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## WHERE IS THE “I” IN TEAM? – WHY COLLABORATION MATTERS IN HEALTHCARE

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*This is the first in a series of four articles exploring opportunities to improve collaboration in healthcare settings - between institutions, between physicians and administrators, and within inter-professional teams. In addition to making the case for more effective collaboration, we will describe practical tools that can be applied to improve collaboration and thereby overall institutional performance, with the overarching goal of providing better patient care.*

On Friday, May 9, 2003, a 5-year-old boy was undergoing diagnostic testing for his epilepsy at Children’s Hospital in Boston when he suffered a massive seizure. Two days later, on Mother’s Day, he died. Despite the fact that he was in intensive care at one of the world’s leading pediatric hospitals, none of the physicians caring for him ordered the treatment that could have saved his life.

The death was tragic, but even more troubling from an organizational perspective was the series of events that led up to it. The Massachusetts Department of Public Health investigated the death, and, reporting on the results, *The Boston Globe* said, “The investigation portrays a situation where lines of authority were deeply tangled, and where no one person had accountability for the patient. Each of the doctors who initially worked on the case - two at the bedside and one consulting by phone - told investigators that they thought one of the others was ‘in charge.’” In the end, no one was in charge.

This is a striking example of how even the most talented clinicians in one of the world’s best hospitals can fail not only to provide adequate care, but to save a savable life - all because the lines of authority were unclear. The lack of clarity resulted in this team’s inability to collaborate effectively at a time when the stakes couldn’t have been higher.

This story reflects just one of many difficult collaboration challenges in healthcare. So why, beyond this most obvious and heartbreaking example, is it important for healthcare organizations to improve collaboration?

Collaboration has evolved from being a “good idea” to a genuine business imperative. The shift in healthcare delivery models is well underway - from fragmented activities and processes focused largely on healing the sick, to coordinated care and an emphasis on preventing illness and promoting wellness. The new model, and the regulatory landscape in which it is taking shape, mandates that leaders look within their organizations and across their systems and communities to align and connect the relevant moving parts. Leaders need to steer what can feel like an unwieldy collection of projects, processes, teams, and partners in the direction of accountable care networks and other collaborative changes unfolding in real time. And the fact is, improving coordination and collaboration will be a major factor in determining which players in the healthcare landscape survive.

But before going any further, let’s first define what we mean by “collaboration.”

### What is “collaboration” anyway?

Merriam-Webster defines collaboration as “working jointly with others or together, especially in an intellectual endeavor.” While true, we find that it may be more helpful to define what the concept looks like in actual practice.

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Organizations that excel in effective collaboration strike a balance between structure and flexibility - and the equilibrium between these two depends on an organization’s mission, size, regulatory reality, and many other factors. Collaborative organizations create and develop:

- an environment where decision-making authority is clear and effective problem-solving dialogues are encouraged.
- teams that cross boundaries of role, professional identity, and experience in ways that integrate their skills to produce better outcomes.
- teams with the ability to reliably and consistently complete tasks and processes, including the ability to function effectively when routines are not in place.
- the capability to meaningfully engage stakeholders within and outside of their organizations.

Together, the individuals, departments, or units create a whole that is greater than the sum of their parts because expertise can be both differentiated and integrated. For example, interdisciplinary rounding in hospitals has proven to be a powerful way to bring together physicians, nurses, therapists, social workers, and others to provide their individual expertise and integrate it to craft a shared care plan for their patients.

But most importantly, effective collaboration means working with, and through, differences. Any highly functioning team will, by its very nature, have differences (of ideas, perspectives, etc.). Ideally, individuals collaborating toward some end will each offer innovative solutions that compete for “idea space” at the table. As a result, the differences represented across the ideas can also serve as the source of conflict. This leads to what we call “the collaboration dilemma” - the very differences that can create value can also destroy it. What happens, for instance, when the rounding team does not agree with each other about how best to manage a patient? To gain the best results, effective collaboration requires that teams not only value differences, but also encourage them to be surfaced and push the team to work through them.

Viewed in this way, collaboration is neither an event nor an idea. Collaboration is not simply “agreeing to get along.” Effective collaboration is an ongoing, systematic, strategic process. It is a commitment to understand and integrate different points of view in the service of a better overall outcome. Collaboration is a business imperative - and it is particularly important in healthcare.

If effective collaboration is important, and building collaborative skills is critical to future success, how does one actually get better at collaborating? The next three articles will take a closer look at the business case for collaboration and opportunities to improve collaboration in different healthcare settings. The series will introduce useful tools that can help strengthen collaboration and improve overall organizational performance - all to provide better patient care.

*CFAR is a private management consulting firm that helps organizations change what’s getting in the way of their success. Originally a research center at the Wharton School, then called the Wharton Center for Applied Research, CFAR became a private management consulting practice in 1987. It has been known since then as the Center for Applied Research (CFAR, Inc.) Clients seek out CFAR for its strong combination of business analytics and behavioral insight. The firm serves clients worldwide from offices in Philadelphia and Boston.*

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