Enabling Teamwork for Integrated Care

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SHOW OF HANDS

On average, which team performs better?

a) A diverse team

b) A homogeneous team?

DIVERSITY CAN BUT OFTEN DOESN’T UNLOCK VALUE

High Team Homogeneity

High Team Diversity

High

Low

VALUE
3 ideas

1. A fundamental transformation in work
2. Teaming as the engine of change
3. Joint problem-solving IS the work
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

Adapted from Singer et al., 2011
Integrated care as solving a knowledge problem

Coordinated
Knowledge is trapped in people and systems

Continuous
Knowledge is not transferred across time

Patient-centered
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
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

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

Adapted from Edmondson, 2012
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

- 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

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hiring and training</strong></td>
<td></td>
</tr>
<tr>
<td>• Hiring experts and conformers</td>
<td>• Hiring problem-solvers &amp; communicators</td>
</tr>
<tr>
<td><strong>Communicating goals</strong></td>
<td></td>
</tr>
<tr>
<td>• Avoiding problems is paramount</td>
<td>• Problem-solving speed is paramount</td>
</tr>
<tr>
<td><strong>Evaluating performance</strong></td>
<td></td>
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<tr>
<td>• Did YOU do it right?</td>
<td>• Did WE learn?</td>
</tr>
<tr>
<td><strong>Organizing people</strong></td>
<td></td>
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<tr>
<td>• Focusing on tight vertical control of teams</td>
<td>• Enabling rapid teamwork across boundaries</td>
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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:

- Primary care physician
- Care manager
- Patient
- Family caregiver
- Social worker
- Dentist
- Meals on wheels
- Pharmacist
- Front desk at the PCP office
And then like this
And then like this

- Primary care physician
- Front desk at the PCP office
- Pharmacist
- Home health nurse
- Meals on wheels
- Patient
- Care manager
- Family caregiver
- Social worker
- Specialist
- Dentist
A single clinician has multiple of these!

For patient A
- Primary care physician
- Care manager
- Patient
- Family caregiver
- Social worker
- Dentist
- Meals on wheels
- Front desk at the PCP office

For patient B
- Patient
- Dentist
- Primary care physician
- Pharmacist

For patient C
- Primary care physician
- Care manager
- Front desk at the PCP office
- Patient
- Family caregiver
- Social worker

For patient D
- Primary care physician
- Patient
- Palliative care physician
- Oncologist
- Cardiologist
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

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.”

And even harder amid “boundaries”

**Distance**
From geographic dispersion across sites – or even different floors

**Status**
From professional or organizational hierarchies

**Knowledge**
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

THREE MONTHS. THAT’S HOW LONG I HAVE BEEN WAITING FOR YOU TO DO YOUR PART OF THE PROJECT.

PERHAPS YOU DON’T REALIZE HOW MANY PROJECTS I’M ON.

HAVE YOU DONE ANY WORK FOR THE OTHER PROJECTS?

THAT WOULD DEFEAT THE POINT OF HAVING MULTIPLE PROJECTS.

Dilbert.com

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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?
<table>
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<tr>
<th>Distance</th>
<th>Status</th>
<th>Knowledge</th>
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<tr>
<td>Developing familiarity</td>
<td>Creating psychological safety</td>
<td>Fostering joint problem-solving</td>
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</table>
When people work across boundaries...

The default orientation

• Who did it?

• Others are obstacles

• Convince

• Statements & directives

• Using what you know
When people work across boundaries...

**The default orientation**
- Who did it?
- Others are obstacles
- Statements & directives
- Using what you know

**Joint problem-solving orientation**
- Why did this happen?
- Others are resources
- Questions & offers
- Creating new knowledge

"Natural"

"Unnatural"
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

Kerrissey, Singer and Edmondson, 2019
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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