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

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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
Mechanistic Coordination
- Organizational policies and workflows
- EMR documentation protocols
- Survivorship care plans
- Checklists
- Decision support systems

Multi-team System

Primary Care

Explicit coordination – official documents and policies regarding providing care for survivors

Tacit coordination – shared workflows within and across care teams that have become usual practice

Implicit coordination – collective knowledge allowing care teams to anticipate needs and adapt behaviors

Oncology Care

Organic Coordination
- Emerges through interaction and communication
- Shared mental model
- Mutual trust
- Closed-loop communication
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

<table>
<thead>
<tr>
<th>Care Process</th>
<th>Teams Involved</th>
<th>Challenge/Limitation</th>
<th>Potential Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic procedure to confirm cancer diagnosis</td>
<td>Primary care</td>
<td>Long wait time to schedule colonoscopy, even for high-risk patients</td>
<td>Explicit coordination at the system-level to triage high-risk patients and/or to increase organizational colonoscopy capacity</td>
</tr>
<tr>
<td>Placing mediport for chemotherapy</td>
<td>Medical oncology, Interventional radiology</td>
<td>Less invasive, lower cost procedure to introduce mediport not used</td>
<td>Explicit coordination between teams to encourage use of lower cost technology</td>
</tr>
<tr>
<td>Scheduling chemotherapy infusion</td>
<td>Medical oncology, Chemotherapy infusion clinic</td>
<td>Delay in obtaining a slot for initiating chemotherapy infusions</td>
<td>Explicit coordination at health system level to increase available slots</td>
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</tbody>
</table>
### Coordinating Challenges, cont’d

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