

# Providing High Quality Team-Based Care: Why the Physician? (Part 2)



In this second part of our three-part series examining the role of the physician in team-based care, we speak to Stephen Lieber, President & CEO of HIMSS. Stephen shares his thoughts about the advantages of physician-led team based care, the future of team-based care, critical building blocks for effective teams and more.

**Stephen, the complexity of modern healthcare is demanding – more than ever – effective healthcare provider teams. What is the advantage of physician-led team-based care?**

**SL:** First, I think it is important to emphasize the importance of multi-disciplinary teams, regardless of who leads the team. There are many aspects to care: clinical, administrative, technical, to name a few and there are different components to each of those. For example, the clinical component is made up of medicine, nursing, and numerous therapies. It is important that all of these components are valued participants on the care team.

With any team, there does need to be one who has the ultimate authority to make decisions, based upon the input from the other team members. **The physician is the traditional care leader in virtually all parts of the world usually due to educational, experiential and regulatory environments. The challenge for physicians though is typically the amount of time a physician has to give to a single patient is very limited so the physician team leader should rely greatly on the more frequent patient monitoring that typically is performed by nursing.**

Finally, technology is bringing new dimensions to patient care and providing care teams with new information never before available. This is another component that is now part of the care environment. Again, the knowledge and skills that are more typically found in the physician community reinforce the role of physician as the team leader; but the caution about time is worth repeating. Someone, perhaps a patient advocate, with sufficient time to compile all inputs needs to be involved to ensure the patient receives the best care.

**How does team-based care look like to you now?**

**SL:** The physician as the “captain of the ship” is the dominant model and for good reason. Typically, it is the physician who has the breadth of knowledge and the regulatory authority to perform this role.

**In some parts of the world, US, Northern Europe, Australia and a few other areas, there is a very sufficient role and scope of practice for nursing that provides great value to the patient and to help ensure quality of care. Also, therapists relevant to the patient’s condition are also key players.** This is the typical model with nursing being the clinical discipline where there is the greatest variety around the world as there are countries who have not adopted the necessary nursing education and training for these professionals to contribute in the way they do elsewhere.

Generally, team-based care is operating satisfactorily but the rise of technology is challenging this traditional model.

**H. Stephen Lieber, CAE**  
President & CEO,  
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**How do you think it will evolve over the next 5 – 10 years?**

**SL:** The change in the next 5-10 years will be the **rise of the clinical informaticist as a key team member.** The collection, analysis, and utilization of data to guide patient care is becoming more important now and will only increase in importance over the next number of years.

The growth of information is so great that no one can possibly know and retain all of the new clinical information that is coming out daily. The use of clinical analytics to develop personally-designed care will also increase the importance of an informaticist on the care team.

**As a healthcare leader yourself, what are three key principles to uphold in developing effective teams? Elaborate briefly on each.**

**SL:** **1. Be fact based;** we need to ensure that care is based upon science in that we now know more about patients (genetic sequencing) and disease and how the two interact differently among patients. One treatment protocol may work for one patient while it is a different protocol for another patient with a similar condition.

**2. Value all input;** sometimes it is the verbal interaction between nurse and patient, family member and patient or other interactions that can give the team the best insight as to what is going on with the patient; don’t ignore input.

**3. Ensure clarity of roles;** everyone has a role and clarity as to what that role is will avoid an aspect of care not being handled or conflict between team members with different understandings as to who is responsible for something.

Steve’s interview is Part Two of a Three-Part Series.  
Read [Providing High Quality Team-Based Care: Why the Physician? \(Part 1\)](#) here.