How Well Does Your Healthcare Team Communicate?

Statistics show our health care system is brimming with errors. Recent research indicates that mistakes may account for as many as 251,000 deaths annually in the United States, making medical errors the third leading cause of death. In part, this is because providers do not sufficiently function in teams. Doctors and specialists do not confer, tests are repeated and test results are not shared, and care is not coordinated in ways that protect patients in the course of their clinical care. There is increasing evidence that collaboration in healthcare improves coordination of services, communication and, ultimately, the quality and safety of patient care. Collaboration in healthcare utilizes both the individual and collective skills and experience of team members, allowing them to function more effectively and deliver a higher level of services than each would be able to provide working alone.

Ideally, teamwork in health care is interdisciplinary, for which high levels of collaboration are essential. Unlike a multidisciplinary approach, in which each team member is responsible only for the activities related to his or her own specialty and forms separate goals for the patient, an interdisciplinary approach integrates efforts on behalf of the patient with a common goal shared by all providers involved in the care plan. This approach takes into account multiple assessments and treatment regimens, and creates an individualized treatment plan that best addresses the needs of the patient. The patient often finds that
communication is easier with a connected team, rather than a fragmented one in which numerous providers do not know what others are doing to manage the patient’s care.

There are numerous benefits of collaboration in healthcare. For providers, it enables a more comprehensive view of patient care. All members of a patient’s medical team (including nurses, radiologists, emergency medical technicians (EMTs), social workers and professionals from many other disciplines) are in a position to give input about an individual’s care. Bringing all viewpoints together enables a better understanding of the patient’s needs. By joining forces, medical professionals support each other. Instead of one person responsible for the patient’s health, an entire team of professionals comes together to coordinate a patient’s care. This breaks down the silos of different disciplines, encourages camaraderie and reduces issues that lead to provider burnout. When all medical and healthcare professionals are working together, a more communicative environment develops in which there is continuity of care, and missed symptoms or miscommunication about patient needs is less likely.

From the patient perspective, instead of having providers take turns caring for them, individuals have a team on their side from the start, working together to provide care that has lasting benefit. Collaborative patient-clinician interactions generate trust and rapport, which in turn lead to greater levels of openness, negotiation, and successful adherence to treatment plans. Because teamwork is based on solid communication, patients and their families may feel more at ease and satisfied with their healthcare. Consistent and responsive communication of information to patients that ensures their understanding enables patients to participate in care decisions.

A collaborative approach promotes patient-centered care. By definition, patient-centered care “incorporates the patient’s values, beliefs and preferences regarding overall health and wellbeing into the plan of care and implementation of all care activities.” The Patient-Centered Medical Home is a model, proposed by the Agency for Healthcare Research and Quality, which holds promise as a way to improve healthcare in the U.S. by transforming how it is organized and delivered. In this paradigm, care is coordinated across the health care system, including specialty care, hospitals, home healthcare, as well as community services and supports. Providers work with patients and their loved ones to understand each individual’s unique needs, culture and preferences. Patients and families are recognized as core members of the care team and health care professionals ensure that they are fully informed partners in establishing care plans. The patient makes his or her own healthcare decisions, backed by a support team in which all members are on the same page.
Individuals are encouraged to learn to manage and organize their own care at a level they are comfortable with.

MS is a complex disease that requires a comprehensive approach for effective care. Many people with MS rely on their neurologist for all of their care, incorrectly assuming this physician will attend to all of their healthcare needs. Primary care providers may incorrectly assume that reported symptoms are due to MS or that treatment for non-MS issues may interfere with MS treatments, resulting in misdiagnosed or untreated comorbid conditions. Effective MS care often requires input from a number of health professionals and services, each contributing a unique perspective on disease and symptom management. Accurate communication between care providers is a must, making team collaboration essential. The National MS Society’s MS Navigator Program provides valuable services, including information, referrals, case management, emotional support, as well as connections to local programs and services to everyone affected by MS, including families and care partners.

Chronic pain and depression are two of the most prevalent problems experienced by MS patients, despite the availability of effective treatments. The MS Care Study, conducted at the University of Washington (UW) Medicine MS Center, confirms the effectiveness of collaborative care in MS treatment. In addition to their usual care, study participants had weekly sessions with a care manager to discuss symptom management, assess the effectiveness of medications, and learn how to practice self-management skills. The care manager also consulted with MS pain and depression management experts and UW Medicine MS Center providers to tailor treatment to the participant’s specific needs, and connected participants with the MS Center and additional resources to ensure comprehensive care support. Results from the study showed subjects in MS Care had significantly better control of their pain and depressive symptoms than patients receiving usual care. Participants also reported less disability and fatigue.

Shared decision-making is a key component of patient-centered healthcare. It is a process in which clinicians and patients work together to make decisions and select treatment plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values. It’s important for a patient to have ample information about their medical conditions, treatment options, and potential side effects in order to make these decisions. Earlier this year, Can Do MS (featured in our August 2017 newsletter) announced the launch of MS Path 2 Care. This educational initiative features four modules (Understanding Your Healthcare Team, Partnering With Your Healthcare Team, Navigating Healthcare Resources, and Strengthening Your Support Partnership), each providing insights and stories from people impacted by MS, to assist people living with MS in their healthcare decision-making.

It’s equally important for people with MS to communicate information about disease activity and symptoms to their healthcare team. This is a key component of shared decision-making. Many forms of technology are available to help an individual keep in touch with one’s providers. As discussed in our May 2018 newsletter, the Multiple Sclerosis Association of
America offers My MS Manager™, a mobile phone application that enables individuals to track MS activity and symptoms. Patients are also able to connect with physicians and other clinicians on their care team via the app to share this important information as needed. Researchers at John’s Hopkins University have developed a Home Automated Telemanagement (HAT) system for MS that provides a personalized, convenient approach to disease management. Patients can monitor symptoms at home and communicate this information to the healthcare team via the Internet. The system questions the patient on their condition, gives detailed step-by-step exercise instructions, records their exercise compliance, then informs and quizzes the patient on their knowledge of MS. Physical therapists are then able to provide an exercise regimen tailored to the patient’s specific needs. The HAT system shows great potential for providing MS patients better care, as well as those patients receiving anticoagulation therapy, patients with asthma, COPD and other health conditions.

Patient engagement and collaboration in healthcare are essential to optimize clinical outcomes not only for people with MS, but also for the general population. Coordination of care across the health care system, coupled with reciprocal, open communication between patients and healthcare professionals are required in order to identify and address each patient’s unmet needs and provide high quality, patient-centered care.