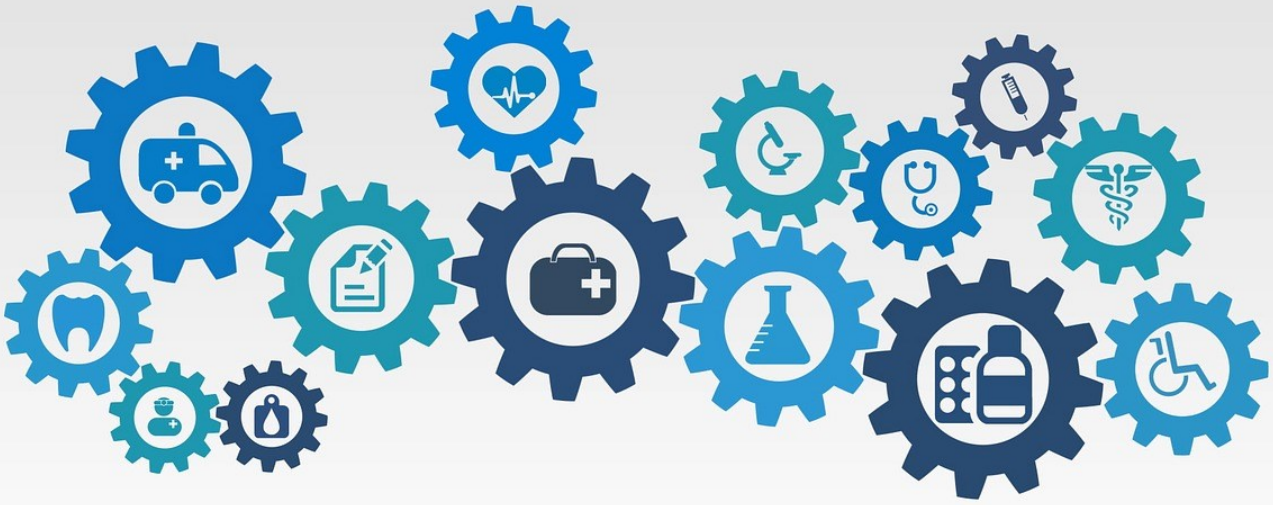
# Utilizing Team-Based Care to Improve Hypertension and Diabetes Outcomes



Team-based care[1-5] is an evidence-based model that combines the expertise of the patient and the patient's primary care provider, as well as other members of the care team such as nurses, pharmacists, dietitians, social workers, and community health workers. Team members augment the activities of the primary care provider by providing support and sharing responsibility for tasks in hypertension and diabetes care, such as:

- Medication management
- Patient education and follow-up
- Maintaining adherence to the patient's blood pressure control or diabetes management plan
- Reminding patients to take medications as prescribed
- Monitoring patients' blood pressure or blood glucose levels
- Connecting patients to community resources for self-monitoring and self-management programs
- Providing dietary counseling
- Working with patients to increase the level of physical activity

***Helpful Tip:***

**Generating Support From the Team:**

**"Strong support from a project champion high in the organization is critical. Ensuring that everyone who will be impacted by the change has an opportunity to shape the change increases the chance of success."[2]**

**Team-Based Care saves money for your practice[2].**

AMA's Steps*forward* Online module for Implementing Team-Based Care provides a Cost Calculator: https://www.stepsforward.org/modules/team-based-care

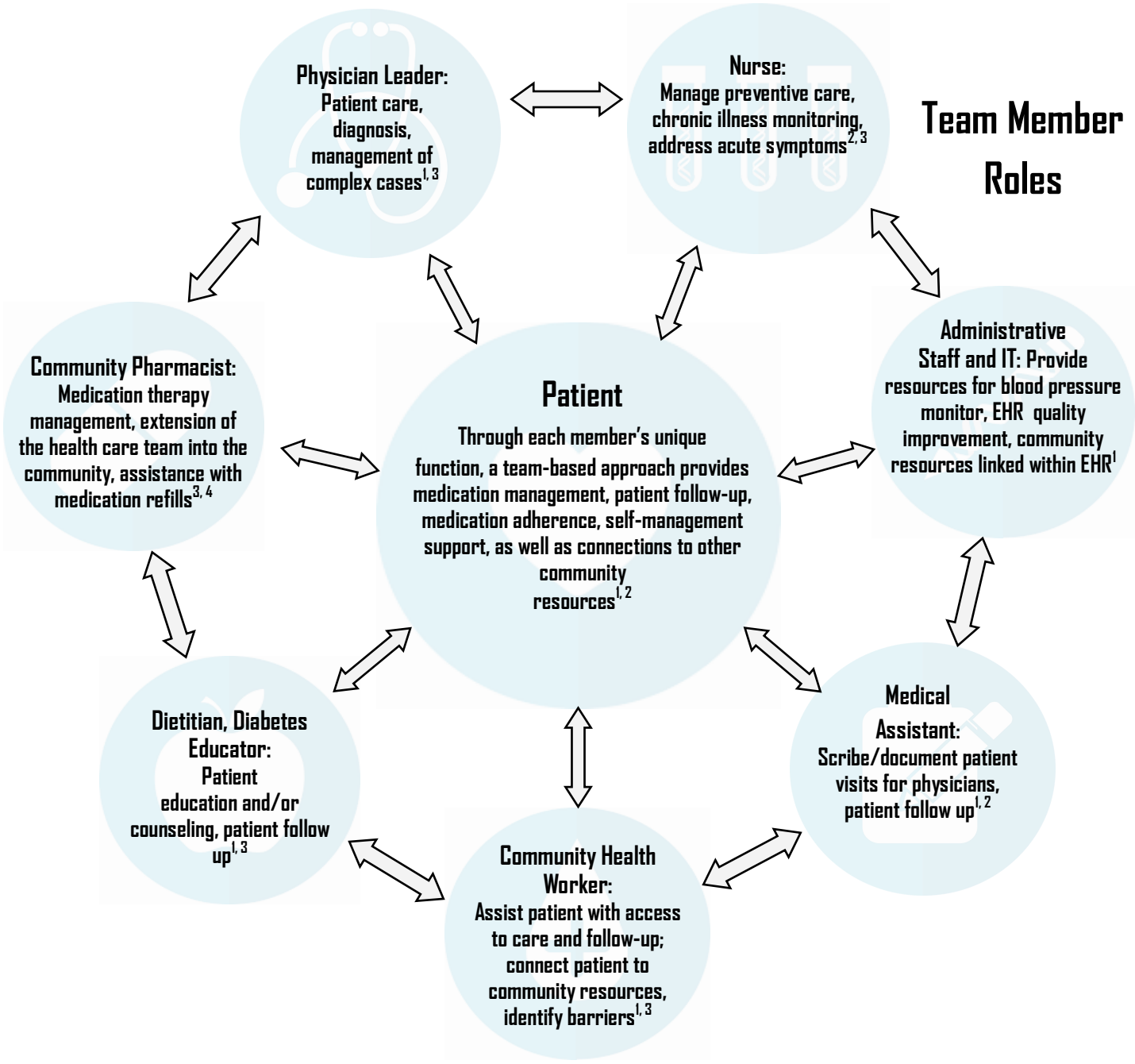
Kansas Department of Health and Environment

## Outcomes of Team-Based Care Implementation[1-3, 5]

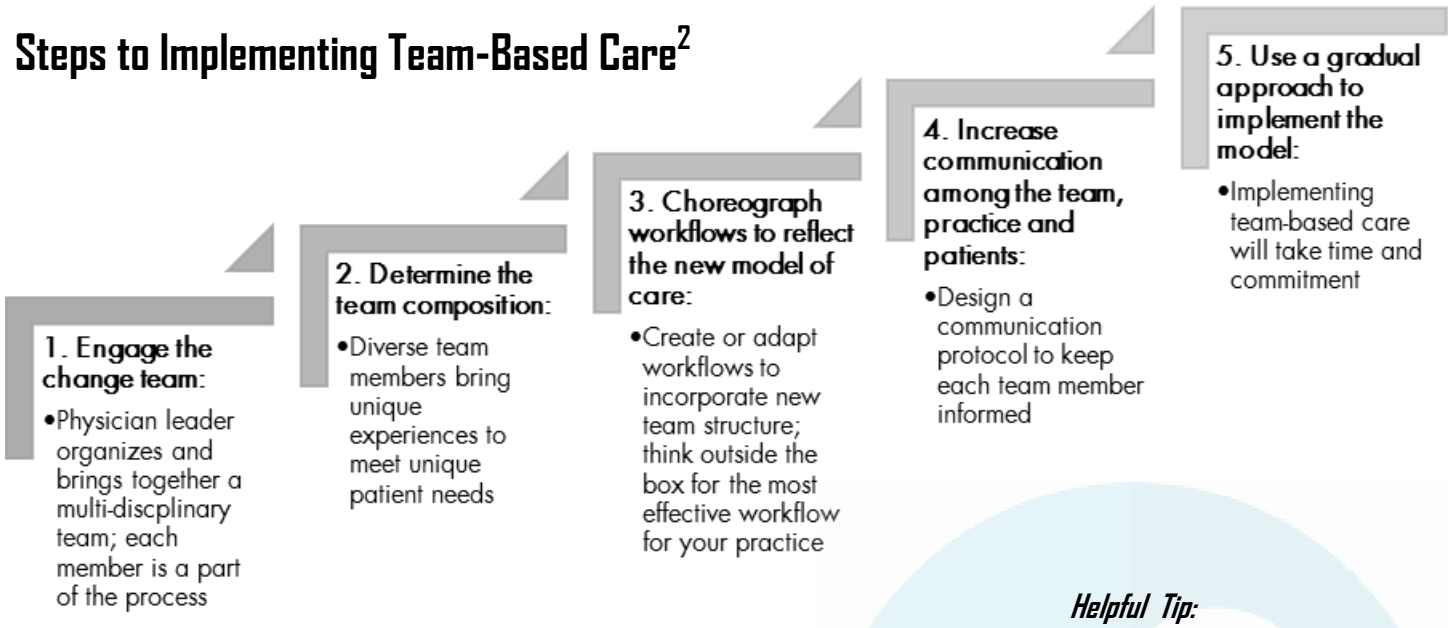
- Increased provider and staff job satisfaction
- Increased number of patients seen
- Increased cost-effectiveness of care
- Improved blood pressure and glucose levels
- Patients linked to community resources for chronic disease support
- Improved outcomes for other chronic conditions
- Increased patient satisfaction

**Integrated, comprehensive care benefits everyone involved—patients, health care providers, and the community.[3]**

## Team Member Roles



## Steps to Implementing Team-Based Care[2]




***Helpful Tip:***

**Engage Community Pharmacists:**

**"Public health initiatives that promote efforts to engage pharmacists as members of the health care team can result in significant improvements in the treatment of diabetes, better control of high blood pressure, improved management of cholesterol, and reduced overall health care costs."[4]**

References:

1. American Medical Association. Models of physician-led team-based care. 2015. https://www.ama-assn.org/sites/default/files/media-browser/public/cms/team-based-models_0.pdf. Accessed June 30, 2017.

2. American Medical Association. Steps Forward: Implementing team-based care to increase practice efficiency. 2015. https://www.stepsforward.org/modules/team-based-care. Accessed June 30, 2017.

3. The Centers for Disease Control and Prevention. Working Together to Manage Diabetes: A Guide for Pharmacy, Podiatry, Optometry, and Dentistry:12-17. January 2014. https://www.cdc.gov/diabetes/ndep/pdfs/ppod-guide.pdf. Accessed June 30, 2017.

4. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Emerging practices in diabetes prevention and control: working with pharmacists. 2015. https://www.cdc.gov/diabetes/pdfs/programs/stateandlocal/emerging_practices-work_with_pharmacists.pdf. Accessed June 30, 2017.

5. Schottenfeld L, Petersen D, Peikes D, Ricciardi R, Burak H, McNellis R, Genevro J. Creating Patient-Centered Team Based Primary Care. AHRQ Pub. No. 16-0002-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2016. https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care. Accessed June 30, 2017.

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