

PERSPECTIVE: PART II

THE TWO PIZZA TEAM IN PRIMARY CARE

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“**W**ould an available resident please pick up the phone?” comes the overhead page in our residency clinic, reminiscent of the overhead announcements in a supermarket. I imagine a patient holding on the line, eager to ask a question, obtain medical advice, or seek reassurance. I imagine that patient might expect that the person who picks up that phone would quickly know them, understand his history, be able to speak with him from a place of knowledge. Despite the best of intentions, I imagine this does not happen when the “available resident” picks up the phone.

Like many large residency programs, our ambulatory care clinic has traditionally been busy and chaotic. Like many large residency clinics, we care for a complex patient care panel – under or uninsured, with social determinants (financial, language, job stress, food insecurity, low health literacy) that significantly impact health status, particularly when it comes to chronic illness. As residency programs grow, the clinics can become huge “factories” of primary care. In our largest clinic, we have approximately sixty residents, rotating through the space twelve at a time. We have a central hub for residents and faculty to work together in a sizeable group. We have multiple staff members around the hub in the practice who are there to assist in providing care to our patients, including health psychologists, social workers, pharmacists, front desk staff, medical assistants, and nurses. We have a complete team.

Yet, when we polled our resident physicians about the primary care “team”, very few of them described working with this robust staff in any meaningful way.¹ We had all of the ingredients for a high functioning primary care team, but something wasn’t working. Very few of our residents would describe their clinic experience as inspiring, or rewarding, despite the unique opportunity that primary care providers have to establish strong, continuous relationships with patients to improve health. Aligning with national trends,² very few of our residents would be so bold as to choose to become a primary care physician after spending three years in our clinic, despite an abundance of evidence that primary care providers improve the

health of populations.³

Enter Amazon. We couldn’t request two-day delivery of a high-functioning interprofessional team with our Prime account, but we could borrow a concept from Jeff Bezos, Amazon’s founder and CEO: The Two Pizza Team:

One of Bezos’s more memorable behind-the-scenes moments came during an off-site retreat, says Risher. “People were saying that groups needed to communicate more. Jeff got up and said, ‘No, communication is terrible!’ ” The pronouncement shocked his managers. But Bezos pursued his idea of a decentralized, disentangled company where small groups can innovate and test their visions independently of everyone else. He came up with the notion of the “two-pizza team”: If you can’t feed a team with two pizzas, it’s too large. That limits a task force to five to seven people, depending on their appetites.⁴

“Communication is terrible”? This is the antithesis of primary care—but wait. The communication systems we had set up in our clinic were terrible. We had multiple team members coming to work every day with the goal of providing great care to patients. But the effort to communicate between the players was so much that it wasn’t happening. Team members didn’t even realize they were working together. Overhead pages were the norm, as were electronic messages sent from one side of the room to another. I see Bezos’s point—needing to put effort into communication is terrible—it should be easy to know your team, understand your team, talk to your team. Team Based care, role identification, and engagement are important tenants of patient centered care, and we were missing out.

In an effort to address these concerns, we downsized. We took a funding opportunity from HRSA’s Primary Care Training Enhancement Grant and created a new smaller clinic team within our existing practice. We left the large central hub in the office in favor of an admittedly cramped space. We shrunk the number of residents on

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the team to two, arranged the faculty schedules to align with the clinic weeks of those two residents, and, most importantly, moved a medical assistant and a traditional “front desk” person into the room with us. Core team of five. Believing in both interprofessional collaborative care and interprofessional education, we invited other team members in that we knew would enhance the learning of our residents and the care of our patients. When they are with us, we cram into the room. Three years later, we are a pretty close team, both literally (have I mentioned the cramped room?) and figuratively.

We are now much nearer to the Two Pizza Team (maybe three?) that Jeff Bezos described. We care for the same complex patients we did in the traditional clinic model, but we are able to innovate to provide patient centered care. Our residents are now

very much aware of the benefits to patients of working alongside pharmacists and behavioral health providers. Provider and patient continuity has improved and far outpaced that of the traditional side of the clinic. Our preventive care measures are higher. Our patient no show rate is lower. We know our patients better.

Getting back to that patient on the phone, waiting for “an available resident” to pick up and speak to them, as a patient, I imagine it would be reassuring to know that your care team sits down, discusses the complexities of your health, and innovates your care (maybe over a pizza or two). Seems like a better option than “any available resident.”

References

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