

Achieving coordinated care for complex cancer patients: A multi-team system approach

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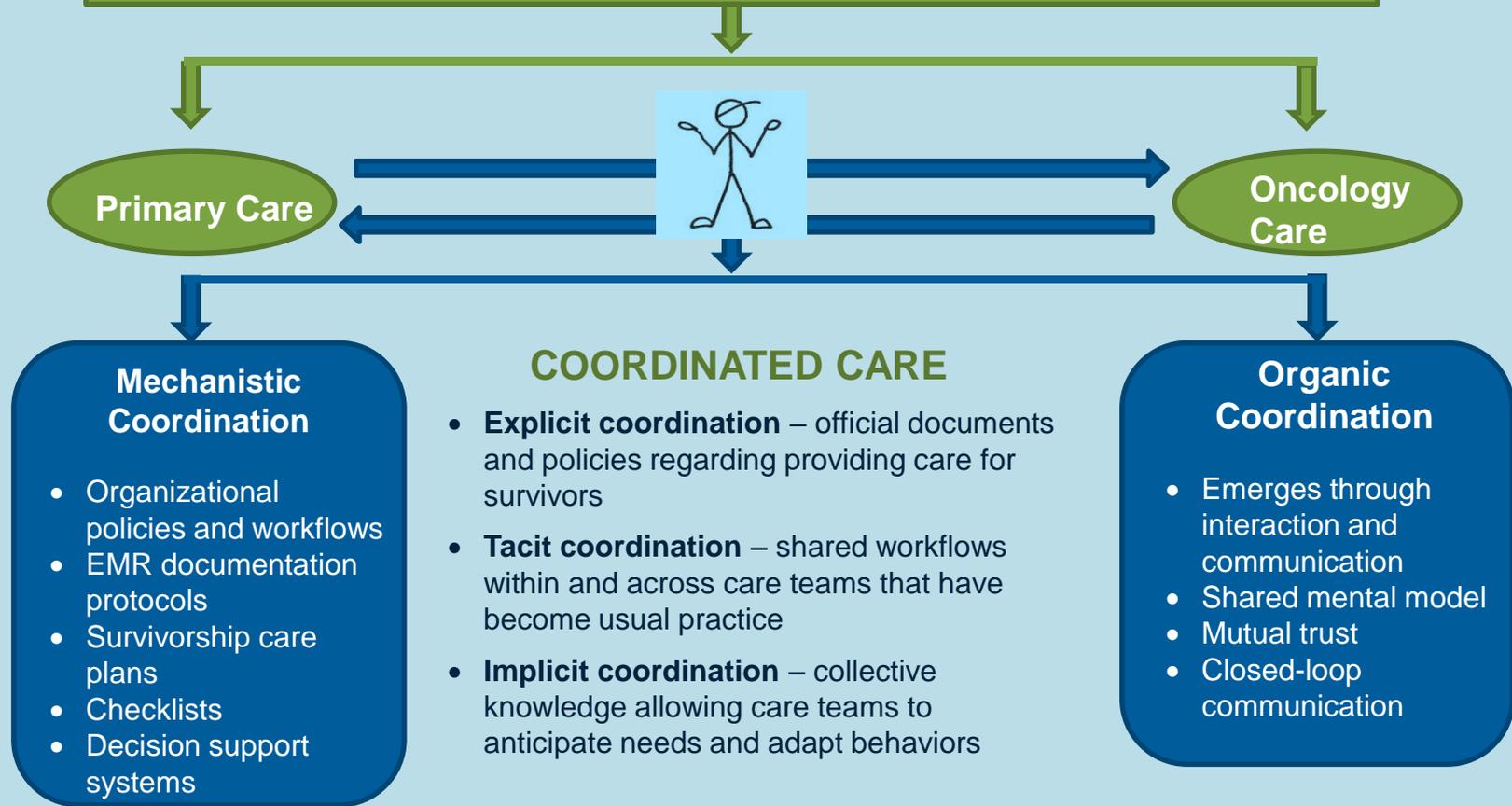
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Learning Objectives

- Identify challenges to coordinating care for cancer patients with multiple chronic conditions
- Define a multi-team system (MTS)
- Identify MTS elements essential to effective coordination
- Describe challenges to shared care with primary/other specialties
- Elucidate implications for patient and family caregiver

Multi-team System



Relational coordination

- shared goals
- shared knowledge
- mutual respect
- leadership style – directive, inclusive, facilitative
 - To build new systems
 - To bridge gaps between groups (care teams)

What are implications for patient or family caregiver?

Effective teams

- Keep each other informed through
 - Timely and accurate information
 - Multiple modes of information transfer

How does the EMR foster effective communication?

What are implications for patient or family caregiver?

Closed-loop communication

embeds feedback in a communication system to ensure fidelity

- 1) message sent (including explicit & contextual information)
- 2) receiver acknowledgement
- 3) affirmation (or clarification) of interpretation by the receiver
- 4) acknowledgement as correct by the sender

Team Co-location

can foster both common team identity
and effectiveness

However, in many settings, the MTS is virtual:

- actors both separated by time and space
- actions

What are implications for patient or family caregiver?

Coordinating Challenges

| CARE PROCESS | TEAMS INVOLVED | CHALLENGE/LIMITATION | POTENTIAL SOLUTION |
|--|---|---|---|
| Diagnostic procedure to confirm cancer diagnosis | Primary care Gastroenterology Health system | Long wait time to schedule colonoscopy, even for high-risk patients | Explicit coordination at the system-level to triage high-risk patients and/or to increase organizational colonoscopy capacity |
| Placing mediport for chemotherapy | Medical oncology Interventional radiology | Less invasive, lower cost procedure to introduce mediport not used | Explicit coordination between teams to encourage use of lower cost technology |
| Scheduling chemotherapy infusion | Medical oncology Chemotherapy infusion clinic | Delay in obtaining a slot for initiating chemotherapy infusions | Explicit coordination at health system level to increase available slots |

Coordinating Challenges, cont'd

| CARE PROCESS | TEAMS INVOLVED | CHALLENGE/LIMITATION | POTENTIAL SOLUTION |
|--|---|--|---|
| Referral to primary care | Medical oncology Primary care Patient | Patient not advised to continue seeing primary care physician | Developing explicit and tacit coordinating mechanisms between teams to ensure that primary care is engaged throughout active cancer care and survivorship |
| EMR documentation of co-existing chronic conditions | Medical oncology Primary care EMR (health system) | Non-standard ways of documenting chronic conditions in the cancer patient's medical record | Mechanistic coordination with organizational level policies and training in consistent documentation that can be accessed by other providers |
| EMR documentation of drugs prescribed and administered | Medical oncology Primary care EMR (health system) | Patient's chemotherapy drugs and regimens not available/accessible to primary care physician | Mechanistic coordination |

Conclusion

MTS effectiveness

- Is a significant determinant of patient experience and health system integrity
- Technological tools alone insufficient to improve outcomes
- Without a *shared mental model*, culture of common goals, unable to engage patient appropriately

What are implications for patient or family caregiver?

Acknowledgments

Mark A. Clark, PhD American University, Washington DC
Burton M. Needles, MD Mercy Hospital St. Louis MO
Carole Seigel MGH Cancer Center, Boston MA

Parkland Health & Hospital System, Dallas TX

- Jean Akpan, MD
- Noel Santini, MD

