

Members in Action: Redesign the Delivery System

CHI Health Creighton University Medical Center – Omaha, Neb.

Building A Culture of Team-based Care Improves Value

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes, and implement operational solutions.

Overview

CHI Health and Creighton University Medical Center, an academic medical center in Omaha, Nebraska, partnered to design and build University Clinic, a new primary care-based medical facility that functions as a learning laboratory for inter-professional health sciences education, research and collaborative team-based care. The facility serves Omaha's inner-city population, which includes a large refugee population from Asia and Africa.

Since January 2017, University Clinic has fostered inter-professional care teams by bringing together master's level behavioral health counseling, community link, a grant-funded program that assists with social determinants of health, diabetes education, a PCMH accredited family medicine residency program, nurse practitioners, medical assistants, OB/GYN, occupational therapy, physical therapy, physicians assistants, psychology, psychiatry, radiology technicians, social work and speech therapy. Previously, providers from these different specialties worked in parallel and in different locations. Agreeing to come together in the same space signaled a change in how care would be provided.

Twice daily, team huddles allow all members to address safety issues and new opportunities, hear announcements, recognize colleagues and conduct pre-visit planning sessions. Care team membership shifts based on patient and student needs. Because providers work closely together, they can reinforce each other's strategies and patients receive the same messaging from all their providers.

Amy McGaha, M.D., chair of the Department of Family and Community Medicine explained, "When you look at patients with the biggest struggles – it is chronic pain and coincident mental illness. And so, there's no way in the traditional medical

Impact

The CHI Health Creighton University Medical Center model of care improves value. Patients that received care in the team-based model had a 16.7% reduction in emergency department visits and a 17.7% reduction in hospitalizations. They also found these patients had a 48.2% reduction in charges and improved patient satisfaction. Research is now addressing whether the model is sustainable over time and replicable in other cohorts of patients.

Not only do patients like to receive care from inter-professional teams, CHI Health Creighton University Medical Center-University Campus has seen improvements in their staff engagement and satisfaction. Since opening the new facility, the staff engagement and satisfaction score jumped from being in the lower third of the CHI system to being ranked number two out of more than 100 CHI Health ambulatory clinics.



model that we can meet those needs. So, for chronic pain, being able to have integrated behavioral health and physical therapy is essential.”

University Clinic has been intentional about fostering a culture of inter-professional teamwork. They prioritized creating psychological safety for staff by creating opportunities for all staff, students, providers and patients to know each other and feel comfortable providing valued input. Tom Guck, Ph.D., behavioral health psychologist and vice chair of the Department of Family and Community Medicine, described how their culture embraces two guiding principles: 1) we’re all teachers and we’re all learners. No matter how high your degree, you can also be a learner; and 2) assume positive intent – when there is conflict, we embrace it, engage in it, but we also assume that what the other person is saying is coming from a good place.



“When we assume positive intent, that allows us to work through any conflicts,” says Guck. Annual culture workshops enable them to reinforce the culture among the staff and students training at University Clinic.

Lessons Learned

Creating a culture of inter-professional care teams is crucial to achieve quality metrics. McGaha explained, “If you don’t have the culture right, it’s all going to fall apart. And you have to reset the culture and continue to refresh the culture.”

Guck credits CHI Health Creighton’s COVID-19 response to their culture and ability to be flexible in their thinking. By working collaboratively, they were able get telehealth up and running in a matter of days. “People really worked together, and everyone pulled in the same direction,” he said.

Guck recommends having a champion for inter-professional care from the academic and clinical sides. “You have to identify champions who are really committed to doing this, who take responsibility for carrying the culture forward, implementing it and keeping it alive.”

It also is important to have physicians on board. “People have to be willing to be open and change,” McGaha says. She explained that when they first started the new care model, the clinical staff did not want to make the change – they were comfortable with how they had always done things. But by going back to building the culture, they were able to continue to affirm how important the team is in providing high-value care.

“We’ve brought together the people who want to integrate into a primary care practice...When you have team members that believe it and live it, it just makes it easier,” said Kristy Brandon Keefner, DPT, physical therapist with CHI Health and assistant clinical professor with the Department of Family and Community Medicine.

Future Goals

Determining a sustainable payment model for inter-professional care is an ongoing goal. While they have been able to do this work in a primarily fee-for-service model, structuring financial incentives to reinforce team-based care would make the model more effective and sustainable.

CHI Health Creighton would like to further integrate the social determinants of health into how they provide care. They expressed an interest in screening and documenting social needs, particularly addressing food insecurity, transportation and getting patients enrolled in ESL classes.

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*Creighton University file photos, taken before the COVID-19 pandemic.