



## **Interprofessional Care:** Building interprofessional collaborative practice to strengthen health outcomes

A strong health care team that collaborates well can drive safer care delivery and improve client outcomes. The World Health Organization (WHO) recognizes interprofessional collaboration as an evidence-based strategy to enable stronger collaborative practice<sup>1</sup>. Interprofessional collaborative practice can improve quality of care, prevent medical errors, reduce length of stay, and lower costs<sup>2</sup>. As key care coordinators and excellent communicators, case managers can be integral to effective interprofessional collaboration.

“The WHO has defined interprofessional collaboration as occurring when ‘multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care,’<sup>3</sup>” says Vivian Campagna, DNP, RN-BC, CCM, ICE-CCP, Chief Industry Relations Officer at the Commission for Case Manager Certification. “It is a partnership that starts with the patient and includes all healthcare providers working together to deliver patient- and family-centric care.”

Interprofessional collaboration requires all health professionals to mutually understand

and respect the contributions and skill each profession brings to the team, working together to achieve the common goal of improving health outcomes. Collaboration should be cross-functional, integrating the strengths of each professional to optimize care.

“It is widely known that poor communication between health professionals not only contributes to increased mortality but also increases both length of hospital stays and hospital readmission rate,” Campagna states. “To achieve optimal patient or client outcomes, different health care professionals need to prioritize collaboration and communication.”

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1. World Health Organization. Framework for action on interprofessional education & collaborative practice. www.who.int. Published 2010. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>
2. Institute of Medicine Committee on the Health Professions Education Summit. Health Professions Education: A Bridge to Quality. In: Greiner AC, Knebel E, editors. Washington, DC: National Academy Press; 2003. <https://www.ncbi.nlm.nih.gov/books/NBK221528/>
3. World Health Organization. Framework for action on interprofessional education & collaborative practice. www.who.int. Published 2010. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

Several experts compare a well-functioning interprofessional team to a sports team, as sacrifices are made for the common goal of improving health outcomes, and each team member's individual role is critical to achieving it<sup>4</sup>. Similar to a sports team, interprofessional team members should value their shared goal over their egos while prioritizing clear communication, accountability, cooperation, and a cohesive strategy.

### Case study: Interprofessional teams can help achieve the Quadruple Aim of health care

Dr. Joy Doll, OTD, OTR/L, Associate Professor and Program Director of Health Informatics at Creighton University, has extensive experience working with interprofessional collaborative practice and has seen firsthand how it can support the Quadruple Aim of health care: Focusing on patient experiences, population health, cost reductions, and the wellbeing of care teams<sup>8</sup>.

As a university professor, Doll collaborated to build a clinic with an interprofessional collaborative care model uniting nine different health professions, which was later replicated in a study to demonstrate the model's sustainability. During these

## Figure 1: Operational Definitions<sup>5</sup>

- **Interprofessional education:** “When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.”<sup>6</sup>
- **Interprofessional collaborative practice:** “When multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care.”<sup>7</sup>
- **Interprofessional teamwork:** The levels of cooperation, coordination and collaboration characterizing the relationships between professions in delivering patient-centered care.
- **Interprofessional team-based care:** Care delivered by intentionally created, usually relatively small work groups in health care who are recognized by others as well as by themselves as having a collective identity and shared responsibility for a patient or group of patients (e.g., rapid response team, palliative care team, primary care team, and operating room team).
- **Professional competencies in health care:** Integrated enactment of knowledge, skills, values, and attitudes that define the areas of work of a particular health profession applied in specific care contexts.
- **Interprofessional competencies in health care:** Integrated enactment of knowledge, skills, values, and attitudes that define working together across the professions, with other health care workers, and with patients, along with families and communities, as appropriate to improve health outcomes in specific care contexts.

experiences, she saw firsthand the efficacy of a well-functioning interprofessional team and how it can help meet the Quadruple Aim. She cites dramatic reductions in emergency department visits and hospital readmissions (by >40%), patient blood sugar levels (by 9%), and

costs (by \$4.2 million) — as well as major improvements in patient and employee engagement<sup>9</sup> (**see Figure 2**).

“The clinic moved to number one in employee and patient engagement over 150 other clinics,” Doll says. “The clinicians

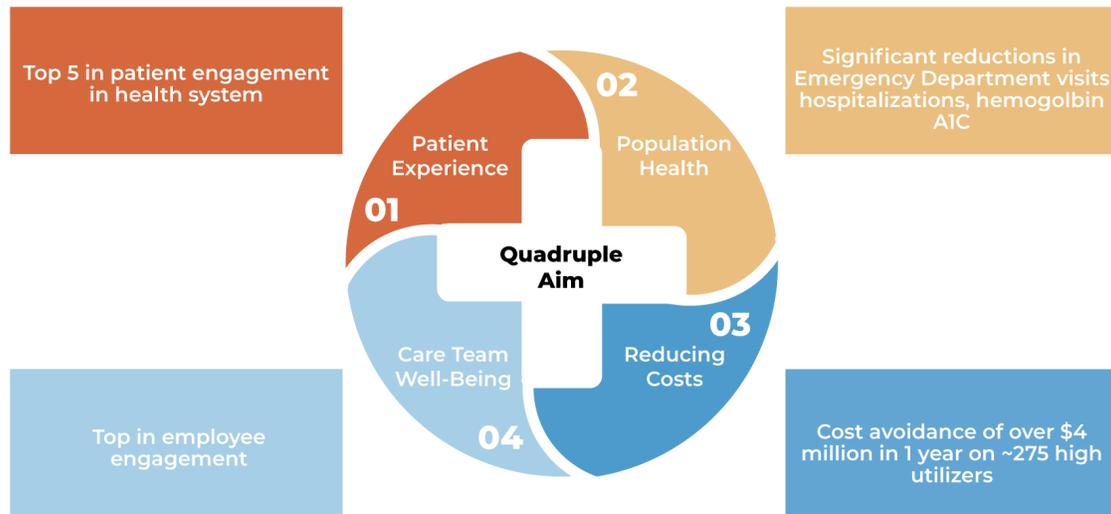
4. Bosch B, Mansell H. Interprofessional collaboration in health care: Lessons to be learned from competitive sports. *Canadian Pharmacists Journal*. 2015;148(4):176-179. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4530359/>

5. Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Interprofessional Education Collaborative; 2016. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

6. World Health Organization. Framework for action on interprofessional education & collaborative practice. www.who.int. Published 2010. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

7. World Health Organization. Framework for action on interprofessional education & collaborative practice. www.who.int. Published 2010. <https://www.who.int/publications/i/item/framework-for-action-on-interprofessional-education-collaborative-practice>

**Figure 2: Study findings - Improved outcomes from interprofessional collaborative practice<sup>10</sup>**



were happier, and in today's climate, where there's burnout and challenges in health care, it's super important that we support environments where people can build resiliency and lean on each other to be effective team members... It's about us as health care workers, and being able to be effective, feel good about the work we do, and find the joy and spark in why we became a clinician. A lot of that can come from being on a good team."

Trust plays a key role in driving this engagement and reducing turnover (**see Figure 3**). Building trust in one another by focusing on improved collaboration can be a powerful tool to mitigate the crisis of health care staff burnout.

"Not only did we find our employees more engaged, but we also found our patients more engaged and much

more compliant with their health care plans, again, because they were considered part of the team," Doll states. "We saw significant reductions in those high-cost areas of care, but we also saw an impact on chronic disease management. We were able to impact behavior change, which we felt as a clinical team was our most powerful metric."

### Interprofessional education and training are key components

The Institute of Medicine supports interprofessional education as a strategy to bolster health care quality<sup>12</sup>.

"Health professional students engage in interactive learning with those outside of their professions as a usual part of their education, the goal of which is to build a safer and

better patient-centered health care system," Campagna explains. "Ideally, health care professionals will have trained alongside each other so they can fully understand how each expert can contribute to the client's care."

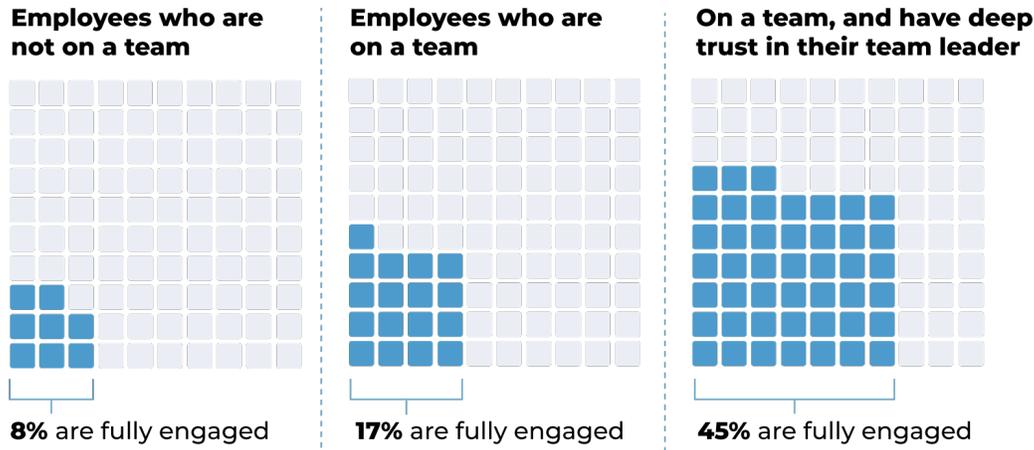
Interprofessional education can vary depending on the setting, and many models are still being explored, but a common theme driving success among them is helping students understand both their own profession and those of others on their teams<sup>13</sup>. Interprofessional education can strengthen collaborative practice by helping prepare each individual to fully comprehend other team members' roles, coordinate care collaboratively, and transition clients across the team if needed.

8. Sikka R, Morath JM, Leape L. The Quadruple Aim: care, health, cost and meaning in work. *BMJ Quality & Safety*. 2015;24(10):608-610. doi:https://doi.org/10.1136/bmjqs-2015-004160

9. Guck TP, Potthoff MR, Walters RW, Doll J, Greene MA, DeFreece T. Improved Outcomes Associated With Interprofessional Collaborative Practice. *The Annals of Family Medicine*. 2019;17(Suppl 1):S82-S82. doi:https://doi.org/10.1370/afm.2428

10. Guck TP, Potthoff MR, Walters RW, Doll J, Greene MA, DeFreece T. Improved Outcomes Associated With Interprofessional Collaborative Practice. *The Annals of Family Medicine*. 2019;17(Suppl 1):S82-S82. doi:https://doi.org/10.1370/afm.2428

## Figure 3: Types of Eldercare Services Available<sup>11</sup>



Source: ADP Research Institute, 2019

Many health professions' accreditation guidelines now require some level of interprofessional collaboration, so newer graduates may have at least some interprofessional training. More seasoned health care professionals are more likely to have trained independently of one another, but learning about best practices and other professions can still help guide interprofessional collaboration.

"I never interacted with any other professionals until I was in the clinical environment," says Doll. "And then there was some confusion and shuffling, especially around discharge planning, of who does what. I found that I really needed to learn what those other people did, and I was lucky in my first role to work in an interprofessional environment where we had team meetings and collaborated."

In practice, the Interprofessional Education Collaborative states that interprofessional collaboration encompasses four key focus areas: values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork<sup>14</sup>.

### Interprofessional collaboration in practice: Values and ethics; roles and responsibilities

Values and ethics refer to team drivers. These may include behaviors the team engages in or avoids to strengthen professional relationships, as well as client care models the teams adopt to drive the best outcomes. Aligning on values and ethics can be an important step and can later help inform ground rules that enhance teamwork.

Team members must also fully understand one another's roles and responsibilities and feel comfortable asking one another if they don't.

"We may have an understanding of what a pharmacist does or what a case manager does, but it may not be comprehensive or correct," Doll explains. "When I was working in the primary care team, I had, in a team meeting, a family physician say, 'I've been a physician for 20 years, and I don't know what occupational therapy does, can you tell us?' And I thought this was wonderful for two reasons. One, this person feels safe to ask this question in this environment, because I'm sure they wanted to many times, and they've never had a chance to ask. And the other is an opportunity for me to tell a whole group of people what I do, so that they can refer patients to me and we can be a team."

11. The Power of Hidden Teams. Harvard Business Review. Published May 14, 2019. <https://hbr.org/cover-story/2019/05/the-power-of-hidden-teams>
12. Buring SM, Bhushan A, Broeseker A, et al. Interprofessional Education: Definitions, Student Competencies, and Guidelines for Implementation. American Journal of Pharmaceutical Education. 2009;73(4):59. doi:<https://doi.org/10.5688/aj730459>
13. Bridges DR, Davidson RA, Soule Odegard P, Maki IV, Tomkowiak J. Interprofessional collaboration: three best practice models of interprofessional education. Medical Education Online. 2011;16(1):6035. doi:<https://doi.org/10.3402/meo.v16i0.6035>

## Interprofessional collaboration in practice: Interprofessional communication

Interprofessional communication refers to how interprofessional team members communicate with one another, including clients and their families, in ways that each team member understands. Each profession may have its own distinct language with jargon and acronyms that people in other professions may not be familiar with. It's important to try to translate any profession-specific language for one another and make each other feel comfortable asking for clarification.

Studies show that miscommunication can contribute to feelings of frustration between different professions on the team<sup>14</sup>. Making an effort to be considerate about language and tone is helpful, as is speaking up when a team member's behavior is negatively affecting or being perceived poorly by other team members—because often, the person might not even be aware.

"A lot of nurse practitioners and physician's assistants are offended by the terms 'mid-level' or 'physician extender' and almost bristle at these terms," Doll says. "But most of the time, the people who

are using that language have no idea that they're offending their team member."

Team members should always try to make sure their messages are being understood.

"In health care, we often play the game of telephone, where we verbally tell things, and we don't necessarily check that people understand what's being said or how it's being said," Doll explains. "This leads to a lot of errors, missed opportunities, and mistakes, even as drastic as readmissions or emergency department visits... When we're making sure that we understand each other and we're communicating effectively across the team, we can avoid a lot of these challenges."

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There are also certain language shifts that can help facilitate stronger interprofessional collaboration, including:

- Shifting to "we" and "our" language when speaking with clients, including them as part of the team
- Incorporating "yes, and" — while the "yes" conveys that team members hear one another and are listening, the "and" enables them to add their own perspective
- Aligning on how people refer to themselves and one another on the team to maximize respect.

Doll explains that while her teams have always called one another by their first names behind closed doors, naming one another by their professions to patients, acknowledging their education and expertise, has been an important aspect of her experience to have the patient understand that they had a well-educated and well-formed team.

Technology can help facilitate interprofessional communication, offering a means for teams to align electronically. Electronic health records (EHR), in particular, can either help or hinder collaboration. Doll notes that a collaborative care note that everyone can access can be added to an EHR to facilitate a coordinated care plan, but that in some cases, EHRs are not always built in a way that best supports collaboration. Teams can benefit from assessing how their technology is being used and flagging any technical issue that may worsen client health outcomes.

14. Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Interprofessional Education Collaborative; 2016. <https://ipec.memberclicks.net/assets/2016-Update.pdf>

15. Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. *Nurse education in practice*, 19, 36-40.

## Interprofessional collaboration in practice: Teams and teamwork

It takes time for a team to become high performing through effort and cultivation of relationships. Interprofessional teamwork typically requires meetings where all members of the team can share information and collaborate on care plans. It often also means embracing challenges that present opportunities for growth.

“Being a team member is a lifelong learning process,” Doll states. “It requires a lot of self-awareness. You’ll be within different teams, and people come in and out of teams. Being able to recognize when things are going well in teams and when things are challenging is an important life skill that we all need to continue to develop.”

Doll recommends setting the tone and a positive culture by establishing ground rules to align on how the team treats one another, promoting self-awareness and accountability. These may include assuming positive intent, promoting psychological safety, and maintaining flexibility and

transparency. She also states that teams can set a beneficial culture and tone starting meetings by expressing gratitude, or praising others for moments when their teammate saved their day. Team-building exercises can also be helpful, including:

- Setting a motto
- Adopting a team name
- Reflecting on progress and potential areas of improvement
- Self-assessments such as:
  - Bolman and Deal Four Framework of Leadership
  - Implicit bias training
  - DISC personality test
  - Identifying strengths and conflict styles

The “I” in an interprofessional team is important because each individual team member brings their own critical expertise, skills, and training, and may have good and bad days. Self-awareness can be helpful on an interprofessional team so that each member can convey to others how they work best, where they fit, and what they need from one another. However, thinking about the team from a “we” perspective is also essential — not that everyone on a team has to agree, but that everyone feels a strong sense of psychological safety and can negotiate,

collaborate, and get on the same page.

Doll points to a personal example of her collaboration with a pharmacist. A pharmacist may work to eliminate a client’s pain by prescribing pain medication, but if the dosage is too high, the client may be unable to complete occupational therapy. By collaborating and planning together, Doll and the pharmacist can ensure the client receives the right dosage to experience minimal pain but still be able to engage in therapy and be discharged more quickly.

## Behaviors that drive interprofessional collaborative success

According to Doll, there are many behaviors that contribute to a high-performing interprofessional team (**see Figure 4**). Trust and empathy are crucial — respecting others’ perspectives and being understanding when a team member is having a bad day.

Conflict and disagreement are inherent facets of teamwork that must be embraced as opportunities to work through potential solutions. Team members can recognize

**Figure 4: Elements of a high-performing team**



Trusting people - showing and telling them



Caring for one another



Appreciating diverse perspectives



Being okay with asking questions



Vulnerability - both for yourself and others

when things are not going as planned and course correct. For instance, a team might evaluate whether their meetings are taking the right amount of time or how they can be more effective.

“Maybe you have a leader who is very autocratic, and does not want to really solicit opinions from different perspectives,” she explains. “Or, maybe there's a team member that doesn't say things in the meeting and has what's called ‘the meeting after the meeting’, and it's disruptive and not getting to the core of the issue. One of the biggest things we see is that people shy away from conflict and conflict is inherent in interprofessional and diverse teams, but conflict doesn't always mean that it's a failure — sometimes it can mean a lot of growth.”

Asking questions and building dialogue are helpful, as are embracing vulnerability and shaking off one's ego. Leaders can play a key role in modeling this behavior for others, but anyone should feel safe on an interprofessional team to venture outside of traditional hierarchical roles and speak up about important topics such as client safety issues.

Valuing oneself and one another is also an important factor in interprofessional collaborative success.

Doll emphasizes that those who tend to bring negative perspectives should not be dismissed, as they may be pointing out potential areas of improvement. Conveying respect for their perceptions

and challenging them to brainstorm solutions can lead them to become invaluable team members.

***“I notice a lot of times in health care teams, people say, ‘I'm just the case manager,’ or ‘I'm just the medical assistant,’” Doll states. “You're never just a ‘just’; every role is important in helping deliver optimal and comprehensive health care. And I encourage you, when people say they're ‘just a...’, to tell them, ‘No, that is not true. You are very valued here.’”***

## **The role of case managers and disability management specialists**

“Every team I've ever been a part of really realized that the importance of case management and values it and recognizes that we all should be a part of that process,” Doll states. “Your input is incredibly valuable.”

Case managers and disability management specialists are well positioned to engage in interprofessional collaborative practice, especially with their strengths in communication and advocacy. Directly engaging other team members; advocating for clients and families; helping them navigate the health care system or return to work; informing other team members of specific circumstances or needs; and monitoring progress and outcomes can all enhance outcomes on an

interprofessional collaborative team.

To improve their collaborative practice, case managers should consider their past experiences and evaluate what contributed to team successes and failures. Challenges that can hinder collaboration may include stereotypes and biases around specific professions and variations in payment models across the U.S. — Doll notes that fee-for-service models are often incompatible with interprofessional collaborative practice.

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“I encourage you to be cognizant of what's going on in your own healthcare system,” Doll urges. “Because this may explain why you have either great team experiences, or you have challenging team experiences. It's also important to understand that healthcare teams come with a lot of historical baggage around who can speak up, and sometimes we have stereotypes and biases around professions that really damage collaboration.” Doll recommends that case managers and disability management specialists consider what clients want — which in her experience means cultivating a healthy lifestyle, help navigating the health system, getting behavioral health support, and changing

behavior — and how an interprofessional team can help support them in their daily lives.

“There is a lot of data now to show the value that case managers bring,” she says. “And it's important to show that so that you're a valued member of the healthcare team. As we move to more value-based payments, focus on social determinants of health, and look at data and innovative care models, I think the opportunity to be part of interprofessional teams as case managers will only grow and become increasingly more valued.”

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Interprofessional collaborative practice can help deliver high-quality health care. By working together in concert to achieve a common goal, respecting and trusting one another's professions, and involving clients and their families as part of the care team, healthcare

professionals can work to improve not only clients' wellbeing, but also their own.

“I challenge you to be the change,” Doll urges. “if you're working in an environment where team based care is not the norm, how do you set the stage and start to role model collaborating with your colleagues to be the person that can drive this change and support the growth of teamwork and improving care delivery?” ■

# About the Experts



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In 2023, **Joy Doll** launched her own consulting firm to support organizations to bridge health care and social care, Hello Better Healthcare, LLC. She is Associate Professor and Program Director of Health Informatics at Creighton University. Prior to launching Hello Better Healthcare, Joy Doll was the Vice President of Community Programs for CyncHealth. In this role, Joy supported cross-sector partnerships to build a social determinants of health ecosystem that includes community-based organizations, health information technology, 211 and health care organizations. She led the first EHR integration of health care and social care in the state of Nebraska. She is a passionate advocate for health equity supporting programs like the Health and Dwelling, a Medical Respite for the Homeless and the Greater Omaha Pathways Hub.

Prior to joining CyncHealth, Joy served as the Inaugural Executive Director for establishing the Center for Interprofessional Education and Research (CIPER) where she was engaged with CHI Health to develop, establish, and study an interprofessional clinical learning environment. She was the Vice Chair of the Department of Occupational Therapy in the School of Pharmacy and Health Professions at Creighton University. During her time at CU, she was also the director of a Post Professional OTD Program where she was responsible for recruitment and retention of students, managing student issues, and maintaining program excellence.

Joy is author of the textbook Grant Writing and Program Development for Occupational Therapy Practitioners: Making the Connection and over 50 book chapters or peer reviewed journal publications. She is a sought-after podcaster and speaker including the 2018 TedX Talk entitled Cultivating Collaboration in Health Care: The Journey of an Accidental Expert. Joy earned her Doctor of Occupational Therapy degree in 2003 from Creighton University. In May 2022, she completed a mini MBA from University of Arizona as a recipient of the CommonSpirit Equity Impact Scholarship.

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Campagna has been involved in case management for more than 30 years, holding staff and administrative positions on the independent and acute care sides of the industry.

Campagna worked with CCMC as a volunteer for more than 10 years. She is a former Commissioner and past chair for the Commission. She has served as Chair of numerous committees for CCMC, most recently the Ethics and Professional Conduct Committee, overseeing a revision of the Code of Professional Conduct.

Campagna has published numerous articles on case management topics, as well as presented at case management conferences and taught continuing education courses.

Campagna earned her nursing diploma from St. Clare's Hospital and Health Center School of Nursing, her bachelor's degree from CW Post Center of Long Island University, her master's degree from Seton Hall University, and her Doctorate of Nursing Practice (DNP) from American Sentinel College of Nursing & Health Sciences at Post University. She is certified in case management by both the Commission for Case Manager Certification and the American Nurses Credentialing Corporation.



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