

Collaboration Across the Disciplines in Health Care

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To my husband, Doran, for his patience and understanding. To my colleagues, Lou and Linda, for joining me on this collaborative journey, your support, dedication, and enthusiasm carried us through. To my parents, Sam and Ardyth Freshman, who have always encouraged me to strive for success. To my nieces and nephews, Billy, Justin, Samantha, Jason, Kallie, Michelle, and Brook, who inspire me to do what I can to leave the world a better place for future generations. And finally, to all my students who have taught me the value of applied teaching materials.

Brenda L. Freshman

To my wife, Judy, and my mother, Marianne, who both taught me the value of social collaboration, and to my academic and healthcare colleagues who taught me the value of professional collaboration.

Louis G. Rubino

I wish to thank my esteemed co-editors and authors for their valued collaboration. Thanks also go to my patients and students, who have been my greatest teachers. Finally, to my parents, Effie and Epaminondas, who inspired me to become both a doctor and a writer.

Yolanda (Linda) S. Reid Chassiakos

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Preface

Collaboration is critical to the success of healthcare operations in an environment of limited resources and expectations of accountability. *Collaboration Across the Disciplines in Health Care* was written for practicing healthcare professionals, students, and educators, and was intended by the editors to be a user-friendly resource on effective and successful collaboration. Each chapter in the book can be read as a stand-alone article that will offer insights from the perspective of a particular discipline or aspect of the collaborative process.

If a reader's time is limited, reviewing just a few chapters will provide advice and tools that can be put to immediate use. Reviewing the chapters in one's own discipline may not only provide "best practice" interdisciplinary collaborative tips but also a greater understanding of one's own field to enhance "intrafield" collaborations. Reading the entire text furnishes a comprehensive overview of the healthcare industry that is as practical as it is unique. The value of understanding the driving and restraining forces at play in collaboration across the disciplines in health care is likely to contribute to a reader's success in developing or facilitating collaborative processes.

The editors have invited esteemed authors who have trained and worked in different professional disciplines in health care to share their expertise and experience, and their successes and challenges in promoting effective collaboration and achievement of goals and outcomes. To give readers a sense of each author's unique perspective on collaboration in health care, a short author biography and preview for each chapter is presented here.

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The Academic Consortium for Complementary and Alternative Health Care (ACCAHC) was established in 2004 with a mission of creating better health care through projects that increase respect and understanding across healthcare disciplines. ACCAHC's executive committee members include the immediate past president of the Council of Colleges of Acupuncture and Oriental Medicine (Goldblatt), the executive director of the Association of Chiropractic Colleges (O'Bryon), the president of the Council on Naturopathic Medical Education (Prenguber), the president of the National Certification Board on Therapeutic Massage and Bodywork (Feeley), the immediate past president of a multidisciplinary university of natural health sciences (Phillips), the founder and executive editor of the Foundations of Naturopathic Medicine Project (Snider), and a past president of the Commission on Massage Therapy Accreditation (Schwartz). Goldblatt chairs ACCAHC. Weeks, ACCAHC's second executive director, following Snider's founding effort, was the director of the National Education Dialogue to Advance Integrated Health Care: Creating Common Ground, described herein.

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Editor Biographies

Brenda Freshman, PhD, is an Assistant Professor at California State University, Long Beach, in the Health Administration Program. In this role she teaches organizational behavior, management, and human resources courses to undergraduate and graduate students. Dr. Freshman's current research focus is on best practices for developing collaboration skills in healthcare managers, leaders, and teams.

Dr. Freshman holds a BS in Psychology (UCLA), a MA in applied psychology (University of Santa Monica), a MS in organizational psychology (California School of Professional Psychology), and a doctorate in organizational psychology (California School of Professional Psychology). Dr. Freshman's research and practice interests concentrate on team formation and collaboration across the disciplines in health care. Specifically, she focuses on how thoughts and emotions influence behavior, productivity, and quality of life. She has been producing and delivering workshops on self-development and leadership skills since 1993.

Louis Rubino, PhD, FACHE, is currently professor and program director for health administration at California State University, Northridge (CSUN). Dr. Rubino is also the chair of CSUN's University Health Services Oversight Committee and is an elected faculty senator. He is also a board member of the national professional organization, Association for University Programs in Health Administration (AUPHA). In the community, he serves as a governing board member at St. Francis Medical Center and is chair of their Quality and Patient Safety Subcommittee. Prior to entering academia, Dr. Rubino had a 20-year management career as a hospital administrator and health system executive. He has published nationally and internationally and has authored chapters in previously published textbooks. His research area is comparative health administration between

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China and the United States. Dr. Rubino received his master's in health care management from California State University, Los Angeles, and his master's of public administration and doctorate in public administration from the University of Southern California. He is board certified in healthcare management as an American College of Healthcare Executives Fellow (FACHE).

Yolanda (Linda) S. Reid Chassiakos, MD, FAAP, is a graduate of the Georgetown University School of Medicine in Washington, DC. She completed her residency in pediatrics at Georgetown University and served as a lieutenant commander in the U.S. Navy and the assistant head of the ambulatory branch of the pediatric department at the Naval Hospital, Bethesda, as well as an assistant professor of behavioral and developmental pediatrics at the Uniformed Services University of the Health Sciences. She then served as the director of the Preventive Services Initiative for the Office of Disease Prevention and Health Promotion at the Department of Health and Human Services in Washington, DC; and a medical editor and correspondent for the CBS affiliate in Washington. Dr. Chassiakos served as a medical editor for Lifetime Medical Television Continuing Education programs, and then joined UCLA and subsequently became chair of the medical staff of its Ashe Health and Wellness Center. Dr. Chassiakos is a fellow of the American Academy of Pediatrics and a founding member and former chair of its Media Resource Team, and a clinical assistant professor of pediatrics at the David Geffen School of Medicine, UCLA. She is currently the director of the Klotz Student Health Center at California State University, Northridge, a full-service ambulatory care center with over 60,000 patient visits per year.

Author Biographies and Chapter Previews

CHAPTER 1 *THE HEALTHCARE TEAM MEMBERS: WHO ARE THEY AND WHAT DO THEY DO?*

Paul Torrens, MD, MPH

Paul Torrens has been professor of Health Services at the UCLA School of Public Health since 1972, serving as chair, Division of Health Services Management and Policy from 1972 to 1979. From 1989 to 1991, he also served as the founding director of the Tobacco-Related Disease Research Program in the Office of the President of the University of California, and from 1995 to 2005, he served as the founding director of the Executive MPH Program for Health Professionals in the UCLA School of Public Health. He teaches courses in health services management and organization, managerial and strategic processes in health services organizations, and the role and impact of technology in health care. Professor Torrens received his MD from Georgetown University and his MPH from Harvard University.

A physician by initial training, Professor Torrens has had a long career in the area of healthcare management and policy. As a healthcare manager, Professor Torrens has had 16 years of direct management experience in hospitals and health organizations, and more than 40 years as a member of governing boards and boards of directors of multihospital systems, health insurance plans, and other healthcare organizations. As a health policy expert, Professor Torrens has served in a wide variety of advisory and consulting capacities to governmental and nongovernmental organizations in all parts of the United States and in 18 foreign countries.

Chapter 1 Preview

Chapter 1 provides an overview of the critical nature of collaboration in health services and its potential impact on patient care. By following a breast cancer patient through the systems of health care on her path to healing, Dr. Paul Torrens introduces readers to the complexities of the industry and the multiple partners in healthcare teams. In their careers, industry professionals will find themselves working in a variety of collaborative relationships. An individual's role in a team will (or should) adapt to the competencies and personalities of other team members as well as to the mission of the team. The vital roles of clinical decision maker, technical expert, support service provider, coordination point, resource manager, and information coordinator are clarified. The chapter concludes by identifying the characteristics of effective healthcare teams and how to maximize team success.

CHAPTER 2 THE HEALTHCARE INTERDISCIPLINARY CONTEXT: A FOCUS ON THE “MICROSYSTEM” CONCEPT

Julie K. Johnson, MSPH, PhD

Julie K. Johnson, is currently an assistant professor in the department of medicine at the University of Chicago. Dr. Johnson's career interests have focused on building a series of collaborative relationships around improving the quality and safety of health care through teaching, research, and clinical improvement. Her personal objective is to translate theory into practice as well as generate new knowledge about the best models for improving care.

As a researcher, Dr. Johnson uses qualitative methods to better understand the processes and contexts of health care. Since joining the faculty at the University of Chicago, she has studied errors in ambulatory pediatric settings, conducted observations in pediatric cardiac surgery, observed how medical teams function on inpatient medicine rounds, and designed methods to improve handovers of inpatient care. Dr. Johnson has a patient safety grant from the Agency for Healthcare Quality and Research (AHRQ) to study the transitions of patient care from inpatient to community settings. As a teacher, she has designed and taught courses for learners across the

continuum of health professions education: from undergraduate students to cross-disciplinary health professions faculty.

Chapter 2 Preview

In this chapter, Dr. Johnson introduces the concept of “clinical microsystems” in health care by describing the theoretical basis and practical applications of this form of systems modeling. Presented also are research-based characteristics of high-performing microsystems and methods for assessment. Dr. Johnson explores how the microsystem perspective links to patient safety and improved quality of care. Furthermore, implications for leadership are discussed.

CHAPTER 3 LEADERSHIP DEVELOPMENT IN THE INTERDISCIPLINARY CONTEXT

Andrew N. Garman, PsyD, MS

Andrew N. Garman, is associate professor and associate chair in the Department of Health Systems Management, Rush University in Chicago. He received his BS in psychology/mathematics emphasis from Penn State, his MS in personnel and human resource development from the Illinois Institute of Technology, and his PsyD in clinical psychology from the College of William & Mary/Virginia Consortium. He is a three-time recipient of the Health Management Research Award from the American College of Healthcare Executives. His research interests include leadership and adult development, governance, interprofessional relations, and globalization in health services delivery. He has written extensively on leadership assessment and development, including co-authoring the text, *Exceptional Leadership: 16 Critical Competencies for Healthcare Executives*.

Chapter 3 Preview

In Chapter 3, Dr. Garman describes the unique paths by which physicians, nurses, and healthcare administrators travel in their professional development towards leadership roles. He identifies the processes through which members of each discipline develop a worldview based on their professional training and experience, and how these unique perspectives can help or hinder interdisciplinary practice. The concept of competencies and the value

and use of competency models for interdisciplinary understanding are introduced, and one model, the Health Administrative Leadership Model, is described in-depth. Dr. Garman demonstrates the link between competency models and performance improvement. Specific developmental activities that have been shown to build interdisciplinary collaborative competencies are presented.

CHAPTER 4 FOSTERING INTERDISCIPLINARY COLLABORATION IN HEALTH CARE ORGANIZATIONS

Marsha Chan, PharmD, MBA, FACHE

Marsha Chan, is currently the chief quality officer and the corporate responsibility officer for St. Francis Medical Center in Lynwood, California. She obtained her doctor of pharmacy degree from the University of California, San Francisco, School of Pharmacy and completed a postgraduate pharmacy residency at the University of California Irvine Medical Center. Dr. Chan earned her master of business administration from the University of California, Los Angeles, Anderson School of Management. She is board certified in healthcare management as an American College of Healthcare Executives Fellow (FACHE), is a Certified Practitioner in Healthcare Quality (CPHQ), and certified in Healthcare Compliance (CHC). She serves as an examiner for the Malcolm Baldrige National Quality Award.

Louis Rubino, PhD, FACHE

Louis Rubino, is currently professor and program director for health administration at California State University, Northridge (CSUN). Dr. Rubino is also the chair of CSUN's University Health Services Oversight Committee and is an elected faculty senator. He is also a board member of the national professional organization, Association for University Programs in Health Administration (AUPHA). In the community, he serves as a governing board member at St. Francis Medical Center and is chair of their Quality and Patient Safety Subcommittee. Prior to entering academia, Dr. Rubino had a 20-year management career as a hospital administrator and health system executive. He has published nationally and internationally and has authored chapters in previously published textbooks. His research area is comparative health administration between China and

the United States. Dr. Rubino received his master's in health care management from California State University, Los Angeles, and his master's of public administration and doctorate in public administration from the University of Southern California. He is board certified in healthcare management as an American College of Healthcare Executives Fellow (FACHE).

Chapter 4 Preview

In Chapter 4, Drs. Chan and Rubino present research-based evidence that supports the benefits of organization-wide collaboration on improving performance and quality. The differences between small and large organizational efforts, such as driving forces, stakeholders, outcome visibility, etc. are delineated. Elements required to foster a culture of interdisciplinary collaboration on an enterprise-wide level, and attributes of an effective interdisciplinary team are discussed. Drs. Rubino and Chan provide foundational information from an administrative leadership perspective and, through case examples, present how these principles have been successfully applied in healthcare organizations.

CHAPTER 5 DOCTORS ARE FROM MARS, PATIENTS ARE FROM VENUS

Vicki Rackner, MD

Vicki Rackner, is a nationally noted expert in the doctor–patient relationship. She's a board-certified surgeon and clinical instructor at the University of Washington School of Medicine. After treating tens of thousands of patients, she left the operating room to be on the cutting-edge of healthcare consumerism. Her passion is strengthening the collaboration between those who deliver health care and those who receive it. Dr. Rackner helps doctors, nurses, and other team members reconnect with the dream that drew them to health care. She helps patients and their family caregivers get the health care they want, need, and deserve. Dr. Rackner has been quoted in publications and other media such as *The Wall Street Journal*, *USA Today*, *CNN*, *The Washington Post*, *Bottom Line Health*, *Reader's Digest*, *Woman's Day*, and *Real*. She has been the featured guest on more than a hundred radio shows including *National Public Radio (NPR)*, *Health Talk Radio*, and *Martha Stewart Living*. Dr. Rackner is an author,

speaker and consultant to the business community through her business Medical Bridges (<http://www.medicalbridges.com>).

Chapter 5 Preview

Dr. Rackner is a board certified surgeon who makes the case that patients need to be included in the collaboration process. She first analyzes the doctor–patient relationship and demonstrates the even though each has different needs, expectations, and roles, they both need to work towards a common vision if proper medical care is to be given. Any imbalance of power between doctors and patients would reduce the effectiveness and the outcome of any collaborative interactions and therefore a common vision of cure needs to be realized. One of the ways this is being accomplished is the development of a “medical home” that establishes and institutionalizes the patient–doctor partnership, and encourages doctors to partner with patients and guide them as they seek care. Dr. Rackner ends with some very practical advice for both patients and doctors as each group strives to enhance their collaboration.

CHAPTER 6 INTERPROFESSIONAL COLLABORATION: A NURSING PERSPECTIVE

Nancy Spector, PhD, RN

Dr. Nancy Spector is the director of education at the National Council of State Boards of Nursing (NCSBN) in Chicago. Dr. Spector has 20 years of experience in nursing education, where she was a tenured faculty member and taught at the undergraduate and graduate levels. While in academia, she studied palliative care nursing, receiving internal and external funding. More recently, Dr. Spector has focused her career on nursing regulation, where she provides leadership in nursing education issues for the state boards of nursing. Dr. Spector is the editor of *Leader to Leader*, a regulatory publication that is sent to all nurse educators biannually, and is a respected leader in the development of national nursing education regulatory initiatives. Her leadership in practice, education, and regulation in nursing has led her to collaborate with external regulatory and professional organizations, as NCSBN studies the issue of transitioning new graduates to nursing practice. Dr. Spector publishes and presents, nationally and internationally, on nursing regulation issues in education.

Chapter 6 Preview

In Chapter 6, Dr. Spector makes an astute distinction between “interprofessional” and “interdisciplinary” collaboration, referring to the former term as more predominant in the field of nursing. After a brief historical overview of “collaboration,” Dr. Spector defines interprofessional collaboration as, “a complex process through which relationships are developed among healthcare professionals so that they effectively interact and work together for the mutual goal of safe and quality patient care.” Research is presented which indicates interprofessional collaboration leads to improved patient outcomes. Although much evidence exists and the need for collaboration is clearly reflected by the requirements of accrediting agencies, a gap in educational programs is identified. The author reveals that opportunities to practice and develop interprofessional collaborative skills are rare or missing in training programs for both faculty and students. Dr. Spector provides research and examples of the barriers that hinder collaboration in relationships between nurses and physicians, and offers principles that facilitate interprofessional collaboration and reviews guidelines for developing collaborative learning skills based on an attentive literature review and her extensive professional experience. Two cases are presented with discussion questions, one in which collaboration was lacking, and the second in which collaborative principles were followed and the team goals were achieved.

CHAPTER 7 IS PHYSICIAN COLLABORATION AN OXYMORON? UNDERSTANDING AND ENHANCING PHYSICIAN ENGAGEMENT IN HEALTHCARE TEAMS

Bruce Spurlock, MD

Bruce Spurlock, is President and CEO of Convergence Health Consulting, Inc., a boutique management consulting firm working with diverse stakeholders in health care. Dr. Spurlock works with physicians and healthcare executives to create state-of-the-art clinical management programs. Using his experiences as a leader in California quality initiatives and operational expertise in change management, performance improvement, physician relations, medical staff issues, ICU redesign, peer review, and patient safety, he helps organizations create results-oriented programs in a variety

of domains. Dr. Spurlock is chair of the CHART Steering Committee, a groundbreaking initiative of hospitals, purchasers, health plans, and consumer groups to produce a voluntary, standardized hospital performance report in California. He also leads large, multiparticipant quality collaboratives designed to accelerate the dissemination of evidence-based clinical practices. Currently, he is an adjunct associate professor with Stanford University. He is a nationally known speaker on healthcare topics ranging from future healthcare trends to redesigning specific operational units.

Chapter 7 Preview

Dr. Spurlock addresses the physician's perspective on collaboration, presenting doctors as unique players in the healthcare system and why as a group their full engagement on teams is sometimes difficult. The author describes different factors, such as historical, cultural, and legal considerations, which challenge the ability of individual physicians to be engaged in teams. He also describes doctors' reluctance or acceptance of engagement through a description of diffusion theory. Physician attitudes toward teamwork and how to promote MD acceptance of collaborative efforts are also presented. The value of having physician champions and proper training and coaching for MD team members is discussed, and a model from the Institute for Healthcare Improvement is provided that can foster improved team participation by this important, and sometimes challenging, subgroup.

CHAPTER 8 MANAGEMENT AND ADMINISTRATION OF COLLABORATIVE MODELS

Joni Novosel, MSHA

Joni Novosel is currently the director of the Valley Care Community Consortium (VCCC) a 501(c)(3) non-profit agency. Established in 1995, VCCC has evolved into the health and mental health planning agency for SPA 2 of Los Angeles County. Ms. Novosel provides oversight of VCCC, which is a consortium consisting of 265 members and in excess of 90 agencies. She is also a part-time faculty member at California State University, Northridge (CSUN). Before joining VCCC, Ms. Novosel was employed as the Managed Care Regional Manager for National Healthcare Review (NHR), a for-profit clinical-financial consulting firm in Woodland

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Ronald Sorensen, MSHA

Mr. Sorensen is the director of the Providence Center for Community Health Improvement, which is a ministry of Providence Holy Cross and Saint Joseph Medical Centers. He oversees six departments with a combined paid and volunteer staff. He has been with the organization for 16 years and has a background in management, strategic planning, community-based planning, and program development. His experience in management development and training includes being a trained Zenger-Miller instructor. Mr. Sorensen is also a part-time faculty member in the health administration program at California State University, Northridge (CSUN) teaching courses in health planning and marketing. He also has taught for the College of Extended Learning at CSUN in the Fundraising and Development Certificate Program. In this program, he taught courses in grant writing and strategic planning.

Mr. Sorensen is the president of the board of directors for the Valley Care Community Consortium, a collaborative health planning group comprised of over 200 people representing government, education, healthcare providers, community organizations, and local stakeholders. Mr. Sorensen holds a bachelor of science degree in health science from California State University, Northridge and a master of science degree in health administration from the same institution.

Chapter 8 Preview

Co-authors Novosel and Sorensen discuss management's and administration's focus on collaborative models, and demonstrate that interdisciplinary collaboration and collective partnerships can provide seamless coordination of patient care and result in improved community health outcomes. The importance and benefits of developing collaborative work teams are

addressed along with techniques for the promotion of collaboration by healthcare leaders such as assessing readiness to collaborate and strategies for implementation of team projects.

To provide a balanced picture, the authors also describe the challenges of managing a collaborative model. Two collaborative models cited as best practices are reviewed and two case studies from a nonprofit coalition/consortium setting are presented.

CHAPTER 9 COMPLEMENTARY, ALTERNATIVE AND INTEGRATIVE HEALTHCARE PERSPECTIVES

Executive Committee, Academic Consortium for Complementary and Alternative Health Care: John Weeks; Elizabeth Goldblatt, PhD, MHA/PA; Reed Phillips, DC, PhD; Pamela Snider, ND; Jan Schwartz, CMT; David O'Bryon, J.D; Marcia Prenguber, ND; Donna Feeley, MPH, RN, LMT

The writing team for this chapter consists of the members of the executive committee of the Academic Consortium for Complementary and Alternative Healthcare (ACCAHC). ACCAHC was established in 2004 with a mission of creating better health care through projects which increase respect and understanding across healthcare disciplines. ACCAHC's executive committee members include the immediate past president of the Council of Colleges of Acupuncture and Oriental Medicine (Goldblatt), the executive director of the Association of Chiropractic Colleges (O'Bryon), the president of the Council on Naturopathic Medical Education (Prenguber), the president of the National Certification Board on Therapeutic Massage and Bodywork (Feeley), the immediate past president of a multidisciplinary university of natural health sciences (Phillips), the founder and executive editor of the Foundations of Naturopathic Medicine Project (Snider), and a past president of the Commission on Massage Therapy Accreditation (Schwartz). Goldblatt chairs ACCAHC. Weeks, ACCAHC's second executive director following Snider's founding effort, was the director of the National Education Dialogue to Advance Integrated Health Care: *Creating Common Ground*, described herein. He was the lead writer of the chapter.

Chapter 9 Preview

This chapter is a collaborative effort itself in that it was written by a committee. The Executive Committee of the Academic Consortium for Complementary and Alternative Care educates the reader about the licensed healing disciplines involved in what is commonly referred to as “complementary and alternative medicine (CAM).” These disciplines include Oriental medicine, chiropractic, naturopathic medicine, direct-entry (homebirth) midwifery, and massage therapy. Collaborative relationships between CAM associations and practitioners and conventional academic medicine are explored. Using the activities of the Consortium as a case example, the authors take us on a journey that reveals the driving forces and challenges involved in the integration of these therapies with traditional provider networks. Recommendations for interdisciplinary collaboration and tools, topics, and models for educators are provided.

CHAPTER 10 *BEHAVIORAL HEALTH*

Grace L. Reynolds, PhD

Dr. Reynolds has been the Associate Director at the CSULB Center for Behavioral Research and Services since 2000. She also has extensive experience in data analysis and program evaluation for a variety of health and human services organizations, including The Mental Health Association of Greater Los Angeles, the City of Long Beach Department of Health and Human Services, the federal Substance Abuse and Mental Health Services Program, the State of California Alcohol and Drug Programs, and the State of Alaska Division of Public Health. Dr. Reynolds teaches undergraduate and graduate courses for the CSULB Health Care Administration Program in analysis and evaluation and quantitative methods, as well as research methods for the Health Sciences Department. She holds a BA degree in English from Macalester College, master’s degrees in public administration and in creative writing from the University of Alaska, Anchorage, and a doctorate in public administration from the University of Southern California.

Dennis G. Fisher, PhD

Professor Fisher has served as the director of the Center for Behavioral Research and Services (CBRS) at California State University, Long Beach

(CSULB) since August 2000. He is also professor of health psychology at CSULB. He was professor of psychology and director of the Center for Alcohol and Addiction Studies at the University of Alaska, Anchorage. He was a NIDA fellow in epidemiology and statistics at UCLA and his doctorate is from the University of Illinois. CBRS conducts social and behavioral research on health and substance-use related issues. The focus of these studies has been on HIV risk, sexually transmitted diseases (STDs), and understanding stress in Hispanic adolescents. CBRS also operates programs to reduce HIV risk in historically underserved populations.

Lucy E. Napper, PhD

Dr. Napper obtained her PhD in health psychology from the University of Sheffield in the United Kingdom. She is currently a postdoctoral fellow with the Center for Behavioral Research and Services at the California State University, Long Beach. She is currently the recipient of the individual Ruth Kirschstein Postdoctoral Fellowship funded by the National Institute on Drug Abuse. Dr. Napper's focus during her postdoctoral studies and the title of her federally-funded fellowship is on "Item Response Theory and HIV Risk Perception." She has published on the psychometric properties of single-item measures of stages of change and meta-analytical approaches to the assessment of psychometric properties.

Chapter 10 Preview

Drs. Reynolds, Fisher, and Napper provide their insight into collaboration in the behavioral health field. Behavioral health as a profession is described including the stakeholders involved, the various treatment approaches, and what are considered best practices. The authors describe how prevalent mental diseases are, and which populations are especially vulnerable. Unfortunately, behavioral health has often been sidelined and unintegrated with physical health disciplines. This separation continues with differential funding such as carve-outs in managed care plans and lack of coverage parity. Partially and fully integrated models of primary care and behavioral health care are presented and their benefits are discussed. The authors discuss why the collaboration between primary care and behavioral health provides is not always ideal and how collaboration can be enhanced in both the public and private sectors. They conclude with hope for expanded future

collaborations between behavioral and physical health in the current environment with its emphasis on outcomes assessments.

CHAPTER 11 *ANCILLARY SERVICES: HEALTH PROFESSIONS EDUCATION, NUTRITION, AND DIETETICS*

Terri Lisagor, EdD, MS, RD

Terri Lisagor, is currently an assistant professor of nutrition and food science at California State University, Northridge (CSUN). Dr. Lisagor is the faculty coordinator for the Peer Nutrition Counseling (PNC) practicum, the faculty advisor for the Student Dietetic and Food Science Association (SDFSA), and a charter advisory board member for the Marilyn Magaram Center for Food Science, Nutrition and Dietetics (MMC) at CSUN. Dr. Lisagor is also a registered dietitian (RD) in private practice, and a lecturer at the UCLA School of Dentistry. She has traveled internationally to give lectures on nutrition, and for the last 13 years has been part of a healthcare team working with the indigenous children in Guatemala. In addition, she has published several articles on childhood obesity and the link between obesity and oral health. Dr. Lisagor received her bachelor's degree from UCLA, her master's degree in family and consumer sciences, nutrition/food science from CSUN, and her doctorate in education from Pepperdine University.

Chapter 11 Preview

Dr. Lisagor has written a chapter using nutrition and dietetics as an example of an ancillary service that collaborates with other services in the healthcare settings for the benefit of clients. She defines ancillary service as any service related to patient care which is provided in conjunction with hospital or other medical care. She provides evidence as to how registered dietitian participation on a healthcare team can produce positive outcomes. Dr. Lisagor focuses on the educational approach to training the ancillary healthcare professional and how this learning model will improve the quality and delivery of health care. Models of leadership and teamwork behavior are described which support the interrelationship between the patient and the dietetic professional in the healthcare environment. The American Dietetic Association and the Commission on Accreditation

for Dietetics Education criteria are presented as they relate to promoting collaboration in the field.

As a case study, a Peer Nutrition Counseling internship at CSUN is described as an example of a successful gateway to prepare nutrition and dietetics students to be effective, integrated members of healthcare teams.

CHAPTER 12 MEDICINE AND THE LAW: THE LEGAL PERSPECTIVE

Jerry W. Jackson, MHA, JD

Professor Jackson, is currently an adjunct professor in the Health Administration Program at California State University, Northridge (CSUN) teaching health law. He is also the director of Corporate Compliance for a Medicare only health maintenance organization (HMO) in the Los Angeles area. Professor Jackson has over 20 years of health management experience including serving as director of regulatory compliance, medical group administrator, provider network manager, IPA plan manager, and clinic manager. In the community, he has served as advisory board member at The Mesereau, Ephriam, and Villaraigosa (MEV) Free Legal Clinic. Professor Jackson received his bachelor's and master's of science degrees in health administration from California State University, Northridge, and his juris doctorate degree from the University of West Los Angeles School of Law. Professor Jackson is a member of the American Health Lawyers Association.

John Goldenring, MD, MPH, JD

Dr. Goldenring is a practicing pediatrician in California and is also licensed in Texas. Goldenring graduated from Georgetown University School of Medicine in Washington, DC. After completing his residency in pediatrics at the University of California, Dr. Goldenring completed his fellowship in adolescent medicine at L.A. Children's Hospital. He also received his law degree from Concord Law School in Los Angeles, and passed the California State Bar Exam.

Dr. Goldenring is a member of the American Academy of Pediatrics, American Public Health Association, and the American College of Physician Executives. He is also a member of the American College of Legal Medicine and the Society for Adolescent Medicine. Dr. Goldenring is board certified by the American Board of Pediatrics with the subspecialty certificate in adoles-

cent medicine. He is also board certified by the American Board of Preventative Medicine in public health and general preventative medicine. Dr. Goldenring is a physician reviewer for Physicians' Review Network, Inc., an independent medical review organization.

Chapter 12 Preview

Two attorneys, Professor Jackson and Dr. Goldenring, give a legal perspective of collaboration. The authors make the case for a continuous dialogue that encompasses legal and ethical matters must occur at all levels beginning at the legislative process and continuing through the provision of services by the provider. Using a different format than the other chapters' contributors, Professor Jackson and Dr. Goldenring provide an annotated outline with discussion of key medico-legal issues in today's healthcare field.

CHAPTER 13 COLLABORATION IN AMBULATORY CARE: INTEGRATING THE PRACTITIONERS OF MEDICINE IN THE PRACTICE OF MEDICINE

George Sarka, MD, MPH, FACP, FACR

Dr. Sarka is an associate clinical professor of medicine at the David Geffen School of Medicine, UCLA and is currently a DrPH candidate in public health at UCLA. Considered an expert medical historian and lecturer, Dr. Sarka is active in a plethora of medical organizations. He is governor of the ACP, Southern California, Region II (2008–2012), president of the LA Neurological Society (2006–2009), and the former president of the LA County Medical Association-District 1 (2006–2008). Dr. Sarka is a staff physician and multispecialist at the Klotz Student Health Center, California State University, Northridge, an attending staff in the Department of Rheumatology at Cedars-Sinai Medical Center, and an active affiliate in neurology at Saddleback Memorial Medical Center. He is a diplomate in internal medicine, rheumatology, neurology, geriatrics, sports medicine, headache medicine, emergency medicine, and occupational medicine.

Yolanda (Linda) S. Reid Chassiakos, MD, FAAP

Yolanda (Linda) S. Reid Chassiakos, MD, FAAP, is a graduate of the Georgetown University School of Medicine in Washington, DC. She completed her

residency in pediatrics at Georgetown University and served as a lieutenant commander in the U.S. Navy and the assistant head of the ambulatory branch of the pediatric department at the Naval Hospital, Bethesda, as well as an assistant professor of behavioral and developmental pediatrics at the Uniformed Services University of the Health Sciences. She then served as the director of the Preventive Services Initiative for the Office of Disease Prevention and Health Promotion at the Department of Health and Human Services in Washington, DC; and a medical editor and correspondent for the CBS affiliate in Washington. Dr. Chassiakos served as a medical editor for Lifetime Medical Television Continuing Education programs, and then joined UCLA and subsequently became chair of the medical staff of its Ashe Health and Wellness Center. Dr. Chassiakos is a fellow of the American Academy of Pediatrics and a founding member and former chair of its Media Resource Team, and a clinical assistant professor of pediatrics at the David Geffen School of Medicine, UCLA. She is currently the director of the Klotz Student Health Center at California State University, Northridge, a full-service ambulatory care center with over 60,000 patient visits per year.

Chapter 13 Preview

This chapter describes collaboration efforts in an ambulatory care center. The physician authors, Drs. Sarka and Chassiakos, have served as administrators at a variety of ambulatory centers and present factors which can promote collaboration. Physicians provide a particular challenge in collaborative efforts yet their involvement is crucial for success. Background information on how doctors are educated is described to provide a better understanding of their behavior in the ambulatory center. Ambulatory care administrators must integrate physicians into interdisciplinary teams. One method to promote success is to incorporate the concept of “medical homes.” The other clinical as well as nonclinical colleagues in the ambulatory setting are also discussed in the team setting. The transition of quality improvement efforts to a collaborative process is described, as well as the important role informatics play in today’s ambulatory care center.

The Klotz Student Health Center at a large, diverse, urban West Coast university is presented as a case study of an ambulatory care facility which experienced a culture change and now embraces collaborative partnerships to provide interdisciplinary patient-centered care.

CHAPTER 14 COLLABORATION IN HEALTHCARE MARKETING AND BUSINESS DEVELOPMENT

Jon M. Thompson, PhD

Jon M. Thompson, is professor and director of the program in health services administration at James Madison University, Harrisonburg, Virginia. He holds his PhD in health services organization and research from the Medical College of Virginia/Virginia Commonwealth University. He has significant experience as a practitioner, having served as a marketing and public relations administrator at a large, hospital-based health system, and as a consultant to various health services organizations. He is an active researcher, and has published widely and presented at national meetings on diverse administrative subjects including managed care, quality, hospital operational and financial performance, human resources and healthcare teams, and healthcare marketing. In addition, he has held leadership roles in several national professional health services organizations.

Chapter 14 Preview

Marketing and business development are two critical functions for healthcare organizations. Dr. Thompson makes the case that marketing and business development's success in a healthcare organization will depend on the interactions and collaboration of multiple staff members (clinical and nonclinical). Dr. Thompson provides a review of marketing terminology and principles, and emphasizes the need to understand marketing as a collaborative enterprise and acknowledge the importance and requirements of task interdependency. Specific competencies needed by healthcare organization staff to enhance collaboration involved in marketing and business activities are also described. A literature review helps to build a conceptual model that provides a framework for describing and understanding marketing and business development as collaborative activities within and across healthcare organizations. This model can be a useful tool for assessment purposes. Examples of collaborative activities in marketing and business development are given which provide the reader with practical applications of this model.

CHAPTER 15 *THE FOREST AND THE TREES: AN ORGANIZATIONAL PSYCHOLOGIST'S PERSPECTIVE ON COLLABORATION IN HEALTH CARE*

Brenda Freshman, PhD

Professor Freshman is an assistant professor at California State University, Long Beach, in the health administration program. In this role, she teaches organizational behavior, management, and human resources courses to undergraduate and graduate students. Dr. Freshman's current research focus is on best practices for developing collaboration skills in healthcare managers, leaders, and teams.

Dr. Freshman holds a BS in psychology (UCLA), an MA in applied psychology (University of Santa Monica), an MS in organizational psychology (California School of Professional Psychology), and a doctorate in organizational psychology (California School of Professional Psychology). Dr. Freshman's research and practice interests concentrate on team formation and collaboration across the disciplines in health care. Specifically, she focuses on how thoughts and emotions influence behavior, productivity, and quality of life. She has been producing and delivering workshops on self-development and leadership skills since 1993.

Chapter 15 Preview

Dr. Freshman offers an organizational psychologist's approach to interdisciplinary collaboration in health care. Exploring the topic from this viewpoint means focusing on the thinking and feeling processes that are involved in daily operations, while understanding that behavior occurs in a system. To begin, Dr. Freshman discusses the strong push across the healthcare industry to develop collaborative cultures and increase collaborative behavior. A system stakeholder model is presented to keep track of the complexities involved. Multiple sources of limitations to collaboration are identified and ways to increase collaboration are introduced. Dr. Freshman stresses the importance of acknowledging individuals within their systemic environment and suggests that healthcare organizations tend to their trees in order to have a healthy forest.

CASE STUDIES

Case 1: Sandhills Health Information Network

Windsor Westbrook Sherrill, PhD is an associate professor with the Department of Public Health Sciences at Clemson University. Dr. Sherrill has worked in health services administration at the Medical College of Georgia Hospital and Clinics, working with numerous service areas and departments. She was administratively responsible for areas such as emergency services, risk management and emergency preparedness, medical records and information systems, JCAHO accreditation, environmental and biomedical engineering services, and graduate medical education programs. Dr. Sherrill has served as a consultant in the assessment and evaluation of health delivery systems for the Picker Institute for Patient Centered Care, the Hawaii Health Services System, and for Health Decisions, Inc. of New Jersey. Her administrative training and experience provide a practical foundation for the courses she teaches in health management, budgeting, and economics. Dr. Sherrill's administrative experience is particularly relevant in developing an applications-oriented approach to health services research.

Case 2: Orange County Health Care Needs Assessment

Janice Frates, PhD teaches health policy, management, and marketing classes in the health care administration program at California State University, Long Beach. Prior experience includes: business analysis consultant for Kaiser Permanente Health Plan (southern California region); director (VP) of planning and government relations for a community health group, a Medicaid HMO, and the San Ysidro Health Center; health economist for the San Diego-Imperial Counties Health Systems Agency; VP of a health-care marketing and consulting firm specializing in hospital-sponsored physician networks where she conducted demographic and market research studies for physicians and hospitals throughout the nation; and futures research management consultant for the Lutheran Hospital Society of Southern California during its transition to become the UniHealth system.

Pamela D. Austin, MSW, CFGD, has served as OCHNA's CEO since its inception in 1998. Pamela oversees all aspects of the organization, including the development and production of the OCHNA countywide

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health needs assessment survey and report, as well as program growth, strategic planning, board development, and financial management. Her practical experience with health and social services include serving as a manager with a national consulting firm for welfare reform issues, serving as an assistant social worker for Children's Services in Orange County and as a behavioral health program coordinator for Western Youth Services, serving the needs of children residing in Orangewood Children's Home (an emergency shelter for abused/neglected children). These experiences show her humanistic connection to the statistical information giving her the ability to make the data accessible to the everyday user.