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ADVANCING INTEGRATED HEALTHCARE

United Healthcare

2025-2026

Optimizing Team-Based Care Learning Collaborative

Report by:

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TABLE OF CONTENTS

I. EXECUTIVE SUMMARY

Objective

The 2025–2026 Optimizing Team Based Care Collaborative (OTBCC) was a twelve-month quality improvement initiative designed to strengthen team-based care in Rhode Island primary care practices. This learning collaborative was funded by United Healthcare and led by the Care Transformation Collaborative of Rhode Island (CTC-RI) with text and lectures from the Art of Medical Leadership, (Oran & Conard, 2014). This initiative aimed to move beyond hierarchical leadership training and engage the full primary care team in practical, structured, and collaborative team development. Participating practices received monthly training, content-expert facilitation, peer learning collaboratives, and financial incentives to test, develop and assess changes using Plan-Do-Study-Act (PDSA) cycles, (Institute for Healthcare Improvement, n.d.).

Background

Research on healthcare teams has found that interventions such as team training, structured tools, and team redesign can improve team processes and team performance, while reviews in primary care suggest interprofessional collaboration can strengthen care processes and selected patient outcomes (Buljac-Samardzic et al., 2020; Carron et al., 2021; Reeves et al., 2017).The focus of OTBCC was translating these concepts into the workflows of busy primary care practices across Rhode Island in ways that were practical, measurable, and sustainable.

Nine Rhode Island primary care practices participated in the OTBCC. Each practice formed a core improvement team, completed baseline and post assessments using the Team Effectiveness Questionnaire (London Leadership Academy, n.d.), attended learning sessions, engaged in structured monthly facilitation, and implemented a practice-specific improvement plan. The program combined educational content on leadership, communication, psychological safety, trust, and operationalizing team-based care with tailored facilitation and ongoing performance monitoring to support improvements in each practice.

Results

Results from the aggregated pre and post assessments demonstrated improvement across all measured domains of team effectiveness. The strongest gains were seen in problem solving, team relationships, roles, and intergroup relations, while modest growth was observed in team processes, skills and learning, purpose and goals, and passion and commitment. These findings suggest that improvements were driven by a number of factors including (but not limited to) a learning collaborative model that combines monthly practice facilitation, team training, and peer exchange, through an equity lens and supported through a structured team-based care framework.

I. EXECUTIVE SUMMARY

Broader Implications

As a result of this work funded by United Healthcare to improve team-based care in primary care practices, this initiative demonstrated that targeted support for team development can be an effective strategy for strengthening practice operations and supporting continuous quality improvement. Participating practices reported improvements in key aspects of team functioning, particularly in problem solving, role clarity, and collaboration across team members, suggesting that focused investments in team effectiveness can positively influence how care teams work together to deliver patient care.

This initiative also reinforced the importance of pairing structured learning opportunities with individualized practice facilitation. The combination of peer learning sessions, practical training resources, and consistent, monthly facilitation led by experienced content experts allowed practices to translate concepts related to teamwork into concrete improvement activities within their unique clinical environments. These findings highlight the value of providing primary care practices with both the flexibility and the infrastructure needed to strengthen team-based care. More broadly, initiatives that strengthen team functioning can play an important role in supporting the sustainability of primary care. Effective team-based care allows practices to distribute responsibilities more appropriately across team members, improve communication and coordination, and better respond to the increasing complexity of patient needs. Supporting these capabilities is increasingly important as primary care practices continue to face workforce pressures, rising demand for services, and expectations to deliver high-quality, coordinated care.

Participant Feedback

"This was a wonderful project for our practice. It provided a boost to the staff morale in that they now do believe everyone on the team is valued."

"I loved this project. It helped our office improve patient care. With improvement in staff communication, it also helped decrease burnout. Thank you so much!"

"I do feel that this program was extremely helpful in both personal and professional settings. It provided me with a lot of insight that I will continue to reflect upon and use within my daily life."

II. BACKGROUND

Background

Team based care is a critical component of high-functioning healthcare delivery and has become increasingly important in primary care, where patients often present with multiple chronic conditions, behavioral health needs, and social complexities. Traditional approaches to team development in healthcare have often emphasized formal leadership roles without equally supporting the broader practice team. In response to this gap, CTC-RI developed the OTBCC to engage the full primary care team in learning core concepts in leadership, teamwork, and implementation across diverse primary care teams, regardless of title or role. A distinguishing feature of this initiative was the integration of structured learning with ongoing, practice-level facilitation, allowing teams to apply and test concepts within their operational workflows.

The OTBCC approach is well documented in the literature. One systematic review of interventions to improve team effectiveness in healthcare found that team training, structured tools, and redesign strategies can improve teamwork and performance (Buljac-Samardzic et al., 2020). Reviews of interdisciplinary collaboration in primary care suggest that collaborative models can improve care delivery and selected health outcomes, although effects vary by setting and intervention (Carron et al., 2021; Reeves et al., 2017). Given the differences between practices, many trainings and interventions were tailored for teams after they identified an area for growth.

The OTBCC's emphasis on psychological safety was also grounded in the literature. Psychological safety refers to a shared belief that it is safe to speak up with questions, concerns, ideas, and mistakes (Edmondson, 1999). In healthcare teams, psychological safety has been linked to learning behavior, speaking up, adaptive performance, and patient safety-related communication (Edmondson, 1999; O'Donovan & McAuliffe, 2020; Kumar, 2024). Reviews have identified leadership behavior, interpersonal respect, inclusive communication, and supportive team norms as key accelerants of psychological safety (O'Donovan & McAuliffe, 2020; Kumar, 2024). Despite psychological safety's powerful effect, many of our teams reported difficulty with setting aside time to review and assess before OTBCC.

The OTBCC also indirectly addressed burnout and workforce sustainability. In primary care, burnout has been associated with task burden, workflow strain, and the need to carry out complex care activities without sufficient team support. One study found that performing tasks without relying on other team members was associated with burnout, emphasizing the importance of distributing work effectively across the care team (Kim et al., 2018).These findings underscore the importance of strengthening team functioning in primary care so that complex care demands are shared across the care team, supporting both high-quality patient care and a more sustainable workforce.

III. PROJECT DESCRIPTION

Project Description

The initiative launched with a call for applications released on January 28, 2025. Applications were due on February 25, 2025, practices were notified on March 4, 2025, and the kickoff session took place on March 20, 2025.

- **Monthly practice facilitation meetings ran from April 2025 through February 2026.**
- **Learning collaborative sessions were held on June 26, 2025, and October 30, 2025**
- **AML content sessions were offered in June 2025, September 2025, and January 2026.**
- **The wrap-up learning collaborative took place on February 26, 2026.**
- **CTC-RI was responsible for coordinating all program components, including scheduling, facilitation, curriculum delivery (in coordination with AML), performance tracking, and learning integration across practices.**

The initiative was originally designed to support up to 10 Rhode Island primary care practices in a 12-month facilitator-led effort. Nine practices ultimately participated. Each practice identified a core team of up to five members, typically including a practice manager or operations lead, provider champion, medical assistant lead, nurse or nurse care manager, and additional staff as appropriate. Core team members were responsible for attending required meetings, completing assessments, participating in facilitation, and leading their practice's local improvement project.

Participating practices were required to complete a baseline assessment, develop a PDSA-based quality improvement plan, submit PDSA updates, complete a post-assessment, and participate in a final evaluation. Practices also received a $10,000 stipend tied to participation and completion of required deliverables.

III. PROJECT DESCRIPTION

Trainings Provided

Content from the Art of Medical Leadership introduced foundational concepts such as listening, ego, and leadership as the ability to guide and influence teams toward shared goals (Oran & Conard, 2014). Intentionally, the program prioritized applying these concepts within each practice. Facilitation sessions supported teams in translating concepts into concrete, sustainable changes within their individual practices. Monthly facilitation sessions, which were led by experienced CTC-RI clinical content experts, served as the primary mechanism for accountability and coaching, ensuring that practices maintained momentum and progressed through PDSA cycles.

This approach aligns with the research. Buljac-Samardzic et al. (2020) suggest that healthcare team interventions are more effective when training is paired with applied components such as, debriefing, feedback, and broader programmatic support. Similarly, psychological safety is built through consistent team behaviors and norms rather than one-time training alone (O'Donovan & McAuliffe, 2020; Kumar, 2024). OTBCC facilitated discussions and feedback from practice members on a monthly basis, allowing the problem solving and goal setting to happen at the practice level with all care team disciplines represented.

Additional training content was requested by some of the practices and included didactic skill-building in areas such as communication with attention to gender and cultural considerations, use of the SBI-F (Situation–Behavior–Impact–Future) model for delivering difficult feedback, and structured approaches to quality improvement decision-making, including use of a Feasibility Matrix to prioritize PDSA efforts.

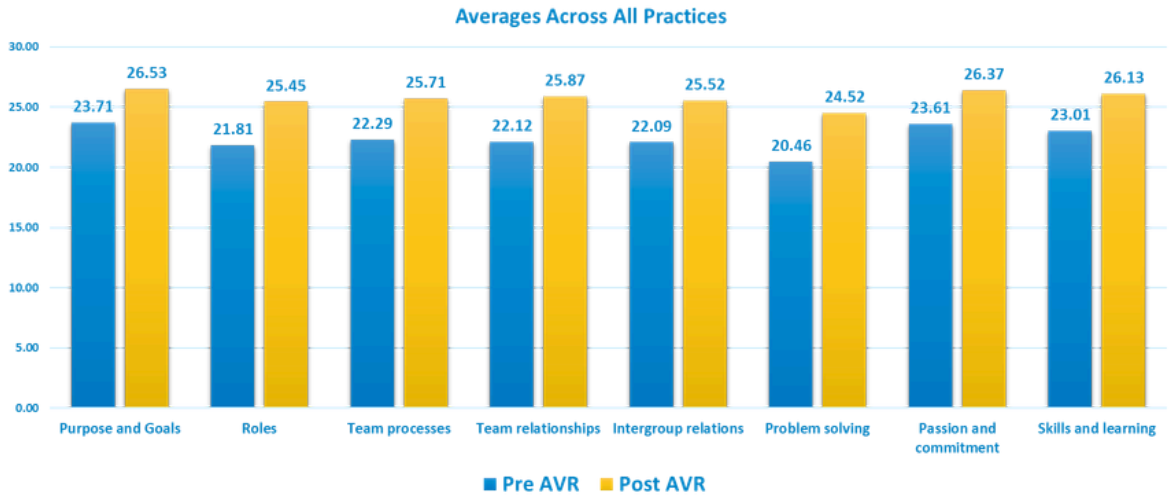
Training and facilitation were intentionally aligned with the domains assessed in the Team Effectiveness Questionnaire, and psychological safety. In addition, practice feedback during facilitation meetings guided additional training. For example, the training requested by one site focused on Turning Feedback Into Teamwork: Essential Skills for Building Safer, Stronger Care Teams and as a result of positive response was made into a recording and shared with all participating sites.

The initiative also aligned with the American Medical Association's *Joy in Work* framework (American Medical Association, 2026). The *Joy in Work* assessment areas include commitment, teamwork, efficiency, leadership, and support. With a broader focus on connecting team development efforts to workforce engagement and sustainability.

IV. OUTCOMES

Outcomes

Outcomes were measured with The Team Effectiveness Questionnaire (London Leadership Academy, n.d.). This tool measures care team members' perceptions of purpose and goals, roles, team processes, team responsibilities, intergroup relations, problem-solving, passion and commitment, and skills and learning. After calculations the highest possible score across all domains was 30.711. Scores were standardized (see below) across domains to allow for comparison of pre- and post-assessment results.



Results from the pre- and post-assessment demonstrated measurable improvements in all core domains of team functioning. The most significant gains were observed in problem solving (+4.06), team relationships (+3.74), role clarity (+3.64), and intergroup relations (+3.43). These improvements suggest that practices strengthened communication, clarified team responsibilities, and developed more effective approaches to addressing operational and clinical challenges together.

More modest changes were observed in team processes (+3.42), skills and learning (+3.12), purpose and goals (+2.82), and passion and commitment (+2.76). These domains tended to have higher baseline scores, suggesting that many participating practices entered the collaborative with an existing foundation of shared mission and commitment to patient care.

Across participating practices, improvement efforts were reinforced through individualized practice facilitation, peer learning sessions, and the opportunity to test core team designed PDSA cycles targeting practice-specific priorities. Taken together, these findings indicate that structured learning collaboratives combined with facilitation support can meaningfully strengthen team functioning in primary care settings and support practices in implementing meaningful quality improvement initiatives.

IV. OUTCOMES

Limitations

Several limitations should be considered when interpreting the results of this initiative. First, while all participating practices received monthly support from a content-expert practice facilitator, the format of these meetings varied across practices. Some facilitation sessions occurred in person, while others were conducted virtually. Differences in format may have influenced team engagement, communication dynamics, or the implementation of improvement strategies in ways that were not formally measured as part of this project. Additionally, variation in facilitator style and practice readiness may have influenced the degree of improvement observed across sites.

Second, although each practice completed a baseline Team Effectiveness Questionnaire and reviewed their results during their initial facilitation meeting, practices were given flexibility to select their own Plan-Do-Study-Act (PDSA) quality improvement initiative. This approach supported practice autonomy and allowed teams to focus on locally relevant priorities; however, it also introduced variability in the specific interventions tested across sites. As a result, improvements in team effectiveness domains cannot be directly attributed to a single standardized intervention across practices.

Finally, outcomes were measured using self-reported team effectiveness assessments, which capture perceptions of team functioning but may not fully reflect objective changes in workflow, patient outcomes, or clinical quality measures. Future initiatives may benefit from incorporating additional quantitative or clinical performance measures alongside team functioning assessments.

IV. OUTCOMES

Conclusions

This learning collaborative demonstrated that structured quality improvement initiatives focused on team-based care can support measurable improvements in team functioning within primary care practices. Through a combination of structured, clinical expert-led practice facilitation, peer learning opportunities, and the PDSA improvement model, participating teams strengthened all key domains of team effectiveness, particularly in problem solving, team relationships, role clarity, and intergroup collaboration.

The results suggest that providing practices with protected time, expert facilitation, and opportunities for shared learning can help teams collaboratively identify areas for improvement and implement practical changes to strengthen team based care. Importantly, the flexibility for practices to design improvement efforts aligned with their unique needs may have supported engagement and ownership of the work.

As primary care continues to face increasing demands related to patient complexity, workforce constraints, and care coordination, strengthening team functioning represents an important strategy for improving both care delivery and team sustainability. Initiatives such as this learning collaborative highlight the value of investing in team development and practice support as a component of broader efforts to advance high-quality, patient-centered primary care.

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V. APPENDIX

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