Making Interdisciplinary Teams Work

Healing Hands: A Publication of the Clinicians' Network
Vol. 3, No. 5
August 1999

Bruce W. Burking, Homeless Health Care Coordinator for the Homeless Initiative Program (HIP) in Indianapolis, Indiana, reports that interdisciplinary teams are an integral part of his project's work. "The homeless people we see have so many different needs in so many areas, that it's not practical for only one clinical discipline to work effectively with them," he explains.

The project's 40-member staff includes two prenatal medical providers, two mental health providers, a consulting psychiatrist and part-time paralegals that deal with entitlement eligibility issues. They serve about 4,300 homeless men, women and children each year. HIP provides services to 25 different shelters and missions, staffing medical clinics at 12 sites. In addition, project staff conduct street outreach 14 hours a day, five days per week. At least one outreach worker is on call around the clock, seven days a week.

Clients in four targeted groups require intensive interdisciplinary collaboration: 1) prenatal clients, 2) those engaged in employment or pre-GED activities (the "Choices" program), 3) persons in transitional housing managed by HIP subcontractors, and 4) formerly homeless clients who have achieved permanent housing.

TIME TO COLLABORATE is an essential requirement for implementing teams successfully, notes Burking. "To do adequate case counseling or to achieve appropriate communication within and among teams is very challenging, because the vast majority of staff are mobile. Services are provided at missions and shelters all over the county, and staff have a hard time touching base with each other."

To address this problem, four hours every Wednesday morning are reserved for team meetings at which all staff must be present. Case conferencing occurs on two out of four Wednesdays each month. Interdisciplinary teams serving each of the four targeted groups meet bimonthly. One Wednesday is reserved for a general staff meeting, and the fourth is devoted to interdisciplinary collaboration with clinicians at other local agencies engaged in mental health counseling, including the VA homeless team.

INFORMATION SHARING is another challenge, says Burking. Services are provided in many different locations, and individual clients may access services at more than one site. Multiple providers see the same client. The need for all clinicians caring for a particular client to keep track of prescriptions and other clinical data makes information-sharing essential.

Currently all clinical records are on paper, filed in the central office to protect client confidentiality. Staff must call in from other sites to have files read to them. To solve this problem, the project is planning to purchase an automated case management system. Intake and treatment records will be stored in a computer database that is accessible to all team members from multiple sites. Burking expects to have the new system up and running by December.

PROFESSIONAL DIFFERENCES present a third challenge for interdisciplinary teams at all sites, including HIP. Pronounced differences in perspective — some due to education or training, some to professional habit — may engender intense disagreements among clinicians. Social workers and medical providers often hold strongly differing opinions about the right treatment plan for a client. Regular case conferencing helps to resolve these differences constructively, observes Burking. "Team meetings require the discussion to move beyond disagreements between two parties. Other team members can help referee, clarify issues and show where there is common ground."

Harris County Hospital District in Houston, Texas, has always been committed to the concept of interdisciplinary teams. One of the original McKinney Act grantees, this hospital-based HCH project was established in 1988 to facilitate homeless individuals' access to new and existing medical, mental health and substance abuse services. The project also provides clinical services and transportation for homeless clients at 12 local shelters.

INTEGRATING SYSTEMS

Administrative Project Director **Marion Scott, MSN, RN**, emphasizes the importance of interagency collaboration. "In our shelter clinics, there are many problems we can't solve by ourselves," she says. "If we didn't enhance homeless peoples' access to all existing programs, many would not be successful in achieving even the simplest of goals."

Services offered in the shelters include physical examinations and basic medical assessments, immunizations, patient education, case management and entitlement assistance. On-site mental health counseling is provided through a contractual agreement with the Harris County Mental Health and Mental Retardation Authority, one of the largest providers of mental health services in Houston and Harris County. On-site substance abuse counseling is provided through a contractual agreement with the Cenikor Foundation. Both subcontractors have remained as service providers to the HCH project since its inception.

Interdisciplinary teams other than those funded by the Harris County project help homeless clients access HCH services from shelters beyond the hospital district. HCHD is getting an outreach van soon to bring more services to clients in outlying areas. The need for health services for homeless individuals is growing in the Houston area.

"Three years ago, 65% of our clients in homeless shelters were uninsured; now 88% are uninsured," reports Scott. "There are virtually no entitlement programs for single males, but this forgotten population ends up in emergency rooms, too."

EDUCATING PROVIDERS

To buy into interdisciplinary teams requires education, stresses Scott. Not many clinicians are experienced at providing health care to homeless people at all, much less in teams. "We send new staff members out to the shelters so they can see for themselves how HCH teams work. It is important to educate providers from the beginning, to help them realize that many of the care plans formulated in hospital and clinic settings are unrealistic for the homeless population. Care plans must be individualized and evaluated frequently to assist clients in meeting treatment goals."

COMBATTING BURNOUT is essential to preserve the energy and enthusiasm of interdisciplinary teams, whose resources are often stretched thin. HCHD established a Cheer Committee that remembers staff birthdays and other special occasions, and helps team members deal with job stress, which is intensified by unsuccessful outcomes.

NAVIGATING FRAGMENTED SYSTEMS

The hospital district, the health department, the City of Houston — all harbor important information about homeless clients which each is reluctant to share, to protect patient confidentiality. Thus no comprehensive medical history is easily accessible to all HCH providers caring for the same individual. A homeless client may have five or six case managers across all systems (mental health, TANF and medical). Scott echoes Burking's concern about access to information, pointing to the even greater difficulty encountered with agencies beyond the HCH service network.

ASSESSING OUTCOMES

"If HCH service providers just refer clients out without follow-up, there is no coordination of care," asserts Scott. Outcomes assessment is essential to successful case management, an important role of interdisciplinary teams.

Jonathan Dunning, MEd, CCS, introduced interdisciplinary teams to Birmingham Health Care for the Homeless, Birmingham, Alabama, five years ago. He learned to staff cases this way in the Air Force. The team approach to case management has been particularly successful in the substance abuse treatment program which Dunning directed before becoming the project's Executive Director last year.

The substance abuse treatment team is licensed to provide psychosocial assessments and diagnoses. Clients enroll in an intensive, 8–12 week program, four hours per day, followed by one week of aftercare including vocational counseling. Rigorous weekly drug-testing is a feature of the program. Though controversial, voluntary participation and positive outcomes support its use, contends Dunning. Clients have demonstrated a 75% success rate in maintaining abstinence, six months after completing the program.

LETTING OUTCOMES CONVINCE

The biggest challenge Dunning has encountered with interdisciplinary teams was getting clinicians to understand addictions treatment. Initially, medical staff members were skeptical about alternatives to drug therapy. Non-medical addiction counselors had a hard time accepting any treatment except psychotherapy.

To get staff to accept combined treatment modalities, Dunning held monthly staff training sessions at which prominent psychiatrists were invited to speak. Dramatically better short-term results from combined therapy finally convinced clinicians in difference disciplines to trust each other's judgment. A $1.8 million HUD grant based on these results further reinforced their commitment to collaboration.

> The team approach assures that clients get the best care through checks and balances among individuals in different disciplines and within the same discipline.
>
> *Jonathan Dunning, MEd, CCS, Birmingham HCH*

Every Wednesday afternoon, all staff — mental health and medical providers, case managers and the housing counselor — meet to review substance abuse cases as an interdisciplinary team. Formal team assessments occur at intake, every 30 days

and at discharge. Clinical conferences also focus on other clients with multiple needs (e.g., WIC referral, transportation, childcare and health care) including the newly homeless.

TEAMS AREN'T FOR EVERYONE

"Not every homeless person is unhealthy or needs social services," remarks **Sharon Brammer, CRNP**, who is part of the Birmingham HCH medical team. "Sometimes the worst thing you can do is to get too many clinicians involved." Even clients who need full case management may not be ready for it. It is important to respect the client's readiness for each therapeutic option.

Some clients resist having to tell their story to multiple clinicians at different locations. On-site, integrated services ("one-stop-shopping") reduce both psychological and logistical barriers for clients and staff, notes Brammer. "To avoid jeopardizing our relationship with shelters where care is also offered, we try to avoid duplication of services already being received by clients elsewhere."

In general, Brammer's advice to projects unfamiliar with interdisciplinary teams is to start slowly. Make personal connections in referral agencies whose support is essential. Specify your interdisciplinary mission or goal, and discuss the best way to achieve it as a group. Juggling patient care with case management meetings isn't always easy. Nevertheless, the rewards of teamwork — for clients and staff alike — are well worth the effort!