

# Interdisciplinary Collaboration: Old Ideas with New Urgency

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The notion of interdisciplinary collaboration is enjoying a resurgence in hospitals, in community health care settings, and in public health programs. Why now, and what good does it do?

Over the past decade, an increasingly complex health care system has led to transformations in service delivery. These transformations emphasize:

- generalist and primary care
- managed care that links inpatient and outpatient services
- continuity of health care services in partnership with communities
- cost-effective care and population approaches
- accountability for outcomes
- explosion of information technologies.

Although we try valiantly to differentiate public health and personal health care, the near collapse of health care reform and the blurring of lines between individual and population-based health are forcing practitioners to understand and negotiate both worlds. Such trends reinforce the need to improve education and training in interdisciplinary collaboration both for individual care and for health initiatives aimed at communities and population groups.

Most health care professionals associate the specific term “interdisciplinary collaboration” with teams that provide individual, personal health care. This approach was formalized in specialized ways in the 1970s with, for example, the geriatric teams providing community or acute-care assessment. The concept enjoyed a resurgence in the late 1980s with some evidence that lives were saved with better coordination and collaboration. Interdisciplinary programs linked with public health practice today are almost uniformly primary care teams working in community clinics or settings, but not necessarily focused on the health of a population.

Although interdisciplinary collaboration is one of the original cornerstones of public health practice, it traditionally has involved collective partnerships among governmental

agencies, private-sector groups, and communities. With the health care system confronting difficult challenges and often wrenching changes, interest is greater than ever in developing skills that enhance the effectiveness of interdisciplinary services.

## What Good Does It Do?

In the medical care system, some evidence indicates that health outcomes improve for patients in special care units, inpatient units with interdisciplinary rounds, and in long-term care. Reorganizing specialty ambulatory care to a primary and preventive care service provided by interdisciplinary teams has measurably improved continuity of care and expanded preventive care counseling, and has increased patient satisfaction and decreased hospitalizations and death rates.

Despite the general sense that interdisciplinary collaboration in public health is a “good thing,” few well-designed studies evaluating public health outcomes have compared the effects of high-quality interdisciplinary collaboration versus multiple disciplines working side by side. Even the evaluations of community care networks tend to describe how they were established, rather than reporting variations in public health outcomes related to interdisciplinary processes.

The move to greater clinical integration and service delivery networks across the continuum of care has spawned an evaluation of the nationwide Community Care Network demonstration program\* that could become a model for evaluating the impact of community collaboration. This network has drawn private and public sector institutions such as health departments, private health providers (hospitals and payer plans), managed care organizations, business coalitions, and educational institutions into partnership to focus on the health of communities, seamless continuum of care, management within fixed resources, and community accountability.

Process evaluations released to date indicate that collaborations across disciplines

and partners are concentrated most heavily in seven areas: preventive health and education, traditional acute and chronic services, behavioral health, community reporting, cost-effectiveness and expenditure control, community assessment of health needs, and coordination of services. These areas clearly blend the traditional public health and individual care arenas and provide a framework for evaluating the impact of collaborative activity on the health of the public. Yet, they do not address the societal and ecological determinants of health as does the framework for collaborative interventions proposed by Tarlov (1999), who suggests five areas of intervention that should correct health disparities and improve population health. They are: improve child development, strengthen community cohesion, enhance opportunities for self-fulfillment, increase socioeconomic well-being, and modulate hierarchical structuring.

### *Interdisciplinary Education*

Coincident with the waxing and waning of enthusiasm for interdisciplinary care teams is a 30-year history of efforts to develop programs for interdisciplinary education. Earlier models formed multidisciplinary groups of students who provided care in community clinics, rehabilitation, geriatric, and rural settings, or project development in a service-learning format.

Yet, as noted in a recent *Partnerships for Quality Education* call for proposal:

“Few of America’s future primary care providers are learning the skills they need to deliver high-quality care in the 21st century. Few are prepared to practice where the measure

of excellence is the ability to deliver the best possible care to an identified population within fixed resources. Most receive little or no education in dealing with the potential ethical conflicts among patients, providers, and insurers, or in new methods of engineering the delivery and improvement of care. . . . The complexity of health care today often requires that clinical services be effectively managed and coordinated across the continuum of care. No one provider can do it all. Now, and in the future, primary care clinicians need to know how to draw on the expertise of a variety of health professionals and how to practice as part of interprofessional collaborative teams.”

Only a tiny percentage of academic health centers, the leaders in educating the next generation, have ANY interdisciplinary course work, let alone organized clinical experience in interdisciplinary settings and teams. At the University of Washington Health Sciences Center we are seeking to remedy this situation for students from the six health science schools and the School of Information Science through the Health Sciences Partnerships in Interdisciplinary Clinical Education (HSPICE).

Our experience in developing interdisciplinary education at the UW and the literature in interdisciplinary collaboration in acute and long-term care suggest a core set of competencies necessary to blend the individual and public health worlds in effective collaboration (Table 1). In brief, to be effective in this new environment, health care professionals must understand:

- health care financing, organization, and management of care delivery to keep pace with the rapidly changing systems;
- how to work with population groups as well as with individuals to affect health;
- how to draw on the expertise of diverse health professionals and how to practice as part of interprofessional collaborative teams across the continuum of care.

We believe that early in their training, students from the participating schools should engage in a variety of educational experiences that lead them to appreciate and value the interdisciplinary teamwork needed in the current and future environment. Educational experiences should require collaboration among disciplines and coaching in conflict resolution and negotiation of effective and efficient division of labor. Students must understand the societal determinants of health. Increased accountability for individual patient outcomes and also for the health of specific populations

Table 1: Core competencies for interdisciplinary collaboration

- Be competent in a clinical practice discipline.
- Understand and respect how other disciplines approach clinical and social problems.
- Understand the context and complexity of population health and interdisciplinary strategies for cost savings and cost-effectiveness.
- Demonstrate basic group process skills including communications, negotiation, time management, and assessment of group dynamics.
- Understand the broader determinants of health including housing, social, and economic issues influencing the health problems of a population or group.
- Understand community links essential to providing integrated services to a population group, and participate with community partners in creating and maintaining viable solutions to health issues influencing the target population.

requires training in the use of information services to continually evaluate and improve the quality of collaborative care.

Further, these health care providers-in-training need to understand the concepts of working with population groups to truly impact the health of communities. We believe that this project is innovative among interdisciplinary initiatives in health professional schools by its integration of a public health, population, and community focus with immediate one-to-one clinical care, by its inclusion of librarians and library science students as integral members of the team, and by the range of disciplines included.

HSPICE has focused on both the process and content skills needed in interdisciplinary teams, including problem-based learning experiences, seminars, and community-based field work that nurtures leadership and communication skills. Students and faculty work together to solve complex problems that come from real experiences, or are faced by community partners. They assess community needs and assets, develop local approaches to these needs, and assess the impact of the partnership interventions. Issues addressed have included alcohol and substance abuse, violence, chronic illness management, and obesity, to name a few. The constant in all presentations and work sessions is that solving these real-world problems requires the participation of a broad range of people working together. The public health professional needs to work hand-in-hand with other professionals and with community partners to solve these problems, and to increase the assets of a given population.

## Collaboration for Survival

Interdisciplinary collaboration must expand beyond the acute care, individual health arena to achieve our national goals of improved public health. Why now? Because health care is too complex for any solo practitioner to handle it all; because the determinants of health are beyond the capacity of any one practitioner or discipline to manage; because information is overwhelming us and is beyond the management ability of any one practitioner or discipline. We must collaborate to survive, as disciplines and as professionals attempting to help our communities and each other to achieve better health now and in the future.

## Recommended Reading

Bazzoli GJ, Stein R, Alexander JA, et al: Public-private collaboration in health and human service delivery: evidence from community partnerships. *Milbank Q* 1997; 75:533-561.

Curley C, McEachern JE, Speroff T: A firm trial of interdisciplinary rounds on the inpatient medical wards: an intervention designed using continuous quality improvement. *Med Care* 1998; 36:AS4-12.

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Holmes DE, Osterweis M: What is past is prologue: interdisciplinarity at the turn of the century. In: Holmes DE, Osterweis M (eds). *Catalysts in Interdisciplinary Education: Innovation by Academic Health Centers*. Washington, DC: Association of Academic Health Centers, 1999, pp 1-6.

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Pew Health Professions Commission; Health America: Practitioners for 2005. San Francisco: Pew Health Professions Commission, 1993.

Tarlov AR: Public policy frameworks for improving population health. *Ann NY Acad Sci* 1999; 896:281-293.

## Web Sites

Partnerships for Quality Education:  
[www.pqe.org/cfp/CITE/](http://www.pqe.org/cfp/CITE/)

University of Washington Health Sciences Partnerships for Interdisciplinary Education (HSPICE):  
[healthlinks.washington.edu/courses/hspice/](http://healthlinks.washington.edu/courses/hspice/)

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