Backup Behavior:
How Multidisciplinary Cross-Functional Teams Can Support Patients with Incurable Cancer

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the BUB writing team
Learning Objectives

After reviewing this material, the participant should be able to:

- list examples of backup behavior (BUB) in the outpatient supportive care of patients with incurable cancer
- describe when BUB may benefit team performance and patient outcomes (recognizing possibly inherent risks)
- summarize key structures/processes that enable (or disable) backup functions
- articulate potential implications of backup mechanisms on provider, patient and caregiver experience
Outline

• Situating backup behavior (BUB) as a team concept
  • (De)constructing BUB
    • Recognizing BUB: palliative scenario
    • Integrating BUB in outpatient cancer care
  • Exploring BUB: open reflection
    • Summarizing BUB
Backup Behavior (BUB)

- core to traditional “Big 5”
- among range of team supportive/self-managing processes
- “discretionary provision of assistance by one team member to another, when there is an identifiable need”

**For teams:**
BUB allows the right care to be delivered at the right time, by the right provider (skilled & available).

**For patients:**
BUB allows care to be received as needed.

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BUB Mechanics

Among team members:
- legitimate need for assistance
  - need recognized
  - possibility of assistance (and consequences) considered
- assistance is realizable/desirable
  - offer/request formulated (could be implicit)
  - assistance accepted
- timely/tangible assistance delivered
- need is (verifiably) met
**Scenario**

- 56 year old, rural home
- newly diagnosed, symptomatic (bone pain) metastatic renal cancer
- first visit:
  - comprehensive symptom/function screening
  - RT consult/planning/treatment
  - stat analgesics/Rx optimization
  - sling-fitting
  - education/information

includes model integrating palliative radiotherapy and symptom management

Huang et al, JCO 2015 suppl (abstr 156)
### BUB in Action: Good

<table>
<thead>
<tr>
<th>Actionable</th>
<th>Task</th>
<th>Function</th>
<th>Team Process - Backup Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>seeing the delayed patient (as lead-in to full screening, assessment, clinic orientation, etc.)</td>
<td>patient care</td>
<td>logistics</td>
<td>Giving Backup</td>
</tr>
<tr>
<td>seeing the delayed patient (as lead-in to full screening, assessment, clinic orientation, etc.)</td>
<td>RTT-navigator</td>
<td>RN-navigator</td>
<td>explicit:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>explicit:</td>
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</tr>
</tbody>
</table>

"Where’s the nurse who talked to me on the phone?"

-- patient
### BUB in Action: Bad

<table>
<thead>
<tr>
<th>Task</th>
<th>Function</th>
<th>Giving Backup</th>
<th>Getting Backup</th>
<th>Mechanism</th>
<th>Intended Outcome</th>
<th>Outcome Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>counselling on opioid use</td>
<td>patient care</td>
<td>pharmacist</td>
<td>RO</td>
<td>implicit:</td>
<td>• reduces redundancy and potentially conflicting messages from various providers as long as pharmacist clearly communicates and documents what was discussed</td>
<td>No</td>
</tr>
<tr>
<td>and managing side effects</td>
<td></td>
<td></td>
<td>RN-navigator</td>
<td>opportune timing</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>task not yet completed (or flagged as owned) by anyone else on the team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**“Why is she backtracking on her recommendation?”**

-- patient
### BUB in Action: Bad

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<tr>
<td>calling/faxing in the analgesic order to the community pharmacy when anticipating long clinic visit and delayed arrival home</td>
<td></td>
</tr>
</tbody>
</table>

- could have enabled an earlier start on the new opioid regimen, and potentially earlier symptom control
- could have prevented additional anxiety and logistical burden (backing up patient/caregiver)
- could have helped to promote medication adherence (if prescription on hand at arrival home)

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“They made me stay there all day, then we tried to rush back home but the pharmacy was closed already!”

-- patient
### BUB in Action: Ugly

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#### Actionable Team Process - Backup Behavior

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<th>Mechanism</th>
<th>Intended Outcome</th>
<th>Outcome Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>printing relevant electronic chart documents from multiple unlinked systems prior to patient/RO arrival</td>
<td>logistics</td>
<td>RO</td>
<td>RN-navigator</td>
<td>implicit:</td>
<td>+/- inadvertent miss of outside bloodwork (from 1 month ago) may have contributed to delayed consideration/recognition of clinical hypercalcemia</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• RN anticipated that RO would have limited time with patient</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• RN presumed what information RO would want to review</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• facilitates more efficient flow in clinic when access to electronic information is slow and/or clinician availability is limited</td>
<td></td>
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</tr>
</tbody>
</table>

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“*I met a busload of professionals who said they would work together to help me, but I still feel terrible!*

-- patient

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*Presented at: 2016 NCI-ASCO Teams in Cancer Care Workshop*

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Presented by: F. Huang, A. Driga, et al
BUB: At 10,000 Feet

Why not?

• requires/promotes team adaptability
• inherently supports team efficiency
• aligns with patient-centered care goals
• well-suited to task-based care
• may be especially relevant at care transition points
• ? means to enact ASCO/AAHPM guidance on integrating high-quality primary palliative care into routine cancer care
BUB: In the Trenches

*Only if?*

- no burdensome work of communication/coordination
- providers primed: tools, time, training
  - may be difficult in highly dynamic environments
  - ? naturally occurring or self-reinforcing under optimal conditions
  - task context important too
- tangible outcomes for providers and patients
  - does not erode safety
Backing Up: What About the Patient?

- sparse literature: ? provider roles ? team-patient interactions
- specificity to those with complex needs that transcend care settings or disciplinary boundaries

‘Working as a team is worthy if it puts the patient’s needs first’

‘Do explain how the team works together: cancer care is different and up to this point, the patient may have experienced one-dimensional health care’

‘Exploration of the teamwork concept with patients can help address any traditional expectations they may have’

Conclusions

- Teammates back each other up to advance team functions
- BUB prerequisites: shared mental model, mutual performance monitoring
- BUB can occur across care functions/settings
  - ? particular applicability in supportive cancer care
- Unresolved issues merit attention
  - implementation: optimal BUB
  - research: outcomes, patient acceptability
The BUB Team

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