ACP American College of Physicians℠
INTERNAL MEDICINE | Doctors for Adults

Principles Supporting Dynamic Clinical Care Teams

Summary of Statement of Principles Approved by the ACP Board of Regents

July 27, 2013

Why is this paper necessary?

The nation's health care system is undergoing a shift from the prevailing care delivery model where clinicians operate independently, towards a team-based care model. In this new model, groups of physicians, nurses, physician assistants, clinical pharmacists, social workers, and other health professionals establish new lines of collaboration, communication and cooperation to better serve the needs of the patient. The team-based model requires a new way of thinking about clinical responsibilities and leadership, one that recognizes that different clinicians will assume principal responsibility for specific elements of a patient's care as the patient's needs dictate, while the team as a whole must ensure that all elements of care are coordinated for the benefit of the patient. The American College of Physicians (ACP) believes that the nation's health care system must become a system where clinicians are encouraged and enabled to work together in dynamic clinical care teams. The movement to a team-based approach to healthcare delivery has created confusion in the minds of the public, policymakers, ACP members, and other health disciplines, on how best to organize teams to achieve the best possible outcomes for patients.

To address this confusion, the College offers the following definitions, principles, and examples to begin to dissolve the barriers that hinder the evolution towards more nimble, adaptable partnerships that encourage teamwork, collaboration, and smooth transitions of responsibility to ensure the needs of the patient are met at each step of the way. The principles offer a framework for an evolving, updated approach to health care delivery, providing policy guidance that can be useful to clinical teams themselves in organizing their care processes and clinician responsibilities consistent with professionalism.

What is a "dynamic clinical care team"?

A clinical care team for a given patient consists of the health professionals-- physicians, advanced practice registered nurses and other registered nurses, physician assistants (PAs), clinical pharmacists, and others with the training and skills needed to provide high quality, coordinated care specific to the patient's clinical needs and circumstances.

Highly-functioning teams typically assign responsibility and authority for distinct organizational domains to the person or persons most appropriate for the tasks required. Clinical care teams will vary in their composition depending on the medical specialty (e.g., internal medicine or cardiology), the clinical setting (inpatient, outpatient, small practice, large institution) and will vary in their function depending on leadership, institutional policies, available team members, even individual talents and characteristics of specific team members. Optimal effectiveness of clinical care teams requires a culture of trust, shared goals, effective communication, and mutual respect for the distinctive skills, contributions, and roles of each team member.[i]

Key Principles on Dynamic Clinical Care Teams (for a complete list, refer to the Statement of Principles – link)

Professionalism

1. **Assignment of specific clinical and coordination responsibilities for a patient's care within a collaborative and multi-disciplinary clinical care team should be based on what is in the best interest of that patient,[1] matching the patient with the member(s) of the team most qualified and available at that time to personally deliver particular aspects of care and maintain overall responsibility to ensure that the clinical needs and preferences of the patient are met.**

2. **ACP reaffirms the importance of patients having access to a personal physician, trained in the care of the "whole person," who has leadership responsibilities for a team of health professionals, consistent with the PCMH joint principles.**
3. **Dynamic teams must have the flexibility "to determine the roles and responsibilities expected of them based on shared goals and needs of the patient."**
4. **Although physicians have extensive education, skills, and training that make them uniquely qualified to exercise advanced clinical responsibilities within teams, well-functioning teams will assign responsibilities to advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals for specific dimensions of care commensurate with their training and skills to most effectively serve the needs of the patient.**
5. **A cooperative approach including physicians, advanced practice registered nurses, other registered nurses, physician assistants, clinical pharmacists, and other health care professionals in collaborative team models will be needed to address physician shortages.**
6. **A unique strength of multidisciplinary teams is that clinicians from different disciplines and specialties bring distinct training, skills, knowledge base, competencies, and patient care experiences to the team, which can then respond to the needs of each patient and the population it collectively serves in a patient- and family-centered manner.[i,ii]**
7. **The creation and sustainability of highly functioning care teams require essential competencies and skills in their members.**
8. **The team member who has taken on primary responsibility for the patient must accept an appropriate level of liability associated with such responsibility.**

Licensure

1. **The purpose of licensure must be to ensure public health and safety.**
2. **Licensure should ensure a level of consistency (minimum standards) in the credentialing of clinicians who provide health care services.**
3. **Licensing bodies should recognize that the skills, training, clinical experience, and demonstrated competencies of physicians, nurses, physician assistants, and other health professionals are not equal and not interchangeable.**
4. **Although one-size-fits-all standard for licensure of each clinical discipline should not be imposed on states, state legislatures should conduct an evidence-based review of their licensure laws to ensure that they are consistent with ACP policies.**
5. **State regulation of each clinician's respective role within a team must be approached cautiously, recognizing that teams should have the flexibility to organize themselves consistent with the principles of professionalism described previously.**

Reimbursement

1. **Reimbursement systems should encourage and appropriately incentivize[iii,iv] the organization of clinical care teams, including but not limited to Patient-Centered Medical Homes and Patient-Centered Medical Home Neighbor practices. Reimbursement and compensation should appropriately reflect the complexity of the care provided.**
2. **Payment systems that require the clinical care team to accept financial risk must account for differences in the risk and complexity of the patient population being treated, including adequate risk adjustment.**

Research

1. **Optimal formulation, functioning, and coordination in team-based care to achieve the best outcomes for patients should be evidence-based.**
2. **Efforts should be made to address the "deficiency in the availability of validated measures with strong theoretical underpinnings for team-based health care" (3).**

For More Information

This issue brief is a summary of *Principles on Dynamic Clinical Care Teams*. The full paper is available at http://www.annals.org/article.aspx?doi=10.7326/0003-4819-159-9-201311050-00710.

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[i] Wagner EH. The Role of Patient Care Teams in Chronic Disease Management. *BMJ*. 2000;320(7234):569-572. Accessed at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117605/ on January 24, 2013.

[ii] The Interprofessional Education Collaborative. Core competencies for interprofessional collaborative practice. May 2011. Accessed at http://www.aacn.nche.edu/education-resources/ipecreport.pdf on July 23, 2013.

[iii] Braddock CH, Snyder L, Neubauer RL, Fischer GS for the American College of Physicians Ethics, Professionalism and Human Rights Committee and the Society of General Internal Medicine Ethics Committee. The patient-centered medical home: an ethical analysis of principles and practice. JGIM. 2013; 28: 141-6.

[iv] Snyder L, Neubauer RL. Pay-for-performance principles that promote patient-centered care: an ethics manifesto. ANN INTERN MED. 2007;147:792-4.