

# Comprehensive Care Through Collaboration: Northwestern University Parkinson's Disease and Movement Disorders Center *National Parkinson Foundation Center of Excellence* and the Rehabilitation Institute of Chicago

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## COMPREHENSIVE CARE + OUTREACH = COLLABORATION

- **Comprehensive Care** is the hallmark of the NPF *Center of Excellence* (COE) designation.
- Through outreach efforts, Northwestern COE built a comprehensive care program.
- **Outreach:** "A systematic attempt to provide services, beyond conventional limits, to particular segments of a community," potentially changing the way healthcare is delivered.

## A COLLABORATION IS BORN: THE HISTORY

Northwestern Medicine is fortunate to include the nation's leading rehabilitation center—The Rehabilitation Institute of Chicago (RIC). However, PD and movement disorders have never been a focus of the RIC programs. In a planned and systematic manner, Northwestern University Parkinson's Disease and Movement Disorders Center (NUPDMDC) decided to connect with RIC—to develop an institutional partnership that would build both a multidisciplinary team and a program of comprehensive continuity of care for people affected by Parkinson's disease and other movement disorders.

## WHY COLLABORATION?

- Space for on-site therapy team is not available at Northwestern PDMD clinic.
- Funding for on-site team is not available.
- Patients often prefer to separate physician visit from therapy evaluation.
- PD requires pro-active treatment during the early post-diagnosis period, prior to loss of postural stability.



## WHY RIC?

- Professional relationships exist between NU and RIC healthcare practitioners.
- RIC's Mission and expertise—**comprehensive** physical medicine and rehabilitation services—parallel Center's Mission.
- RIC encompasses all therapies, therapists, equipment, space.
- RIC and NUPDMDC are in close physical proximity.
- **RIC offers levels of care and an existing network of satellite sites across Chicagoland.**

## GOALS OF THE PARTNERSHIP

- To develop a unique, interconnected network of comprehensive, multidisciplinary continuity of care of patients and families affected by Parkinson's disease and other movement disorders throughout the greater Chicagoland area.
- To maximize Parkinson patients' functional abilities through collaborative clinical and progressive rehabilitation care; to minimize disease impact on important dimensions of patients' lives.
- To support patients and families through sustained learning, services, and advocacy.
- To serve as a regional and national model for comprehensive care delivery.

## STEPS ON THE PARTNERSHIP PATH

### 2004

- NU Center of Excellence initiated discussion with key staff at RIC—Practice Managers and Development Office—about goals, potential, and prerequisites for a collaboration.
- NU COE and RIC administrators toured each others' sites.

### 2005

- Discussions continued between COE and RIC:
  - How would COE make referrals to RIC?
  - Who would staff RIC PD team?
  - What would a patient visit to RIC entail?
  - How would RIC therapists receive PD training?
  - Would all of RIC be "on board" with the collaboration?

- NU COE asked RIC to co-sponsor the Center's PD Exercise Class and PD Chorus: The first program collaborations.



### 2006

- Planning began for start-up of RIC PD Rehabilitation Clinic.
- COE conducted PD in-services and training course at RIC.
- Regular, monthly meetings between RIC and COE were instituted.

### 2007

- Mission Statement delineated.
- First RIC PD Evaluation Clinic opened.
- Flow and structure of the collaborative program continued to be refined.

### 2008

- PD Rehab Case Manager was hired specifically for the collaboration.\*

### 2008-2011

- Annual NU/RIC Academy allied training courses in PD.

### 2010

- A spectrum of collaborative PD programs and classes is in place.
- RIC was strongly represented at ATTP in Chicago.

## ROLE OF PD REHABILITATION CASE MANAGER

### •All-important link between the partnering institutions:

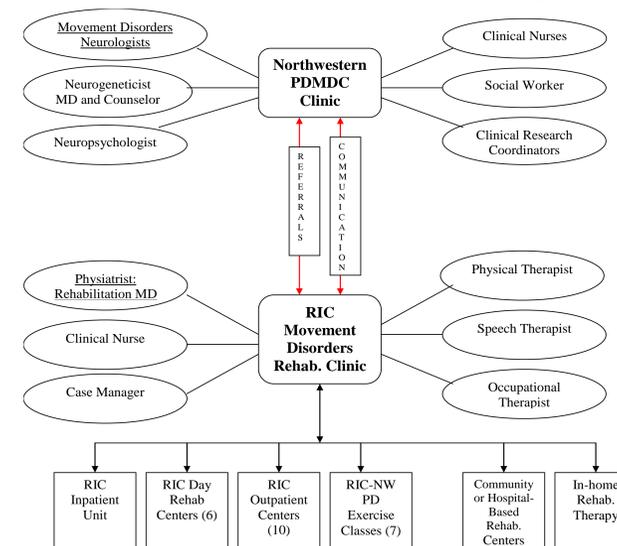
- Coordinator of referrals and appointments.
- Navigator for patients through the RIC system, including feedback to Northwestern PD Center.
- Point person or contact person for patients.
- Tracking person: Maintains database of COE patients referred for comprehensive rehab evaluation, the follow-up therapy recommendations, and the outcomes of therapies.



## TEAM

A small number of members—with the appropriate mix of expertise to complete a specific task—who are committed to a meaningful purpose and who have achievable performance goals for which they are held collectively responsible.

Mickan & Rodger, 2005



## LESSONS LEARNED

- **Relationship-building** is a continuous part of collaborating.
- **Make the commitment** and stay the course.
- Partnerships flourish only when each of the involved organizations can clearly see how the partnership can help them to fulfill their own missions.
- **There will be challenges!**
  - Concerns regarding clinical responsibility and time management
  - Administrative issues: support, payment, accountability
  - Fears about diluted professional identity or boundaries
  - Reaching consensus on patient care
- **Collaboration affords multiple opportunities:**
  - Coordinated care
  - More treatment options
  - Highly individualized care
  - Training in movement disorders
  - Research
  - Outreach and marketing
- **Collaboration offers many rewards:**
  - Facilitates work with complex cases
  - Enhances the lives of our patients and families
  - Heightens our awareness and appreciation of our own discipline and other disciplines
  - Enriches our work and our satisfaction with it
  - Establishes new and deeper professional relationships

## OUTREACH OPPORTUNITIES

A planned infrastructure and a network of multidisciplinary health care delivery are highly desirable and all-too-rare. If you build such a system, you will have something that makes your organization stand out and that draws the attention and accolades of patients and professionals alike.

## THE NEED FOR A PARADIGM SHIFT: FROM FRAGMENTATION TO COLLABORATION

A new comprehensive care model that can be adopted across the nation's evolving healthcare system.

A holistic, more efficient approach to the practice of medicine for chronic illness and disability: responsive to patient needs and demands for unfragmented, contiguous, quality-of-life care that helps to make it easier to live with a disorder like PD.

Cost benefits/cost containment extend from the patient level to the national level.

## Acknowledgments

- National Parkinson Foundation, and Ruth Hagestuen, Gladys Gonzales-Ramos, Elaine Cohen, and Denise Beran
- Colleagues at Northwestern Parkinson's Disease and Movement Disorders Center and the Rehabilitation Institute of Chicago Movement Disorders Rehabilitation Program