

# Preparing for the 25<sup>th</sup> Report

Discussion to Set the Stage

Team-Based Care

# Our Charge

Title VII of the Public Health Service Act, as amended, **requires COGME to provide advice and recommendations to the Secretary and Congress on the following issues:**

- The supply and distribution of physicians in the United States;
- Current and future shortages or excesses of physicians in medical and surgical specialties and subspecialties;
- Issues relating to international medical school graduates;
- **Appropriate Federal policies with respect to the matters specified in items 1–3, including policies concerning changes in the financing of undergraduate and graduate medical education (GME) programs and changes in the types of medical education training in GME programs;**
- **Appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathy, and accrediting bodies with respect to the matters specified in items 1–3, including efforts for changes in undergraduate and GME programs;**
- Deficiencies in, and needs for improvements in, existing databases concerning the supply and distribution of, and postgraduate training programs for, physicians in the United States and steps that should be taken to eliminate those deficiencies;
- **Encouraging entities providing GME to conduct activities to voluntarily achieve the recommendations of the Council as warranted; and**
- **Development of performance measures, longitudinal evaluations and recommendation of appropriation levels for programs under COGME’s charge.**

# Team Based Care

- Start with thinking about potential recommendations and metrics
  - Necessary to guide our research and strategy
- Define “Team-Based Care”
- Define the questions that a report or issue brief should address in order to make recommendations – the essential questions
- Determine the process COGME will follow for the 25<sup>th</sup> Report

# Team Based Care

- Team-based health care is 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. (IOM Core Principles & Values of Effective Team-Based Health Care Mitchell, et. al October 2012)
- This definition could be any two e.g. two physicians or a physician and a nurse.
- For the Report, is the intent inter-professional, not inter-specialty?
  - Should we pick ONE and not try and tackle both?

# Team Members

- Physicians
- APRNs, PAs
- RNs and Nurse Care Managers; School based nurses
- Therapy Specialists (PT, OT, SLP)
- Behavioral Specialists (PhD, Clinical SW)
- Pharmacists
- Medical Assistants
- Community Health Workers
- Healthcare Social Worker
- Doula, Parent Information Coaches, Health Educators, Clergy, Peer Counselors
- Other
- THE PATIENT

# Possible Recommendations

- **Appropriate Federal policies with respect to the matters specified in items 1–3, including policies concerning changes in the financing of undergraduate and graduate medical education (GME) programs and changes in the types of medical education training in GME programs**
  - Require funded slots to include Team Based Care training
  - Expand funding for non physician professionals
  - Bolster outpatient training
  - Emphasis on Primary Care
  - Emphasis on Integrated Behavior Health
  - Other

# Possible Recommendations

- **Appropriate efforts to be carried out by hospitals, schools of medicine, schools of osteopathy, and accrediting bodies with respect to the matters specified in items 1–3, including efforts for changes in undergraduate and GME programs**
  - Require curriculum
  - Encourage curriculum
  - Facilitate (by incentive or requirements and/or removal of barriers) inter-professional education
  - Set expectations for all relevant accrediting bodies to convene and submit a plan addressing didactic and practicum experiences in team-based care.
  - Certain requirements (eg Eligibility for the Primary Care Exception payment for office visits) requires a team-based care capacity
  - FQHC requirements
  - Other

# Recommendations

- **Encouraging entities providing GME to conduct activities to voluntarily achieve the recommendations of the Council as warranted; and**
  - Addressed above
- **Development of performance measures, longitudinal evaluations and recommendation of appropriation levels for programs under COGME's charge.**
  - TBD, though seeking baseline measures may be part of research



# Questions - Evidence

- Is there evidence to support team-based care?
  - Quality (including safety, patient centeredness and satisfaction)
  - Workforce needs
  - Population management (health, access, cost)
  - HCW satisfaction
  - Diversity and Equity
  - Workforce satisfaction (resilience, well-being)

# Questions – Setting and Clinical Conditions

- Is the evidence supporting team-based care limited to specific settings/conditions – both absence of data and negative data?
  - Primary Care
  - Multi-disciplinary care (examples of longstanding teams)
    - Special needs children and adolescents
    - Cleft palate, burns, ostomy
    - Oncology
  - Behavioral Health Integration

# Questions – Prevalence and Content of Education and Training

- How prevalent is team-based training and education?
  - Prevalence and dose
  - Core content
  - Examples of excellence
  - By career stage: UME, GME, ABMS, other non-physician professions
- What are the essential elements?
  - Didactic and experiential

# Questions – Structure and Function

- What is the optimal configuration of a team?
  - In primary care adult medicine
  - In primary care pediatric/adolescent medicine
  - In high-risk populations e.g severe and persistent mental illness, homeless
  - In substance use disorders
  - Team trainers and maintenance
  - Other
- What are the essential elements of a high functioning team?

# Questions – Barriers and Successful Models

- If team-based care is desirable, what are the barriers (and are there examples of successfully overcoming each barrier)?
  - Lack of education and training in team-based care
  - Siloed education and training between professions
  - Lack of training sites
  - Institutional locus of training and education
  - Payment is about paying doctors and hospitals to deliver services, not to teams to care for people v. successful payment models
  - International Models
- Which barriers can COGME address best?

# Game Plan

- Report
  - Takes longer
  - More integrated
- Issue Briefs merged into report
  - Could limit recommendations avoiding integration concerns
  - May allow feedback before Report
- Letters
  - No approach precludes letters
- Size(pages) and number of recommendations (primary/secondary)

# Outline (by Chapter)

- The evidence for team-based care
- The current state of team-based care
  - Practice
  - Education
  - Training
- Primary Care
- IBH
- Specialty Care and Special Populations
- Successful Models – education, training, practice
- Common themes – content, dose, implementation and maintenance
- Barriers
- Recommendations
- Metrics