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Features

## [Building Multi-disciplinary Health Care Teams](#)

Gary Goldetsky, Psy.D., and Tony Rinckenberger, M.H.A.:

Our Health Care Culture: Design or Accident?

Every culture teaches its new members basic assumptions about reality in order to help organize thinking, perception, emotion, and behavior. A culture is revealed through its mental and communication paradigms, behaviors, storytelling that celebrates success, leadership integrity, and “rules of the game”.

For a health care culture, how multi-disciplinary teams are developed (or not developed) reflects that culture in general and, for the purposes of this article, the dental practice in particular, especially when it comes to the differences between espoused values and behavioral reality. Although it is often discussed in economic terms, even the current “health care crisis” may be interpreted in terms of team development and team

functioning issues.

### How Many Teams Operate in Your Organization?

Team functions in any clinical practice or health care organization most often include the front office team, which coordinates reception, scheduling, and registration; the middle office team, coordinating clinical issues; and the back office team for administration, billing, and collections.

For dentists, the primary skill set is most often clinical rather than financial management, practice administration, or team building. Thus for many clinicians and practice owners, it is often difficult to integrate the three units to work as one efficient and synergistic team. Starting with the owner/operator, therefore, it is helpful to recognize strong and less strong skill sets.

### Inefficiencies of Team Functioning

Until relatively recently, the D.D.S. or M.D. degree alone was deemed sufficient to “lead” a health care team, clinical practice, or organization, whether or not the provider possessed executive training or management experience. As a result, it is not surprising that in contrast to other industries, optimal team development practices or quality improvement strategies have been under-utilized in health care. In fact, inefficiencies in team functioning and/or team development practices have contributed to serious and tragic results in health care. We have all seen reports of surgical errors such as amputation of the wrong limb, contraindicated medications used even though highly competent consultants were involved in the care, serious psycho-social factors not addressed or communicated to all consulting specialists with resulting preventable treatment complications, or positional or personality dominance inhibiting team members from intervening in the sequence of events that lead to tragic clinical errors.

Due to the complexity of health care today and limited primary training for providers in the topic areas of management, leadership, and team development, many health care organizations have found a need to formally groom providers for executive management and leadership functions. Such organizations send their providers to educational programs that combine features of an MBA, organizational psychology program, and leadership training. Locally we have the University of St. Thomas as well as Harvard and others who have developed such programs (Heifetz, 1994). Other organizations develop in-house programs, mentor by a psychologist to assist in the transition from provider to clinician/executive, or offer classes on management and leadership.

### One Option

Health care staffing and medical consulting organizations can be one option for practices that are looking to improve their team dynamics. Specialized consultants can address multiple practice management issues for every member of the team and every function of an individual office. As well, these organizations can provide both flexibility and “bench strength” to control costs. Staffing options can provide highly skilled team members in a variety of clinical and administrative specialties on either a temporary or permanent

basis. In short, specially integrated teams can be developed that address clinical service needs, administration, billing, and collections in a form that may provide significant cost control, improved revenue collection, and serves to increase provider and patient satisfaction.

### Why Develop or Improve a Multi-disciplinary Team?

Some medical disorders such as chronic pain, TMD/orofacial pain syndromes, LBP, IBS, diabetes, cancer care, and the varied issues that are presented in primary care are, in consideration of mind/body interactions, best approached from a multi-disciplinary clinical perspective (Flor & Hermann, 2004; Kehl & Goldetsky, 2007; Peek, 2008; Pert, 1999; Turk, 1996). The reasons for successful team development within a practice or health care organization are very straightforward:

- Improved clinical outcomes.
- Increased provider and patient satisfaction.
- Increased patient retention.
- Increased profitability.
- Improved risk management.
- Improved capturing of current and new revenue streams.
- Improved synergies between practice administration, clinical service, financial management, billing, and collections.
- Improved allocation and use of staff.

### What Makes a Great Team?

Great teams develop through significant intention and leadership. They require mentoring, nurturing, practice, a shared mission, regular team meetings that serve to enhance the team's mission and functioning, and leadership and organizational support.

Great teams also develop group norms for excellence, accountability, continuous quality improvement, self-supervision, and the ability to see opportunities to improve. Superior teams require a bias for synergy, trust in teamwork, and the following:

- Assessment of the organizational needs.
- Assessment of individual and group strengths, behaviors, and vulnerabilities.
- Assessment of the relevance of prior training and experience to the tasks at hand.
- Development of a training schedule.

- Assessment of individual and group feedback loops.
- Shared benchmarks and a common language.
- Mediation and facilitation skills.
- Clarification and articulation of team membership.
- Consideration of whether an internal or external consultant should be used.

#### Common Barriers

Team problems involving leadership, mission, turf issues, conflict, and personality are very common in all size health care organizations despite the significant technical advances in all aspects of medical and dental practice. No health care organization or practice is immune.

Another barrier to team development concerns a bias in training to develop a student to become an “independent” practitioner rather than an interdependent or collaborative practitioner well versed in team dynamics and related issues. Unfortunately, many medical or dental students spend very limited time on training or mentoring concerning team dynamics and leadership due to time constraints and the complexity of learning the needed clinical material in their primary training. As a result, many providers overlook the advantages of employing sophisticated multi-disciplinary teams in creative staffing formats. However, the right blend of such resources provides ways to focus and tailor clinical treatment, control staffing costs, reduce administration time, and improve billing and collections with the integration of all specialties in a team format.

With a health care team functioning this way, a practice can look for such things as:

- Improved treatment outcomes utilizing a bio-psycho-social model of care.
- Improved understanding of barriers to treatment compliance.
- Recognition that no one specialty has all the answers all of the time.
- Complex mind/body interactions.
- Reduction of and protection against life-threatening medication errors.
- Preventing anger in patients who might then litigate their dissatisfaction.
- Improved practice revenue.
- Increased patient retention and growth.
- Reduction of all types of medical errors.
- Improved satisfaction of patients, providers, and staff.

## Why Expand the Model?

Reception and scheduling, administration, billing, and collections, and the clinical staff share a mission. They seek to treat all patients and team members with dignity, compassion, and open communication; obtain prompt and maximum reimbursement for services provided by reducing billing and documentation errors; and minimize real and imagined complications with proactive team planning.

To that end there are many advantages in using an expanded model of the health care team. Still, many providers do not see their front and back office staff as part of the health care team. This can result in feedback to the provider such as the patient's treatment expectations, concerns regarding insurance coverage, barriers for treatment compliance, or other limitations not being communicated to appropriate clinical team members. In the absence of this information, the provider performs the clinical service, a problem or issue emerges, and the patient becomes angry as the billing statements are processed and received.

Front office, back office, and clinical staff need to recognize that they share a common mission. All team members need to recognize the impact of:

- Positive public relations for the growth of the practice and their employment.
- Faster turn-around on billing for the financial health of the practice.
- Working a risk management program from multiple perspectives.
- Acknowledging the consideration of all referral sources.
- Improving an organization's financial health.
- Developing continuous quality improvement with team synergies as standard operating procedure.
- Acknowledging team members and teamwork.

Any health care organization, large or small, can make its life easier and better by developing, fine-tuning, and operating as a multi-disciplinary team. n

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