in this collaborative endeavor to advance patient-centered team-based care as a critical redesign strategy to improve and protect the health of the 5.7 million residents of Wisconsin. To learn more and become involved please contact:

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