



Navigating the Team-Based Care Journey

Resources and Learnings to Support your Journey with Team-Based Care



General Practice Services Committee



Acknowledgements

The General Practice Services Committee (GPSC) has supported the development of tools to support team-based care over many years. Thank you to the primary care providers and Practice Support Program (PSP) Coaches who provided advice and tested the tools. The tools in the main section of this Guide were based on a curriculum developed through a partnership between PSP, the BC College of Family Physicians, UBC Health, and developed by Broadleaf Consulting. Thank you to Erin Lutz, Mallory Crew and Lucas Parker for contributing to the development of this Guide. Broadleaf Consulting produced the Guide.



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Purpose of this Guide

This Guide is to help you consider all aspects of team-based care (TBC), from exploring and engaging, to preparing, implementing, strengthening and sustaining TBC by spotlighting key resources and considerations. It simplifies finding the right tool at the right time by providing direct access to tools and resources and providing helpful context and considerations for when and how to use them. It sheds light on the vital team conversations to have throughout the journey, based on learnings from provincial practices and established evidence. The TBC Guide helps practices, providers and communities to identify and design their TBC journey.

How to Use this Guide

This Guide is a Conversation Tool

Team-based care is being established by diverse groups such as practices and providers, communities, and health leaders planning primary care networks. This Guide is for all audiences interested in developing and implementing TBC.

The Guide provides tangible steps and support for all stages throughout the implementation and improvement of TBC, from engaging and exploring, preparing, implementing, and strengthening and sustaining TBC. Each stage begins with coaching questions to encourage conversation. The Guide shares timely guidance and knowledge alongside tested tools and resources, allowing teams to work together to build and improve processes and culture that enable their practice goals.

Resources in the Guide include tools that can be used independently or with training or coaching opportunities described in the Guide. Each section has a visual overview that orients readers to the key concepts and resources at each stage of TBC development. These visual overviews are also presented together at the end of the Guide for easy printing. Team-based care is an iterative process, and tools can be used as part of planning and re-used as part of quality improvement, as new team members are introduced, and as the team evolves to meet patients' needs.

To help navigate the tools and resources, they are presented in the stages of the TBC journey. It may be beneficial to return to select tools as the TBC journey progresses; tools that were key in preparing a team may also support team development and sustaining the team.



Why Team-Based Care?

The General Practice Services Committee (GPSC) supports the shift toward team-based care (TBC) as an essential aspect of transforming BC's health care system.

GPSC Support for Team-Based Care

As leaders in the big picture of transforming BC's health care system to be robust and integrated, GPSC has several initiatives to work toward TBC. This Guide contains advice on TBC's contributions to improving primary care and shares GPSC tools and resources to support primary care providers and community organizations working toward TBC in BC. A brief overview of GPSC Supports for TBC is available here: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1607>

What is Team-Based Care?

"Multiple health care providers from different professional backgrounds work together and with patients/clients, families, caregivers and communities to deliver comprehensive health services across care settings. Effective teamwork is a critical enabler of safe, high-quality care and supports a patient's ongoing relationship with their primary care provider (a family physician or nurse practitioner)."

-Ministry of Health Team-Based Care Advisory

The Big Picture

TRANSFORMING BC'S HEALTH CARE SYSTEM

From a traditional system that is episodic and siloed.

Many people in BC can't get a family doctor or timely access to the full range of care they need. GPs are under stress and the threat of burnout is real. Meanwhile, hospitals are facing unsustainable pressures.

To a new system that is robust and integrated.

It's why doctors, divisions of family practice, health authorities and provincial partners are working to create an integrated system of care across BC, where patients have access to quality primary health care that effectively meets their needs.

THE FOUNDATION

Together, PMHs and PCNs position primary care at the centre of an integrated, team-based health care system.



PATIENT MEDICAL HOME (PMH)

A team-based family practice operating at an ideal level where patients get the majority of their care and their primary care providers focus on diagnoses, patient relationships and longitudinal care.

PRIMARY CARE NETWORK (PCN)

A clinical network of physicians and other providers in a geographic area who work together in new ways to expand team-based supports for GPs and patients.



Integrated system of care

PATIENT MEDICAL HOMES IN PRIMARY CARE NETWORKS WITH HEALTH AUTHORITY SERVICES, COMMUNITY HEALTH SERVICES, SPECIALIZED SERVICES AND ACUTE CARE.



BETTER FOR PHYSICIANS

- Shifts focus to diagnoses and patient relationships.
- Brings services together around GPs and patients.
- Eases the burden of doing it alone.
- Attracts and retains GPs.

BETTER FOR PATIENTS

- Increases attachment to a primary care provider.
- Increases access to a broad range of services.
- Coordinates care and services.

BETTER FOR THE SYSTEM

- Maximizes health care roles and resources.
- Reduces hospital visits.
- Builds sustainable, quality health care.

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Team-based care enables key improvements within the primary care system:

- Provide preventive care, disease management and counselling, and arrange follow-up services in the community
- Increase support for patients with complex and/or chronic health conditions
- Team members work to their strengths and support and rely on each other to give patients the best care
- Collectively increase a community's capacity to attach patients to a primary care provider

For Patients

- Patients get timely access to continuous, comprehensive care and appropriate supports to provide for their health needs and prevent unnecessary ER visits
- Relational continuity – ongoing caring relationships, a patient is known by providers, care is coherently organized and planned

For Providers

The added support and expertise of a team helps providers to:

- Focus more of their time on complex diagnoses, medical care, and strengthening patient relationships
- Feel more at ease when they know their patients are well cared for and getting comprehensive support

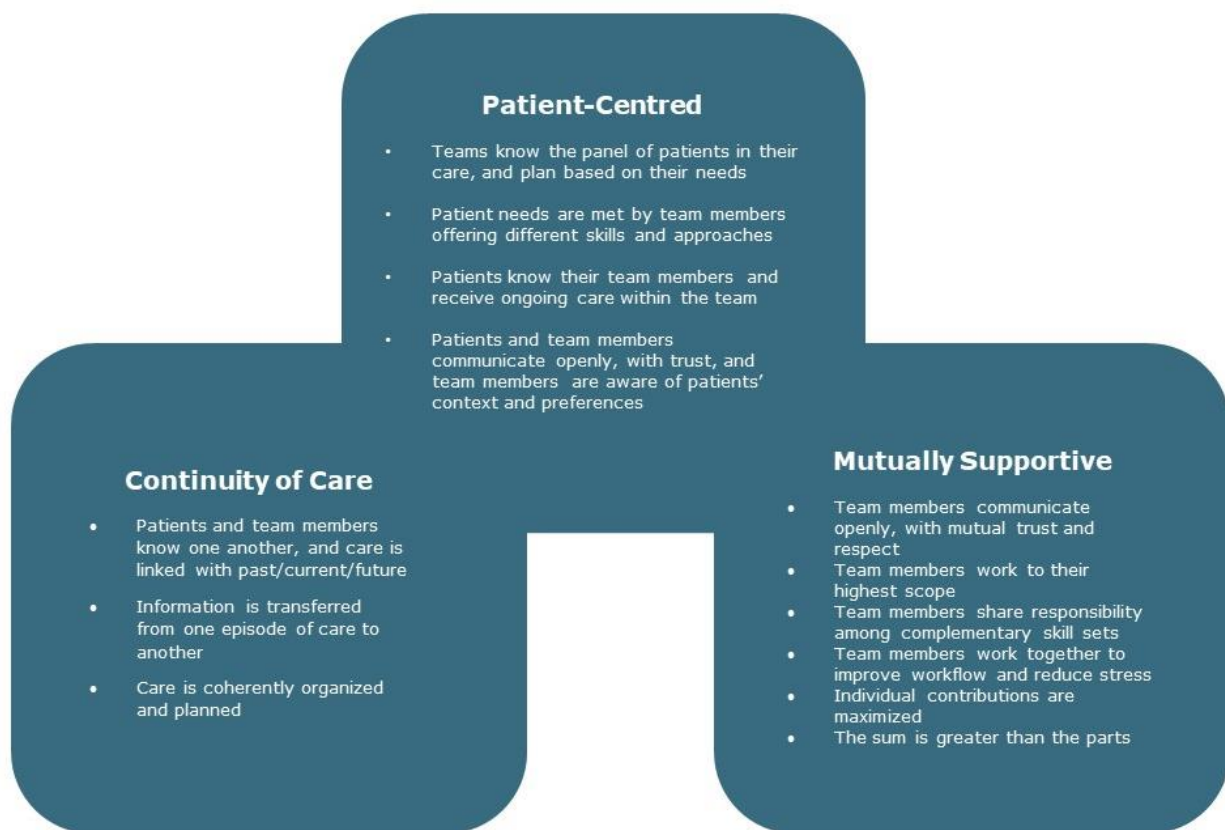
Team-based care helps to:

- Reduce the burden of caring for patients alone, which can help prevent burnout
- Increase the efficiency of a practice and streamline processes to maximize time and capacity
- Improve the satisfaction of primary care providers, staff and partners

Team-Based Care Principles

Every team will develop its own working principles that incorporate team members' values, perspectives and contributions, patient needs, and team goals. At the heart of the team are some key principles of the role of TBC in the broader health care system. These are:

1. **Patient-Centred**
2. **Mutually Supportive**
3. **Continuity of Care**

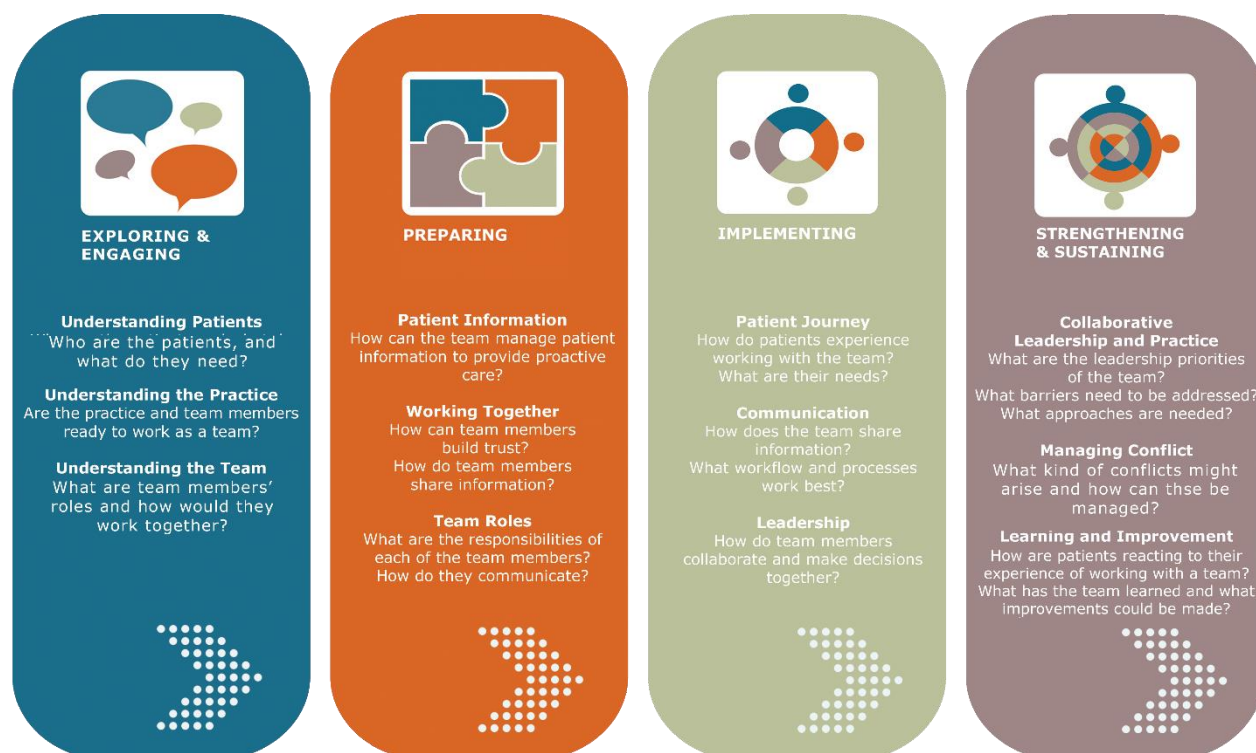




Orienting to Team-Based Care

Stages of Team-Based Care

Developing a team will require many iterations and improvements as the team learns together and patient needs evolve. This Guide presents four stages of team-based care (TBC) development. The following image provides a visual overview of the stages and the key questions each stage focuses on.



Exploring & Engaging



Well-implemented TBC improves the comprehensiveness, coordination, efficiency, effectiveness and value of care, and the satisfaction of patients and providers. To achieve the transition to TBC, most practices and providers require a change in the culture and organization of care. Building a new team or evolving an existing team begins with a process of exploration and engagement.

This exploration and engagement is a way of examining the possibilities of TBC and ensuring that those who are involved have the opportunity to contribute to the discussion. This may be a broad conversation that includes voices from different perspectives.

Understanding the patients is foundational for planning decisions. Through empanelment, the team makeup, roles and workflow can be structured to support patient needs. Providers' scope of work, patient needs and local resources are all important considerations. This stage offers opportunities for important issues such as culture change, functional and structural changes to clinics and supportive work processes for each team member. This is also an important point to explore the readiness of a practice.

As a team develops, this process of exploration and engagement may become a regular touchpoint for ensuring that the team is working well for team members and patients.

Preparing



The preparation stage includes planning strategies and activities to support a high-functioning primary care team.

The preparation stage is an opportunity for practices to start building their philosophy of care and how they want to work as a team. It may include processes to understand change readiness, build collaborative leadership, deliver patient-centred care, understand roles and interprofessional communication pathways. This may also include the development of team charters that outline the shared values and commitments of team members, processes for interprofessional communication and documentation, and workflows that serve patients well and provide a supportive and satisfying experience for team members.

This kind of preparation offers a chance to think through how best to meet the needs of patients, how each team member will best contribute to the team with their unique scope of work, and what processes need to be in place to support the team.

Implementing



Implementing TBC is the stage where team members formally begin working together.

Bringing the team together will mean bringing together professionals with a broad range of training and expectations around work culture, documentation, patient interaction, and workflows. The initial implementation of TBC is a crucial time to build foundational relationships between team members and processes for interprofessional communication.

Through this process, team members will learn about the different scopes of practice of the team members and develop processes to support high-functioning primary care teams.

The implementation stage also provides opportunities to communicate with patients, inform them about how the team will work, engage them in their care, and improve the patient journey.

Strengthening & Sustaining



Once established, the team may shift focus to strengthening and sustaining the processes, relationships and team structures they've worked to establish. This ongoing work is essential to maintaining a high-functioning primary care team.

Strengthening the team also enables the team to focus on patient-centred quality improvement goals.

At the sustainment stage, a team can proactively manage patient care, build team spirit, and move from using individual tools to creating systems that work for the team. As the team continues to work together, communication and feedback loops may be initiated to ensure that team members share how they feel and what opportunities they have identified for continuous quality improvement and how they may enhance how they work together as a team. This may include a return to the Exploring & Engaging stage, to think creatively with team members and partners working with the team, or it may be more centred around building team relationships and strengthening team culture. This process may involve returning to some of the tools already considered at earlier stages and considering what changes would benefit the practice.



Navigating TBC Resources

The GPSC has a broad range of resources to support team-based care at any stage. Resources such as practice coaching, learning opportunities, and in-practice tools available to support the TBC journey are outlined below, along with information about how to access and utilize each offering.

Practice Support Program (PSP) Small Group Learning Series

Group learning opportunities are available through PSP; please get in touch directly to find a learning opportunity that supports your practice needs by emailing psp@doctorsofbc.ca.

TBC Learning Series

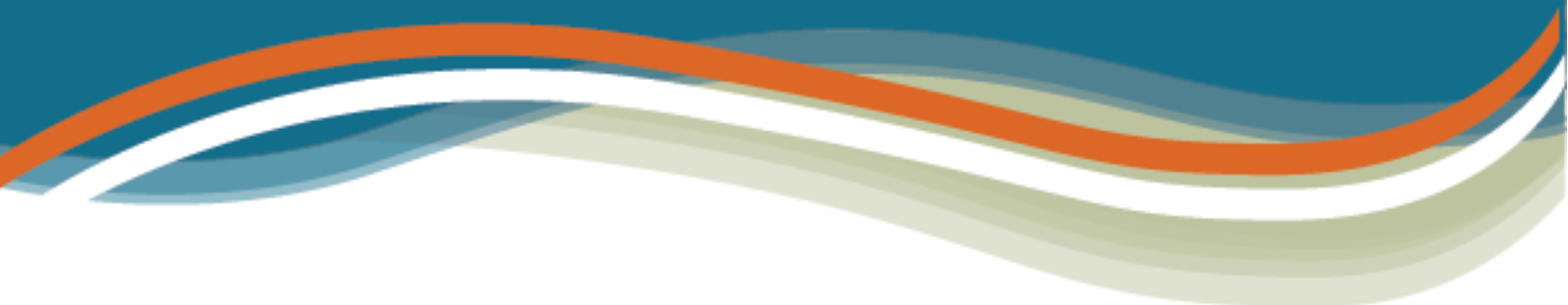
Within the suite of learning opportunities, PSP offers flexible learning specifically focused on key aspects of TBC. Teams can participate in learning sessions and make practice improvements based on session learnings with support from PSP Coaches and Peer Mentors to make practice improvements.

For more details, please see this overview of the TBC Learning Series: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1604>

Practice Improvement Services

As teams work to tune their practice processes and improve shared workflow, familiarity with quality improvement (QI) concepts can help improve a regular part of the practice.

PSP's Practice Improvement Learning Series provides teams with the opportunity to delve into foundational QI concepts that will support them in identifying and making sustainable improvements in practice. Teams can work collaboratively on quality improvement goals that align with high-functioning care teams and provide proactive, collaborative care.



Teams learn how to use data to assess needs, develop goals, test and measure changes in practice, and gauge whether a change leads to an improvement. Overall, teams learn the value of continuous QI and how this can help teams function more effectively and provide better patient care. Sessions also support teams in learning how to collaboratively generate ideas for change, when to adapt, adopt or abandon a change, and plan how to sustain and spread improvements over time.

Coaching

Coaches help practice teams identify, implement and maintain practice improvements, establish structures and clarify roles. More information about available practice supports and how to connect can be found directly through the Practice Support Program at <https://gpscbc.ca/what-we-do/practice-supports/psp>

Within the PSP team, Coaches with a specialized skill set focus on TBC work with their peers across the province to provide additional support in leadership, conflict resolution, and team development. Coaches can also help Primary Care Networks (PCNs) plan for TBC in their community.

Team Development and Support Opportunities

The GPSC offers flexible, tailored learning opportunities and tools to support a practice team's needs at each TBC implementation stage. Coaches can support and guide teams through various options to meet their needs. The Practice Support Program can also provide guidance and support using tools created by other organizations when appropriate for the practice team needs.

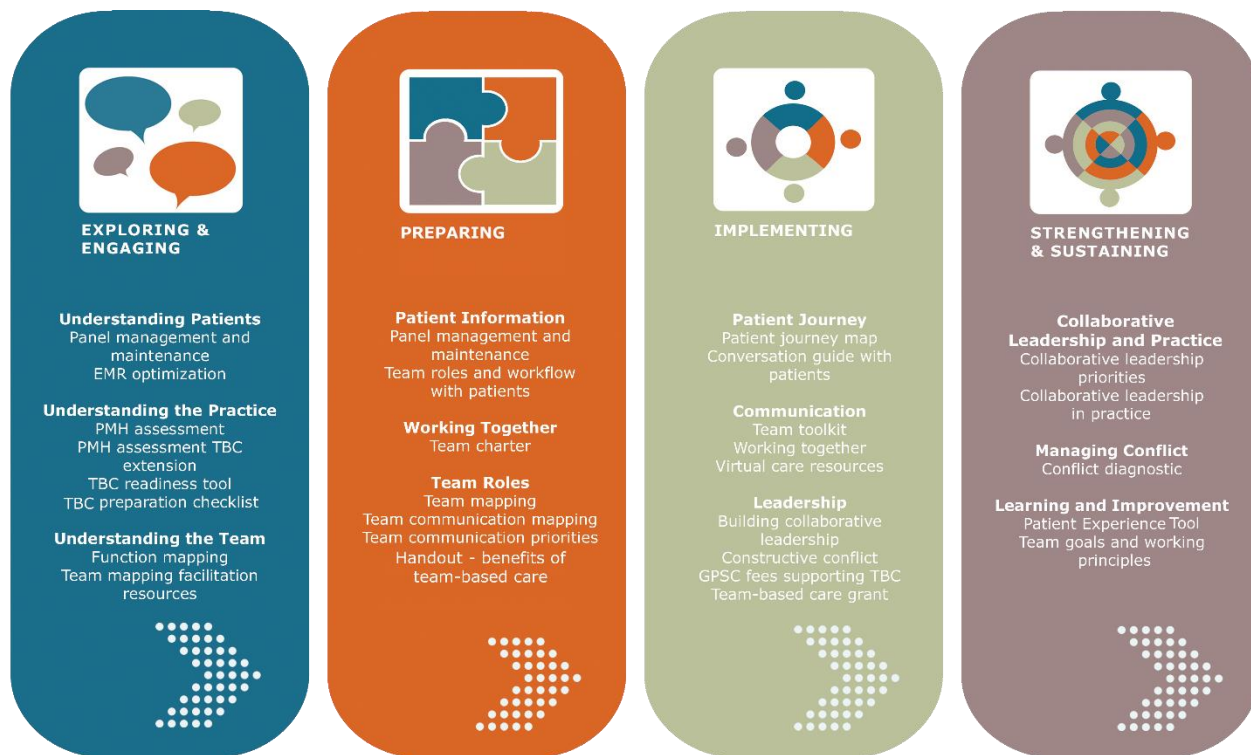
Practice Management Opportunities

The GPSC has additional resources to help support primary care practices transition their practice to a team-based primary care clinic. These include billing resources and webinars, panel management, and EMR training and optimization resources.

Tools

This section links to tools to support your journey to TBC in each of the following areas: exploring and engaging, preparing, implementing, and strengthening and sustaining a team.

The below visual outlines the tools associated with each stage. Tools are grouped by topic within each stage, and these are briefly introduced in the text.





Exploring & Engaging

Key Questions

Understanding Patients

Who are the patients, and what do they need?

Understanding the Practice

Are the practice and team members ready to work as a team?

Understanding the Team

What are team members' roles and how would they work together?

Tools

[Panel management and maintenance](#)

[EMR optimization](#)

[PMH assessment](#)

[PMH assessment TBC extension](#)

[TBC readiness tool](#)

[TBC preparation checklist](#)

[Function mapping](#)

[Team mapping facilitation resources](#)



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Exploring & Engaging

There are many aspects to consider when exploring and engaging around TBC. The following tools can help to think through some key questions to get started:

Understanding Patients	Who are the patients, and what do they need?
Understanding the Practice	Are the practice and team members ready to work as a team?
Understanding the Team	What are team members' roles and how would they work together?

To work with a Coach on topics and tools in this section, contact psp@doctorsofbc.ca.

Many of the tools in this section are included in the Foundations of TBC session (from the PSP TBC Small Group Learning Session). More information is available at <https://gpscbc.ca/what-we-do/practice-supports/psp/learning-opportunities>.

Understanding Patients

The population accessing care from the practice can be viewed as a group or a patient panel. Looking at the patient panel as a whole will help the practice better understand their patients' main characteristics and consider what care they need. This information will also help determine what team members could best provide the care to this group.

Panel management and maintenance

Description: Panel management is a process of proactively managing a defined population of patients, using EMR data to identify and respond to patients' chronic and preventative care needs. Panel management is the basis for the therapeutic relationship essential for good primary care. Understanding and optimizing patient panels enables teams to provide proactive patient-centred care.

There are three phases in panel management: Empanelment, Building Registries, and Pro-active Care.

Link: <https://gpscbc.ca/what-we-do/system-change/panel-management>

EMR optimization

Description: A well-functioning EMR is fundamental to TBC, beginning with understanding the patient panel and proactively managing patient care. PSP offers the following services to help your team optimize your use of EMRs and undertake quality improvement activities:

- EMR functionality assessment
- Group sessions which focus on EMR workflow, access and efficiency, panel management, and practice improvement activities
- Clinical and practice management tools

Link: <https://gpscbc.ca/what-we-do/practice-support/psp/emr-optimization>

EMR Basic Training Guides can be found at <https://www.jcc-resourcecatalogue.ca/en/list?q=EMR+Instruction+SHeets&p=1&ps=20>

Understanding the Practice

When initiating a team in primary care, patients will be connected through a primary care provider. The workflow and processes will determine the team in place within the practice and the disciplines and work settings of the team members. Understanding the key aspects of the practice where team members will be centred, such as patient needs, team member roles, communication and workflow, can help to inform the planning process. Coaches can support teams in completing any of the assessments described in this section.

When introducing TBC into a primary care practice, the composition of the team members can be guided by the composition of the patient panel, practice workflow, capacity and work setting. The team is organized around the primary care provider and structured to respond to patient care needs.

Patient medical home (PMH) assessment

Description: This is an electronic self-assessment that will help a team to (i) identify practice strengths and opportunities for improvement in relation to the 12 attributes of the Patient Medical Home in BC, and (ii) gather information that will inform and evaluate the transition to an integrated system of care at a community and provincial level. Your team can complete this assessment early in the TBC journey to establish a benchmark and see the impact of your work overtime.

Primary care providers who fill in the assessment will receive a short report immediately upon completion and a comprehensive summary via email.

Link: <https://gpscbc.ca/what-we-do/practice-support/psp/pmh-assessment>

Patient medical home assessment – quality improvement extension with focus on team-based care

Description: This assessment helps to surface potential practice opportunities in the context of the Patient Medical Home model of care. Topics include meeting patient panel needs, team member scopes and roles, communication and workflow, conflict resolution, and training and quality improvement.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1609>



Team-based care readiness tool

Description: This readiness tool helps determine if support is needed to enhance the team's success in implementing TBC. Coaches work with primary care providers to coordinate a team meeting where the team can share and discuss the results as a group. This discussion invites team members to share assumptions and come to a common understanding about the organization and team members' readiness for organizational change and TBC project change.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1610>

Team-based care preparation checklist

Description: This checklist will help you think through what kind of team you need to support your patients and how you want the team to function. The checklist may surface discussions that are important for your team to have together and provides a set of questions about:

- Roles and responsibilities of team members
- How health care decisions are made
- Resources available to support your team
- Anticipated health outcomes

It can be useful to go through this checklist both when you begin your TBC journey and periodically throughout your journey, since your answers to these questions may evolve.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1593>



Understanding the Team

Once the patients and practice where the team will operate are well-understood and fundamental decisions have been made about which team members will work together, function mapping and team mapping can help determine *how* the team will best work together.

Function mapping

Description: This tool helps the team identify key functions needed to support patients and determine how team members can best fulfil these. The exercise involves identifying the main patient groups in a primary care practice, identifying the functions/services they need most, and seeing which team members can provide these functions/services. This can help identify gaps and areas of overlap. Plans can be made for how to address these.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1150>

Team mapping facilitation resources

Description: PSP support teams use resources provided through the Innovation Support Unit within the UBC Faculty of Medicine. The webpage linked below has a set of resources (e.g. videos, workbooks, templates) about facilitating a team mapping session. In addition to using the function mapping tool to understand the functions of team members in relation to key patient populations within the practice, this tool can be used to consider in more detail how team members work together to meet patient needs and collaborate within circles of care from the patient, to the team, to other health services within the broader health care system.

Link: <https://isu.familymed.ubc.ca/our-work/team-mapping/>



Preparing

Key Questions

Patient Information

How can the team manage patient information to provide proactive care?

Working Together

How can team members build trust?
How do team members share information?

Team Roles

What are the responsibilities of each of the team members?
How do they communicate?

Tools

Panel management and maintenance
Team roles and workflow with patients

Team charter

Team mapping
Team communication mapping
Team communication priorities
Handout – benefits of team-based care



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Preparing

Preparing a team involves bringing together professionals from different disciplines and work settings. The following tools can help to address key questions when forming an effective team, including:

Patient Information	How can the team manage patient information to provide proactive care?
Working Together	How can team members build trust? How do team members share information?
Team Roles	What are the responsibilities of each of the team members? How do they communicate?

To work with a Coach on topics and tools in this section, contact psp@doctorsofbc.ca.

Many of the tools in this section come from the Foundations of TBC and Interprofessional Communication sessions (from the PSP TBC Small Group Learning Session). More information is available at <https://gpscbc.ca/what-we-do/practice-supports/psp/learning-opportunities>.



Patient Information

A good understanding of the patient panel is important to provide appropriate proactive patient care and make decisions about team roles and interactions. The panel management process and ongoing maintenance can help prepare a practice to plan and implement team-based care.

Panel management and maintenance (description in the [Exploring & Engaging](#) section): <https://gpscbc.ca/what-we-do/system-change/panel-management>

Team roles and workflow with patients

Description: This tool helps team members determine key functions based on patient needs, identify strategies to coordinate and collaborate among team members, and support consistent messaging with patients.

In this exercise, list all team members, roles, and key functions with patients (e.g. assessment, diagnosis). Each team member then lists messages about the team process they may share with patients to ensure patients understand the approach of the whole team (e.g. a sample nurse's message might include "I will take your blood pressure today, and then the primary care provider will come in to talk about how this may affect your medication...").

The exercise also involves discussing and clarifying how team members will collaborate and coordinate gaps or areas of overlap.

Before doing this activity, it is helpful to have completed the [team mapping](#) and [team communication priorities](#) exercises.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1595>



Working Together

The following tool will support the team to get to know one another and establish working norms that function well for everyone.

Team charter

Description: A team charter helps a team set out principles for working together to maintain a high-functioning team. It involves reviewing and refining a values statement and clarifying:

- How to ensure a respectful environment
- What is important to the team to maintain trust
- How the team will communicate and share knowledge
- How the team will create a culture of empowerment and define the limits of decision-making

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1149>

Team Roles

The following tools help build an understanding of the various needs of patients and which team members may contribute to their care. As a team defines team members' roles, there are also tools in this section to support decisions about how best to communicate between team members and share information.

Team mapping

Description: This tool can help you better understand which team members (actual or potential) support which patient groups, allowing you to see gaps and areas of overlap.

In this exercise, you list the main patient groups from your patient panel on one side of a page, list your actual or potential team members on the other side, and draw lines between each patient group and the team member(s) who may work with them. This practice-based focus can be complemented by the [function mapping](#) tool focused on the functions of team members in relation to patient needs, and broader [team mapping facilitation resources](#) from the UBC Innovation Support Unit listed in the Exploring & Engaging section.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1594>

Team communication mapping

Description: This tool will help you identify and address barriers to team communication.

Team members first select one or more of the following barriers to communication: professional culture, discipline-specific jargon, the context of care, hierarchy. The team then discusses questions for the chosen barrier(s). For example, for the barrier of "discipline-specific jargon", team members discuss things like:

- When does jargon come up in the workflow?
- How does jargon affect the team? Does it inhibit understanding?
- How can team members be more aware of when they use jargon? How can they communicate differently for clarity and understanding?

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1143>

Team communication priorities

Description: This tool will help determine communication perspectives for each team member and create team communication priorities.

Each team member fills in a form with questions related to their communication approach: their communication style, how they document medical records, care goals for patients, where they see patients and the biggest concerns of patients they see. The team then comes together to discuss:

- The key information about patients that each team member needs from other team members
- The best time/place/method to share patient information
- How to share consistent messages with patients
- What the team wants to accomplish and how to achieve this

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1142>



Handout – benefits of team-based care

Description: This handout can be shared with those planning the development of the team, with team members, and eventually with patients. Benefits of team-based care are presented for physicians (job satisfaction and work-life balance), patients (continuity of care, timely access and chronic disease management), and for the health care system (cost). There are also references to more information about team-based care.

Link:

<https://gpscbc.ca/sites/default/files/uploads/GPSC%20Handout%20Benefits%20of%20team-based%20care%20201805%20%28ID%20183148%29.pdf>



Implementing

Key Questions

Patient Journey

How do patients experience working with the team? What are their needs?

Communication

How does the team share information?
What workflow and processes work best?

Leadership

How do team members collaborate and make decisions together?

Tools

[Patient journey map](#)
[Conversation guide with patients](#)

[Team toolkit](#)
[Working together](#)
[Virtual care resources](#)

[Building collaborative leadership](#)
[Constructive conflict](#)
[GPSC fees supporting TBC](#)
[Team-based care grant](#)



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Implementing

As a team begins to work together, the following tools will help the team consider what the patient journey looks like within the team and how team members can best communicate among themselves and with patients and families, make important decisions, and proactively address potential conflict.

The tools in this section help to address key issues for a strong team:

- | | |
|------------------------|---|
| Patient Journey | How do patients experience working with the team? What are their needs? |
| Communication | How does the team share information? What workflow and processes work best? |
| Leadership | How do team members collaborate and make decisions together? |

To work with a Coach on topics and tools in this section, contact psp@doctorsofbc.ca.

Many of the tools in this section come from the PSP TBC Small Group Learning Session: Patient-Centred Care, Interprofessional Communication, Team Functioning, Interprofessional Conflict Management, Collaborative Leadership and TBC Practice Approach. More information is available at <https://gpscbc.ca/what-we-do/practice-supports/psp/learning-opportunities>.



Patient Journey

The tools in this section help provide an understanding of the patient journey within the practice and support conversations with patients and family to better understand their needs and ensure that they understand how the team works.

Patient journey map

Description: This tool will help you identify team actions to support the patient journey of care.

This exercise involves choosing a typical patient for your practice and then working as a team to:

- Create a patient profile
- Describe the patient's experience over time working with your team (e.g. emotional journey, physical journey, social determinants of health, and medical record touch points)
- Describe the encounters the patient has with your team over time (e.g. the kind of care received, patient actions)
- Describe actions each team member needs to take to support the patient journey

Once the patient journey map is complete, the team discusses how to best provide support, taking into consideration: which services are most appropriate, how the team is prompted, who coordinates the team, and how information is shared. This tool is useful for existing teams to find the best ways to work together to support the journey of their own patients. For support in planning how a team can be structured to support patient needs, see the [team mapping](#) tool in the Preparing section, and the [function mapping](#) tool and [team mapping facilitation resources](#) from the UBC Innovation Support Unit listed in the Exploring & Engaging section.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1148>



Conversation guide with patients

Description: This tool can help you think through and prepare for various conversations team members may need to have with patients.

The tool includes a table with various objectives for conversations with patients (e.g. introducing the concept of TBC, obtaining consent to share medical information with the team, improving patient adherence to a care plan). Team members choose one or two objectives and try out sample conversations for the objective(s) using their own words while considering any relevant context. The team also clarifies how they would follow up on each conversation with a patient.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1596>

Communication

Tools in this section offer reflective questions, and concrete communication and collaboration tools to support teams to work well together and provide quality, well-coordinated care.

Team toolkit – decision support

Description: This resource includes descriptions and sample materials for tools that can help you support team functioning: team meeting, huddle, whiteboard. Team members can look at this information, pick options they think would fit well within their practice, and then implement the tools.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1145>



Working together

Description: This exercise supports ongoing planning and team functioning over time. It involves reviewing your TBC preparation checklist, and determining the most appropriate team functioning tools to support ongoing communication, team building, and patient-centred care. The provided table can help you think through your objectives for using any given tool, when you would use it, and who is responsible for coordinating its use.

This exercise builds on the [TBC preparation checklist](#) and the [team toolkit](#).

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1597>

Virtual care resources

Description: This portal provides links to resources to support virtual care, including virtual care guides and toolkits, patient templates and resources, virtual care tool subsidies, virtual care learning series, virtual care primary care provider and MOA webinars, and a virtual care support network. Virtual care resources can support teams that may not be co-located.

Link: <https://www.doctorsofbc.ca/managing-your-practice/doctors-technology-office-dto/virtual-care>



Leadership

Tools in this section support teams to discuss key aspects of leadership that are important for team members, and proactively address potential issues that may lead to conflict.

Building collaborative leadership

Description: With this tool, teams can identify characteristics of different collaborative leadership approaches and set areas of focus to help them move towards their chosen approach to collaborative leadership.

The tool outlines several aspects of collaborative leadership: acknowledging expertise of other team members, shared responsibilities, and shared decision-making. Team members then discuss and fill in a table for each aspect, describing what would be needed to achieve each aspect from the perspective of the patient, practitioner, practice team, and practice workflow.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1598>

Constructive conflict

Description: This tool helps identify ways to support constructive conflict, such as: identifying common situations that can lead to conflict, establishing a safe environment to express diverse opinions, and setting guidelines for addressing disagreements. Team members pick a few to explore, consider how this would work in their practice, and the benefits of the different approaches.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1599>

GPSC summary guide: GPSC fees supporting team-based care

Description: This brief document summarizes BC incentives for family physicians that support working in a TBC environment. Physicians may choose to delegate tasks to a team member working within the practice. The list of fees is provided in this document, along with a link to the GPSC Preamble, which includes information on billing rules, restrictions, and eligibility criteria.

Link: https://gpscbc.ca/sites/default/files/uploads/GPSC_TBC-Fee-Summary-Guide_20211001.pdf

Team-based care grant

Description: This resource provides information about the TBC grant offered by GPSC, including how the grant works, grant requirements, what the grant covers, eligibility, and other TBC supports.

Link: <https://gpscbc.ca/what-we-do/incentives/grants-and-payments/team-based-care-grant>



Strengthening & Sustaining

Key Questions

Collaborative Leadership and Practice

What are the leadership priorities of the team?
What barriers need to be addressed? What approaches are needed?

Managing Conflict

What kind of conflicts might arise and how can these be managed?

Learning and Improvement

How are patients reacting to their experience of working with a team? What has the team learned and what improvements could be made?

Tools

[Collaborative leadership priorities](#)
[Collaborative leadership in practice](#)

[Conflict diagnostic](#)

[Patient Experience Tool](#)
[Team goals and working principles](#)



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Strengthening & Sustaining

This section explores how to sustain the team and continue pursuing opportunities to improve team functioning and overall experience. The tools in this section build on conversations about team functioning, communication and leadership from earlier tools, and support deeper conversations about priorities and self-reflection about how the team is working for team members and patients. These tools encourage continuous quality improvement by identifying helpful iterations in the team-building process.

Tools in this section support conversations about:

Collaborative Leadership and Practice

What are the leadership priorities of the team? What barriers need to be addressed? What approaches are needed?

Managing Conflict

What kind of conflicts might arise and how can these be managed?

Learning and Improvement

How are patients reacting to their experience of working with a team? What has the team learned and what improvements could be made?

To work with a Coach on topics and tools in this section, contact psp@doctorsofbc.ca.

Many of the tools in this section come from the Interprofessional Conflict Management, Collaborative Leadership, and TBC Practice Approach sessions (from the PSP TBC Small Group Learning Session). More information is available at <https://gpscbc.ca/what-we-do/practice-supports/psp/learning-opportunities>.

The Practice Improvement (Quality Improvement) Learning Series is an important resource for established, high-functioning teams engaging in quality improvement to improve collaborative and proactive patient care. <https://gpscbc.ca/what-we-do/practice-supports/psp/learning-opportunities>



Collaborative Leadership and Practice

The tools in this section support the team to consider collaborative leadership objectives and determine how these could best be achieved.

Collaborative leadership priorities

Description: In this activity, team members brainstorm collaborative leadership objectives (e.g. setting goals together, sharing responsibility) and consider the benefits and barriers to each. Team members then prioritize the objectives.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1600>

Collaborative leadership in practice

Description: In this activity, team members choose their top three collaborative leadership objectives and consider what strategies, accountability tools, and actions would be required to achieve them.

This exercise builds on the collaborative leadership priorities activity.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1601>

Managing Conflict

This tool supports teams in considering the kinds of conflict that may affect their team, to think through how these may play out, and how they might best be managed.

Conflict diagnostic

Description: The tool lists some common potential causes of conflict that may result from change, shared decision-making, and new/uncertain roles (e.g. new ways of practicing, lack of consensus, underutilized expertise). Team members select a few of these potential causes of conflict, or add their own, and then discuss (i) how these might appear in their practice, and (ii) how they could manage these conflicts collaboratively.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1602>



Learning and Improvement

Tools in this section support reflection and improvement.

GPSC Patient Experience Tool

Description: The GPSC Patient Experience Tool surveys patients about their experiences and interactions with a primary care practice, including topics such as wait times, office hours, coordination of care and virtual care. Each survey consists of 6 provincially selected questions and practices can then add up to an additional 14 from a bank of 160 questions, which are organized by categories such as: access to care, interactions with the health team, coordination of care, patient self-management, and social determinants of health.

Clinics send the survey to patients electronically (email or SMS), or have patients complete it on a PSP-issued tablet.

Patient responses are anonymous and can be accessed in real-time using a web-based dashboard to inform learning and improvement and support QI activities in practice.

Link: <https://gpscbc.ca/what-we-do/practice-support/psp/patient-experience-tool>

Team goals and working principles

Description: In this exercise, team members review and reaffirm their previously-created collaborative leadership priorities and team charter. Team members will also consider preventing, identifying and addressing potential conflict using the collaborative leadership priorities and team charter as guiding principles.

Before doing this activity, it is helpful to have completed the [team charter](#), [conflict diagnostic](#), and [collaborative leadership priorities](#) activities.

Link: <https://www.jcc-resourcecatalogue.ca/en/permalink/divisionresource1603>



Additional References

Find resources from other organizations in this section. Each entry provides a brief description of the resource along with a link.

Exploring & Engaging

Care planning change package

Description: This tool provides a roadmap of possible actions to improve the care planning process for panel patients within a panel with rising complex health needs.

Source: Accelerating Change Transformation Team (ACTT)

Link: <https://actt.albertadoctors.org/file/Care-Planning-Change-Package.pdf>

Setting a strong foundation: Patient centred interactions

Description: This tool helps providers set up their physical clinical environment and establish scripts that will help build trust and rapport with patients.

Source: Patients Collaborating with Teams (PaCT), a partnership between Alberta Health Services (AHS) and the Alberta Medical Association. HealthChange.

Link: <https://actt.albertadoctors.org/file/2017-dec-pact-box-1-ptcentredinteractions.pdf>



STEPS Forward™: Team-based care: Improve patient care and team engagement through collaboration and streamlined processes

Description: This resource describes TBC and how to implement it. Links to more detailed resources are embedded throughout the document.

Source: American Medical Association

Link: <https://edhub.ama-assn.org/steps-forward/module/2702513>. There is an option to download a PDF (see icon on the left-hand side of the webpage).

Primary and community care (PACC) mapping workshop

Description: PACC mapping is an approach that helps communities explore how they could address local primary care needs such as attachment and other specific service gaps. You can think of it as team mapping, but for a community or network instead of a team.

This is done through a facilitated workshop where those who are actively involved in planning changes to primary care can prototype options and see how ideas can best serve the population(s) in need.

Source: Innovation Support Unit, Faculty of Medicine, UBC

Link: https://med-fom-isu.sites.olt.ubc.ca/files/2021/03/ISU-PACC-Mapping-One-Page-FAQs_v0-05-1.pdf

Preparing

Effective teamwork (webinar)

Description: This is a recorded webinar that goes over how to increase your team's effectiveness. The webinar covers 7 core elements of effective teamwork: capability, cooperation, coordination, communication, cognition, coaching and conditions.

Source: Physician Leaders' Network (PLN)

Link: <https://pcnpmo.ca/PLN/Pages/default.aspx>

Introducing team members with intention: The "warm handoff"

Description: This tool provides tips for introducing patients to different members of the team.

Source: Accelerating Change Transformation Team (ACTT)

Link:

<https://top.albertadoctors.org/file/Introducing%20Team%20Members%20with%20Intention.pdf>

Process mapping for role clarity

Description: This tool takes you through a series of steps to produce a visual process map to describe communication flows between different team members.

Source: Patients Collaborating with Teams (PaCT), a partnership between Alberta Health Services (AHS) and the Alberta Medical Association

Link: <https://actt.albertadoctors.org/file/2017-dec-pact-box-1-process-map.pdf>.

There is also a sample process map at

<https://actt.albertadoctors.org/file/currentprocessmap-example.pptx>



STEPS Forward™: Team meetings

Description: This resource describes how to conduct effective team meetings. Links to more detailed resources are embedded throughout the document.

Source: American Medical Association

Link: <https://edhub.ama-assn.org/steps-forward/module/2702508>. There is an option to download a PDF (see icon on the left-hand side of the webpage).

TeamUP! webinar and podcast series

Description: This is a webinar and podcast series that aims to connect individuals and teams, identify tools to apply to current work underway, and share experiences in TBC across the province.

Source: BC Patient Safety & Quality Council

Link: <https://bcpsqc.ca/resources/program/team-based-care-webinars/>



Teamwork and communication action series

Description: This is a free and interactive 15-week series that focuses on skills and tools to improve teamwork and communication on your team.

It includes five interactive sessions teaching new skills and techniques, with each session followed by a two-week action period during which teams translate theory into practice. Participating teams share results from each action period with each other, and virtual support is available to teams during the action periods.

Source: BC Patient Safety & Quality Council

Link: <https://bcpsqc.ca/improve-culture/teamwork-and-communication-action-series/>

Implementing

Implementation guide for collaborative care model

Description: This tool describes five steps in implementing collaborative care, and includes tools that support this process. Steps include understanding collaborative care, identifying champions, assessing organizational readiness, creating a shared vision, and developing a sustainment plan.

Source: University of Washington

Link: <http://aims.uw.edu/collaborative-care/implementation-guide/lay-foundation>

Sequence to Achieve Change workbook

Description: This workbook can help guide a team through the "Sequence to Achieve Change", a set of steps to identify and address problems. Tools include a sample elevator speech, problem/opportunity statement, and aim statement.

Source: Accelerating Change Transformation Team (ACTT)

Link:

- An overview of the Sequence to Achieve Change is available at <https://actt.albertadoctors.org/PMH/organized-evidence-based-care/Opioid/Documents/Sequence%20to%20Achieve%20Change.pdf>
- A blank workbook is available at <https://actt.albertadoctors.org/health-system-integration/keeping-care-in-the-community/Reducing-Impact-of-Financial-Strain/Documents/Sequence%20to%20Achieve%20Change%20Workbook%20B-LANK.pdf#search=sequence%20to%20achieve%20change>
- A sample filled-in workbook is available at <https://actt.albertadoctors.org/file/Sequence-to-Achieve-Change-Workbook.pdf>

Strengthening & Sustaining

Improving improvement: Training to support primary care transformation

Description: This is a summary article describing the Improving Improvement Pilot Study. The objective of this study was to determine how best to transfer skills and knowledge from the Diffusion of Innovations framework and an adapted form of Cognitive Task Analysis to Practice Facilitators.

Source: Enhancing Alberta Primary Care Research Networks (EnACT). Alberta Medical Association. Accelerating Change Transformation Team (ACTT).

Link:

https://actt.albertadoctors.org/file/Improving_Improvement_Final_Oct_2020.pdf



5 tips to sustain the gains

Description: This one-pager describes five strategies you can use to ensure changes you've made are sustained.

Source: Accelerating Change Transformation Team (ACTT)

Link: <https://actt.albertadoctors.org/file/Five-strategies-sustaining-gain.pdf>



Printables

The following section provides the visuals of the Guide and each stage. This allows for easy reference and printing. These pages can be selected and printed directly without changing the page orientation.



EXPLORING & ENGAGING

Understanding Patients

Who are the patients, and what do they need?

Understanding the Practice

Are the practice and team members ready to work as a team?

Understanding the Team

What are team members' roles and how would they work together?



PREPARING

Patient Information

How can the team manage patient information to provide proactive care?

Working Together

How can team members build trust?
How do team members share information?

Team Roles

What are the responsibilities of each of the team members?
How do they communicate?



IMPLEMENTING

Patient Journey

How do patients experience working with the team?
What are their needs?

Communication

How does the team share information?
What workflow and processes work best?

Leadership

How do team members collaborate and make decisions together?



STRENGTHENING & SUSTAINING

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EXPLORING & ENGAGING

Understanding Patients

Panel management and maintenance
EMR optimization

Understanding the Practice

PMH assessment
PMH assessment TBC extension

TBC readiness tool

TBC preparation checklist

Understanding the Team
Function mapping
Team mapping facilitation resources



PREPARING

Patient Information

Panel management and maintenance
Team roles and workflow with patients

Working Together

Team charter

Team Roles

Team mapping
Team communication mapping
Team communication priorities
Handout - benefits of team-based care



IMPLEMENTING

Patient Journey

Patient journey map
Conversation guide with patients

Communication

Team toolkit
Working together
Virtual care resources

Leadership

Building collaborative leadership
Constructive conflict
GPSC fees supporting TBC
Team-based care grant



STRENGTHENING & SUSTAINING

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Managing Conflict

Conflict diagnostic

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Exploring & Engaging

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PMH assessment TBC extension
TBC readiness tool
TBC preparation checklist

Function mapping
Team mapping facilitation resources



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Preparing

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Implementing

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