



Improving The Process of Cancer Care

Session 2 of a 4 part series

Process of Care Research Branch

Division of Cancer Control and Population
Sciences/Behavioral Research Program

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Series Purpose – for NCI

- Solicit opinions from three sectors of the community regarding problems in the quality of cancer care
 - Providers, Researchers, Health Care Purchasers
- Identify potential research topics that might address those problems
- Focus the research agenda of PCRFB upon major underlying factors affecting the processes of cancer care.



For Participants

- Understand the perspectives of three communities with respect to problems in cancer care delivery
- Learn conceptual, analytic, and practical approaches to understanding and addressing problems in cancer care delivery
- Contribute to the development of NCI's research agenda

MS. U – 58 Woman who suffered breast cancer

- Screening mammogram 12/27/2006
- Unsigned letter 1/5/2007 – abnormal
 - Cell phone call from gynecologist
- Calls for dx mam- 30 day wait
 - Fights for quicker exam & “wins” – dx Ca
 - Gynecologist arranges appt with surgeon
- Surgeon does organized presentation

58 yr woman with BC (continued)

- Patient felt supported by careful presentation
- Bx, lumpectomy, 7 wks radiation
 - Cording occurs unexpectedly
 - Referred to physical therapy – changes because of attitude and environment
- Patient acted as quarterback
 - Knew to do this because of son's experience

Multi-Team Systems in Health Care

John Mathieu, PhD

National Cancer Institute
at the National Institutes of Health



Overview

- Briefly Describe the concept of Multi-team systems (MTSs) and their application to health care
- Apply to the brief case discussion
- Discuss key pressure points for MTS effectiveness
- Discuss directions for application and future research

What are Multi-Team Systems?

Two or more teams that interface directly and interdependently in response to environmental contingencies toward the accomplishment of collective goals.

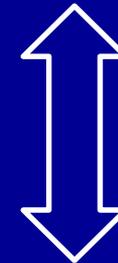
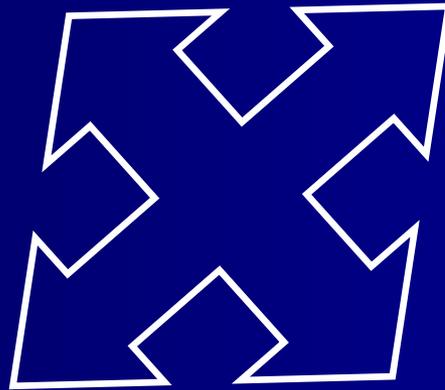
MTS boundaries are defined by the fact that all teams share a set of common distal goals while perhaps pursuing different proximal goals. Further, all member teams exhibit input, process, and outcome interdependence with at least one other member team

The Multiteam System (MTS) Perspective

Mathieu, Marks, Zaccaro (2001); Zaccaro, Marks & DeChurch (2011)

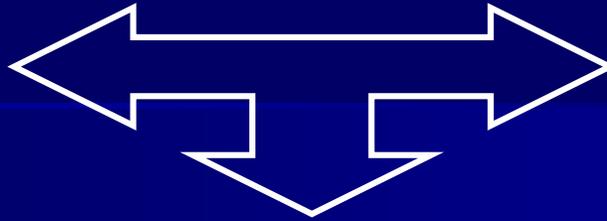
- “Two or more teams that interface directly and interdependently in response to environmental contingencies toward the accomplishment of collective goals.”
- Larger than teams and usually smaller than organizations
- Can be contained within an organization or traverse organizations
- Networks of teams – boundary defined by shared “distal” goal

Fire Fighting MTS



Local High School Development MTS

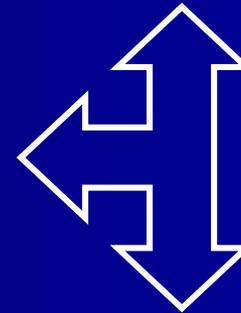
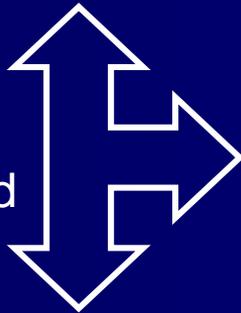
Architects



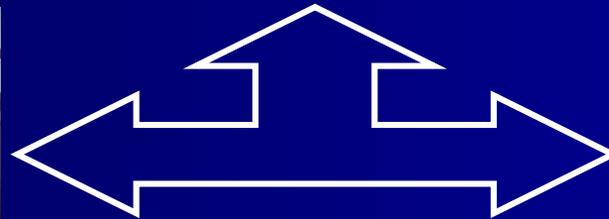
Building Committee



School Board



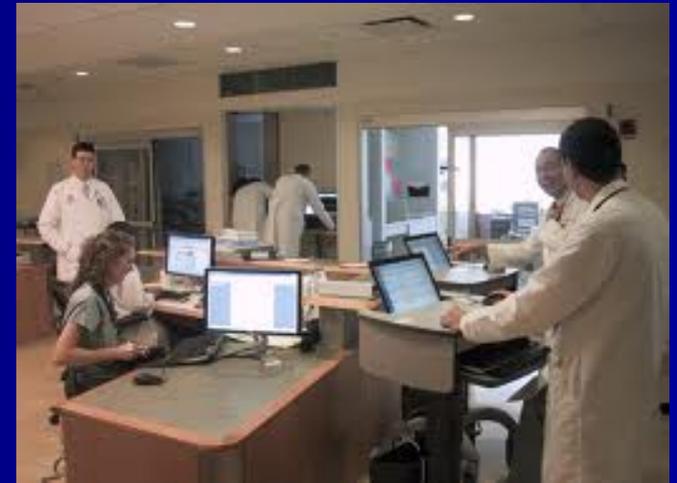
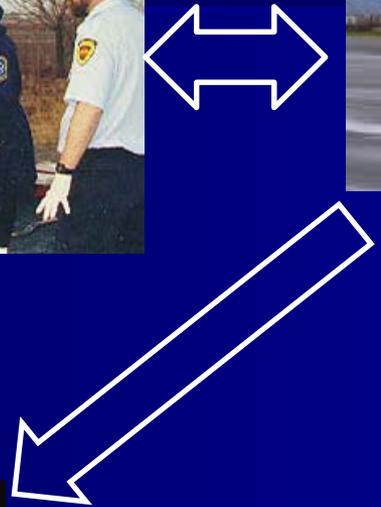
Town Council



Air Traffic MTS

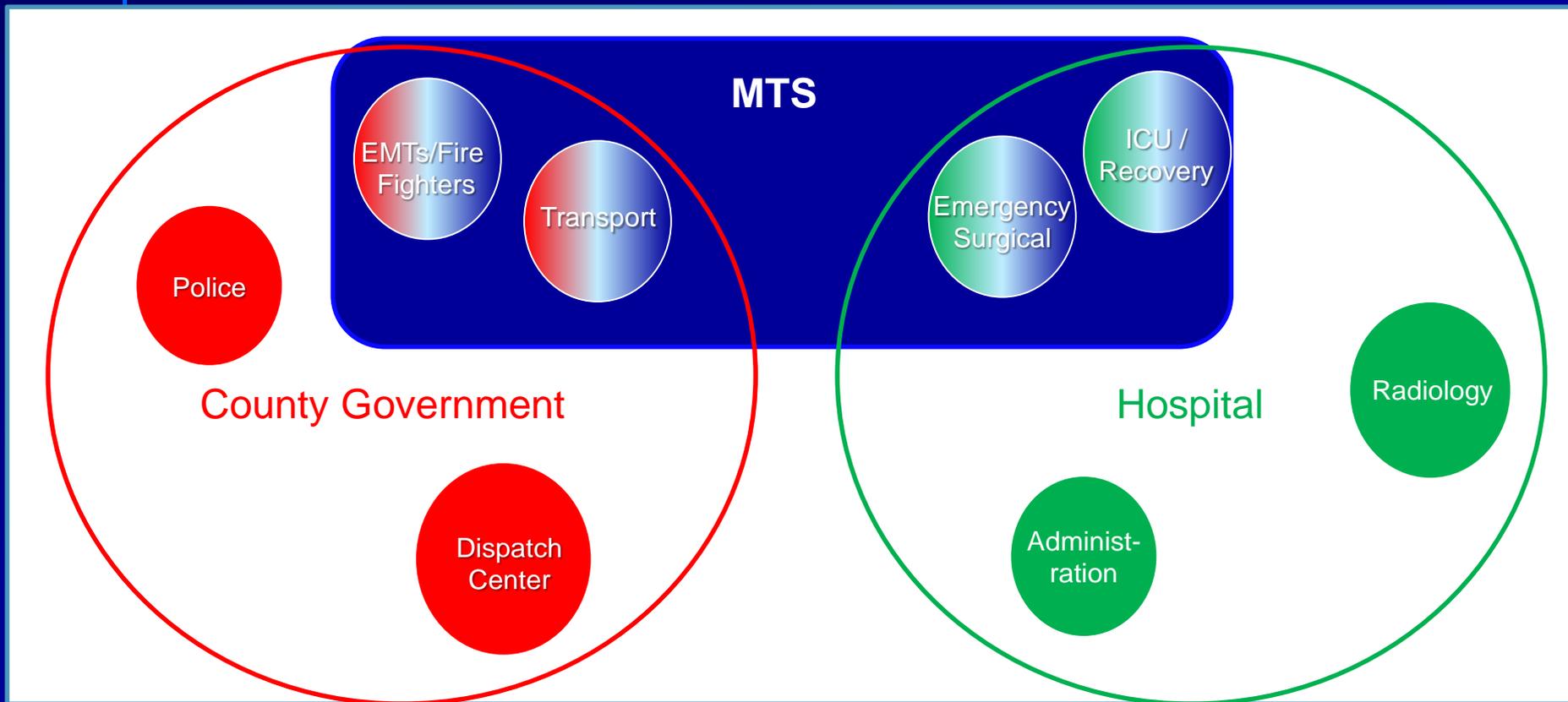


Accident Victim MTS

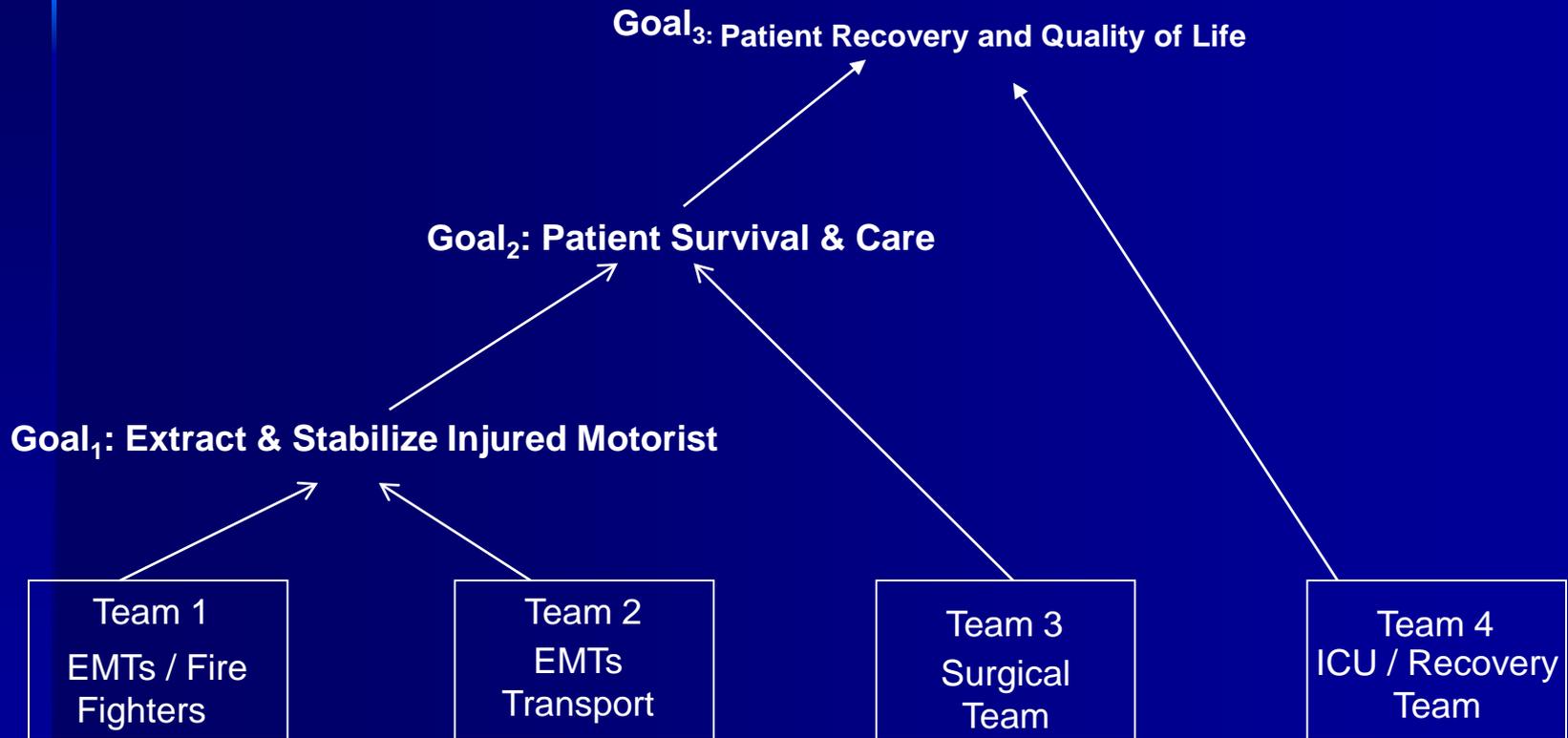


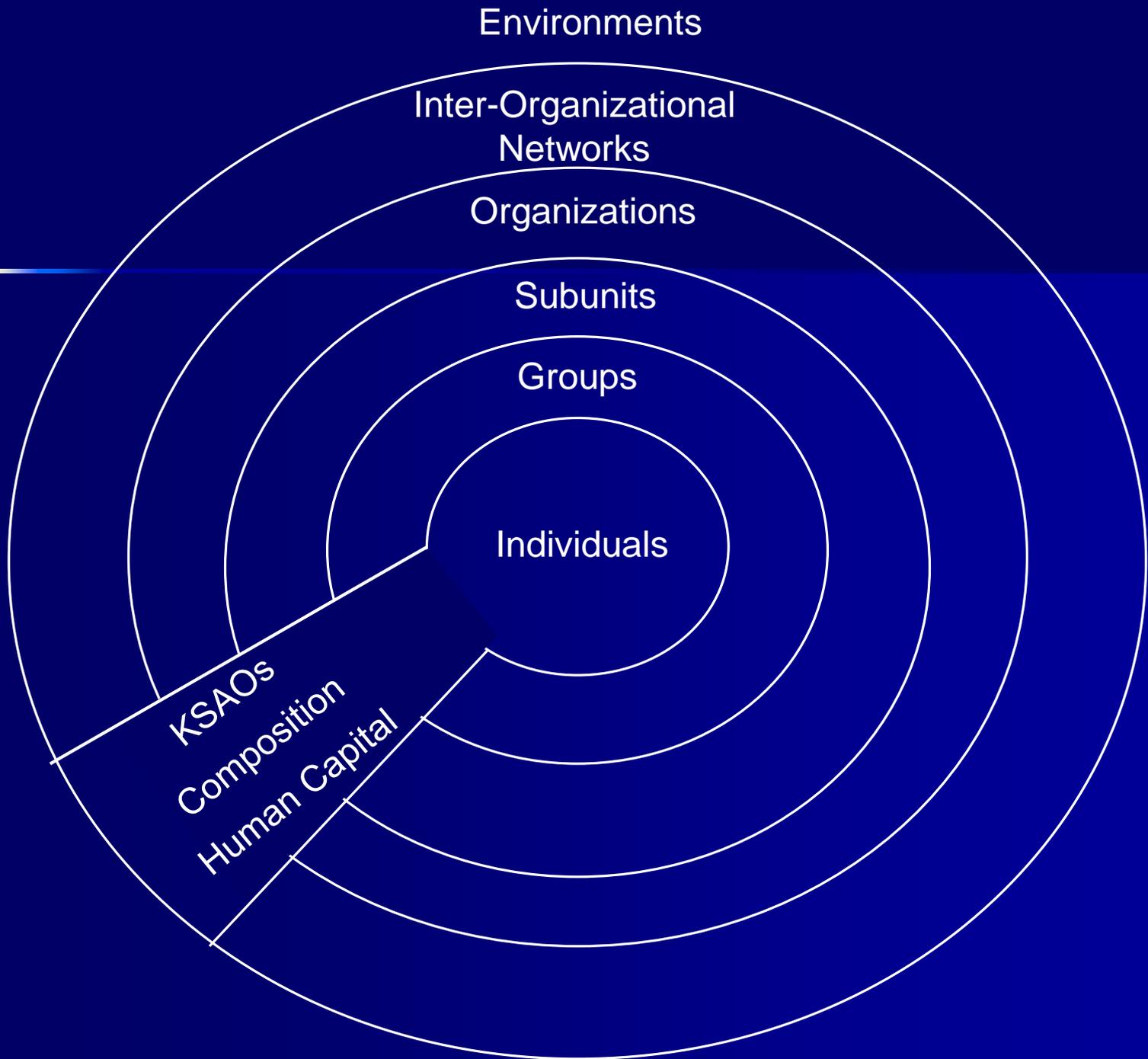
Core Features of MTSs

- Larger than teams and usually smaller than organizations
- Can be contained within an organization or traverse organizations

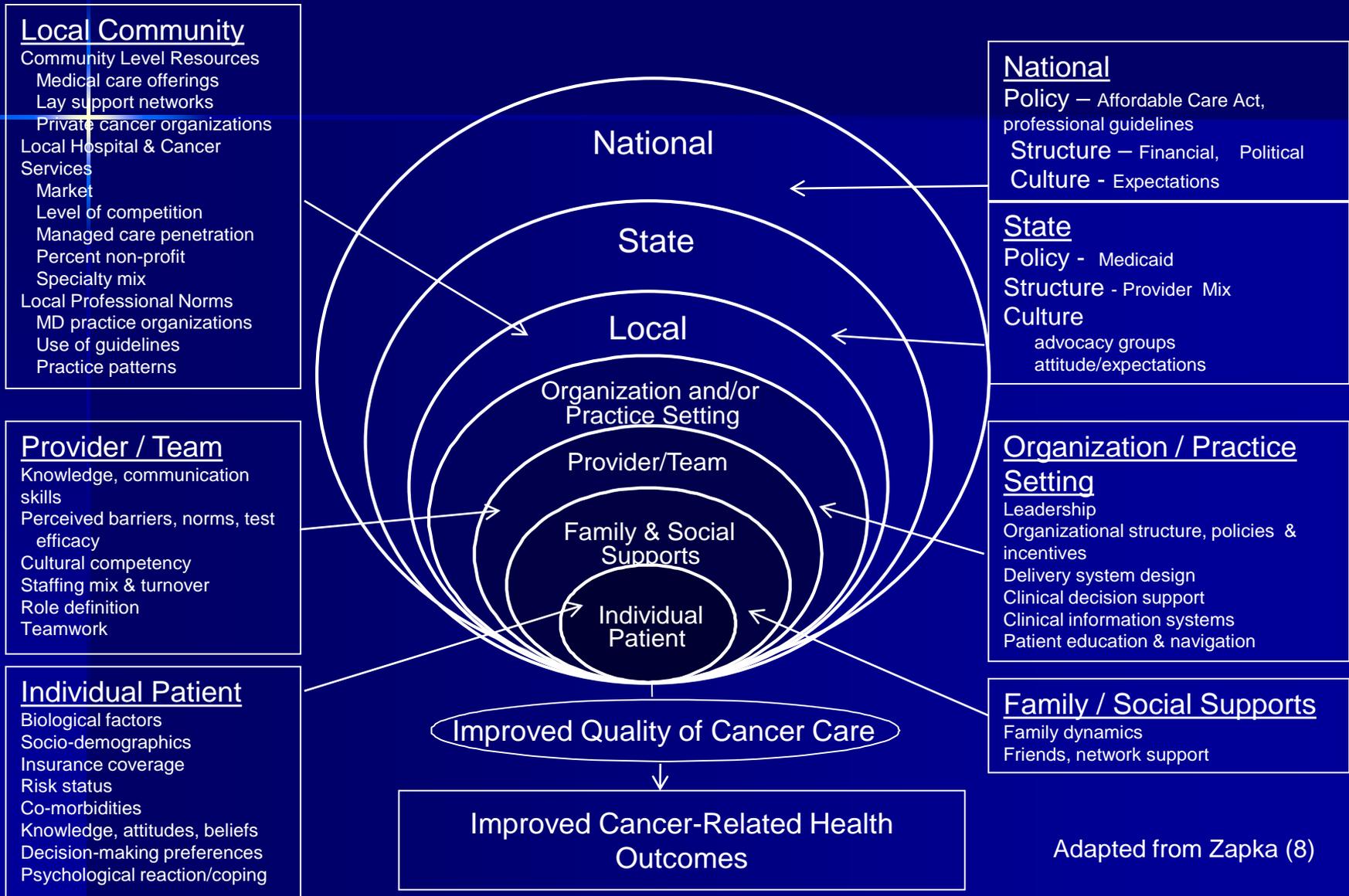


Teams are linked through a goal hierarchy

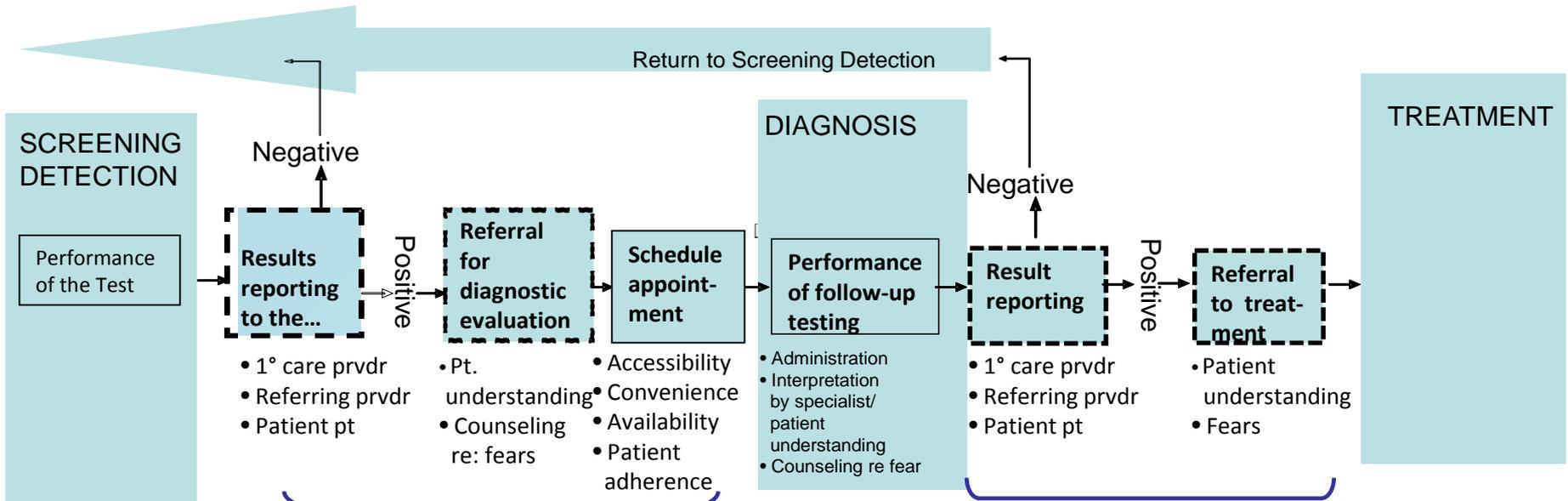




The Multi-Level Context of Care



The Follow-up Process for an abnormal screening mammogram



Type of Care: The care delivered to accomplish a specific goal

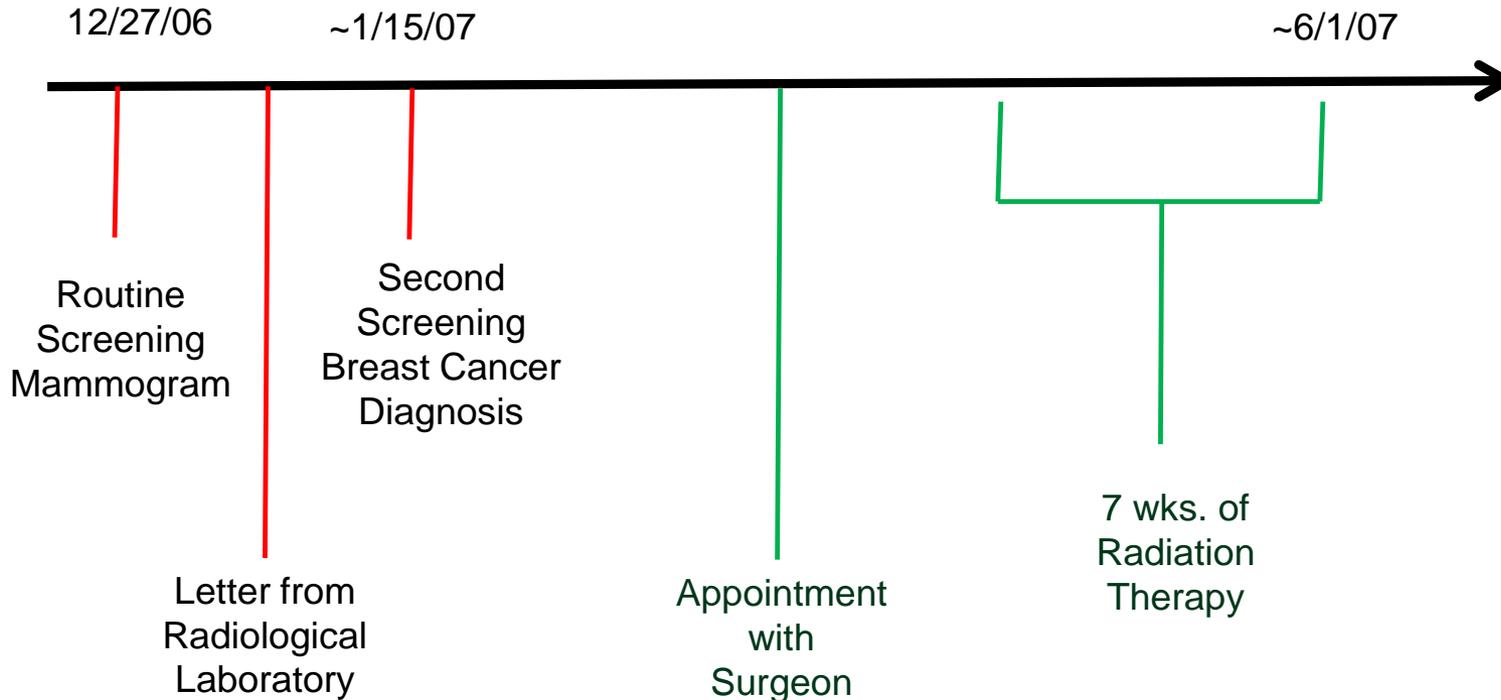
Transition: The set of steps and interfaces necessary to go from one type of care to another

Step: The medical encounters or actions that compose a type or transition in care

Interface: Transfers of information and/or responsibility

prvdr= provider
pt = patient

The Case of Ms U.



Diagnosis Phase

Treatment Phase

MTS Issues for Ms. U

- Delays in Scheduling
- Had to Repeatedly Brief:
 - Gynecologist
 - Surgeon
 - Radiologist
 - Intake Nurses
 - Scan Technicians
 - Lymphedema Clinic Staff
 - Radiological Center Nurses

MTS Issues for Ms. U (con)

- Doctors roles were clear, but isolated
- Patient carried her own medical records
- Gynecologist, not Internist, served as PCP
- Surgeon was the only one who described the process
- Patient needed to “Quarterback” the entire process

Key MTS Pressure Points

- Specify Constituencies & Roles
- Reward Systems & Responsibility
- “Quarterbacking” Patient Care
- Information Management
- System Temporal Synchronicity
- Identity / Focus Issues
- Feedback and Backup Functions

Suggestions for Future Research & Application

- Must align reward (not just financial) and goal systems
- Must solve the quarterbacking question
- Better understand and articulate patient/family and health responsibility matrix accommodating for individual and system circumstances

Suggestions for Future Research & Application (con)

- Leveraging Information technology with patient care
- Focus energies on goal hierarchy and transition / handoff instances
- Create a mechanism for lessons learned/ best practices

Thank You