

Interprofessional collaboration in primary care teams

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Valorisation

This valorisation chapter describes the societal value of our findings. Besides the scientific value of the findings described in this thesis, they also have societal value. To become valuable, the outcomes of the research presented in this thesis have to be communicated not only within the scientific community, but also to the general public and to daily practice. This process of value creation from knowledge by making it suitable for and available to a broader public is known as ‘valorisation’. This valorisation chapter reflects on the relevance and innovativeness of the findings described in this thesis. It also discusses how the knowledge gained in this research project can be translated to the various target groups such as patients and health care professionals. Lastly, it outlines new activities and further dissemination.

Relevance

Dealing with the increasingly complex care demands of patients with (multiple) chronic conditions, care requires interprofessional collaboration by professionals of various disciplines, and the patient. Within the primary care setting, interprofessional collaboration often occurs in periodic team meetings. However, professionals appear to struggle to conduct efficient and patient-centred team meetings. Supporting such team meetings can improve the collaboration and communication among health care professionals and patients, which should eventually lead to the delivery of efficient coordinated and patient-centred care. We assume that efficient and patient-centred team meetings contribute to good quality of care, staff satisfaction and patients’ self-management.^{1,2} The findings presented in this thesis are relevant in this respect, since they outline a programme that assists interprofessional teams in reflecting on their functioning, eventually making them capable of improving the efficiency and patient-centredness of their meetings. Training chairpersons of interprofessional team meetings to become leaders and change agents for team development seems to be a promising and efficient approach. A sufficiently trained chairperson is equipped to guide a team’s development. Efficient collaboration will enable professionals from different disciplines to learn about each other, allowing them to consult each other more specifically. Improving patient-centredness and coordination of care might also overcome unnecessary use of care, decrease the number of errors, and conceivably reduce future health care costs.^{3,4} Although the initial programme was developed within the primary health care setting, its ingredients and basic ideas are also revealed within other settings, like hospital care and nursing homes.

Innovativeness

Nowadays, the importance of interprofessional collaboration and a patient-centred approach, i.e. the *why* question, appears to be generally accepted. However, application in practice, i.e. the *how* question, remained often unclear so far. Findings reported in this thesis offer insights into possible strategies for conducting patient-centred interprofessional team meetings. Our programme comprises different training activities including a team instruction meeting, peer feedback sessions, and on-the-job coaching. Moreover, the programme includes a toolbox with various practical tools to support organizing and structuring patient-centred team meetings. These tools are customizable and flexible in use. Improving team functioning by training and facilitating the teams' chairpersons to become change agents can be regarded as the programme's 'unique selling point'. Given the precondition of developing a programme for improving team functioning that requires a minimal time investment, we primarily directed our efforts at the chairpersons. As a change agent, the chairperson is trained to guide the team through development, and ensure patient-centredness before, during and after the interprofessional team meetings. Moreover, by conducting a thorough needs assessment (including intake interview, observation, and self-assessment), we aimed to deliver a programme adapted to a team's specific context and needs.

Our programme also aimed to fit in with the modern approach to health and functioning, in which health is defined as the ability to adapt and to self-manage, in the face of social, physical and emotional challenges.⁵ In contrast to the traditional definition by the World Health Organisation (WHO), this new concept is more holistic, including multiple domains. During the training course, we aim to encourage the participants to look at patients from a broader perspective, to be sensitive to patients' preferences and personal goals, and to avoid adopting a professional-centred and supply-driven approach. Within this perspective, participants were explicitly trained to explore patients' functioning from a broader perspective, supporting patients in expressing personal values and formulating goals. With the help of various tools, e.g. the format to prepare the meeting, we intended to guide teams to approach patients before, during and after interprofessional team meetings from a wider perspective, including, for instance, patient participation and social activities. These 'innovative' ideas regarding patient-centredness were incorporated as core values of the programme. Moreover, the fact that we actively involved patients in our research, and consulted them during both exploratory and development phase can be perceived innovative.

Target groups

There are several target groups for whom the results of this thesis can be considered relevant.

Patients

Based on the findings of our qualitative studies, in which we focused on patient participation and incorporated the patient perspective, we conclude that patients appreciate receiving consistent and coordinated care, rather than fragmented care by a number of different health care professionals and organisations. Patients increasingly value being given a voice in their own care process and being involved in the decision-making process. Patient-centredness can be regarded as a core value of our programme, in which patients' personal goals and needs are the point of departure during interprofessional team meetings. Actually exploring and introducing patients' personal preferences, and offering them (based on their preferences and capabilities) the opportunity to take part in interprofessional team meetings, should increase their self-management abilities and give them more of a say in their care process. However, it is neither always needed, nor preferred by patients to take part. As part of our programme, a central contact person or case manager was assigned to each patient. This contact person prepares the meeting by consulting the patient and exploring his or her goals. The contact person also introduces the patients' goals and perspective during the meeting, and informs the patient about the outcomes of the meeting afterwards, which is valued by patients.

Health care professionals

Our studies showed that professionals experienced problems in conducting efficient and effective, patient-centred interprofessional team meetings in primary care practices. Our observations showed that these meetings often lacked a clear structure and a team coordinator or leader. Moreover, various factors appeared to influence the process of interprofessional collaboration. Our programme aimed to provide the interprofessional teams with the support they needed to reflect on their own functioning, with the aim of improving team functioning.

In general, taking part in our programme was well appreciated by the professionals. They reported that the programme had resulted in improved structure and organisation of their meetings. According to them, the greatest progress was made in terms of efficiency, through improved preparation, agenda setting, time use and greater focus. Furthermore, the professionals perceived increased awareness of patient-centredness

and team processes. Achieving actual behaviour change among professionals regarding patient-centredness appears to be challenging.

Based on the findings, we concluded that both social care and health care professionals from various disciplines may benefit from improved interprofessional collaboration. On the one hand, better coordination and communication of care eases their workload, while on the other, collaboration and consultation with colleagues leads to increased knowledge and insights. Furthermore, interprofessional collaboration seems to increase the professionals' job satisfaction.⁶

Students and lecturers

In order to be able to collaborate in practice, students have to develop collaborative competences,⁷ which can be acquired during interprofessional education.⁸ In order to enable future health care professionals to develop these competences, Zuyd University of Applied Sciences, and Maastricht University are increasingly paying attention to interprofessional education. In several activities during their studies, the students are being acquainted with aspects of interprofessional collaboration. The collaborative competences are subdivided on the basis of their complexity, and incorporated into the curricula of various study programmes. Shared interprofessional learning appears to work best in small groups, using real-life problems.^{9,10} Findings from the research reported on in this thesis are used to shape the content of the interprofessional training. An example is the module entitled 'Interprofessional team meetings' in which all medical students from Maastricht University rotating in extramural care, and students from Zuyd University studying allied health subjects like speech therapy, occupational therapy, physical therapy, art therapy and nursing take part in a simulated interprofessional team meeting in which they discuss real patients. At each of these meetings, five real life care plans of patients encountered by the five medical students during their internship, are introduced, and discussed with five allied health students. Preliminary evaluations of this activity show that both students and supervisors positively experienced taking part. They mentioned to learn a lot about each other's discipline and especially valued working with real life, authentic cases.

In order to support lectures for the challenging task of guiding students in interprofessional activities, we recently developed and conducted a masterclass. During this masterclass we prepare lecturers to become facilitators for interprofessional education by providing them with practical tools they can use in their lessons and interprofessional activities.

Health insurance companies

The findings reported in this thesis underline the importance of interprofessional collaboration and show the role played by external organisations like insurance companies. Health insurers acknowledge the importance of interprofessional collaboration in team meetings. They can play a significant role in encouraging interprofessional collaboration by including it as a precondition for reimbursement in the negotiations on purchasing care. Currently, reimbursement for participation in interprofessional team meetings is only provided for family physicians, while allied health professionals are expected to attend interprofessional team meetings without any financial reward.

Health care insurance companies therefore should pay attention to their internal organisation and remove interprofessional barriers in order to create a supportive structure and cooperative attitude, enabling an interprofessional care approach. Moreover, insurance companies primarily focus on initiatives that show quantified effects or generate cost savings. Although it is hard to assess the cost-effectiveness of interprofessional team meetings, we assume that if efficiently conducted, patient-centred interprofessional team meetings will eventually contribute to efficient use of time, and reducing health care costs.

Regional care groups

Our programme was developed and implemented through action research comprising a process of co-creation with various health care professionals from different primary care practices. In the Netherlands, most of these practices are connected to regional coordinating care groups, some of which acted as partners in recruiting participating practices. These care groups are responsible for providing continuing education mainly to the participating family doctors and practice nurses. Most care groups feel the need to work on interprofessional collaboration, and some have already incorporated a refresher course or training activity on creating awareness of interprofessional collaboration in the activities they offer, based on our programme.

Researchers

The findings presented in this thesis contribute to the body of scientific knowledge about the process of interprofessional collaboration for care plan development. In addition, the findings offer insights into the challenges as well as the advantages of the different methodologies used in our practice-based research. It appears valuable to conduct a thorough problem analysis, and develop an improvement programme following an iterative process characterized by co-creation with intended users.

Moreover, various useful themes for future research have emerged from our findings. Conducting the research for this thesis also contributed to the research collaboration between Zuyd University and Maastricht University, resulting in follow-up activities. Moreover, interprofessional collaboration is also needed in research projects in which researchers from different disciplines, departments or institutions take part. Ingredients of our programme could also be useful for improving the functioning of interprofessional research teams.

Activities and further dissemination

Given the currently available knowledge and expertise, and the increasing number of questions from people engaged in interprofessional collaboration, it appears valuable for Zuyd University in alliance with Maastricht University to develop a centre of excellence in interprofessional collaboration. This centre of excellence could act as a joint organisation conducting research, disseminating knowledge, and providing support and training in the field of interprofessional care. Together with Zuyd Professional (the commercial division of Zuyd University), we will examine the possibilities for further dissemination in practice. The programme described in this thesis will be disseminated and implemented in various primary care practices through the regional care groups. By means of national and international presentations and articles, we will attempt to raise our profile in other geographic regions and care settings. At the moment several professionals and organisations also from other settings than primary care, nationally as well as internationally, are interested in acquiring our programme and the various tools. Therefore, we intend to examine the programme's suitability and applicability in other settings, like hospitals, community centres and nursing homes, by conducting qualitative needs assessments. At two nursing homes of the Zuyderland organisation, we recently conducted a pilot project aimed at initiating and developing interprofessional team meetings. Based on a thorough needs assessment (including intake interview, observation, and self-assessment), the content of our programme, including training activities and supporting tools, has been adapted to fit the specific nursing home context.

We are also exploring the field outside our geographic region. For example, we recently started to collaborate with the local interdisciplinary network in the Belgian city of Ghent. The findings reported in this thesis will also be applied in the curricula of various undergraduate programmes. Interprofessional collaboration and the development of collaborative competences will become mandatory within the curricula of various educational programmes. An example is that of the interprofessional team meetings

described above, in which students from various disciplines and types of education take part. To further disseminate our research findings and teach students, a textbook highlighting the various aspects of interprofessional collaboration and education will be written. Dissemination will also be achieved by supporting the development of learning environments in different practices. These environments, known as communities of practice, offer opportunities for both students and professional workers to learn about, from and with each other.¹¹

The findings presented in this thesis will also be used as input for other research projects, and will enhance further research collaboration between Zuyd University and Maastricht University. We will also explore possible collaboration with other universities working on interprofessional collaboration, like Windesheim University of Applied Sciences, HAN University of Applied Sciences, Fontys University of Applied Sciences, Radboudumc, and University of Antwerp.

The possibilities for innovative e-Health technology supporting interprofessional collaboration are expanding,¹² so it seems interesting to explore suitable opportunities for the implementation and integration of e-Health technology to support interprofessional teams. And finally, the development of sustainable interprofessional teams needs a team-friendly healthcare system, including support from the wider organisational context. In order to achieve fundamental changes in the policy and approach of insurance companies regarding remuneration of interprofessional team meetings, they have to be convinced of the added value offered by such meetings. Therefore, follow up studies should examine the actual outcomes of efficient and patient-centred interprofessional team meetings.

As becomes clear, implementation and dissemination are in full swing. However, we have to be aware that we are still at the beginning, and realize that additional research in the field of interprofessional collaboration is needed.

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