

REPORT 1 OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS (1-I-16)  
Collaborative Care  
(Reference Committee on Amendments to Constitution and Bylaws)

EXECUTIVE SUMMARY

Traditionally, the practice of medicine was conceived as a single physician providing care directly to an individual patient. But as health care focuses increasingly on quality, efficiency, and the experiences and outcomes of the patient, services are no longer necessarily provided by a single physician. Rather, a patient's care now often lies in the hands of many collaborating health care professionals.

Teams that collaborate effectively can enhance the quality of care for individual patients. By being prudent stewards and delivering care efficiently, teams also have the potential to expand access to care for populations of patients. Physicians are uniquely situated to serve as clinical leaders. By virtue of their thorough and diverse training, experience, and knowledge, physicians have a distinctive appreciation of the breadth of health issues and treatments that enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient.

As leaders within health care teams physicians have a responsibility to model ethical leadership, promote core team values, support transparent decision making, encourage open discussion and shared accountability, and respect the patient's and family's unique relationship as team members. As leaders within health care institutions, physicians should advocate for the resources and support health care teams need to function effectively, encourage institutions to identify and address barriers to collaboration, and promote policies and procedures to constructively address conflicts that adversely affect patient care.

# REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS\*

CEJA Report 1-I-16

Subject: Collaborative Care

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Referred to: Reference Committee on Amendments to Constitution and Bylaws  
(John P. Abenstein, MD, Chair)

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1 Traditionally, the practice of medicine was conceived as a single physician providing care directly  
2 to an individual patient. But as health care focuses increasingly on quality, efficiency, and the  
3 experiences and outcomes of the patient, services are no longer necessarily provided by a single  
4 physician. Rather, a patient's care now often lies in the hands of many collaborating health care  
5 professionals. Teams may be formal structured units or ad hoc groups of physicians, nurses, social  
6 workers and other health professionals, at one or several sites of care, all of whom play various  
7 clinical and administrative roles in the care of a single patient.

8  
9 Systemic changes in the nation's health care system are also driving the movement toward  
10 collaborative care as a tool for pursuing coordinated, patient-centered care [1]. Collaborative care  
11 has been tested and measured in clinical settings around the country and its importance has been  
12 translated into law and policy [2, 3]. A growing body of research indicates that collaborative care  
13 can enhance health care quality and outcomes for individual patients, may enhance access to care,  
14 and may help lower—or slow the rate of increase of—health care costs [4, 5, 6, 7]. Further, well-  
15 functioning teams that provide safe, efficient, high-quality care can reduce burnout and improve  
16 morale among health care personnel [8].

17  
18 This report examines key ethical considerations for health care teams engaged in providing care  
19 collaboratively and develops guidance for physicians as leader-members of care teams.

## 20 21 ETHICAL PRINCIPLES FOR COLLABORATIVE CARE

22  
23 A well-functioning team capable of optimizing patient outcomes is defined by dedication to  
24 providing patient-centered care, protecting the integrity of the patient-physician relationship,  
25 sharing mutual respect and trust, communicating effectively, sharing accountability and  
26 responsibility, and upholding common ethical values as team members.

### 27 28 *Patient-Centered Care*

29  
30 Collaborative care is first and foremost patient-centered care. The physician's duty to hold the  
31 patient's interests paramount (Principle VIII) does not diminish when care is provided by  
32 professionals working as a team. Like individual health care professionals, teams must ensure that  
33 the care they deliver aligns with the values and needs of the patient [9]. Teams must support

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1 patients as decision makers (and families where appropriate) and afford them opportunities to  
2 participate actively in treatment as members of the team. Patients and their families should feel  
3 they are understood and respected by the health professionals who provide care. They must be able  
4 to ask questions and must be confident that all health care personnel will address any issues openly  
5 and honestly.

6  
7 *Protecting the Patient-Physician Relationship*

8  
9 The patient-physician relationship remains central in collaborative care environments, just as in any  
10 other health care setting [9]. Physicians remain advocates for their patients and are responsible for  
11 putting the patient's welfare above obligations to others [10]. The relationship that the team as a  
12 whole has with the patient should be supportive of the interaction between the patient and  
13 physician.

14  
15 *Mutual Respect and Trust*

16  
17 To provide efficient, effective care, all members of a health care team must contribute actively,  
18 which requires that members mutually respect and trust one another. Health care professionals  
19 must be confident that their colleagues are performing at their highest standard of practice, and that  
20 the team, overall, is providing optimal care. When members do not respect and trust one another,  
21 individual contributions can be misinterpreted or ignored, leading to tension or lapses in  
22 communication that can in turn compromise a patient's health and safety. Members of a well-  
23 functioning team will acknowledge and appreciate the contributions made by each and every team  
24 member [9]. Mutual respect and trust strengthen the clinical team and give all members an  
25 opportunity to serve as positive role models for one another and to inspire and motivate their  
26 colleagues [9]. Honoring the work of one's colleagues not only underscores the importance of  
27 individual contributions, but also emphasizes the contribution of the team as a cohesive unit [9].

28  
29 *Effective Communication*

30  
31 Effective communication is fundamental to providing safe, optimal care to patients [9]. Every  
32 member of the team shares the responsibility to communicate effectively, clearly, and consistently.  
33 Physicians can play a leading role by modeling effective communication strategies. When  
34 physicians provide clear, concise information or instructions to colleagues they demonstrate  
35 behaviors that others on the team can utilize to communicate efficiently and effectively themselves  
36 [9].

37  
38 *Accountability*

39  
40 Accountability is likewise a core ethical principle for collaborative care. Given the fiduciary nature  
41 of the patient-physician relationship as well as the expectations society places on physicians  
42 because of their knowledge and training, physicians are accountable for patient care and outcomes  
43 [9]. Nonetheless, all members of the team are accountable for their individual practice and each  
44 shares responsibility for the functioning of the team as a whole, while protecting patient well-being  
45 and ensuring that the team focuses on patient care as the common goal.

46  
47 Beyond accountability to individual patients, physicians and health care teams also have a  
48 responsibility to the communities in which they work to be prudent stewards of community  
49 resources [11]. Physicians and teams have a responsibility to ensure that providing care  
50 collaboratively not only benefits individual patients, but also helps to achieve efficiency and value  
51 for the health care system to benefit the whole community.

1 KEY ATTRIBUTES OF EFFECTIVE TEAM MEMBERS

2  
3 The attributes that individual members bring to a team are also important for effective team  
4 functioning. The Institute of Medicine, for example, suggests the following five key attributes:  
5 honesty, discipline, creativity, humility, and curiosity [1].

6  
7 Within a successful team, members are honest and transparent about goals, decisions, mistakes, and  
8 fears [1], and engage in open dialogue that creates mutual trust [12].

9  
10 A functional team also has disciplined members, with each performing assigned duties and sharing  
11 new information with other members to improve individual and team operations [1]. They fulfill  
12 responsibilities even when doing so is inconvenient or uncomfortable [1]. Such disciplined  
13 performance allows members not only to comply with established protocols, but to develop mutual  
14 respect and pursue improvement while doing so [1, 12].

15  
16 Creativity is another important attribute that allows the team to work together effectively on  
17 complicated health issues. Creativity involves team members enthusiastically engaging new  
18 problems to find innovative solutions [1]. Further, creative teams do not view failed attempts and  
19 negative outcomes as the destruction of team goals, but as opportunities to learn [1].

20  
21 With humility, team members recognize differences in training among the group, but do not view  
22 one form of training as wholly superior to all others [1]. Also, members understand that they are all  
23 humans susceptible to making mistakes [12]. These attitudes enable members to rely on one  
24 another, regardless of hierarchy [1], and to share constructive criticism to overcome professional  
25 and ethical obstacles.

26  
27 Lastly, effective members of collaborative care teams exhibit curiosity and actively use knowledge  
28 gained from their daily lives toward the continuous improvement of individual and team efforts [1].

29  
30 The composition of the team that delivers care—more or fewer physicians relative to other  
31 clinicians, mix of expertise, etc.— may vary in different contexts, such as chronic versus acute care  
32 or in-patient versus outpatient settings. For example, chronic illness is often managed most  
33 effectively by a team whose membership is stable. In contrast, acute care, especially in-patient care,  
34 is frequently provided by specialists who may work with different teams from day to day. Yet in  
35 every context, an identified individual needs to play a leadership role and take responsibility for  
36 collecting and synthesizing the diverse professional perspectives and recommendations of the team  
37 into an appropriate, coherent plan for the patient [9]. In most contexts, a physician is best able to  
38 serve as team leader.

39  
40 LEADERSHIP BEHAVIOR AND CONCEPTS

41  
42 An effective team requires a clinical leader who takes responsibility “for maximizing the expertise  
43 and input of the entire team in order to provide the patient with comprehensive and definitive care”  
44 [9]. Clinical leaders ensure that the team as a whole functions well and facilitates decision-making  
45 [9], and is ultimately accountable to patients. Clinical leaders must use their training and  
46 experience to interpret and synthesize the information provided by team members to make a  
47 differential diagnosis and develop a plan of care. Effective clinical leaders foster common  
48 understanding about responsibilities and encourage open communication among patients, families,  
49 and the entire health care team.

1 Physicians are uniquely suited to serve as clinical leaders by virtue of their thorough and diverse  
2 training, experience, and knowledge [9]. Their distinctive appreciation of the breadth of health  
3 issues and treatment options in their field of practice also enables them to synthesize the diverse  
4 professional perspectives and recommendations of the team into an appropriate, coherent plan of  
5 care for the patient. This expertise, as well as patient expectations—which hold as much in a  
6 setting of collaborative care as in a one-on-one office visit—make it most appropriate that a  
7 physician serve as a team’s clinical leader although this does not necessarily mean that physicians  
8 will take the helm for every aspect of decision-making or coordinate every detail of treatment.  
9 Other health care personnel bring expertise and knowledge to the team and in many instances will  
10 be in charge when their expertise is most needed [9].

11  
12 Although traditional notions of liability map poorly against the changes taking place in how,  
13 where, and by whom health care is delivered, physicians still can be held legally accountable for  
14 the actions of medical personnel working under their supervision [13]. To this extent, it currently  
15 makes sense from a legal perspective to have the physician serve as clinical leader. However, as  
16 health care continues to evolve and roles become increasingly fluid there is need for a more  
17 nuanced understanding of how teams and their members are mutually accountable to patients and  
18 to one another over the course of a patient’s care, legally as well as ethically.

19  
20 The role of clinical leader should be distinguished from that of clinical coordinator. While a  
21 physician should be the clinical leader of the health care team, the clinical coordinator of the team  
22 need not be. The clinical coordinator is the team member who, “based on his or her training,  
23 competencies and experience, is best able to coordinate the services provided by the team so that  
24 they are integrated to provide the best care for the patient” [9].

#### 25 26 *Transactional versus transformational leadership*

27  
28 The concepts of “transactional” versus “transformational” leadership offer a powerful framework  
29 for thinking about physician leadership in the context of collaborative care. Briefly, transactional  
30 leaders largely intervene in a “corrective” mode episodically when members deviate from a defined  
31 standard [14]. Transformational leaders, in contrast, are continuously engaged in relationships that  
32 inspire followers through charisma, clearly articulated visions, and ongoing personalized guidance  
33 [14, 15]. In a clinical context, for example, a transformational physician leader might hold informal  
34 five- to ten-minute “huddles,” in addition to weekly team meetings, to keep the team on the same  
35 page [16].

36  
37 Some evidence suggests that transformational leadership has positive effects on followers’ task  
38 performance and perceptions of job characteristics and their leaders, and that such leadership  
39 behaviors can be taught [14, 15, 17, 18]. Leadership behavior influences how well a team  
40 functions. Clearly communicating a shared vision, connecting well to emotional needs, seeking  
41 consensus and collaboration, role-modeling, or coaching can each enhance the effectiveness of a  
42 team [19].

#### 43 44 *Responsibilities as Individuals, Team Members & Institutional Leaders*

45  
46 As clinical leaders in collaborative care, physicians have ethical responsibilities as individuals, as  
47 members of the team, and as leaders in their institutions [12].

48  
49 As individuals, physicians have a responsibility to respect other team members, understand their  
50 own and other team members’ range of skill and expertise and role in the patient’s care, and master  
51 broad teamwork skills [12]. Like all team members, physicians should be open to adopting insights

1 from other members. They should communicate respectfully with other team members, even in the  
2 face of controversy, and should be welcoming to new members. Physicians can model ethical  
3 conduct for fellow team members—e.g., by avoiding intimidating body language or speaking  
4 disrespectfully about patients—and should encourage other team members to behave accordingly  
5 [20].

6  
7 As clinical leaders in health care teams, physicians are in a position to foster the key attributes of  
8 effective team members and to promote respect among team members. They can and should help  
9 clarify expectations so that the team can establish systematic and transparent decision making. As  
10 leaders, physicians can likewise encourage open discussion of clinical and ethical concerns and  
11 help ensure that every member’s opinion is heard and considered [21], and that team members  
12 share responsibility and accountability for decisions and outcomes [12].

13  
14 Teams need support and resources to optimize patient-centered care [12]. Such resources might  
15 include additional training in teamwork skills, clerical support, flexibility in staff scheduling to  
16 promote continuity of team membership, or additional staff to provide skills not already  
17 represented among team members. Teams also need the organizations in which they provide care to  
18 recognize and respect the unique relationship between team and patient. Further, explicit  
19 recognition of effective teams by organizational leadership conveys the message that teamwork is  
20 valued and important to the organization. Finally, teams need their organizations to provide fair  
21 mechanisms for assessing the team’s performance [12]. As leaders within their institutions,  
22 physicians should help ensure that teams are well supported and that their contributions to the  
23 quality and patients’ experience of care are appropriately recognized.

## 24 25 CHALLENGES TO COLLABORATION

26  
27 Teams can face a variety of challenges to effective collaboration, many of which are tied to the  
28 culture and structure of the health care institution within which they work. Of particular concern,  
29 teams may fall short of the goal of optimizing patient-centered care and outcomes when they lack  
30 resources, when institutional barriers inhibit effective team functioning, and when there is ongoing  
31 conflict within the team.

### 32 33 *Inadequate Resources*

34  
35 While some individuals may naturally possess the necessary traits to work successfully in a team,  
36 many others do not. Physicians have ultimate responsibility and expect accountability within a  
37 team; development of team leadership skills will foster effective teamwork. Changes in how  
38 physicians and other health care personnel are taught to view teamwork, such as the use of RACI  
39 charts (which delineate who is Responsible, Accountable, Consulted, or Informed in the given  
40 context)[22], as well as specific training in teamwork skills can reduce conflict and improve team  
41 performance [23]. Ideally, interdisciplinary training begins early in medical education, a concept  
42 that has been embraced by the medical community [24]; the Accreditation Council for Graduate  
43 Medical Education identifies interpersonal and communication skills as a core competency. The  
44 ACGME notes that these skills “result in effective information exchange and teaming with . . .  
45 professional associates” [23]. Organizations may also find it useful to implement their own training  
46 for teamwork tailored to the culture of the institution. Such training can provide common  
47 structures, processes and expectations for health care professionals who work together on a regular  
48 basis.

49  
50 Institutions also need to provide adequate administrative support for teams, promote scheduling  
51 practices that help ensure workload and duty hours are distributed fairly across personnel, and

1 sustain stable team membership to the extent possible. Teams function best when they have input  
2 into the structure and function of the institutions in which they practice.

### 3 4 *Institutional Culture*

5  
6 The culture of an institution can also pose challenges for effective teamwork. In order to create a  
7 practice environment that encourages collaborative care, an organization's leaders must actively  
8 foster this new environment. Leaders must commit fully to change over the long term; adhering to  
9 new methods of communication and teamwork requires diligence and oversight, lest old patterns  
10 reemerge [25]. Organizations have the opportunity and responsibility to nurture supportive  
11 environments by helping teams develop shared goals and establish and maintain clear roles within  
12 the team. Leaders foster collaborative environments by being seen to value other health care  
13 professionals in addition to physicians; fostering mutual trust within teams; supporting effective  
14 communication and fair, objective measurement of processes focused on improving team function  
15 and outcomes [1].

16  
17 Health care institutions share accountability both to individual patients and to their communities for  
18 ensuring high quality care, although other influences, including, prominently, the decisions and  
19 policies of third-party payers, also may be involved. Physicians can play an important role in  
20 holding institutions to this responsibility by advocating for the resources teams need to function  
21 effectively and by identifying aspects of institutional culture that create barriers to effective  
22 teamwork.

### 23 24 *Fluctuating Team Membership*

25  
26 The complex nature of health care delivery means that a team's composition is not always constant  
27 [26]. For example, in emergency care scenarios, teams often are abruptly created to address a  
28 patient's imminent needs only to disband when the patient is transferred or discharged. An  
29 institution's rotation of health care personnel can also lead to new teams continuously being  
30 created, with each individual joining a new team during his or her next shift. Since trust and mutual  
31 respect between team members is often built over time, a constant fluctuation of membership can  
32 pose significant obstacles for effective team performance. Educating individual staff members on  
33 the principles of effective teamwork enables them to bring their understandings to each newly  
34 founded collaboration [1].

### 35 36 *Conflict within Teams*

37  
38 Constructive debate is necessary for a group of individuals to come to a consensus on a  
39 complicated health decision [12]. Because each team member adds a distinct perspective to the  
40 team, conflict may arise when the team's decision is at odds with a member's training, experience,  
41 or personal beliefs and values, or when a member's behavior hampers team performance [9, 12]. A  
42 conflict resolution mechanism is needed when the degree of conflict interferes with team  
43 performance [12].

44  
45 Without institutional means to address conflicts, teams risk demise when members are unable to  
46 voice their concerns and frustrations without fear of reprisal [12]. Conflicts that are not addressed  
47 or resolved, or not handled fairly, undermine the team and degrade any trust and mutual respect  
48 that has been built [25]. Because collaborative care has become essential to contemporary health  
49 care, conflict must be minimized to prevent the reduction of team functionality [1]. Institutions  
50 must establish standards for determining when conflict interferes with achieving the team's goals  
51 and must be addressed and what procedures should be used to resolve the situation [9, 12].

1 RECOMMENDATION

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In light of the foregoing analysis, the Council on Ethical and Judicial Affairs recommends that the following be adopted and the remainder of this report be filed:

In health care, teams that collaborate effectively can enhance the quality of care for individual patients. By being prudent stewards and delivering care efficiently, teams also have the potential to expand access to care for populations of patients. Such teams are defined by their dedication to providing patient-centered care, protecting the integrity of the patient-physician relationship, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members.

An effective team requires the vision and direction of an effective leader. In medicine, this means having a clinical leader who will ensure that the team as a whole functions effectively and facilitates decision-making. Physicians are uniquely situated to serve as clinical leaders. By virtue of their thorough and diverse training, experience, and knowledge, physicians have a distinctive appreciation of the breadth of health issues and treatments that enables them to synthesize the diverse professional perspectives and recommendations of the team into an appropriate, coherent plan of care for the patient.

As leaders within health care teams, physicians individually should:

- (a) Model ethical leadership by:
  - (i) understanding the range of their own and other team members' skills and expertise and roles in the patient's care;
  - (ii) clearly articulating individual responsibilities and accountability;
  - (iii) encouraging insights from other members and being open to adopting them; and
  - (iv) mastering broad teamwork skills.
- (b) Promote core team values of honesty, discipline, creativity, humility, and curiosity and commitment to continuous improvement.
- (c) Help clarify expectations to support systematic, transparent decision making.
- (d) Encourage open discussion of ethical and clinical concerns and foster a team culture in which each member's opinion is heard and considered and team members share accountability for decisions and outcomes.
- (e) Communicate appropriately with the patient and family and respect their unique relationship as members of the team.

As leaders within health care institutions, physicians individually and collectively should:

- (f) Advocate for the resources and support health care teams need to collaborate effectively in providing high-quality care for the patients they serve, including education about the principles of effective teamwork and training to build teamwork skills.



- 1 (g) Encourage their institutions to identify and constructively address barriers to effective  
2 collaboration.  
3
- 4 (h) Promote the development and use of institutional policies and procedures, such as an  
5 institutional ethics committee or similar resource, to address constructively conflicts within  
6 teams that adversely affect patient care.  
7
- 8 (New HOD policy)

Fiscal note: less than \$500

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