Strategies to Implement and Optimize Team-Based Care in Your Practice

An effective teamwork strategy can immediately and positively affect patient safety and outcomes in every health care setting. Care teams should be backed by strategies and practical skills in order to achieve goals and overcome challenges.

As an active participant in the Implementation of Quality Improvement Initiatives to Improve Diabetes and Hypertension work being led by Quality Insights, it is recommended that your practice **implement at least ONE** of the workflow improvements related to team-based care. The Quality Insights team is available to support your workflow modification efforts **at no cost to your practice.** Please contact your Quality Insights Practice Transformation Specialist for assistance to explore which of these workflow modifications and/or training opportunities can benefit your practice.

Protocol & Workflow Actions

	Familiarize all members of the care team with the 2019 American College of Cardiology/American Heart Association Guideline on the Primary Prevention of Cardiovascular Disease. Use the associated chart on page 5 of the Care Teams module to discuss how every staff member can play an important role in implementing the guidelines.
	Community organizations can support your care team and enhance patient education. Develop a referral process to evidence-based lifestyle change programs recommended by the CDC, including the National Diabetes Prevention Program, Diabetes Self-Management Education and Support (DSMES), Weight Watchers (WW), and Take Off Pounds Sensibly (TOPS).

Practice & Clinical Solutions

	Review the "Key Features of High-Performing Care Teams" in the practice module at a staff meeting. Discuss and evaluate whether your practice is a high-performing team. Utilize the linked resources for further team development ideas.
	Create a team-based hypertension care management plan, including: • Implement a home blood pressure loaner program with a staff member acting as program champion and roles for other members of the team. Talk to your Quality Insights Practice Transformation Specialist for assistance.
	Implement a team-based care management plan to address high cholesterol. • Educate all members of the care team on lifestyle change programs for patients with high cholesterol. Include providers who are key in patients accepting the recommendations
	Collaborate with pharmacists to improve medication adherence. Learn how you can refer patients on hypertension or cholesterol-lowering medication for **NO COST** medication therapy management offered through the Delaware Division of Public Health. See the Quality Insights EDISCO™ learning flyer or talk to your Practice Transformation Specialist for more information.
	All members of the care team can play a role in addressing social determinants of health. Learn more in the Quality Insights practice module and consider evaluating and implementing the PRAPARE tool.

Interested in learning more about how your care team can implement workflows to promote AHA's Guideline for Primary Prevention of Cardiovascular Disease?

Talk to your Quality Insights Practice Transformation Specialist to learn about an educational opportunity for your practice.

Please consider selecting at least one workflow modification this year.

Quality Insights is available to support your workflow modification efforts **at NO COST** to your practice. To learn more, contact Robina Montague at rmontague@qualityinsights.org or call **1.800.642.8686, ext. 7814**.

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