

## Care Team Optimization

### *Part 2 - Making it Real*

Million Hearts Learning Collaborative

December 15, 2021

Copyright © 2020 Health Management Associates, Inc. All rights reserved. The content of this presentation is PROPRIETARY and CONFIDENTIAL to Health Management Associates, Inc. and only for the information of the intended recipient. Do not use, publish or redistribute without written permission from Health Management Associates, Inc.



# HEALTH MANAGEMENT ASSOCIATES



**Nancy Kamp, RN**  
Managing Principal  
*Phoenix, Az*  
[nkamp@healthmanagement.com](mailto:nkamp@healthmanagement.com)



**Vivian Ayuk, PharmD, CDCES**  
CEO  
*Washington, DC*  
[vayuk@sorogi.com](mailto:vayuk@sorogi.com)





- ❑ Brief review of key principles to care team optimization
- ❑ Illustration of an example enhancing the team approach to managing complex chronic care patients
- ❑ Facilitated discussion of questions, challenges, and sharing of other examples and experiences

## Technical

- Clear roles and workflows
- Use of evidence-based protocols, standing orders, guides
- Hand-offs and communication processes
- Supportive IT tools
- Care plans
- Huddles/pre-visit/tracking and follow-up
- Training
- Measures/feedback

## Adaptive

- Role Clarity and agreement
- Shared goals
- Trust
- Honesty
- Effective Communication skills
- Patient-centered
- Measures/Feedback

Take a minute to think about these questions, and then when ready, chat responses into the chat box.

What areas in either the technical or adaptive boxes on the previous slide have you and your care team began to put into place?

What care team/team-based care changes have you started to make since joining the Million Hearts?



**Vivian Ayuk, PharmD, CDCES**  
CEO  
*Washington, DC*  
[vayuk@sorogi.com](mailto:vayuk@sorogi.com)

- ❑ Healthcare and wellness company
- ❑ Provide education and support services for:
  - ❑ Diabetes management
  - ❑ Diabetes prevention
  - ❑ Hypertension management
- ❑ Provide training and technical assistance to healthcare teams to optimize quality of care



- Communication
- Workflow design
- Evidence-based protocols
- Training and technical support
- Follow-up and feedback





- Sorogi Health Portal
- EHR
- Assigned Sorogi team member to support clinic care team



- ❑ 528 referrals in 2021
  - ❑ 476 referrals to BP RPM program



## Benefits to the Care Team

- ❑ Customized training and support
- ❑ Improve office efficiency
- ❑ Provide data driven continuous care
- ❑ Reduce therapeutic inertia
- ❑ Improve care metrics

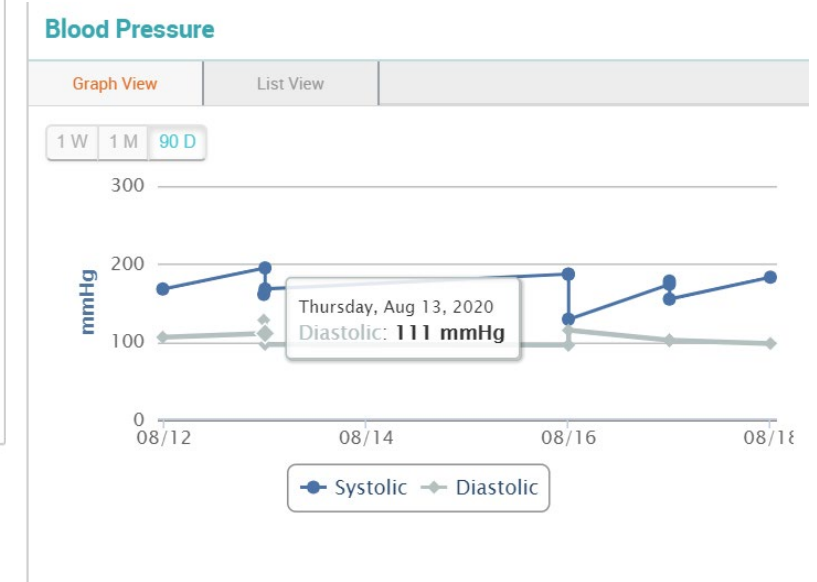
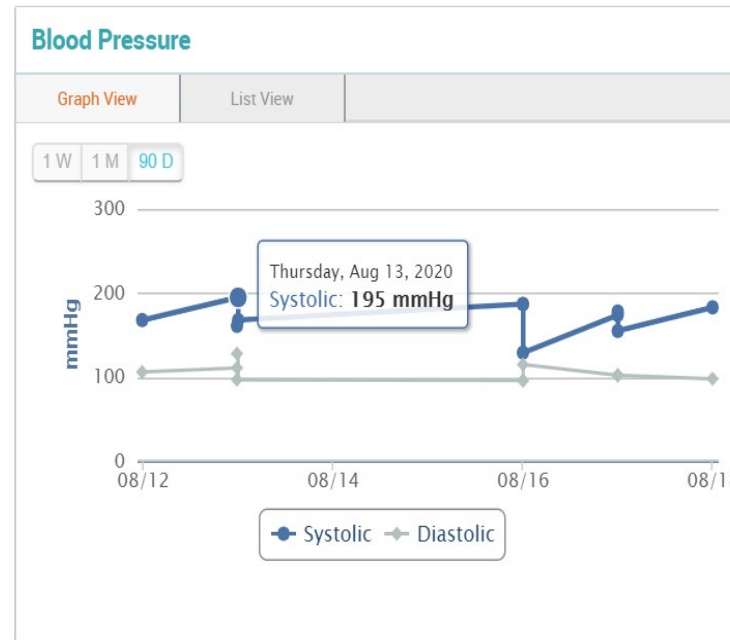
## Benefits to the Patient

- ❑ Improve engagement in care
- ❑ Improve self-management skills
- ❑ Improve health outcomes
- ❑ Improve satisfaction in care delivery

- Family and Medical Counseling Services
- La Clinica del Pueblo
- Bread for the City



- ❑ TJ is a 32 yrs. old Female
- ❑ Dx: Hypertension, Type 2 Diabetes
- ❑ BP: **195/111** mmHg
- ❑ TJ is not fazed by high numbers: “Nothing out of the ordinary.”
- ❑ Medication non-adherence identified
- ❑ Clinic notified
- ❑ Intervention initiated immediately



- ❑ EG: 47 yrs. old African American Female
- ❑ DX: HTN, Baseline BP: 144/89 mmHg

Two Months Later

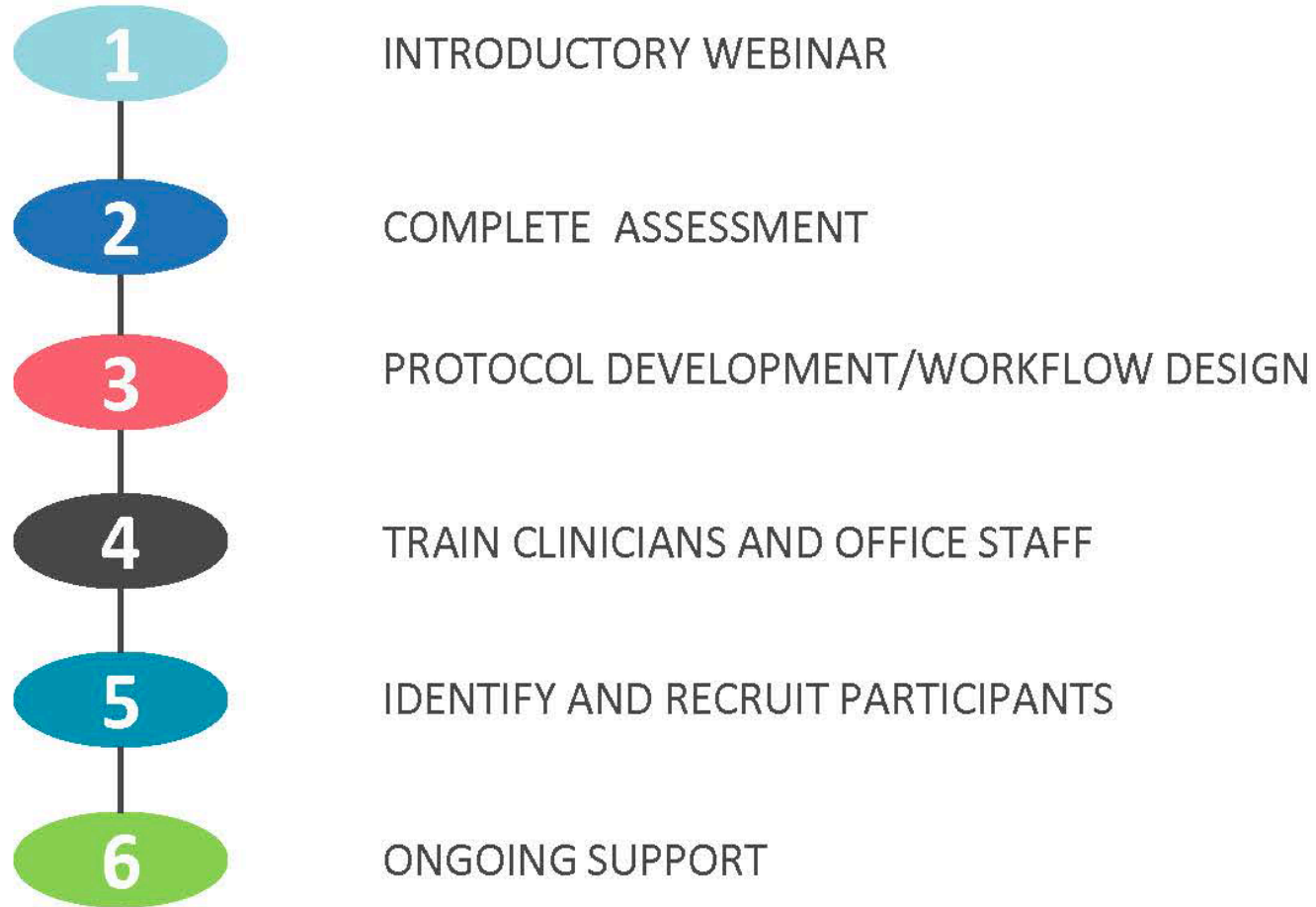
- ❑ Improvement in BP (last 2 weeks average 117/73 mmHg)
- ❑ Reminder calls and text messages have been helpful
- ❑ More engagement with her PCP
- ❑ Taking her BP medication daily as prescribed
- ❑ Less stress, new job working with young children
- ❑ Plenty of exercise during the day

**October 2021**



**November 2021**





# Workflow Design

## Who

Identify who will lead the process, need training, provide patient education, schedule appointments, communicate with patients, review data, manage/update EHR

## What

Define what type of

- Training is needed
- Education materials to provide to patients and care team

## Where

Specify where

- Technology and supporting education materials will be stored (manual or electronic copies), training will take place

## When

Identify when

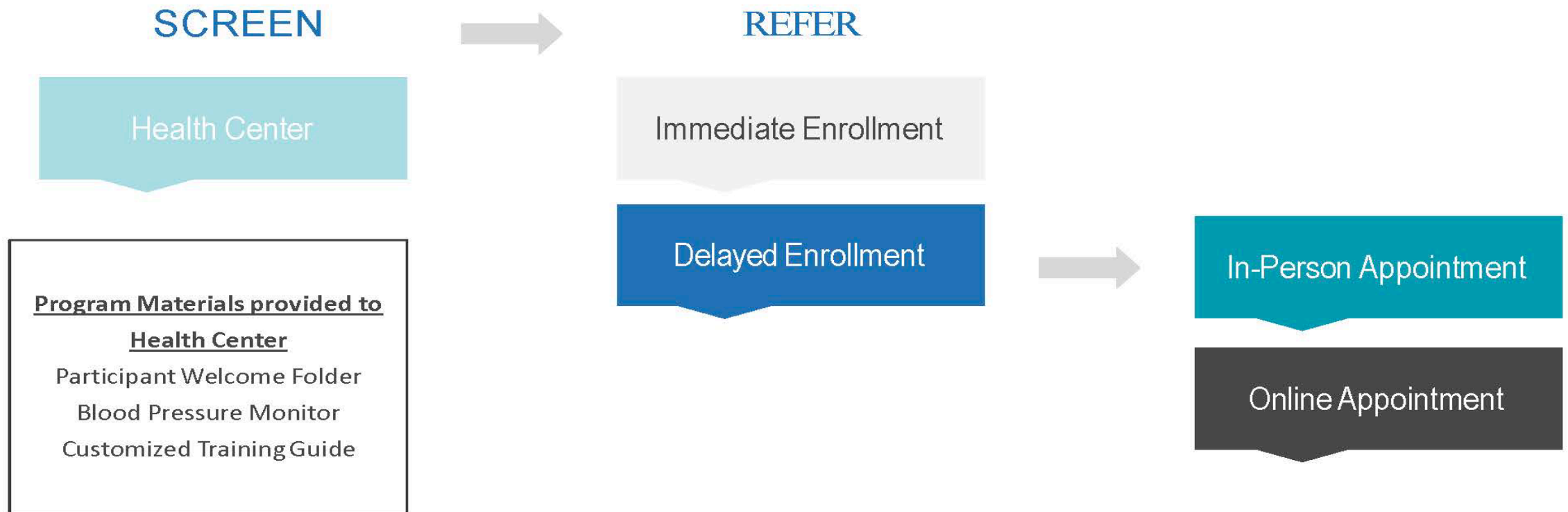
- In-person or virtual trainings will be provided

## How

Determine how

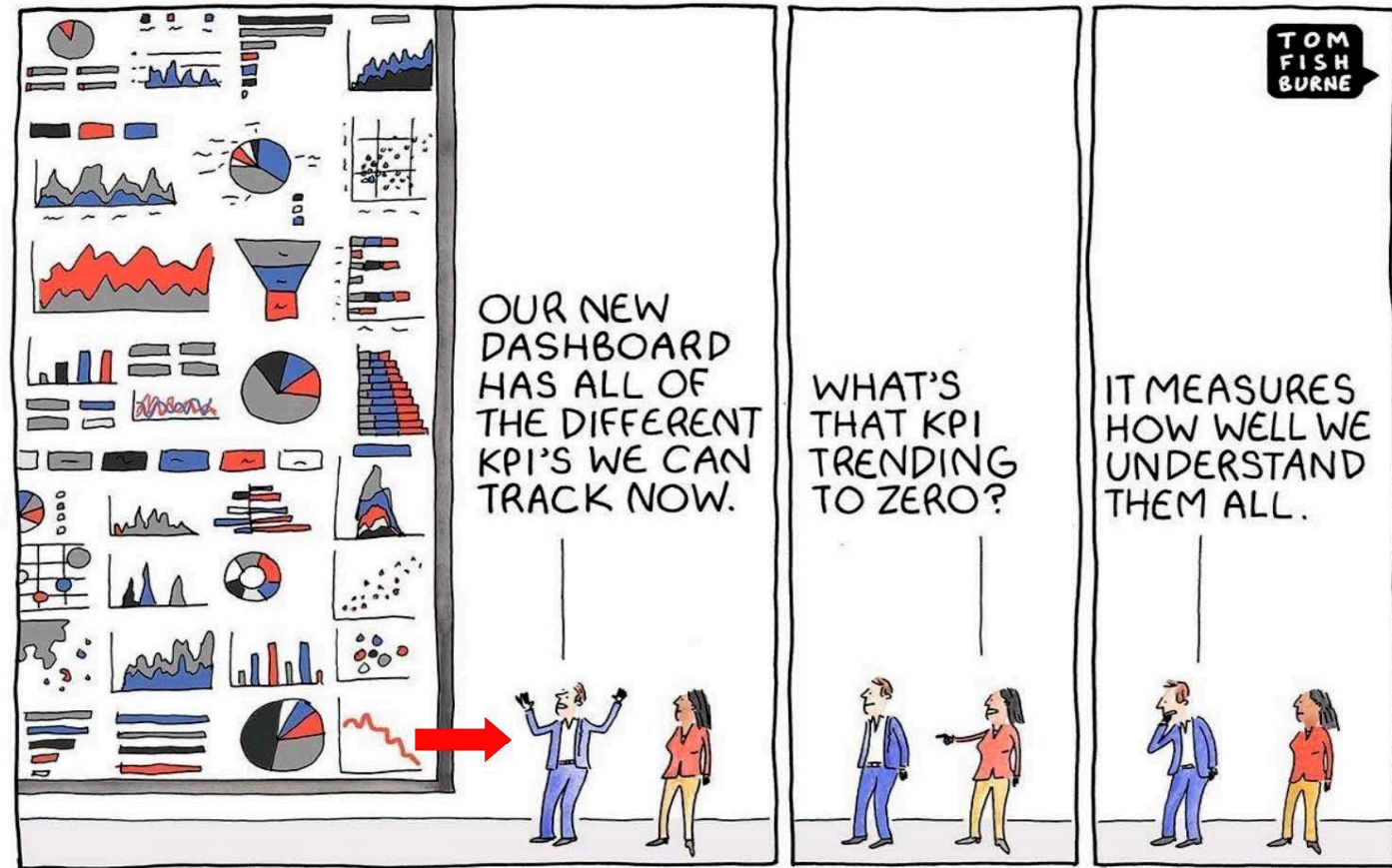
- Devices will be obtained, visit time will be affected, patients will be identified and referred, process will be evaluated and updated, changes will be communicated to team

# WORKFLOW DESIGN





# Workflow Design: Keep it Simple



© marketoonist.com

- Everyone's responsibility
- Define goals and develop a shared purpose
- Assigned roles for each team member
- Assess system's capability to support team members
- Provide training
- Practice, practice, practice
- Use data to evaluate success
- Collaborate and learn from other organizations

- ✓ Questions
- ✓ Challenges
- ✓ Share your experiences

1. To what extent did the session meet the stated objectives?  
(1-not at all to 5-met all objectives)
  - Brief review of key principles to care team optimization
  - Illustration of an example enhancing the team approach to managing complex chronic care patients
  - Facilitated discussion of questions, challenges, and sharing of other examples and experiences
  
2. How would you rate the session overall?  
(from 1-5, where 1 is poor and 5 is excellent)

## We are here to help you !

- ✓ One on one coaching, team/clinic trainings, evaluation plan and CIP updates
- ✓ Recorded trainings and tools: <https://livingwell.dc.gov/page/clinical-partners>
- ✓ Complete the TA survey to inform future topics and tool development: [https://healthmanagement.qualtrics.com/jfe/form/SV\\_8CGEP1Sui7couVM](https://healthmanagement.qualtrics.com/jfe/form/SV_8CGEP1Sui7couVM)
- ✓ Other questions or ideas? Please reach out:
  - Mary Kate Brousseau – [mbrousseau@healthmanagement.com](mailto:mbrousseau@healthmanagement.com)
  - Direct: (202) 601-7757 | Mobile: (541) 231-3717



# HEALTH MANAGEMENT ASSOCIATES



**Nancy Kamp, RN**  
Managing Principal  
*Phoenix, Az*  
[nkamp@healthmanagement.com](mailto:nkamp@healthmanagement.com)



**Vivian Ayuk, PharmD, CDCES**  
CEO  
*Washington, DC*  
[vayuk@sorogi.com](mailto:vayuk@sorogi.com)