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Patient Perspectives Resource 8:
What Patients Want Health Care Teams to Know

NEO QI Hub
NORTHEAST OHIO QUALITY IMPROVEMENT HUB

Team-Based Care

Developed April 2026 with input from members of the NEO QI Hub Patient Advisory Council to help health care teams provide more patient-centered diabetes care.

Defining and Structuring the Care Team

Try This:

- Clearly defining who is part of the care team
- Explaining each member's role and responsibility
- Presenting the team as a cohesive unit

Instead of This:

- Assuming patients understand team structure
- Leaving roles ambiguous
- Including disengaged providers who are not perceived as part of the team

Coordination and Continuity of Care

Try This:

- Ensuring active coordination across providers
- Maintaining continuity through follow-up and shared communication
- Aligning care plans across disciplines

Instead of This:

- Allowing siloed care
- Creating gaps during transitions (e.g., post-surgery, referrals)
- Relying on patients to coordinate their own care

Patient Inclusion in the Care Team

Try This:
- Treating patients as active team members
- Engaging patients in decision-making
- Tailoring care approaches to individual needs

Instead of This:
- Treating patients as passive recipients
- Ignoring patient perspectives
- Applying rigid, one-size-fits-all approaches

Communication

Try This:
- Maintaining clear, consistent communication across providers
- Reinforcing communication at multiple touchpoints
- Introducing patients to team members

Instead of This:
- Allowing inconsistent or conflicting messaging
- Failing to connect patients with the broader team
- Depending solely on brief visits for communication

Patient Orientation

Try This:
- Introducing team-based care early (e.g., at diagnosis)
- Using structured tools (e.g., handouts, directories, portals)
- Combining verbal and written education

Instead of This:
- Overwhelming patients without clear guidance
- Providing only one-time explanations
- Delaying introducing the care team

Role of Support Systems

Try This:

- Integrating patient advocates and support roles
- Leveraging multidisciplinary expertise
- Providing ongoing support and troubleshooting

Instead of This:

- Limiting care to physician-only interactions
- Overlooking non-clinical contributors
- Ignoring barriers to accessing support roles

System Support and Community Partnerships

Try This:

- Maintaining up-to-date information about available community programs and organizational resources
- Communicating operational changes that affect patients and advocates
- Strengthening partnerships between health care organizations and community agencies

Instead of This:

- Allowing outdated resource information to remain in circulation
- Overlooking operational changes that may affect patient access or participation
- Working in isolation from community organizations

This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit NEOQIHub.org.

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