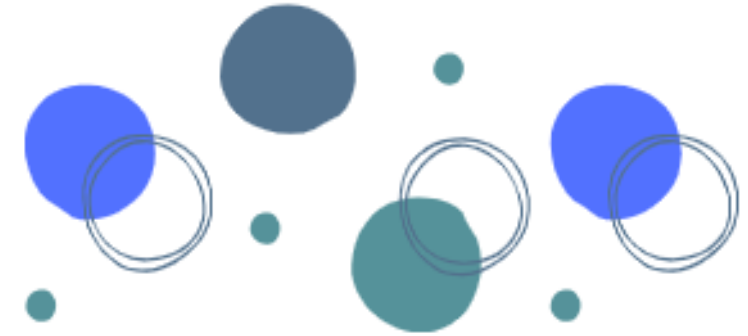# Population Health & Transition to Value-Based Care

Building Teams That Work: Health Center Huddles

Guest Speakers from the UCSF Center for Excellence in Primary Care
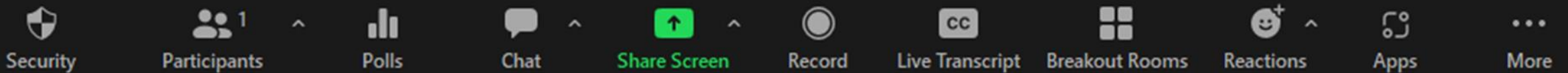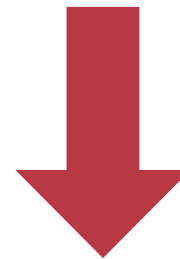
Patricia Mejía & Richard Ceballos

November 8, 2023

Live Captioning

To enable live captioning:

- o Go to the Zoom toolbar at the bottom of your screen

- o Click on "Live Captioning"

- o Select "Show Captions"

Security | Participants 1 ^ | Polls | Chat ^ | Share Screen ^ | Record | CC Live Transcript | Breakout Rooms | Reactions ^ | Apps | More

**Icebreaker!
In the chat,
please share…**

What is something on your desk, a nearby wall, or outside your window that makes you smile?

Keeping it Interactive!

Please turn your cameras on. This will help increase our engagement.

Mic up or use the chat. We invite you to mic up or use the chat to ask questions, make comments, indicate agreement / disagreement.
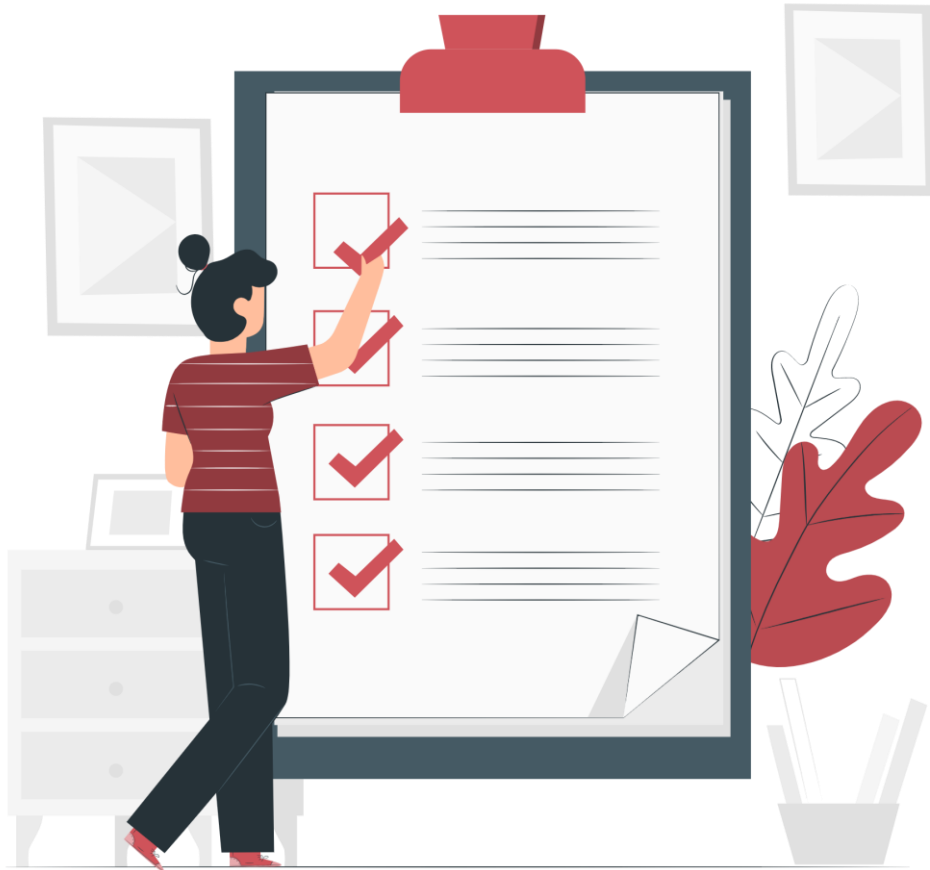
Take care of yourself. Take breaks, stretch, and let us know if you need support.

Learning Objectives

By the end of the session, participants will be able to...

1. Define a huddle.

2. Discuss how huddles can help your clinic.

3. Develop a plan for a huddle.

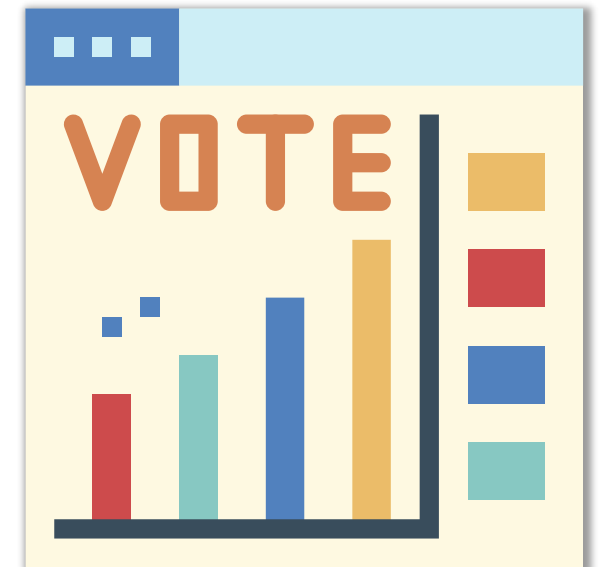4. Troubleshoot common challenges to huddles.

Agenda

o The What & The Why of Huddles

o Planning for Huddles

o Huddle Hurdles: Small Group Discussion

o Debrief

o Closing & Next Steps

Poll 1: What is your role?

- Back office staff (MA or LPN)

- Behavioral health

- Clinician

- Dental

- Front office staff

- QI administration or manager

- Registered nurse (RN) / care manager

What is a huddle?

Copyright 2023 UCSF Center for Excellence in Primary Care, Photo by Sara Syer

A brief meeting within a team to increase efficiency and access within a clinic.

How long? > 5-7 minutes

How often? > Usually at the start of each clinic session

Who attends? > The provider & MA; sometimes the rest of the staff

Why huddle?

Keep everyone in the loop: staff/provider availability, coverage, broken equipment or office systems
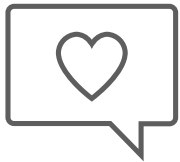
Rally forces for patients who need more help

Identify all needed care during visits & engage staff in meeting preventative care needs

What is on the agenda?

All staff
- Absences
- Space
- Announcements

Front desk/RN/Behaviorists
- Walk through each team – flag special issues
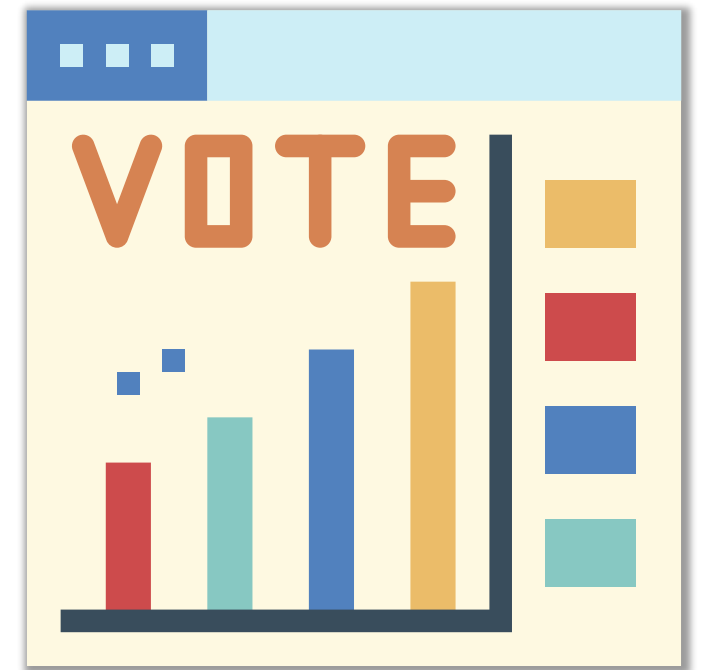- (e.g., last-minute cancellations; major life events; special attention)

Teamlet (Provider & MA)
- Care gaps
- Special concerns
- Results on hand

Poll 2: What types of huddles is your clinic doing now?

- All Staff
- Teamlet (Provider + MA)
- Both (All Staff + Teamlet)
- Not sure
- We haven't started yet
- Other: Please share in the chat

Planning for an All-Team Huddle

Weekly All-Team Huddle: Planning Agenda	Date:
Focus Area / Definition	**Notes**

☐ ACTIVITY
• Number of visits scheduled:
   • In person.
   • Telephone visits.
   • Telehealth (TBD).
• Number of open slots for clinician(s)?
• Any meetings today?	

☐ QUALITY • Reminder of current key quality focus for the day/week/month. • Phone stats: number of calls and the number transferred for triage (front desk tracker).	
☐ METHODS • Changes/innovations/new requirements.(e.g., COVID precautions, use of masks, goggles, PPE/testing updates).	
☐ EQUIPMENT/SUPPLIES • Anything not working: is repair planned? • Supplies needing to be ordered/status of supplies on order • Flu shot and COVID tests availability tracker update (as needed). • Number of flu shots available (adult/child). • Number of COVID tests available.	
☐ STAFFING • Number of MAs available; who is doing CM; who is rooming? • RN/care manager available?	

Adapted from: phminitiative.com
Care Team & Workforce Guide Resource 4

Planning for a Teamlet Huddle

From: phminitiative.com
Care Team & Workforce Guide Resource 4

TABLE 4.3: PHMI SAMPLE PRE-VISIT PLANNING CHECKLIST

Checklist Domain	Checklist Item
General	☐ Reason for patient visit
	☐ Check for transportation needs to/from the appointment
	☐ Interpretation services needed
	☐ Cultural, faith-based, or LGBTQIA+ preferences for care
Room Readiness	☐ Type of exam and room readiness activities (i.e., assure speculums available)
	☐ Specific supplies needed for patient/procedure
Medical Record Review	☐ Pertinent labs or imaging results
	☐ Recent ED or hospital visit records
	☐ Vital signs (i.e., blood pressure) to be obtained and charted
Assessments Needed	☐ Universal health assessments due
	☐ Age-specific health assessments due (i.e., well child care, developmental screening, autism, adult wellness check)
	☐ Depression screening due
	☐ Other health assessments due - please specify
Care Gaps	☐ Immunizations due
	☐ Check immunizations supply for availability
	☐ Cervical cancer screening (PAP) due if patient has a cervix
	☐ Breast cancer screening (mammogram) due if female or receiving estrogen therapy
	☐ Colorectal cancer screening due (FIT or colonoscopy)
	☐ Due for prenatal or postpartum care visit – circle one

Adapted from **Patient Centered Medical Home Primary Care Team (Model of Care) (chcs.org)**.

Huddle Hurdles

Small Group Discussion

Huddle Hurdles!

#1: **Huddles are supposed to start at 8 am**, when everyone is on-site, but if you wait to room the first patient until after the huddle, that puts your providers behind.

#2: **Providers and staff do not come to huddles.** When you ask why, you get answers like this: "I forgot what time it was."…"My provider wasn't there."…"We have too much to do to take 5 minutes to meet!"

#3: **Choose your own challenge!** Identify a challenge that you would like to discuss with your colleagues.

What might be happening?

What can you do?

Who might be able to help?

Small Group Breakout

Time: 20 mins

- 5-7 minutes discussing each hurdle.

Instructions:

- Discuss huddle hurdles

Goal:

- Brainstorm approaches to challenges that may arise.

Huddle #1

Huddles are supposed to start at 8 am, when everyone is on-site, but if you wait to room the first patient until after the huddle, that puts your providers behind.

Possible ways to address:

- Signal/ announcement – alert folks that huddle is starting.
- Block time on the calendar to preserve time for huddle.
- Huddling first thing in the morning can be helpful. If it's not feasible (i.e. folks start at different times), see a few patients first, then huddle.
- Ensure that leadership takes part – if folks know that leadership will be attending they may be more inclined to show up and participate.
- Focus on the core purpose of the huddle.
- Have a float room the first patient while MAs huddle.
- Have the tactical RN address clinic flow + challenges.

What might be happening?

What can you do?

Who might be able to help?

Huddle #2

Providers and staff do not come to huddles. When you ask why, you get answers like this: "I forgot what time it was."…"My provider wasn't there."…"We have too much to do to take 5 minutes to meet!"

Possible ways to address: From the group

- Use incentives! Raffle off gift cards (caffeine is always welcome!).

- Consider hosting virtual huddles – record them and make them available to folks to watch when they can (i.e. someone may have had the day off, but wants to stay in the loop).

Additional ideas:

- Foster accountability through leadership. If leadership shows up, everyone else is more likely to show up and participate.

- Engage in respectful conversation: "I notice" "I wonder". Sometimes, it may be more appropriate to have someone in leadership have the conversation v. having it fall to the MA/NM to check-in.

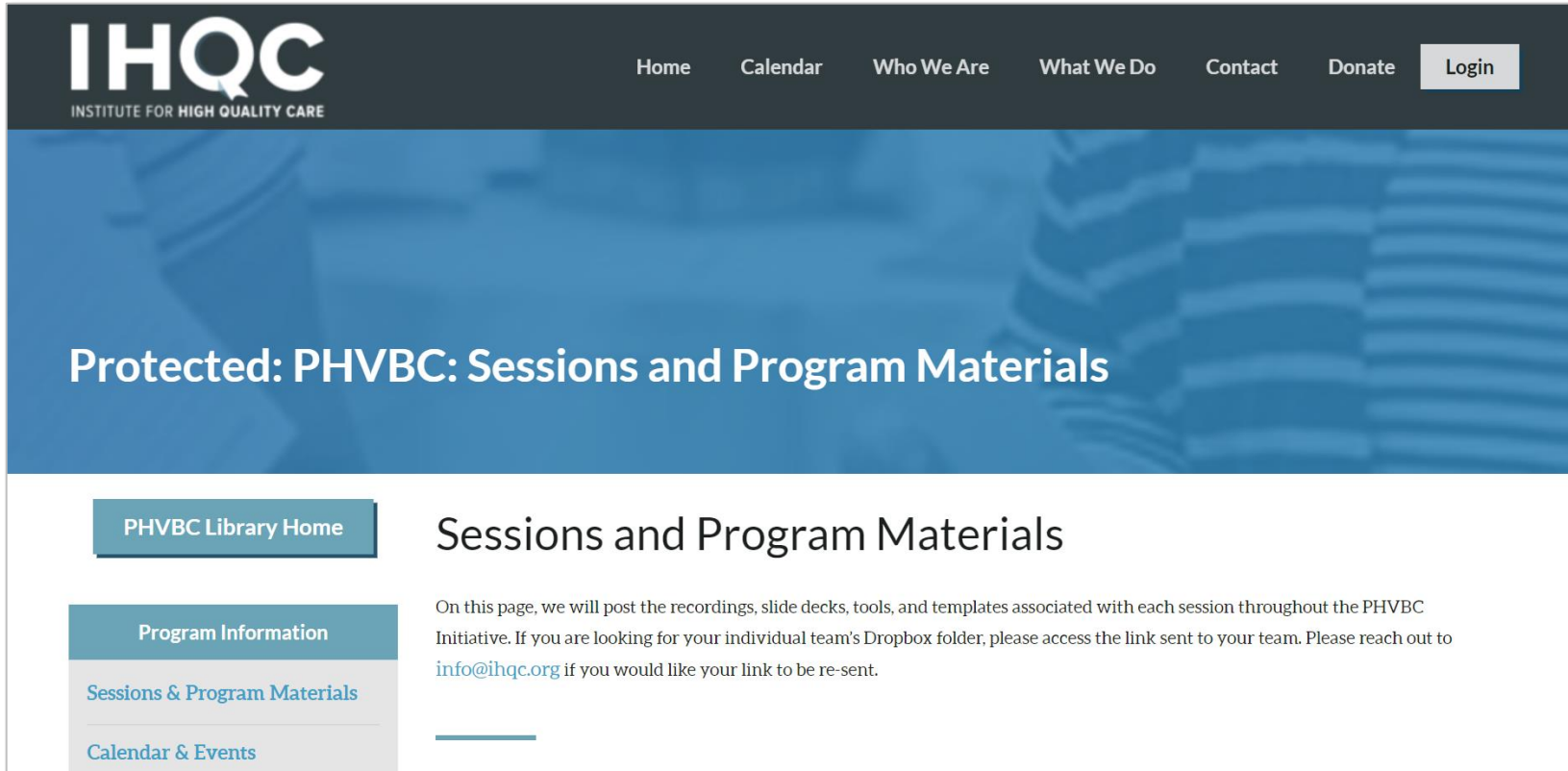What might be happening?

What can you do?

Who might be able to help?

Closing and Next Steps

PHVBC Resource Library

http://IHQC.org/OrangeCountyPHVBC/

- Session & Program Materials

- Calendar

- Curated Resources & Best Practices

PHVBC Technical Assistance Calendar

Date	Deliverable(s)
December 5th **8:30am – 4pm**	**PHVBC Semi-Annual Convening @ Hyatt Regency Orange County –** Full day workshop for your multidisciplinary PHVBC project team
January 16th	**Grant Narrative Report and Expenditures Report due to the Coalition**
January 31st	**Quarterly Reports Due (Measures & Project Status Report)**
Upcoming in 2024 (Dates TBA)	**Workshops around Health Coaching, Value Based Care, and more**

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