Special & Vulnerable Populations

Diabetes Task Force

Creating Your Best Team To Support Chronic Disease Management & Patient Care

DIABETES CONTINUUM OF CARE | JUNE 2023

OVERVIEW

Healthcare professional (HCP) wellness is vital when working with patients with long-term chronic diseases such as type 2 diabetes, mental health diagnoses, heart disease, chronic respiratory illnesses, and chronic kidney disease. Unfortunately, staff well-being is a less evident consideration when evaluating what contributes to successful chronic disease management and care. However, as patients live longer, the relationship between individuals managing chronic diseases and long-term diagnoses and HPCs may last for years.[1]

Managing a chronic disease takes emotional, physical, and practical endurance for patients and equally requires stamina and endurance for healthcare workers. It is common for HCPs to witness their patients' struggles in their day-to-day lives. Often these struggles include non-medical factors that directly impact health and can keep patients from thriving and achieving their health goals. When patients lose motivation, HCPs are responsible for renewing that patient's motivation to continue prioritizing their chronic disease management and to encourage them to do their best. To provide the best treatment for the growing number of patients with chronic conditions, we need to increase our understanding of how to keep HCPs invested in their work. This is particularly important today, as burnout among HCPs is a growing problem.

Keeping HCPs motivated in their work, mitigating burnout and mental health exacerbations, and addressing moral injury or compromise are significant priorities for many Health Centers. This publication will discuss topics and resources to support these goals. These include creating effective, high-functioning care teams and addressing employment disparities and inequities that can demoralize care teams and increase HCPs' psychological injury. In addition, tools to address employee well-being, intersectionality, and workforce equity will be shared. Finally, policy and interprofessional interventions, tools, and strategies to improve resiliency and manage distress will be discussed.

Team-based care supports the National Academy of Medicine's vision for the Quintuple Aim of having a healthy workforce that is "thriving in an environment that fosters their well-being as they improve population health, enhance the care experience, reduce costs, and advance health equity".[2]

INTERSECTIONAL APPROACHES TO TEAM-BASED CARE

The Quintuple Aim framework proposes that healthcare improves population health, enhances patient care experience, reduces healthcare costs, promotes workforce well-being, and advances health equity. The team-based care model has been shown to help successfully achieve these aims. Evidence shows that health center teamwork improves patient outcomes and increases HCP occupational well-being.[3] Teamwork in team-based care models provides significant positive results relative to chronic disease management.

Growing evidence shows that "a team-based approach is critical when caring for patients with complex care needs".[4]

Team-based care models acknowledge that multiple key HCPs treat patients and must work together. Fundamental to the success of any model for team-based care is the skill and reliability with which team members work together. Despite the pervasiveness of people working together in health care, interprofessional team-based care has minimally adapted to the health care setting. At the most basic level, establishing and maintaining high-functioning teams takes work, time, and resources that health centers do not have in abundance.

Members of a care team may include doctors, nurses, physician assistants, specialists, and other non-clinical professionals who are integral to caring for a patient.

Evidence shows there are trainable practices and workplace culture strategies that help create high-functioning teams. According to the National Academy of Medicine's (formerly named Institute of Medicine) Roundtable on Team-Based Healthcare, the five principles of a highly effective team include *shared goals, clear roles, mutual trust, effective communication, and measurable processes and outcomes.*[5] Clear roles, mutual trust, and effective communication among team members are essential for successful work and meeting goals. Measurable processes and outcomes determine the success level, help refine goals over time, and guide improvement. Training and refinement of each of these principles within the team will allow each to be adopted fully into practice. However, these principles do not function in isolation; each is interdependent on the others and must adapt to the situation's needs, the patients, and the availability of staff and other resources.

In addition to promoting the Quintuple Aim and adopting strategies to build highly effective teams, health centers can implement other policy and procedural adaptations. For example, ensure care team members know their roles and responsibilities, work to the top of their license, and engage in appropriate cultural humility when collaborating with peers, other HCPs, and patients. An organizational culture that values and prioritizes all team members and commits to creating a safe space for staff will reflect this in their policies, clinical practice, and human resources oversight.

HCPs report that "their and colleagues' lack of knowledge and cultural competence" complicates their ability to work collaboratively with their patients to manage their diseases.[1] Developing a shared understanding of chronic disease and management is difficult if cultural differences are not acknowledged. Consider when a translator is needed or cultural practices are at odds with treatment recommendations; this can add considerably more stress to the patient-HCP relationship. Hiring and supporting a more diverse workforce that reflects the patient population improves the patient-HCP relationship. Creating a more positive and productive relationship will then improve chronic disease co-management. When teams reflect on the communities they serve, trust and confidence is encouraged and supported.

So how does a team reflect the population served? There are proven resources for developing robust, diverse, and inclusive groups and tools to address challenges related to mindfully and successfully implementing team-based care. One good place to begin is to embrace appropriate Diversity, Equity, and Inclusion (DEI) training and methods when creating an inclusive team culture. DEI cannot be a one-and-done approach but rather a continuous process of education and an exercise in targeting discriminatory practices and policies that promote

inequities. Another strategy to promote inclusivity is to value and recognize staff and patients' diverse identities and unique strengths. Organizations can create environments that support a culture of equity and trust by inviting all the HCPs to share their individuality and making team agreements that allow all to be welcome.[6]

Using the Fair Process for decision-making supports creating a space for authentic, equitable, and inclusive engagement with a team around a decision-making process. This strategy builds clarity about decisions, resulting in stronger relationships, smoother implementation, and better overall outcomes. The Fair Process means being clear about the decision-maker's identity but inviting input from all those impacted. It means being explicit about how the decision will be implemented, explaining its impact, and outlining expectations around the decisions made.[7] This process has three mutually reinforcing elements: engagement, explanation, and expectation clarity; in a setting such as a health center, evaluation of the process (a fourth element) is recommended.

These are just a few of the approaches to creating an inclusive team. Like people, each health center and care team is unique, so choosing the correct tools and approach is essential. Consider utilizing a committee to begin the process of building or rebuilding a team. Invite an inclusive mindset and promote a culture of trust and transparency. Having safe ways to express grievances and maintain psychological safety to highlight inequities will foster trust within a team and across an organization.

AFFIRMING ORGANIZATIONAL AND HUMAN RESOURCE POLICIES FOR AN LGBTQIA+ WORKFORCE

Building a space of equity and inclusion for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual and all sexual and gender minority (LGBTQIA+) people in health care is a critical step to addressing health disparities these communities face. Many LGBTQIA+ people report being denied health care, having to teach their providers about their unique and routine health needs, or delaying necessary health care due to prior experiences with discrimination in these settings. HCPs, administrators, and staff must prioritize creating welcoming and inclusive spaces proactively.

Few medical, nursing, social work, or psychology programs offer more than a few curricular hours on LGBTQIA+ health competencies.

Inclusion and equity for LGBTQIA+ people in healthcare organizations should not be limited to a focus on patient/client care. Considerations for LGBTQIA+ staff and leadership must be a cornerstone in plans for organizational change. Organizations should be proactive in recruiting and retaining LGBTQIA+ staff, as doing so will significantly contribute to an environment of welcome and inclusion for patients/clients and staff. A sustainable commitment to change and equity should drive leadership and involve all staff. Organizations that embark on change need to include representatives from different levels of staffing: leadership, clinical, frontline, administrative, and, where feasible, LGBTQIA+ community members who are staff and perhaps patients of the health centers.

Organizations should be aware of unique considerations for LGBTQIA+ candidates in recruitment and interviewing. Job postings should have a clear nondiscrimination statement that includes sexual orientation, gender identity, and gender expression. Application forms should make space for the name listed on government-issued identity documents, and the preferred name person goes by and provides fields for pronouns. Interviewers and Human Resources staff should prepare for questions about coverage of medical gender affirmation the organization's health insurance benefits provide.

In addition to recruitment, organizations must ensure existing and recruited LGBTQIA+ staff can access the spaces and resources they need to succeed. Organizations should assess the existing policies, procedures, and health insurance coverage. Include clear policies and procedures around name and pronoun changes, the means to hold colleagues and leadership accountable if discrimination occurs, and an inclusive environment and facilities.

Remember, organizational change is a journey that prioritizes the path rather than the destination. Organizations should plan for a long-term and sustainable process, where goals may emerge and expand throughout assessment and action. The goals in organizational change should focus on progress rather than perfection.[8]

KEY TAKEAWAYS FOR HEALTH CENTERS

- Staff well-being is essential to chronic disease care.
- Prioritize strategies to develop intersectional teams effectively.
- Human Resource policies must be assessed and updated to allow for the recruitment and retention of a more inclusive workforce.

RESOURCES

- Recruiting, Training, and Retaining LGBTQ-Proficient Clinical Providers: A Workforce Development Toolkit
- Affirming Organizational and HR Policies for an LGBTQIA+ Workforce
- Organizational and Human Resources Policies for an LGBTQIA+ Workforce
- Optimizing Gender-Affirming Medical Care
- Ten Strategies for Creating Inclusive Health Care Environments for LGBTQIA+ People
- Team Assessment Questionnaire
- Implementing Optimal Team-Based Care
- Anti-Oppressive Facilitation for Democratic Process
- Fair Process Examples
- Witness to Witness Program

REFERENCES

1. Holmen, H., Larsen, M.H., Sallinen, M.H. et al. Working with patients suffering from chronic diseases can be a balancing act for healthcare professionals - a meta-synthesis of qualitative studies. BMC Health Serv Res 20, 98 (2020). https://doi.org/10.1186/s12913-019-4826-2
2. National Academies of Sciences, Engineering, and Medicine. 2022. National Plan for Health Workforce Well-Being. Washington, DC: The National Academies Press. https://doi.org/10.17226/26744.
3. Welp, A., and T. Manser. 2016. Integrating teamwork, clinician occupational well-being, and patient safety—development of a conceptual framework based on a systematic review. BMC Health Services Research 16(1):281. https://doi.org/10.1186/s12913-016-1535-y
4. Smith, C. D., C. Balatbat, S. Corbridge, A. L. Dopp, J. Fried, R. Harter, S. Landefeld, C. Martin, F. Opelka, L. Sandy, L. Sato, and C. Sinsky. 2018. Implementing optimal team-based care to reduce clinician burnout. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201809c
5. Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc.
6. Anti-Oppression Resource and Training Alliance. 2017. Anti-Oppressive Facilitation for Democratic Process. https://arts-campout-2015.sites.olt.ubc.ca/files/2019/02/AORTA_Facilitation-Resource-Sheet-JUNE2017.pdf
7. The Management Center. 2021. Using Fair Process to Make Better Decisions. https://www.managementcenter.org/resources/using-fair-process-to-make-better-decisions-a-quick-start-guide/
8. National LGBTQIA+ Health Education Center. 2022. Affirming Organizational and Human Resource Policies for an LGBTQIA+ Workforce. https://www.lgbtqiahealtheducation.org/wp-content/uploads/2022/05/TFIE-65_AffirmingOrganizationalAndHumanResourcePoliciesForAnLGBTQIAPlusWorkforcePublication_v3-FINAL.pdf

NATIONAL TRAINING & TECHNICAL ASSISTANCE PARTNERS

Migrant Clinicians Network
migrantclinician.org

National LGBTQIA+ Health Education Center
lgbtqiahealtheducation.org

National Nurse-Led Care Consortium
nurseledcare.phmc.org

AS A PART OF THE

Special & Vulnerable Populations

Diabetes Task Force

TO LEARN MORE, VISIT: CHCDIABETES.ORG

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,204,180 with 0 percentage financed with non-governmental sources, an award totaling $449,985 with 0 percent financed with non-governmental sources, and an award totaling $550,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.