

Care Team Integration: 421 Fallsway

FAQ—January 2019



Q: Why care teams?

A: Simple: For our clients. To overcome homelessness and stay housed, clients need a team that treats the *whole-person*. We know that the best way to care for clients is to address all of their health care needs. But offering lots of services can be confusing if we are not coordinated. So three years ago, we committed to working in cross-disciplinary teams for the majority of services we offer. By bringing together a wide range of expertise and acting as a cohesive unit, care teams provide clients with integrated, whole-person care that feels comfortable, easy and safe. In this way, we can take the burden of coordinating complex care off clients so that they can focus on getting better.

Q: So, care teams are “integrating.” What does that mean?

A: Within our Fallsway clinic, providers are located primarily by discipline: nurses with nurses, therapists with therapists, CMAs with CMAs, and so on. We ask *clients* go to different areas of the building depending on the care they need. Care team members are spread out, making it difficult to quickly consult about their shared client panel. In 2019, we will co-locate care team members so that clients go to one place for their care. The clinic will be centered around client panels, not health care disciplines. These changes will make care teams at Fallsway more like the Orange Team (family and pediatrics) at Fallsway, Jade Team (Baltimore County), and Magenta Team (Baltimore County).

Q: How does shared space work?

A: Eventually, each care team at Fallsway (Yellow, Purple, Steel and Green) will share office space with care team members. Everyone will have an individual workstation with a computer, phone and storage space. There may be a central table or space where the team can “huddle.” This shared space will be a “home base” to the team, though most of the team members’ time will be spent in exam or interview rooms with clients.

Q: Where do providers see clients?

A: Each care team will have exam and interview rooms where they see clients. Use of rooms will be coordinated so that providers and clients always have a private space to meet. Exam rooms will have phones and computers, although providers may choose to use laptops or cell phones. Providers will meet clients in a scheduled exam room. If needs arise that require additional support, providers can communicate with their nearby care team colleagues. This will increase warm hand-offs, and decrease time and effort needed for clients to navigate referrals. In other words, *providers move—clients don’t*.

Q: Why shared space?

A: Shared space is designed to make team communication easier and more frequent—and [strong team communication](#) is linked to improving complex care coordination for clients by:

- Increasing informal and spontaneous communication for in-the-moment problem solving and information sharing (cutting back on emails!)
- Reducing time spent trying to find and then traveling from one staff member to another

- Developing stronger relationships and a deepened sense of trust among team members
- Promoting the team to clients as one, cohesive unit working (and sitting!) together

Q: Where did the idea come from?

A: Since the 1990s, health care providers have been moving toward team-based care as a model proven to increase quality of care. According to a [SAMHSA-HRSA](#) report, care teams work better when they are in the “same space within the same facility, sharing all practice space.” Models of other health centers with co-located teams include the Colorado Coalition for the Homeless, Johns Hopkins Community Physicians-Remington and Greater Baltimore Medical Center.

Q: Who is moving and when?

A: Transitioning to integrated care teams will happen in phases. On January 14, the Yellow Team will be the first to move. In the first half of 2019, we will identify and work with a construction consultant to map out the needs for future phases. With this information, we can begin to build the timeline for integrating the other three care teams in the 421 Fallsway building: Green, Purple and Steel.

Q: Why is the Yellow Team first to move?

A: The Yellow Team was the best fit for the first phase because they have a full set of providers, the right number of providers who could fit into the space and leadership in place.

Q: Where is the Yellow Team moving?

A: The Yellow Team will move into the nursing space on the second floor at 421 Fallsway. We chose this area because it’s already a shared space and is big enough to accommodate a care team. The floor map is [here](#). Staff members who previously sat here will move to other offices on the second floor.

Q: Who made the decision to move the Yellow Team first?

A: 10 clinical and clinic administration leaders worked together to map out these changes and provide a framework for the changes in the coming year:

- Nilesh Kalyanaraman, Chief Health Officer
- Adrienne Trustman, Vice President of Medicine and Yellow Team provider
- Lawanda Williams, Director of Housing Services and Steel Team facilitator
- Laura Garcia, Director of Adult Medicine and Green Team provider & facilitator
- Tyler Gray, West Baltimore Medical Director and Magenta Team provider & facilitator
- Chauna Brocht, Director of Supportive Services and Yellow Team facilitator
- Jan Ferdous, Director of Behavioral Health and Purple Team facilitator
- Cyndy Singletary, Director of Nursing and Steel Team provider
- Maria Martins-Evora, Chief Administrative Officer
- Jan Coughlan, Vice President of Behavioral Health

Q: How will the Yellow Team have a say in the design of care team integration?

A: The Yellow Team will meet weekly with Chief Health Officer Nilesh Kalyanaraman and Yellow Team facilitator Chauna Brocht to discuss updates, address issues and make necessary changes. They will also give feedback through weekly “rapid surveys,” designed to address immediate workflow and space issues. A monthly survey will also be administered to the team.

Q: What if I'm not on one of the care teams that's going to be integrated?

A: Even if you are not on a care team that's moving to co-locate (Yellow, Green, Purple and Steel), you'll probably notice some changes to your work environment. Changes won't be finalized until later in the year, but expect some general adjustments:

- The Magenta (West Baltimore), Jade (Baltimore County) and Orange (Pediatrics & Family Medicine) Teams will experience changes, particularly around improving communication and workflows to further their integration.
- The Tie Dye Team (specialists) will be able to find Yellow Team providers in one area, which should help better coordinate client care.
- Clinic administration will work on improving workflows for referrals, scheduling and accommodating multiple visits in a day, and other workflow issues as they come up.
- Staff at 421 Fallsway who are not on care teams may have to move to accommodate the changes to the building's floorplan.

Q: Will workflows change?

A: Transitioning in phases will allow us to explore and experiment—and to decide what works best for clients and staff. Over the course of the next few months, the Yellow Team will experiment with workflow modifications, including for scheduling, referrals, waiting room procedures, and walk-ins and late appointments. Their ideas and experiences will inform the construction and design of our clinic as we continue to integrate care teams. The Team will also be guided by the Magenta (West Baltimore) and Jade (Baltimore County) Teams, who can share their experiences with space and workflow issues.

Q: How will we know if we're successful?

A: Just like we do across all of our clinics and departments, we'll track health outcomes and access statistics for clients on the Yellow Team. Those will include performance improvement measures, internal and external referrals, empanelment and continuity. We'll also be comparing the Yellow Team's staff and client satisfaction scores to those of the rest of the agency.

Q: How will clients be a part of this?

A: Over the next few months, we will survey Yellow Team clients to inform decisions around integration. Questions may range from their current experiences with care to changes or improvements they would like to see in the future. Results from these surveys will be on the portal. As we integrate more teams across 421 Fallsway, we will survey clients from other care teams. Throughout this process, we will work closely with the Consumer Relations Committee to gather additional feedback and inform client communication and outreach.

Q: How can I be a part of this?

A: We will post news, videos, timelines, quality measures, and more on the portal at www.hchmd.org/team-based-care. Staff and clients will also have the opportunity to give feedback through anonymous surveys, and staff will be able to discuss the move during All-Staff Meetings, In-Service Trainings and Brown Bag Luncheons.