Implementing Team Based Care In a Rural Primary Care Setting
Our Mission: Our passion and purpose is to strengthen and nurture the health and well-being of our family, friends, neighbors and communities, through every season of life.

Our Vision: We will be Central Minnesota’s preferred health system, regionally recognized for innovative, cost effective and high quality care while focusing on the health and well-being of those living in the communities we serve.
Our Values:

Integrity
Because patients trust us with their lives.

Compassion
Because we serve people in their most vulnerable moments.

Excellence
Because lives are at stake.

Hospitality
Because everyone is welcome here.

Accountability
Because we take our responsibility to heart.
Presenters
Objectives

• Participants will be able to describe the variety of members of the interdisciplinary team in a primary care setting

• Participants will learn how team based care can improve the care that medically complex patients receive and how this impacts overall health and well-being

• Participants will learn of clinical examples of implementation of team-based care in a variety of settings within primary care
Introduction
2017 patient population total: 33,482

2017 number of Caucasian patients: 32,529 (97% of total patient population)

2017 population update: 13,592

2nd largest race population is Hispanic or Latino in 2017 with a patient count of 280
The Need for Team Based Care

- Provider and physician shortage in rural MN
- Improved trust within team members
- Meet the needs of the population

“Team based care (TBC) extends some of the busiest family practice and internal medicine providers to a situation where they can see more patients” – Dr. Deborah Dittberner, Chief Medical Officer, Alomere Health
Alomere Health Model Progression
Clinic Origins and Growth

- Opened in 1941
- 2 physicians
- Independent primary care practice
- Nurse-Provider partnership
- 1970’s-1980’s – addition of specialists in the areas of Internal Medicine, Pediatrics, Obstetrics and Gynecology.
- Osakis Clinic Satellite added
Clinic Origins and Growth, cont.

• 2012 – Merger with Douglas County Hospital and Heartland Orthopedic Specialists completed.

• With over 50 providers and expertise in ten specialties, this merger made us one of the state’s largest integrated community healthcare providers.
Team Based Care Development

- 2014 gained HCH certification
- First teams in urology and pediatrics
- 1st multidisciplinary team consisted of RN, LPN, Physician Assistant, and Medical Doctor in 2016
- Full team Spring 2018 Trialed
- Team educated organization Summer 2018
- Model was adapted for other stations
TeamSTEPPS Activity
Benefits to Team Based Care

• More support for team members
• Increased accountability (quality measures, patient care)
• Personal connection
• Increased knowledge
• Improved access to care

“My patients have closer access to me when they can’t get into me. They will see an MD or APP on my team, and I know what’s happening” – Alomere Health Provider/Physician
Minnesota Hospital Association Survey Results

IMPROVEMENT IN CARE TEAM EFFICIENCY

[Bar chart showing data comparison across different categories and years]
Lessons Learned

- Teams are not for everyone
- Must be willing/able to teach
- Cannot always eliminate members who can’t function on a team
- Complexity matters
- Protect schedules
- Ongoing communication, follow up. Team “briefs”
- TeamSTEPPS concepts
- Patient perspectives
- Practice style variation
- Patience for the process
- Forgiveness and understanding
Unique Features

• Creativity is key
• Adapt teams to what works
• Each team will look and function differently
• RN Clinicians
• Members work to the top of their license
RN Clinician Role Development

• “How do we take our most complex patients in the clinic and see them more in the primary care setting vs. in the ED or hospital?”
• Care coordination requirement for HCH certification
• Budget allocation and justification
• Increase Medicare Annual Wellness visits
RN Clinician Role

Benefits

• Prevents burnout
• See more patients
• Improved quality of MAW visit
• Improved patient satisfaction
• RNs working at the top of their license
• Addressing gaps in care
• RNCs as a resource
• Supportive network/team, morning briefs
• Dedicated phone line for care coordination
• Co-located on the stations with physicians, advanced practice providers, nurses, and CMAs
Patient Testimony
References

Thank you!