

Team Science and Interdisciplinary Lung Cancer Care: *Avoiding the long and winding road*

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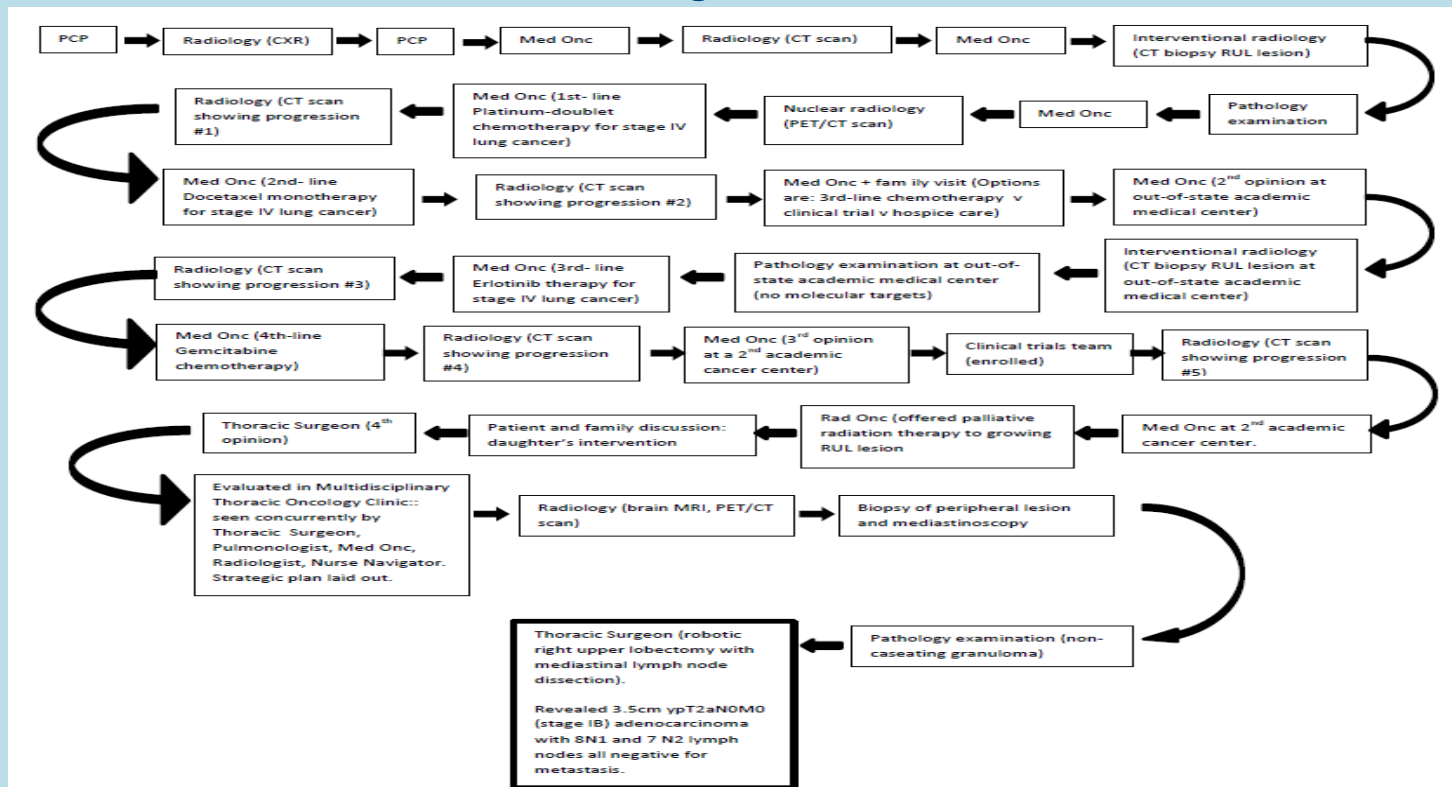
Learning Objectives

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

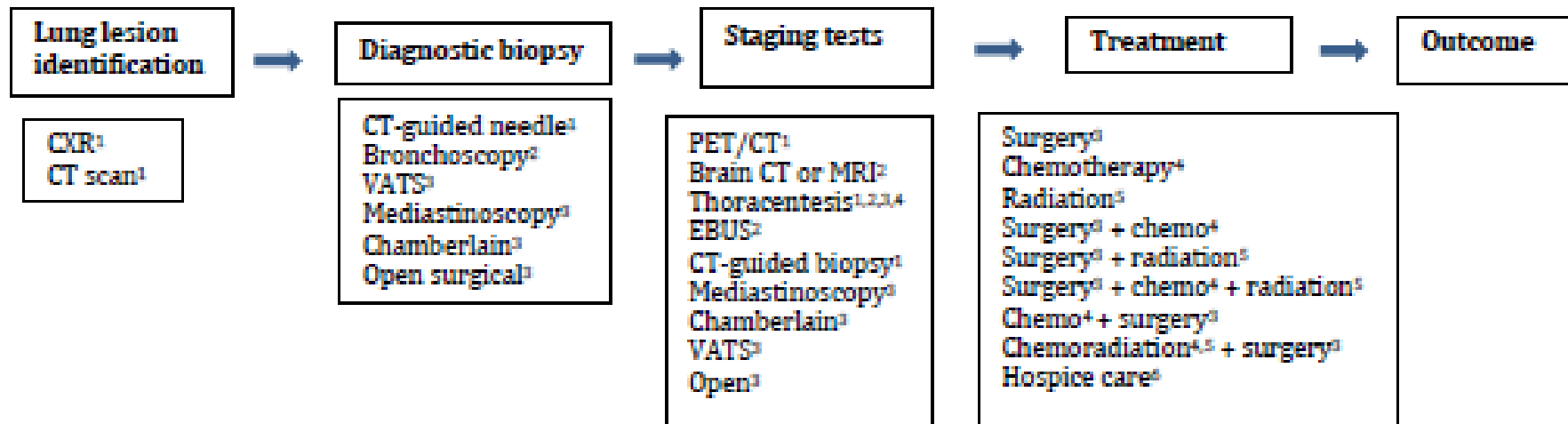
- Describe the challenges of lung cancer care delivery.
- Identify how better team coordination improves care.
- Define the lung cancer care delivery team
- Describe how team coordinating mechanisms and mutual performance monitoring can improve outcomes of lung cancer care.
- Highlight opportunities for future research

‘The long and winding road led me to your door...’

- George Harrison



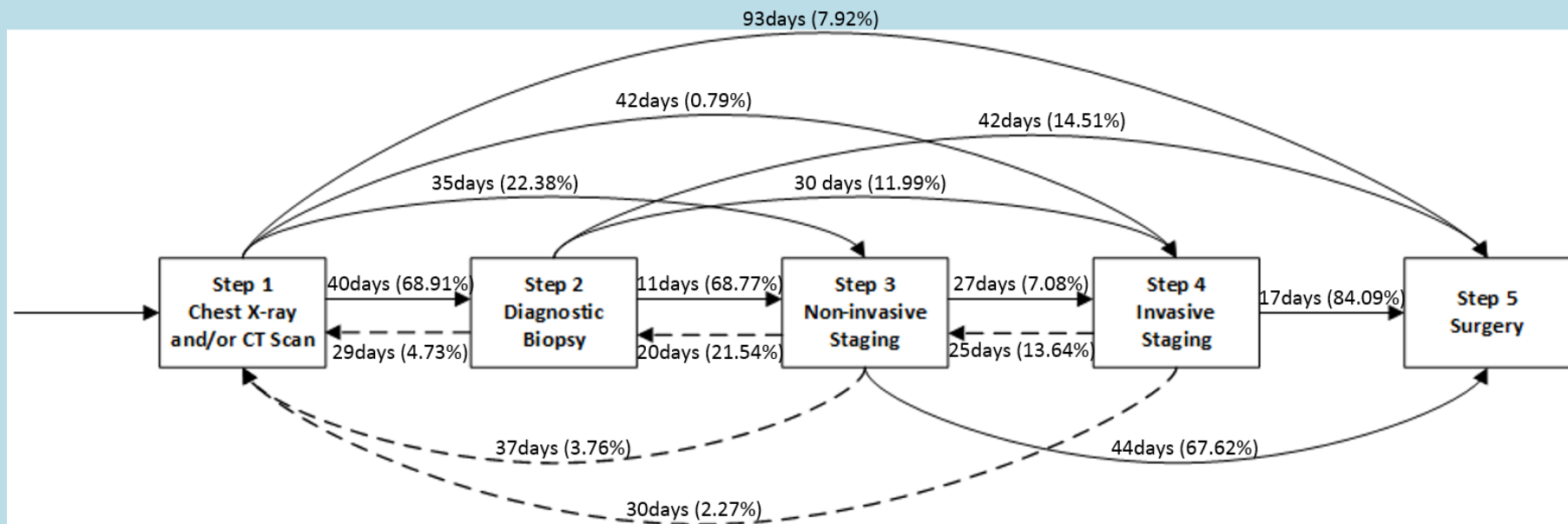
Lung cancer care is complicated!



INVOLVED PHYSICIAN SPECIALIST

1 Radiologist, 2 Pulmonologist, 3 Thoracic surgeon, 4 Medical oncologist, 5 Radiation oncologist, 6 Palliative care specialist

Yes.... Complicated...!



The lung cancer care team

1. First responders: PCP, ER, hospitalists.
2. Diagnosticians: radiologists, pathologists.
3. Interventionists: Pulmonologists, Interventional radiologists, surgeons.
4. Therapists: Medical oncologists, radiation oncologists, surgeons, palliative care specialists, nurses, etc.
5. Coordinators: navigators, schedulers and other clerical staff
6. **Service consumers: patients, caregivers.**

Coordinating mechanisms enhance the lung cancer care team

1. Effective lung cancer care is a “**team task**” that requires extensive coordination among clinicians and patients to ensure patient-centered treatment
2. Developing “**coordinating mechanisms**”, such as electronic systems for **closed loop communication**, huddles, and multidisciplinary team conferences.
3. **Mutual trust** may be cultivated through improved team communication and coordination.
4. Practice leaders “**create the conditions**” for care teams to be effective, including fostering “real” teams that **have “shared mental models”**.

Mutual Performance Monitoring

1. The likelihood of an isolated lung cancer provider considering alternative hypotheses that **preclude** his/her services may be **relatively low**.
2. The proficiency of service execution requires a lot of **oversight and clear accountability**.
3. **Transparency** in clinical decision-making, fostered by **mutual performance monitoring**, is an inherent quality of **effective lung cancer care teams**.

Priorities for Mutual Performance Monitoring in Lung Cancer Care

- Routine data collection, management, and sharing among care team members. Example measures include:
 - **Concordance rate** (between recommendations and care actually delivered care).
 - **Stage-confirmation rate**, which needs to be specifically defined within each institution/program, based on available expertise and resources.
 - Attainment of quality benchmarks in domains such as **diagnosis, staging, surgery, radiation therapy, chemotherapy, use of palliative care**, etc.

Implications for program development

1. Establish the core attributes of effective vs. ineffective lung cancer care teams, including structures and processes that are “CORE” vs. “Non-Core” for effective teams.
2. Examine whether coordinating mechanisms that work for face-to-face teams are transferrable to virtual teams, which are more common in practice.
3. Examine the incremental benefit of **non-core** team structures under specific clinical situations and contexts.
4. Develop and implement team-building activities that emphasize coordinating mechanisms and mutual performance monitoring.

Opportunities for future research

- Large gap in understanding how to structure and support high-functioning lung cancer care teams, particularly for teams that are not co-located.

Research priority:

- **Compare the impact** of implementing different lung cancer care **team structures, coordinating mechanisms, and mutual performance monitoring** on treatment concordance rates, appropriate treatment staging, and patient quality of life/ functioning.
- How important are co-location and in-person conferences to lung cancer care team effectiveness? Can alternative coordinating mechanisms improve the effectiveness of virtual lung cancer care teams?