

Conducting effective team meetings

Develop strategies and tactics for effective team meetings that strengthen working relationships and improve practice efficiency.



CME
CREDITS:
0.5

How will this module help me successfully conduct effective team meetings in my practice?

- 1 Ten steps to help successfully conduct regular team meetings
- 2 Answers to common questions and concerns about team meetings
- 3 Case vignettes describing how practices are successfully using team meetings
- 4 Provides implementation tools, such as a sample agenda

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. This administrative burden can also lead to fewer meaningful interactions between physicians and their teams. Bringing all members of the practice, such as the physician, nurse, medical assistant and receptionist, together in a team meeting to analyze the way work is done will help strengthen relationships. Team meetings enable them to become more efficient as a practice by taking steps to improve their processes together. By working together regularly to achieve common goals, the team’s cohesion will develop, which will transcend from the meeting room to the bedside as they work together to provide patient care.

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Release Date: June 2015

End Date: June 2016

Objectives

At the end of this activity, participants will be able to:

1. Identify team members to include in team meetings
2. Establish ground rules and a meeting agenda template
3. Involve all team members present at meetings, for example, by rotating roles of timekeeper and scribe
4. Identify and solve problems as a group

Target Audience

This activity is designed to meet the educational needs of practicing physicians.

Statement of Need

Busy practices often struggle to communicate about general processes that are outside the scope of day-to-day patient care. Face-to-face interaction between care teams can be one of the first sacrifices a practice makes to spend more time with patients, and essential work on patient care issues is shifted to emailing or inbox messaging. Reducing meaningful, in-person interactions can negatively impact patient care. Implementing regularly scheduled team meetings provides an opportunity for these essential interactions. It will give a forum to efficiently and effectively solve problems and develop stronger bonds between team members, both of which ultimately result in better patient care. The team approach to problem solving gives everyone the opportunity to contribute and for decisions to be made collectively, increasing practice involvement and team member buy-in. This module provides step-by-step solutions to implement and conduct successful team meetings.

Statement of Competency

This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice, interdisciplinary teamwork and quality improvement.

Accreditation Statement

The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement

The American Medical Association designates this enduring material for a maximum of 0.5 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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To claim *AMA PRA Category 1 Credit™*, you must 1) view the module content in its entirety; 2) successfully complete the quiz answering 4 out of 5 questions correctly and 3) complete the evaluation.

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About the Professional Satisfaction, Practice Sustainability Group

The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

Disclosure Statement

The content of this activity does not relate to any product of a commercial interest as defined by the ACGME; therefore, neither the planners nor the faculty have relevant financial relationships to disclose.

Media Types

This activity is available to learners through Internet and Print.

References

Trustees of Dartmouth College, Godfrey MM, Nelson EC, Batalden PB, Institute for Healthcare Improvement. Clinical microsystems: the place where patients, families and clinical teams meet. <http://clinicalmicrosystem.org/wp-content/uploads/2014/07/outpatient-primary-care-workbook.doc>. Published 2001. Accessed March 5, 2015.

Chase SM, Nutting PA, Crabtree BF. How to solve problems in your practice with a new meeting approach. *Fam Pract Manag*. 2010;17(2):31-34.

Stewart EE, Johnson BC. Improve office efficiency in mere minutes. *Fam Pract Manag*. 2007;14(6):27-29.

Team meetings in a clinical environment [video]. Oakland, CA: California Healthcare Foundation; June 2009. <http://www.chcf.org/publications/2009/06/video-on-team-meetings-in-a-clinical-environment>. Accessed March 5, 2015.

Best practice clinical innovation: Team huddle communications and pre-visit team planning [video]. University of California, Davis Health System: Center for Health and Technology; 2010. http://www.youtube.com/watch?v=VxdG2_nZ2fc. Accessed March 5, 2015.

Shenkel R. How to make your meetings more productive. *Fam Pract Manag*. 2003;10(7):59-60.

Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In search of joy in practice: a report of twenty-three high-functioning primary care practices. *Ann Fam Med*. 2013;11(3):272-278.

Sinsky CA, Sinsky TA, Althaus D, Tranel J, Thiltgen M. 'Core teams': Nurse-physician partnerships provide patient-centered care at an Iowa practice. *Health Aff*. 2010;29(5):966-968.

Lencioni P. *Overcoming the Five Dysfunctions of Teams: A Field Guide for Leaders, Managers, and Facilitators*. 1st ed. San Francisco, CA: Jossey-Bass; 2005.

Stout S, Klucznick C, Chevalier A, et al. for the Cambridge Health Alliance Team Based Care Leadership Team. Cambridge Health Alliance Model of Team-Based Care Implementation Guide and Toolkit. <http://www.safetynetmedicalhome.org/sites/default/files/CHA-Teams-Guide.pdf>. Accessed March 5, 2015.

Lind C, Redditt V, Satterstrom P, et al. Cambridge Health Alliance Practice Improvement Team (PIT) Development Toolkit. <http://www.improvingprimarycare.org/sites/default/files/topics/Team-Step6-Cambridge-Practice%20Improvement%20Team-Toolkit.pdf>. Accessed March 5, 2015.



Introduction

What is a team meeting?

Team meetings bring all members of the practice, such as the physician, nurse, medical assistant and receptionist, together to analyze the way their work is done and take steps to improve their processes. In effective team meetings, each team member is encouraged to share ideas for problem solving that contribute to improving the practice.



Ten steps for effective team meetings

1. Identify the team
2. Meet regularly and “on-the-clock”
3. Agree on **ground rules**
4. Set a consistent meeting agenda
5. Rotate meeting roles
6. Solve problems as a group
7. Record action steps, owners and due dates
8. Practice good meeting skills
9. Have some fun!
10. Celebrate your successes

1

Identify the team

The composition of the team may vary based on the size of the practice or the medical specialty. In one setting, the team might include two physicians and their medical assistants, nurses and clinic manager. In another setting the team may be one physician, two nurses and a receptionist. Smaller practices may invite the lab or X-ray technician to team meetings. In larger practices, other relevant staff members, such as a social worker and pharmacist, may be included.

Q&A

Should we include all of the doctors and staff in our department?

It depends. Yes, if you have a small team. No, if you have a large department. A team of four to 12 people will be most productive. With more people it is difficult for each person to provide input and actively participate.

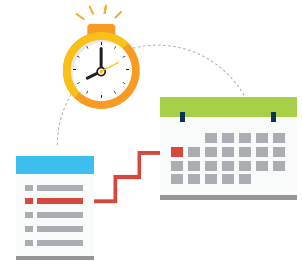
Should we include administrative leaders, IT and/or compliance personnel on the team?

Team meetings are problem-solving sessions. They are most effective when the standing team consists of the people directly doing the work and a manager who can connect with the larger organization. If the topic requires someone to explain or help address a problem, such as IT experts, facilitators or administrative leaders, guests can be brought in.

2

Meet regularly and “on-the-clock”

Pick a set time to meet during the work day, or “on-the-clock.” Many teams meet for one hour every two weeks. You may find that meeting first thing in the morning results in fewer distractions. When possible, the meeting should occur “on-the-clock” and away from the clinical area to minimize interruptions.



“

Our care team meetings, where we talk about patient experience, health outcomes and time spent on specific tasks, make the practice a more enjoyable place to work and has ultimately helped us recruit and retain staff.

”



Beth Averbeck, MD
HealthPartners Medical Group, Minneapolis, MN

On-the-clock: time during which practice professionals are compensated for their time, which may or may not be during regular clinic hours.

Q&A

How can we meet when the phones keep ringing?

Some practices meet before the clinic starts (but on-the-clock) whereas others turn off the phones during the meeting. Another option is to assign someone from another team to handle the phones so members are not distracted. Each of these actions demonstrates the importance of team meetings to staff.

We just instituted huddles before clinic sessions. How are team meetings different?

Team meetings are a time to improve workflows and strengthen the team culture. Team meetings typically occur every week or two, whereas daily huddles are usually five to 10 minute meetings at the start of each day that serve as a way to get team members on the same page about the particular needs of the day.

3

Agree on ground rules

To form a supportive, respectful environment for your team meeting, establish ground rules from the beginning. Creating your own set of ground rules together and agreeing on them as a team will create buy-in on team meetings and strengthen teamwork. Signing a charter or statement of purpose can help the team connect with the ground rules and their commitment to the group.

Some suggestions for ground rules to implement in team meetings are listed below.

- 1 **Start on time, end on time:** Come to the meeting on time and ready to work. End on time so that team members grow to trust their commitment.
- 2 **Be present:** Leave devices behind. Don't check your phone or your laptop during the meeting unless doing so adds to the topic at hand.
- 3 **Stay on topic:** If the discussion wanders, the chair or other member can say, "Let's take that offline," or "That sounds like an issue to put in the 'parking lot' to talk about at another meeting."
- 4 **Focus on the issue, not the individual:** The goal is to work together to improve the work, not to blame or incriminate individual people.
- 5 **Step up or step back:** Speak up if you've been quiet in the meeting; step back and let others speak if you've been speaking often. During their turn as meeting chair, team members may need some practice in drawing out quiet members. To encourage participation you may say, "We haven't heard from everyone—Samuel, what do you think?"
- 6 **Give thanks:** Thank each other for contributing during the meeting and afterward.

DOWNLOAD [Sample ground rules](#)

Q&A

What do we do when a senior leader breaks a ground rule, for example, by jumping to the “fix” rather than allowing all team members to weigh in?

It can be challenging to ask a senior leader to step back and allow others to share their point of view. If a senior leader is called out and can respond with a friendly smile and “You’re right, thanks,” this can do wonders for maintaining the collaborative culture during the meeting.

We want every member of the team to actively participate, but some of our medical assistants are reluctant to speak up. How can we draw out shy or uncomfortable staff members so that they are contributing?

Be patient. It takes time for people to trust a new process and become comfortable sharing their views in front of colleagues who may be senior to them. It is important that everyone have an opportunity to contribute and that one or two people don’t dominate the discussion. If some people haven’t shared their thoughts, the chair can draw them out by saying, “We haven’t heard from Amy or John, and we’d like to hear each of your thoughts.” As you continue to hold team meetings, you may find that people who are shy become more comfortable and begin to speak up voluntarily.

4

Set a consistent meeting agenda

Many teams use an agenda template to set a consistent agenda for each meeting. Common standing items include:

- Check-in
- Shout-out
- Check-back
- New business
- Education
- Debrief

Post the meeting agenda ahead of time, either online or on a bulletin board. Allow all team members to write in or submit agenda items online. Next to each agenda item, place the name of the person responsible for leading the discussion and the approximate time allotted. Assigning a time for each item will help the meeting stay on schedule. If there are many items on the agenda you may opt to prioritize the items at the beginning of the meeting.

DOWNLOAD [Sample meeting agenda](#)

Q&A

What is a check-in and what is its purpose in a team meeting?

The check-in is a one to two minute opportunity for each team member to share something about their personal life. These few minutes can help establish a sense of community and allow people to set aside their worries. For example, a team member might share, “My roof is leaking and I’ve been calling around all morning” or “My child stayed home sick today and I’m a little distracted.” The check-in can also be a time for people to share positive events that may improve team building: “I just found out my sister is going to have a baby!” Participation in the check-in is optional.

What is a shout-out and what is its purpose in a team meeting?

More formally known as “appreciative observation,” the shout-out is a time where team members can share something that has gone well since they last met. This may include successful implementation of a new process or improvements in a particular patient’s care. Stories that involve multiple team members

are particularly meaningful. Such stories are powerful tools for team engagement and building culture. Knowing that this time will always be part of the meeting agenda encourages team members to keep track of and report on successes.

What is a check-back?

A check-back is the opportunity to revisit former agenda items or give updates on projects that were developed to solve problems discussed in previous team meetings.

What do we do when there are too many items on the agenda?

It helps to spend one to two minutes at the beginning of the meeting setting priorities. The chair might say, “We have six new items on the agenda, what is your priority?” Lower priority items can be moved to the next team meeting agenda if time runs out. Assigning time limits—and sticking to them—can help the team efficiently move through a busy agenda.

What is a debrief and what is its purpose in a team meeting?

More formally known as “appreciative inquiry,” the debrief is a chance to immediately assess the meeting’s effectiveness. The debrief focuses on promoting and encouraging the positive elements of the meeting with immediate feedback. At the close of the meeting the meeting chair may choose to ask, “Was there a portion of the meeting that was particularly meaningful or useful to you?” This approach promotes continual process improvement.



5 Rotate meeting roles

Assign a different team member to the roles of chair, timekeeper and recorder for each meeting. During one meeting, the receptionist might fill the role of meeting chair, while the nurse manager records the minutes as recorder. At another meeting, the medical assistant might lead the meeting and the physician record the minutes. This approach can help build team culture and confidence among the staff.



What does each role do in a team meeting?

The chair helps organize the meeting and keep the discussion on track by following the agenda as the meeting progresses. The timekeeper ensures that the discussion follows the allotted time per item so all agenda items are covered. The recorder takes notes and creates the minutes, capturing decisions, action steps and person(s) responsible for each task.

The physicians are the owners and leaders in our practice. Can rotating the chair of the meeting work in our organization?

Absolutely. While the physicians or other leaders will ultimately make the major financial and operational decisions, there are many issues at the practice level that are best worked out as a team. It takes time to break down the hierarchy in a practice and establish a level of comfort speaking up. In the most effective team meetings, individuals “check their titles at the door,” to allow each team member to make important contributions. In a situation such as this, you should help staff understand that their roles are essential to the success of the team and the practice. This approach can help build team culture and confidence among the staff.

What if some staff do not want to rotate in and run the meeting as chair?

Some staff may not initially be comfortable with the leadership role as meeting chair, and it is worth investing time in their development. Managers can explain to staff, “It’s okay if you need help. Taking a turn as meeting chair is something that we all do as part of our job. We will mentor you in this rotating leadership role and are committed to your success.” Help staff prepare by beginning mentorship right away, and distribute the calendar with meeting dates and team member roles well in advance of the meeting.

How do we keep team meetings on track and focused?

One of the responsibilities of the chair is to watch for wandering discussions and steer the group back to the topic by asking, “Should we be discussing right now? Should the subject be taken offline from here?” or suggesting, “That sounds like an issue to put in the ‘parking lot’ and talk about at another time. Let’s make sure it’s on the agenda for our next meeting.”



Solve problems as a group

Team meetings are a time for everyone to actively engage in problem solving to make their collective work better, not a time for leadership to communicate new policies and procedures to staff.



What kinds of issues might we talk about at our team meetings?

Topics include the “nuts and bolts” of running an ambulatory practice. These may include optimizing workflows for the following tasks:

1. Common clinical scenarios.
 - Who gives the patient the pre-appointment questionnaire?
 - What is the best way to give patients an updated list of medications?
 - How do we identify who is responsible for administering specific immunizations?
2. Housekeeping responsibilities.
 - Who is responsible for organizing handouts?
 - Who restocks the exam rooms?
 - Who is in charge of ordering supplies?

How can we analyze our workflows to yield better efficiency?

Many clinics find the tools of **Lean** can assist in solving common clinic problems and contribute to overall process improvement. Please see the AMA Lean module for tips and examples.

What do we gain by meeting separately when we work together all day long?

It is much easier to improve your workflows if you can step back and analyze while you are not in the midst of a busy workday. In addition, dedicated meeting time gives each team member, including the more junior staff or support team that you may not regularly hear from, the opportunity to share their ideas.

We're on a tight budget and shutting down the office for an hour to hold a team meeting represents a significant loss of income with no reduction in overhead. How do we address this?

Team meetings should introduce efficiencies in your practice that will more than cover the lost revenue in the long run. Team meetings can also help improve morale, which improves retention. Finally, if you want to keep the same number of clinic hours during a week when you have a team meeting, you can pay your staff overtime for the meeting outside of regular hours.

We never get around to talking about problems as a group because we have so many management updates to cover. What should we do?

Team meetings are not for management updates. Create other forums, such as general department meetings, or use online communication for such updates and make sure the leadership is aware of the purpose of team meetings. Team meetings are for solving problems that impact the day-to-day activities of the practice. They are also a forum for all team members to voice their challenges and suggested solutions.

7

Record action steps, owners and due dates

Record minutes from each meeting on a standard form and post online or in an accessible place so team members can reference it in the future. Before concluding each meeting, identify action items, owners of the item and due dates. All of this information should be captured on the standard form. At the next meeting, use the check-back to report on the status of each action item and continue to monitor progress.

DOWNLOAD [Sample minutes template](#)

8

Practice good meeting skills

Good habits make meetings more productive.

- Stay on task
- Focus lengthy discussions by identifying important but off-topic items as “parking lot issues” to get back to later during the meeting or to address at another time
- Avoid side conversations
- Make a point to respond constructively rather than negatively
- Maintain respect and understanding for others’ points of view
- Encourage equal participation so that no one dominates the discussion

Q&A

Some of our physicians and staff find change in routines difficult, even if the changes will save them time or enable them to be more effective. They often raise objections to every new idea. How can we keep team meetings constructive in this situation?

One helpful adage to keep in mind is: “If you oppose, you must propose.” That is, if you are opposed to one solution it is helpful to propose an alternative solution. The meeting chair can help promote this approach by responding to a negative statement with, “What do you think is an alternative idea we should consider?”

One of our staff members is very negative and debates every proposed change others suggest. Her attitude colors how vocal others are on the issues being discussed. She effectively shuts down engagement and enthusiasm. How should we handle this?

Many people resist change. Others feel overwhelmed and can't imagine doing things differently, so it can be helpful to say, "The goal of our team meetings is to address challenges that will make our work easier—are you willing to try what the group decided on for a few months and then continue to provide your suggestions for making this process better? Your constructive feedback will help us get better." Helping all staff feel valued amid change will make them more likely to become positively involved.

For an extreme situation it can be helpful to bring in an outside facilitator for a few meetings to lead a workshop on healthy team dynamics. Occasionally it may be necessary to recognize that the new model of work is not a good fit for a particular employee. Coaching and disciplinary action may be the next steps.

9

Have some fun!

It is okay to have fun at team meetings. Employees come to work for a paycheck, but they stay at work because of shared purpose, respect and friendship. A bit of fun—role-playing, games, etc.—can translate into serious improvements in meeting the mission of the group.

Q&A

Do you have any suggestions for fun activities to promote team cohesion?

One leader reports that he often opens meetings with an icebreaker or team-building exercise, such as the examples given here:

- Each team member tells the team something about their name, such as its meaning or origin
- Each person shares two truths and one lie about themselves; teammates get to guess which one is the lie
- Sit at the meeting table and have each attendee tell the person to their left something that they appreciate about them

Dedicate time at the beginning of a meeting to create a logo or motto for the team that captures the team's mission and purpose.

10

Celebrate your successes

Keep a running list of things the team has accomplished and periodically refer back to it. Share stories about particularly meaningful patient interactions. Tell stories about inspiring patient encounters.

“

During a team meeting, the physicians told one of our LPNs how much her pre-visit planning work helps them during patient visits. She realized how important the pre-visit planning process was to her team, and she quickly became the top performer.

”



Katie Holley, MHA

System Business Development and Planning Consultant, Fairview Health Services, Minneapolis, MN



AMA Pearls

Annual themes and meetings

In addition to weekly meetings to discuss practical issues such as workflows and staffing, some practices have a larger quarterly or yearly meeting.

For example:

- At Southern Illinois University, there are quarterly “stand-down days” where all of the physicians and staff from different specialties meet. There is an annual theme for these meetings. Past themes have included: “Diversity & Inclusion,” “Integrity & Accountability,” “Compassion & Respect,” “Collaboration & Partnership” and “Continuous Improvement”
- One practice at Martin’s Point HealthCare in Bangor, Maine, holds a practice-wide retreat once a year

Conclusion

Team meetings can help your practice efficiently and effectively solve problems, develop stronger bonds between team members and provide better patient care. The strategies and tactics presented in this module will support your efforts to implement and conduct successful team meetings.



STEPS in practice

1

How's it working in Boston, MA?

Internal medicine practice teams at Boston Medical Center meet every Friday morning from eight to nine. Some weeks individual practice teams of six to eight people (front desk staff, medical assistants, nurses and clinicians) meet in their pods and work on specific projects, such as optimizing huddles, exam room stocking or creating a wait time notification board for the waiting area. Once a month all six practice teams meet together, with some large group announcements and celebrations of success followed by time for individual team breakout work.

Dr. Charlotte Wu, Director of the General Internal Medicine Primary Care Clinic reports, "It has allowed the multidisciplinary team members to get to know each other in a more personal way, which breaks down hierarchies and silos and improves communication. It also helps move quality improvement projects forward in part because they stem from the ground up. It gives each team member a voice. We've found that hot topics have engaged people on areas that they are particularly passionate about and helps identify on-the-ground champions. Through integration of ideas from each team, these team meetings have helped us get buy-in and consensus on practice-wide workflows that could be standardized."

Ashlyn Tate, one of the managers in the General Internal Medicine Primary Care Clinic reports, "Team meetings make us feel like a special group of people, different from all the others, and helps us bond together in a way we didn't before. We learn more from each other and all aspects of our lives, including our family lives, benefit from this experience. We learn what we can do to support each other with patients and things that make us tick."

In addition, the team is able to troubleshoot issues together. For example, one issue was knowing which nurse was assigned to which role on a daily basis. The team decided to write the names and roles of the nurses on a white board in a common area. Having the clear communication helped the flow of the clinic and made the team more efficient.

The team meetings also provide the opportunity to educate each other on health items that are relevant for the current time, such as Ebola. They learned about the disease, how it is transmitted and how to respond if a patient presents with symptoms.

At meetings, the team talks about how recent changes are working. For example, the front desk staff worked together to create specific lanes for certain patient needs at the front desk. This was a creative solution that was identified by the staff at a team meeting, and it helped alleviate stress that both patients and staff were experiencing.

Briana Dukas, who is also a practice manager in the clinic, said, "I have taken feedback discussed during team meetings back to my colleagues to address on a broader scale. With email or face-to-face conversations, I've communicated to my team how we are working to address those line-clogging issues. I think the team appreciates having a forum to discuss challenges we encounter in our practice.

"The other benefit to the meetings is that it gives all team members a chance to show why certain changes are necessary. It's not always obvious to the physician why the front desk does something a certain way, or vice versa. The team meetings are a chance to clear up some of that mystery."

2

How's it working in Green Bay, WI?

At Bellin Health System, Dr. James Jerzak's team uses team meetings not only to improve workflows but also to discuss individual high-risk patients. The team has meetings every Friday at noon for an hour. They spend the first half of the meeting reviewing the status of the extended care team's work. For the second half, they engage the extended care team, including representatives from pharmacy, behavioral health and case management and their health coach and RN Care Coordinator, either in person or by phone. They review patients whom the team has been involved with and to try to anticipate needs for next week.

Dr. Jerzak's team refers to a particular patient story as an example of how they have successfully used team meetings to work together towards providing better patient care. The day before the team care pilot began, Dr. Jerzak saw a patient with severe COPD, no insurance, multiple medications that she didn't understand and numerous hospital admissions in the previous two months. During this visit Dr. Jerzak told her that his team would be starting new team meetings with an extended care team the following week. He believed these meetings could help address her care needs so she could improve her health.

This patient's medical issues were the first problem the team tackled as a group. Within the week after the first team meeting, the case manager got this patient insurance and the pharmacist met with the patient to figure out what medications she had and what she should be taking. The diabetes educator initiated a program to help with her uncontrolled diabetes. The health coach met with her regarding smoking cessation, and the RN Care Coordinator went to her house and has met with her several times since that first visit. The patient even called the RN Care Coordinator at home on Christmas with issues, which helped the patient avoid a possible hospitalization. The patient was also seen by behavioral health once the extended care team members were engaged. This all began with a team meeting to get buy-in from all members of the practice to support this patient and improve her care. Dr. Jerzak says, "How could one doctor possibly do all of that, without this team of support?"

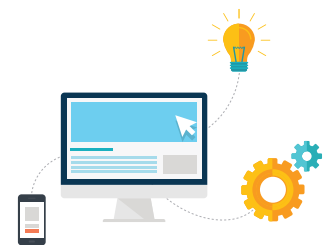


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References

1. Trustees of Dartmouth College, Godfrey MM, Nelson EC, Batalden PB, Institute for Healthcare Improvement. Clinical microsystems: the place where patients, families and clinical teams meet. <http://clinicalmicrosystem.org/wp-content/uploads/2014/07/outpatient-primary-care-workbook.doc>. Published 2001. Accessed March 5, 2015.
2. Chase SM, Nutting PA, Crabtree BF. How to solve problems in your practice with a new meeting approach. *Fam Pract Manag*. 2010;17(2):31-34.
3. Stewart EE, Johnson BC. Improve office efficiency in mere minutes. *Fam Pract Manag*. 2007;14(6):27-29.
4. *Team meetings in a clinical environment [video]*. Oakland, CA: California Healthcare Foundation; June 2009. <http://www.chcf.org/publications/2009/06/video-on-team-meetings-in-a-clinical-environment>. Accessed March 5, 2015.
5. *Best practice clinical innovation: Team huddle communications and pre-visit team planning [video]*. University of California, Davis Health System: Center for Health and Technology; 2010. http://www.youtube.com/watch?v=VxdG2_nZ2fc. Accessed March 5, 2015.
6. Shenkel R. How to make your meetings more productive. *Fam Pract Manag*. 2003;10(7):59-60.
7. Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In search of joy in practice: a report of twenty-three high-functioning primary care practices. *Ann Fam Med*. 2013;11(3):272-278.
8. Sinsky CA, Sinsky TA, Althaus D, Tranel J, Thiltgen M. 'Core teams': Nurse-physician partnerships provide patient-centered care at an Iowa practice. *Health Aff*. 2010;29(5):966-968.
9. Lencioni P. *Overcoming the Five Dysfunctions of Teams: A Field Guide for Leaders, Managers, and Facilitators*. 1st ed. San Francisco, CA: Jossey-Bass; 2005.
10. Stout S, Klucznicz C, Chevalier A, et al. for the Cambridge Health Alliance Team-Based Care Leadership Team. Cambridge Health Alliance Model of Team-Based Care Implementation Guide and Toolkit. <http://www.safetynetmedicalhome.org/sites/default/files/CHA-Teams-Guide.pdf>. Accessed March 5, 2015.
11. Lind C, Redditt V, Satterstrom P, et al. Cambridge Health Alliance Practice Improvement Team (PIT) Development Toolkit. <http://www.improvingprimarycare.org/sites/default/files/topics/Team-Step6-Cambridge-Practice%20Improvement%20Team-Toolkit.pdf>. Accessed March 5, 2015.