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Team-Based Care: A Concept Analysis

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AIM. The purpose of this concept analysis is to clarify and analyze the concept of team-based care in clinical practice.
BACKGROUND. Team-based care has garnered attention as a way to enhance healthcare delivery and patient care related to quality and safety. However, there is no consensus on the concept of team-based care; as a result, the lack of common definition impedes further studies on team-based care.
METHODS. This analysis was conducted using Walker and Avant's strategy. Literature searches were conducted using PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO, with a timeline from January 1985 to December 2015.
RESULTS. The analysis demonstrates that the concept of team-based care has three core attributes: (a) interprofessional collaboration, (b) patient-centered approach, and (c) integrated care process. This is accomplished through understanding other team members' roles and responsibilities, a climate of mutual respect, and organizational support. Consequences of team-based care are identified with three aspects: (a) patient, (b) healthcare professional, and (c) healthcare organization.
CONCLUSION. This concept analysis helps better understand the characteristics of team-based care in the clinical practice as well as promote the development of a theoretical definition of team-based care.

Introduction

Team-based care is not a new concept in the healthcare delivery system. For more than 20 years, team-based care has garnered attention as a way to enhance the delivery of safe and quality healthcare (Brindis, Rodgers, & Handberg, 2011; Mitchell et al., 2012). Complex healthcare systems, increasing rates of the aging population and chronic diseases, and higher levels of medical costs have accelerated the need for team-based care (Combes, 2012). Furthermore, as the Patient Protection and Affordable Care Act was legislated in 2010 and healthcare organizations that support the development of interprofessional practice have increased, team-based care has become more essential to improve patient outcomes and the efficiency of care delivery (Mitchell et al., 2012).

Given the importance of team-based care in health care, research on team-based care has explored the characteristics of the concept. Mitchell et al. (2012) described core principles and values of team-based health care supported by the Best Practices Innovation Collaborative of the Institute of Medicine Roundtable on Values and Science Driven Health Care. The authors proposed five core principles for team-based care: (a) shared goals, (b) clear roles, (c) mutual trust, (d) effective communication, and (e) measurable processes and outcomes. In addition, Ghorob and Bodenheimer (2015) described nine elements or characteristics of team-based care for high-performing practices: (a) a stable team structure, (b) colocation, (c) culture shift: share the care, (d) defined roles with training and skills checks, (e) standing orders/protocols, (f) defined workflows and workflow

mapping, (g) staffing ratios adequate to facilitate new roles, (h) ground rules, and (i) communication: team meetings, huddles, and minute-to-minute interaction.

Team-based care has been organized in a variety of ways depending on patient needs, patient's health conditions, and care practice settings (Reiss-Brennan, 2014; van der Marck & Bloem, 2014). For example, the size of a team may be small or large based on the patient's health conditions and the team may be located in a variety of clinical settings from the private office to the academic medical center. Moreover, team-based care models such as the Patient-Centered Medical Home (Coniglio, 2013), Disease Management Programs (DePasquale & Fonarow, 2014), and Teamlet model (Ghorob & Bodenheimer, 2015) have been developed to improve patient outcomes and efficiency of care delivery. However, although there have been attempts to examine core principles for team-based care and efforts to develop various team-based approaches, there is no consensus on the concept of team-based care. As a result, the lack of a common definition and approach can impede further studies on team-based care (Mitchell et al., 2012). Furthermore, there are no studies that thoroughly explored and analyzed attributes of the concept of team-based care or those that examined the term with a research type of concept analysis in the field of nursing.

To fill this gap, the purpose of this concept analysis is to clarify the concept of team-based care through available literature and analyze the characteristics of the concept by utilizing the concept analysis method of Walker and Avant (2005). A literature review is utilized to define the concept of team-based care. This concept analysis examines the attributes, antecedents, consequences, and empirical referents of the concept of team-based care. Three model cases—model, borderline, and contrary—are conducted to better illustrate the concept of team-based care (Walker & Avant, 2005). Finally, the implications of this concept analysis to nursing practice will be described in this concept analysis.

Methods

Concept Analysis Approach

Concept analysis is a process of investigating the structure and function of a concept and helps clarify vague concepts in nursing theory and practice. Analyzing a concept is essential for nursing theorists and researchers to establish research hypotheses and instruments for identifying relationships between the concepts (Walker & Avant, 2005). Walker and Avant's (2005) approach was utilized for this concept analysis for several reasons. First, this method provides a logical and practical process by describing various contexts to identify the characteristics of the concept. Specifically, Walker and Avant's (2005) method provides the current definition of the concept within the context, unlike Rodger's (2000) evolutionary approach, which reflects changes within time and context to define a concept. Furthermore, unlike the methods of Chinn and Jacobs (1983) and Chinn and Kramer (1991), Walker and Avant's method refines specific meaning of the concept by including antecedents, consequences, and empirical referents. Walker and Avant's method has eight procedures:

1. select a concept,
2. determine the aims or purposes of analysis,
3. identify all uses of the concept,
4. determine the defining attributes,
5. identify a model case,
6. identify additional cases,
7. identify antecedents and consequences, and
8. define the empirical referents.

The procedures to identify cases—model, borderline, and contrary—were conducted to better illustrate the attributes of the concept of team-based care; however, these cases will be not included in this paper in order to more focus on the characteristics of the concept of team-based care.

Data Collection

A keyword search was conducted using PubMed, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and PsycINFO, with a timeline from January 1985 to December 2015. The keywords, "team based care," "team based health care," "team based patient care," and "team care" were utilized for the search. Articles were included for the review if the article met the following criteria: (a) was published in English, (b) addressed team-based care, and (c) enabled or clarified the concept of team-based care by describing antecedents, attributes, and consequences. Through this search strategy, 134 articles were identified. Both titles and abstracts of each article were reviewed, and 28 articles were included. The remainder were excluded because the

inclusion criteria were not met, they were duplicate articles, or because they did not include the full text. The reference lists of the 28 identified articles were reviewed and two articles among them were added; as a result, 30 articles were identified.

Data Analysis

According to the levels of evidence in nursing and healthcare (Melnyk & Fineout-Overholt, 2011), the identified articles were screened and categorized into the following categories: systematic reviews, experimental studies, cross-sectional studies, qualitative studies, and expert opinions. The identified articles were thoroughly read twice by one author considering the context about team-based care in each article. Information on the definition, antecedents, attributes, consequences, empirical referents, and related terms of team-based care was recorded in the matrix table. This information in the table was again reviewed and analyzed to identify essential characteristics of team-based care. Characteristics of team-based care that frequently appeared in the identified articles were categorized into three themes: (a) attributes, (b) antecedents, and (c) consequences. This analysis approach yielded essential features, which identify antecedents, attributes, and consequences of the concept of team-based care (Table 1).

Results

Identify All Uses of the Concept

According to Walker and Avant (2005), dictionaries, thesauruses, and available literature can be utilized to identify uses of the concept. However the term "team-based care" could not be found in any dictionaries. As a conceptual starting point, each term "team" and "care" in general were reviewed. According to the American Heritage Dictionary (2009), *team* means "a group organized for work or activity" and *care* is defined as "attentive assistance or treatment to those in need."

Healthcare researchers attempted to define the concept of team-based care in accordance with an awareness of the importance of team-based approach in the field of health care (Mitchell et al., 2012). Most researchers have described the concept of team-based care utilizing other related terms such as team-oriented health care (Boon, Verhoef, O'Hara, & Findlay, 2004), multidisciplinary care (Cooper & Hernandez, 2015), collaborative care (Medves et al., 2010), and multispecialty care (van der Marck & Bloem, 2014).

The concept of team-based care has been defined and supported in healthcare literature. Medves et al. (2010) defined team-based care as working together with multidisciplinary healthcare professionals for better patient care by mutually respecting each member's skills and knowledge. Naylor and colleagues' (2010) definition of team-based care has been accepted in several healthcare studies (Mitchell et al., 2012; Wen & Schulman, 2014) and is as follows: "Team-based care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care" (p. 31).

In the review of the literature on team-based care approach, team-based care has been represented as focusing on personalized patient care in different clinical settings. Reiss-Brennan (2014) utilized Mental Health Integration (MHI) as a team-based care approach for patients with both mental and physical health. The MHI team includes all of the primary care physicians and support staff, as well as practice managers, mental health professionals, community advocates, the patient, and the family. The MHI team put emphasis on the patient's needs and preferences by including the patient and family as team members. MHI focused on comprehensive care to integrate mental health into primary health care. MHI also included standardized protocols about the clarification and allocation of roles and responsibilities for each team member. The protocols MHI required included ways for effective communication and shared decision-making for patient care.

Jackson et al. (1993) developed an integrated team-based care approach by connecting specialist mental health care and community-based primary care for patients with severe or chronic mental illness. Key workers of the community mental health team were two community psychiatric nurses and a social worker supplemented with an occupational therapist and a clinical psychologist. All team members including general practitioners worked closely together to understand clear roles and responsibilities. The weekly

Table 1. Antecedent, Attributes, and Consequences of Team-Based Care

Team-based care		Authors	Total
Antecedents	• Two or more team members with different professions	Brush et al. (2015), Butcher (2012), Cooper and Hernandez (2015), Dinh et al. (2015), Everett et al. (2013), Fonarow and Albert (2015), Goldberg et al. (2013), Golden and Miller (2013), Helfrich et al. (2014), Jackson et al. (1993), Jesmin et al. (2012), Marlowe et al. (2012), Medves et al. (2010), Mitchell et al (2012), Proia et al. (2014), Reiss-Brennan (2014), van der Marck and Bloem (2014), Wen and Schulman (2014), Ghorob and Bodenheimer (2015), Jacob et al. (2015), Kwong and Epstein (2015), Schoenbaum and Okun (2015), Zawora et al. (2015)	23
	• Understanding of other team members' roles and responsibilities	Brush et al. (2015), Butcher (2012), Coniglio (2013), Creaser et al. (2015), Everett et al. (2013), Goldberg et al. (2013), Jacob et al. (2015), Marlowe et al. (2012), Mitchell et al. (2012), Reiss-Brennan (2014)	10
	• Team climate of mutual respect	Brush et al. (2015), Goldberg et al. (2013), Golden and Miller (2013), Marlowe et al. (2012), Medves et al. (2010), Mitchell et al. (2012)	6
	• Organizational support	Fonarow and Albert (2015), Marlowe et al. (2012), Medves et al. (2010), Mitchell et al. (2012), Odum and Whaley-Connell (2012), Proia et al. (2014), Reiss-Brennan (2014), Zawora et al. (2015)	8
Attributes	• Interprofessional collaboration	Brush et al. (2015), Butcher (2012), Cooper and Hernandez (2015), Everett et al. (2013), Ghorob and Bodenheimer (2015), Goldberg et al. (2013), Golden and Miller (2013), Helfrich et al. (2014), Jackson et al. (1993), Jacob et al. (2015), Jesmin et al. (2012), Kovacs and Drozda (2015), Kwong and Epstein (2015), Medves et al. (2010), Mitchell et al. (2012), Odum and Whaley-Connell (2012), Reiss-Brennan (2014), Schoenbaum and Okun (2015), van der Marck and Bloem (2014), Wen and Schulman (2014), Zawora et al. (2015)	21
	• Patient-centered approach	Berry and Beckham (2014), Butcher (2012), Cooper and Hernandez (2015), Fonarow and Albert (2015), Goldberg et al. (2013), Golden and Miller (2013), Helfrich et al. (2014), Jackson et al. (1993), Marlowe et al. (2012), Mitchell et al. (2012), Odum and Whaley-Connell (2012), Proia et al. (2014), van der Marck and Bloem (2014), Wen and Schulman (2014)	14

(*Continued*)

Table 1. Continued

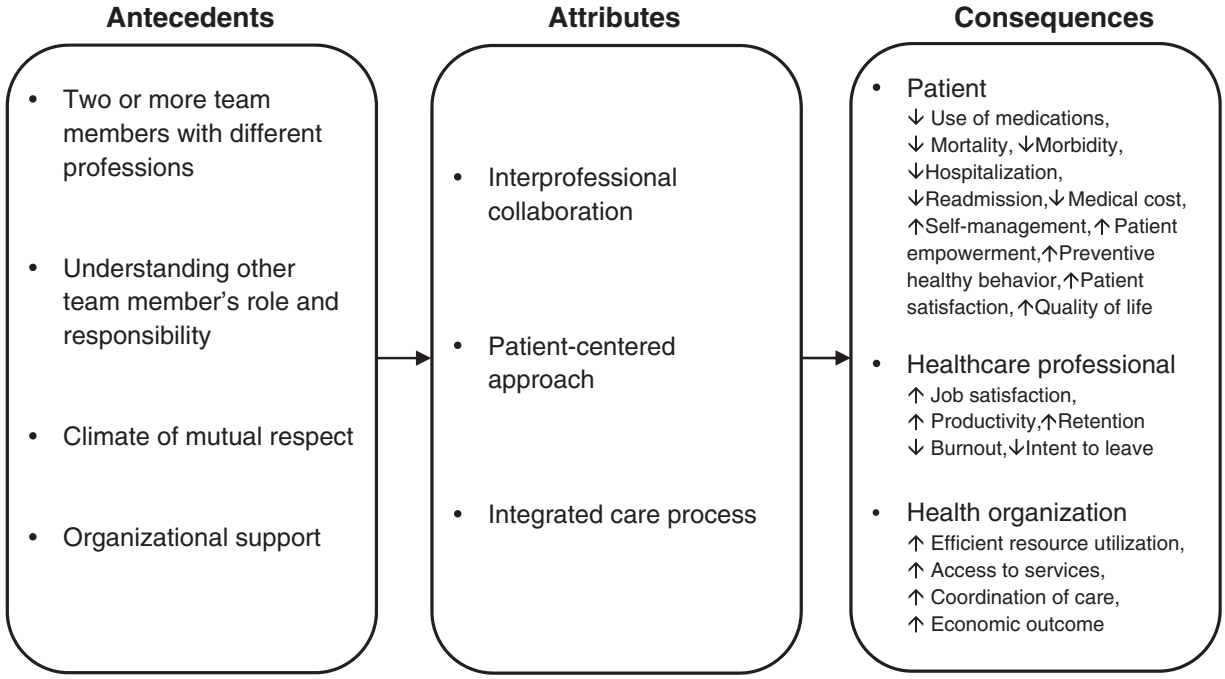
Team-based care		Authors	Total
	• Integrated care process	Berry and Beckham (2014), Cooper and Hernandez (2015), Creaser et al. (2015), Fonarow and Albert (2015), Goldberg et al. (2013), Helfrich et al. (2014), Jackson et al. (1993), Jesmin et al. (2012), Marlowe et al. (2012), Mitchell et al. (2012), Proia et al. (2014), Reiss-Brennan (2014), van der Marck and Bloem (2014), Wen and Schulman (2014), Jacob et al. (2015), Kwong and Epstein (2015), Schoenbaum and Okun (2015), Zawora et al. (2015)	18
Consequences	• Patient outcomes	Brindis et al. (2011), Brush et al. (2015), Coniglio (2013), Cooper and Hernandez (2015), Creaser et al. (2015), Dinh et al. (2015), Fonarow and Albert (2015), Goldberg et al. (2013), Jackson et al. (1993), Jesmin et al. (2012), Mitchell et al. (2012), Odum and Whaley-Connell (2012), Proia et al. (2014), Reiss-Brennan (2014), van der Marck and Bloem (2014), Wen and Schulman (2014), Jacob et al. (2015), Kwong and Epstein (2015), Zawora et al. (2015)	19
	• Healthcare professional outcomes	Brindis et al. (2011), Cooper and Hernandez (2015), Dinh et al. (2015). Zawora et al. (2015), Goldberg et al. (2013), Helfrich et al. (2014), Marlowe et al. (2012), Proia et al. (2014)	8
	• Health organization outcomes	Brindis et al. (2011), Butcher (2012), Ghorob and Bodenheimer (2015), Jacob et al. (2015), Jesmin et al. (2012), Kovacs and Drozda (2015), Mitchell et al. (2012), Reiss-Brennan (2014)	8

allocation and review meetings were fundamental for team collaboration.

van der Marck and Bloem (2014) also addressed characteristics of the team-based care approach for patients with Parkinson's disease (PD). The team-based care was an individual-tailored approach based on patient perspectives. The team for team-based care consisted of medical and nonmedical staff. Standard team members were a movement disorders specialist, a PD nurse, and a physiotherapist supplemented with other team members. Through regular team meetings, all team members decided on a patient care plan using consensus and shared decision-making. They also used multidisciplinary regional networks in the community to provide health care in the patient's home.

Furthermore, team-based care has been widely studied for patients with hypertension, diabetes, heart failure, renal diseases, and cancer (Coniglio, 2013; Cooper & Hernandez, 2015; Creaser et al., 2015; Odum & Whaley-Connell, 2012). Numerous studies have examined the effectiveness of team-based care on patient satisfaction, patient health outcomes, healthcare team functioning, job satisfaction, economic outcome, and so on (Brindis et al., 2011; Cooper & Hernandez, 2015; Jesmin, Thind, & Sarma, 2012; Kwong & Epstein, 2015; Reiss-Brennan, 2014).

Figure 1. Antecedents, Attributes, and Consequences of Team-Based Care



Determine the Defining Attributes

According to Walker and Avant (2005), determining the defining attributes of the concept is an important step to clarify and refine the concept. The attributes of this analysis were identified by characteristics that frequently appeared through in-depth reviews and analyses of relevant articles about team-based care. Three key attributes were identified for the concept of team-based care: (a) interprofessional collaboration, (b) patient-centered care, and (c) integrated care process (Figure 1).

Interprofessional collaboration. Collaboratively working together in a healthcare team with multidisciplinary healthcare professionals is the most frequently acknowledged attribute of team-based care utilized to improve the quality of care and patient health outcomes (Kwong & Epstein, 2015; Medves et al., 2010; Mitchell et al., 2012; Reiss-Brennan, 2014; Schoenbaum & Okun, 2015; van der Marck & Bloem, 2014). As healthcare delivery systems for patient care become more complex, more interdependent relationships between team members are required. That is, because a single healthcare professional cannot offer the highest quality of care without the collaboration among and between team members from different professional backgrounds, interprofessional collaboration in a healthcare team is needed for better patient care and system outcomes (Mitchell et al., 2012).

Patient-centered approach. Team-based care provides individual-tailored care by placing patients in the center of health care (Berry & Beckham, 2014; Golden & Miller, 2013; Proia et al., 2014). Patients, families, and caregivers are included as team members in the healthcare team. Respecting the perspectives of patient and family as team members is an essential factor of team-based care because their participation in the healthcare team plays a pivotal role in developing shared goals for patient care (Mitchell et al., 2012). Thus, team-based care helps provide the opportunity to make the best decision for health care. Moreover, team-based care enables healthcare professionals to offer patient-centered care based on patient's needs and perspectives (Proia et al., 2014; van der Marck & Bloem, 2014). In other words, team-based care provides personalized patient care by allowing healthcare professionals more time to assess and manage critical patient care (Proia et al., 2014). Furthermore, the involvement in the process of shared

decision-making encourages patients to improve their self-efficacy and self-management (van der Marck & Bloem, 2014).

Integrated care process. In the light of complex and fragmented healthcare delivery systems, integrated care process is an important attribute of team-based care to improve patient outcomes. In fact, *integrated care process* has no specific definition, but implementing team-based care involves integrated care processes to effectively deliver patient health care using a comprehensive approach. Integrated care process is necessary for the incorporation of multidisciplinary professionals in the team in order to effectively manage large amounts of information and handoffs, as well as to achieve consensus on the care plan (Marlowe, Manusov, & Teasley, 2012; Proia et al., 2014; van der Marck & Bloem, 2014). Moreover, integrated care process as an attribute of team-based care helps connect healthcare resources between primary care and specialty care, or between clinic-based care and community-based care to improve current health conditions as well as manage the continuity of patient care (Boon et al., 2004; Cooper & Hernandez, 2015; Jesmin, Thind, & Sarma, 2012; Odum & Whaley-Connell, 2012; Schoenbaum & Okun, 2015; van der Marck & Bloem, 2014). Furthermore, integrated care process is required for a healthcare team to organize patient's needs and available healthcare services within a regionalized healthcare system to support patient care (Creaser et al., 2015; Jesmin et al., 2012; Odum & Whaley-Connell, 2012; Proia et al., 2014; Zawora, O'Leary, & Bonat, 2015).

Identify Antecedents and Consequences

Walker and Avant (2011) defined antecedents as "events or incidents that must occur prior to the occurrence of the concept" (p. 167). In order to achieve team-based care, the following antecedents are required: (a) two or more team members with different professions, (b) understanding of other team member's role and responsibility, (c) team climate of mutual respect, and (d) organizational support. First, in order to implement team-based care in the clinical setting, the participation of two or more team members with different disciplines is fundamentally required to collaboratively work together (Helfrich et al., 2014; Kwong & Epstein, 2015; Medves et al., 2010; Mitchell et al., 2012; van der Marck & Bloem, 2014). The literature demonstrates that understanding the roles and responsibilities of each team member is an important antecedent for effective team-based care because healthcare professionals on the team have different and specific skills and knowledge (Coniglio, 2013; Mitchell et al., 2012). Furthermore, a climate of mutual respect is an antecedent of team-based care because mutual respect in a hierarchical healthcare setting allows team members to enhance the quality of communication and relationships, thereby improving patient outcomes (Marlowe et al., 2012). In terms of organizational support, team trainings to conduct effective team-based care are required for healthcare professionals to better understand core values and principles of team-based care (Ghorob & Bodenheimer, 2015; Kovacs & Drozda, 2015; Marlowe et al., 2012; Mitchell et al., 2012). Establishing a standardized care protocol as organizational support is also an essential factor to ensure team-based care (Ghorob & Bodenheimer, 2015; Kovacs & Drozda, 2015; Medves et al., 2010; Reiss-Brennan, 2014).

According to Walker and Avant (2011), consequences are defined as "those events or incidents that occur as a result of the occurrence of the concept" (p. 167). Consequences have been identified with three aspects: (a) patient, (b) healthcare professional, and (c) healthcare organization. Patient outcomes as the most frequently acknowledged consequence of team-based care are described in the identified 19 articles (Table 1). The literature revealed that team-based care helps decrease the use of medications, the rates of mortality, morbidity, hospitalization, readmission, and medical cost as well as improves self-management, patient empowerment, preventive healthy behavior, patient satisfaction, and quality of life (Cooper & Hernandez, 2015; Creaser et al., 2015; Goldberg, Beeson, Kuzel, Love, & Carver, 2013; Kwong & Epstein, 2015; Reiss-Brennan, 2014). Furthermore, healthcare professionals who implement team-based care may experience enhanced job satisfaction, productivity, and retention as well as decreased burnout and intent to leave (Brindis et al., 2011; Cooper & Hernandez, 2015; Goldberg et al., 2013). Finally, team-based care has a great effect for healthcare organizations on more efficient resource utilization, better access to services, increased coordination of care, and improved economic outcome (Brindis et al., 2011; Mitchell et al., 2012; Reiss-Brennan, 2014).

Empirical Referents

According to Walker and Avant (2011), empirical referents are "classes or categories of actual phenomena that by their existence or presence demonstrate the occurrence of the concept itself" (p. 168) and can be useful in developing research instruments on the basis of theoretical analysis of the concept. Empirical referents are associated with a way to measure the defining attributes of the concept analysis, not the means for measuring the entire concept itself.

Numerous studies have measured the team-based care approach in a variety of ways (Goldberg et al., 2013; Helfrich et al., 2014; Proia et al., 2014). In fact, most measures for team-based care have utilized instruments related to teamwork in healthcare; in particular, those measures fall largely into two categories: (a) team processes/outcomes and (b) team functioning (Mitchell et al., 2012). For this reason, many instruments did not fully measure core attributes of the concept of team-based care as identified in this analysis. Instead, those instruments focused more on antecedents, the effects of the antecedents, and consequences of team-based care in this analysis (Goldberg et al., 2013; Helfrich et al., 2014; Jacob et al., 2015; Jesmin et al., 2012; Mitchell et al., 2012). For example, Helfrich et al. (2014) assessed team processes using the Survey of Organizational Attributes of Primary Care (SOAP-C), which consists of four scales: communication, conflict, participatory decision-making, and a stressful work environment. The authors also evaluated team effectiveness measuring healthcare professionals' competency and confidence to implement team-based care. Similarly, Goldberg et al. (2013) assessed team-based quality improvement on clinical performances, interactions between other team members, and patient safety. Although empirical referents have used various instruments to measure team-based care, there are few current instruments with robust validation and frequent application to healthcare teams (Mitchell et al., 2012). Therefore, more research is needed to refine current instruments and develop measures based on theoretical foundations of team-based care.

Implications

With the emergence of new healthcare legislation and the support of healthcare organizations for effective interprofessional practice, a clear and common understanding of the concept of team-based care is required to enhance healthcare outcomes. To do this, it is imperative that the concept of team-based care be thoroughly analyzed through the synthesis of literature related to team-based care. This analysis helps establish a theoretical understanding of the concept of team-based care in nursing practice by providing attributes, antecedents, consequences, and empirical referents of team-based care. In particular, this paper encourages healthcare professionals including nurses to pursue effective team-based care in the workplace. Moreover, this paper provides the opportunity to extend the body of knowledge on nursing theory and practice.

Nevertheless, there are several limitations in this concept analysis. First, the identified articles in this concept analysis were reviewed and analyzed by only one author; thus, there could be some bias in determining attributes, antecedents, and consequences of the concept of team-based care. Second, most articles that were collected in this concept analysis were limited to western countries; thus, this concept analysis has a somewhat limited scope of literature.

Conclusion

The aim of this concept analysis was to clarify the concept of team-based care through a systematic review of the literature utilizing the concept analysis method of Walker and Avant (2005). This analysis identified attributes, antecedents, consequences, and empirical referents of team-based care. This concept analysis helps better understand the characteristics of team-based care in clinical practice as well as promote the development of a theoretical definition of team-based care. The result ultimately helps extend the body of knowledge on nursing theory, education, and practice.

References

American Heritage Dictionary. (2009). *The American heritage dictionary of the English language* (4th ed.). New York: Houghton Mifflin Company.

Berry, L. L., & Beckham, D. (2014). Team-based care at Mayo Clinic: A model for ACOs. *Journal of Healthcare Management, 59*(1), 9–13.

Boon, H., Verhoef, M., O'Hara, D., & Findlay, B. (2004). From parallel practice to integrative health care: A conceptual framework. *BMC Health Services Research, 4*, 15. doi:10.1186/1472-6963-4-15

Brindis, R., Rodgers, G. P., & Handberg, E. M. (2011). President's page: Team-based care: A solution for our health care delivery challenges. *Journal of the American College of Cardiology*, *57*(9), 1123–1125.

Brush, J. E., Handberg, E. M., Biga, C., Birtcher, K. K., Bove, A. A., Casale, P. N., … Rodgers, G. P. (2015). 2015 ACC health policy statement on cardiovascular team-based care and the role of advanced practice providers. *Journal of the American College of Cardiology*, *65*(19), 2118–2136.

Butcher, L. (2012). Making care teams work. Tough to implement, team-based care can reduce costs and improve quality. *Trustee: The Journal for Hospital Governing Boards*, *65*(5), 13–16.

Chinn, P. L., & Jacobs, M. K. (1983). *Theory and nursing: A systematic approach*. St. Louis, MO: C.V. Mosby.

Chinn, P. L., & Kramer, M. K. (1991). *Theory and nursing: A systematic approach*. St. Louis, MO: Mosby Yearbook.

Combes, J. R. (2012). Team-based health care delivery: Lessons from the field. *H&HN: Hospitals & Health Networks*, *86*(2), 12–12.

Coniglio, D. (2013). Collaborative practice models and team-based care in oncology. *Journal of Oncology Practice*, *9*(2), 99–100. doi:10.1200/JOP.2012.000859

Cooper, L. B., & Hernandez, A. F. (2015). Assessing the quality and comparative effectiveness of team-based care for heart failure: Who, what, where, when, and how. *Heart Failure Clinics*, *11*(3), 499–506. doi:10.1016/j.hfc.2015.03.011

Creaser, J. W., DePasquale, E. C., Vandenbogaart, E., Rourke, D., Chaker, T., & Fonarow, G. C. (2015). Team-based care for outpatients with heart failure. *Heart Failure Clinics*, *11*(3), 379–405. doi:10.1016/j.hfc.2015.03.004

DePasquale, E. C., & Fonarow, G. C. (2014). Heart failure: The expert's approach. In *A practical guide for reducing readmissions in heart failure* (pp. 183–192). Delhi: Jaypee Brothers Medical Publishers.

Dinh, M. M., Green, T. C., Bein, K. J., Lo, S., Jones, A., & Johnson, T. (2015). Emergency department clinical redesign, team-based care and improvements in hospital performance: A time series analysis. *Emergency Medicine Australasia*, *27*(4), 317–322.

Everett, C. M., Thorpe, C. T., Palta, M., Carayon, P., Gilchrist, V. J., & Smith, M. A. (2013). Division of primary care services between physicians, physician assistants, and nurse practitioners to older patients with diabetes. *Medical Care Research and Review*, *70*(5), 531–541. doi:10.1177/1077558713495453

Fonarow, G. C., & Albert, N. M. (2015). Team-based care for heart failure. In *An issue of heart failure clinics* (Vol. 11, No. 3). Elsevier Health Sciences.

Ghorob, A., & Bodenheimer, T. (2015). Building teams in primary care: A practical guide. *Families, Systems & Health*, *33*(3), 182–192. doi:10.1037/fsh0000120

Goldberg, D. G., Beeson, T., Kuzel, A. J., Love, L. E., & Carver, M. C. (2013). Team-based care: A critical element of primary care practice transformation. *Population Health Management*, *16*(3), 150–156. doi:10.1089/pop.2012.0059

Golden, A., & Miller, K. P. (2013). Championing truly collaborative team-based care. *Annals Internal Medicine*, *159*(9), 642–643.

Helfrich, C. D., Dolan, E. D., Simonetti, J., Reid, R. J., Joos, S., Wakefield, B. J., … Nelson, K. (2014). Elements of team-based care in a patient-centered medical home are associated with lower burnout among VA primary care employees. *Journal of General Internal Medicine*, *29*(2), 659–666. doi:10.1007/s11606-013-2702-z

Jackson, G., Gater, R., Goldberg, D., Tantam, D., Loftus, L., & Taylor, H. (1993). A new community mental health team based in primary care: A description of the service and its effect on service use in the first year. *British Journal of Psychiatry*, *162*, 375–384.

Jacob, V., Chattopadhyay, S. K., Thota, A. B., Proia, K. K., Njie, G., Hopkins, D. P., … Community Preventive Services Task Force. (2015). Economics of team-based care in controlling blood pressure: A community guide systematic review. *American Journal of Preventive Medicine*, *49*(5), 772–783.

Jesmin, S., Thind, A., & Sarma, S. (2012). Does team-based primary health care improve patients' perception of outcomes? Evidence from the 2007-08 Canadian Survey of Experiences with Primary Health. *Health Policy*, *105*(1), 71–83.

Kovacs, R. J., & Drozda, J. P. (2015). The changing face of team care, and a challenge for the future. *Journal of the American College of Cardiology*, *65*(19), 2137–2139.

Kwong, J., & Epstein, R. (2015). Expanding capacity for hepatitis C treatment in the United States: Team-based care and use of nonphysician providers. *Journal of the International Association of Providers of AIDS Care*, *14*(2), 112–115.

Marlowe, D. P., Manusov, E. G., & Teasley, D. (2012). A team-building model for team-based care. *Family Practice Management*, *19*(6), 19–22.

Medves, J., Godfrey, C., Turner, C., Paterson, M., Harrison, M., MacKenzie, L., & Durando, P. (2010). Systematic review of practice guideline dissemination and implementation strategies for healthcare teams and team-based practice. *International Journal of Evidence-Based Healthcare*, *8*(2), 79–89.

Melnyk, B. M., & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing and healthcare: A guide to best practice*. Philadelphia: Lippincott, Williams & Wilkins.

Mitchell, P., Wynia, M., Golden, R., McNellis, B., Okun, S., Webb, C. E., … Rohrback, V. (2012). *Core principles & values of effective team-based health care*. Discussion Paper, Institute of Medicine, Washington, DC. Retrieved from www.iom.edu/tbc

Naylor, M. D., Coburn, K. D., Kurtzman, E. T., Prvu Bettger, J. A., Buck, H., Van Cleave, J., & Cott, C. A. (2010). Inter-professional team-based primary care for chronically ill adults: State of the science. In *Unpublished white paper presented at the ABIM foundation meeting to advance team-based care for the chronically ill in ambulatory settings*. Philadelphia, PA.

Odum, L., & Whaley-Connell, A. (2012). The role of team-based care involving pharmacists to improve cardiovascular and renal outcomes. *Cardiorenal Medicine*, *2*(4), 243–250.

Proia, K. K., Thota, A. B., Njie, G. J., Finnie, R. C., Hopkins, D. P., Mukhtar, Q., ... Cooksey, T. (2014). Team-based care and improved blood pressure control: A community guide systematic review. *American Journal of Preventive Medicine*, *47*(1), 86–99. doi:10.1016/j.amepre.2014.03.004

Rodgers, B. L. (2000). *Concept analysis: An evolutionary view (Concept development in nursing: Foundations, techniques and applications)* (2nd ed.). Philadelphia: Saunders.

Reiss-Brennan, B. (2014). Mental health integration: Normalizing team care. *Journal of Primary Care Community Health*, *5*(1), 55–60.

Schoenbaum, S. C., & Okun, S. (2015). High performance team-based care for persons with chronic conditions. *Israel Journal of Health Policy Research*, *4*, 1–4.

van der Marck, M. A., & Bloem, B. R. (2014). How to organize multispecialty care for patients with Parkinson's disease. *Parkinsonism Related Disorders*, *20*(Suppl. 1), S167–S173.

Walker, L. O., & Avant, K. C. (2005). *Strategies for theory construction in nursing* (4th ed.). Upper Saddle River, NJ: Pearson Education.

Walker, L. O., & Avant, K. C. (2011). *Strategies for theory construction in nursing* (5th ed.). Upper Saddle River, NJ: Pearson Education.

Wen, J., & Schulman, K. A. (2014). Can team-based care improve patient satisfaction? A systematic review of randomized controlled trials. *PLoS ONE*, *9*(7), e100603. doi:10.1371/journal.pone.0100603

Zawora, M. Q., O'Leary, C. M., & Bonat, J. (2015). Turning team-based care into a winning proposition. *Journal of Family Practice*, *64*(3), 159–165.