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## **Interdisciplinary Healthcare**

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## Interdisciplinary Healthcare

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Today's reality is that healthcare professionals are required to participate as integrated players of an interdisciplinary team focusing on many social, behavioral, financial, and other practical issues that have an overwhelming impact on geriatric health. Unfortunately, this issue is infrequently addressed in the traditional outpatient medical setting. Efficient and effective geriatric care requires a move from the fragmented acute care model to a system that is coordinated and proactive. The importance of this approach is illustrated by the fact that the first goal listed in the American Geriatrics Society's mission and goals statement is to develop and promote quality, culturally-sensitive interdisciplinary geriatric clinical care and to support practitioners providing such care.

As a recent *Journal of the American Geriatric Society (JAGS)* article highlighted, interdisciplinary teams are important in providing care for older patients, but interdisciplinary teamwork is rarely a teaching focus, and little is known about trainees' attitudes towards it. This study examined the attitudes of advanced practice nursing (NP) students, masters-level social work (MSW) students, and post-graduate year 2 (PGY-2) internal medicine and family practice residents. Most students in each profession agreed that the interdisciplinary team approach benefits patients and is a productive use of time, but PGY-2s consistently rated their agreement lower than NP or MSW students. Interprofessional differences were greatest for beliefs about the physician's role; almost two-thirds of PGY-2s, but less than half of MSW and NP trainees, agreed that a team's primary purpose was to assist physicians in achieving treatment goals for patients. An even more striking difference was seen in the physicians' right to alter patient care plans developed by the team.<sup>1</sup>

A study by Helen Cooper concluded that student health professionals were found to benefit from interdisciplinary education with outcomes effects primarily related to changes in knowledge, skills, attitudes and beliefs.<sup>2</sup>

Bridging the Gaps (BTG) is a program administered in Philadelphia by the BTG Consortium, which is comprised of representatives from Philadelphia's five academic health centers (Drexel University, Philadelphia College of Osteopathic Medicine, Temple University, Thomas Jefferson University, and the University of Pennsylvania). Based on the BTG Consortium's philosophy, Bridging the Gaps combines the interdisciplinary training of future health and social service professionals with the provision of health-related services to underserved populations. There are three BTG program components: the Bridging the Gaps Community Health Internship Program, the Bridging the Gaps Seminar Series, and the Bridging the Gaps Clinical Program. The Community Health Internship Program has also been implemented at two other academic health centers in the state (Lake Erie College of Osteopathic Medicine and the University of Pittsburgh), which, with the Consortium, form the Bridging Gaps Network.

The Consortium has created the Bridging the Gaps Clinical Program to develop health professionals who:

- understand the significant impact of community factors on health;
- have the clinical and advocacy skills to take a leadership role in health care

delivery, particularly as it relates to traditionally underserved populations;  
and

- are committed to defining their role in the health care system through social consciousness and activism.

In addition, the students learn to appreciate their role and responsibility as a member of an interdisciplinary care team. As a result, future health care professionals are gaining a comprehensive view of the communities in which they live and learn medicine. This experience in turn creates a pool of trainees who understand the need for preventive medicine and are responsive to their community.

One of the two BTG Clinical Program sites is the St. Agnes Medical Center LIFE program, which serves the frail elderly living at home. LIFE is a PACE program – Program for All-inclusive Care of the Elderly. The PACE model is centered around the belief that it is better for the well-being of seniors with chronic care needs and their families to be served in the community whenever possible. PACE serves individuals who are aged 55 or older, certified by their state to meet nursing home level of care, able to live safely in the community at the time of enrollment, and live in a PACE service area.

Delivering all needed medical and supportive services through the interdisciplinary team approach, the program is able to provide the entire continuum of care and services to seniors and demonstrate these positive outcomes to students. PACE care and services include:

- Adult day care that offers nursing; physical, occupational and recreational therapies; meals; nutritional counseling; social work and personal care
- Medical care provided by a PACE physician familiar with the history, needs and preferences of each participant
- Home health care and personal care
- All necessary prescription drugs
- Social services
- Medical specialists in such disciplines as audiology, dentistry, optometry, podiatry, and speech therapy
- Respite care
- Hospital and nursing home care when necessary

Outcomes of PACE programs have been shown to be positive. In a study by Dr. Catherine Eng, benefits were demonstrated in consumer satisfaction, reduction in institutional care, controlled utilization of medical services and cost savings to public and private payers of care, including Medicare and Medicaid.<sup>3</sup>

Here we find in PACE an excellent example of an interdisciplinary model that not only delivers optimum outcomes but also provides a living classroom. The support and

expansion of programs like LIFE and BTG is vital to reaching the growing needs of our communities.

For more information on the St. Agnes Medical Center LIFE Program, contact Michelle Tiger, MSW, at 215-339-4747. For more information on Bridging the Gaps, contact Lucy Wolf Tuton, PhD, Executive Director, at 215-898-4440. Members of the Thomas Jefferson University Consortium include Patrick McManus, MD; Susan Rattner, MD, MS; George Valko, MD, and Maria Hervada-Page, MSS.

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## **About the Author**

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