# Shared Goals Empower Teams in Complex Care Delivery



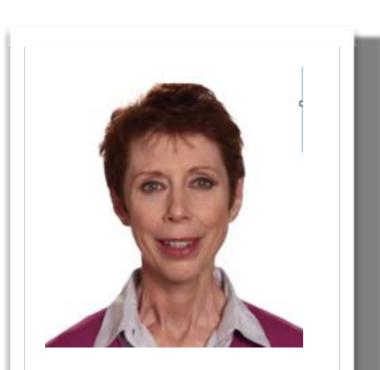
American Society of Clinical Oncology Making a world of difference in cancer care

**NCI-ASCO Teams in Cancer Care Delivery** 



Bradford W. Hesse, PhD Chief, Health Communication and Informatics Research Branch





In Memoriam December 7, 1953 - July 14, 2014

"Those of us with multiple chronic conditions may consult many physicians in the course of a year. Last year, I saw 11. Not one of my doctors has ever communicated directly with another... I am the sole arbiter of who gets what information in what format and when." Jessie Gruman

**Source:** Gruman JC. Making health information technology sing for people with chronic conditions. American journal of preventive medicine. 2011;40 (5 Suppl 2):S238-240.

#### Joint Cognition Ayan Sen

#### Project Management Ruth Carlos



**Collaborative Goal Setting** *Allison Magnuson* 

Backup Behavior Fleur Huang

### Joint Cognition Sen, Ayan et al.





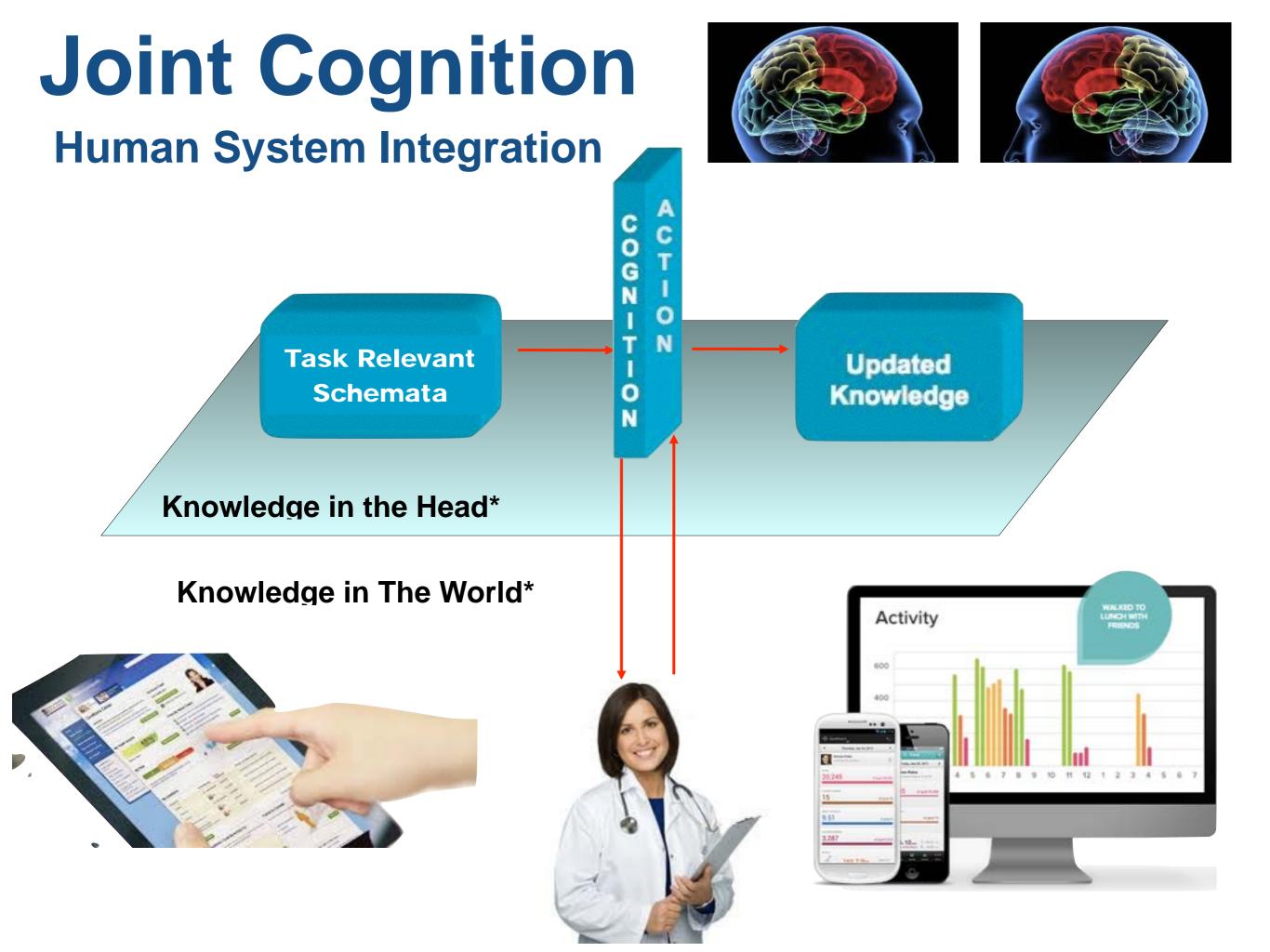




#### Joint Cognition Main Idea

"Joint cognition is the combination of humans and automation/ technologies which must interact as co-agents to solve problems and achieve goals and objectives in a complex work domain."

-Sen, Ayan et al



### Joint Cognition Limitations in current system





### Joint Cognition Limitations in current system





### Joint Cognition Why joint cognition fails

Team complexity





- Dynamic communication and coordination challenges
- Goals and perspectives of different specialists
- Poorly designed communication technology and medical records

## Joint Cognition Deconstructing & Preventing Error



**Cognitive Ergonomics**  Improving situational awareness Error-proofing communication Creating a platform for shared decision-making

DAVID D. WOODS SIDNEY DEKKER RICHARD COOK LEILA JOHANNESEN Constantion MADINE SARTER

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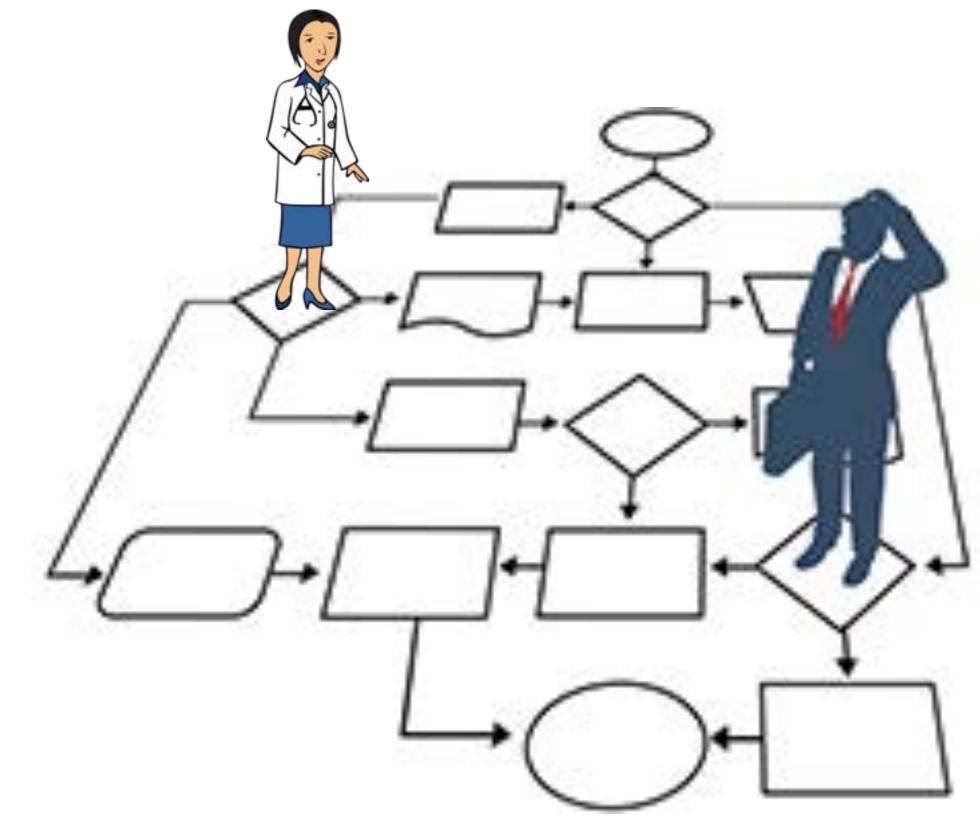
SECOND EDITION

BEH

HUMAN ERROR

SECOND EDITION

#### Trosman JR, Carlos RC, et al.



### **Project Management** Main Idea



"Following IOM recommendations, we propose adapting concepts from project management discipline to facilitate TI (Task Interdependence) management in oncology."

-Trosman JR, Carlos RC, et al

**When Management Fails** 



Sign In to E-

- Competing goals, timelines
- No one monitoring task completion or succession
- Multiple task dependencies delay tests, treatments
- Responsibility for coordinating tasks absent, or falls on patient

#### The New York Times

Awash in Information, Patients Face a Lonely, Uncertain Road

By <u>JAN HOFFMAN</u> Published: August 14, 2005



Cancer patient Meg Gaines

#### Manage tasks, roles, and timing



Critical Path Task	Responsibility	wk 1	wk 2	wk 3	wk 4	wk 5	wk 6	wk 7	wk 8	wk 9	wk 10	wk 11	wk 12	wk 13	wk 14
Initial Surgical Appt / LP / LCO Appt	LP, LCO, RS	$\blacklozenge$													
Verify insurance and all providers	LCO, RS	$\diamond$													
Identify necessary charity care	PCP, LCO														
Conduct psychosocial assessment and provide initial care	PsO	÷	1												
Medical Oncology Appt	RS, 00		$\diamond$						-	- - - - - - -	-				
Fertility consult	RS, FO		┡╲												
Fertility Preservation treatment	FO			<b>L</b>											
Dental Appt	DO		$\diamond$												
Dental care	RS, DO			<b>→</b>		*									
Neoadjuvant treatment	RS, 00	Ļ			9		H								
Referral to genetic counseling	LP, LCO	$\diamond$ -													
Genetic Assessment & Test Order	RS, GC	•	0 			*									
Prior authorization for genetic test	LCO	•	0 		9	*									
Run genetic test	GL	•	0 		9	*****									
Genetic results back to Genetic Counseling, Surgeon	GL				9								�—		
Appt with Genetic Counseling to discuss results	RS, GC												<	<b>×</b>	
Surgical appt - surgical decision (genetic results are available)	RS, SO														┥
Surgery	RS, SO														

# Consistent with patient-centered medical home in oncology



Lead PhysicianLead Coordinator

Management toolsMonitoring tools





#### Backup Behavior Huang, Fleur et al



#### Backup Behavior Main Idea

"Backup behavior, where one team member steps in to help another, ... help ensure that individual provider efforts can effectively translate into improve palliation for patients with unmet needs."

#### -Huang, Fleur et al

# **Backup Behavior**

#### When Backup Fails



- Team member refuses patient need: "not my table" phenomenon
- Roles, tasks unclear
- Situational awareness is lacking
- Team member acts beyond license
- Coordination costs exceed demand

# Backup Behavior

**Tools for Improvement** 

- Monitoring: white boards, dashboards, medical huddle sheets
- Communication: checklists, skills training, pagers/smartphones
- Cultural change: Training modules, quality improvement processes



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### (Shared) Goal Setting Magnuson, Allison et al



### (Shared) Goal Setting Main Idea

Shared goal setting is an alignment process "that must occur several times at critical decision points throughout the patient's care continuum."

-Magnuson, Allison et al

## (Shared) Goal Setting

When goal-setting goes awry



- Reduced effectiveness, teams at crosspurposes, harmful treatment interactions
- Increased costs, redundant tests and therapies, missed opportunities
- Patient disengagement, decreased satisfaction, negative quality of life







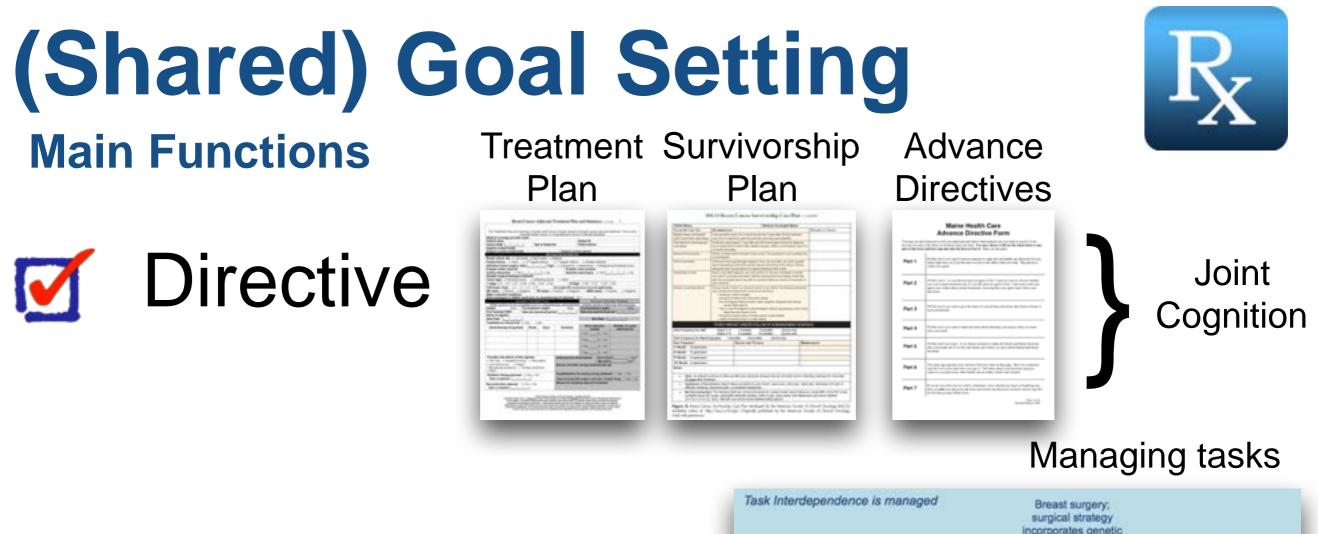
## **Mask generative**



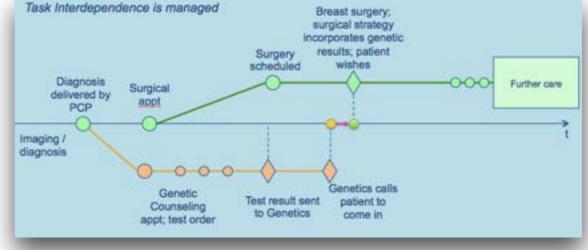




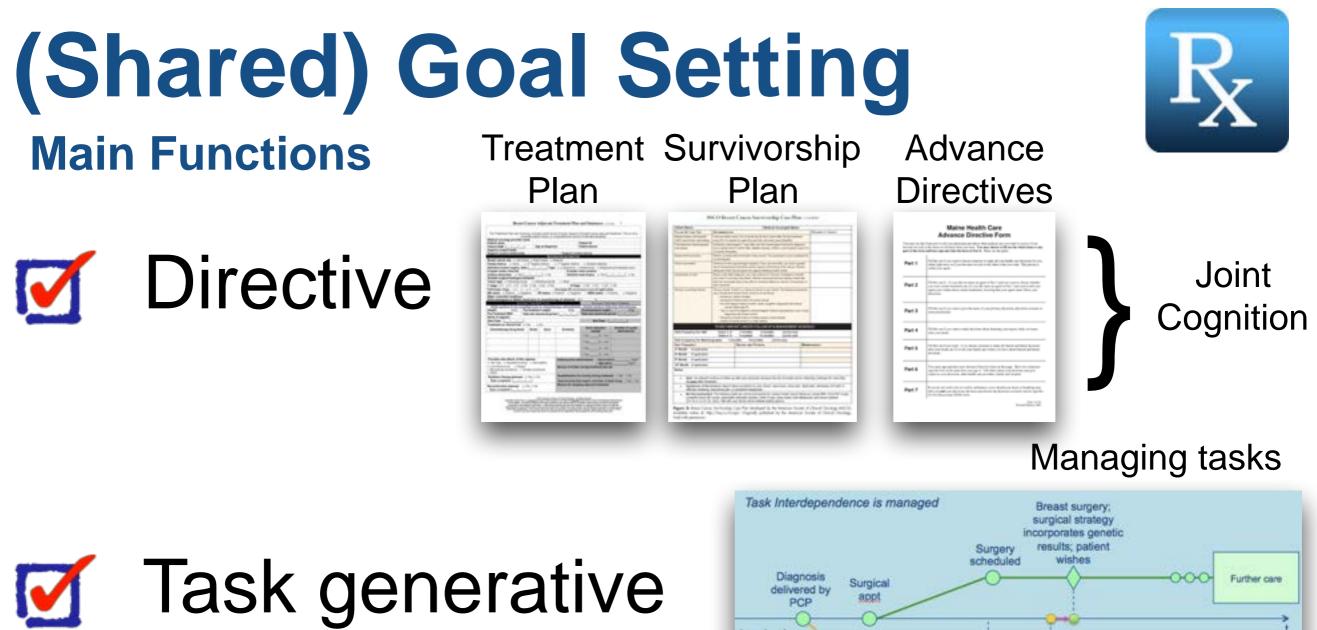




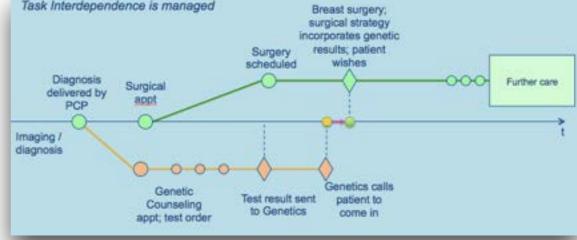














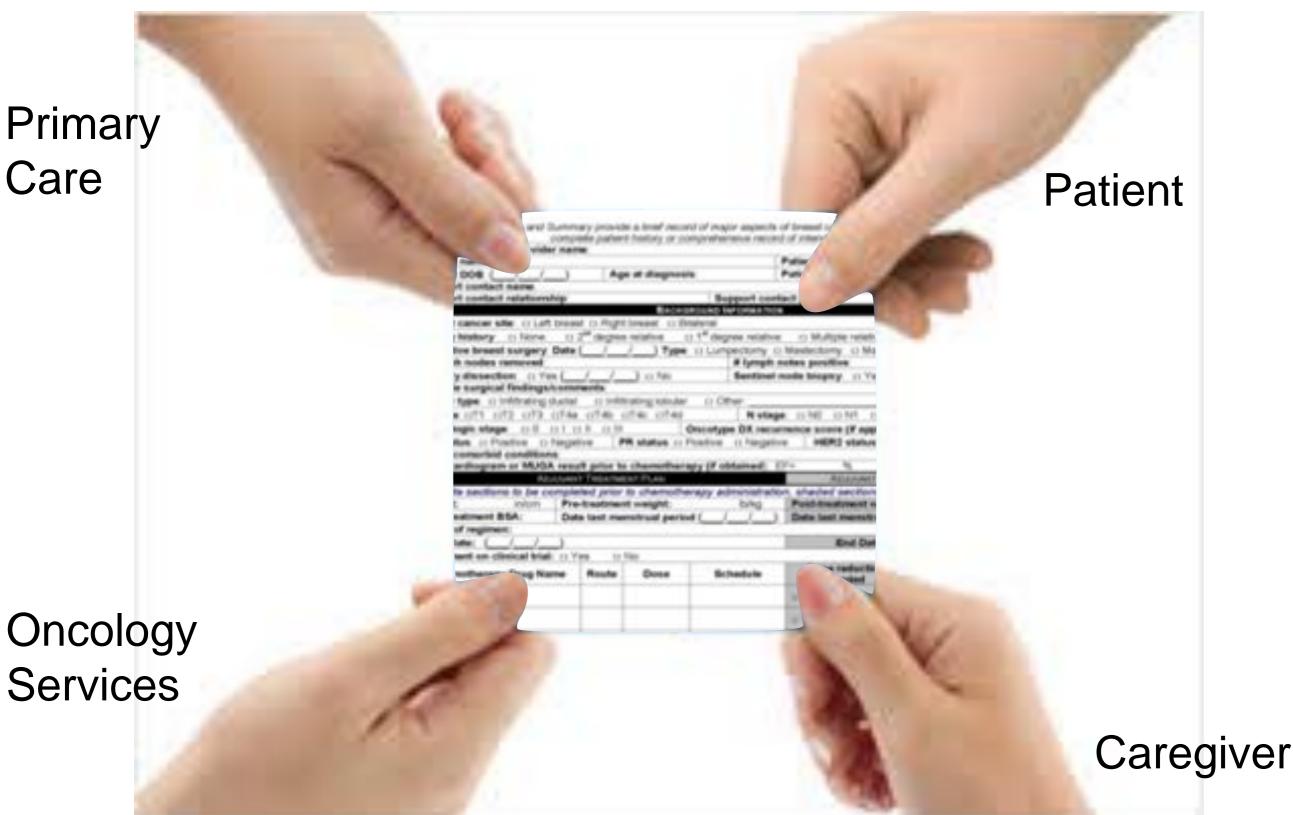
Motivating (e.g.) back-up behavior





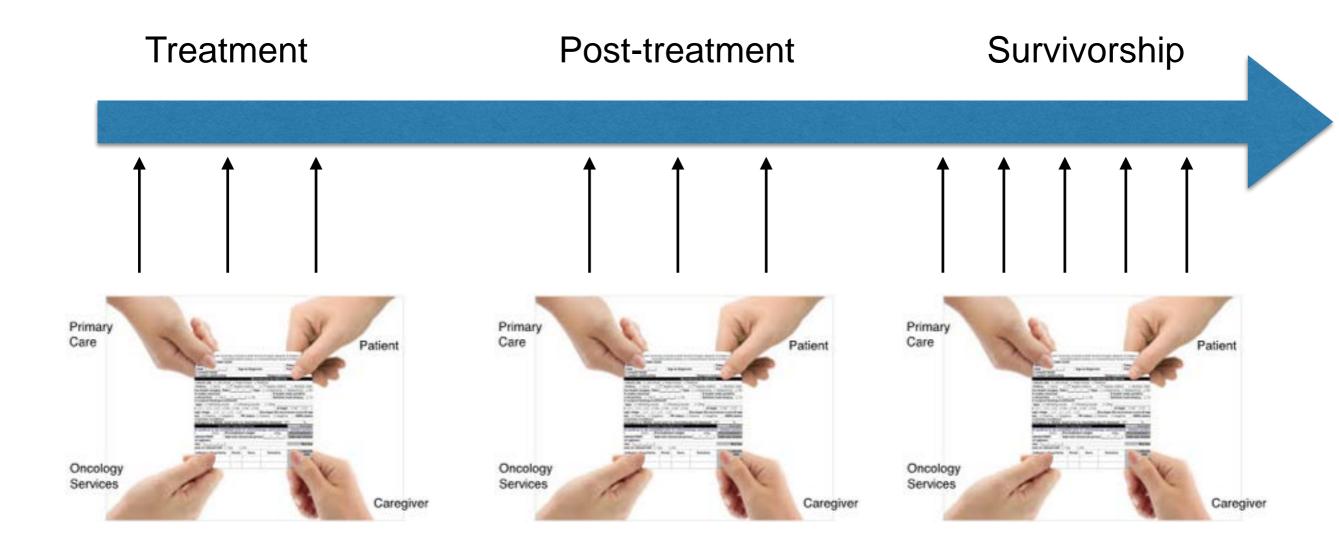
#### Putting team members on the same page





## (Shared) Goal Setting Over time





# Questions for Discussion

I. How well do the team concepts translate?

- I.I. Semantic nuances
- I.2. Contextual implications
- I.3. Translatable to clinical goals, objectives
- 2. What are the implications for intervention?
  - 2.1. System redesign
  - 2.2. Tools, aids, protocols
  - 2.3. Training
- 3. What are the clear next steps for research?
  - 3.1. Biggest problems to solve
  - 3.2. Sequencing of questions; first things first