



Patrick J. Brennan,
MD



Veena
Channamsetty, MD

A Modern Approach to Interprofessional Collaboration

Providers take a strategic tack toward delivering comprehensive, team-based care.

As the healthcare field continues to transition from fee-for-service to value-based care, providers must continue to transition from treating isolated injuries and illnesses to caring for the whole person. A key component of caring for the whole person and delivering comprehensive, multifaceted and seamless care is having different types of healthcare professionals—physicians, nurses, executives, dentists, dietitians, community resource providers and more—work together as part of a culture of interprofessional collaboration.

The concept of different care specialists working together is not new, but it frequently occurs in pockets or as part of an isolated initiative. For instance, a physician may work with a dietician to create a wellness plan for a diabetic patient, or a behavioral health clinic may partner with a local hospital ED to establish best practices for assessing and de-escalating patients experiencing a mental health crisis.

Some healthcare organizations, however, have taken an approach to interprofessional collaboration that goes beyond a single project or department. Their innovative approach is deliberate, strategic, replicable and scalable for healthcare organizations

of any size. The University of Pennsylvania Health System in Philadelphia, and Community Health Center Inc. in Middletown, Conn., are among those innovative organizations.

The project's goal . . . was to identify and spread specific practices to help other organizations initiate or accelerate their own efforts for team-based care to enhance patient- and family-centered goals and values.

High-Performing Interprofessional Teams

As part of a project titled *Identifying and Spreading Practices to Enable Effective Interprofessional Collaboration*, the Robert Wood Johnson Foundation set out to identify high-performing healthcare organizations with a commitment to interprofessional collaboration. The philanthropy institution identified 16 organizations in 2014 where interprofessional collaboration was playing a major role in advancing health and healthcare in their communities.

The project's goal, according to the RWJF, was to identify and spread specific practices to help other organizations initiate or accelerate their own efforts for team-based care to enhance patient- and family-centered goals and values, provide mechanisms for continuous communication among caregivers and foster respect for the disciplinary contributions of all professionals.

UPHS and CHCI were among the 16 organizations that contributed to the project, resulting in a 2015 RWJF report, and share an unwavering commitment to improving patient care through interprofessional teams.

University of Pennsylvania Health System

UPHS is an integrated academic health system with six hospitals in southeastern Pennsylvania and New Jersey, a regional practice network and home care agencies serving nearly 140,000 admissions and more than three million ambulatory visits annually. UPHS extended its interprofessional collaboration efforts systemwide 10 years ago to improve outcomes and provide safe care.

The organization created interprofessional teams in inpatient units across

the health system. Leadership groups, referred to as unit-based clinical leadership teams, functioned in every inpatient unit in its three legacy hospitals in Philadelphia for the purpose of managing patient populations. The UBCL teams consist of a physician, nurse and performance improvement adviser who hold each inpatient unit accountable for unit-specific outcomes and engendering the participation of additional members of the healthcare team. These three-member leadership teams meet weekly, often inviting nursing staff from the unit, a pharmacist, clinical resource managers or resident physicians to contribute to ongoing conversations around patient care.

.....
Some healthcare organizations, however, have taken an approach to interprofessional collaboration that goes beyond a single project or department. Their innovative approach is deliberate, strategic, replicable and scalable for healthcare organizations of any size.

.....
The UBCL teams were established at each hospital under the auspices of a partnership between the CMOs and CNOs, who modeled interprofessional practice. At the health system level, a monthly meeting of the CMOs and CNOs from each system hospital provided oversight to the outcomes of the UBCL teams. At the hospital level, organization CMOs and CNOs meet weekly with the UBCL teams to review

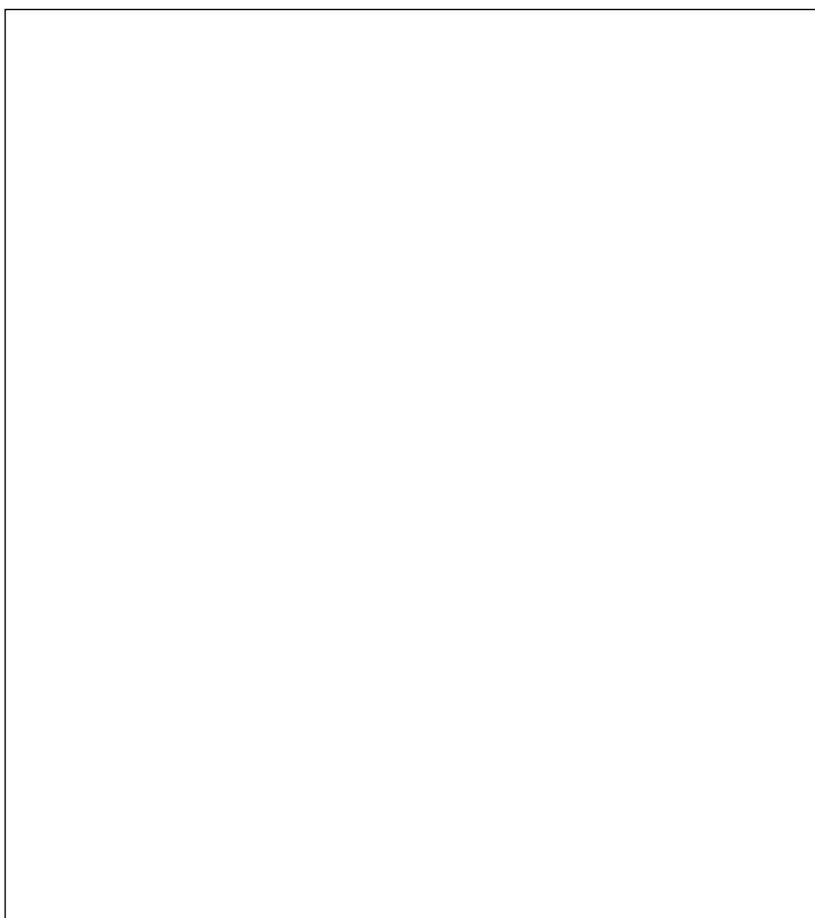
performance, strategize and plan tactics to achieve annual goals.

Since the inception of the UBCL teams in 2008 and expansion of the interprofessional model of care, UPHS has seen significant reductions in inpatient mortality and hospital-acquired conditions, improvements in patient safety, higher patient experience scores, and greater nursing satisfaction in interprofessional relationships, as reflected in National Database of Nursing Quality Indicators scores. Ultimately, interprofessional collaboration is embedded in clinical care at UPHS.

Community Health Center Inc.
CHCI—a statewide primary care delivery system and the largest safety

net organization in Connecticut—cares for more than 140,000 unique patients at more than 200 care delivery points throughout the state. The health center has viewed all patient care initiatives through an interprofessional lens since its inception. This lens includes building a strong infrastructure to support interprofessional care at every level by engaging leadership support, building facilities that enable team-based care, developing systems and workflows that leverage the interprofessional team and training to this model.

CHCI's core interprofessional collaborative care team consists of two medical providers, two medical assistants and one registered nurse, with



an extended care team of behaviorists, dental providers, podiatrists, chiropractors, registered dietitians and certified diabetic educators at all sites. These teams are impacting the health of the communities CHCI serves in many ways, including the following two examples:

Improving behavioral health.

CHCI has located and integrated behavioral health providers with medical providers and the larger interprofessional care team. When medical providers identify a need for behavioral health support during a patient visit, behavioral health providers are available for “warm hand-offs” or to be consulted for clinical advice. CHCI’s business intelligence team also has created a dashboard to send real-time alerts to behavioral health providers when the system identifies a patient who has received a high score on a patient questionnaire for depression or a behavioral health diagnosis, appears on CHCI’s active problem list or has been prescribed opioids for chronic pain.

Addressing the opioid epidemic.

Having behavioral health providers located and integrated with medical providers has allowed CHCI to take a proactive approach to the opioid epidemic in the area’s communities. CHCI founded an interprofessional opioid review committee, tasked with supporting and monitoring providers for safe opioid prescribing. Since founding the committee, CHCI has seen a drastic reduction in opioid prescribing, morphine milligram equivalents and co-prescribing benzodiazepines. The health center also has seen an increase in risk-mitigation

strategy implementation and behavioral health use.

Interprofessional Collaboration Practices

UPHS, CHCI and the 14 other organizations highlighted in the RWJF report foster a culture of interprofessional collaboration by embracing the following six practices:

1. **Put patients first** by asking the question, “What is best for this patient?” This helps unite and align care team members, administrators and board members. Use the organization’s vision and mission to express a dedication to patient-centered care.
2. **Demonstrate leadership commitment** to interprofessional collaboration by creating a partnership between and among clinical and administrative leadership, including between the CMO and CNO executive roles, and with senior leaders in behavioral health, pharmacy and administration.
3. **Create a level playing field** by looking beyond professional silos and background training to help each team member understand how they (and their colleagues) make meaningful contributions to patient care.
4. **Cultivate effective team communication** by establishing shared standards, policies and protocols so that team members are speaking the same language regarding patient care.
5. **Use organizational structure to hardwire practices** and help

teams overcome their preferences for autonomy within various professions to create a culture of interprofessional collaboration. For instance, the unit-based clinical leadership model at UPHS supports interprofessional teams’ ability to work together.

6. **Train different disciplines together** by incorporating proven methods of teamwork training, like simulation, to break down professional silos that exist in healthcare and teach teams how to work together.

Leaders at UPHS and CHCI recognize that the successful management of patient populations is not possible without the inclusion of a diverse mix of healthcare professionals. Role modeling interprofessional collaboration from the senior executive level to the front line is critical to fostering a change in culture. Fortunately, it doesn’t have to require a lot of investment. According to Sue Hassmiller, PhD, RN, FAAN, senior adviser for nursing at RWJF, “Interprofessional collaboration doesn’t cost millions of dollars. In the end, you save money because people are working well together.” ▲

Patrick J. Brennan, MD, is CMO/senior vice president, University of Pennsylvania Health System, Philadelphia (pj.brennan@uphs.upenn.edu), and Veena Channamsetty, MD, is CMO, Community Health Center, Inc., Middletown, Conn. (channav@chc1.com). The authors would like to thank Jennifer L. Tomasik, FACHE, principal investigator for the RWJF project, for her assistance with this article.