

# HEALTH CARE TEAMS IN CANCER CARE

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# Purpose

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

# How teams work matters

- ▣ 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

# Teams provide some hope ...

- ▣ 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

# Manser 2009...

- ▣ 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

- ▣ PubMed, Scopus/ABI/Inform complete, Embase – search for pubs 8/2009 – 8/2015
  - 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

# 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)

# Results (continued)

- ▣ 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



# Which brings us back to you

- ▣ 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 -
- ▣ Ru-les 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

# Section II: Amanda Vogel PhD

## ▣ 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
- ▣ Rebeccal 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

