



MAKING THE CASE – HOW TEAM-BASED APPROACHES IMPROVE VALUE

AHA Team Training Monthly Webinar
October 24, 2019

RULES OF ENGAGEMENT

- Audio for the webinar can be accessed in two ways:
 - Through the phone (*Please mute your computer speakers)
 - Through your computer
- A Q&A session will be held at the end of the presentation
- Written questions are encouraged throughout the presentation and will be answered during the Q&A session
 - To submit a question, type it into the Chat Area and send it at any time during the presentation

UPCOMING TEAM TRAINING EVENTS

Courses

New! *TeamSTEPPS Master Training Course for Outpatient Care*

Nov 6-7 | Durham, NC

[Learn more and register.](#)

Registration for 2020 Master Training, Fundamentals and Specialty courses are now open! View our course schedule to [learn more and register.](#)

Webinars

[Register](#) for the November webinar: *Strategies for Staff Engagement - Leading the Low Performer*

Nov 19 | 12:00 – 1:00 PM ET (11 CT, 10 MT, 9 PT)

UPCOMING TEAM TRAINING EVENTS



[Learn more](#) about our National Conference to be held June 3-5, 2020 in New Orleans. We're looking for presenters and poster authors – You can view our [Call for Proposals here](#).

CONTACT INFORMATION

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American Hospital
Association™

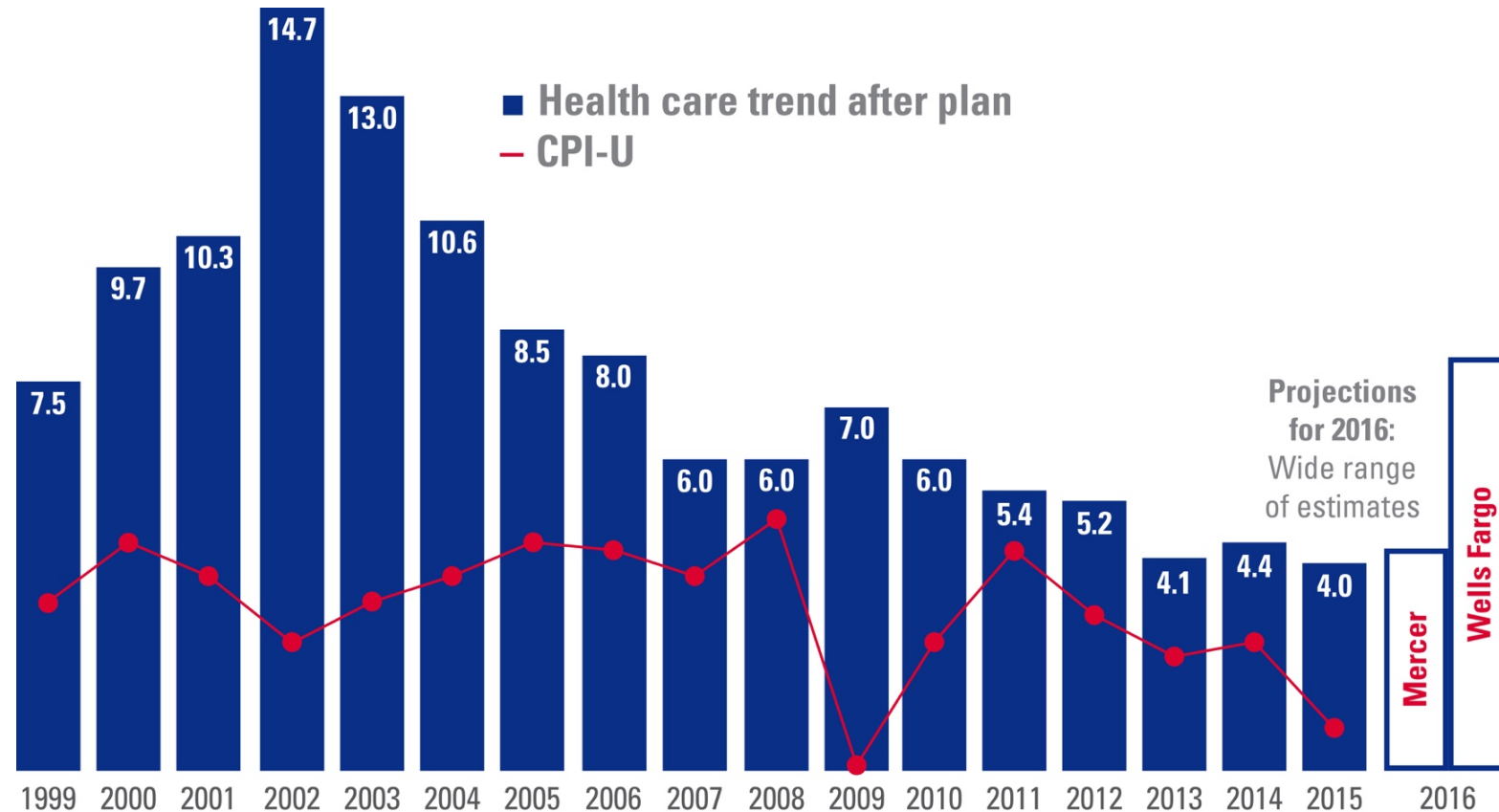
Advancing Health in America

Making the Case – How Team-based Approaches Improve Value

Overview

- National context and call for greater affordability
- How hospitals are using team-based care to promote value (improving outcomes, enhancing patient experience and lowering costs)
- Metrics that can be used to build the case for the investment in team-based care

Business Perspective

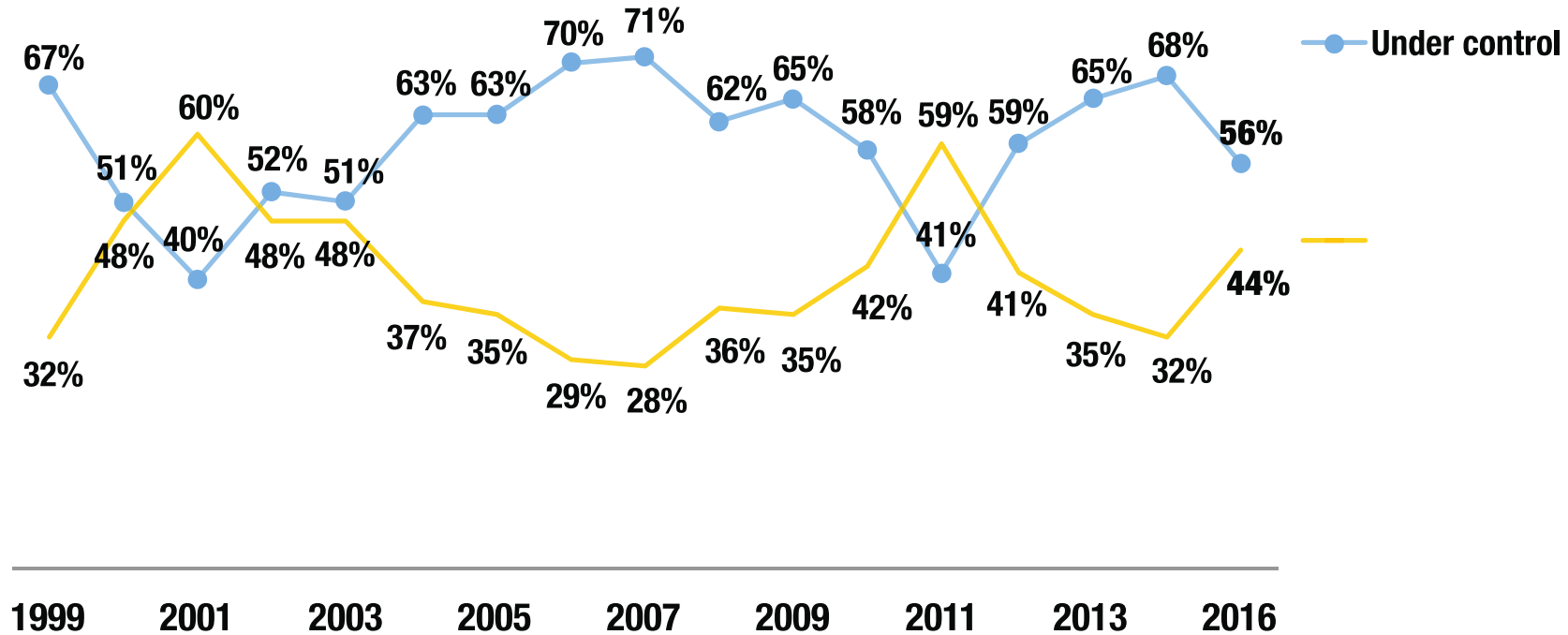


Employers are seeing a prolonged respite from double-digit premium increases, but these are still running at two times CPI.

Source: Towers-Watson NBGH Annual Surveys (2014-2015).

Business Perspective

Inflation of Company's Healthcare Costs



More employers describe company health care as “out of control” this year.

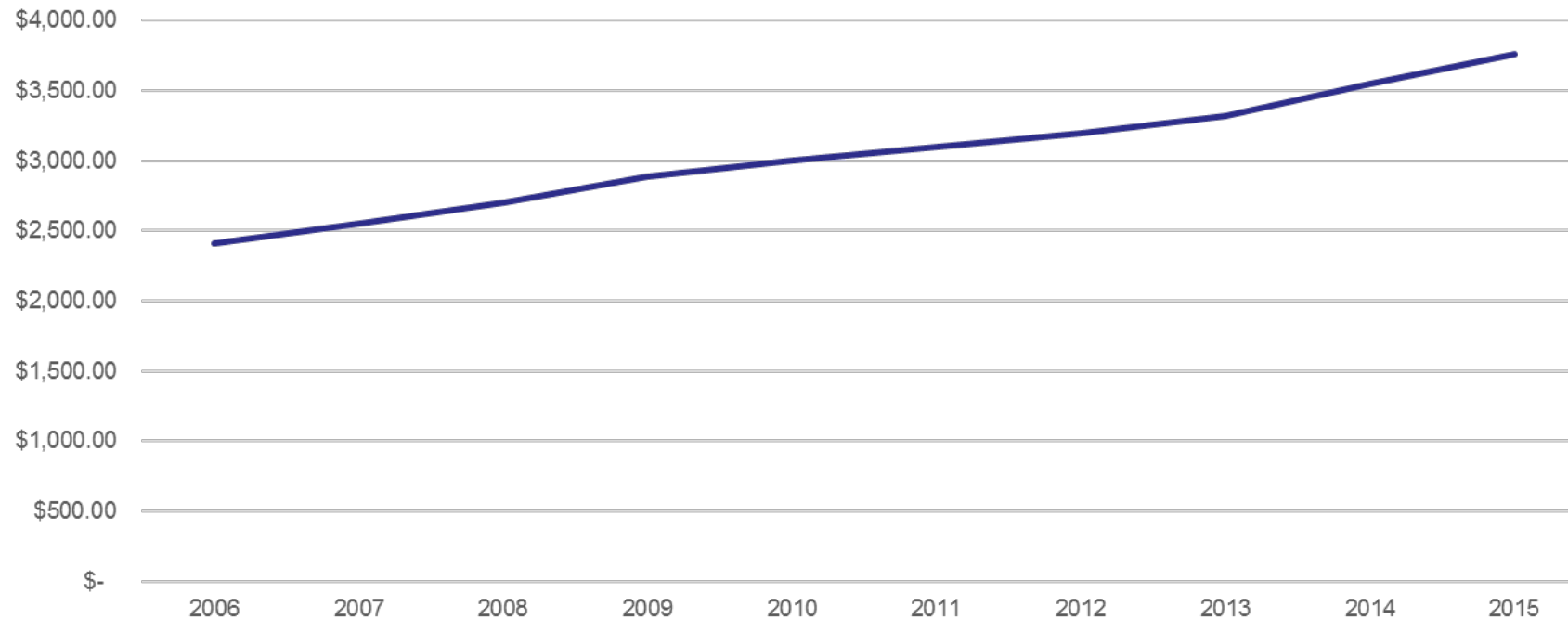
Source: Prepared for: Strategic Health Perspectives, Base: Employers who Provide Health Benefits (n=332), Q1700: In general, would you say that the inflation of your company's health care costs is completely under control, somewhat under control, somewhat out of control, or totally out of control?



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National Per Capital Expenditures Growing

National Per Capita Expenditures for CMS Programs (Medicaid, CHIP and Medicare)



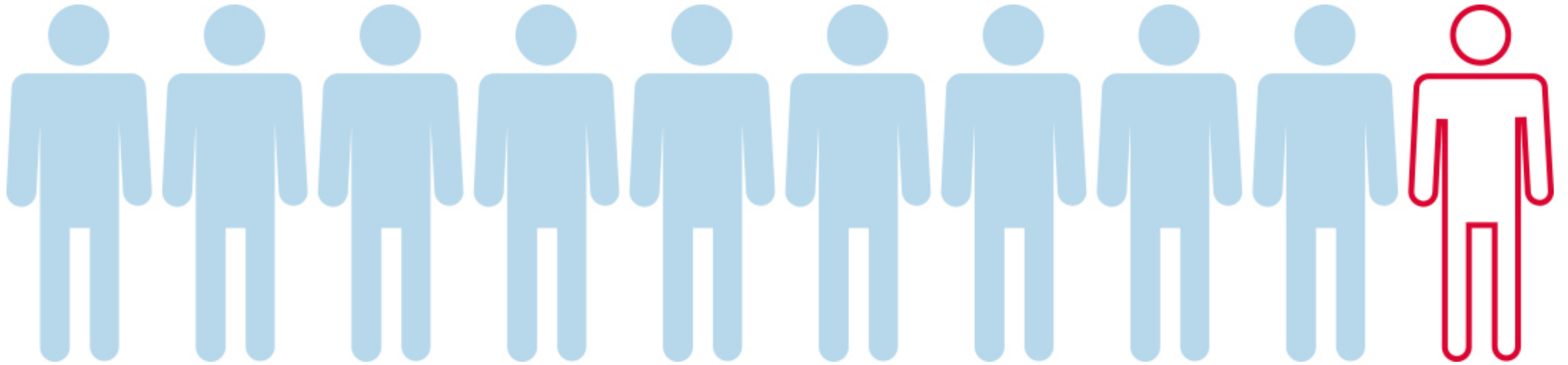
Per capita, spending continues to rise for federal sponsored health programs due to program and coverage expansions.

Source: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.



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9 out of 10 Americans Have Health Insurance



Source: Kaiser Family Foundation. 2017 Employer Health Benefits Survey.

COVERAGE \neq ACCESS

Health Care Affordability In The United States

\$7,726

Is the amount paid by a typical family of four with large employer health coverage for insurance premiums and cost sharing in 2018

18%

That is 18% more than 2013, and outpaces the 8% increase in inflation and 12% increase in wages in that time

3X

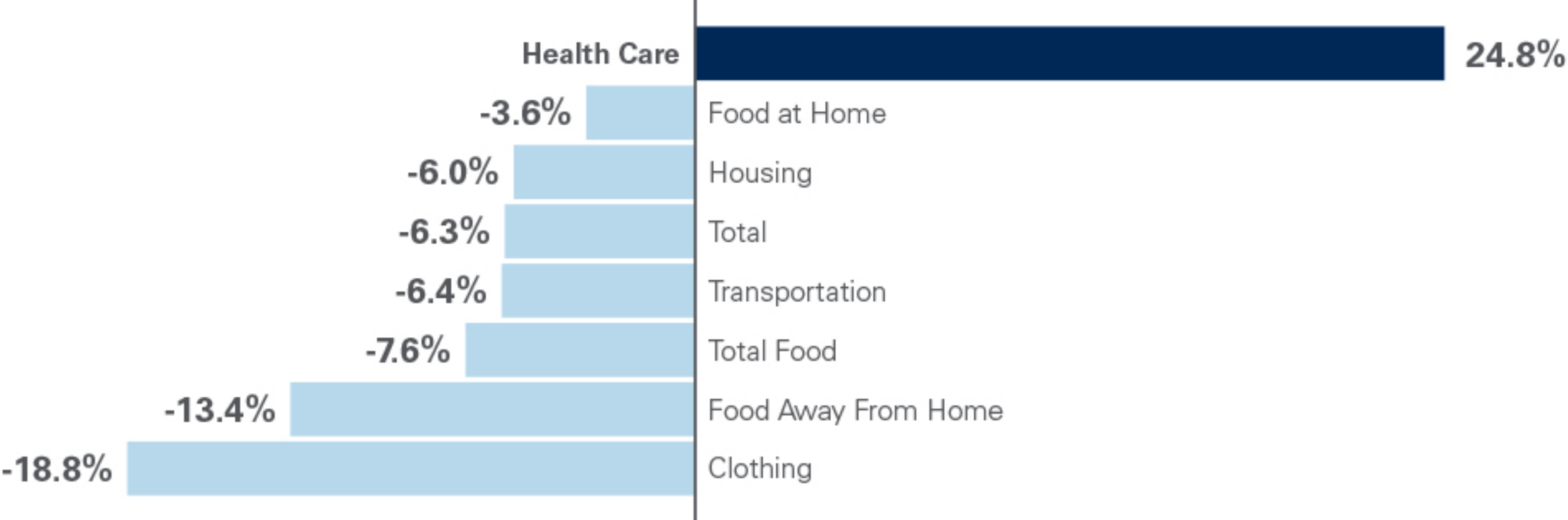
The average deductibles for employer-sponsored plans tripled between 2008 and 2018

Source: KFF analysis of IBM aqCommercial Claims and Encounters Database and KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017.



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A Bigger Bite for Health Care



Percent Change In Middle-income Households' Spending On Basic Needs (2007-2014)

Source: Brookings Institution analysis of Consumer Expenditure Survey, Labor Department.

Health Care Affordability in the United States



One in four Americans (25%) say the cost of health care is the biggest concern facing their family.

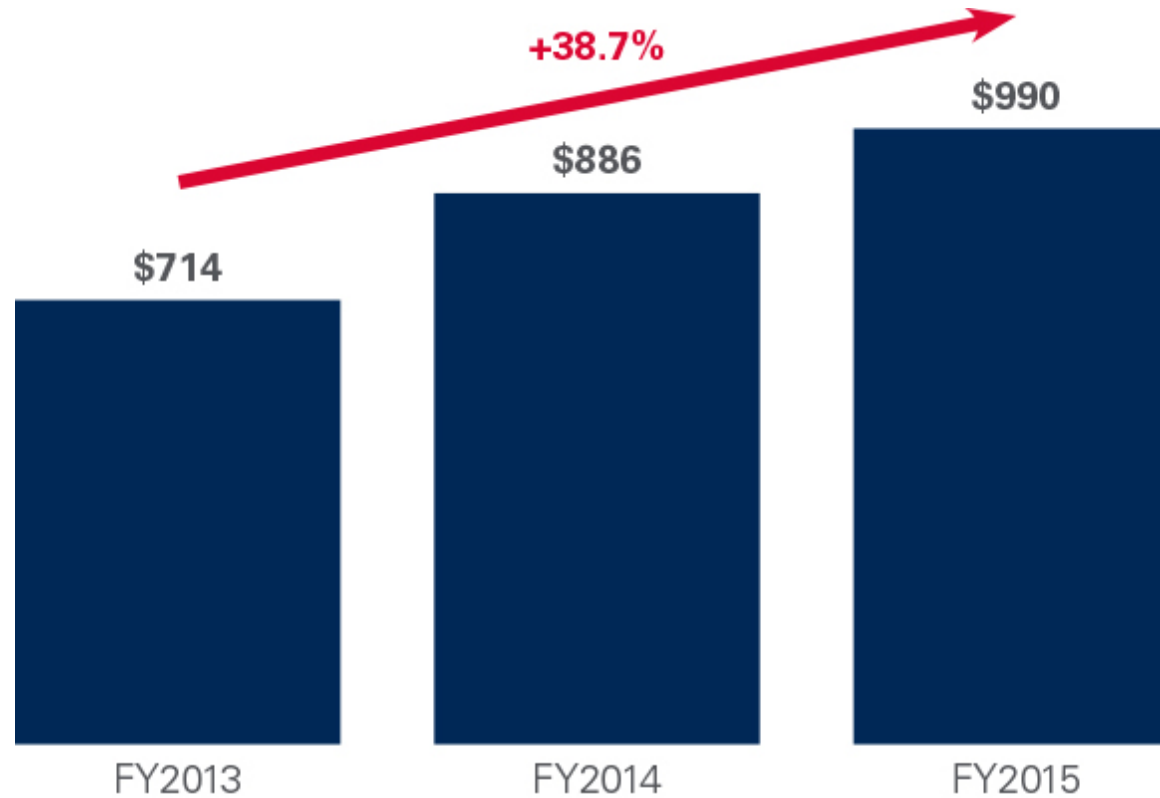


One in three Americans (33%) report that they could not access care in the last year because of cost.

Source: 1. Kaiser Family Foundation. Average Annual Workplace Family Health Premiums Rise Modest 3% to \$18,142 in 2016; More Workers Enroll in High-Deductible Plans with Savings Option over Past Two Years. 2. The Commonwealth Fund. Mirror, Mirror 2017: International Comparison Reflects Flaws and Opportunities for Better U.S. Health Care.

Cost of Caring on the Rise

Average Inpatient Drug Spending per Admission

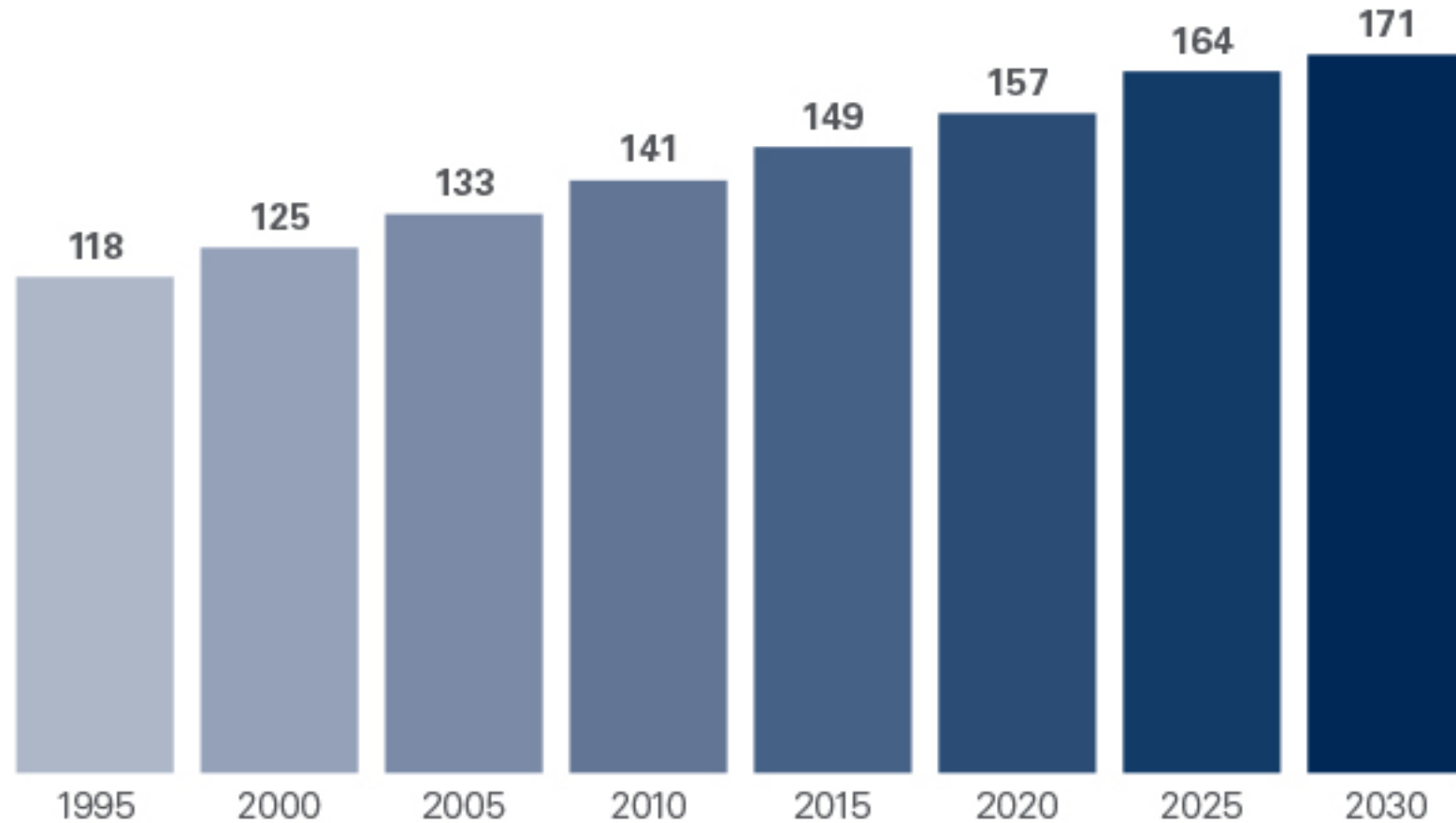


Inpatient Drug Spending per Admission has Increased Substantially Since 2013.

Source: 2015 NORC analysis of AHA-FAH Drug Survey and 2012-2014 AHA Annual Survey.

Cost of Caring on the Rise

Number in Millions



The number of Americans with chronic conditions is rapidly rising.

Source: Robert Wood Johnson Foundation. Chronic care: making the case for ongoing care. February 2010.



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Chronic Care Spending

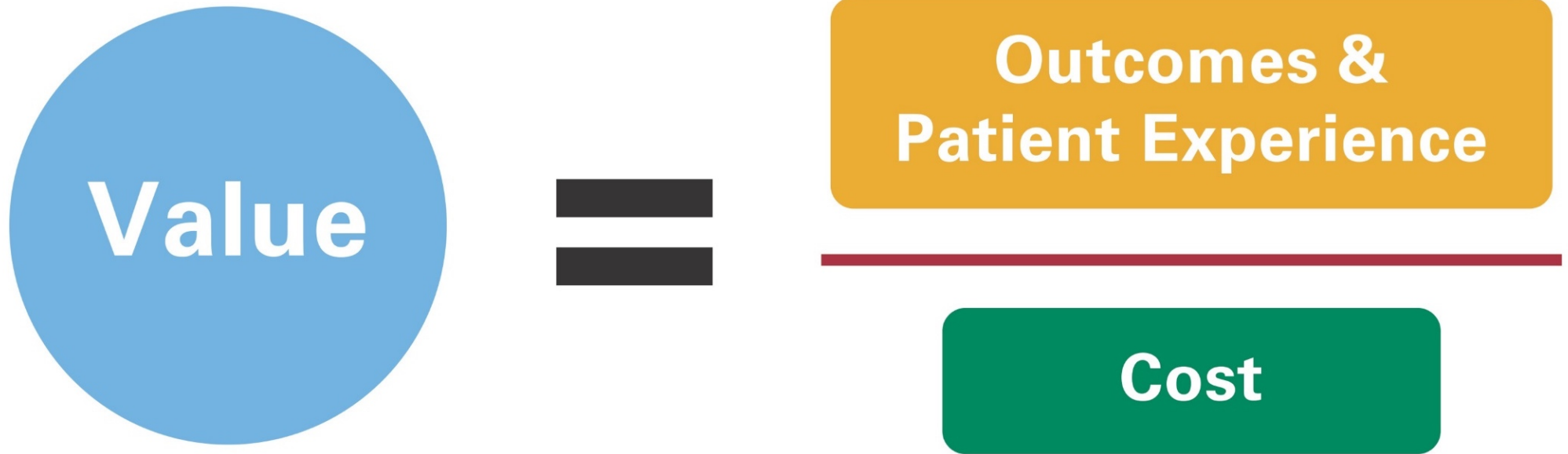


86%

of health care spending is on patients with one or more chronic conditions.

Source: Multiple Chronic Conditions Chartbook: 2010 Medical Expenditure Panel Survey Data," Jessie Gerteis, MPH et al., Agency for Healthcare Research and Quality, April 2014.

Improving Value for Our Communities



Improving Value for Our Communities

Redesign the Delivery System

- Coordination of care
- Clinically integrated networks
- Primary Care Medical Homes
- Chronic care management
- Telehealth
- Community-based alternatives
- Community partnerships including public health

Improve Quality and Outcomes

- Address equity of care and health disparities
- Evidence-based care/ analytics
- Reduce clinical and operational variation
- Eliminate unnecessary utilization
- Advanced medical technologies
- Personalized medicine
- health literacy levels
- Environmental challenges

Manage Risk and Offer New Payment Models

- Move to value-based payments
- Population health management
- Address social determinants
- High-need/high-cost approaches
- Partner/own health plan

Implement Operational Solutions

- New process improvements
- Cost reductions
- Utilize cost accounting and data
- Support clinicians' practices to their level of education
- Create a culture geared to value not volume

Low-tech Solutions

Tech-light

Simple

Human

Scalable

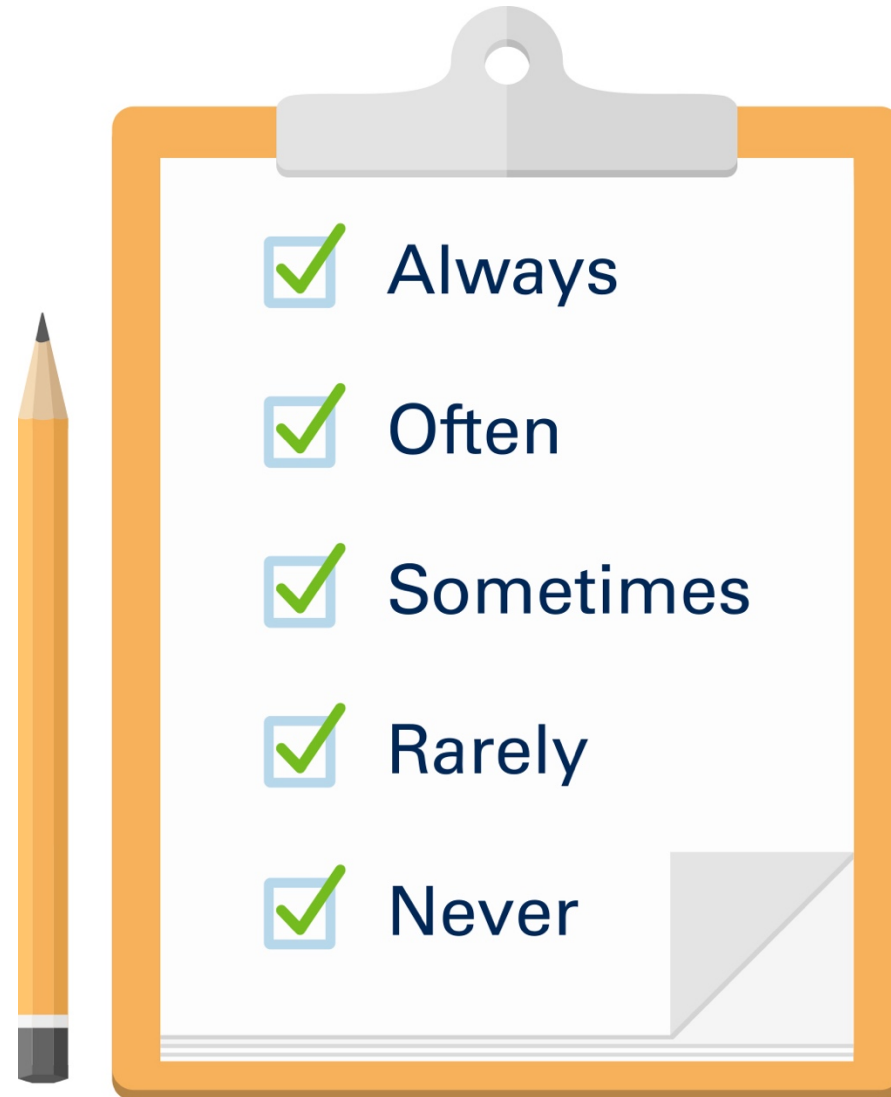
Team-based Care Improves Value



“A true team-based-scenario is a holarchy: everybody has something crucial to contribute, and everybody brings different pieces to the table. Without a true team-based approach, you cannot have a system focused on quality and safety.”

- Zubin Damania, MD (aka ZDoggMD)

Poll #1: Do You Work On An Interdisciplinary Team?



Poll #2: How Common Are Interdisciplinary Care Teams at Your Organization?





National Academy of Medicine Definition of Team-based Care

The provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by each patient – to accomplish shared goals within and across settings to achieve coordinated high-quality care.

Principles of High-Performing Teams

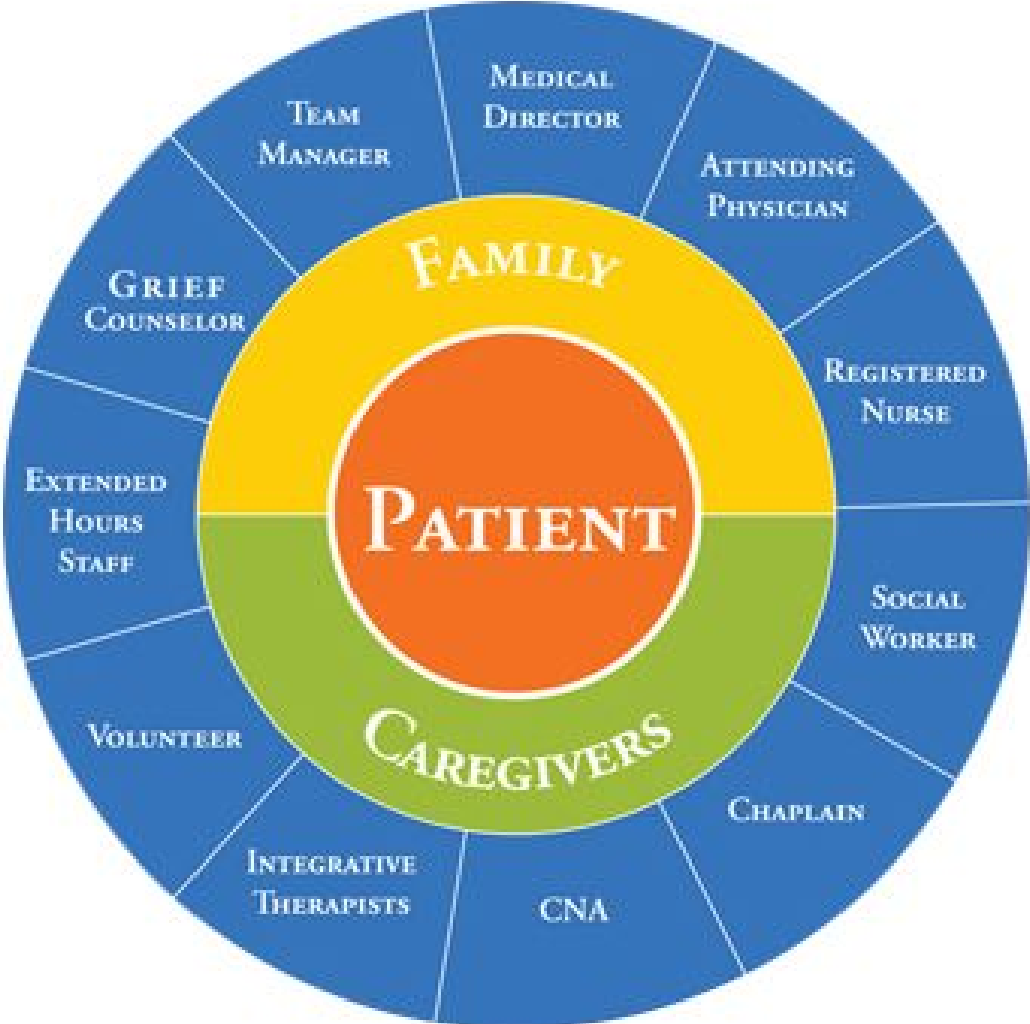
Principle	Definition
Shared Goals	The team establishes shared goals that can be clearly articulated, understood, and supported by all members
Clear Roles	Clear expectations for each team member's functions, responsibilities, and accountabilities
Mutual Trust	Team members trust one another and feel safe enough within the team to admit a mistake, ask a question, offer new data, or try a new skill without fear of embarrassment or punishment
Effective Communication	The team prioritizes and continuously refines its communications skills and has consistent channels for efficient, bidirectional communication
Measurable Processes and Outcomes	Reliable and ongoing assessment of team structure, function, and performance that is provided as actionable feedback to all team members to improve performance

Source: Core Principles & Values of Effective Team-Based Health Care. Accessed at <https://nam.edu/wp-content/uploads/2015/06/VSRT-Team-Based-Care-Principles-Values.pdf>.



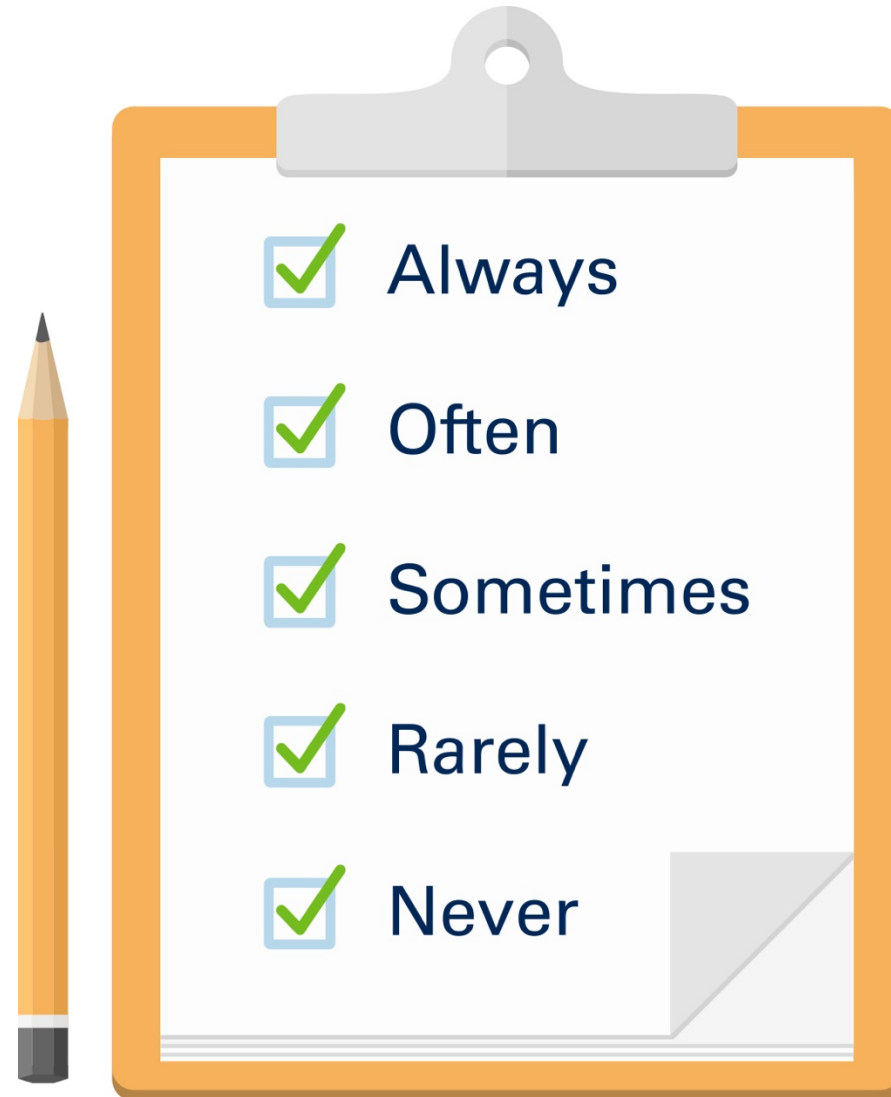
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An Interdisciplinary Team



Source: Hospice Of Northeastern Illinois

Poll #3: Do You Engage Patients and Families as Part of the Team?



Beyond Hospital Walls

Community Organizations
Social services organizations, Salvation Army, food banks, consumer advocacy and education groups, unions, parks, zoos

Faith-Based Organizations
Temples, churches, mosques, other religious or spiritual congregations

Government
Local (municipal, city, county, regional), departments of planning, transportation, housing and economic development, human services, government employees or organizations; prisons; fire & police departments; ambulance services

Public Health Organizations
Public health departments, foundations and institutes

Service Organizations
Lions, Rotary, United Way, YMCAs, Boys & Girls Clubs

WALK-IN CLINIC

Health Care Organizations
Other hospitals in the community, federally qualified health centers, community health centers, rural health or free clinics, mental health organizations, pharmacies, walk-in clinics, state hospital associations, health insurers, organizations of health professionals

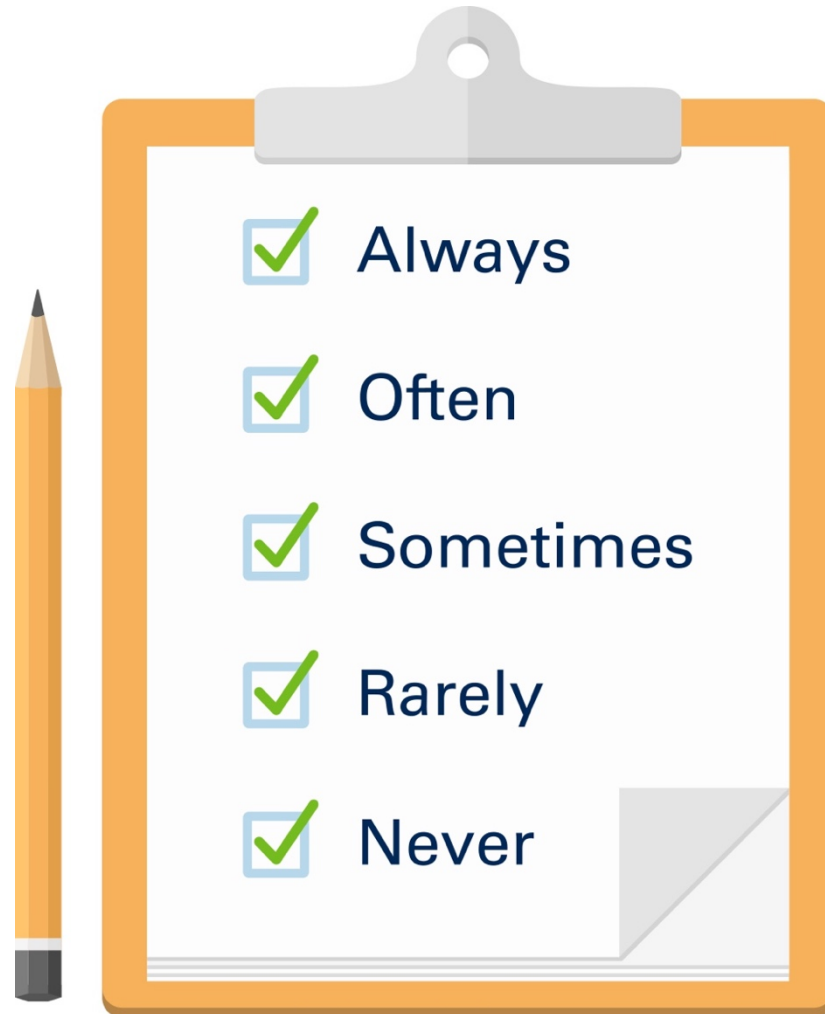
Educational Organizations
Early childhood centers (day care, foster care); primary, secondary and post-secondary (colleges, universities) schools

Housing and Transportation Services
Homeless shelters, community-based nonprofit organizations, transportation authorities

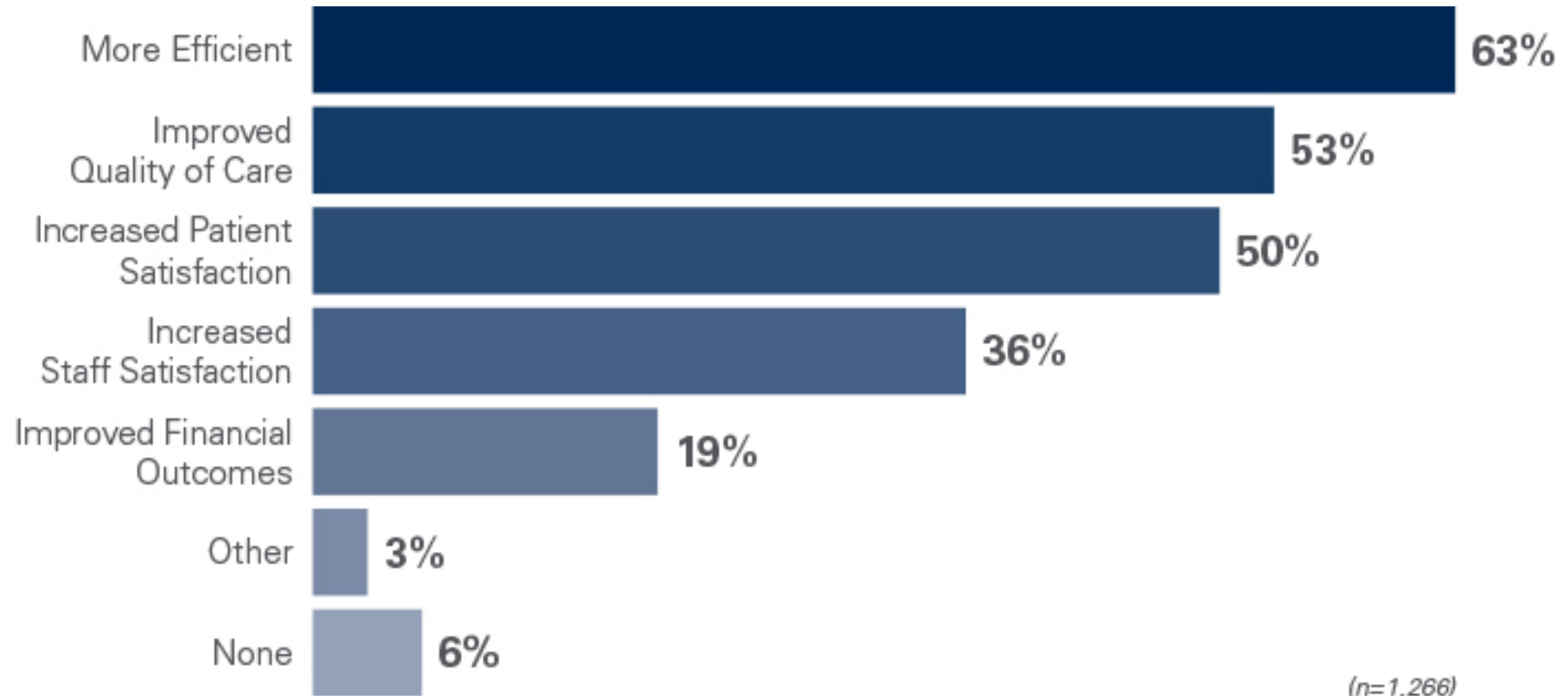
Local Businesses
Chambers of commerce, grocery stores, restaurants, manufacturing organizations



Poll #4: Do You Engage those Outside your Organization as part of the Team?

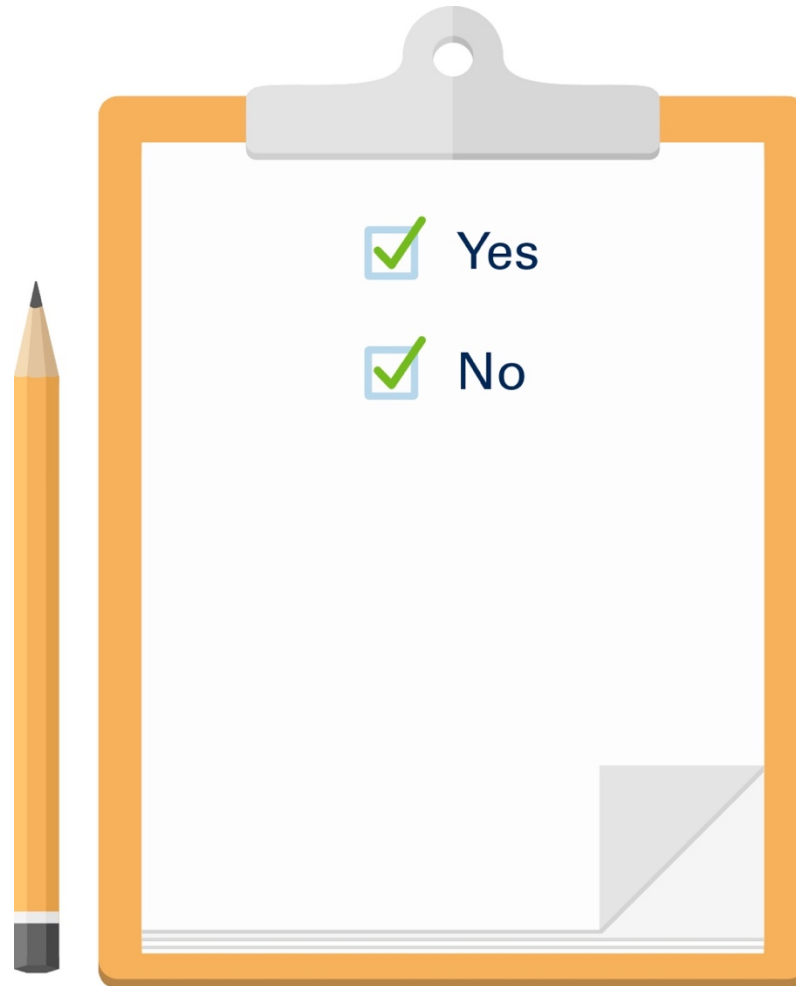


Benefits of Team-based Care



Source: American College of Cardiology.

Poll #5: Does Your Hospital Measure the Impact of Team-based Care on Value?





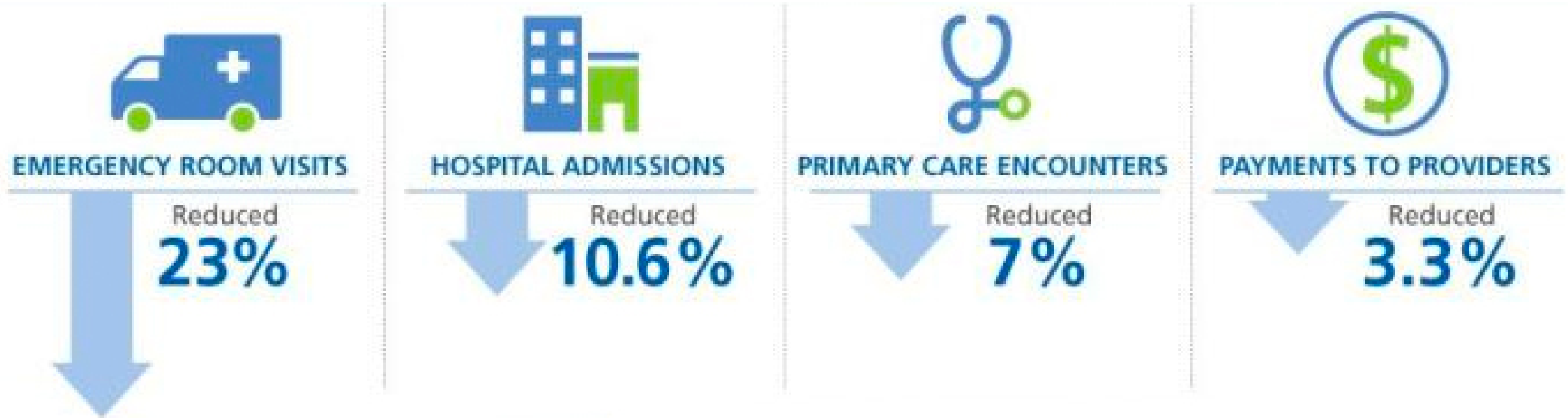
Members in Action: Intermountain HealthCare

Behavioral Health Integration

- Team-based program integrates behavioral health into every patient visit
- Team members include physicians, social workers, therapists, psychiatrists, care guides, advocates, care managers, nutritionists, pharmacists and peer mentors
- Implemented in 51 clinics; 44 in the pipeline
- Saved \$13 million per year

Team-based Care Reduces Costs

The Impact of Team-based Care on Utilization and Cost



Source: JAMA, 2016. <https://jamanetwork.com/journals/jama/fullarticle/2545685>.

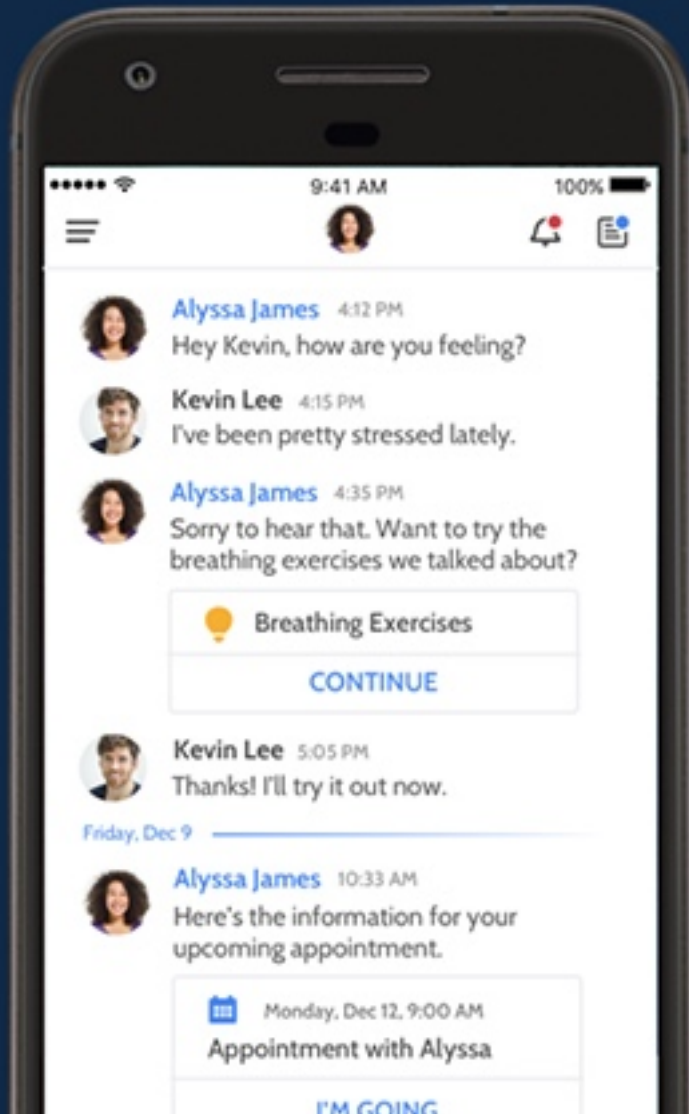
Team-based Care Improves Outcomes

Clinical Study Results: Team-based Care vs. Traditional Practice Management



Source: JAMA, 2016. <https://jamanetwork.com/journals/jama/fullarticle/2545685>.

Connect with your
care team.



Members in Action: Montefiore Health System

Collaborative Care Model

- Integrated team of primary care providers and behavioral health specialists (licensed clinical social workers or psychologists)
- Leverages technology, through a mobile app, to allow the team to better connect with patients
- 72% of patients reported feeling more connected to the care team and expressed overall satisfaction with their care



Members in Action: Sharp Healthcare

Transitions Program

- 24/7, home-based palliative care for patients with advanced chronic illness
- Team of doctors, social workers, nurses and spiritual support visit patients in their homes
- Cut hospital admissions in half; and decreased length of stay for those admitted by 50% or more
- Savings per participant per month range from \$2,690 for dementia to \$4,258 for cancer



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Members in Action: Columbus Community Hospital

Interdisciplinary Care Team Huddles

- Interdisciplinary care teams, including nurses, social workers, pharmacists and clinical therapists, huddle twice per day to discuss the needs and progress of each patient
- Conduct risk assessments to identify patients more likely to be readmitted and examine patient's social needs
- Reduced readmissions by 42% and saved \$819,797 over 18 months



Members in Action: Sharp Healthcare

Care Transitions Interventions

- Team of nurses, social workers, and financial service advisors provide care transition coaching and community resources for vulnerable patients
- Team includes those from community organizations, including 2-1-1 San Diego
- Significant reduction in readmission rates and length of stay



Members in Action: Clinch Valley Medical Center

**The Bridge Program meets patients' needs
in the comfort of their homes.**

- Partnership with the Appalachia Agency for Senior Citizens (AASC)
- Teams, including case workers, pharmacists, respiratory therapists and representatives from administration and a primary care clinic, make home visits to recently discharged patients
- Avoidable readmissions decreased from 11.8% to 7.8%



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Members in Action: Sinai Health System

Asthma Care Partners

- Community health worker model to educate, support and guide patients
- 59-62% reduction in asthma symptoms
- Reduced ED visits by 75%
- Hospital visits reduced by 80%
- \$3-8 averted for every \$1 spent on the program



Members in Action: Metro Health System

TeamStepps to Improve Quality and the Patient Experience

- MetroHealth trained all of their staff in TeamStepps and identified champions
- Established 15 Action Councils that develop and evaluate quality improvement projects focused on patient safety, the patient experience and optimizing processes
- Improved AHRQ Patient Safety Scores
- Increased safety event reports



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Are Our Team-based Approaches Creating Value?



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QUALITY OUTCOMES

Measure improved processes

Examples: amount of time it takes to receive a service or percent adherence to an evidence-based guideline

Measure improved outcomes

Examples: readmission or complication rate

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PATIENT EXPERIENCE

Measure experiences and what matters most to patients

Examples: HCAHPS scores, department or unit-level surveys, interviews, or focus groups

Are Our Team-based Approaches Creating Value?

COST
Measure cost savings
Examples: estimated savings from avoidable readmissions or decreased utilization of ED or urgent care services



QUALITY OUTCOMES

Measure improved processes
Examples: amount of time it takes to receive a service or percent adherence to an evidence-based guideline

Measure improved outcomes
Examples: readmission or complication rate

PATIENT EXPERIENCE

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Thought Leadership on Affordability

THE Value Initiative

- **Issue Briefs:** Start the conversation
- **Executive Forums:** Perspectives and strategies
- **Innovative Activities:** Real solutions that promote value
- **Members in Action Series:** Success stories from the field
- **Voices on Value:** Expert insights from outside the field
- **Data:** Trends and support for federal policy solutions

You are invited to explore The Value Initiative at:
www.aha.org/TheValueInitiative

THE Value Initiative

Tools, resources and education to help you improve affordability
and promote value in your communities.

pbathija@aha.org



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QUESTIONS?

- Stay in touch! Email teamtraining@aha.org or visit www.aha.org/teamtraining



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