



A Resource Center for Today's Case Manager

# **Building Interprofessional Team Skills for Collaborative Practice**

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**Joy Doll, OTD, OTR/L**  
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Chief Industry Relations  
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Case Manager Certification





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# Agenda

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- Welcome and Introductions:
  - Commission for Case Manager Certification
  
- Presentation:
  - Joy Doll, OTD, OTR/L  
Associate Professor and Program Director of Health Informatics,  
Creighton University



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## Exam Prep Resources

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Quiz App



Practice Exam



Glossary App



Certification 360  
Virtual Workshops



Printable  
Glossary



Exam Prep  
References



8-Week  
Prep Circuit

Proprietary to CCMC®



# CM Learning network<sup>®</sup>

A Resource Center for Today's Case Manager

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<https://bit.ly/42KlhjQ>

Your feedback helps us provide speakers and topics most relevant to you and the important work you do!



Proprietary to CCMC<sup>®</sup>



# CM Learning network®

A Resource Center for Today's Case Manager

The screenshot shows the website's navigation bar with the following items: FIND A CCM, CCM VERIFICATION, JOBS, MEDIA, CONTACT, and LOG IN. Below the navigation bar is the CCMC logo (Commission for Case Manager Certification) and social media icons for Facebook, LinkedIn, Twitter, Instagram, and YouTube. A search bar is also present. The main navigation menu includes: About CCMC, Get Certified, Stay Certified, Develop Others, and Workforce Development. The Workforce Development menu is highlighted with a red circle and contains the following items: CMLearning Network, CMLearning Network at a Glance, 2020 Compendium, Case Management Body of Knowledge (CMBOK), Career Center, PACE Provider Directory, PACETM Guide for Providers, Care Management Journal (ACCM), Workshops, and WorkForce Development. The main content area features a 'Get Certified' section with a 'GET CERTIFIED >' button and a testimonial: 'A 2018 survey found that 3 out of 5 employers reimburse CCM exam and 44% of employers require the certification.'

Proprietary to CCMC®



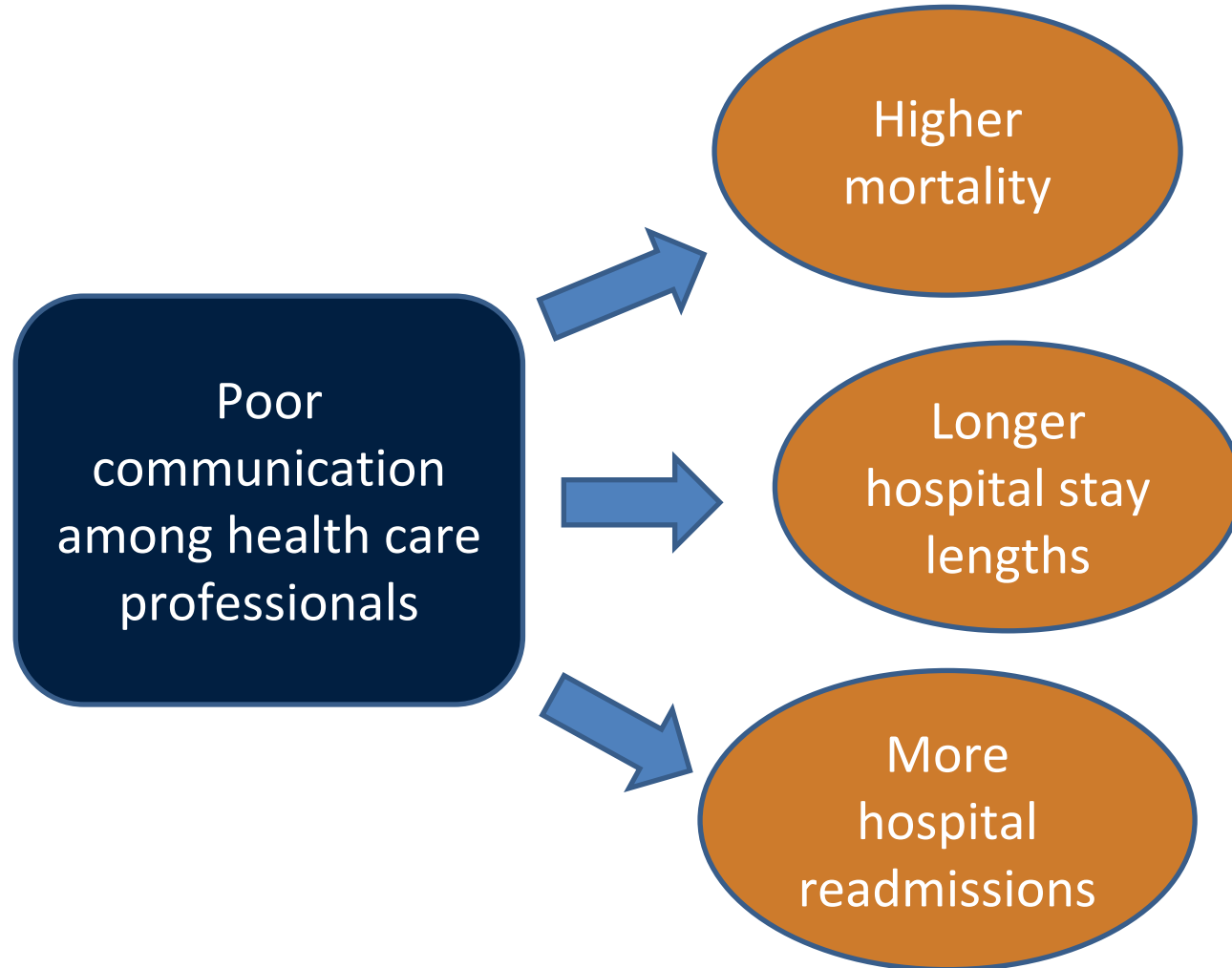
## Interprofessional Collaborative Care

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**Vivian Campagna, DNP, RN-BC,  
CCM, ICE-CCP**  
Chief Industry Relations Officer, the  
Commission for Case Manager  
Certification

# The Need for Interprofessional Care



- Interprofessional care prioritizes:
  - Communication
  - Collaboration & mutual respect
  - Education: Interactive learning outside of individual professions
  - Patient- and family-centered care

# How Interprofessional Care Works

- Interprofessional education
- If trained in siloes, learn best practices
- Similar to sports team:
  - Communicate clearly
  - Set aside ego
  - Foster respect
  - Focus on goal — better client care







A Resource Center for Today's Case Manager

# Building Team Skills for Collaborative Practice

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**Joy Doll, OTD, OTR/L**  
**Associate Professor and Program Director**  
**of Health Informatics, Creighton University**



# Building Team Skills for Collaborative Practice



A little about  
me....

# Session Objectives

After this presentation, the successful participant will be able to:

1. Define interprofessional collaboration;
2. Identify the role of case managers and disability management specialists in interprofessional collaboration;
3. Describe how interprofessional collaboration is important for assuring client safety; and
4. Explain how interprofessional collaboration occurs when communication occurs using technology.

Interprofessional education: “When students from two or more professions\* learn about, from and with each other to enable effective collaboration and improve health outcomes.”  
(WHO 2010)

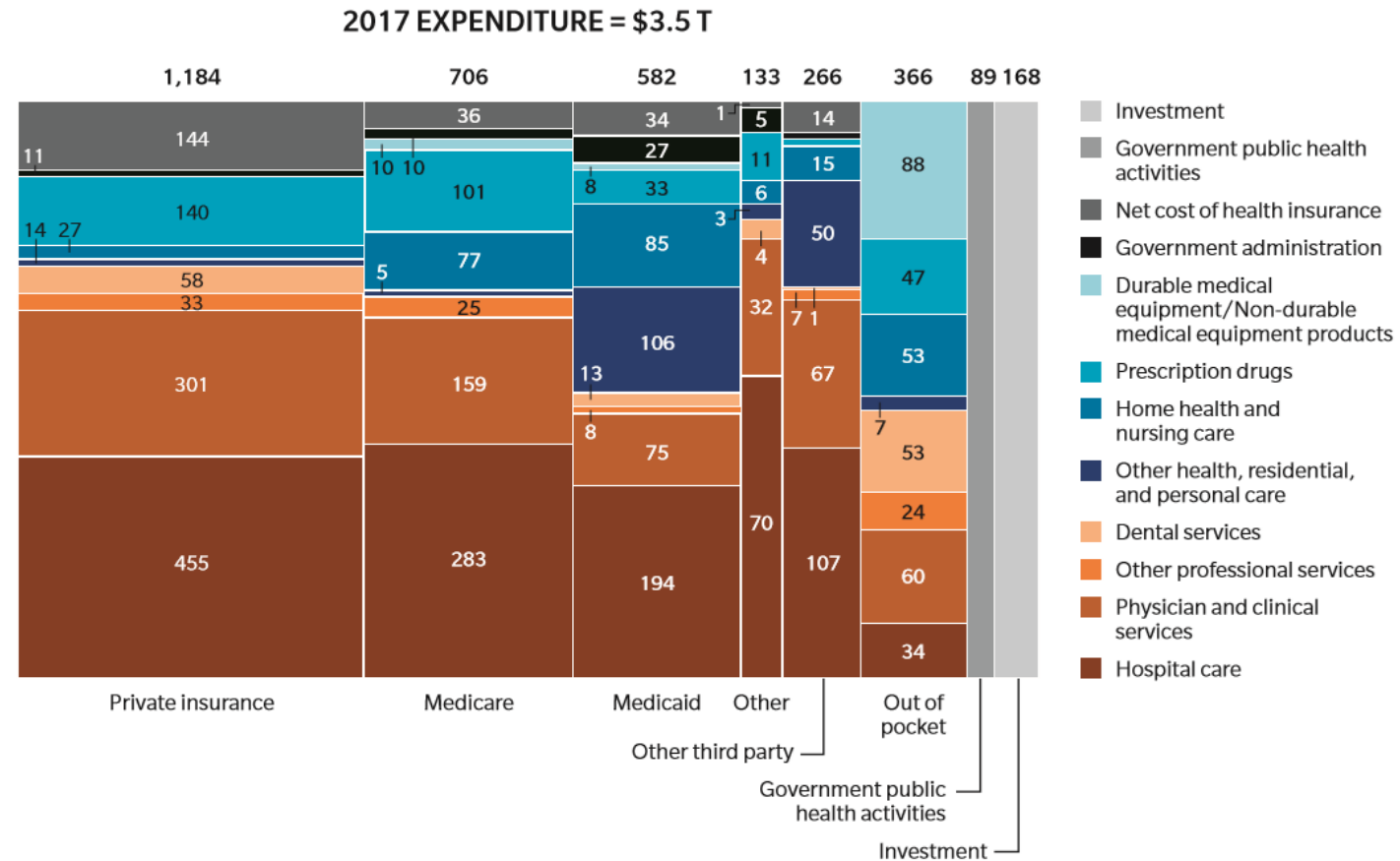
Interprofessional collaborative practice: “When multiple health workers from different professional backgrounds work together with patients, families, [careers], and communities to deliver the highest quality of care.” (WHO 2010)

# Case Management is Interprofessional!

Your role calls you to interact and engage with other team members  
I am sure you have some success stories and some miserable failures

Every team I have been a part of realizes the importance of your role!

## EXHIBIT 1. OPPORTUNITY FOR IMPACT: CURRENT US HEALTHCARE EXPENDITURE (IN \$BN)



Source: National Healthcare Expenditure Data for 2017 from CMS

By dissecting today's \$3.5 trillion healthcare economy and mapping potential opportunities to specific areas of spend and consumer hassles, as much as 30 to 35 percent total cost improvement opportunity can be credibly identified.

# EXHIBIT 2. THE IMPACT YARDSTICK: 30 TO 35 PERCENT HEALTHCARE SPEND SAVINGS



Source: National Healthcare Expenditure Data for 2017 from CMS | Oliver Wyman analysis



## EXHIBIT 1. INNOVATION FOR SURVIVAL

A Redesigned Model to Engage Populations, Align Provider Incentives, and Spark Profitability and Innovation

### PROVIDER INNOVATIONS

Needs-based primary care models that allow the care team – physicians, advanced practice providers, nurses, and assistants – to have deeply engaging interactions, in-person or virtually

Implementation of a “team-based care model” where the team constantly (re)aligns itself based on patient and staff need

Continuous focus on key measures – like engagement, experience, clinical outcomes, coding, and financial results – to support risk adjustment, Stars performance, and patient value

Focus on helping patients achieve their health goals through ongoing engagement, monitoring, and compliance

### PAYER INNOVATIONS

Continued benefit innovation, including supplemental benefits (such as meals, transportation, and over-the-counter prescriptions) and value-based insurance design (like differential co-pays for select network participants)

Developing purpose-built Medicare Advantage networks that motivate and reward providers for managing Medicare Advantage members’ care

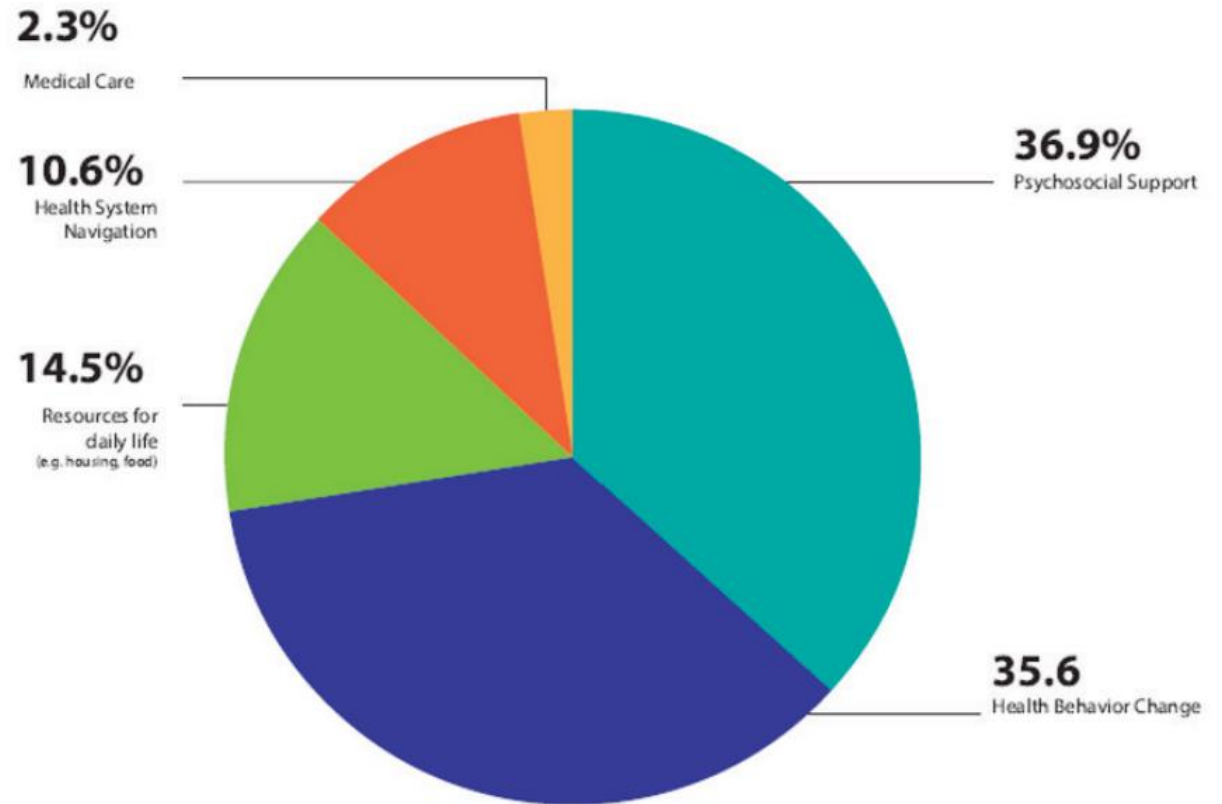
Engagement programs that complement provider efforts to identify and close gaps in care

Embracing the notion that innovation is a team sport, which can come from anywhere, at anytime

Source: Oliver Wyman Health | #OWHealth

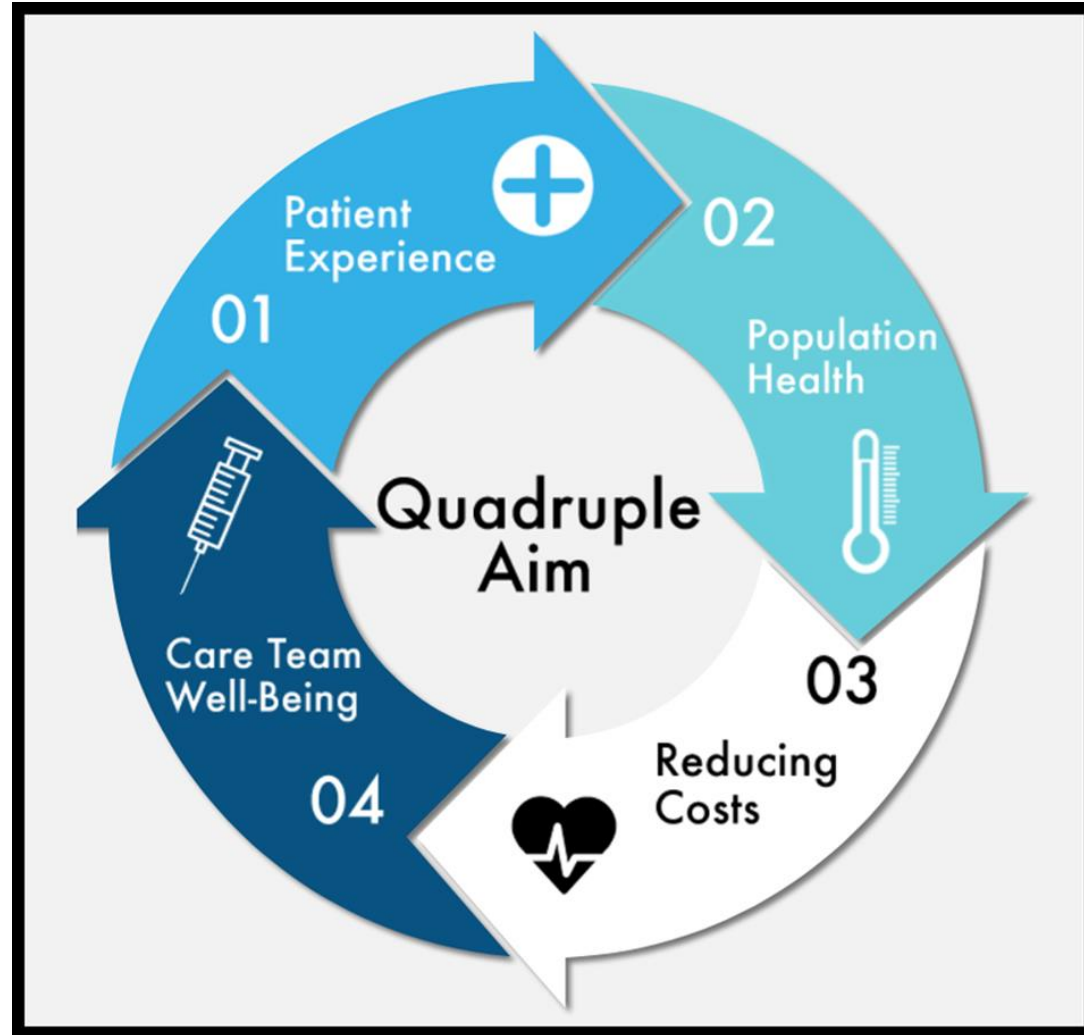
According to some, teamwork is **SURVIVAL!**

# What our patients want....



**FIGURE 5-1** What patients believe will help them improve their health.  
SOURCE: Presented by Shreya Kangovi, April 26, 2019, at the Workshop on Investing in Interventions That Address Non-Medical, Health-Related Social Needs.

Is there a solution?



# Collaborative Care as a Solution

## INNOVATIONS IN PRIMARY CARE

### Improved Outcomes Associated With Interprofessional Collaborative Practice

Thomas P. Guck, PhD<sup>1</sup>

Meghan R. Pottboff, PhD,  
APRN<sup>2</sup>

Ryan W. Walters, PhD<sup>3</sup>

Joy Doll, OTD, OTR/L<sup>4</sup>

Michael A. Greene, MD<sup>5,6</sup>

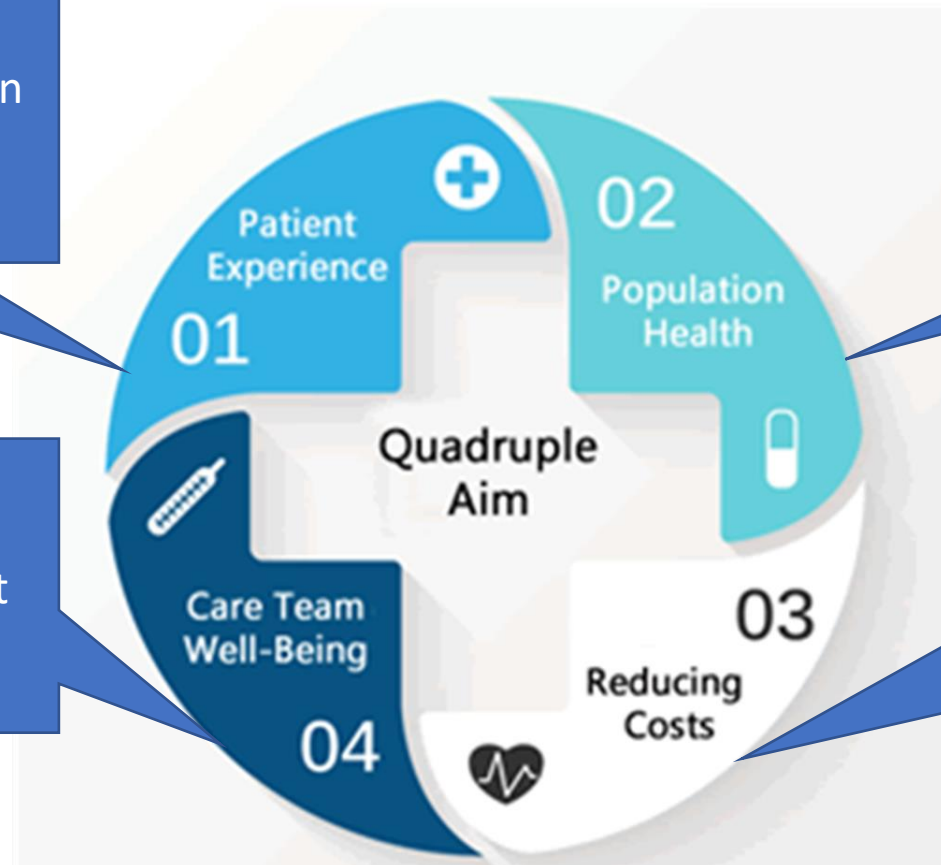
Todd DeFreese, JD, MHA,  
MBA<sup>6,6</sup>

*Ann Fam Med* 2019;17:582. <https://doi.org/10.1370/afm.2428>.

at the ACC.<sup>1</sup> We used a 3-pronged approach to building the model, including staff and clinician training, patient care preparation, and care conference planning. Implementation of the IPCP model intentionally established a culture that encouraged collaborative care. We provided 3 grant-supported training sessions centering around conflict engagement before and after the opening of the ACC. Daily huddles occurred

Top 5 in patient engagement in health system

Top in employee engagement



Significant reductions in Emergency Department visits, hospitalizations, hemoglobin A1C

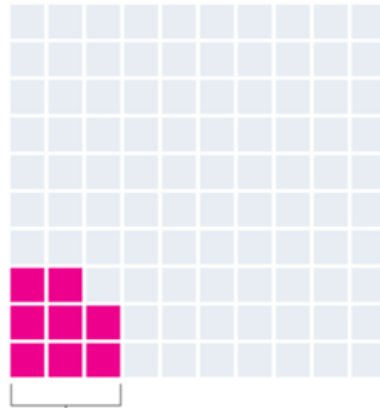
Cost avoidance of over \$4 million in 1 year on ~275 high utilizers



## The Power of Trust

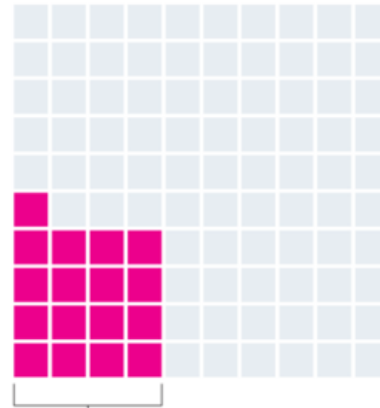
As noted, the share of employees who are fully engaged more than doubles if they are on a team. It *more than doubles again* if they strongly trust the team leader.

Employees who are not on a team



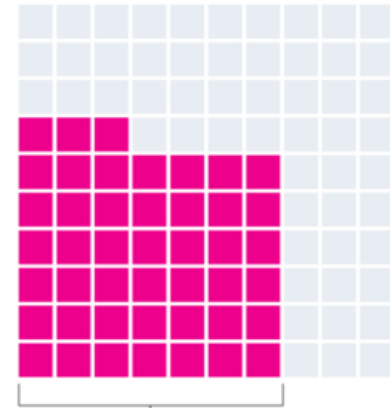
8% are fully engaged

Employees who are on a team



17% are fully engaged

On a team, and have deep trust in their team leader



45% are fully engaged

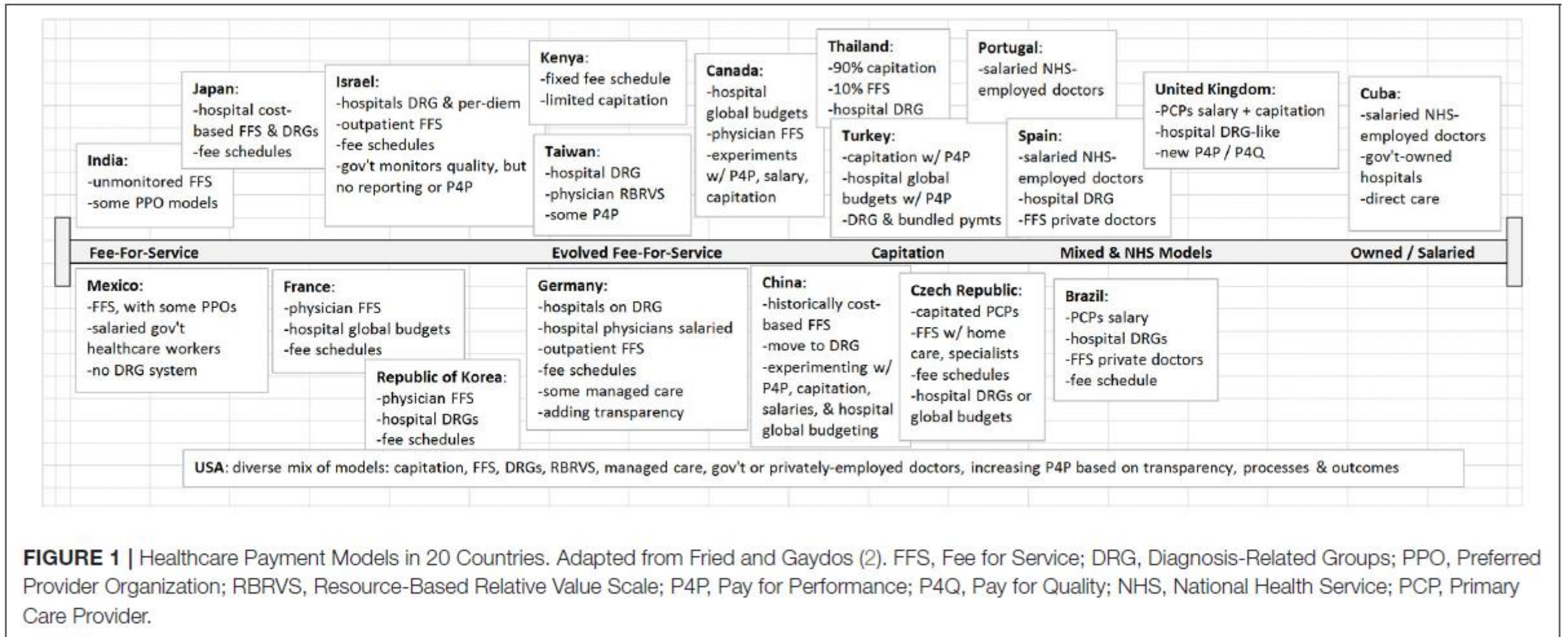
Source: ADP Research Institute, 2019

HBR

If collaboration is  
the answer, why is  
not the norm?

**Big  
Mac<sup>®</sup>**

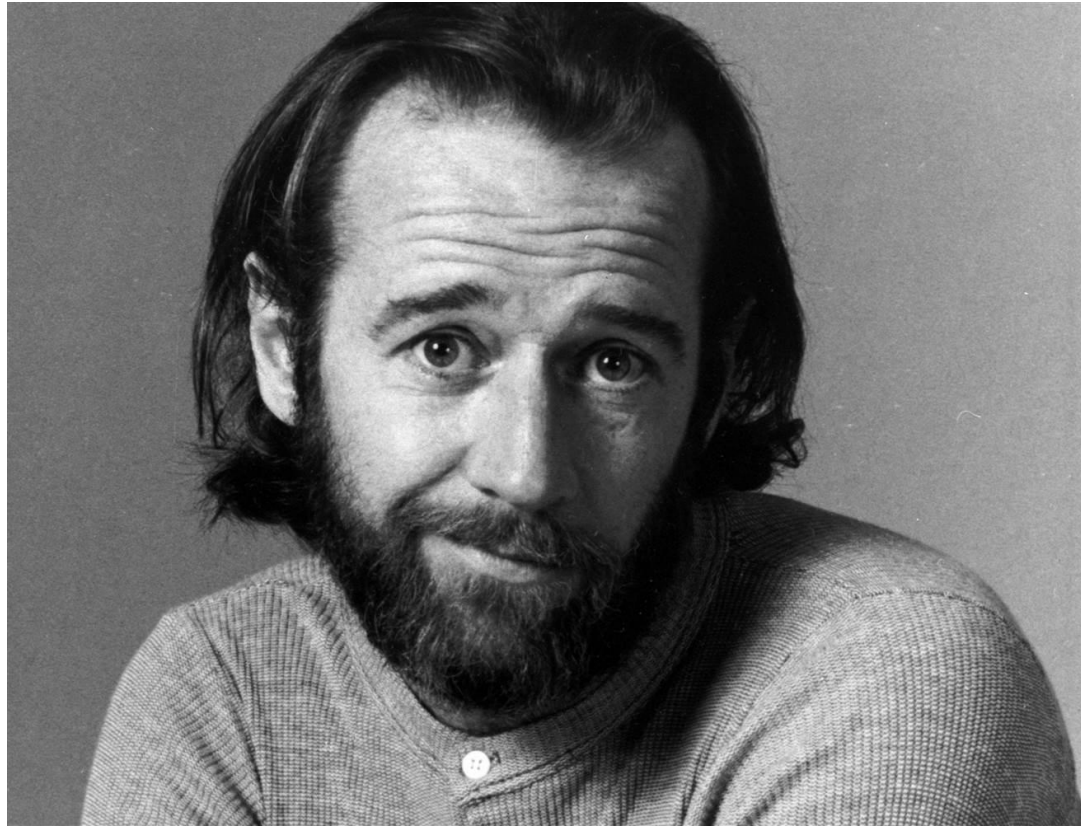




**FIGURE 1 | Healthcare Payment Models in 20 Countries.** Adapted from Fried and Gaydos (2). FFS, Fee for Service; DRG, Diagnosis-Related Groups; PPO, Preferred Provider Organization; RBRVS, Resource-Based Relative Value Scale; P4P, Pay for Performance; P4Q, Pay for Quality; NHS, National Health Service; PCP, Primary Care Provider.

Counte MA, Howard SW, Chang L and Aaronson W (2019) Global Advances in Value-Based Payment and Their Implications for Global Health Management Education, Development, and Practice. *Front. Public Health* 6:379. doi: 10.3389/fpubh.2018.00379





## Seven Dirty Words That Undermine Interprofessional Collaboration and Team-Based Care and Possible Cleaner Alternatives

Dirty word	Cleaner alternative
Allied	Health professionals
Clinical	Experiential placement
Doctor	Physician <sup>a</sup>
Interdisciplinary	Interprofessional <sup>b</sup>
Medical	Health <sup>c</sup>
My	Our
Patient	Participant

<sup>a</sup>When referring to a medical doctor as an abstract role. For other doctorally prepared members of the care team, use the name of their profession (e.g., nurse).

<sup>b</sup>Just where “interdisciplinary” is serving as a synonym for “interprofessional.”

<sup>c</sup>Where it is appropriate to do so (i.e., where the medical model is not the only approach involved).



Interprofessional  
Communication

Teams/Teamwork

Roles/Responsibilities

Values/Ethics



What is this?



If we change our  
perspective, can we  
change the world?

Remember...the  
Eiffel Tower was  
not built in a day!



août 1887



9 septembre 1887



8 octobre 1887



10 novembre 1887



14 décembre 1887



15 mars 1888



10 avril 1888



10 mai 1888



juin 1888



juillet 1888



14 août 1888



14 septembre 1888



14 octobre 1888



14 novembre 1888



26 décembre 1888



20 janvier 1889

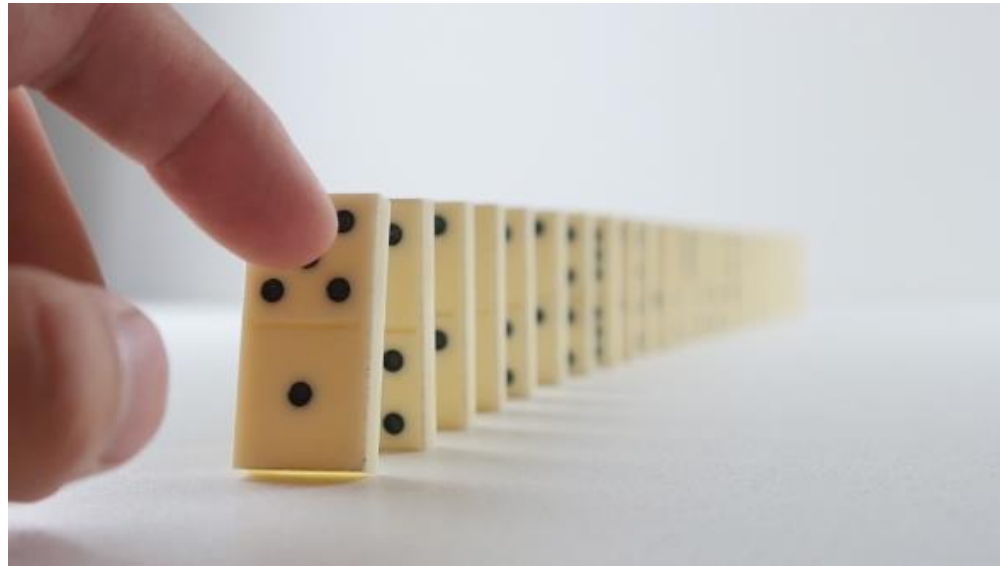


12 février 1889



12 mars 1889


Set the stage:  
**YOU** be the change!



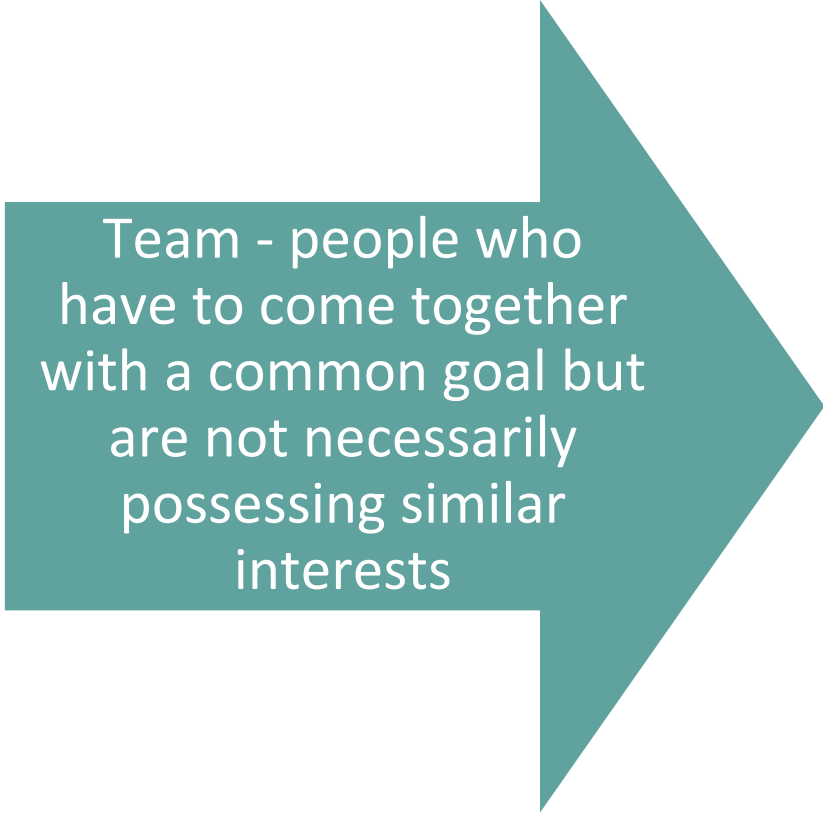


But there is an “I”  
in interprofessional

# HOW IS A TEAM DIFFERENT THAN A GROUP?

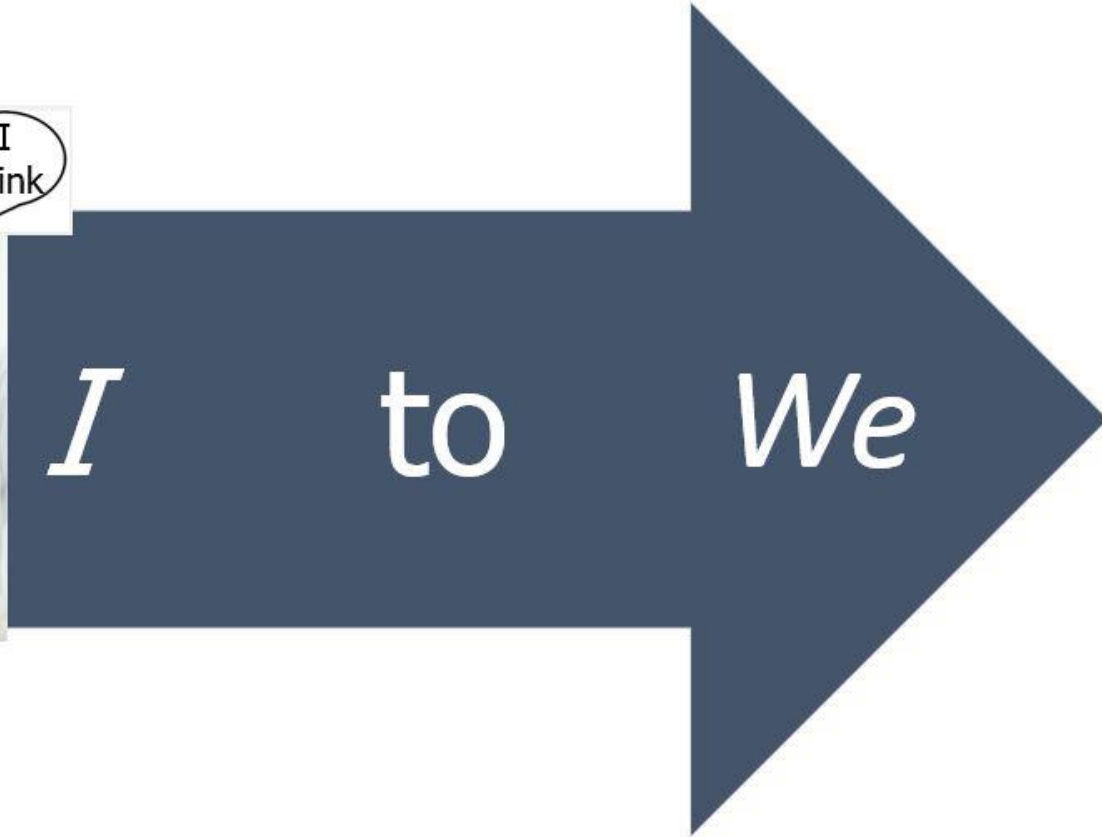


Group - people who come together with like interests

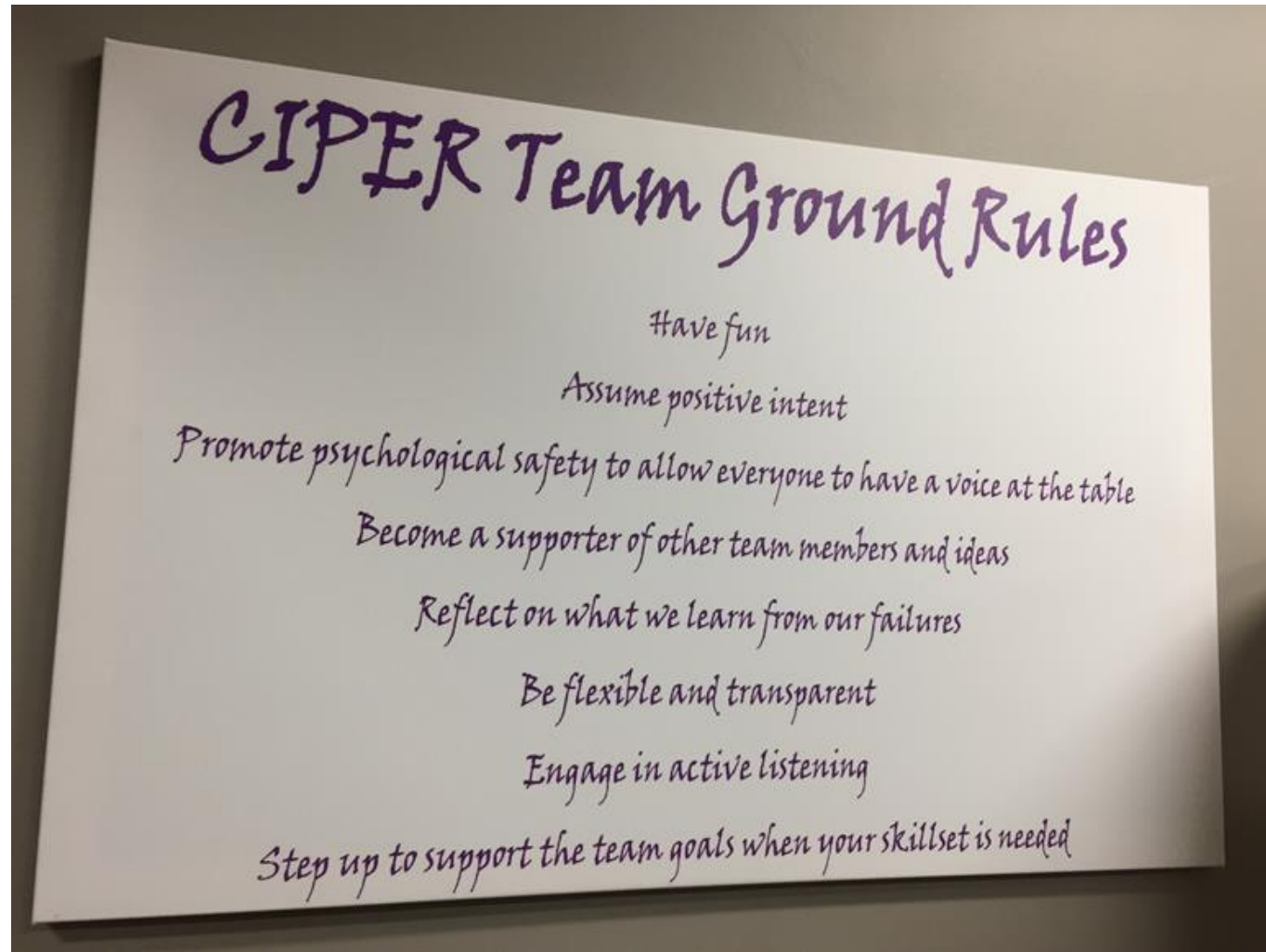


Team - people who have to come together with a common goal but are not necessarily possessing similar interests

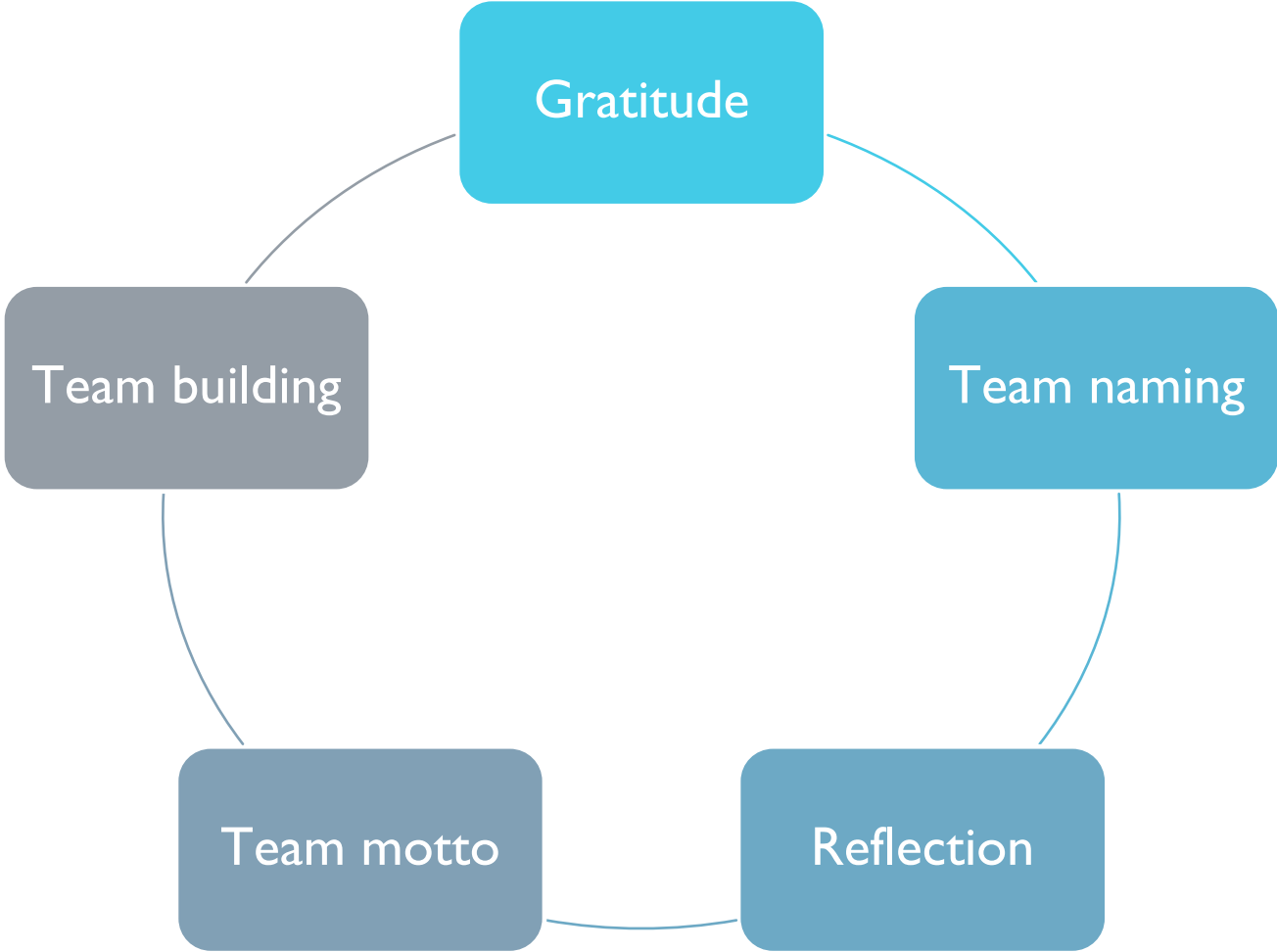




# Set the Tone



# Set the Tone



# Know thyself, know thy team!

- Bolman and Deal Four Framework of Leadership
- DISC
- Strengths
- Conflict styles
- Implicit bias

# Interprofessional Communication



Does it ever  
feel like this  
on a health  
care team?



<https://www.youtube.com/watch?v=B7UmUX68KtE>

# It's even in the literature...

**Table 1**

Physicians' and nurses' expressed frustrations related to communication.

Physicians frustrations with nurse communications	Nurses frustrations with physician communications
Nurses' disorganization with information	Physicians seemed inattentive
Nurses' illogical flow of content	Physicians seemed unwilling to discuss goals of care
Nurses' lack of preparation to answer questions	Nurses felt they could only discuss a list of signs and symptoms instead of stating the problem
Nurses' inclusion of extraneous or irrelevant information	Nurses wanted to give a recommendation but lacked authority
Nurses' delay in getting to the point	Nurses felt a hierarchy or difference in power
Physicians wanted know the nurse's overall impression	Nurses were unsure how much or how little detail to provide
Nurses had different communication styles	Nurses lacked confidence and experience
Nurses did not see new orders	Nurses lacked a structure and standardization
Physicians wanted to hear relevant data	Nurses feared being incorrect or humiliated


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

# What happens if health care teams play telephone?


- Errors
- Missed opportunities
- Mistakes
- Re-admissions
- Emergency department visits

Interprofessionalism supports safety and quality of care.



A photograph of the Golden Gate Bridge in San Francisco, California, taken during the "blue hour" of dusk. The bridge's iconic red-orange towers and suspension cables are silhouetted against a soft, twilight sky. The water of the bay is a deep, dark blue, and the distant hills are visible in the background. The overall mood is serene and contemplative.

How do we bridge  
interprofessional  
communication?



“Yes, and”  
language

“We” and “our”  
language

What we call  
ourselves

# EHR Example

**SmartPhrase Editor**  
Name: IPINITIALPATIENTREVIEWFORM ID: 1000318395 Type: User

Content Owners & Users Synonyms Rich text (bold, italics, etc.)

Do not include PHI or patient-specific data in SmartPhrases.

**Collaborative Care Note - @TODAYDATE@ @NOW@**  
PCP: @PCP@

**Patient History: \*\*\***

**Medications: @CMEDP@**

**Last 3 Hemoglobin A1Cs: @LASTLAB(hgba1c: 3)@**

**Background:**

- Bio: \*\*\*
- Psycho: \*\*\*
- Social: \*\*\*

**Barriers to Care/Health: \*\*\***

**Patient Encounters:**

- # ER Visits in Last Year: \*\*\*
- # Admissions in Last Year: @ADMITDT(1Y)@
- # Clinic Visits: \*\*\*

**Follow Ups: \*\*\***

**Current Care Plan/Action/Compliance: \*\*\***

**Treatment Plan Considerations: \*\*\***

**Summary:** My ultimate goal for this patient is \*\*\*. I believe that \*\*\* is the issue that keeps me from reaching the above goal, bringing this patient to the ER, is leading to multiple admissions, or is complicating this patient's medical status. \*\*\*, in my opinion, would make a positive impact on this patient's outcomes. \*\*\* is the problem/barrier that I feel has prevented me from accomplishing the above.

Insert SmartList:  
Connection logic in this SmartPhrase:  
 Show label in this SmartPhrase:  
Add to SmartPhrase

Short Description  
(250 characters max.)  
[Populate from SmartPhrase text](#)  
Collaborative Care (IP) Initial Patient Review Form - Updated 7/5/17

Open Accept & Stay Accept Cancel

**SmartPhrase Editor**  
IPCARECOORDINATIONNOTE

Owners & Users Synonyms

Do not include PHI or patient-specific data in SmartPhrases.

**Interprofessional Care Coordination Note - @TODAYDATE@ @NOW@**  
Attendees: @IP Team Member List 27774@  
PCP: @PCP@  
Care Team Members: @CARE@

**Objective: \*\*\***

**Subjective: \*\*\***

ER Visits in Last Year: \*\*\*  
Admissions in Last Year: \*\*\*

On Medicare? (YES (DEF)NO 24332)  
On Medicaid? (YES (DEF)NO 24332)  
Other Insurance: \*\*\*  
Financial Assistance: (YES (DEF)NO 24332)

**Assessment: \*\*\***

**Plan: \*\*\***

Electronically signed by @MECRED@ on @TD@ at @NOW@

Open

**Team Members:**

- [LNK,PCP]
- Mandy Leamon (Behavioral Health)
- Thomas Guck, MD (Behavioral Health)
- Venkata Koli, MD (Behavioral Health)
- Morgan Grubbe, PT (Physical Therapy)
- Kristina Brandon, PT (Physical Therapy)
- Sarah Long, PT (Physical Therapy)
- William Howard, OT (Occupational Therapy)
- Eliticia Vieyra (Community Link)
- Mariana Oumana Maman (Community Link)
- LaTasha Edwards (Community Link)
- Laura Klug, Pharm D
- Robyn Teply, Pharm D
- Nicole Blodgett, MA (Clinical Support Staff)
- Tonya Howard, RN (Population Health Coach)
- Peggy Callahan, RN (Population Health Coach)
- Michelle Poskevich (Social Worker)
- Other Team Members in Attendance: \*\*\*

explain:  
The lines with @ symbols would pull in that data (Care Team Members)



What does it take  
for a team to  
become high  
performing?

# Um...being a good human



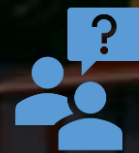
Trust people – show them and tell them



Care for one another



Appreciate diverse perspectives



Be okay with asking questions



Vulnerability – both for yourself and others



Don't  
dismiss the  
Debbie  
Downers...

GET OVER  
YOURSELF – EGO  
DOWN or EGO UP  
“You are never  
just a just”

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Teams need to...

**Innovate and then course correct**

(source: Dr. Amy Edmondson)



# DEFINE THE CULTURE

“Assume positive intent”



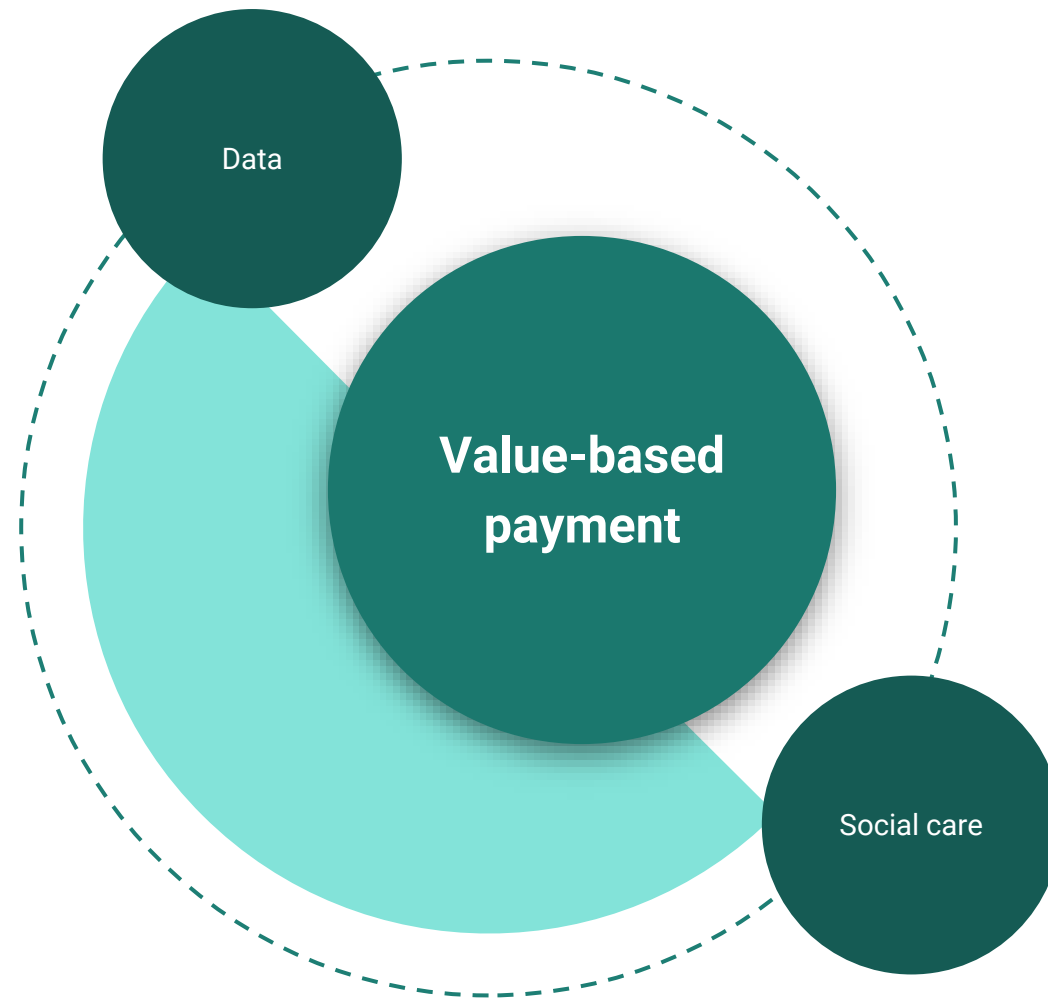
“Everyone teaches, everyone learns”

“Personal mantra (what’s yours?): Work hard, play hard, learn hard, love hard”

# Embrace the challenge and ambiguity!

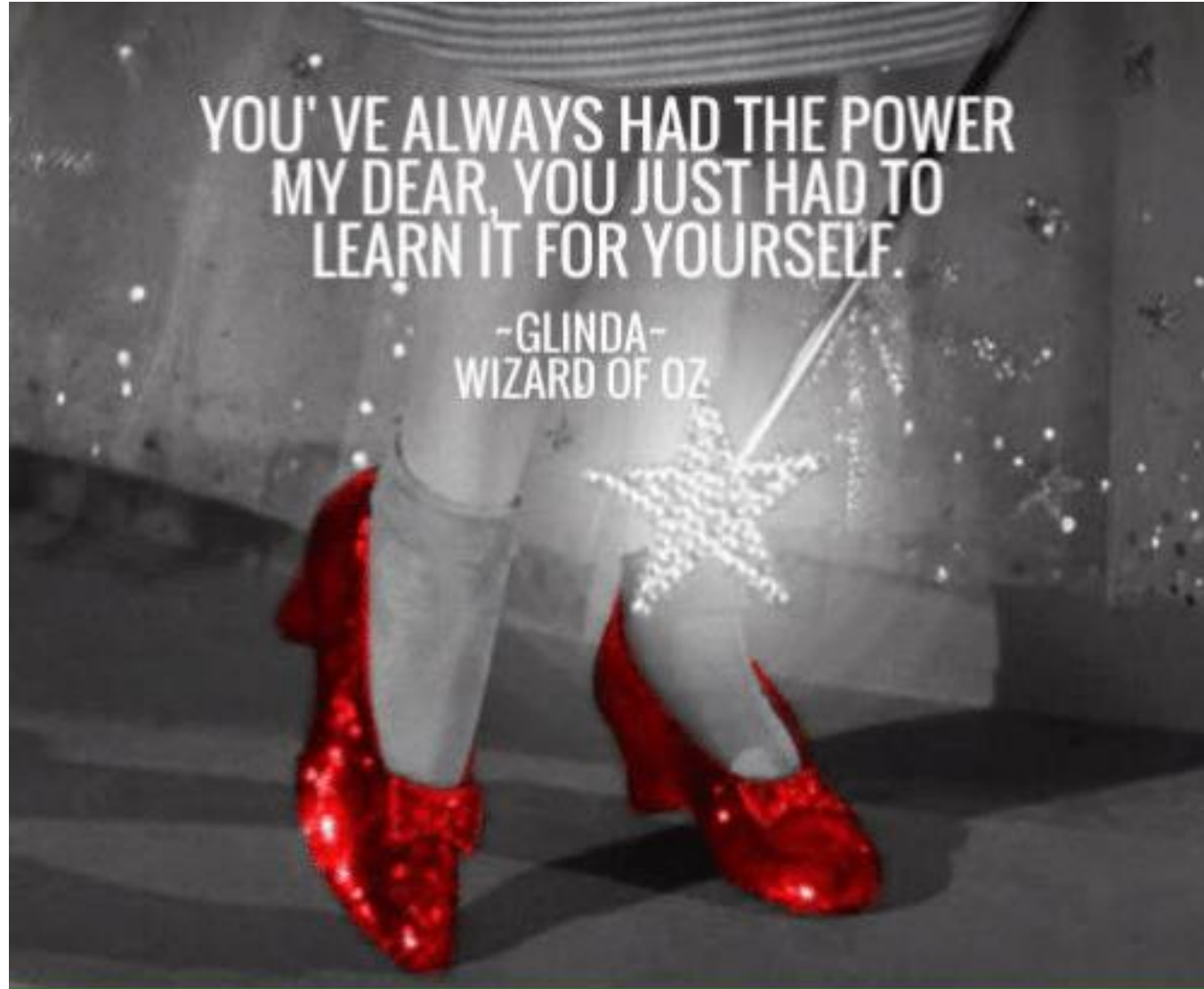
Myth	Reality
Health care teams should avoid conflict.	Conflict helps teams grow and become high performing.
Being an effective team member is an inherent skill	Skill development is required especially in complex, health care teams
Conflict should be resolved	Conflict should be embraced
Interprofessional = collaboration	Interprofessional = presents many challenges to collaboration
Major differences lead to conflict	Minor concerns lead to conflict
Power hierarchies are a norm	Democracy helps aid in effective teamwork

# Current State of Case Management



YOU'VE ALWAYS HAD THE POWER  
MY DEAR, YOU JUST HAD TO  
LEARN IT FOR YOURSELF.

-GLINDA-  
WIZARD OF OZ



# CM Learning network<sup>®</sup>

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## Closing Remarks

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**Joy Doll, OTD, OTR/L**  
**Associate Professor and Program**  
**Director of Health Informatics,**  
**Creighton University**



**Vivian Campagna, DNP, RN-BC,**  
**CCM, ICE-CCP**  
**Chief Industry Relations Officer,**  
**the Commission for Case Manager**  
**Certification**

# Thank you!

- Please fill out the survey after today's session
- Those who signed up for continuing education will receive an evaluation from the Commission.

## Commission for Case Manager Certification

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[www.ccmcertification.org](http://www.ccmcertification.org)

