

Turn the Chair Around: The Art of Integration

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Building the Team in Team-based Integrated Health Care
2018 Integrated Health Care Conference

Hosted by Arizona State University's Doctor of Behavioral Health Program

About Us:

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LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

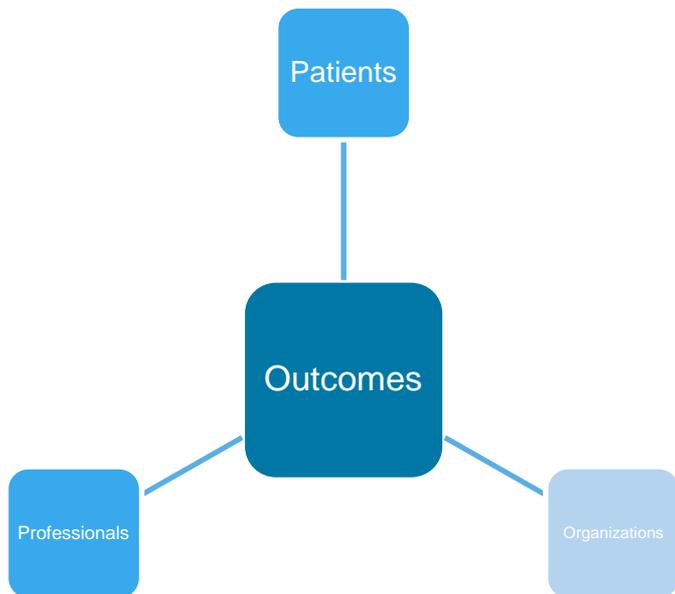
Learning Objective 1: Participants will identify 2 definitions for interdisciplinary teams from varying schools of thought.

Learning Objective 2: Participants will identify 2 pros/cons of utilizing an interdisciplinary team approach in healthcare.

Learning Objective 3: Participants will evaluate opportunities to more effectively create and implement interdisciplinary teams in healthcare.



Necessity of IDT Work



- **Aging population, larger numbers of patients with complex needs/chronic diseases**
- **↑ Complexity of skills/knowledge required to provide care**
- **↑ Specialization; no-one HCP able to meet all complex needs**
- **↑ Emphasis on IDT work in P and Ps**
- **Pursuit of continuity of care/quality improvement**
- **PC is perceived to have least likely level of success with IDT work**

Nancarrow et al. (2013)



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IDT Definitions

Varying Schools of Thought:

- **Terminology: Multi-, inter-, trans-, cross-disciplinary working**
- **Language: “staffing vs. consult”**
- **Behavioral versus Medical**
 - Format, frequency, goals, length, and reimbursement
- **Integration of Schools of Thought**

Team: two or more people working interdependently toward a common goal.

Multidisciplinary team: each person has a clearly identifiable position in the team, yet the individual contributions may be relatively isolated from each other (pie pieces) to a greater whole

IDT: members are interdependent and relationships are mutually beneficial (synergistic); each sharing particular expertise

=leadership is “task-dependent” not hierarchical

Youngwerth, J., & Twaddle, M. (2011)



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IDT Pros/Cons

Pros:

- ✓ Increase understanding/appreciation/respect for other providers' roles
- ✓ Improve patient outcomes
- ✓ Increase knowledge of patient care
- ✓ Enhance decision-making

Cons:

- ✓ Informed consent
- ✓ Confidentiality
- ✓ Time consuming
- ✓ Lack of clarity/accountability for team members

IDT: How To Do It and What Works...

How:

1. Leadership & management
2. Communication
3. Personal rewards, training, and development
4. Appropriate resources and procedures
5. Appropriate skill mix
6. Climate
7. Individual characteristics
8. Clarity of vision
9. Quality and outcomes of care
10. Respecting and understanding roles

Nancarrow et al. (2013)

What we learned and what did/didn't work:

Don't want to come to meetings for admin purposes

Needs to be clinically relevant for providers

Location matters (next door versus next chair)

Language (staffing)

ACRONYMS in Behavioral Health/Medical

Team Building for Approachability

Getting to know each other as people (employee profile)

Treatment protocol for common presentations (formal and informal)

“frequent brief time in common”

Morgan, S., Pullon, S., & McKinlay, E. (2015)



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Team Meeting Experiences:

Audience Engagement:

- ❖ How many of you have had experience working on a team?
- ❖ How many of you are currently working on an interdisciplinary team?
- ❖ How many of you would rate your previous interdisciplinary team experiences as positive?
- ❖ What's been the biggest challenge you've experienced with having an IDT and/or not having one and needing that model?



Case Study:

1-Behavioral

2-Medical

- **10 minutes in separate groups**
- **Review handout of study**
- **Complete questionnaire as a group**



Turn Your Chair Around!



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Summary:

- ✓ **Necessity of IDT work**
- ✓ **IDT interdependent and synergistic**
- ✓ **Leadership is “task-dependent” not hierarchical**
- ✓ **Improves decision-making and patient care**
- ✓ **Increase respect for other providers’ roles**
- ✓ **Be mindful of clear accountability for members, confidentiality and ongoing informed consent**
- ✓ **Utilize informal and formal time as a team (frequency is key!)**
- ✓ **Make it fun!**



References

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