



Care teams provide strength in numbers for value-based PCPs

As care delivery evolves, primary care physicians play an increasingly pivotal role.

Within value-based care, they are the strategic signal callers. The quarterbacks of well-being, if you will.

That position charges them with considerable responsibility for helping their patients lead their healthiest lives. But operating within a complex system with myriad challenges demands collaboration for success.

That's why those throughout the industry consider healthcare these days something of a team sport, with integrated care teams largely carrying out a physician's care plan. And it's why practices routinely convene PCP-led sessions that bring together experts from areas that influence care delivery – nurses, pharmacists and coders. Some, extending the concept of whole-person health, even expand team membership to include social agency representatives and chaplains.



After all, a quarterback alone can't win a football game. And a PCP alone can't stay on top of all patients' needs, said Dr. Gene DiBetta, chief medical officer for Paxton Medical Group in Florida.

"Care teams really work," he said. "When you have a doctor bogged down seeing 30 or 40 patients a day, there's no way for them to lead the team and they're not using their resources to their best potential. I try to drive every care team member to the top of their degree."

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*Dr. Gene DiBetta, chief medical officer
for Paxton Medical Group*

More and more practices are investing in value-based assets, with the bulk of those resources targeting personnel, according to new research by Humana and the Medical Group Management Association. The financial and operational strategies involve bringing on people to be part of the medical practice team, filling new roles and shifting others into positions where they provide greater value to patients and the practice.

Care coordination and management workers are key staff added by medical practices in accommodating their shifts to value-based care models, the study found.

Respondents said those roles are even more vital for practices managing patients in Medicare programs, where senior care requires advance internal planning,

laying out to patients what will be discussed and ensuring patients who rely on others for help are able to make scheduled visits.

While practice leaders tout the benefits of care teams, some say the biggest challenge – at least, initially – is winning physician buy-in. Chief medical officers and administrators detail how assistance reduces burden and optimizes care delivery, translating to more time with patients and for themselves. Additionally, they illustrate –

sometimes with evidence-based studies – how a dedicated team more quickly identifies improvement opportunities that drive patient outcomes and a more profitable practice bottom line.

South Florida-based Plenary Health Services, a managed services organization for 10 practices, facilitates much of the foundational work for its care teams, coordinating closely with lead physicians and other team members on everything from quality measurement data to understanding procedural guidelines to resolving reporting system issues.

The group considers payers like Humana as part of the care team, too.

“Everyone is working to achieve a common goal,” Plenary co-owner Tom Bayless said. “There has to be a relationship and a strong base of knowledge about what all is going on (with patients and the practice).”

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*Tom Bayless, co-owner of Plenary
Health Services*

The success of a care team is dependent on the foundational relationship of its members. That’s why Bayless and co-owner Loren Bayless say they spend more time in Plenary practices than in the company’s main office.

The proximity builds necessary rapport with care team members and keeps workflows and care delivery efficient.

“A lot of times, physicians are reaching out with questions while they’re right there with the patient in the exam room,” Tom Bayless said. “It matters what outcomes a patient experiences, but also what it costs. You can only get there by being really involved in what happens where the care takes place. Thinking that sending out reports and just looking at data will get you where you want to be is just not the case.”



The care team approach is driving widespread success in Plenary’s network. Based on CMS quality metrics and care gaps tracked by Humana and Plenary, four Plenary physicians in 2021 achieved 5-Star ratings and coveted Green Apple Awards. Two of them were named “Super Stars,” meaning they also earned top marks in member experience categories.

“They take pride in being a 5-Star office,” Tom Bayless said.

Paxton refers to its care team sessions – often conducted over lunch – as “impact meetings” because the discussions are all about how the individuals and the group collectively impact patients.

The teams examine an array of trends and data points to determine those having the greatest negative impact on outcomes and costs and to devise plans to address problems. For example, a spike in ill patients going straight to a hospital for care will spur the team to investigate whether those resulted from not returning a patient’s call, the physician’s schedule lacking availability, or the practice simply being bogged down.

Either way, change would be likely, DiBetta said.

They also focus on quality metrics, ensuring patients receive appropriate screenings and are adherent to medications. The latter is of particular importance for the role it plays in patient well-being and in the weight adherence carries in Stars scoring, with success directly tied to added

revenue for the practice.

But a physician doesn't have the time to see patients and pore through and study all of the factors influencing effective care delivery. Instead, that becomes the responsibility of designated team members providing insight and guidance.

"This is a no-brainer," DiBetta said. "Other institutions strive for their physicians to be competitive with their colleagues in hopes of increased revenue. I find that limits the resources to improve patients' overall health status while causing increased stress on physicians. Overworked, stressed physicians are not the logical means of patients receiving exceptional care. Our culture of physician lead interdisciplinary teams allows our physicians to take the time they need with their patients while having a whole team to aid in optimizing their overall health and well-being. When our patients do well, we all do well.

"But it's a territory thing with some physicians to get them to give some of this up, so I try to focus them. They're still diagnosing and treating. They're just not doing the micromanagement. That takes a lot of work off them, so they can focus on what physicians are best at, diagnosis and treatment."