

Teamwork and Team-link studies: Presentations

1. Methodology
2. Interventions
3. Team-link qualitative results
4. Key findings - Impacts of both studies



UNSW research centre for **primary health care and equity**

Teamwork and Team-Link: Methodology

Bettina Christl



UNSW
THE UNIVERSITY OF NEW SOUTH WALES



Study aims

Teamwork

To evaluate the impact of an intervention designed to enhance the role of non GP staff in chronic disease management in general practice

Diabetes, ischaemic heart disease and hypertension

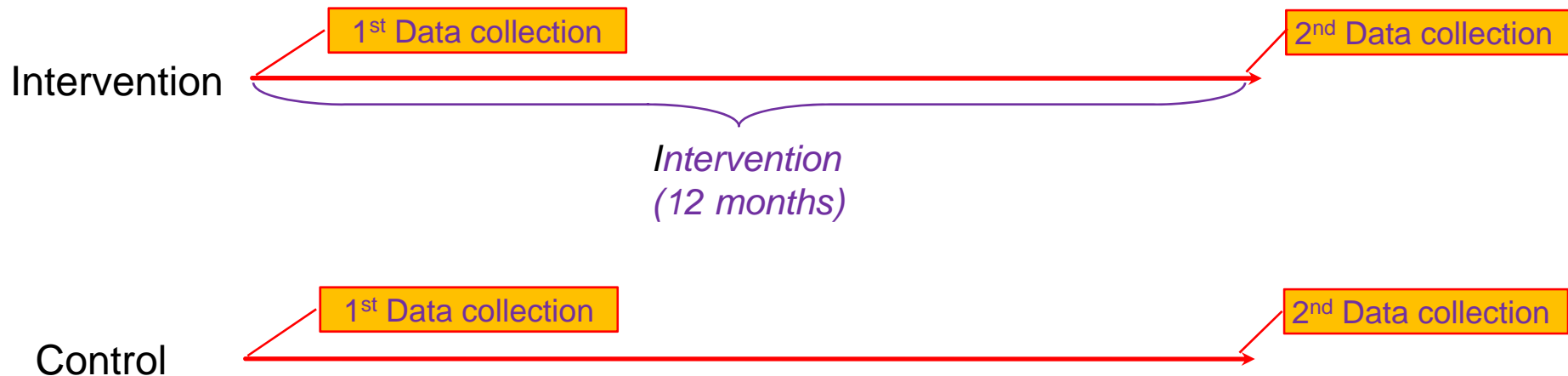
Team-link

To evaluate the impact of an intervention to improve
(1) multi-disciplinary teamwork between the practice and allied health
(2) teamwork within the practice to facilitate shared care processes

Study design – Team work

Cluster randomized controlled trial

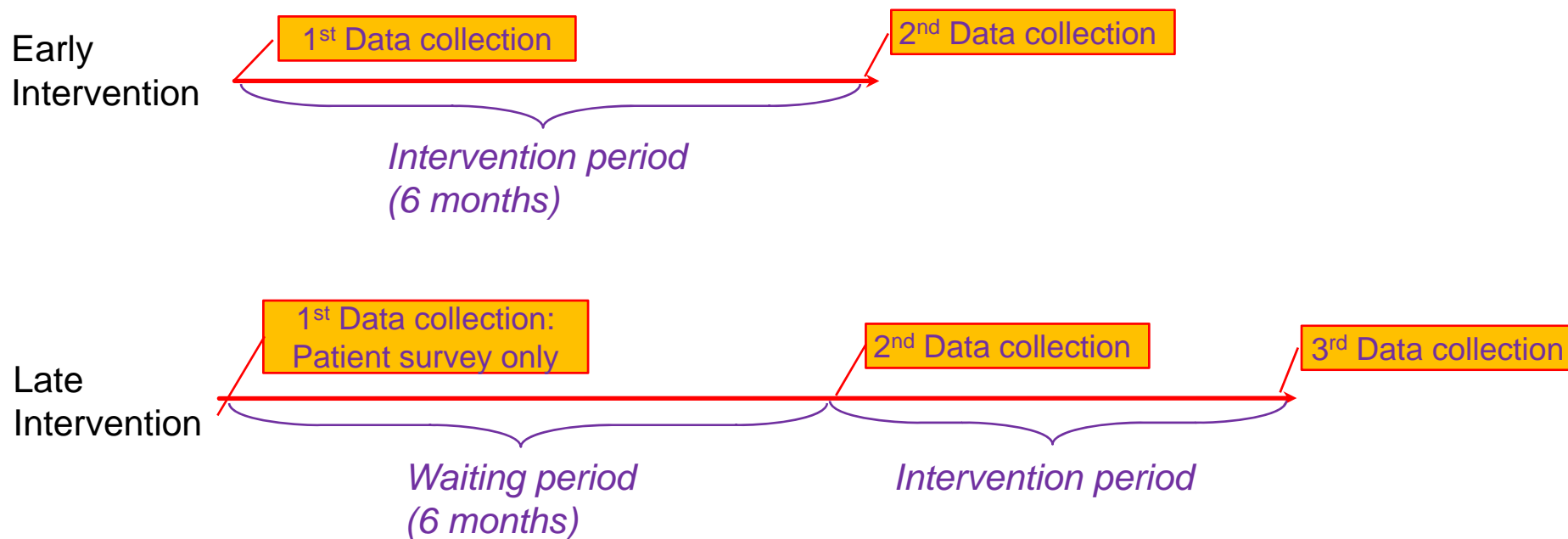
- Practices were randomized into intervention and control groups
- data collection before and after intervention period



Study design: Team -link

Quasi-experimental study

- Divisions of general practice were assigned to early or late intervention group (2/2)



Outcome measures

Quality of care

Patient assessment of care	<ul style="list-style-type: none">• Shared decision making and self-management• Follow-up / referral & care coordination	<i>Patient questionnaire (PACIC)</i>
Care processes and health outcomes	<ul style="list-style-type: none">• Clinical indicators (BP, HbA1c, lipids)• Team care arrangements	<i>Audit of clinical patient records</i>
Clinical Care for diabetes, hypertension and IHD	<ul style="list-style-type: none">• Patient education & case finding• Assessment• Ongoing care	<i>GP interview (GPCCI)</i>

Outcome measures - cont

Multidisciplinary Care

Practice linkages	Links & relationships to other providers for <ul style="list-style-type: none">• Referral and advice• Shared care• Patient education• Community awareness	<i>GP interview (GPCCI)</i> <i>PPI – clinical linkages</i>
Patients referral experience <i>(Teamlink)</i>	<ul style="list-style-type: none">• Type of referral• Practice involvement in referral	<i>Patient questionnaire</i>
Multidisciplinary linkages <i>(Teamlink)</i>	<ul style="list-style-type: none">• Referral satisfaction• Roles of Practice Nurse• Communication between GPs and AHPs• Perceived usefulness of TCAs	<i>GP & AHP questionnaire (MoML)</i>

Outcome measures - cont

Team / Staff Roles

Practice staff roles	<ul style="list-style-type: none">• Clinical functions of non-GP staff• Administrative staff functions• Practice meetings• Working in teams• Staff management• Whole practice focus on chronic disease care	<i>Interview with practice manager (PPI)</i>
Team climate	<ul style="list-style-type: none">• Participation safety• Support for innovation• Team vision• Task orientation	<i>Staff and GP questionnaire (TCI,)</i>

Outcome measures - cont

Qualitative data

GP evaluation of intervention	<ul style="list-style-type: none">• Attitudes to teamwork• Areas of improvement• Barriers to improved practice performance• Strategies for change	<i>GP questionnaire</i>
Intervention facilitators reports	<ul style="list-style-type: none">• Description of goals and outcomes• Team interaction, commitment, innovation, barriers and enablers	<i>Facilitator's field notes</i>
AHP and GP (Teamlink)	<ul style="list-style-type: none">• Open ended questions from MoML	<i>MoML</i>



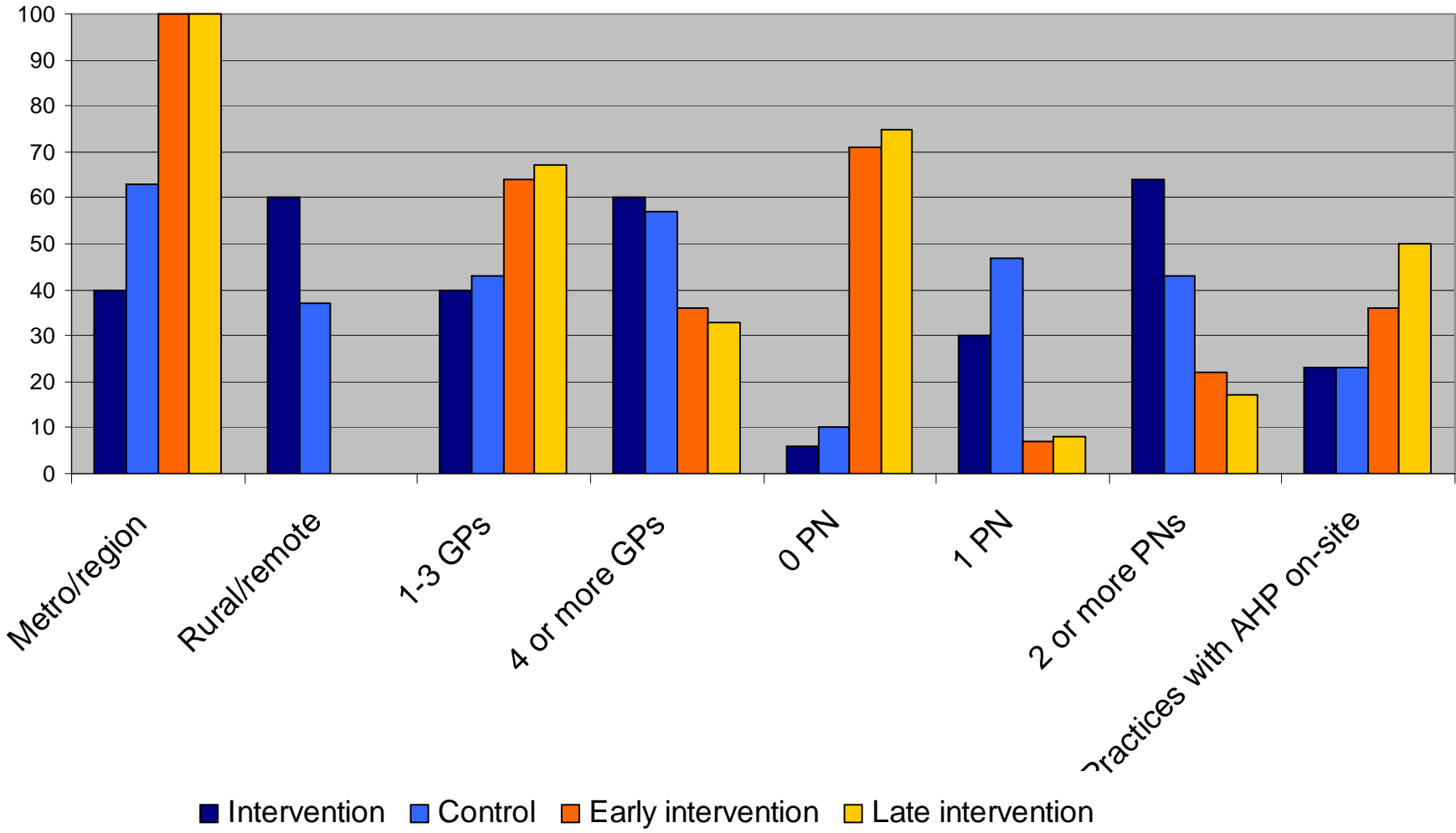
Teamwork and Team-Link: Intervention

Jane Taggart

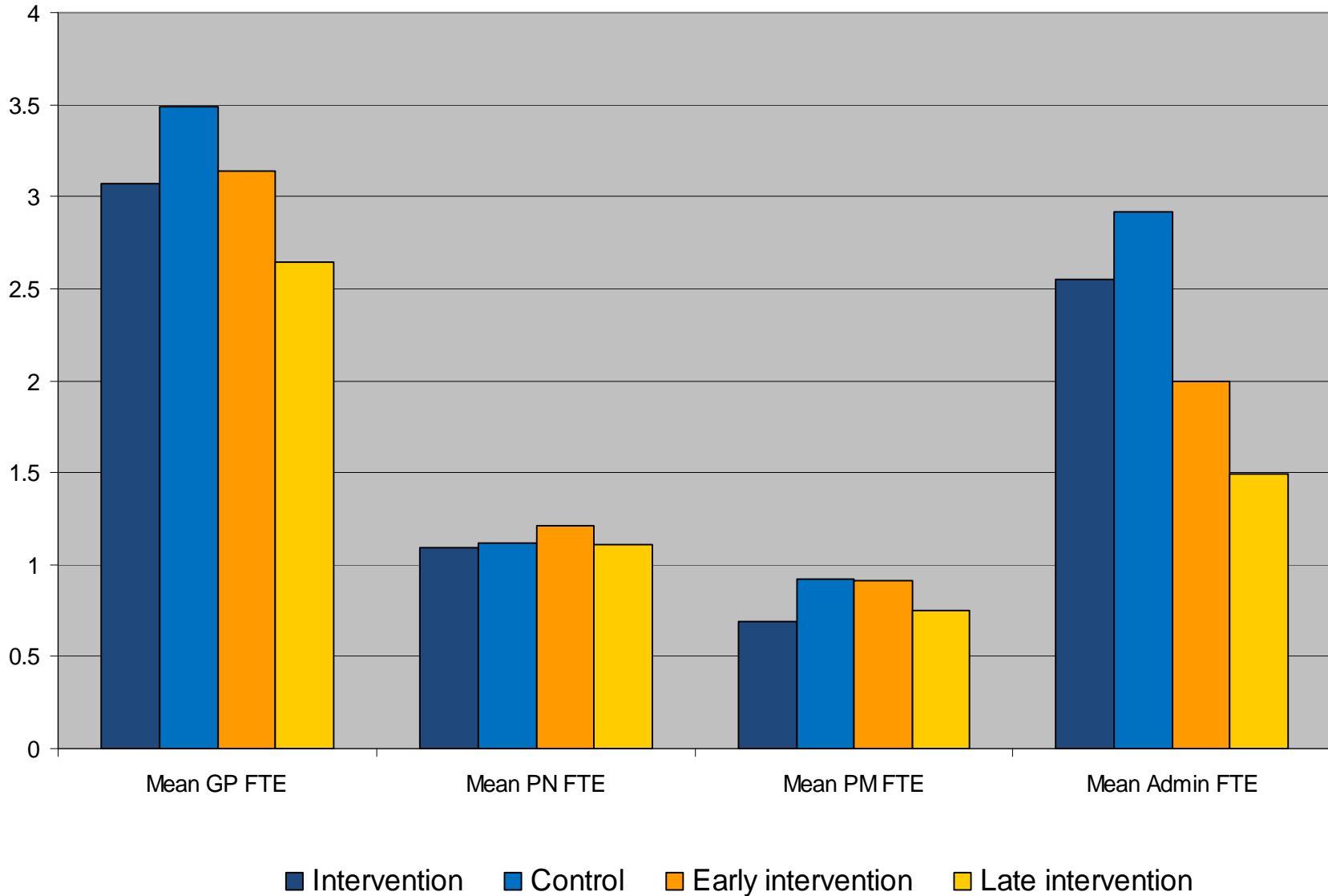
Intervention

	Teamwork	Team-Link
Facilitation	CPHCE	DGP
DGP with practices in intervention	18 with 9 actively involved	4
Practices participating	30 intervention 30 control	14 early intervention 12 late intervention
Practice characteristics	NSW = 24 Victoria = 6	All NSW

Practice characteristics



Practice characteristics



Interventions

	Teamwork	Team-Link
Intervention objective	Facilitate practice team to improve one or more aspects of good practice	Enhance working relationships between general practice and other services in the shared care of patients with chronic diseases
Intervention focus	Teamwork and non-GP staff 11 systems that support chronic care	GPs and practice staff Systems that support linking with other health providers for CDM
Length of intervention	6 to 12 months	6 months

Interventions

	Teamwork	Team-Link
Structure of intervention	<p>Education session (1 to 2 hours)</p> <p>3 practice visits (1 to 1.5 hours)</p> <p>Worked on priority system</p> <p>Set goals, tasks and timeframes</p> <p>Roles of non-GP staff</p>	<p>Education session (2 hours)</p> <p>3 practice visits (1 to 1.5 hours)</p> <p>Set goals, tasks and timeframes</p> <p>Roles of non-GP staff:</p> <p>In Care Plans – TCAs</p> <p>Linkages with AHPs</p>
Resources	Manuals and workbooks	<p>Manuals and workbooks</p> <p>Medicare Templates</p> <p>AHPs database</p>

Teamwork : What worked with the intervention

"it made us sit down and look at what we do, what we want to do and how we go about doing it". (GP)

"liked having someone from outside the practice providing advice and resources and time to discuss ways to improve the care of chronic disease patients". (PN)

"having the goals and tasks written with target dates helped to set things in motion". (PM)

"Having a committed driver in the practice and skilled and motivated staff". (facilitators)

What worked with the intervention – observations

- Practices in control
- Range of staff participating in visits
- Flexibility – cater for differences
- Setting follow-up visit 4 to 6 weeks apart
- Facilitators with practice support experience
- Walking through resources / tools

Teamwork