

Build a Care Team

By Barry P. Chaiken, MD, MPH

With healthcare complexity increasing daily, traditional models of delivering care fail to offer a framework capable of delivering high-quality care at a reasonable cost. The rapid expansion of medical knowledge makes it impossible for any single healthcare professional to assimilate and retain the up-to-date information necessary to properly treat patients. Healthcare information technology (IT) can help manage this knowledge; by placing the patient at the center of the care delivery team, workflows can be constructed that best leverage each caregiver's skills and the capabilities of information technology tools.

Skills and knowledge

A 21st-century approach to care delivery requires an understanding of the skills and knowledge of each provider. It also requires the development of a patient-centered care model built upon a team approach to a clinical problem rather than a top-down methodology driven solely by the physician.

Each care team member offers a unique perspective on a patient's health situation, and each caregiver spends varying amounts of time with a patient. This allows some clinicians to collect data that might not be readily available to other caregivers with limited interaction time.

For example, nurses spend the most time with both the patient and the patient's family. Nurses, then, have more chances to collect information than any other clinician. Although using this information to formulate and deliver a care plan makes rational sense, structural workflow issues often prevent the information from being used effectively by other care team clinicians.

Obstacle to sharing information

The workflow dictated by electronic medical record (EMR) and other healthcare IT

systems often forms an obstacle to effective patient information sharing. The focus on clinical documentation to satisfy the needs of the EMR decreases time for effective communication with peers, stifling robust collaboration on patient care. Relying on the EMR to facilitate communication and collaboration overlooks the "needle in the haystack" problem presented by the unfocused documentation siloed by clinical discipline and responsibility.

Rather than a top-down approach to care team management, care teams should reflect the structure of an orchestra. A conductor directs each of the musicians and has ultimate control over the orchestra, but each player brings nuance to the performance of the music. The sheet music provides each player with a common plan for the collective performance, but each musician creates an individual performance that produces the applause when the music stops.

If we think about care delivery similarly, we can construct a care delivery model that better uses the skills of each clinician while directing all of them to follow the same approach to treating a patient. Effective team structure coupled with intelligent and efficient healthcare IT-driven workflows can deliver high-quality, knowledge-driven care by appropriately skilled clinicians, care that is in tune with the approach and activities of all other care team members.

Equal respect

Each member of the team must receive equal respect for their skill and knowledge. Although the physician may know more about medicine overall, each care team member will know more about how to assess or deliver individual aspects of the patient's care. Failure to leverage each team member's expertise could lead to missed clues about the patient's condition, ignorance of alternative treatment

methods, and errors in judgment derived from uninformed decision-making.

Healthcare IT can construct the "sheet music" for patient care that lets all team members collaborate to improve a patient's condition. Clinical decision support software offers a method to provide disease- and patient-specific medical knowledge to every member of the team. By synchronizing this knowledge, the care team's activities and interventions are more likely to be effective.

Changed yet unchanged

Under this delivery model, the caregiver perceives the changed knowledge as unchanged, as it fits the pattern of information delivery expected in their workflow. Such an approach could allow the rapid deployment of new medical information in patient care without the need for extensive and often ineffective medical education. The education, training, and deployment bond together in the workflow of every team member.

Although informaticists continue to research the best ways to deploy healthcare IT, their target group must be a collaborative care team formed from multiple disciplines; they should focus on developing clinical decision support for clinical workflows for the entire care teams rather than individual members. ■

Barry Chaiken is the president of DocsNetwork Ltd., with more than 25 years of experience in medical research, epidemiology, clinical information technology, and patient safety. He is board-certified in general preventive medicine and public health and a fellow, and former board member and chair of HIMSS. At DocsNetwork, Chaiken worked on quality improvement studies, health IT clinical transformation projects, and clinical investigations for the National Institutes of Health, UK National Health Service, and Boston University Medical School. He is currently an adjunct professor of informatics at Boston University's School of Management. Chaiken may be contacted at bchaiken@docsnetwork.com.