Focus on Team-Based Care

Sarina Schrager, MD, MS, WMJ Interim Editor-in-Chief

"No one can whistle a symphony. It takes a whole orchestra to play it." -H.E. Luccock

▼eam-based health care is defined as patient care provided by at least 2 different health care professionals. Gone are the days where the doctor or nurse works alone. It is now the norm for most health care teams to involve several members from a variety of disciplines. Nurses, case managers, physical or occupational therapists, clinical pharmacists, behavioral health clinicians, social workers, and others all work together to provide holistic, comprehensive care. Each member of the team has a unique contribution to the overall care plan. The physician may address medical issues, while the clinical pharmacist is attentive to medication interactions and the social worker focuses on social determinants of health, for example.

Research shows that when these team members work collaboratively to provide high quality, coordinated care, patient outcomes and satisfaction are improved. A 2017 study that looked at Press Ganey scores found that teamwork and communication between the clinical team correlated with improved patient satisfaction scores,¹ and there is some preliminary evidence that team-based care may also improve clinician satisfaction and decrease burnout.²

The Institute of Medicine has described successful teams as having 5 characteristics—shared goals, clear roles, mutual trust, effective communication, and measurable processes and outcomes³—characteristics evident in 5 papers in this issues of *WMJ* that explore the

influence and impact of non-physician health care providers. The papers are wide-ranging, and each addresses several of the principles of team-based care (see Box). For example, the paper by Bonnette, et al describes the development of a multidisciplinary leadership daily huddle (shared goals, trust, and communication).4 This daily meeting, which includes physician leaders, nurses, administrative staff, and members of different support staff serves as a means of communicating issues, checking in with each other, and planning for the future. The team found that having a structured, reqular method of interaction enabled the organization to improve communication and develop a better sense of camaraderie.

Bryant et al describe an innovative program developed by the UW Center for Patient Partnerships called the Community Resource Navigator program, which uses undergraduate and law students to connect patients from underserved clinics with community resources.⁵ By addressing social determinants of health, the program expands access for patients to support services (shared goals, trust). The study looked at patients' reactions to the use of the navigators and found that the program improved patients' trust in the health care team and the clinic itself.

Genetic counselors provide direct patient care and help patients decide whether to get genetic tests, how to interpret results of genetic tests, and are able to tease out high-risk family medical history. Nationally, the num-

Box. 5 Principles of Team-Based Health Care³

Shared goals

- Goals developed by the team with the patient and families
- · Priorities clearly articulated

Clear roles

- Clear expectations for each team member
- Ability to divide labor based on responsibilities.

Mutual trust

· Culture of trust

Effective communication

- Team prioritized communication
- Has established channels for communication

Measurable processes and outcomes

- · Team agrees on outcomes
- Provide timely feedback
- Use feedback to improve performance

ber of trained genetic counselors who provide direct patient care has decreased. The study by Dawson et al in this issue confirms that there is also a shortage of genetic counselors providing direct patient care in Wisconsin (clear roles, communication). Most of the workforce is concentrated near Milwaukee or Madison, which puts many patients in rural Wisconsin without the services of genetic counselors.

Finally, two articles in this issue explore the impact of clinical pharmacists on the health care team. Pharmacists are no longer limited to dispensing medications. Many pharmacists administer vaccines, provide medication reviews, and manage both hypertension and diabetes based on protocols. Some clinical pharmacists also manage INRs.

continued on page 146

personal protective equipment. Then quarantine orders were inconsistently put in place and sporadically enforced. Once activity restrictions were lifted, universal mask usage was recommended and even mandated in many states in light of an evolving scientific and social understanding of their utility, frequently to be met by public backlash.²

Emerging data now consistently suggest that masks and social distancing efforts decrease disease transmission and provide protection both to the wearer and their social circle.⁵ An evolving understanding of the effects of COVID-19 and effective ways to decrease transmission demand a change in public behavior, which is in each of our best interest.

Self-interest (n) 2: regard for the interests of the group to which one belongs, which ultimately serves one's personal interest; aka enlightened self-interest.

While wearing a mask has the benefit of protecting the wearer from infection, its greater utility is likely in preventing spread to others, assuming that the wearer is an asymptomatic carrier or presymptomatic. Social distancing is often inconvenient and can be costly but, according to predictions, will decrease the cost of this pandemic in lives and inevitable effects on the economy.¹ Such measures benefit the group, which in turn benefits the individual. Radical, broadly adopted measures to halt the spread will likely result in earlier safe reopening of businesses and social gatherings and will serve to get us all back to the pursuit of life, liberty, and personal happiness.

Those who ignore basic precautions in the name of protecting their rights practice a form of self-interest that is more like self-destruction, in contrast to the enlightened self-interest of those who intentionally practice mask wearing and social distancing. Regrettably, the consequences of such actions rarely stay contained within the household.

In the battle against misinformation, well-meaning health leaders have inadvertently left out a powerful tool in their rhetorical arsenal—the concept of enlightened self-interest. The argument that it is selfish not to wear a mask ignores the fact that it is in one's own self-interest to wear a mask. Personal efforts to stem the effects of this pandemic are both inherently selfish in the enlightened sense, as

well as the responsibility of individuals who are their own health agents and advocates for their community.

An expression frequently used in favor of social responsibility goes, "I don't know how to explain to you that you should care about other people." Perhaps what we need is to reframe the argument — "I don't know how to explain to you that you should care about yourself."

Funding/Support: None declared.

Financial Disclosures: None declared.

REFERENCES

1. New IHME COVID-19 Forecasts See Nearly 300,000 Deaths by December 1. Institute for Health Metrics and Evaluation. Published August 6, 2020. Accessed September 8, 2020. http://www.healthdata.org/

- news-release/new-ihme-covid-19-forecasts-see-nearly-300000-deaths-december-1
- **2.** Haffajee RJ, Mello M. Thinking globally, acting locally The U.S. response to Covid-19. *N Engl J Med*. 2020;382(22):e75. doi:10.1056/NEJMp2006740.
- 3. Beer T. Anti-mask rallies continue in U.S. amid rising coronavirus cases and deaths. *Forbes Business*. Published July 16, 2020. Accessed August 9, 2020. https://www.forbes.com/sites/tommybeer/2020/07/16/anti-mask-rallies-continue-in-us-amid-rising-coronavirus-cases-and-deaths/#286598ef2246
- **4.** Ferng YH, Wong-McLoughlin J, Barrett A, Currie L, Larson E. Barriers to mask wearing for influenzalike illnesses among urban Hispanic households. *Public Health Nurs.* 2011;28(1):13-23. doi:10.1111/j.1525-1446.2010.00918.x
- **5.** Chu DK, Akl EA, Duda S, et al. Physical distancing, face masks, and eye protection to prevent personto-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *Lancet*. Published online 2020:1973-1987. doi:10.1016/S0140-6736(20)31142-9

Focus on Team-Based Care

continued from page 147

The article by Hartkopf et al reports findings from a survey looking at satisfaction of health care teams with the work of the clinical pharmacist. The majority of clinicians were happy for the input of clinical pharmacists, especially when they were able to manage chronic diseases. MacKinnon et al looked at attitudes of pharmacists and other clinicians on administration of vaccines by pharmacists. Most participants saw this in a favorable light, but the ability of pharmacists to provide vaccines was often limited by insurance coverage (shared outcomes, communication, trust).

If we consider the orchestra metaphor, we can imagine each individual member of the care team—from the clinician to the nurse to the clinical pharmacist to the patient navigator—all working together to perform as a health care orchestra. Each orchestra member plays their own instrument, contributing to the overall arrangement of the piece. Similarly, each care team member works in harmony to comprise a healthy, team environment that will improve patient care.

REFERENCES

1. Smith CD, Balatbat C, Corbridge S, et al. Implementing optimal team-based care to reduce

- clinician burnout. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC; 2018. Accessed September 10, 2020. https://nam.edu/implementing-optimal-team-based-care-to-reduceclinician-burnout. doi:10.31478/201809c
- 2. Heath S. Nurse communication teamwork to boost care experience scores. PatientEngagementHIT.
 July 25, 2017. Accessed August 29, 2020.
 https://patientengagementhit.com/news/nurse-communication-teamwork-to-boost-care-experience-scores
- **3.** Mitchell P, Wynia M, Golden R, et al. Core principles and values of effective team-based health care. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC; 2012. doi:10.31478/201210c
- **4.** Bonnette K, Smart J, Morrey M, et al. The development of a daily comprehensive and multidisciplinary healthcare leadership huddle. *WMJ*. 2020;119(3):205-210.
- **5.** Bryant A, Walsh-Felz A, Jacklitz J, Lindberg S. The impact of a community resource navigator program on patient trust. *WMJ*. 2020;119(3):190-193.
- **6.** Dawson C, Syverson E, Chelius T, et al. Does supply equal demand? The workforce of direct patient care genetic counselors in Wisconsin. *WMJ*. 2020;119(3):158-164.
- 7. Hartkopf K, Norman J, Stiener S. Implementing clinical pharmacists in primary care: care team satisfaction results. *WMJ*. 2020;119(3):194-197.
- **8.** MacKinnon GE, Pabian I, MacKinnon K, et al. Comparison of Wisconsin health care providers' and pharmacists' attitudes towards vaccine administration and perceived barriers. *WMJ*. 2020;119(3):151-157.



WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

 $\ \, \odot$ 2020 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

Visit www.wmjonline.org to learn more.