Mike has pointed out the need to address value and coordination in cancer care…

Connect the worlds of cancer care practice and team research in order to…

- Identify what is known about teams and understand how it applies to cancer care
- Identify areas where we need new insights and understanding
- Provide relief and improve
  - Quality of cancer care
  - Value of cancer care
Groups exist in every setting (in & outpatient)

- Radiology
- Surgery
- Oncology
- Primary care

Groups include a variety of members

- MD, Rn, LPn, gin in lab, medical records, receptionist

Are these groups working as teams?

- 2 or more people who interact dynamically, interdependently, and adaptively to achieve a common goal
The information burden, task differentiation and complexity of health care provide a strong conceptual justification.

National Quality Forum (07) – “establish a proactive systematic approach to developing team-based care”

Incent team work

- Patient Centered Medical Home Movement
- Affordable care act – Accountable Care organization
Review of 101 studies of interdisciplinary collaboration to examine whether they reduce occurrence of adverse events
  - Operating rooms, emergency rooms, Intensive care
  - Trauma, resuscitation teams

Conclude
  - Staff perceptions of team work and safety-relevant work is associated with patient safety
  - Studies of critical incidents often show team failures
    - Communication/hierarchy
  - Little work in health care evaluating the association between team function and outcomes
Teams in cancer care

  - 8,058 articles mentioning team-based approaches
    - 459 discussing teams in cancer care
      - 56 with team care evaluated
        - 16 with team care compared to control care
  - Included studies (n=16):
    - 2 – screening & dx
    - 11 – Multidisciplinary care teams
    - 2 – Palliative care
    - 1 – End of life care

Taplin et al JOP 2015
Results

- Designs
  - Time series (n=4)
  - RCT (n=1)
  - Contemporaneous comparison (n=10)
  - Pre/post intervention (n=1)

- Endpoints used
  - Adherence to quality indicators (n =10)
  - Satisfaction with care experience (n= 1)
  - Quality of life (n=2)
  - Mortality (n=3)
Team composition varied
- Primary-care led with LPN, RN, & desk clerks
- MDTs (oncology, pathology, radiology, surgery)
- Pharmacist led teams including MD, Rn

Increased guideline adherence to screening

Improved timeliness of follow-up to abnormal

MDT – improved pre-op assessment, therapy planning, adherence to meds (1 study – pharmacist)

Little if any information on how/why
The question is not whether teams work but how to help them do the best possible work
- West et al – UK

- Identify what is known about teams and understand how it applies to cancer care
- Identify areas where we need new insights and understanding
- Provide relief and improve quality of cancer care
Logistics

- Thanks to the planning team and...
  - Amy Hanley - ASCO
  - Suanna Bruinooge - ASCO
  - Veronica Chollette Rn, Ms - NCI
- Relief: WiFi & otherwise
- Lunch -
- Rules for the day – Present & Discuss
  - Presentations
    - Papers – 10 minutes each
    - Discussant – 25 minutes each
  - Yellow – 2 minute warning
  - Red – complete
- Table Talk – 25 minutes
Table Top Discussion

- Facilitator & each table
- Recorder at each table
- Discuss the concepts and each paper
  - Record comments on the paper
  - Turn in comments at the end of the discussion
  - Questions at the table
    - Overarching issue – what single principle is being taught by the paper.
- Acknowledgement
Section I: Eduardo Salas PhD

- Anshu Jain
  - Managing Communication Multidisciplinary care Cancer Treatment Planning
- Elizabeth Henry
  - Using Team Mental Models and Transactive Memory to Deliver Coordinated Cancer Care
- Katherine Byar
  - Coordination of Care with a Multidisciplinary Care Team During Treatment
- Raymond Osarogiagbon
  - Teams Science & Interdisciplinary lung cancer Care
Davide Gerber
- Challenges and promises of Multi-Team Care: Collaborations among Research and Clinical Teams

Simon Craddock Lee
- Achieving coordinated Care for complex cancer patients: A multiteam system approach

Anne Walling
- Use of a shared mental model by a team comprised of oncology, palliative care, and supportive care clinicians to facilitate shared decision-making in a patient with advanced cancer

Dian Portman
- A team Mental Model and a cancer anorexia Cachexia Syndrome Team
Section III: Roni Reiter-Palmon PhD

- Nick Sevdalis
  - Regional Multi-team systems in cancer care delivery: challenges and opportunities

- Rebecca Johnson
  - Facilitating teamwork in adolescent and young adult oncology

- Craig Bunnell
  - Opportunities and challenges to team communication in transitioning to an electronic health record

- Elizabeth Lazzara
  - Highlighting trust in the provision of cancer care
Section IV: Brad Hesse PhD

- Ayan Sen
  - Applying the science of teams to improve care delivery in critically ill cancer patients

- Ruth Carlos
  - Care for cancer patient as a project: managing complex task interdependence in cancer care delivery

- Allison Magnuson
  - Shared goal setting in team-based geriatric cancer care

- Fleur Huang
  - Backup behavior: how multidisciplinary cross-functional teams can support patients with incurable disease