

How do we implement a primary care team-based medical home?

Medical Homes are defined as team-based care provided by physicians and medical staff with complementary skills and competencies who cooperate, collaborate, communicate, and integrate services in order to deliver reliable healthcare. This synopsis explores the different types of medical homes and teams that have been recently established. A search from 2000 to present of peer reviewed and grey literature in western countries guided this review.

Current Context

A strong **inter-professional team** supports the active participation of different disciplines in patient care. It **promotes patient and family-centered goals and values**, provides an **effective communication** system among caregivers, **enhances staff participation** in clinical decision-making and **fosters respect** for the contribution of all professionals.

The types of inter-disciplinary teams are:

- **Inter-professional collaborative** includes teams of different healthcare disciplines working interdependently and communicating regularly to meet the needs of a patient in a primary care setting.
- **Physician-led practices** are managed by a physician or group of physicians and typically also include nurse practitioners, registered nurses, social workers, dietitians, and other professionals.
- **Nurse practitioner-led practices** are models where the nurse practitioner is responsible for providing patient care.
- **Patient-Aligned Care Teams** include a primary care provider, nurse care manager, clinical associate, clerical staff, and are supported by social workers, pharmacists, nutritionists, and psychologists. This model is used by the Veterans Health Administration in the United States.
- A **patient-centered medical home** is a clinic where a patient's family doctor is working with other health

Key Considerations

- *A strong governance and leadership structure that includes a management team is essential for an effective team*
- *Proper funding and remuneration structure is necessary to support inter-professional teams*
- *To ensure quality and continuity of care, standardized patient transition of care, referrals, and coordination amongst providers is required*
- *Optimizing the use of communications technology, physical space, and other infrastructure improves collaboration*
- *Clear and enforceable accountability processes for the organization, administration, and providers are linked to performance*

professionals as a team. All medical services are coordinated within the clinic.

Each **team** may include the following professionals:

- Primary care physicians, pharmacists, psychologists, psychiatrists, social workers, counselors, physiotherapists, occupational therapists, dieticians, midwives, and nurse practitioners
- Administrative and support personnel such as case managers, data analysts, and clerks or medical support assistants

Creating an **effective and high-functioning team** requires **time and resources**. It is important that team members have the appropriate amount of time to participate in team meetings and other collaborative activities, as well as opportunities to attend learning and education sessions.

Effective teams have several common qualities:

- **Supportive infrastructure**, including co-location, open design of physical space, opportunities for team communication, and appropriate use of information technology
- **Consistent monitoring and evaluation** of individual and team performance and of patient outcomes
- **Shared decision-making** and effective communication within the team
- **Respect and understanding** to each team member roles and responsibility
- **Strong leadership** at the clinical and administrative levels

Barriers to team-based care should always be taken into consideration when implementing a team-based approach. Examples of barriers are:

- **Individual-level barriers** are caused by the lack of role clarity and trust. Overlapping skills can create difficulties in formally establishing defined roles.
- Difficulties in establishing appropriate skill mix and team size can cause **practice-level barriers**. There is no one-size-fits-all model in terms of appropriate skill mix and team size.
- Lack of appropriate monitoring and evaluation is an example of a **systems-level barrier**. One of the most important challenges in team optimization is the lack of consistent and meaningful performance data.

Discussion questions:

1. What other barriers to team based care should be considered?
2. How can a team-based approach improve health outcomes?
3. Are there other types of medical homes?