

Team Training for an Aging America

**Lessons From G.I.T.T. and
the Virtual Integrated Practice**

 RUSH UNIVERSITY
MEDICAL CENTER

IT'S HOW MEDICINE
SHOULD BE

Steven K. Rothschild, MD

Associate Professor

Family Medicine & Preventive Medicine

Steven_K_Rothschild@rush.edu

Rush GITT Experience

- Sustained GITT Curriculum for 12+ years
- Over 1,500 trainees to date
- Physicians, Advance Practice Nurses, LPNs, Social Workers, PT, OT, Speech Therapists, Audiologists, Chaplains, Ethicists, Administrators, Pharmacists, Dietitians
- **Project initiated by Denis Evans, MD because it was work that the institution needed to do, and sustained by practitioner-teachers for same reason.**

Team Training

- Integrate GERIATRIC CONTENT and TEAM PROCESS
- Faculty team must model interdisciplinary collaboration
- Adult learners:
 - Practice skills, don't just talk about them
 - Discovery learning

“Form follows function”
Louis Sullivan

Team Training

Begin with clearly stated team principles

1. Teams have an explicitly stated purpose and goals.
2. Patients and families are at the center of all team activities and are considered team members.
3. Each team member's role is defined and understood.
4. All team members are expected to contribute to team performance through constructive behaviors and an ability to assume leadership responsibilities as required.
5. Team members communicate effectively.
6. Teams have rules and strategies for member participation, decision making, and dealing with conflict.
7. Teams are adaptable and able to respond to and manage changes in conditions.

Demonstrate principles at every opportunity!

Case Studies illustrate Geriatric Content:

- Polypharmacy
- End-of-Life Care
- Rehabilitation
- Patient safety
- Cultural competence

Trainees apply content to case studies,
functioning as a patient care team

Team Training

Trainees encouraged to apply team principles to self-review...

- Performance on case studies
- Work of teams at practicum sites

Some trainees attend 2 – 3 sessions...
others participate for an entire quarter.

... and then WHAT?

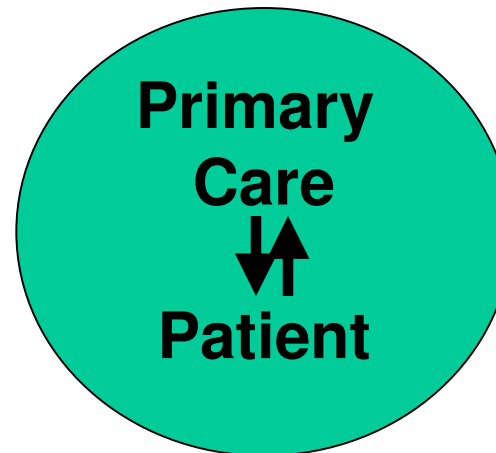
How will team skills be applied in their practice as health care providers working with older adults?

- Over 50% of medical care in the US is delivered in practices with fewer than 5 physicians.

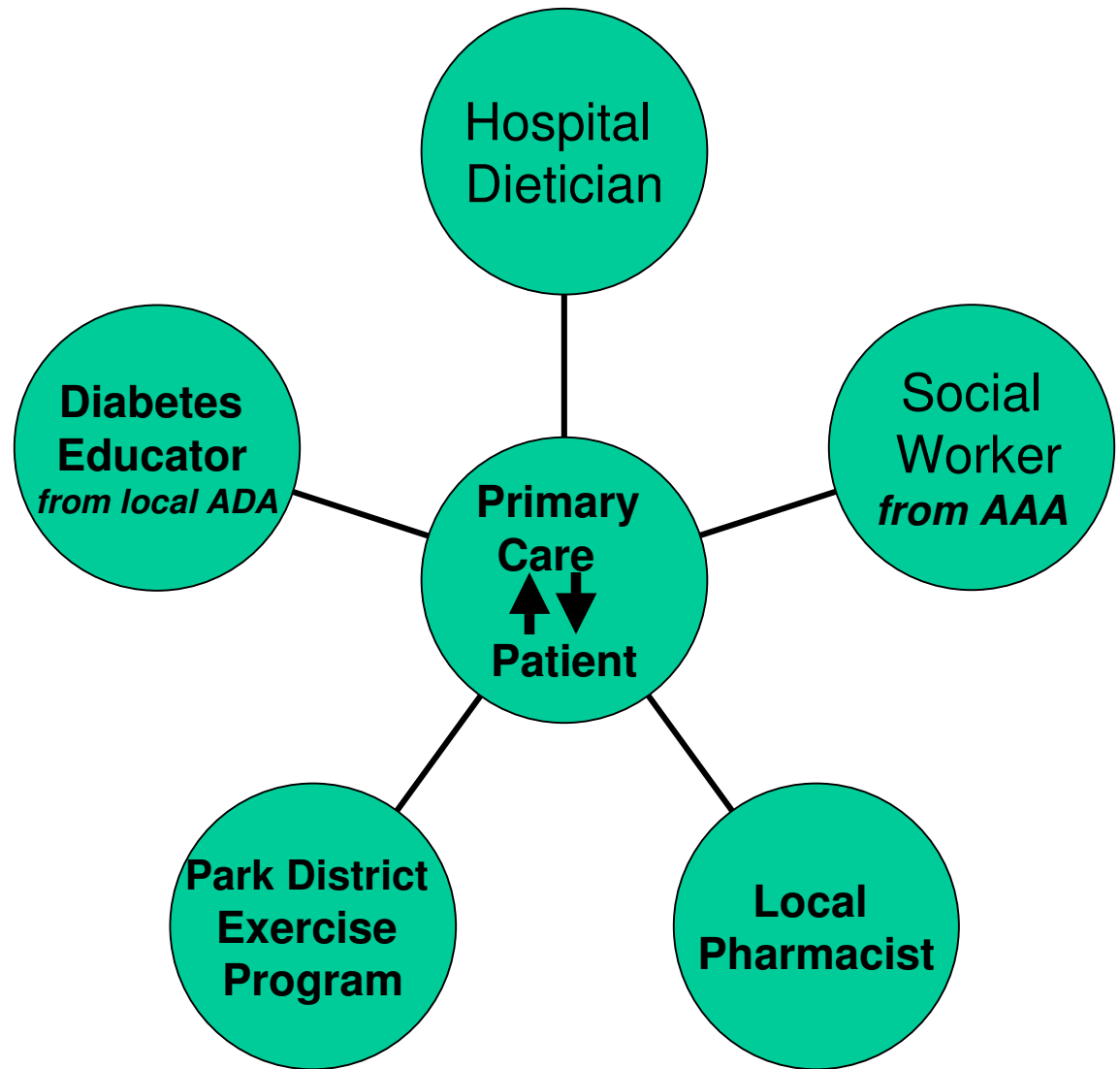
Source: Physician Socioeconomic Statistics
American Medical Association, 2003

- Most primary care physicians do not practice with social workers, dietitians, pharmacists, etc. to co-manage complex older patients.

Begin with a typical
primary care
practice



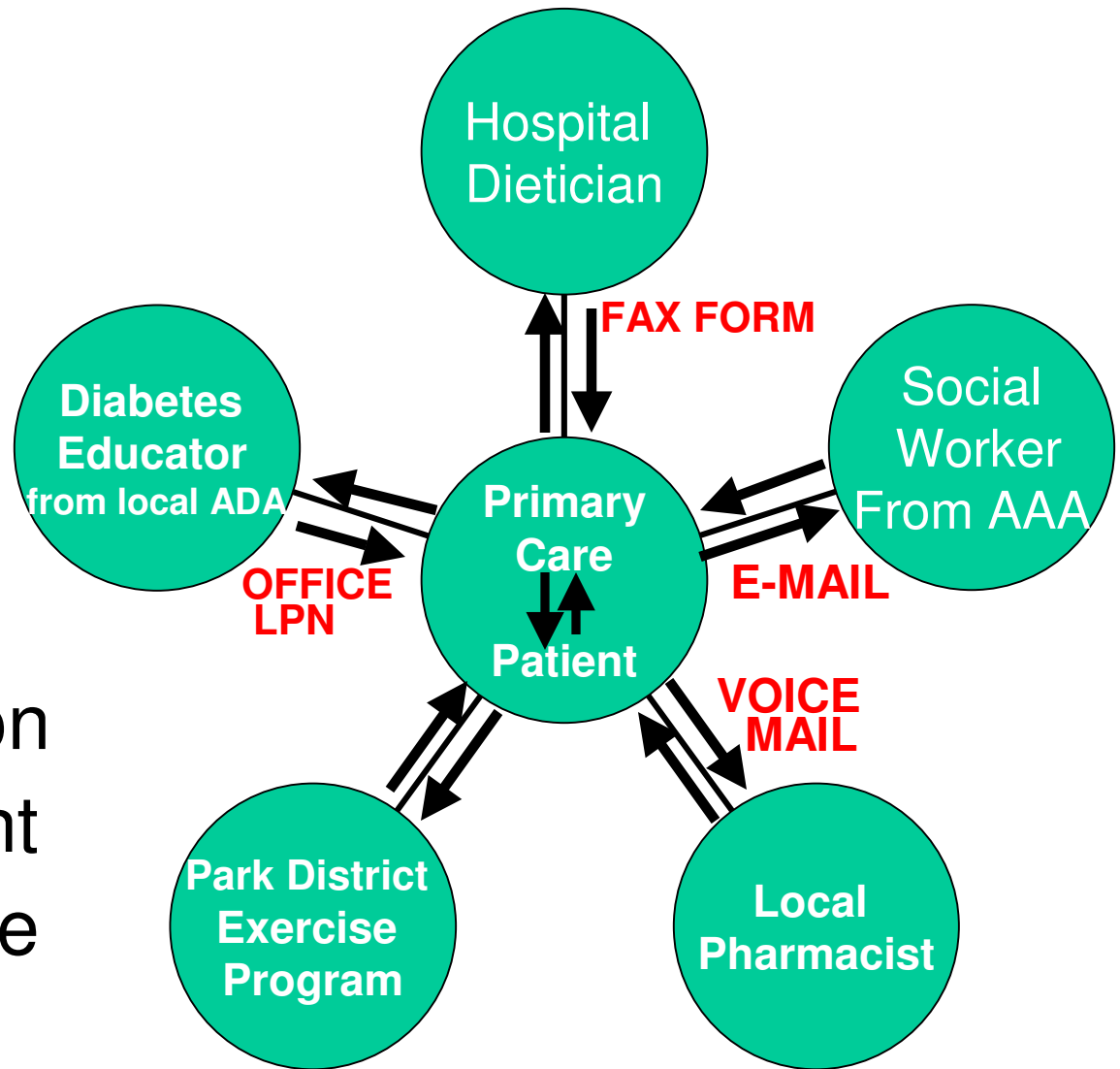
Fill in missing components of interdisciplinary team from the practice community



Formalize
relationships...

Convene – train
and build team

Plan communication
to improve patient
safety and reduce
inefficiency



What did it take to implement VIP?

- Identification of an office “champion”
- Structured curriculum and workbook
- Three 90-minute team training sessions for entire staff and community collaborators
- On-going Nurse-Coach to work with office “champion” x 6 months
- Annual educational seminar

Challenges for Educators

- Break down academic silos
- Ensure that **all disciplines** graduate with competency in interdisciplinary team care
- Competencies include
 - Communication skills
 - Conflict management
 - Informatics
 - Quality Improvement
 - Patient Safety

Challenges for Policy-makers

- Ensure that privacy protections (e.g. HIPAA) do not inhibit collaboration
- Create modest financial incentives for interdisciplinary team collaboration
 - Team work requires infrastructure, modest amount of non-billable time by all providers
 - Pay-for-PROCESS as well as Performance

SUMMARY

- Interdisciplinary teams can address the challenges of the most frail and medically complex older adults
- All health care professionals can be trained to work effectively in teams
- Virtual team work is one method to enhance delivery of integrated, seamless health care for older adults in the community

Do we have the will to do this?

Do we have a choice?