

Best Practices Innovation Collaborative

Incorporating Patients as Members of the Team

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Background

- Oct 2012 *“Core Principles & Values of Effective Team-Based Health Care”* released
 - Identified core principles & values considered essential for effective TBC
 - Held “reality check” interviews with groups known for delivering team care across diverse settings
 - Patients & families not included in interviews
- Feb 2013 convened working group to explore:
 - How can teams best work with and for pt/fam?
 - Do core principles & values resonate with and/or apply to pt/fam?
 - Appropriate methods for seeking input for pt/fam

Best Practices Innovation Collaborative: Incorporating Patients as Team Members Work Group

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Initial Thoughts About Organizing the Work

- Overarching objective of incorporating patients/families into teams is to achieve the Triple Aim & engagement
- Principal objectives of the working group's work:
 - Gain ***new knowledge*** about pt/fam perception of TBC & their own place on the team
 - Find examples of ***high-quality TBC*** and conduct structured interviews to gain insights
 - Summarize knowledge about ***team science and identify gaps***
 - Describe the ***types of health care teams*** in specific use cases and settings of care
 - Identify top 3-5 ***barriers*** that, unless addressed, will significantly impact the “promise” of TBC in achieving Triple Aim & pt/fam engagement

Working Group Activities & Next Steps

- Monthly conference calls since February 2013
- Draft outline completed
 - Writing assignments & literature review pending
- Developing questions for pt/fam interviews
- Exploring options to identify appropriate teams
 - Establish criteria for team inclusion/exclusion
 - Revisit original teams that meet criteria AND/OR
 - Focus only on primary care teams
 - Data collection process must be feasible and affordable
- Use findings to develop conceptual framework
- Recommend research priorities

Discussion

- Engaging pt/fam as members of health care teams is not well studied.
 - Are there key contributions WG can make?
- Consideration of teams for inclusion
 - Value of interviewing diverse group of teams versus limiting to primary care teams
 - Criteria for inclusion (ie NCQA, CAHPS, others?)
- Data collection options (one method or two)
 - Interview pt/fam in TBC settings (1:1, Skype, phone)
 - Survey tool to various patient groups