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Challenges at the Intersection of Team-Based and Patient-Centered Health Care

Insights From an IOM Working Group

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TEAM-BASED HEALTH CARE MAY HELP THE UNITED STATES achieve improved health and improved health care at a sustainable cost.¹ It is central to many reforms of health care delivery, both actual and proposed. Team-based care can occur in many settings (eg, home, office, hospital); focus on different problems (eg, specific diseases); and include team members with a variety of backgrounds. Health care teams can be large or small, centralized or dispersed, virtual or face-to-face, and their tasks can be focused and brief or broad and lengthy. This extreme heterogeneity in tasks, foci, and settings presents a challenge to defining optimal team-based health care.

Recently, we led a working group—a team comprising a patient advocate, physician, registered nurse, physician assistant, social worker, and pharmacist—convened by the Institute of Medicine (IOM) to explore the foundations of team-based health care. The background work included structured discussions with high-functioning teams from a variety of settings, which revealed that such teams are guided by a set of shared principles and values that can be measured, compared, learned, and replicated (BOX).²

These principles and values are seemingly straightforward. But considering the realities of implementation and spread of team-based care aligned with these principles and values raised difficult issues—3 of which deserve focused attention.

Patients on the Team

In high-functioning health care teams, patients are members of the team; not simply objects of the team's attention; they are the reason the team exists and the drivers of all that happens. The much-repeated phrase “nothing about me without me”⁴ conveys a powerful image of patients actively involved in care decisions. In team-based care, fulfilling this promise means integrating patients, families, and caregivers into health care teams.

Having patients as members of teams is more than a shift in framing. One of the 5 principles of team-based care is that being clear about each team member's role is critical. If patients are on teams, what, precisely, are their roles and those of their family members or caregivers? Although metaphors from sports

are used to describe team-based care, they are generally unhelpful. Is the patient the quarterback? The coach? What if a team has a different quarterback or coach every 15 minutes? How would this vary according to the team's particular structure since, for example, teams for patients receiving surgical care vs primary care are dramatically different? Certainly, the role of patients on teams will vary with the focus of the activity.

Because many different patients and families interact with different sets of clinicians each day, team members must continually adapt as they form and reform teams. In addition, high-functioning teams create, maintain, improve, and adapt formal and informal rules and customs over time. For patients entering such a team, there must be structured processes to both introduce and refine the roles, expectations, and norms of the team to meet the patient's needs. High-functioning teams also communicate well; effective communication requires transparency and a common language. Thus, integrating patients and families into teams requires consistent use of plain language, methods to ensure understanding,⁵ and systems that provide open access to information. Perhaps new metaphors are needed that look beyond competitive sports to describe teams with patient members. One possibility is an orchestra with individual patients as soloists, entering, leaving, and making unique contributions, always supported by the larger ensemble.⁶

Accountability and Flexibility on Teams

Providing patient-centered care in teams raises operational and legal questions about accountability. Team members, including patients, must engage in honest discussions about their preparation for, interest in, and capacity to complete tasks. These conversations must be handled respectfully and recognize the valuable contributions of each member. For example, each interviewed team developed clear lines of accountability and explicit leadership tasks, but did not equate leadership with clinical decision making. In fact, leadership roles were often situational and skill-based. In one instance, a team deemed the chaplain to be the most appropriate leader for a weekly clinical care meeting, illustrating that being an effective leader for a particular task can require a set of skills distinct from those required for making clinical decisions. Teams acknowledged that phy-

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Box. Values and Principles of High-Functioning Health Care Teams**Shared Values Among Team Members****Honesty**

Put a high value on open communication within the team, including transparency about aims, decisions, uncertainty, and mistakes.

Discipline

Carry out roles and responsibilities even when inconvenient, and seek out and share information to improve even when it is uncomfortable.

Creativity

Be excited by the possibility of tackling new or emerging problems, seeing errors and unanticipated bad outcomes as potential opportunities to learn and improve.

Humility

Recognize differences in training but do not believe that 1 type of training or perspective is uniformly superior; recognize that team members are human and will make mistakes.

Curiosity

Delight in seeking out and reflecting on lessons learned and using those insights for continuous improvement.

Principles to Guide Team-Based Care**Clear Roles**

Have clear expectations for each member's functions, responsibilities, and accountabilities.

Mutual Trust

Earn each other's trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

Effective Communication

Prioritize and continuously refine communication skills using consistent channels for candid and complete communication.

Shared Goals

Work to establish shared goals that reflect patient and family priorities and that can be clearly articulated, understood, and supported by all members.

Measurable Processes and Outcomes

Agree on and implement reliable and timely feedback on successes and failures in both the overall functioning of the team and achievement of specific goals.

Source: Institute of Medicine discussion paper.² Informed by the work of the Interprofessional Education Collaborative.³

sicians are often legally accountable, but team members, including physicians, viewed having an effective team process—not an overriding decision maker—as central to achieving optimal care and outcomes. Reimagining what leadership means also reveals that in some situations, patients should take the lead.

Training for Teamwork

Although health professionals often train and work together, they may not recognize this as teamwork or have explicit training in team-based care. Still, advances in interprofessional education are taking place. The values and principles (Box) were informed by the work of the Interprofessional Education Collaborative, which has defined core competencies and learning objectives for collaborative practice.³ But teaching students about team-based care will not be enough. The values essential for team members can probably be taught, or at least reinforced, but they should also be used in the selection of students, hiring of employees, and evaluation of practice performance. The shift to team-based care—including developing skills to facilitate participation of patients and families—is not just a task for the clinicians of tomorrow. Today's practitioners must also develop skills and adopt emerging tools that promote teamwork and shared decision making; otherwise, classroom efforts will be foiled when learners enter the clinical environment. Patients should not have to wait for the next generation of health professionals to implement high-performing, patient-centered teams.

Implementing patient-centered, team-based care requires overcoming several challenges, but health care that

meets the promise of “nothing about me without me” is worth pursuing. Bringing patients into the orchestra of team-based care requires not only new skills and tools but wholly reframing how clinicians and patients view roles (including leadership) and accountability—even the language describing the care patients “receive” and other team members “provide.”

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Online-Only Material: The author audio interview is available at jama.com.

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