

The background is a blue gradient with several overlapping, semi-transparent circular and oval shapes in various shades of blue, creating a layered effect.

Collaborating Across Borders IV

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“Interprofessional Processes Accelerate Healthcare Integration”

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Integrated Healthcare (IC)

- Historical Presence since 1970's
- Recent, rapid, growing interest to develop improved & more cost effective health systems.
- Degree and type of integration varies
- Lacks a universal definition with uniform underlying concepts

WHO (2007) Definition

- **Integrated Service Delivery is**

“The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system.”

Background

- Increased numbers and needs of aging population identifies a
 - Preferences for aging in place
- Increased numbers of persons with chronic conditions shift attention from
 - acute to primary care, prevention, palliative, and long term care
- Increased numbers of persons with co-morbidities require
 - managing and coordinating processes and services.

Background

- Increased numbers of patients seek self-engagement in healthcare and requires
 - providers to engage differently
- Knowledge and labor specialization in healthcare sectors lead to
 - tribal culture and increasing silos
- Research Calls for
 - Elaboration of the concept of integrated care (Lyngos et al., 2014) .
 - Identification of prerequisites for successful integrated care (Stein & Rider, 2009).

Purpose

- **To** identify the meaning that system leaders in healthcare agencies and organizations across an adult continuum of care and from a Midwestern local community ascribed to integration of healthcare.
- This presentation focuses on specific serendipitous findings that leaders discussed about teams and how teams at various levels impacted or limited integrated care.
- Study approved by GVSU's Institutional Review Board.

Sample (purposive)

- N = 20 Interviews with System Leaders Various Disciplines
 - Nursing (n = 8)
 - Medicine (n = 2)
 - Health/Hospital Administration (n = 7)
 - Business Administration (n = 3)
- Age (mean = 46, range = 29 - 60)
- Race (N = 17 Caucasian, n = 3 African American)
- Gender (m = 5, f = 15)
- Education Years
 - Bachelor's degree (n = 5)
 - Master's degree (n = 13)
 - Doctoral degree (n = 2)

Settings

- Private offices at work
- Scheduled with administrative assistants (n = 15)
- Data were collected in the presence of a research team member enrolled in a research practicum

Data Collection (open-ended interviews)

- **Audio Recordings** with field notes
- **Semi-structured Interview Guide**, piloted tested with an experienced retired system administrator, followed by minor changes.
- **Relevant Q:** Can you describe the requisites and resources that are necessary to support integrated care in your agency/organization? Probe: Can you offer an example or two?
- **Interview Duration** (Mean time = 64 mins, range 45-90 mins)
- Data **saturation** participant 19

Analysis

- Transcribed verbatim with accuracy checks
- Read for meaning word by word (Miles & Huberman, 1994)
- Data coders (n = 4 research team members peer debriefing)
- Conventional Content Analysis (Morse & Field, 1995)
- Codes: derived from the data, MS word, excel
- Coding Scheme Structure: Cluster Categories, subcategories, relationship links

Findings

- Clusters Primary Level (9 to final 3)
- Subcategories number varied within each primary level category (range 3 - 6) and similarly for lowest coding category

Primary Level: Collaboration

Primary Level: Pride and Ownership of Person Centered Care

Primary Level: Partnership Mindset

- 3 Types (**Interprofessional Teams**, Communities, Business)
- 12 Facilitators (**shared goals, mission, philosophy, trust, populations, collective engagement and commitment**)
- 3 Process (**Trust building, Relationship building, Communication**)

Finding Exemplars: Mission Driven

- **Participant 14:** “Teamwork is essential for us to be what we say we are. . .Integration requires resources that are more than financial. I have to get up everyday and say to myself, this is important.”
- **Participant 15:** “Teams who come together really get it. They embrace our mission and our goals as a group. They are respectful of one another’s work, they see value in what each person brings to this organization. Their team outcomes are greater than each person could achieve alone.”
- **Participant 17:** “I think what I observe is our teams working with one another and recognizing that it is not an option, it is who we are.”

Exemplars: Trust

- **Participant 4:** “Initially, it takes awhile to trust, to trust that the team members will not take advantage of their role, use us, or take over. What I see happening is that the team members have to take a risk and become comfortable with being vulnerable.”
- **Participant 12:** “I see it this way, if I lead from this mindset, then I encourage the same behavior. This has to be a safe place to be with one another in our organization or why would a patient or family member want to be a part of this organization? And why would anyone in the community seek us out. I accept responsibility for this, just as the team members do.”

Exemplars : Relationship Work

- **Participant 4:** Time is essential to get to know one another, respect one another, really to work hard at developing ourselves so we can contribute and connect with each other.”
- **Participant 5:** “There are multiple and demanding expectations for staff making it difficult to get everything done. They have so many meetings it is really difficult to take on one more project like teamwork” **Contrary CASE**
- **Participant 8:** “We have a plan for each of our meetings and the team meetings are conducted much the same. Everyone has an opportunity to share and has a voice.... Our teams that are really good seem to know how to listen and listen well.”

Limitations

- Field notes not included in the analysis.
- Sample may have been biased by the nature of administrative positions held in this urban setting of the Midwest.
- Heterogeneous sample may have provided unique conclusions that could be different with other administrative groups.
- Conclusions are representative of the sample and not generalizable to other situations or populations.

Conclusion: Codified Definition Integrated Care

A seamless integration of healthcare services (specialized and routine) supported by system structures (e.g. integrated documentation system, payer system, teams), processes (horizontal, vertical, and cross-sector), organizational culture and relationships between and among groups of people at multiple points of healthcare.

Conclusion: How Participants Defined an IP Team

- *An Engaged Partnerships* among team members, who come together to develop, plan, provide and evaluate a person's healthcare, within the context of an organization's structures, processes, culture and relationships.

“Take Away” for IPE in Practice

- **IP Teams** were considered a type of partnership that supported the work of healthcare integration.
- **Partnerships** :
 - Contained factors that facilitated partnering in IP Teams (Shared goals, mission, trust, engagement and commitment).
 - Involved processes that included trust and relationship building time together and work with communication.

Implications and Recommendations

- **Future Intervention Research Considerations**

- The type of IPE intervention : How the staff are prepared and developed for an IP team role? (Intervention dose, duration of the intervention. How IPE is implemented using a “partnership” perspective
- Effectiveness of alternative interventions.
- Learning Activities with an accompanying metric.
- Inclusion of pilot testing.
- Use of randomized designs and random assignment to groups when comparing.

Thank You