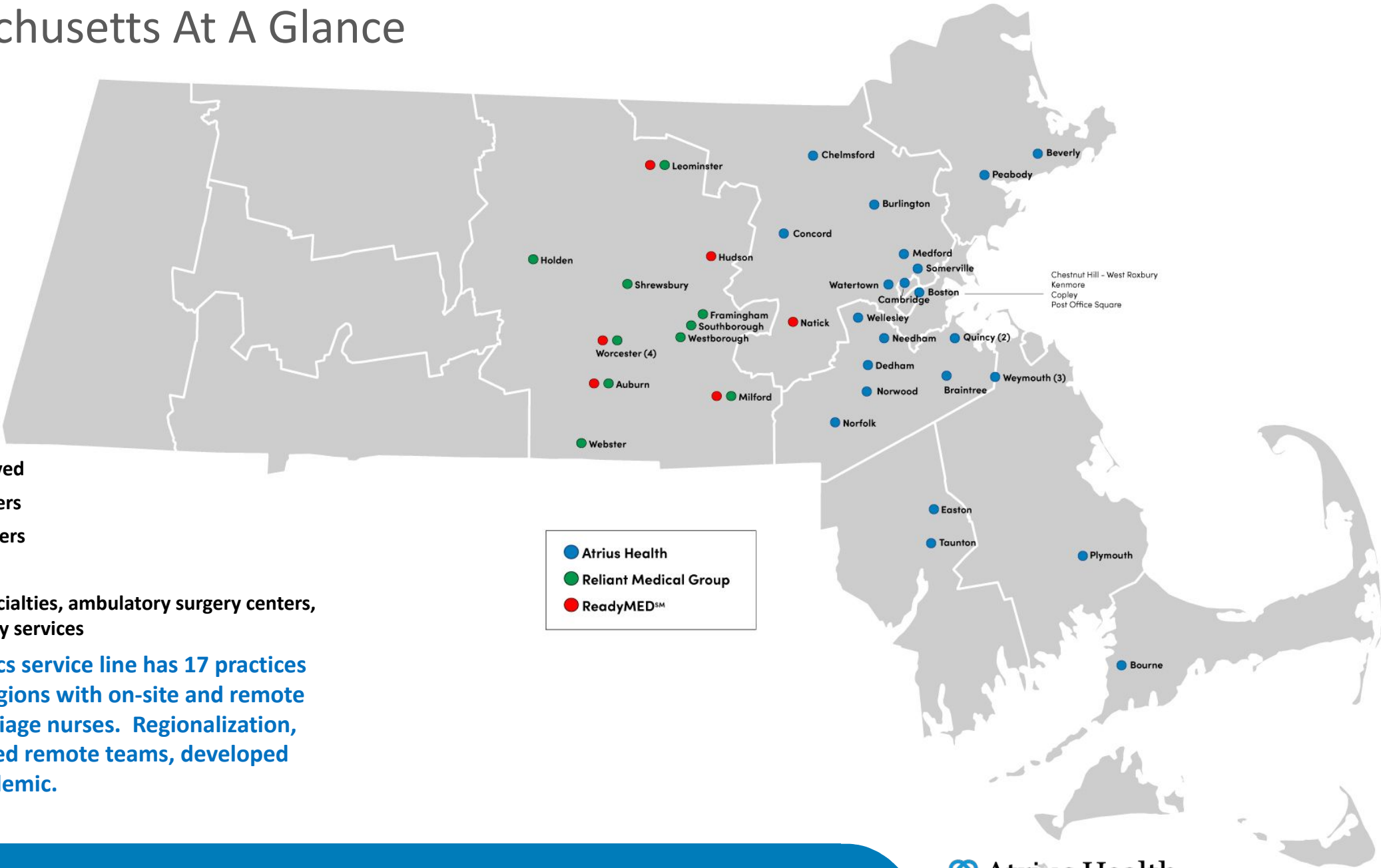


# Relational Coordination Huddles and Boundary Spanners for Better Outcomes

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Presentation to RC Roundtable  
November 8, 2025



# Optum Massachusetts At A Glance



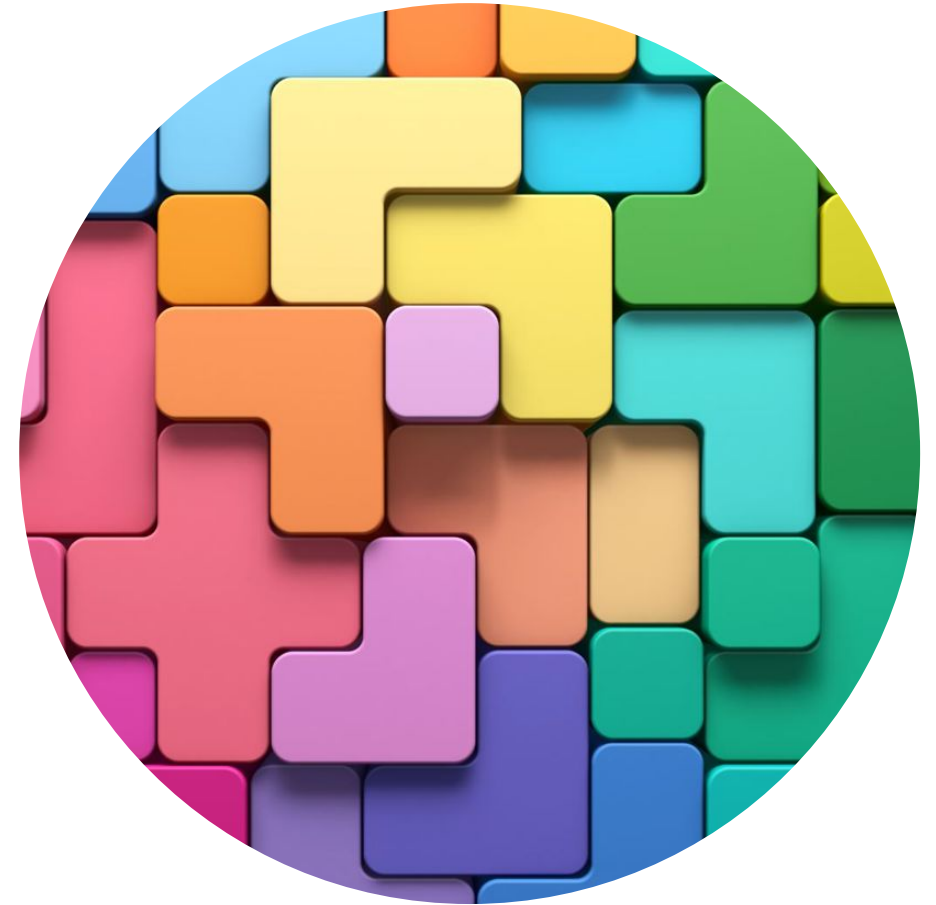
- 1 million + patients served
- 1,400 employed providers
- 7,000 total team members
- 40 service locations
- Primary Care, most specialties, ambulatory surgery centers, ancillaries and same-day services

Atrius Health pediatrics service line has 17 practices organized into four regions with on-site and remote call center staff and triage nurses. Regionalization, including newly created remote teams, developed during the Covid pandemic.

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# Context For Relational Coordination (RC) Huddles

- Introduced as a **framework to address challenges that arose during implementation of a regional model** (including remote staff) that resulted in lack of familiarity, diminished working relationships, weakened communication and sharing of standard work.
- **Regional RC huddles with boundary spanner in facilitator role created structure to allow cross-functional and disparate teams to “meet”** with goals of improving communication, sharing knowledge, problem-solving, and enhancing common understanding and respect. Agenda items requested in advance of huddle.
- **Boundary spanner is the “glue” for the regional participants:** Physicians, Advanced Practice Clinicians, administrative leaders, site supervisors, nursing leaders and remote/on-site nurses, site support staff, remote call center staff, care facilitators, and case managers.
- Each discipline formed part of a “puzzle” that needed an **organized, timely approach to address a myriad of issues including employee changes, operational issues, new workflows and initiatives, and staff recognition.**
- RC Huddles have resulted in **measurable improvement in relational gaps**. By fostering **shared ownership of objectives**, teams have cultivated a structure which engages each discipline.



# Job Design for Boundary Spanner



- ✓ The boundary spanner job is to integrate the work of other people around a customer, process or project.
- ✓ Boundary spanners build understanding between areas of expertise and add the most value when existing boundaries are most divisive.
- ✓ **Boundary spanners ensure space that is non-defensive, non-judgmental**
- ✓ Boundary spanners support positive relational coordination when there is sufficient staffing to given the spanner time needed to engage in relational practice
- ✓ Boundary spanner keeps everyone on track resulting in significant payoffs in efficiency, quality performance, improved outcomes, and team satisfaction.

**The objective is to advance in other service lines and regions. The key is to identify and develop new boundary spanners to support growth and sustainability. Interested staff learn through observation/ participation and are coached and supported as they develop skills for this role.**

# RC Huddle Agenda: 20 Minutes/2x a Month per Region



## Boundary Spanner

- Team Building and Recognition
- Issue Identification
- Root Cause Analysis of Concerns
- Cascading Information
- Closing Loop with Reporters
- Standard Work Enhancements
- Best Practices

| Meeting Title |                                |
|---------------|--------------------------------|
| Meeting Title | Relational Coordination Huddle |
| Date          |                                |
| Date          |                                |
| Teams Info:   |                                |
| Teams Info:   |                                |
| Time          |                                |
| Time          | 12:40-1:00PM                   |

| Topic                                                                             | Purpose/Discussion | Owner(s) |
|-----------------------------------------------------------------------------------|--------------------|----------|
| Changes in team staff/<br>Introductions                                           |                    |          |
| Open Discussion on<br>Current Trending Issues                                     |                    |          |
| Operational Challenges/<br>Recommendations                                        |                    |          |
| New Workflows/Service<br>Line Updates                                             |                    |          |
| Parking Lot<br><a href="#">Workgroup Formed to address<br/>Parking Lot Topics</a> |                    |          |
| Shout Outs                                                                        |                    |          |

### Huddle Minute Attachments

- Call Center Regional Monthly Metrics
- Patient Experience Survey Comments
- New Standard Work
- Service Line Updates/Announcements

3x/year RC Huddle dedication to all team brief introductions with "ice-breakers"

Open Discussion  
in  
Current/Trending  
Issues

### Travel Medicine

[Travel Medicine pilot planned for spread to the three other Pedi Regions in August 2025. More details to follow!](#)

### Vanderbilt Form Standard Work Review

[The Vanderbilt ADHD Diagnostic Rating Scale is validated for ages 6 to 12. The Vanderbilt Form is requested prior to appointment booking for those ages 6 to 12 years of age. For those under 6 or 13+ years, PSR will book an in-person office visit or video visit with PCP for extended time with ADHD Consult as Reason for Call. Provider will make decision on how to proceed with any forms for this patient population.](#)

### Video Visits

PSRs receiving calls from patients when provider running late (15-20 minutes+) for their scheduled video visit. Is there a site workflow to scrub schedules and outreach to patients who may need to wait to alert them that provider is running late and to please hold?

### Patient Rescheduling

When patients need to be rescheduled due to provider out of office, site staff will contact and may not reach and need to leave message for call back. PSRs are seeing variability in documentation in the appointment notes or in chart review notation encounter (or no evidence that there was outbound call). Request is for consistent location of documentation in the appointment note including attempt to reach patient with request for call back and needed time frame for rescheduled appointment. Would also be helpful if date and initials are in documentation.

### Patient Transition to IMFM Reminder

Questions regarding process for patient transition to IMFM. Workflow below remains in effect. Question of review of patients with not-assigned PCP. Is there a workflow to address so can have PCP identified on Storyboard. As well, issue raised of patients who do not change PCP while in office and transition therefore does not get addressed – request to update SW.

All sites should be working to transition non-complex young adults 23 + to FM/IM.

1. Site admin or IM/FM sup identifies IM/FM providers accepting transitioning pedi patients and this is shared with Pedi Sup.
2. Pedi Sup shares names of these accepting IM/FM providers with MA/PSA staff
3. Pedi MA staff scrubs schedule for 23 yr. old patients. Determines with PCP if pt should transition to IM next year.
4. During visit- Pedi PCP discusses transition to IM/FM for next year with patient.
5. Pedi MA/PSA books next year's PE in IM/FM with the selected provider
6. Pedi MA/PSA changes PCP in EPIC with effective date 1 month prior to next year's appointment in IM/FM
7. Pedi MA/PSA generates delayed MyHealth message using smartphrase to send one month prior to next year's appointment in IM/FM.
8. Handout given to patient with new PCP name and appointment information.

# Example Agenda Topics

## Parking Lot

Workgroup Formed to Address Parking Lot Topics

### Vaccination Hesitancy/Immunization Records for New Patients

Standard Work/Guidance to be developed for supervisor/designee scripting as well as assuring IMMS availability for providers (or rescheduling until records are available).

### ED Follow-up Need: Care Everywhere/Chart Documentation

When patient seen at an ED/hospital not on Care Everywhere: Who pulls the ED Record so available? Does nursing staff receive electronic or faxed report on ED admits for all area hospitals and what is follow-up for chart documentation? How quickly is this information documented/pulled into the chart in case provider is contacted for care need including refill request? This will be reviewed and assigned to Clinical Director/team to address questions raised at the RC Huddles with goal of creating standard approach across practices.

### School Excuse Letters

Standard Work draft completed by Katie S., Trina C., and Judith M.. To be reviewed at upcoming Pedi Touchpoint. Once final, will be attached to RC Huddles for team knowledge.

### Complex Patients

There will be an algorithm as to who gets identified as complex and to improve standardization across the practice. Complex patients will continue to be identified on Problem List with discussion of future banner on Epic Storyboard for ease of identification for scheduling with PCP, extended visits, etc. Providers currently use code PRGN38 to identify complex patient.

### DCF ROI and Custody/Guardianship Standard Work Documentation

Workgroup met to establish or review of standard work. DCF ROI SW final draft in review including with Health Information Management Leadership, Legal, and Central Registration.

# Example Parking Lot Topics

# “Parking Lot” Topics

Relational Coordination Huddle Follow-up

ParkingLot

| Topic | Discussion/Summary Issue | Follow-up Action | Responsible Party/Champion | Priority (H/L) | Time Frame | Comments |
|-------|--------------------------|------------------|----------------------------|----------------|------------|----------|
|       |                          |                  |                            | L              |            |          |
|       |                          |                  |                            | M              |            |          |
|       |                          |                  |                            | H              |            |          |



# RC Huddle Dramatization

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Distribute index cards to participants with their assigned role names and titles as well as applicable scripting to dramatize an RC Huddle.

1. Brief team intros (name/role)
2. Current operational challenge
3. New workflow or initiative
4. Parking Lot
5. Colleague shout-out



# Leveraging Boundary Spanners In Your Workplace

How would a Boundary Spanner add value at your organization? Are there “divisive” boundaries/roles that would benefit from building connections and conflict resolution?

Would leaders support frequent, multi-directional communication to enable timely, problem-solving communication across hierarchical boundaries?

Would the boundary spanner be afforded time for success including facilitating communication with stakeholders and “loop closure”?

How does communication currently occur? Does information cascade? Is there timely problem-solving that includes front line staff?

Are there remote roles? How do these staff integrate and develop quality relationships with in-person teams on a regular basis?

How does your team catalogue and prioritize multiple initiatives with awareness amongst all? Is there shared ownership?

How are new initiatives/ideas brought forth amongst all team members using a non-judgmental approach?

Do you see added value of Boundary Spanner for enhanced employee experience, satisfaction, trust, and retention?

How can the role of a “relational intermediary” be scaled and sustained so all staff are integrated and not insulated?

# Questions/Discussion?

