

# Integrated Care and the Evolution of the Multidisciplinary Team



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## KEYWORDS

- Integrated care • Behavioral health • Health care teams • Primary care psychiatry
- Workforce development

## KEY POINTS

- Primary care practice in the patient-centered medical home is transforming as new findings are considered in the context of population health and changes driven by health care reform.
- Research in neuroscience, epigenetics, human development, trauma-informed care, and population health describes the biologic chain of events linking life experiences with chronic medical and mental illnesses.
- Mental health professionals are increasingly being incorporated into the medical home as part of a team approach to the provision of care.
- These professionals use their skills in nontraditional models to customize care for each patient as indicated, creating an expanded definition of their specialty.
- “Integration” of primary care and mental health services engenders opportunity for enhanced clinical care, professional workforce development and support, more effective population health initiatives, and informed health care policy.

## INTRODUCTION

### *Patient-Centered Care*

Primary care disciplines continue to contribute a unique and vital perspective to the practice of medicine. Adapting with medical advances, societal changes, regulatory constraints, consumer expectations, and other professional demands, the goal of the primary care provider (PCP) has remained to care for the patient as a person. Professional competencies and culture may vary between the primary care disciplines, yet all continue to emphasize health promotion in addition to the treatment of illness.<sup>1–4</sup> Indeed, despite the compelling forces of market competition, skewed payment systems, growing socioeconomic disparities, and a culture that increasingly

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calls for convenience and expediency, primary care disciplines have protected the concept of holistic, patient-centered care in the setting of a medical home.<sup>5</sup>

The PCP not only possesses a vast array of medical skills and knowledge, but also continuously attempts to customize care in the context of the patient's individual personality and life circumstances, including family and community environment. Subsequently, PCPs have been called on to address increasingly complex issues, often coordinating a variety of limited resources and fragmented systems of care, while attempting to maintain patient engagement and satisfaction—all within the time constraints and fast pace of a busy medical practice.

### **Health Care Teams**

Recognizing that these care demands are not always met by an individual provider, most practices have adopted a team approach to patient care. This is not a new concept, as physicians and nurses have traditionally worked together to provide care, and most practices have acquired a network of professionals to which they refer. Larger practices commonly designate staff teams that work together consistently to provide improved workflow and continuity of care. Team members may also review schedules or otherwise anticipate patient needs, enhancing efficiency and quality of care.

These examples share the commonality of arising out of adaptations to daily clinical practice, modifying the skills and duties of traditional professional staff. Over time, however, many practices have also begun to more formally and proactively structure care teams, assimilating groups of professionals whose composition reflects the needs of the patient population, practice interests of the providers, and availability (or scarcity) of local resources.

Multidisciplinary teams may come together in a variety of ways, proactively constructed, by gradual evolution, or even opportunistically through funding opportunities or organizational changes. They may develop methodically and intentionally with pre-determined goals, evaluation processes, and proscribed timeline, or may evolve more slowly and subtly as practice personnel gradually recognize and are able to respond to emerging patient needs.<sup>6</sup>

The composition for one practice setting may not be desired or even feasible for another. Even within a practice setting, teams may change over time secondary to the availability of resources, priorities of leadership, evolution with practice need, or attrition and neglect. There are, however, certain characteristics of successful multidisciplinary teams (**Box 1**). With attention to such details, medical practice remains flexible and responsive to changes in patient care needs.<sup>6–8</sup>

#### **Box 1**

##### **Characteristics of successful teams**

- Shared vision
- Well-defined goals and expectations
- Strong yet receptive leadership
- Appropriate support structures
- Well-defined roles
- Inter-professional respect
- Clear and frequent communication
- Intermittent self-evaluation
- Adaptability

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