

# **Enabling Collaboration within Health Systems:**

## **A Literature Review**

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## Executive Summary

Enabling collaboration is presently a topic of great interest within the Canadian health system.

Perhaps due to its inherent complexity, collaboration is not easily summarized in a single definition, nor has its efficacy been validated through empirical evidence. Until proven otherwise, an ongoing justification for improving collaboration in health systems remains that it intuitively makes sense.

What does seem clear is that collaboration's ultimate success or failure will be affected by a combination of interactional, organizational and systemic determinants that include:

- Commitment;
- Mutual trust and respect;
- Organizational structures and leadership;
- Philosophy, values and client centredness;
- Health human resource planning and funding models;
- Support and resources;
- Coordination and communication of care;
- Learning environments;
- Professional systems;
- Legal systems;
- Ethics; and
- Evidence.

This paper provides an overview of the challenges and opportunities associated with these interactional, organizational and systemic determinants.

Failed attempts to achieve collaboration should not solely be blamed on what are perceived to be external factors. Instead, it should be recognized that collaboration is a dynamic human process that is for all of us to create and own.

This review resulted in the development of two simple tools, meant to assist individual providers, clients, health system organizations, educational institutions, governments, researchers and other stakeholders as they assess and plan how to work together more collaboratively. The tools are located in this document's Appendix.

As stakeholders make commitments to facilitate collaborative practice environments, it is hoped that more evidence will emerge, better informing the specifics related to enabling collaboration in health systems.

## Introduction

Health systems have become increasingly complex over the last few decades. They have evolved to offer diverse services along a continuum that includes health protection and promotion, disease and illness treatment and management, and community and self care.<sup>1</sup> In tandem with this evolution of system complexity, many different health providers have emerged to offer specific services within various aspects of the health system. Not only do those working within the health system struggle at times to understand all of the services and providers available, communities and clients are often overwhelmed and confused as to how they should acquire the care they need.

Upon initial contemplation, some might assume that collaboration in health systems already prevails out of necessity, dismissing a need for further exploration. However, enhancing collaboration between services, providers and clients may increase understanding about what health services are available. Perhaps even more importantly, collaboration might help to coordinate and integrate the provision of effective, client-centred care throughout the system.<sup>1</sup>

This paper will explore enabling collaboration as it relates to health systems. The literature search methodology will be shared, followed by a review of the policy background surrounding collaborative care. Next, defining collaboration and the evidence available to support its utility will be discussed. Then, potential challenges and opportunities will be reviewed, followed by a synthesis of findings and conclusions.

## Literature Review Methodology

This section offers a brief overview regarding how the search was conducted, the focus of the review and the intention with which certain terms are used in this document.

### **Search**

To explore the broad concept of collaboration within health systems, a search was conducted within the fields of health, education, social sciences and business. More specifically, an electronic search of formal and grey literature was conducted using the databases ABI/INFORM Global, CINAHL, ERIC, PubMed, Social Sciences Citation Index, and the Cochrane Library. The internet search engine Google was used, as were site specific search engines found on government and organizations' web pages. Only articles written in English were reviewed. The majority of the search focused on articles that were written between 1998 and 2008.

Many different keywords were used to complete the search, including combinations of: “allied health professions”, “client centred”, “collaboration”, “collaborative care”, “collaborative practice”, “integrated”, “health care professionals”, “health care providers”, “integration”, “interdisciplinary”, “interprofessional”, “multidisciplinary”, “patient centred”, “people centred”, “person centred”, “shared care”, “team”, “teamwork”, and “transdisciplinary”.

### **Focus**

This literature review focused on identifying the breadth of issues surrounding collaboration amongst different care providers and patients within health systems. It did not focus on issues related to the need for intersectoral collaboration, nor did it focus on collaborative efforts that are limited to one specific discipline. Because the literature was predominately provider rather than patient oriented, this review primarily presents collaboration from the perspective of providers.

Considered in isolation, many of the issues identified in this paper have extensive bodies of knowledge and research surrounding them. The brief mention of these issues in this paper strives to acknowledge the concepts as important to the exploration of collaboration. As interested, readers should look to the literature for more issue-specific detailed discussions.

### **Terms**

Within health systems, many different terms are used to describe the providers and the recipients of care and how they interact with one another. This literature review did not attempt to define all of these terms, nor was a decision made to solely use one term over another. Instead, multiple terms are used to describe similar concepts. For example the following are used interchangeably:

- Clients and patients;
- Health providers, health professionals and health teams; and
- Collaboration, collaborative practice, collaborative care and interprofessional practice.

Throughout this paper, the terms families, caregivers and supports are often inherent with the use of the terms client or patient. To ease readability of sentences, all of these stakeholders are not listed each time the term client or patient is used.

## Canadian Health Policy Overview

The concept of collaboration has been prevalent within recent health system debates in Canada, particularly those related to renewing primary health care, addressing health human resources and improving quality and safety. This next section attempts to provide a brief overview of how these health policy issues have directed national attention towards initiatives that focus on collaborative care.

### ***Primary Health Care***

In 2000, the First Ministers created a vision, principles and an action plan for health system renewal. The action plan noted that improvements in primary health care were essential, and that interdisciplinary primary health care teams should be established and promoted.<sup>2,3</sup> In response to this, the Government of Canada allocated \$800M to the Primary Health Care Transition Fund (PHCTF), which provided funding over a six year period to projects aimed at fundamentally changing and renewing primary health care delivery.<sup>3</sup> One of the five common objectives of the PHCTF was to create multi-disciplinary teams, so that the most appropriate provider would provide the most appropriate care with patients and clients.<sup>4</sup> From this funding emerged many primary health care projects focused on interdisciplinary, collaborative care.

### ***Health Human Resources***

A brief review is offered below of some of the major reports that have recently highlighted health human resources, calling for increased collaboration.

#### **Kirby**

In October 2002, the Standing Senate Committee on Social Affairs, Science and Technology's final report on the state of the health care system in Canada acknowledged that work must be done to address human resource shortages that exist in many health professions.<sup>5</sup> (This report is also referred to as the Kirby report.) The report noted that while increasing the supply of providers was likely required, so too was the need to both increase providers' collaboration within each discipline as well as increase productivity as teams of providers. The Kirby report cautioned that an increase in the supply of health providers with no attention paid to improving collaboration and productivity could create an unsustainable cost to the health system with unimpressive outcomes.<sup>5</sup> The report also called for barriers to be removed, to better enable providers to practice to full scope, maximizing their respective contributions to the system.

#### **Romanow**

In November 2002, the final report from the Commission on the Future of Health Care noted that investment in health care providers was required.<sup>6</sup> (This report is also referred to as the Romanow report.) Specifically, recommendations were made to review scopes of practice of various providers and to modify current educational programs for health care providers to better ensure adoption of an integrated approach to developing collaborative care teams. The report also acknowledged that the vast number of different health care providers offers a resource of many different skills and abilities, but can also pose challenges when trying to define new roles and responsibilities or collaborative practice models that are more patient centred.

## **Accord on Health Renewal/10-Year Plan to Strengthen Health Care**

The release of the Romanow and Kirby reports were then followed by the *2003 First Ministers' Accord on Health Care Renewal*.<sup>7</sup> In this Accord, the federal and provincial governments agreed to work together to renew the publicly funded health care system in Canada. The planning and management of health human resources was specifically named in the Accord as an area where renewal was required, to better ensure that the right providers were available to Canadians when they required health care. One of the suggested areas for action within health human resources was the promotion of inter-disciplinary provider education.<sup>7</sup>

In 2004, First Ministers met to further delineate their commitments within the 2003 Accord. The need to implement initiatives related to interdisciplinary training was again highlighted within this plan.<sup>8</sup>

## **Pan-Canadian Health Human Resource Strategy**

The Kirby<sup>5</sup> and Romanow<sup>6</sup> reports, together with the Accord<sup>7</sup> and 10-Year Plan<sup>8</sup>, informed the development of the Pan-Canadian Health Human Resource Strategy.<sup>9</sup> This strategy is striving to ensure Canadians can access the health care providers they require both now and in the future.<sup>9</sup> The strategy is focusing its efforts in three main areas that include: (1) health human resources planning; (2) recruitment and retention; and (3) interprofessional education for collaborative patient-centred practice.<sup>9</sup> Interestingly, collaborative practice is a recurring theme throughout each of these components of the health human resource strategy.

## **Quality and Safety**

Through the work of the Accord<sup>7</sup> and 10-Year Plan,<sup>8</sup> the Health Council of Canada was developed. The Council's mandate now includes reporting on both the health of Canadians and the outcomes of services and policies that impact the health and well-being of Canadians.<sup>10</sup> In the document *Health Care Renewal in Canada; Accelerating Change*,<sup>11</sup> the Health Council of Canada noted that increasing multidisciplinary teams within our health system may help to improve patient safety and patient outcomes and increase care providers' satisfaction at work in both acute and chronic care. The Health Council recommended that health system planning efforts focus on team based care rather than solely focusing on care delivery plans within individual health professions.

In June of 2008, the Health Council of Canada produced the report: *Rekindling Reform: Health Care Renewal in Canada, 2003-2008*, offering an assessment of Canada's progress in implementing the actions outlined in both the Accord and 10-Year Plan.<sup>12</sup> Related to collaborative practice, the report noted that in 2008, Canadians do not yet have access to coordinated primary health care via interprofessional teams. The Council stated that this has been challenging to accomplish, partly due to the misunderstandings that exist between professional groups related to roles, responsibilities and scopes of practice.<sup>12</sup>

Given its prevalence in public policy dialogue, defining collaboration will now be considered.

## Defining Collaboration

Both within and beyond health systems, the term collaboration conjures up images of collective action in pursuit of a common goal, where mutual trust and respect prevails.<sup>1,13,14</sup> As attempts are made within health systems to more specifically define collaboration beyond these broad sweeping images, many definitions emerge, each with potentially different approaches and meanings. This section reviews concepts related to collaboration, examines collaboration as a process and discusses how collaboration and teams are related.

### ***Concepts of Collaboration***

D'Amour, Ferrada-Videla, San Martín Rodríguez and Beaulieu<sup>1</sup> examined definitions of collaboration within the literature and noted that the concepts of sharing, partnership, interdependency and power were repeatedly used to create collaboration definitions.

#### **Sharing**

Sharing was used in definitions of collaboration, specifically as it relates to sharing responsibilities, decision making, data, planning, intervention, values or professional perspectives.<sup>1</sup>

#### **Partnership**

In definitions of collaboration, partnership was used to identify two or more individuals working together via an authentic relationship built on mutual trust, respect and open communication.<sup>1</sup>

#### **Interdependency**

Interdependency was used in definitions of collaboration, recognizing that benefits can emerge when people willingly depend on one another, and maximize each other's contributions.<sup>1</sup> Sometimes collective efforts can result in more impressive outcomes than could have been achieved by solely adding together all the actions of individuals who function autonomously.<sup>1,13,15,16</sup>

#### **Power**

The role of power was named in definitions of collaboration, noting that true collaboration enables empowerment of each person within the collaborative. Within collaborative environments, power is recognized to exist within each member, based on experience and knowledge rather than solely due to title or function.<sup>1</sup>

### ***Collaboration as a Process***

What is explicit in the literature is that collaboration is not a single entity, and it cannot solely be achieved by bringing providers together in teams and telling them to collaborate.<sup>1</sup> It is also apparent that existing definitions have failed to meaningfully situate the patient's perspective within collaboration, and debate is ongoing as to how engaged clients should even be within the collaborative process.<sup>1</sup>

It may be that ultimately, a single definition will be difficult to create and agree upon, given that collaboration is a complex, dynamic human process which to be successful must be voluntary.<sup>1,14,16</sup> It therefore cannot easily be defined and prescribed, as what determines it may look different for each individual, organization and system that contemplates its application and outcomes.<sup>1</sup>

### ***Connecting Concepts of Teams with Collaboration***

Collaboration between providers and patients can happen with or without the presence of a formalized team.<sup>16</sup> However, in health systems much collaboration does occur within team environments. Viewing collaboration as a dynamic process may help link the concept of collaboration with the concept of team. It is generally accepted that teams are essential to the provision of high quality health care, and collaboration is required for teams to be effective. The terms multidisciplinary, interdisciplinary and transdisciplinary are all terms used to describe health care teams. Although these terms are defined in many different ways, used together they often suggest a continuum of collaboration.<sup>1,16</sup>

At one end of the continuum, a multidisciplinary team coordinates the work of different providers related to a shared client or issue, where providers practice parallel to each other.<sup>1,13</sup> As teams become interdisciplinary, collaboration increases. Interdisciplinary team members strive to integrate the knowledge and skills of each provider, so that the work related to a shared client or issue is mutually owned and addressed.<sup>1,17</sup> As teams become transdisciplinary, collaboration increases again and actual knowledge and skills are exchanged between providers.<sup>1</sup> This often leads to a blurring of professional boundaries and each team member becomes more adept to address a client or issue on behalf of the collective team.<sup>1</sup> It is important to note that each of the terms multidisciplinary, interdisciplinary and transdisciplinary have multiple meanings within the literature, so this continuum should not be assumed to be universally adopted.<sup>18</sup>

Recognizing that collaboration is a process that is not easy to define, a brief exploration of the evidence available to support collaboration in health systems is warranted.

## Evidence

Within both gray and formal literature, it seems to be an accepted tenant that effective teamwork can improve the safety and overall quality of care within health systems,<sup>1,19-21</sup> although some have questioned if there is ample research available to substantiate this claim.<sup>18</sup> Anecdotally, it has also often been reported that teams of health care providers that collaborate are better equipped to work with increasingly complex health care needs of citizens.<sup>6,11,13,18</sup> It has been suggested that enhanced collaboration within teams can improve health outcomes, access to services, efficient use of resources, enhanced care for individuals and communities, and satisfaction for patients and providers.<sup>13,22,23</sup>

In reality, the literature continues to report that limited knowledge exists as to what interprofessional collaboration really entails within health systems.<sup>1,13,20,24-26</sup> Ongoing research is called for to further understand: (1) which health providers should be involved in collaborative care; (2) the complex relationships that exist between autonomous providers; (3) the populations and situations where collaboration might be most appropriate; (4) how collaboration is effectively achieved; (5) how clients can be meaningfully included in collaboration; and (6) how health system processes and outcomes are affected through collaborative practice approaches.<sup>1,13,24,27</sup>

Collaborative care between nurses and physicians has been linked with a decrease in mortality in critical care environments.<sup>26,28</sup> Within primary health care (and most specifically within the areas of mental health care and chronic disease prevention and management), evidence now exists that interprofessional collaboration has resulted in positive outcomes for clients, providers and the system.<sup>29,30</sup> However, even within primary health care, substantial variability exists in collaborative practice models and their application, and at present there is no reliable evidence that explains how these variations affect outcomes.<sup>29</sup>

Even with limited evidence as to what collaboration is and what enables its success, many organizations and health systems are restructuring and increasing focus on enabling collaborative care teams.<sup>31-33</sup> Almost three quarters of Canadians believe that quality of care could be improved through collaborative care approaches.<sup>34</sup> Perhaps this is because the concept has face validity; it is possibly common sense that working together could have the potential to enhance practice environments for providers, administrators, clients and communities.<sup>24,25</sup>

The next section of this paper explores the potential challenges and opportunities associated with collaboration, hoping to build on the anecdotal evidence or common sense approach that collaboration is indeed worth pursuing. Perhaps through recognition of the specific complexities associated with collaboration, further research will emerge that better informs the body of knowledge surrounding the effectiveness of collaboration and how it is realistically achieved.

## Potential Challenges and Opportunities

San Martín-Rodríguez, Beaulieu, D'Amour, and Ferrada-Videla<sup>31</sup> suggest that the many elements of collaboration can be categorized into interactional, organizational and systemic determinants. The meanings of these terms are reviewed below, and challenges and opportunities for collaboration that were found within this literature review are organized using these suggested categories.

### ***Interactional Determinants***

Interactional determinants of collaboration are influenced by individual providers' traits, beliefs and attitudes, and the existing relationships that exist between providers.<sup>31</sup> These may include issues such as commitment and mutual trust and respect.

#### **Commitment**

At the most basic level, for collaboration to occur, both a willingness and commitment by providers and patients to work together must exist, as collaboration is fundamentally a voluntary process.<sup>13,16,31,35-38</sup> A team member's willingness to collaborate may be influenced by their social and cultural background, or their past exposure to collaborative environments or other health providers.<sup>39-41</sup>

#### **Mutual Trust and Respect**

There is often a lack of understanding or mutual respect between health providers regarding the various roles each team member can offer collaborative practice.<sup>13,20,42-45</sup> Many health providers do not have a full understanding of other disciplines' knowledge, skills, responsibilities, or the theoretical frameworks that guide these practices.<sup>13</sup> For collaboration to thrive, mutual trust and respect must exist between team members.<sup>15,16,20,31,35,37,39,46</sup> The PHCTF evaluation noted that formal team development opportunities were useful to establish role clarity and further facilitate collaborative care.<sup>13</sup>

### ***Organizational Determinants***

Organizational determinants of collaboration refer to structures and processes within organizations that can enhance or challenge collaborative practice efforts.<sup>13,31</sup> These may include: organizational structures and leadership; philosophy, values and client centredness; health human resources planning and funding models; support and resources; and coordination and communication of care.

#### **Organizational Structures and Leadership**

It is often stated that horizontal organizational structures are superior to hierarchical structures when working to foster collaborative practice, although evidence of this belief remains lacking.<sup>31</sup> Some literature does suggest that structures which are supportive of teamwork, open communication, shared leadership and decision making can foster collaboration.<sup>20,22,31</sup>

Within interprofessional teams, disciplines may have divergent attitudes related to who is in charge of decision making.<sup>23,47</sup> Some team members believe that they ultimately control

decisions while others on the same team believe decision making must be shared. Exploration of these assumptions and delineating these accountabilities between providers and clients may help further define each collaborative practice environment.<sup>20,23,25,37</sup>

Through the PHCTF evaluation it was noted that collaboration can also be enhanced when it is modeled and fostered by the organization's senior leadership team.<sup>13</sup> This may involve leaders challenging turf protection behaviours among providers, recognizing and rewarding successful collaboration efforts, creating management structures to support collaborative practice, offering change management strategies to teams, supporting ongoing professional development, and naming leaders who will speak to the importance of collaboration throughout the organization.<sup>13,36,48,49</sup>

### **Philosophy, Values and Client Centredness**

For long term collaborative success, an organization's philosophy and values need to be congruent with principles of collaboration.<sup>31</sup> Such values might include participation, fairness, risk taking, freedom of expression and interdependence.<sup>13,31</sup> As work is done to enhance collaboration, organizations sometimes discover that their existing values and attitudes do not foster collaborative care. Time, energy and resources must be dedicated to shift the philosophy and values that drive the organization's work.<sup>13</sup>

Many authors note that health teams must collaborate with their clients or patients, although the literature is less clear as to how exactly that should be achieved.<sup>1,32,50,50,51</sup> Interestingly, some literature suggests that patients are often unaware that a team or collaborative practice environment even exists, and as such they are not engaged in the planning and delivery of their own care.<sup>1,20,46</sup>

Attempts to centre care around a client's needs have not always resulted in assuring that the client is an actual participant in care delivery.<sup>50,52</sup> For example, care assessments are often developed that strive to both focus on the client's needs and promote collaboration amongst care providers. Unintentionally, these assessments can lead to compartmentalizing clients into physical, cognitive and emotional attributes (or other categories used within the assessment). These assessments can sometimes lead teams to lose focus on the client's overall narrative and their needs and wants within the health system.<sup>52</sup>

To foster effective care delivery, the care needs of each client should be defined with the client and then used to determine which specific providers are required to provide that care.<sup>13,20</sup> Once the appropriate team of providers is identified, patients then need to know who is on their care team, and as appropriate, be given an opportunity to choose how they will participate in their own care.<sup>13,16,20,50</sup>

The actual language of collaboration that speaks of interdisciplinary and interprofessional teams constitutes adherence to health care jargon. This jargon is likely not reflective of the experiences, needs or wants of the patients or clients with whom providers want to collaborate.

## Health Human Resource Planning and Funding Models

For collaborative care to succeed it is imperative that patient needs are understood and that the most appropriate provider is actually available within the system to provide the care at the time that it is required.<sup>13</sup> Organizations should develop and implement health human resource strategies that support teamwork and collaborative practice requirements.<sup>16,49,51</sup>

Furthermore, health provider funding models that rely on fee-for-service reimbursement are thought to potentially impede collaborative care. Fee-for-service reimbursement does not often compensate providers for engaging in many of the activities that can foster collaboration, such as meetings and professional development.<sup>31</sup> Flexible compensation plans are required that do not impede some team members from engaging in collaborative practice.<sup>13,16,29,47,49,51,53-55</sup>

## Support and Resources

To collaborate effectively, providers require adequate time during their work day to regularly interact, develop relationships and problem solve together.<sup>13,31,32</sup> This can be especially challenging when actual team members frequently change due to scheduling, coverage, or staff turnover.<sup>35</sup> For collaborative practice to be successful, organizations often need to support new ways for providers and patients to work together.<sup>15,31</sup> This may include providing adequate administrative support, and structuring time and space where the team can gather to work.<sup>13,31</sup>

The PHCTF evaluation revealed that having team members work in the same physical location facilitated relationship building, and increased dialogue regarding some of the barriers associated with collaborative practice. Providers noted that sharing a location facilitated a better understanding of each other's roles and scope of practice, and that more consultation occurred in a more timely way.<sup>13</sup>

## Coordination and Communication of Care

Collaborative practice models sometimes require multiple reporting structures and more sophisticated communication tools, as providers and clients strive to coordinate the services being offered.<sup>13,31,46</sup> In some organizations it is difficult for providers and clients to access the policies, data and health records they need to accomplish their goals.<sup>13,35,44</sup> Collaborative practice can be enhanced through the development and implementation of interprofessional policies, guidelines, and documentation standards.<sup>31,35</sup> The PHCTF evaluation revealed that many projects developed practice manuals, standards, policies, toolkits, education and/or interprofessional protocols as means of improving communication and coordination of care.<sup>13</sup> Similarly, both regular meetings and electronic communication tools can foster coordination and communication.<sup>13,49</sup>

To enhance cross-cultural care giving, collaborative health teams should also be inclusive of traditional paraprofessionals and community members who may not presently be seen as part of the health team.<sup>51,56</sup> The PHCTF evaluation noted that organizations need to be more open to integrating traditional health practices with western health care.<sup>13</sup>

## Systemic Determinants

Systemic determinants are related to the broader context in which an organization operates, and may include learning environments, professional systems, legal systems and ethics.<sup>31</sup>

## Learning Environments

Learning environments for collaboration exist both in formal educational institutions, professional development training scenarios and practice environments. In some disciplines, learning needs are also assessed against core competencies for practice.

### *Education*

Students of health professions are often provided with a concentrated focus on their specific profession's theories, values and philosophies, with little exploration of the differences, overlap or potential synergies that may exist between their profession and other disciplines.<sup>1,13,31,44,53,57</sup>

Many students graduate with a limited understanding of the roles, responsibilities and expertise of other providers, such that it is then difficult for these providers to embrace and foster collaborative practice.<sup>31,40,47,57</sup> For these reasons, more focus is being placed on creating interprofessional learning opportunities where providers of different disciplines learn together. To foster collaborative care environments, it is thought that interprofessional opportunities should be made available within preparatory education, fieldwork, professional development and continuing education programs.<sup>11,13,16,31,57,58</sup>

Given a lack of research, the effects of interprofessional education for patients, providers and systems are not yet fully understood.<sup>51,59-61</sup> Oandasan et al. suggest that the feasibility and effectiveness of multiple approaches to interprofessional education should be pilot tested and researched before there is widespread adoption of any particular approach.<sup>51</sup> There also appears to be little guidance in the literature outlining how and when to successfully facilitate interprofessional education, and knowledge development is called for in this area.<sup>51,61</sup>

### *Core Competencies*

Many health disciplines have developed core competencies to describe the knowledge, skill, problem solving, and clinical reasoning that is required to fulfill their professional roles and responsibilities.<sup>62-64</sup> These competencies often outline performance standards for health providers, and help to develop curricula in entry level education and ongoing professional development.<sup>62-64</sup> Because each discipline often creates these in isolation from other disciplines, there is little consistency between professions in how each set of competencies is structured and interpreted.<sup>62,64</sup> In an effort to inform education and practice environments, interprofessional core competencies have been suggested as one means of articulating the knowledge, skill, problem solving and clinical reasoning required to fulfill interprofessional roles and responsibilities.<sup>62-64</sup> In British Columbia, the College of Health Disciplines and Interprofessional Network of BC have created a competency framework for interprofessional collaboration.<sup>63</sup> The framework structures core competencies under the headings of: (1) interpersonal and communication skills; (2) patient centred and family focused care; and (3) collaborative practice; which includes collaborative decision making, roles and responsibilities, team functions and continuous quality improvement.<sup>63</sup>

### *Interdependency*

The literature does point to the need for an interdependency to exist between interprofessional education and collaborative practice environments. Just as it appears that the practice environment would benefit from students receiving interprofessional education, the education provided will need to include mentorship with health professionals who indeed practice

collaboratively.<sup>51,61,65,66</sup> In Toronto, Ontario, this interdependency was recognized, and academic and practice environments collaborated together to create a toolkit of foundational learning opportunities and workshops, related to interprofessional leadership, mentorship, preceptorship, coaching and change management. In the spirit of collaboration and knowledge exchange, they have made these resources available to other settings who are interested in pursuing similar approaches.<sup>67</sup>

## **Professional Systems**

Each health profession often operates as a separate system, with social, cultural and regulatory components. These components are now explored as they relate to collaboration.

### ***Socio-cultural***

Conflicts related to hierarchy and power differences commonly exist between health providers, and often limit the potential for collaboration.<sup>20,31,32,39,40,43,44,53</sup> Establishing a balance of power and collegiality where providers are not adversarial or abusive in their interactions is crucial for collaboration to thrive.<sup>20,31,32</sup>

Many health professions uphold a cultural value of autonomy. This can lead to individualistic practices and specialization which can sometimes promote competition over collaboration.<sup>1,15,18,20,24,31,45,48</sup> The values held by different professionals can also affect collaboration. For example, some disciplines may value a client's narrative, while others place greater value on scientific information and quantitative data.<sup>42,57</sup> Or, some providers may value team sharing of information while other providers value the confidentiality of their interaction with clients.<sup>57,68</sup> For collaborative practice to emerge, it is likely important for providers to explore professional cultural values and address their impact on interactions with patients and providers.<sup>31,57</sup>

### ***Regulatory***

Regulatory bodies and professional associations can perpetuate a focus on autonomy and control within individual professions.<sup>13,20,31</sup> This often leads to professionals claiming and protecting a specific territory within health services rather than encouraging interdependence.<sup>13,30,31</sup> Presently there is little consistency in regulations across Canada, given that self-regulated professions within each province or territory define their own scopes of practice, educational standards, core competencies and accountability frameworks.<sup>13</sup>

Some believe that the creation of more flexible regulatory frameworks might enable collaborative practice.<sup>1,11,13,20,49</sup> Such frameworks might use legislation and policies to address issues such as autonomy, scope of practice, accountability, and educational parameters as they relate to collaboration.<sup>1,13</sup>

It has also been suggested that some of these barriers might be mitigated when professionals switch their focus from serving individual professions to serving the patient or client.<sup>31</sup> Acknowledging the breadth of each client's needs can make the imperative for collaboration more apparent.<sup>31,69</sup>

## Legal Systems

At present, negligence is assessed as it relates to an individual provider's standard of care and how responsible the provider is for that care.<sup>16,70</sup> Even where a collaborative care model exists, the courts will likely investigate malpractice as it relates to individuals as opposed to a team.<sup>13,71</sup> Within collaborative practice models, where the accountability for patient care is shared between multiple providers, concerns exist that the courts may disproportionately assign accountability for liability to one provider.<sup>13,70</sup> This concern is substantiated somewhat given the fact that some health care providers are not required to have liability insurance.<sup>13,25</sup> Many fear that physicians will be assigned too much accountability, while others surmise increased liability will exist for non-physicians and institutions.<sup>23,25,55,70</sup>

To help mitigate these concerns, interprofessional collaborative teams must understand each other's roles and scopes of practice, as well as use accurate communication and documentation processes.<sup>16,49,70,71</sup> Documentation such as policies, practice guidelines and patients' health records are used to facilitate effective patient care. Such documentation is also imperative to inform a court's assessment of liability, providing necessary details surrounding the individual provider and interprofessional team roles associated with a patient's care.<sup>70</sup> Teams need to also discuss liability insurance and ensure each member has adequate protection.<sup>16,25,49,71</sup>

Liability concerns might also be addressed at a federal, provincial and local level when health professions can collectively promote teamwork and interprofessional practice as an effective method of care that is clinically appropriate.<sup>16,25,70</sup> Visible and documented consensus from professions that interprofessional practice promotes effective patient care will serve to educate the courts.<sup>70</sup> The creation of statutory standards might also instruct the courts to accept components of interprofessional practice as clinically appropriate.<sup>70</sup> Similarly, legislation could be amended to delineate that particular health organizations have a duty to enable interprofessional practice.<sup>70</sup> Without such consensus and regulatory guidance, there is fear that the newness and uncertainty of collaborative practice may be exploited as proof itself of liability.<sup>70</sup>

Participants from both the legal and regulatory systems need to be engaged while collaborative, interprofessional practice environments are evolving. As collaborative practice models emerge, these stakeholders have often been purposefully avoided, fearing they may create barriers to the model's development.<sup>70</sup> Engaging these stakeholders in the work may be a more appropriate strategy, such that fears can be explored and real barriers and risks can be identified. By being active participants in the creation of collaborative care models, these stakeholders may also begin to influence change in regulatory and legal systems, such that over time these systems will also evolve to more appropriately respond to collaborative practice issues.<sup>70</sup>

Recently, the Conference Board of Canada completed a review of liability issues facing providers who offer interdisciplinary care.<sup>71</sup> This review concluded that legal risks associated with collaborative practice can be overcome, such that liability is not the insurmountable barrier to collaborative practice that some providers have previously insisted.<sup>71</sup>

## **Ethics**

As interprofessional teams are implemented, little attention has been placed on how to address ethical issues that arise from collaborative practice.<sup>72</sup> Within disciplines, standards of practice and codes of ethics often outline individual profession's responsibilities, but similar resources are not often available to guide interprofessional practice.<sup>13,72</sup> Many professions have acknowledged that they have a moral responsibility to collaborate with other providers, but the inherent tension and ethical dilemmas that can result from this are still poorly understood.<sup>40,68,72</sup> Providers and clients would likely benefit from the development and application of interprofessional ethical frameworks.<sup>72</sup> Such frameworks would help to outline the moral duties and obligations of interprofessional teams and also facilitate a more comprehensive review of the impacts of collaborative teamwork within the health system.<sup>72</sup>

## **Evidence**

It is hard to leave a discussion of systemic determinants without again noting the lack of evidence substantiating the effectiveness of collaboration in health systems. The mere fact there is little evidence that substantiates that collaborative care improves patient and health outcomes can be a barrier to its ongoing pursuit.<sup>13</sup> The effectiveness of collaborative care needs to be demonstrated to prove it is worth the effort.<sup>13,49,51</sup> Evidence might help delineate which health providers should be involved and how they should collaborate.<sup>27</sup> Evidence could also be used to outline the populations and situations where collaboration might be most appropriate.<sup>27</sup>

## ***Relevance of All Determinants***

To date, the health system has perhaps put most effort into addressing the interactional components of collaboration.<sup>31</sup> It has been suggested that collaboration will not be successful until efforts are also made to concurrently address organizational and systemic determinants.<sup>31</sup>

This overview of the potential challenges and opportunities associated with collaboration in health systems further substantiates the complexity of this issue. An attempt to synthesize the findings of this literature review is now shared.

## Synthesis

Despite public policy makers' repeated calls for its broad implementation, defining and establishing collaboration within health systems is an extremely complex process that often seems ethereal. As one tries to enable collaboration, it can be overwhelming to consider how all of the potential challenges and opportunities will be identified and addressed. Once overwhelmed, people often experience inertia in their quest to establish collaborative practice environments. This inertia is then sometimes externalized, such that the inability to improve collaboration is blamed on administrators, providers, regulations, laws, organizations or public policies. Or, people justify the inertia, noting that there is inefficient evidence to support the pursuit of collaboration within the health system.

A lack of proof that something is effective does not, in and of itself, prove it to be ineffective. The literature is calling for more empirical evidence about the effects of collaboration and how it should be enabled; the literature does not imply all efforts in pursuit of collaboration should be terminated. In many practice situations, collaboration between health providers and their patients has excellent face validity as a methodology for providing care. The reverse notion, where each provider works in complete isolation from other providers and does not involve clients in care decisions, is untenable.

As long as those within the health system externalize why collaboration is not possible, it cannot be realized. Collaboration is voluntary, and its achievement depends on the collective effort of people within the system. Collaborative practice models are not for "those" people in other organizations or departments to create and tell "us" to implement. The potential for collaboration only exists within the providers and patients who are willing to collaborate. Collaboration is a dynamic human process that is ours to own.

As tempting as it may be, no literature search will likely result in the creation of a simple, "10-step plan" that if followed will guarantee collaboration. A successful plan will look different in each context, depending on the many complex variables that enable or challenge providers and patients who attempt to collaborate. The temptation to seek a "simple fix" must be resisted.

Health providers might reflect on their own training, which rejects the offering of a diagnosis or intervention before completing an assessment that identifies the issues requiring attention. There may be benefit to people working together to explore the strengths and challenges associated with enabling collaboration within a specific practice environment. Within the Appendix of this document, two tools are offered that could be used by providers to begin such an exploration. The first tool outlines an exploration of strengths and challenges that exist in a given context related to enabling collaboration. The second tool focuses on the issues that require attention to enable collaboration, where stakeholders and actions are identified to seek clarity or resolution.

To truly be useful, these tools must be living documents that are modified to meet the particular needs of those who use them. They are meant to stimulate conversation and debate, and to help providers identify issues requiring action, for collaboration to be enabled in health systems. To that end, users of the tools should feel free to reword, clarify, delete and add components as suits their needs.

These tools were also created specifically for use by providers, as most of the literature has explored collaboration from a provider's perspective. As providers contemplate the strengths and challenges of enabling collaboration, hopefully different tools will be created to also meaningfully engage clients and families in ongoing assessments of collaborative care.

## Conclusions

Enabling collaboration is presently a topic of great interest within the health system. Perhaps due to its inherent complexity, collaboration is not easily summarized in a single definition, nor has its efficacy been validated through empirical evidence.

What does seem clear is that collaboration's ultimate success or failure will be affected by a combination of the interactional, organizational and systemic determinants that were reviewed throughout this paper.

Until proven otherwise, an ongoing justification for improving collaboration is simply that it intuitively makes sense. This review resulted in the development of two simple tools, meant to assist individual providers, clients, health system organizations, educational institutions, governments, researchers and other stakeholders as they assess and plan how to work together more collaboratively.

For those who do work towards enabling collaboration, consider also completing and sharing an evaluation of your successes and challenges. Perhaps with this intention, more evidence and experience will be available for those who follow, better informing the specifics related to collaboration in health systems.

## Appendix

**Tool 1: Enabling Collaboration: Exploring Strengths and Challenges**

<b>Enabling Collaboration: Exploring Strengths and Challenges</b>				
<b>Context of Collaboration being Explored</b>				
<b>Potential Enabler of Collaboration</b>	<b>Strength</b>	<b>Challenge</b>	<b>Unknown</b>	<b>Not Applicable</b>
<b>Interactional Determinants</b>				
Providers are willing and committed to working collaboratively with each other				
Providers are willing and committed to working collaboratively with patients				
Providers have a full understanding of other disciplines' theoretical frameworks, skills and expertise				
Providers have a full understanding of other disciplines' roles and responsibilities				
Providers demonstrate mutual trust and respect for other disciplines				
<b>Organizational Determinants</b>				
The organizational structure supports teamwork				
The organizational structure fosters open communication				
The organizational structure supports shared decision making				
Accountabilities for decision making are defined and understood by all providers				
The senior leadership team models collaborative practice				
Successful collaborative efforts are publicly acknowledged within the organization				
Change management resources are available to teams seeking to enhance collaboration				
The organization's philosophy and values are congruent with collaboration				

Potential Enabler of Collaboration	Strength	Challenge	Unknown	Not Applicable
<b>Organizational Determinants Continued</b>				
Clarity exists as to how clients and families are engaged in their own care				
Care assessments are structured to foster collaboration amongst providers				
Care assessments are structured to foster collaboration with patients and families				
Patients are involved in determining which providers are part of their care team				
Providers have a shared understanding as to what collaboration means to their practice				
A health human resource strategy exists that supports teamwork and collaborative practice				
Funding models for reimbursement of providers are sufficiently flexible to enable collaboration				
Providers have adequate time to regularly interact and develop collaborative relationships				
Administrative support is available to support scheduling and organizing inherent with collaboration				
Adequate physical space is available for people to get together				
Interprofessional policies or guidelines exist that define how people are expected to work together				
Providers have access to the policies and patient data they need to care for clients collaboratively				
Electronic communication tools are available				
Providers of traditional medicine are included in teams as appropriate				
<b>Systemic Determinants</b>				
Opportunities exist in health provider training programs for interprofessional learning				
Continuing education and professional development programs offer interprofessional learning				
Interprofessional core competencies exist and guide practice				

Potential Enabler of Collaboration	Strength	Challenge	Unknown	Not Applicable
<b>Systemic Determinants Continued</b>				
Practice environments mentor collaboration with student health providers				
Power dynamics between providers and patients are explicit and understood				
Providers understand the diversity that exists among different professionals' cultures and values				
The impact of cultural diversity has been explored as it relates to collaborative care				
Providers understand their own scope of practice				
Providers understand the scope of practice of other providers with whom they work				
Provider-specific regulations are flexible and allow for collaborative practice				
Every provider within a collaborative practice model holds appropriate liability insurance				
Adequate documentation exists to demonstrate specifically how collaborative care is provided				
Providers communicate consensus that interprofessional practice promotes effective patient care				
Legislation exists that supports collaborative practice environments				
Regulators and lawyers are consulted and involved in development of collaborative practice models				
Ethical frameworks exist that guide interprofessional practice				
Providers are evaluating existing collaborative practice environments				
Providers are participating in research that explores the effectiveness of collaboration				
<b>Other Determinants</b>				



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