When health disciplines work together, better outcomes, fewer doctor visits result

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Interprofessional collaboration among a team of patient-centered professionals from two or more disciplines can deliver better patient outcomes with significantly fewer doctor visits.

The primary care physician is always in at Rutgers' Division of Family Medicine practice at Monument Square. But so are experts in maternity care, behavioral health, pharmaceuticals, sports medicine and aging, as

well as medical assistants, nurses and receptionists.

Interprofessional collaboration, part of a growing national trend, suggests that when a team of patient-centered professionals from two or more disciplines work together, they can achieve better outcomes for their patients with significantly fewer doctor visits.

Though part of the health care landscape for several decades, interprofessionalism has become more appealing as health care reforms have focused significant attention on improving the quality of care while reducing or eliminating costs.

"The goal of facilitating the development of highly functioning interprofessional teams is to improve health outcomes, improve the patient's experience and reduce costs," says Denise V. Rodgers, vice chancellor for interprofessional programs and a practicing physician at Rutgers Biomedical and Health Sciences (RBHS). "This is the triple aim of health care in the United States."

Rodgers is leading efforts at Rutgers to provide an interprofessional foundation for all health professions students. Engaging them in activities that teach the value of understanding roles and responsibilities across the various disciplines, she says, broadens their insights into determining what's best for a patient.

Take Rosemary M., a patient who showed up multiple times at the downtown New Brunswick practice convinced she had diphtheria from what she had read about the sore throat symptoms she was experiencing. After her primary care provider assured her she did not have diphtheria, Rosemary met with a graduate psychology student whose psychotherapy training led him to conclude that her recent visits were triggered not by the rare bacterial infection, but by severe anxiety, which her physician then treated with medication.

When another patient, Margaret L., expressed confusion at her checkup about how to adjust the dosage of her anticoagulant, the on-site pharmacy expert at Monument Square suggested an alternative drug with a much less complicated dosing schedule.

Recently the RBHS interprofessional team brought together 435 students – pursuing careers as doctors, nurses, physician assistants, pharmacists, nutritionists, occupational and physical therapists, clinical laboratory scientists and social workers – to analyze the diagnosis and details of the first 40 days of treatment for a 68-year-old man who had suffered a stroke.

Students were organized in groups of 10 to 12 in which each of their disciplines was represented. In each group, two medical students role-played a patient and family member, allowing the groups to interact directly with the "patient" and "caregiver" as they sorted through the details of the case.

Guided by RBHS faculty and volunteers from the community, they pieced together the patient's case and analyzed all elements of his care – from pursuing family history of stroke and evaluating for diabetes, to keeping his airway from closing and providing medication to alleviate blood clotting in his brain.

Not everything addressed was medical in nature; students also discussed such issues as the patient's lack of a living will and the appropriate time to address that with the patient and family members, as well as how to train the family to participate in his at-home rehabilitation.

"We want students to understand the entire spectrum of care," says Rodgers. "We're reinforcing that it takes coordinated team work to make a patient better. And we want to underscore that when health care professionals do their jobs well and communicate well with each other,

the patient has the best chance for a good outcome."

Recent interprofessional case-based educational activities at RBHS have focused on geriatric care, treating patients with limited English proficiency, treating asthma and understanding hypertension.

RBHS students, including those at Ernest Mario School of Pharmacy, and graduate students from and the Graduate School of Applied and Professional Psychology, and the Graduate School, Rutgers University-New Brunswick, also work as part of interprofessional teams in various clinical settings such as the practice at Monument Square, the student-run clinics at Robert Wood Johnson Medical School and New Jersey Medical School, and Newark's FOCUS clinic operated by the School of Nursing.

Collaborative practices grew out of pioneering work on patient-centered medical homes by the American Academy of Family Physicians and the American Academy of Pediatrics. Federally Qualified Health Centers (FQHCs) historically have also been models of interprofessional collaborative practice, mandated to provide social supports, nutrition education and community outreach in addition to primary and preventive care.

Patient-centered medical homes like Monument Square and most community clinics provide social services, assisting patients with issues such as navigating public transportation schedules to get them to and from their appointments and understanding pharmacy options to help lower prescription costs.

"Health outcomes and quality are increasingly becoming the main focus of the federal government and other payors," Rodgers says. "As we strive to train the health care workers of the future, it is imperative that we train them to work effectively as members of collaborative

interprofessional teams. These skills are important for the students and even more important for the patients they will serve."

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