Interdisciplinary Cancer Care Team Composition and Communication

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Introduction to Cancer Care

- Largely Interdisciplinary\textsuperscript{1-4}
- Barriers to team success
  \rightarrow time, distance, personalities\textsuperscript{1,5,6}
This Study

- Dynamics of one cancer care team
- Team defined by those providers interacting with single patient
- Define composition of cancer care team
- Identify positives and negatives in current communication practices
Methods - Subjects

-One patient selected
  - Involvement with Center for Patient Partnerships
  - Completed active treatment

-Patient identified other team members to be recruited
  - Urologist
  - Oncologist
  - Oncology nurse
  - Primary care provider
  - Staff member from Gilda’s Club
  - Patient Advocate from the Center for Patient Partnerships

-Addition individuals recruited
  - 2 additional oncologists
  - Patient relations specialist for the UW Hospital
Cancer Care Team Composition

- Physician, nurses, MA, support staff, pharmacist
- Specialized nursing roles, additional physicians (surgery, radiation), nutritionist, psychiatry/psychology
- PCP, patient, patient advocate, social support (Gilda’s Club), patient navigator, complimentary medicine
Existing Improvements – Tumor Boards

- Improved diagnosis, provider satisfaction & adherence to standard of care\textsuperscript{2,3,4}
- Improved respect between providers\textsuperscript{5,7}
- Better understanding of provider roles\textsuperscript{5,7}
- More immediate feedback and exchange of ideas
Recommendations - Flagging

- Draw attention to requests for action or particular concerns
- Especially valuable when patient has appointments with non-oncology specialists
- Increases likelihood that pertinent information is transmitted
- May contribute to improved problem lists
### Recommendations – Patient Navigator

#### Individual Characteristics
- Lay person
- Nurse

#### Activities
- Coordinating appointments, liaison between providers
- Liaison to social support
- Patient education

#### Benefits
- Improved time to diagnosis
- Decreased patient anxiety and distress
- Better completion of treatment and preparedness for appointments
Recommendations – Improved Patient Involvement

- Patients desiring increased involvement in the cancer care team$^{5,6}$
- Patient knowledge about purpose of new providers
- Expectations for appointments with new providers
- Assurance that providers are communicating
Conclusions

- Interdisciplinary tumor boards
- Patient involvement
- Flagging
- Patient navigation

Limitations
- Only one team investigated
- Comprehensive cancer center setting
Questions?
References