

Question & Answer (Q&A): Disability-Competent Care (DCC) Interdisciplinary Team Building, Management, and Communication Webinar

Webinar participants asked these questions during the Q&A portion of the Interdisciplinary Team Building, Management, and Communication Webinar held on March 21, 2018. Please note, the responses in this document have been edited for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

https://www.resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Interdisciplinary_Team_Building

Featured Webinar Speakers:

- Christopher Duff, Disability Practice and Policy Consultant
- Mary Glover, Founder, Boston Community Medical Group (BCMG)
- Cindy Guddal, Manager, Allina Health Courage Kenny Rehabilitation Institute

Q1: How do you ensure that the participant's voice is not lost in the Interdisciplinary Team (IDT) process?

Mary Glover: Due to the format of the IDT meeting at BCMG, the participant and caregivers/family generally do not attend. However, this doesn't mean that the participant's voice isn't "heard" at meetings. Team members who have direct contact with the participant gather information that allows them to represent the voice of the participant. During initial assessments and reassessments, the participant is always asked what their goals are, and these are noted in the care plan. Therefore, the care plan is participant-driven and the participant's care priorities are at the forefront of the care structure. In addition to the IDT meetings, other meetings that include the participant can be held in the provider's office with caregivers, family, IDT members, and other specialists, as appropriate. There are opportunities to meet in the participant's residential care setting with the participant present, as well. This flexibility ensures that the participant's voice is front and center. The IDT and care planning process is interactive, keeping the participant's voice front and center, and streamlines participant access to their own medical record. These efforts allow participants to be even more involved in their care.

Cindy Guddal: I would add that IDTs should make sure that the participant's goals are written in their own language and in the way that they converse, and not in the provider's language. This ensures that their voice is heard without being distorted.

Q2: How do you get the primary care practitioners and specialists to participate in Interdisciplinary Team meetings, especially if they're not on site?

Cindy Guddal: One strategy could be for IDT members to attend primary care appointments with the participant and hold the IDT meeting during that time so the primary care physician is engaged and the participant has the chance to present their own voice. Having the primary care provider present is preferable but if scheduling is a challenge, the care coordinator could participate in place of the primary care provider so that the IDT meeting does not take away from the time the provider has available to provide the billable services. In this case, whether the care coordinator is affiliated with the primary care practice or with the health plan, they should be familiar with the participant's case, any current challenges, and understand the participant's priorities.

Mary Glover: If we have a critical number of participants in one setting, our clinicians at BCMG will travel to that setting (health center or practice) to attend the IDT meetings there. We coordinate with the staff at the host site so that the participants relevant to our clinicians are discussed first on the agenda. We also try to grant all IDT members access to electronic medical records. This doesn't substitute for a meeting, but it facilitates communication back and forth.

Q3: What is the difference between an IDT and a Multidisciplinary Care Team?

Resources for Integrated Care: Although these terms are often used interchangeably, there is a defined difference between them. The difference lies in the collaborative care plan. Only IDTs develop these plans since they emphasize an integrated approach to care and multidisciplinary care teams do not. Multidisciplinary care team members develop their own care goals for participants based on their own expertise. IDTs, however, build on each other's expertise and use teamwork to define and work toward common, shared goals.