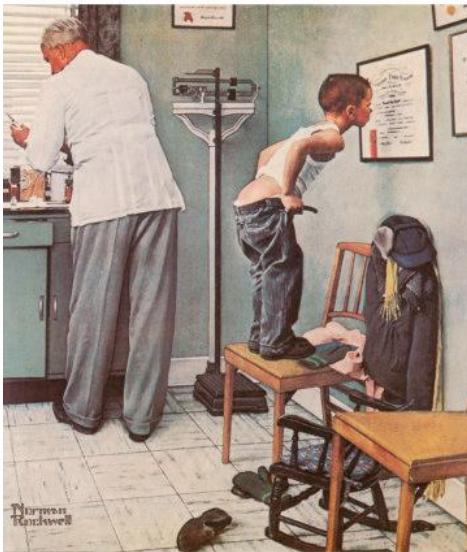


# Team-based Care: Answering the Call in Academic Medicine

Scott Shipman, MD, MPH

Director of Primary Care Affairs and  
Workforce Analysis



West Michigan Interprofessional Education  
Initiative, Sept 19, 2014



Tomorrow's Doctors, Tomorrow's Cures

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Learn

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Serve

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Lead



Association of  
American Medical Colleges

**Team-based care IS the future of  
health care**

**Primary care is a perfect paradigm  
to examine this future**

**“The future is already here, it’s just not very evenly distributed”**

*Attributed to William Gibson, author*

# Objectives

Identify the **workforce implications** of team-based care in primary care

Discuss **innovations** in team-based primary care

Describe the Association of American Medical Colleges **efforts in promoting interprofessional education and practice**

# **Growing advocacy for team-based care**

IOM Reports: Future of Nursing, Primary Care and Public Health

HRSA funding for expansion of NP, PA training

CMMI: Innovation challenges, Graduate Nurse Education Challenge

IPEC: Interprofessional education competencies and strategies

Multiple groups supporting team-based care innovation and spread: RWJ, ABIM Foundation, California Healthcare Foundation, ASPE, NACHC, AAMC, etc etc

# **Why the growing support for team-based care?**

- 1. Workforce needs/ pressures**
- 2. Efficiency as a growing priority**
- 3. Expanding notion of health care services**

# Why Team-based Care #1: Projected shortages for both primary care and subspecialists

	Primary Care	Subspecialties
2010	9,000	4,700
2015	29,800	33,100
2020	45,400	46,100

Source: AAMC Projections, 2010

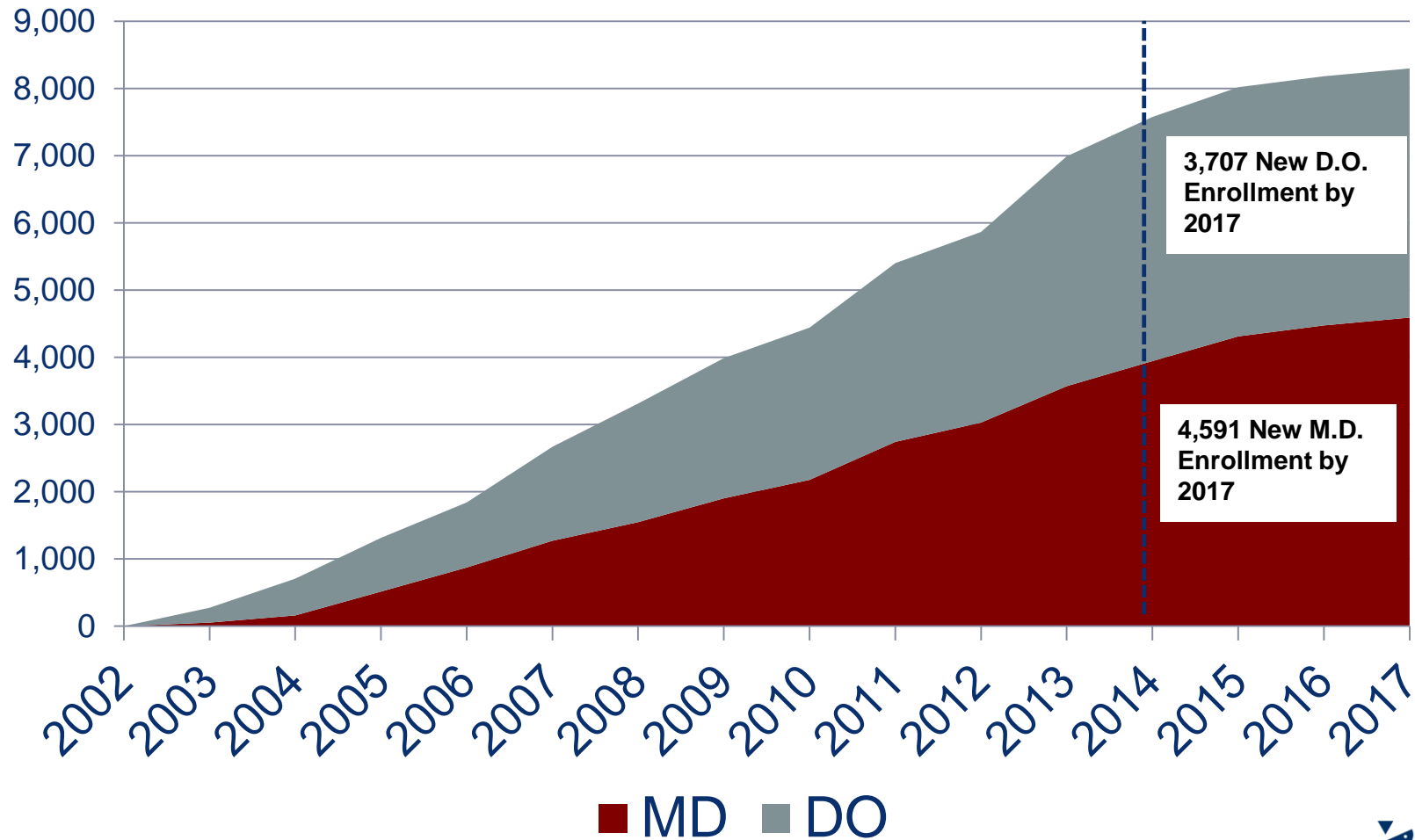


# Projected shortages for both primary care and subspecialists

		Specialties
2010		700
2015		,100
2020		,100



# Train more: MD and DO medical school growth since 2002



Source: AAMC, AACOM Annual Enrollment Surveys through 2013

# Michigan knows a thing or two about Med School Growth....



# Recent increase in MD Matriculant Counts

Year	Count	Totals
1999	16,210	48,862
2000	16,291	
2001	16,361	
2009	18,382	56,276
2010	18,664	
2011	19,230	

↑ 15%

# Changes in Interests of Medical School Matriculants

*Student self-report from AAMC Matriculating Student Questionnaire*

	% of Respondents	
	1999-2001	2009-2011
Plan to work in underserved area	21	24
Plan to work primarily with minority population	14	15
<b>Plan to go into Primary Care</b>	<b>48</b>	<b>38</b>
Practice in a rural town/ small city	14	9

# Estimating changes in primary care interest across training

Interest upon entry:	PC	Undecided	Other than PC
Planning to do primary care at graduation	50%	26%	15%

Data sources:

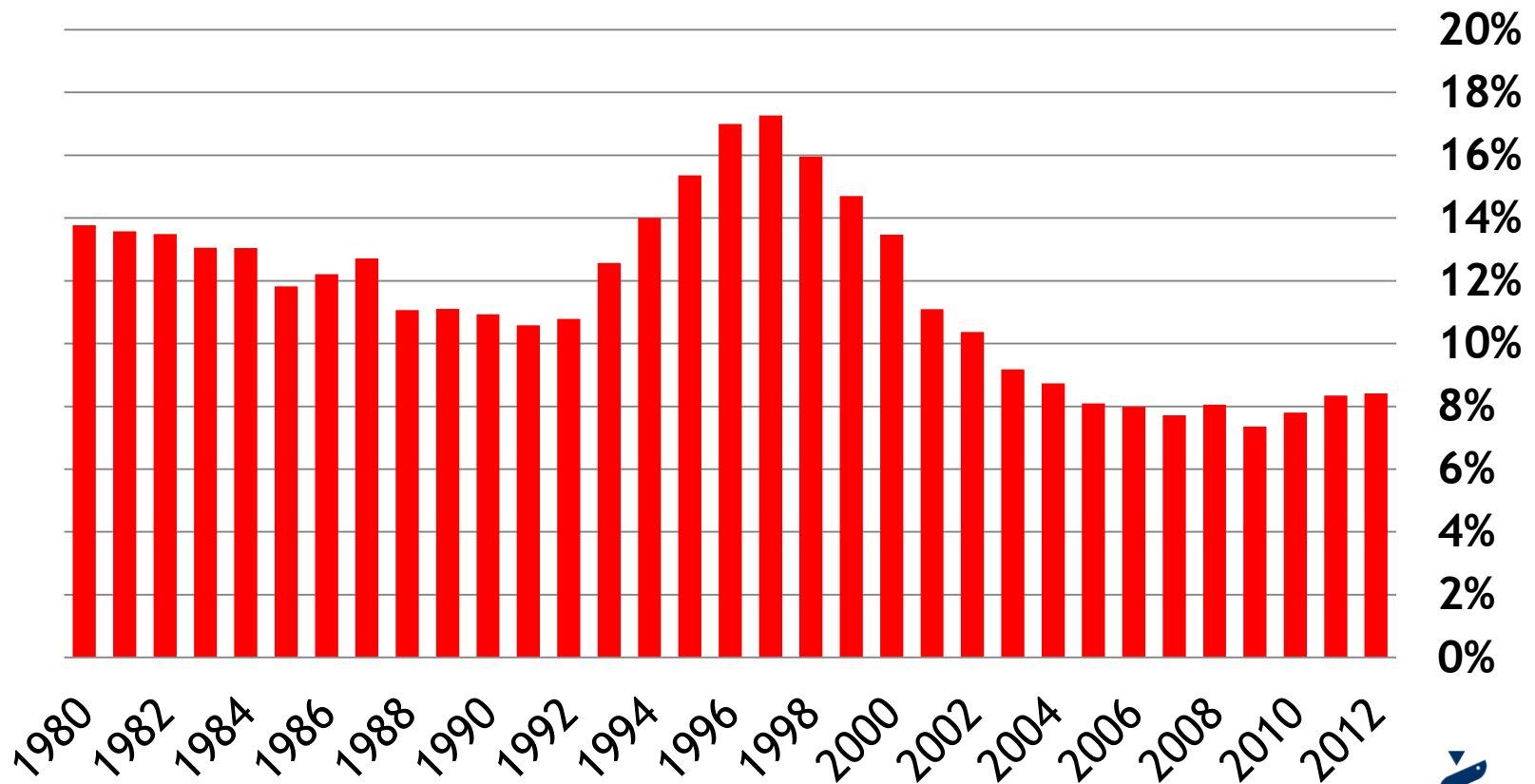
PC interest from AAMC Matriculating Student Questionnaire

PC plans from AAMC Graduate Questionnaire

Sample: 2001-2004 MD graduates

# Percent of US Medical School Seniors Matching into Family Medicine

\* Includes only those US allopathic seniors who were matched



# Physician burn-out

~Half of physicians report at least 1 symptom of burn-out

38% of physicians report extreme emotional exhaustion

General internal medicine, family medicine among the specialties with highest burnout levels (peds: a happy bunch)

[27% response rate (itself a marker of physician burnout?)]



# A Typical Day in Primary Care Clinic, circa 2008

18 patients

24 phone calls

12 Rx refills

17 e-mail messages

20 lab reports

11 imaging reports

14 consultation reports



# Consultation report

eMail

Lab report  
 Phone call  
 Phone call  
 Phone call  
 eMail  
 eMail  
 Rx refill  
 Imaging report  
 Patient visit  
 Consultation report  
 Lab report  
 Phone call  
 Lab report  
 Phone call  
 Rx refill  
 Patient visit  
 Imaging report  
 Patient visit  
 Phone call  
 Lab report  
 Imaging report  
 Imaging report  
 eMail  
 Imaging report  
 Imaging report  
 Lab report  
 Patient visit  
 Imaging report  
 Rx refill  
 eMail  
 Consultation report  
 Rx refill  
 Lab report  
 Rx refill  
 Lab report  
 Rx refill  
 Phone call  
 eMail  
 Rx refill  
 Lab report  
 Consultation report  
 Imaging report  
 Rx refill  
 Lab report  
 Rx refill  
 Lab report  
 Rx refill  
 Consultation report  
 Consultation report  
 Lab report  
 Imaging report  
 Lab report  
 Rx refill  
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AAMC

Tomorrow's Doctors, Today's Cues



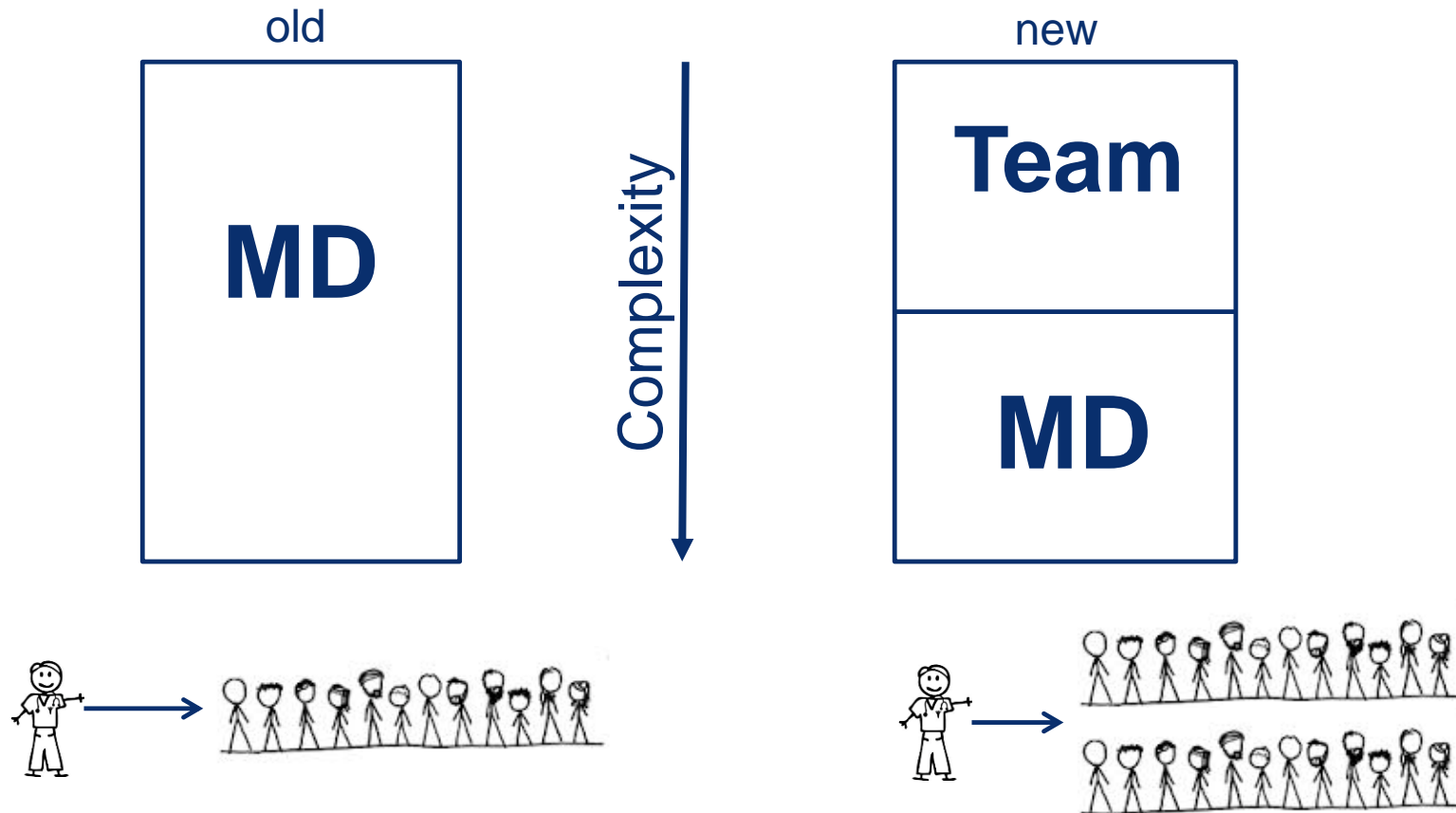
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# Why Team-based Care #2: Efficiency in Practice

## Workforce impact of team-based care in primary care: a simple hypothesis



# A new Premium on Efficiency

ACOs

Bundled payments

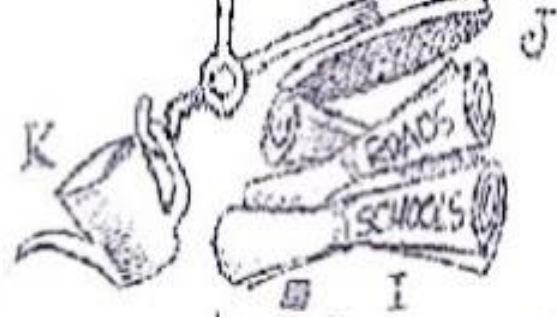
Global payments

Capitation

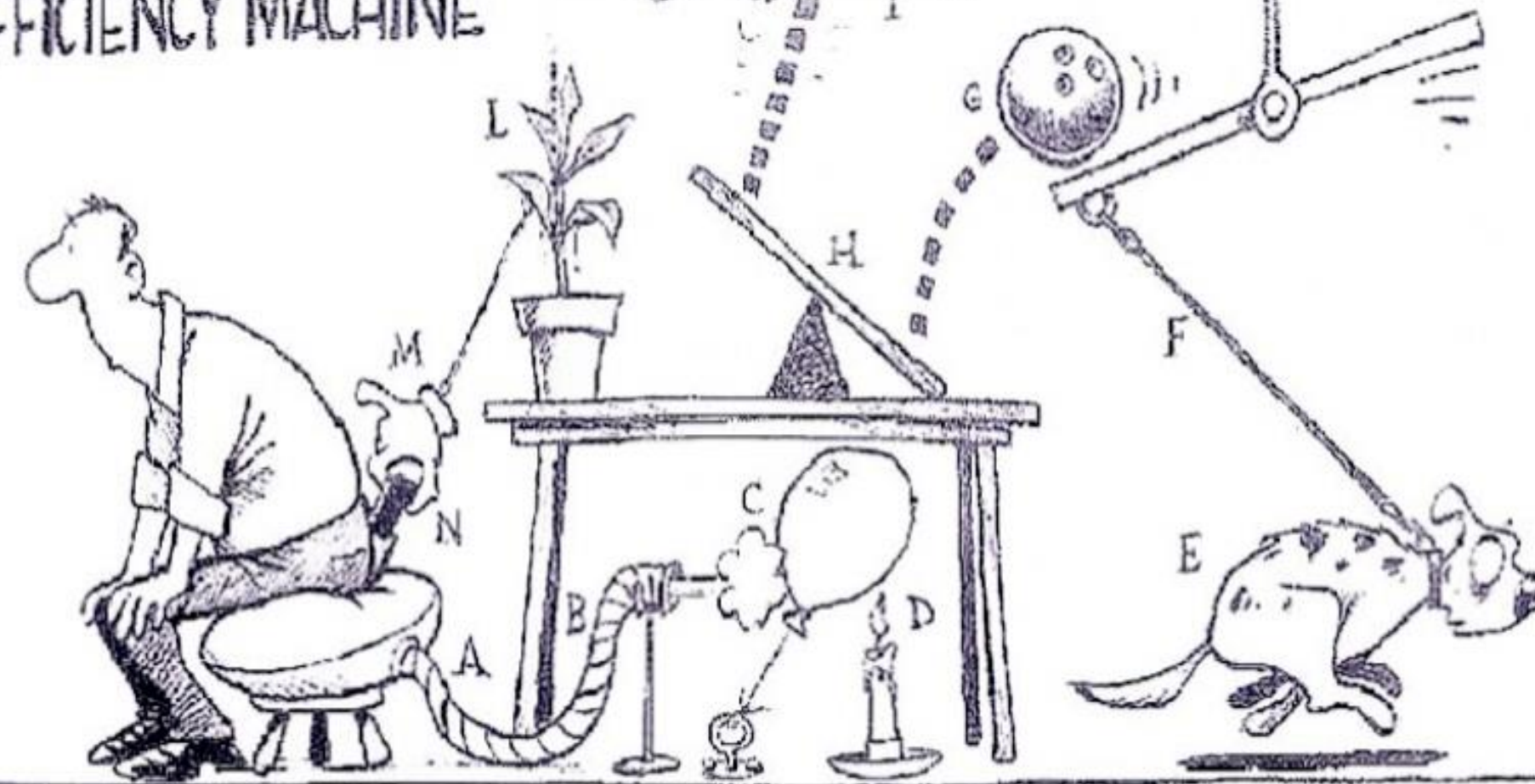




# THE LOCAL GOVERNMENT EFFICIENCY MACHINE



*W. H. H. H.*  
 THE MULTIPROPOSED AIR  
 MACHINE WHICH DOES  
 THE WORK OF 1000



TAXPAYER SITS ON PNEUMATIC CUSHION (A) FORCING AIR THROUGH A TUBE (B) BLOWING BALLOON (C) INTO CANDLE (D). EXPLODING BALLOON SCARES DOG (E) WHICH PULLS LEASH (F) DROPPING BALL (G) ON TEETER TOTTER (H) LAUNCHING PLANS (I) WHICH TILTS LEVER (J), THEN PITCHER (K) POURS WATER ONTO PLANT (L) CAUSING IT TO GROW WHICH PULLS STRING ATTACHED TO HAND (M) THAT LIFTS THE WALLET (N).

# Is the day just full, or wasteful?

40-45% of a physician's day in the office is spent **outside** direct patient care

*Clerical duties:* 50% of a physician's time **during a patient visit** is spent on clerical work

*Administrative tasks:* 30-60 minutes per day on insurance and billing questions

*Inefficient technology:* the simple has become **burdensome** (~60 minutes/ day on non-value added clicking, scrolling, signing on, etc)

# A PCP's view

“I spend 30 minutes before clinic on inbox work and making phone calls...I have a working lunch for charting and inbox work; otherwise I am unable to keep up. I spend another hour at the end of the day completing charts and working on my inbox... I...might spend another 30-60 minutes that night, clearing out my inbox to prepare for the next day. Work on the weekends and days off is generally limited to 1-2 hours to clear out the inbox for the next work day.”

**-Group Health primary care physician**



## The Cost of Technology

**A  
patient's  
view**



© 2011 Thomas G. Murphy, MD.

# Efficiency and the workforce... a little can go a long way!

If **30 minutes** of wasted time/ day were eliminated by 50% of PCPs...

...15-20 million more visits could be accommodated annually<sup>1</sup>

So team-based care can significantly increase capacity!

<sup>1</sup>derived from Shipman, Sinsky, *Health Affairs* 2013; ^Hofer, *Milbank Q*, 2011, Petterson, *Ann Fam Med*, 2012

# Why Team-based Care #3: Expanding notion of health services

- Health is impacted by MUCH more than the traditional medical model can effect



# What is team-based care?



# Connecting the dots for health: the “team” as clinical roles

 Behavioral health specialist

 Nurse

 Community health worker

 PA

 Emerging roles

 Social worker

 MA

 PT, Speech, Occ Therapy

 NP

 Physician

 Patient

 Clin Pharm

 Family

# **Case examples: AAMC Study of Team-based care innovations**

**University of Utah  
Dept. of Family Medicine**

**Virginia Mason Primary Care,  
Seattle**

**Iora Health**

# Impact of team-based care: Efficiency

Less staff overtime (waiting around for provider to finish his/her day)

Physicians no longer charting after hours at home

Important/abnormal tests and labs addressed more quickly

Improved coordination with other services (inpatient, specialist, ancillary services), more timely and more specific to primary care needs

In FFS practices: seeing more patients per day; able to grow panels, accommodate increasing demand

In global payment practices: higher cost for comprehensive primary care services, savings achieved through reduced ED, inpatient, referrals, imaging, generic meds

# Impact of team-based care: Quality

Greater adoption of evidence-based care practices  
(due to standardization)

Higher adherence to recommended preventive  
care/ screenings

Improved chronic disease control metrics



# Impact of team-based care: Satisfaction

Increased physician satisfaction, reduced burn-out

- “This is why I went into primary care”

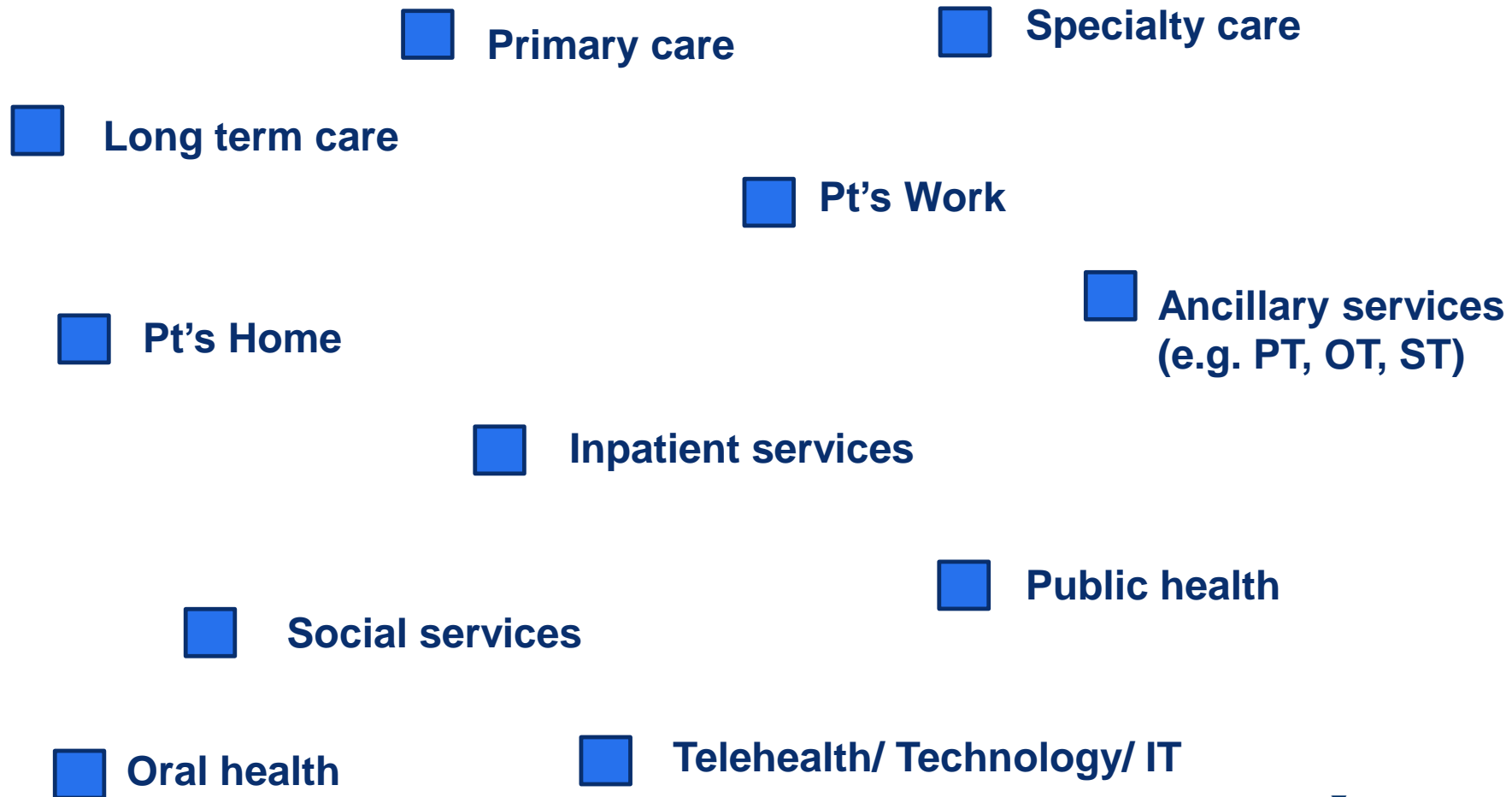
Increased staff satisfaction, retention

- “My opinion matters. I love being a real part of the patient visit and patients’ care”

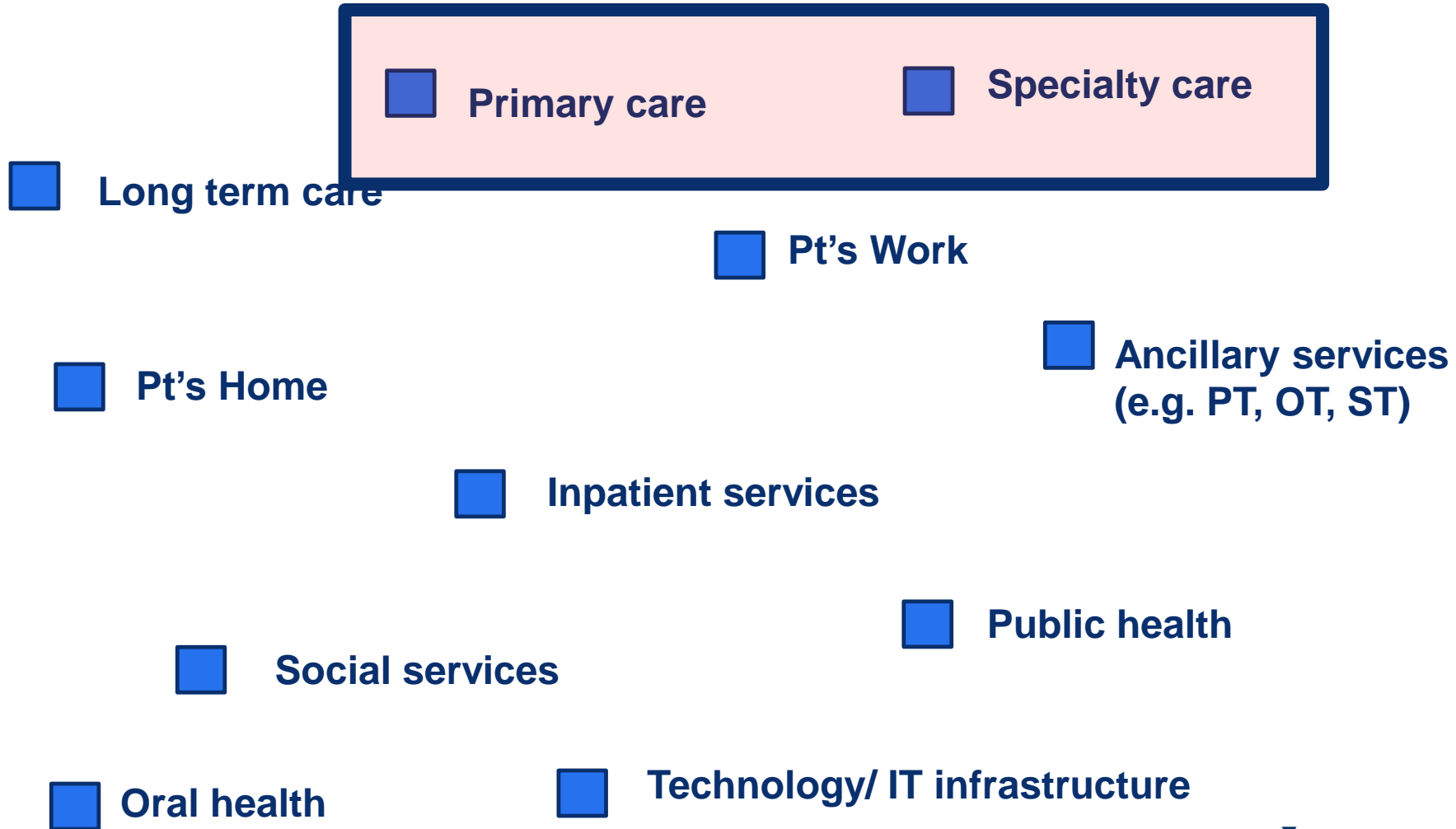
Increased patient satisfaction

- “You mean I don’t have to pay more for this kind of care?”

# Connecting the dots for health: the “team” across settings



# Connecting the dots for health: the “team” as settings of care



# Primary care and subspecialty care in the U.S.

FFS environment incents inefficient care patterns

Referral rates up dramatically over time – increased by 50% over the past decade

Comprehensiveness of primary care suffers

Fragmentation increases

# PC and SS: A Cultural Gap

Emergence of hospitalist models have led to rare direct interactions between PC and SS in practice

Growing gap in awareness and confidence in abilities and value of one another

Dissimilarities seem to outnumber similarities

Efforts at communication and coordination diminish

Result: fragmentation

Ultimately, patients are the unknowing victims

# AAMC and Interprofessional Education

New LCME accreditation standard (a ‘must’)

*“The core curriculum of a medical education program must prepare medical students to function collaboratively on health care teams that include health professionals from other disciplines as they provide coordinated services to patients. These curricular experiences include practitioners and/or students from the other health professions.”*

IPEC leadership and promotion

Faculty development institutes

Tracking trends in IPE

# **AAMC/ IPEC Faculty Development Institutes**

Goal: Facilitate institutionally-based team projects  
in IPE

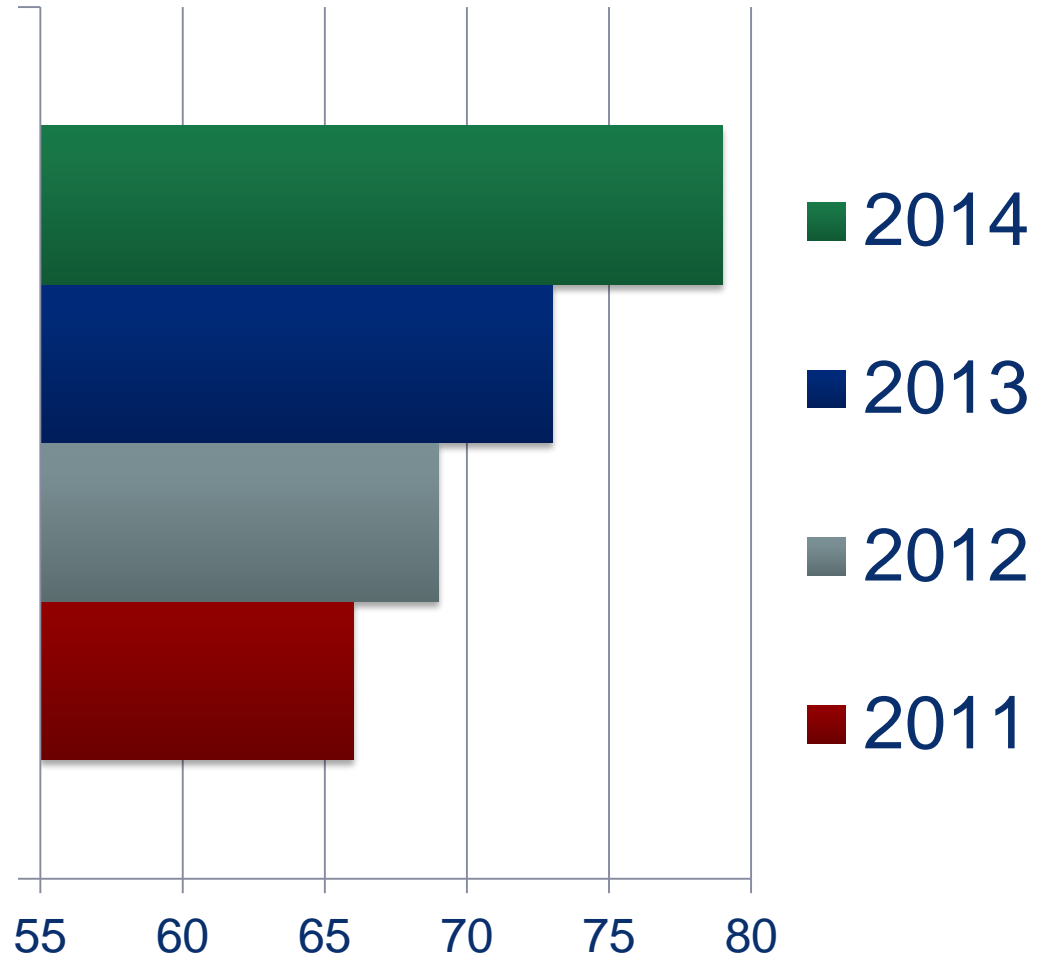
Teams of 3-5 attend to develop a project  
implementation plan to advance IPE at their  
institution

Next available date: May 2015

[www.ipecollaboration.org](http://www.ipecollaboration.org)

# Tracking trends: Medical student experiences

Opportunity to learn with other HP students?





# 2014 med school graduates HP student exposures

Profession	% with experience
Dentistry	28
Nursing	82
Occupational Therapy	35
Pharmacy	78
Physical Therapy	47
Physician assistants	63
Psychology	22
Public health	20
Social work	48

~75% of students agree that experiences helped them to better understand how to work with these professions

# Promoting Interprofessional Practice in Academic medicine

*Highlighting exemplars:*

PCPCC/ AAMC “IPE in PCMH” project

Macy/ UCSF/ AAMC project

*Promoting change:*

\$7M CMMI Innovations award to improve PC-SS interface

Convener for 14 AMCs in CMS bundling demonstration



# **Thanks!**

## **Questions and Comments?**

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# Changes in Attributes of Medical School Matriculants

*Matriculating student data from MD school applications (AMCAS)*

% of Matriculants

	1999-2001	2009-2011
Rural Birth County	7	4
Minority (Black/AA, Hispanic, Indian/American Native)	14	16
Parental Education: PhD, MD/DO, DDS	29	37
Less than college degree	19	13
Mean Parent income, 2011 dollars	\$159,500	\$172,000