Enabling Teamwork for Integrated Care

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HARVARD **T.H. CHAN** | SCHOOL OF PUBLIC HEALTH

CIPCOH Center for Integration of Primary Care and Oral Health | **HARVARD** School of Dental Medicine Initiative — INTEGRATING ORAL HEALTH & MEDICINE
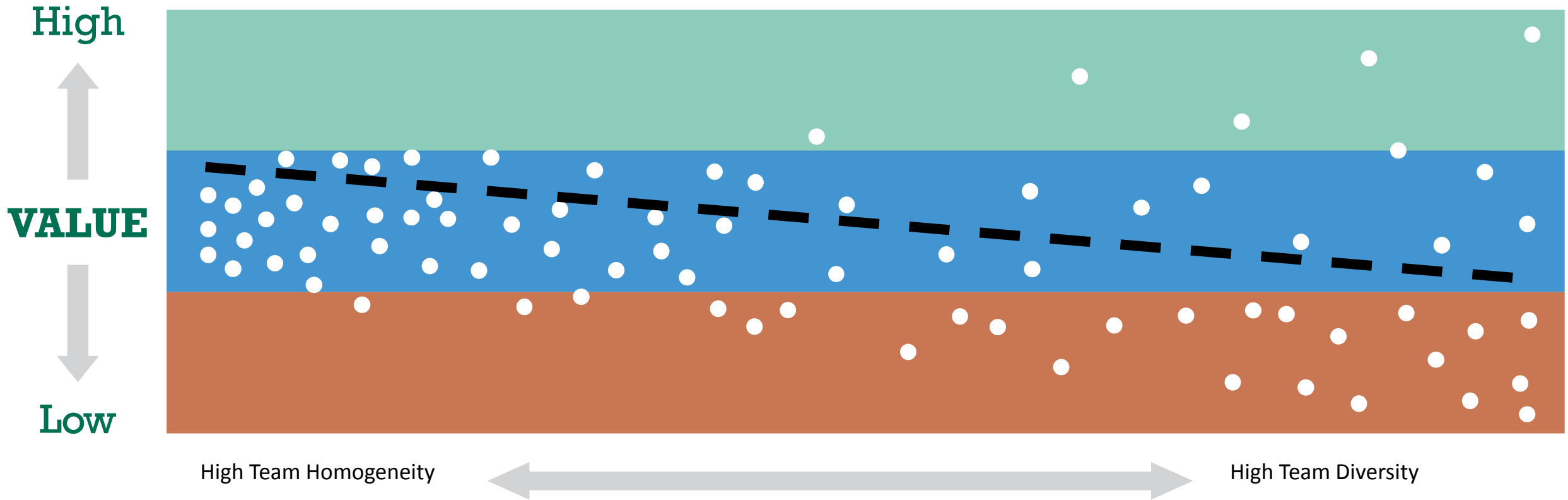
SHOW OF HANDS

On average, which team performs better?

a) A diverse team

b) A homogeneous team?

Source: Ruth Wageman, "Critical Success Factors for Creating Superb Self-Managing Teams."

DIVERSITY CAN BUT OFTEN DOESN'T UNLOCK VALUE

3 ideas

1. A fundamental transformation in work

2. Teaming as the engine of change

3. Joint problem-solving IS the work
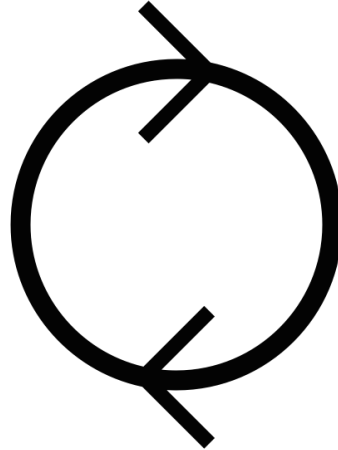
A FUNDAMENTAL TRANSFORMATION

1.

Transforming care to be more integrated requires **fundamental changes in how people work** – and particularly, how they work together.
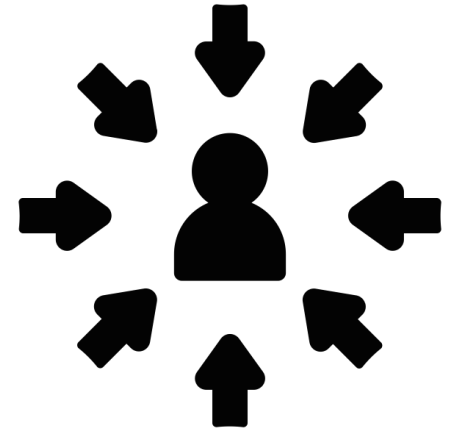
3 aspects of integrated care
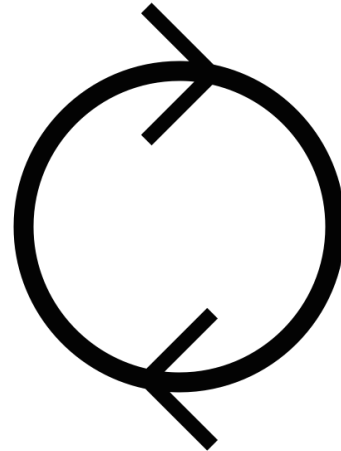
Coordinated

Continuous

Patient-centered
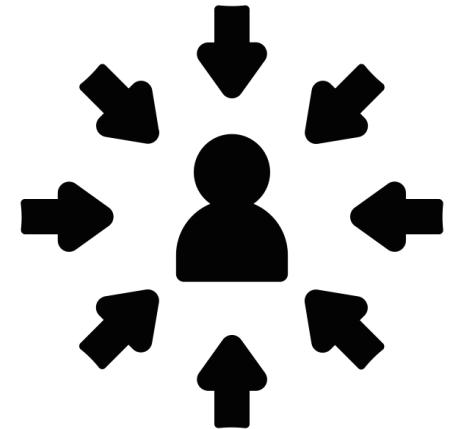
Integrated care as solving a **knowledge** problem

Coordinated

Continuous

Patient-centered

Knowledge is trapped in people and systems

Knowledge is not transferred across time

Certain critical knowledge is excluded

The learning imperative for integrated care

We usually think about health care as the production of services

But integrated care requires health care to be a LEARNING endeavor

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But integrated care requires health care to be a LEARNING endeavor

WHY?

Because persistent knowledge problems are solved by persistent learning

A shift in how we frame health care delivery

The "usual" way in medicine

When the path forward is clear…

- Prioritize efficiency
- Employees follow the script
- Derive value NOW
- Learning BEFORE doing
- Drive out variance

Organizing to Execute

A shift in how we frame health care delivery

The "usual" way in medicine

When the path forward is clear...

- Prioritize efficiency
- Employees follow the script
- Derive value NOW
- Learning BEFORE doing
- Drive out variance

The path to integrated care

When the path forward is not clear...

- Prioritize innovation and experimentation
- There isn't a script
- Derive value LATER
- Learning FROM doing
- Use variance to analyze and improve

Organizing to Execute

Organizing to Learn

Adapted from Edmondson, 2012

A spectrum of problems

NOVEL
TERRITORY

LEADERSHIP

ROUTINE
EXECUTION

- We can't abandon execution
- We can strive for both, and learn in execution
- Sometimes there will be tradeoffs, hard choices about what to do
- That is the work of leadership
- Key is to know: what kind of problem are you facing?

GETTING CLEAR ABOUT FAILURE

1 **Preventable Failures**

- Where we know how to do it right

2 **Complex Failures**

- Complex factors (internal, external, or both) combine in novel ways to produce failures in reasonably familiar contexts

3 **Intelligent Failures**

- Undesired results of thoughtful forays into novel territory

Why this shift is so fundamental

	FROM	**TO**
Hiring and training	• Hiring experts and conformers	• Hiring problem-solvers & communicators
Communicating goals	• Avoiding problems is paramount	• Problem-solving speed is paramount
Evaluating performance	• Did YOU do it right?	• Did WE learn?
Organizing people	• Focusing on tight vertical control of teams	• Enabling rapid teamwork across boundaries

2.

TEAMING AS THE ENGINE OF CHANGE

Integrated care requires a new type of teamwork that is more flexible, rapid and dynamic.
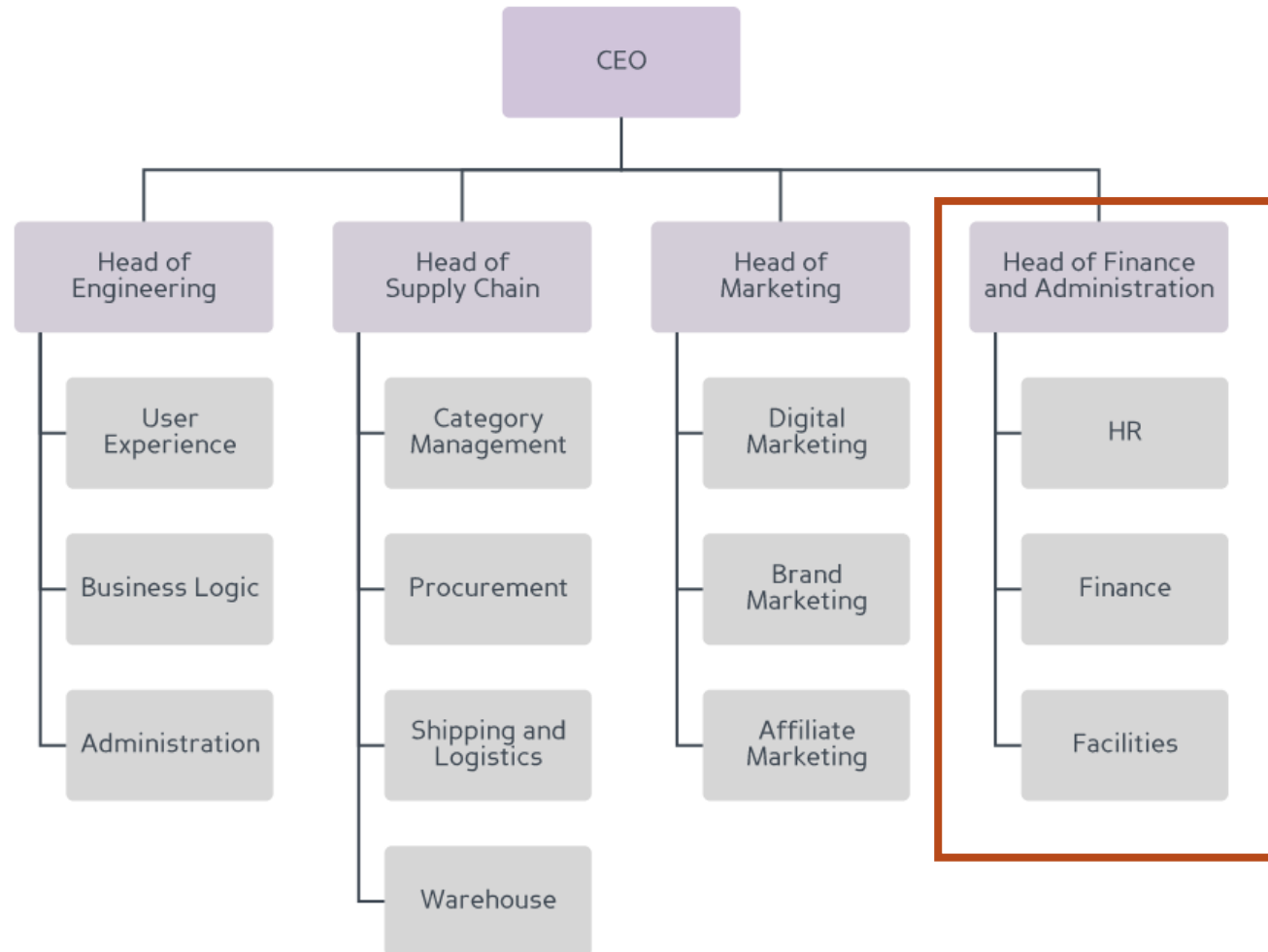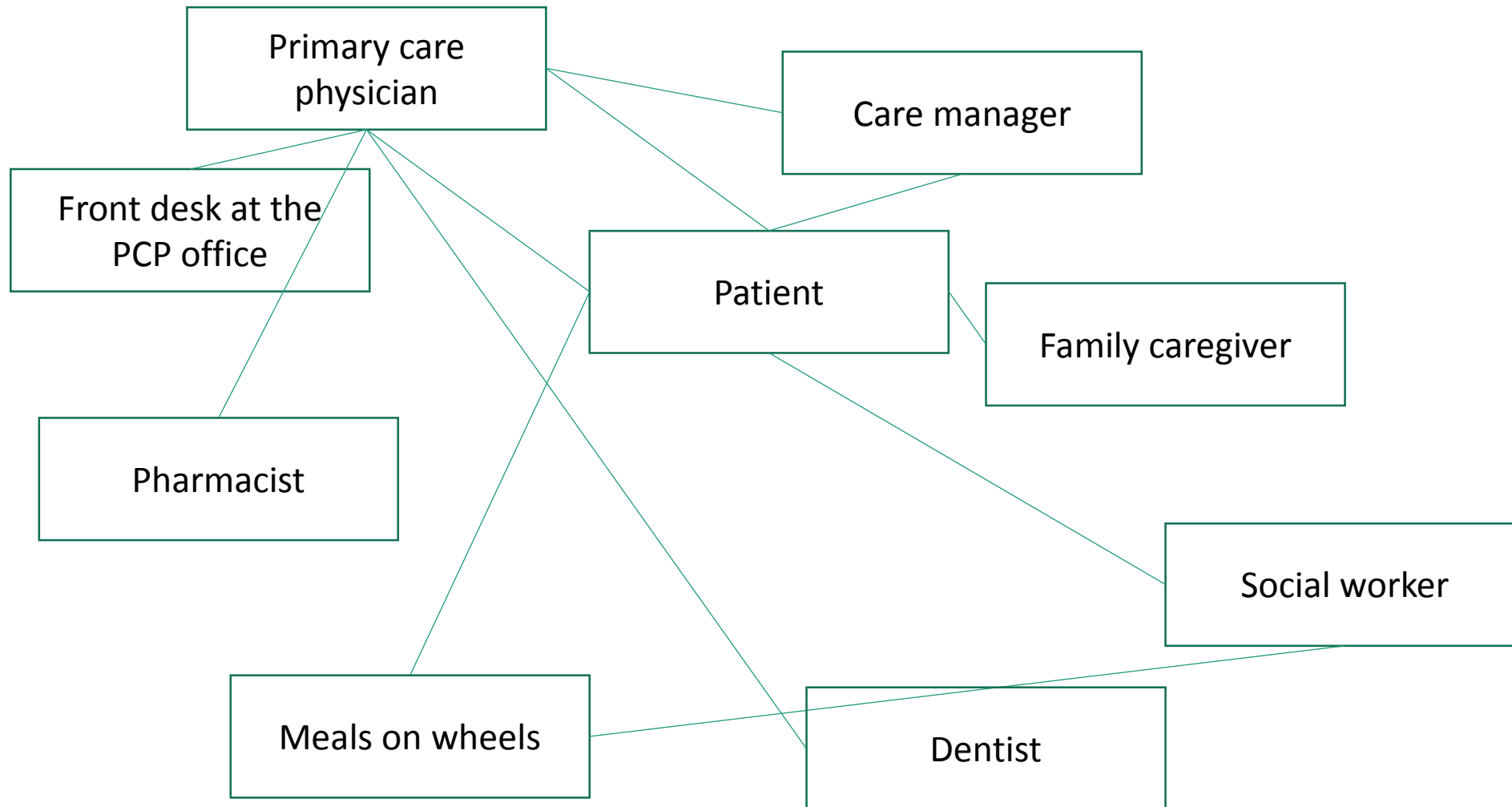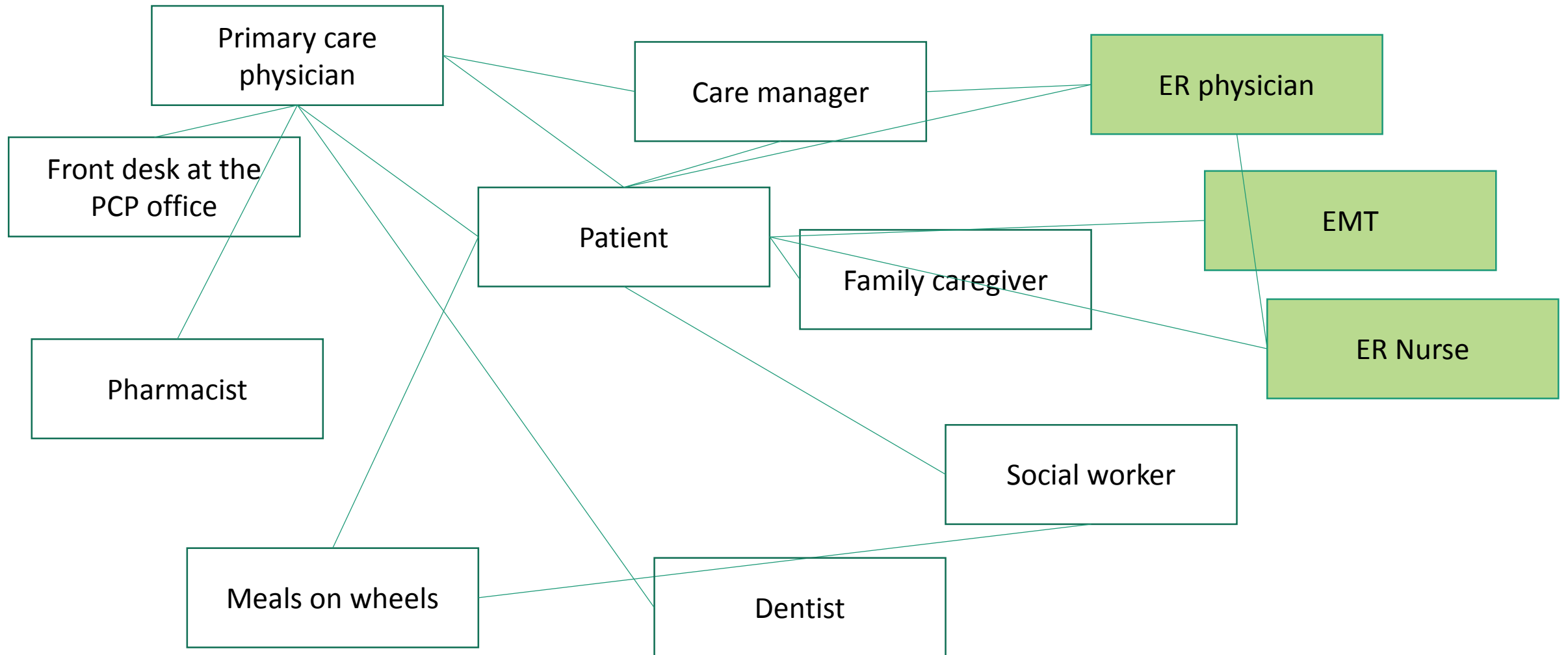
Think of a team…

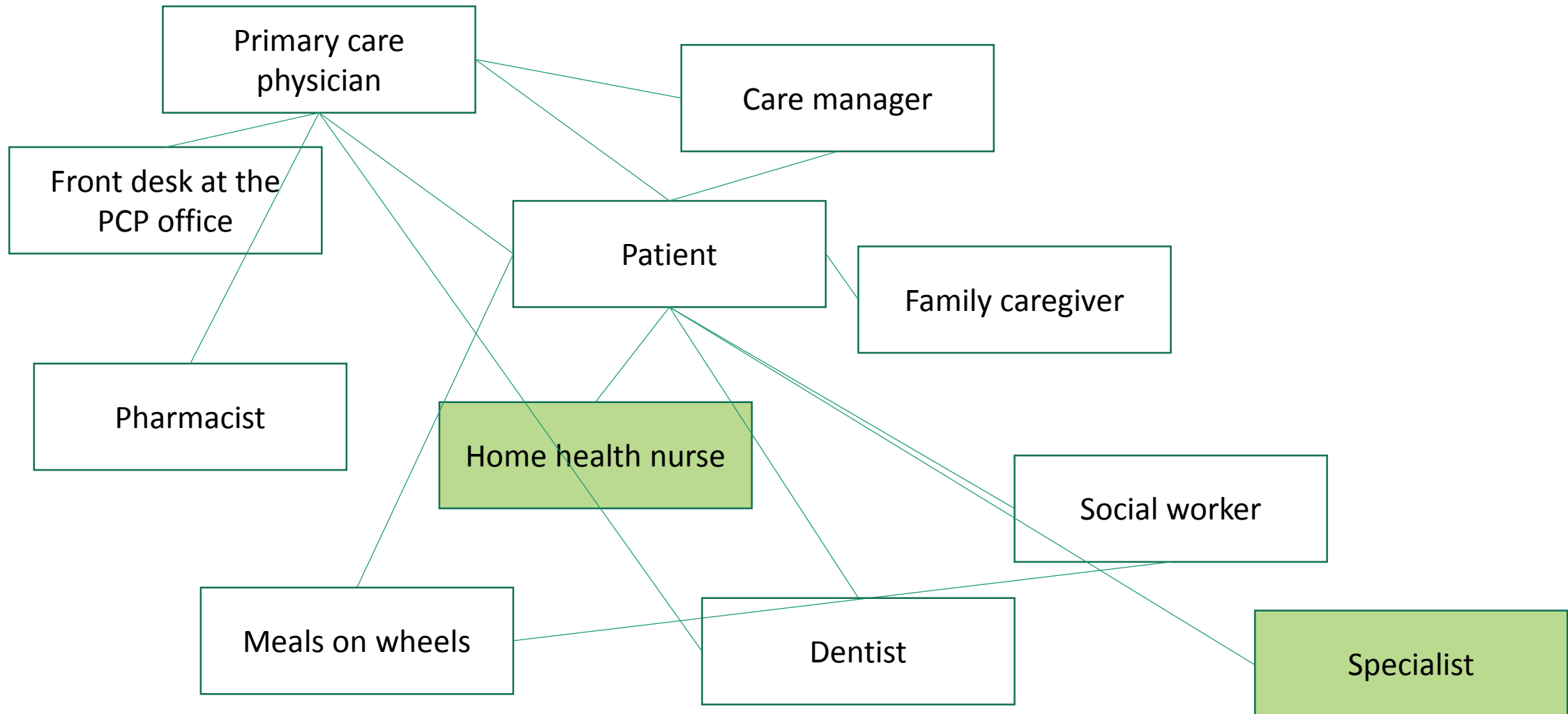# Now think of your team…

Or this

Or this

But integrated care means teams might look like this
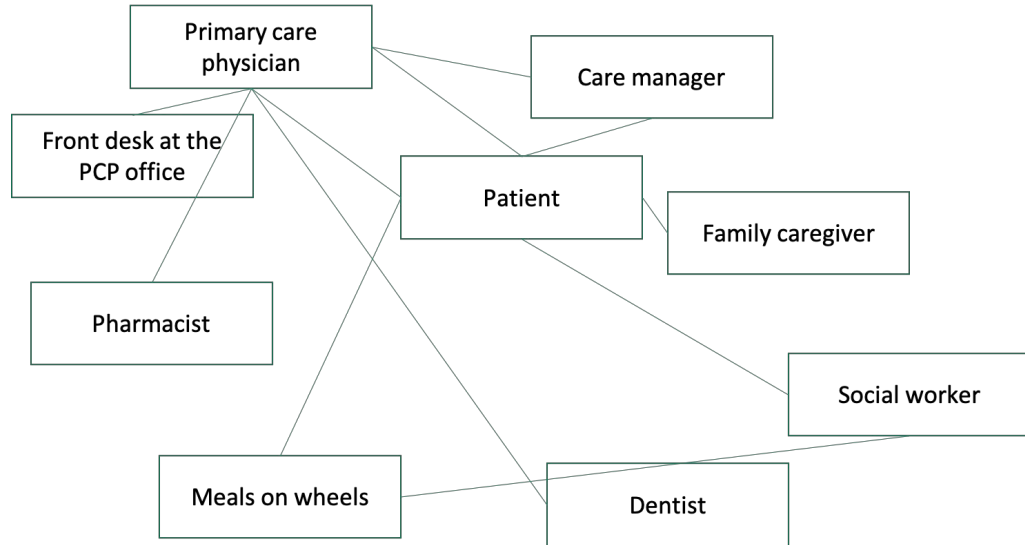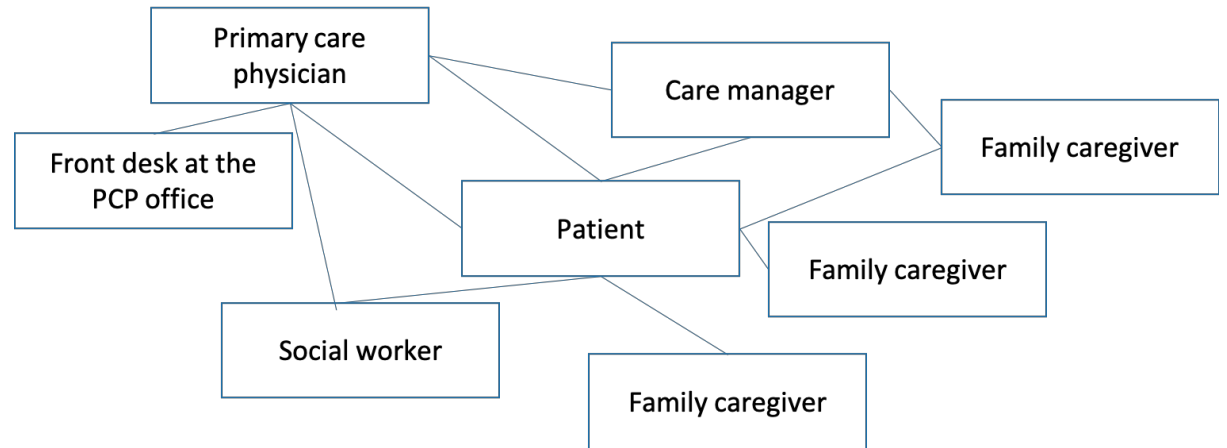
And then like this

And then like this

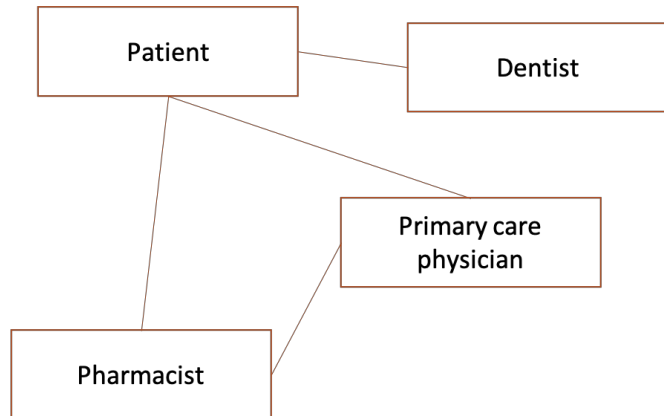# A single clinician has multiple of these!
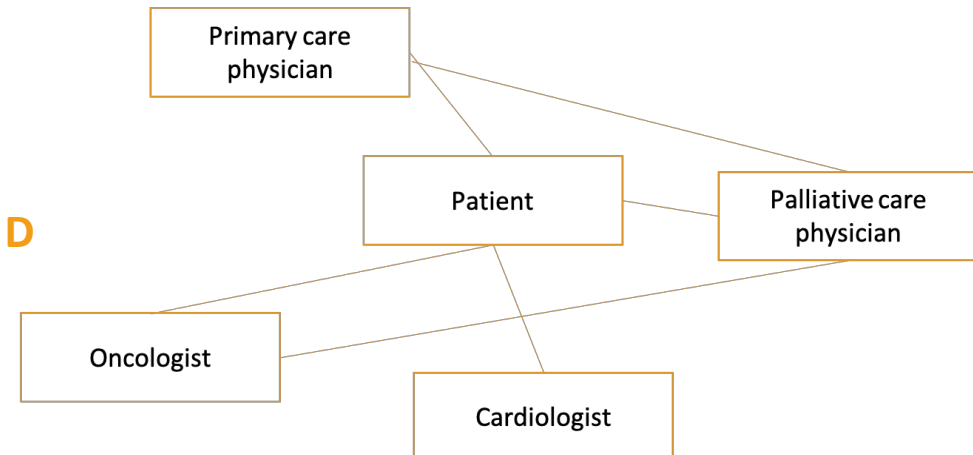
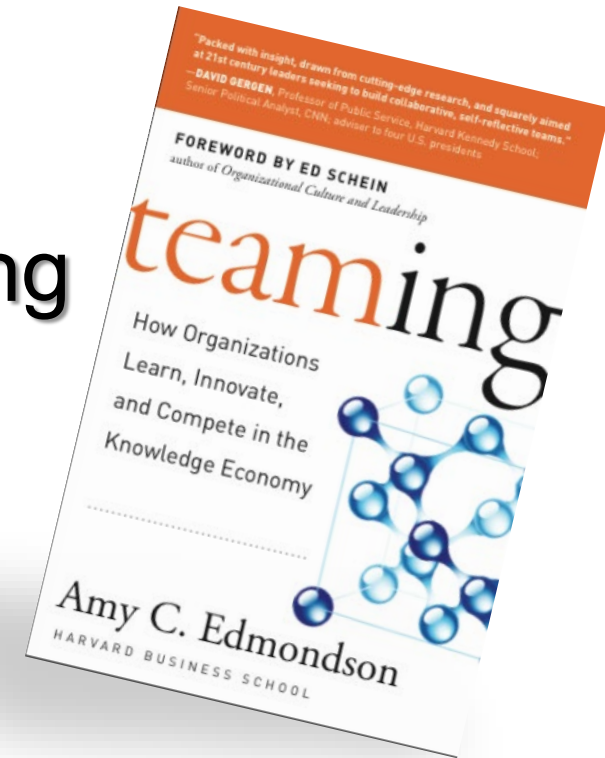**For patient A**

For patient C

For patient B

For patient D

"teaming" alongside "teams"

teams (n.) are stable, bounded groups of people interdepending in achieving a shared goal

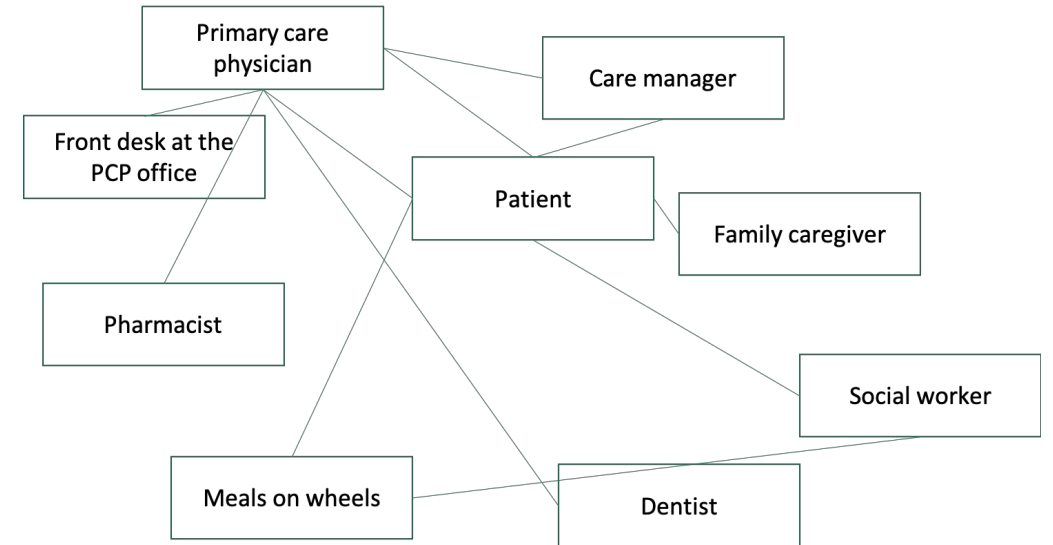*teaming (v.)* is teamwork on the fly—coordinating and collaborating across boundaries without the luxury of stable team structures

Apples and oranges

- ➢ Same people
- ➢ Same goals and task
- ➢ Frequent interaction of the same people
- ➢ Similar backgrounds and perspectives

- ➢ People change
- ➢ Goals and tasks change over time
- ➢ Idiosyncratic interactions in shifting groups
- ➢ Differing backgrounds and perspectives

THIS VIOLATES 40 YEARS OF TEAM RESEARCH

Team conditions

Performing **unit is a real team**
(stable, bounded, interdependent)

…with…

Clear, compelling goal

Appropriate team composition

Supportive context

Access to necessary resources

→ **Team effectiveness**

Hackman, 2012, 2011, 2002; Wageman, 2008
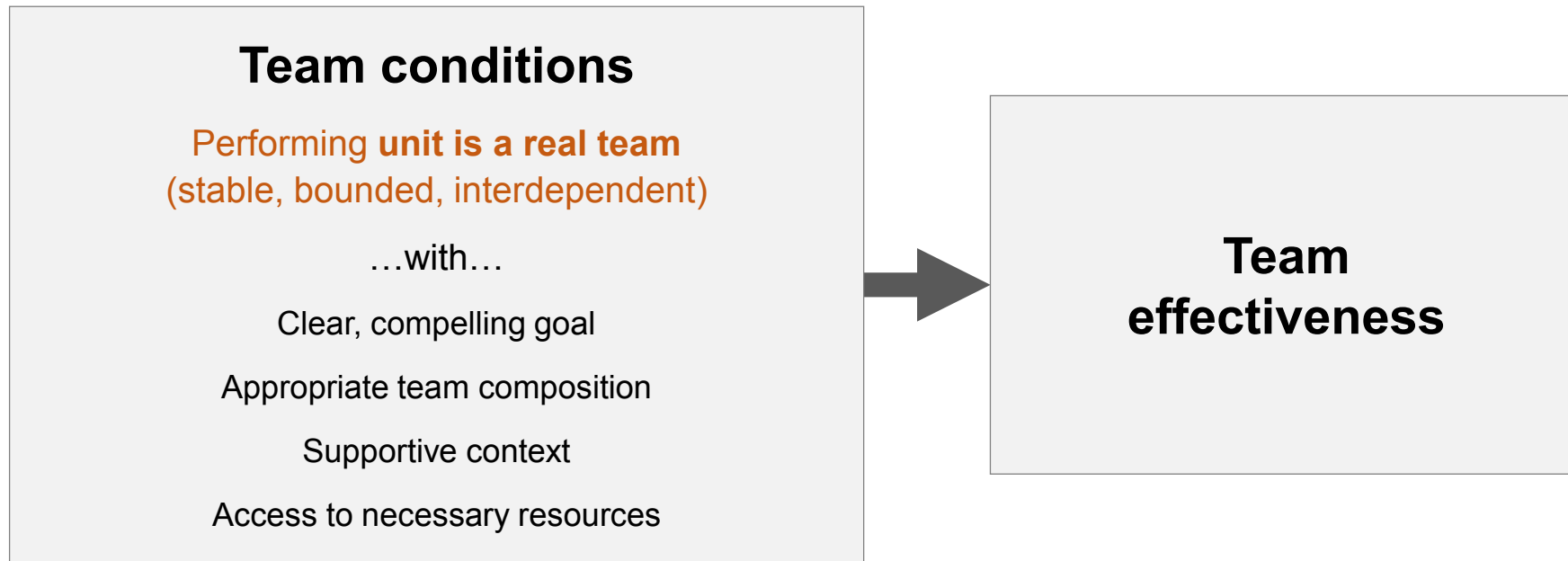
HORIZONTAL RELATIONSHIPS ARE HARDER

"In a survey of nearly 8000 employees in over 250 companies, only **59%** of respondents reported they **can rely on people in other units** all or most of the time **to follow through on what they promised to do…**. This compared to **84%** reporting they **can rely on people upward and downward** within their chain of command."

-Sull et al, (*HBR*, March 2015) "Why Strategy Execution Unravels—and What to Do About It."

And *even* harder amid "boundaries"

Distance	**Status**	**Knowledge**
From geographic dispersion across sites – or even different floors	From professional or organizational hierarchies	From professional background or organizational affiliation differences

Misunderstanding, coordination difficulties

Deference to authority, lack of speaking up

Differing assumptions, norms, incentives; "in-group favoritism"

The "tepid impasse" in horizontal relationships
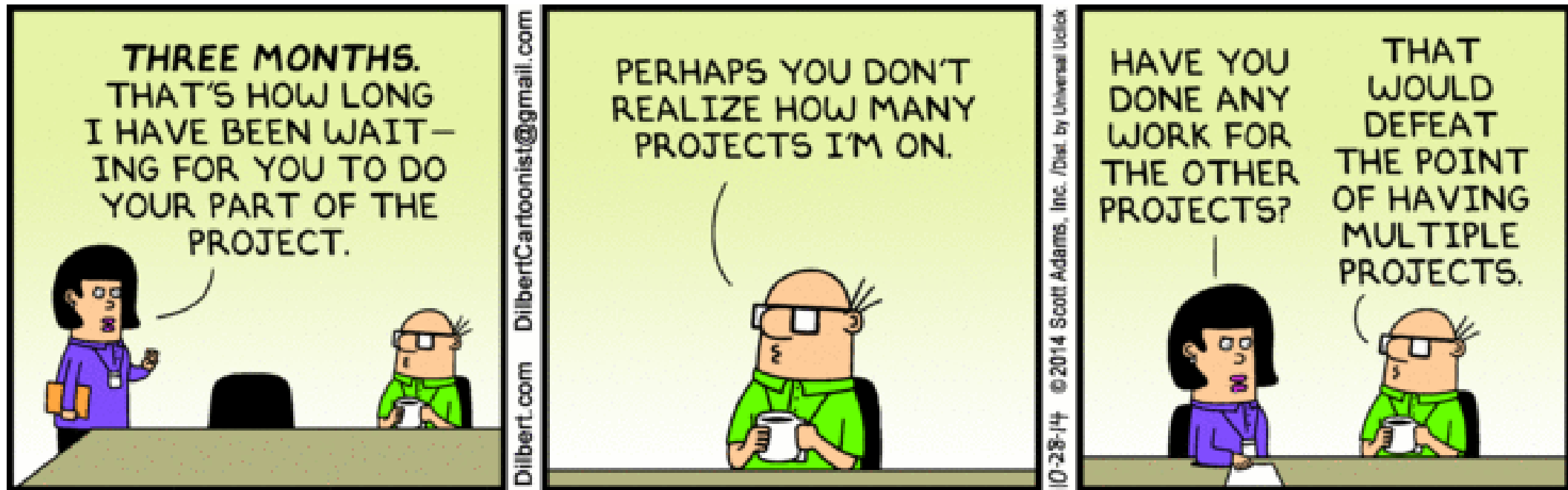
JOINT PROBLEM-SOLVING IS THE WORK

3.

Joint problem-solving can enable progress, even in very fragmented environments.

Your experience:

Think of horizontal teamwork that you took part in that worked well OR didn't

What happened?

Strategies identified in research

Distance	Status	Knowledge
Developing familiarity	Creating psychological safety	Fostering joint problem-solving

When people work across boundaries…

- Who did it?

- Others are obstacles

- Convince

- Statements & directives

- Using what you know

When people work across boundaries...

The default orientation	Joint problem-solving orientation
• Who did it?	• Why did this happen?
• Others are obstacles	• Others are resources
• Convince	• Co-create
• Statements & directives	• Questions & offers
• Using what you know	• Creating new knowlege

"Natural"

"Unnatural"

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An example at the extreme

- Program: Diabetes Prevention Program

- Organizations: YMCA Chapters and their local clinical partners

- Collaboration purpose: To design and implement referral of patients from the doctor to the program
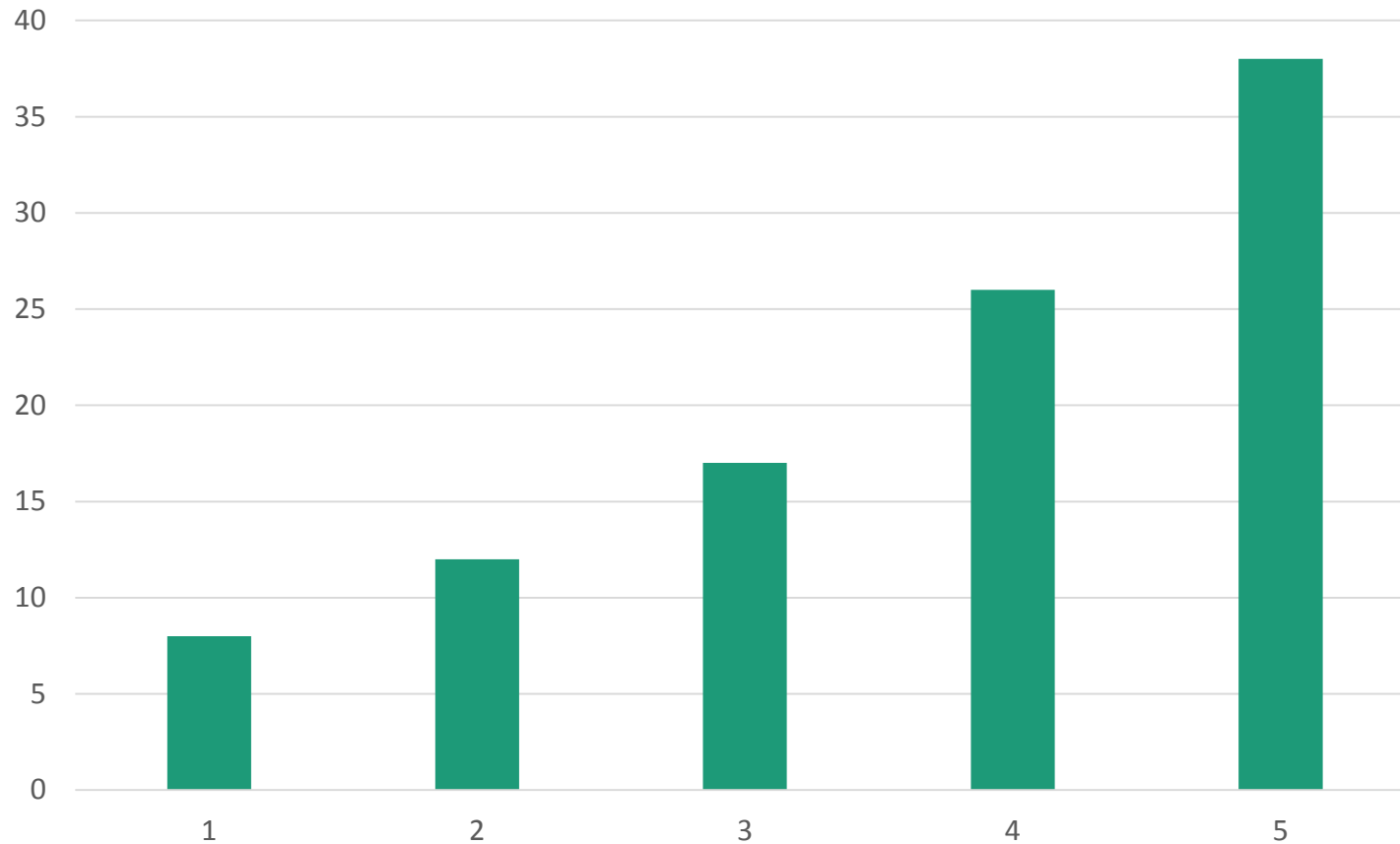
Joint problem-solving in action

"Like there is one school nurse who was so skeptical. I would have bet money she wouldn't send patients. She wanted a clear-cut plan with details. But I said I wanted help on the problem-solving."

3 BEHAVIORS

- Inviting the other to problem solve
- Asking questions to know how to proceed
- Offering points to help the work proceed

Some data

**Predicted referrals in previous year**

Joint problem-solving score

Extracted from Kerrissey & Edmondson 2019

When and why it helps

- ✓ Can occur rapidly in time-constrained interactions

- ✓ Does not require deep, long-standing relationships

- ✓ Can help to establish trust through interaction

- ✓ Can make progress even when the path is unclear

A virtuous but messy cycle of collaborating
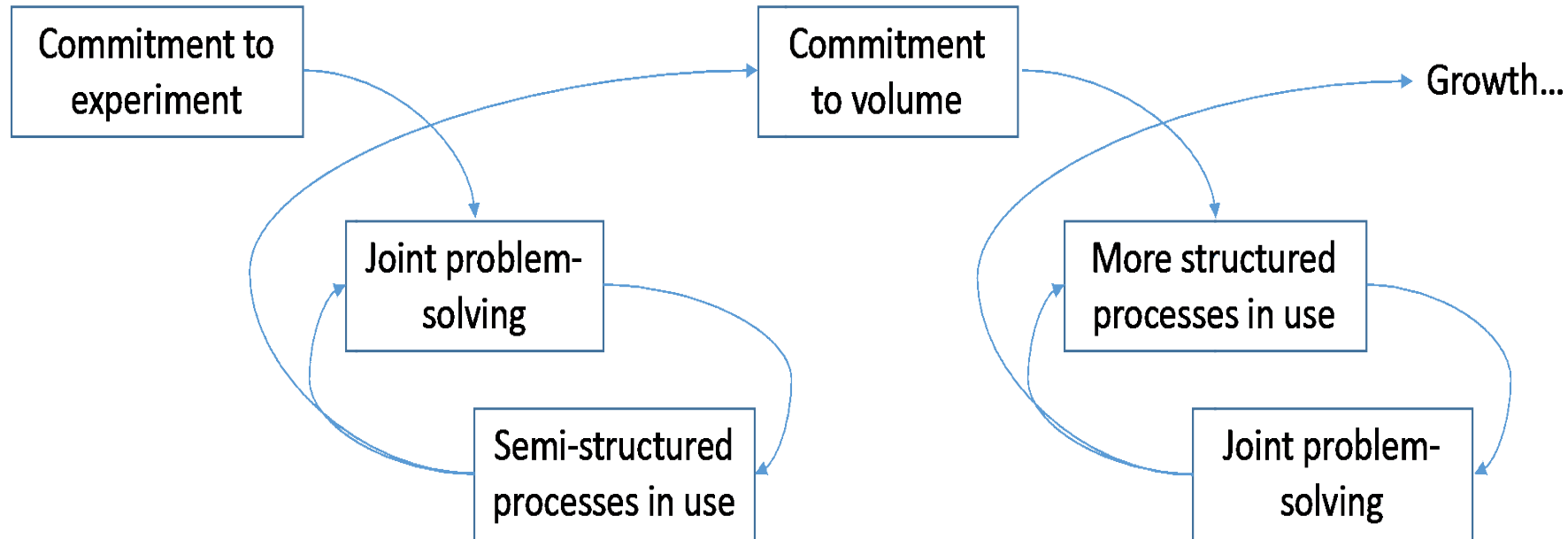
What leaders can do

- **Framing** the work as requiring innovation and learning, and thus requiring some (intelligent) failure

- **Encouraging** learning by doing, by giving permission to dive into the work even before all is clear

- **Fostering** joint problem-solving by hiring, training, and modeling behaviors of invitation and offering

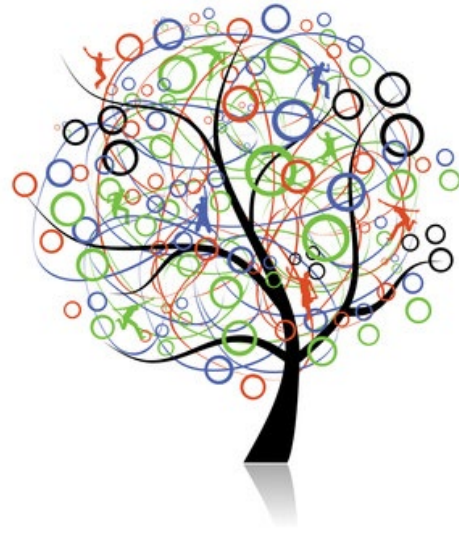- **Implementing process discipline** through learning routines

In Sum

1. A fundamental transformation in work

2. Teaming as the engine of change

3. Joint problem-solving IS the work

Teaming up for integrated care will mean more STRUGGLE than for ordinary work teams

But it also means more LEARNING, and that is the crux of transforming care to be more integrated

thank you

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