



Susan Kendig

Collaboration in practice: A framework for team-based care

By Susan Kendig, JD, MSN, WHNP-BC, FAANP

Since passage of the Affordable Care Act in 2010, alternate care delivery models such as patient-centered health homes and accountable care organizations have emerged as tools for payment and healthcare delivery system reform. The intent of such clinical integration models is to drive improvement in individual and population health outcomes and in the quality and efficiency of healthcare service delivery.¹



Although these models hold promise in moving our healthcare system from a disjointed paradigm to a seamless, value-driven standard, fragmentation persists at all levels of the healthcare continuum. Estab-

lishment of a well-functioning team is one mechanism by which healthcare providers (HCPs) can achieve the goal of patient-centric, well-coordinated, safe, and responsive healthcare.²

Healthcare providers have been challenged to respond to an evolving health policy landscape that demands movement to coordinated, value-driven care models in the face of HCP shortages and shrinking resources. In response to this changing landscape, and reflective of his own commitment to a team approach to care, John Jennings, ACOG's 2014 President, chose—as the priority issue of his presidential year—revision of ACOG's *Guidelines for Implementing Collaborative Practice* (1995) to better reflect the demands of today's healthcare system. To meet this charge, ACOG convened an interdisciplinary task force comprising delegates from nine different organizations representing physicians, nurse practitioners, midwives, physician assistants, clinical pharmacists, and consumers. The resulting *Collaboration in Practice: Implementing Team-Based Care* represents a paradigm shift for healthcare service delivery in which patients are integral participants; all team members are valued equally; and all HCPs are supported in practicing to the full extent of their education, certification, and experience and accept accountability for their practice. To date, this document has been endorsed or supported by 21 national organizations, including NPWH and our sister NP organizations AANP, GAPNA, NAPNAP, and NONPF.³ The Executive Summary of this document is available [here](#).

Team-based care and collaboration

In crafting this document, the writing team worked with the following definitions. *Team-based care* is defined as the “provision of health services to individuals, families, and/or their communities by at least two healthcare providers who work collaboratively with patients and their families...to accomplish shared goals...”³ Effective implementation of team-based care requires *interprofessional collaboration*, defined as “a process involving mutually beneficial participation between autonomous individu-

als whose relationships are governed by shared norms and visions.”³

The terms *team-based care* and *collaboration* have sometimes been used in regulatory policies in a way that places barriers to qualified HCPs’ ability to practice to the full extent of their education, certification, and experience. However, implementing team-based care delivery models does not require team-based licensure or integrated regulatory frameworks. In some cases, linked licensure and restrictive regulations may *inhibit* the flexibility and innovation required for team-based, patient-centered care. Of note, the ACOG document uses the terms *team-based care* and *collaboration* in their truest forms, denoting an equitable practice environment wherein each team member’s knowledge and skills are valued contributions to the team’s work. As such, the terms *team-based care* and *collaboration* should not be construed as recommended policy constructs within the context of this document.

Core concepts: Application to women’s health practice

Collaboration in Practice identifies six principles as core components guiding team-based care, all of which are relevant to women’s healthcare and WHNP practice. First and foremost, successful team-based care recognizes the patient and family as central, actively engaged members of the healthcare team.⁴ In 2008, the National Priorities Partnership identified patient and family engagement as one of six priorities with the most potential to reduce harm, eliminate disparities, decrease disease burden, and remove inefficiencies in healthcare delivery.⁴ Given the disparities in maternal/child and women’s health outcomes across the lifespan,⁵ a team-based approach that supports active patient engagement and shared decision making holds merit as one strategy to improve women’s health outcomes.

The second, third, and fourth guiding principles recognize the importance of shared vision, role clarity, and accountability, respectively, as important components of team-based care. These principles under-

score the value of mutual respect that recognizes the expertise of each team member. Likewise, there exists an expectation of professional accountability to one’s own practice and to the team. Maintaining competencies through continuous learning is an expectation within an accountable practice. Although regulation of scope of practice resides within the purview of each state, the document urges professional organizations to continue to provide guidance for clinical practice and promote uniform educational requirements and standards of care and conduct. The *Women’s Health Nurse Practitioner: Guidelines for Prac-*

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tice and Education, 7th edition (2014), available [here](#)^B, provides a population-focused framework for WHNPs.

Communication, the fifth guiding principle, underscores the need for clear transfer of information regarding patient status and team tasks. The document recognizes the fluid nature of teams and appreciates evolving trends in healthcare. Teams range from a typical model wherein care is provided at a discrete location by a selected team of HCPs to virtual teams wherein care is provided by multiple HCPs across a variety of settings in disparate locations—in some instances using telehealth as a tool to expand access.⁶ The sixth guiding principle recognizes the fluid and dynamic nature of patient-centered care. Team leadership is described as being situational and dynamic. Within this principle, team leadership is determined in response to patient need at any given moment in time, rather than ownership by a specific role or discipline.

Women’s healthcare providers practicing in the maternal/child healthcare field may recognize parallels between team-based care and perinatal regionalization, a concept supported by the maternal/child

healthcare community for more than two decades. Perinatal regionalization, which seeks to assure that high-risk pregnant women and/or infants receive the appropriate level of care at the appropriate time in order to optimize patient outcomes in high-risk situations, can be viewed as a key example of a virtual model for team-based care. In this model, communication to facilitate seamless transitions in care among community-based HCPs and perinatal care providers must be established to achieve optimal pregnancy outcomes. In-person or virtual consultation, education, and skill building help support open communication, professional accountability, and fluid team leadership. Just as the team-based care model recognizes the important role of each member, perinatal regionalization recognizes the important role of the community-based team, the perinatal center team, and wraparound service providers, all of whom contribute to an optimal outcome.^{7,8} Although perinatal regionalization serves as one example of the breadth of a team-based care model, the concept is transferable across a variety of healthcare settings and specialties, within a traditional or a virtual setting.

Conclusion

Women's healthcare has always been a team-based endeavor recognizing the important role of access to gender-focused care throughout the lifespan, with attention to the realities of women's lives outside the hospital and clinic walls. In this regard, it is especially fitting that women's healthcare providers led the way in bringing together a diverse group of HCPs to chart a path applicable across specialties and disciplines. Furthermore, the collaborative process used in developing this document mirrored the equitable, collaborative approach recommended as a pathway to successful implementation of team-based care. NPWH was proud to be part of the working group that helped shape the concepts put forth in this document.

The aforementioned Executive Summary of the *Collaboration in Practice* document provides an overview of the process and key points. All of the essential elements of the work, including recommendations for implementing an equitable, accessible, reimbursable, pa-

tient-centric model of care, are elaborated in the **full report**^C. The *Collaboration in Practice* team invites you to consider how the full report can be used to enhance your practice and improve patient outcomes. ●

Susan Kendig is a teaching professor and WHNP Emphasis Area Coordinator at the University of Missouri-St. Louis; a consultant at Health Policy Advantage, LLC, in St. Louis, Missouri; and Director of Policy for the National Association of Nurse Practitioners in Women's Health (NPWH). She served as the NPWH delegate to ACOG's Collaborative Practice Task Force. She can be reached at 314-629-2372 or at skendig@npwh.org.

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5. Kendig S. Women's health: more than an annual event. *Womens Healthc*. 2014;2(3):36-39.
6. ACOG Task Force on Collaborative Practice. *Collaboration in Practice: Implementing Team-Based Care*. Washington, DC: ACOG; 2016. acog.org/Resources-And-Publications/Task-Force-and-Work-Group-Reports/Collaboration-in-Practice-Implementing-Team-Based-Care
7. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. *Guidelines for Perinatal Care*, 7th edition.. Elk Grove Village, IL: AAP; Washington, DC: ACOG; 2012.
8. Obstetric Care Consensus No. 2: Levels of Maternal Care. *Obstet Gynecol*. 2015;125(2):502-515.

Web resources

- A. acog.org/Resources-And-Publications/Task-Force-and-Work-Group-Reports/Executive-Summary-for-Collaboration-in-Practice-Implementing-Team-Based-Care
- B. npwh.org/pages/clinicalguidelines
- C. acog.org/Resources-And-Publications/Task-Force-and-Work-Group-Reports/Collaboration-in-Practice-Implementing-Team-Based-Care