

Composition of An Ideal Medical Care Team

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Introduction

Team-based care is becoming increasingly important as the health system changes. There is currently a physician shortage issue in the United States. A report from the Association of American Medical Colleges predicts that there will be a shortage of 17,800 to 48,000 primary care physicians and a shortage of 21,000 and 77,100 of non-primary care physicians by 2034.¹ Ensuring that other healthcare professionals can collaborate, and delegating tasks away from the physician might improve the physician shortage problem. The population of the U.S. is aging, and disease states are becoming more complex.² These issues will require the expertise of various care team members so that the patient receives the most effective care to optimize outcomes.

Team-based care involves two or more health professionals working with the patient to achieve shared goals.³ Health professionals from multiple disciplines work together to inform decision-making that also includes families in the care plan.⁴ The professionals involved on the care team will vary depending on the population, type of disease, and healthcare setting.^{3,5} For instance, a mix of registered nurses, medical assistants, nurse aides, technologists, nutritionists, genetic counselors, social workers, and chaplains along with primary care providers could make up a cardiovascular care team.² However, allergists or immunologists should be a part of a team that provides care for patients with asthma.⁶

Although team-based care is needed in the United States to address healthcare system issues, care teams need to be effective to improve patient health outcomes. An effective healthcare team will embody multiple characteristics, such as shared goals, explicitly stated roles, clear and prompt communication, respect, and a positive attitude.^{7,8} Healthcare team members need to work together with the patient and family to address shared goals. Roles and responsibilities for each care member should be clearly stated and each care member needs to know what is expected of each other. If problems arise, then team members should be open and honest about any mistakes or uncertainties.²

The purpose of this review is to identify the primary members of a care team and determine what characteristics make an effective care team. This review seeks to answer the following questions:

1. What is the ideal care team?
2. What are the characteristics of an effective care team?

Understanding the composition of the ideal healthcare team will assist healthcare leaders, healthcare settings, and policy makers, among others, to create care teams that are effective to improve patient health outcomes.

What Is the Ideal Care Team?

Patients

Patients along with their families are the most important member of the healthcare team. Patients contribute to the care plan and collaborate with the care team on shared health goals.^{2,4,9} It is essential that care teams factor in the preferences of patients and their families to achieve desired health results. When patients are included on the care team, they experience higher satisfaction and achieve better self-management skills and adhere to treatment more (Biederman, 2021).¹⁰

Primary Care Providers

Primary care providers such as physicians, advanced practice nurses (APNs), nurse practitioners (NPs), and physician assistants (PAs) should be involved in all care teams, especially related to cardiac care, cancer, HIV/AIDS, and asthma teams.^{2,10-16} Physicians are highly trained health professionals with a large scope of practice. Primary care physicians are most likely the first health professional that a patient will visit before being diagnosed with a health condition. However, other advanced practice providers, like APNs, NPs and PAs, are suitable to care for patients with chronic conditions. These healthcare professionals should assist patients within their scope of practice but can help delegate tasks away from the physician. APNs can provide education and chronic disease management services while PAs roles directly align with physicians.² In a study that examined how A1c, LDL, and systolic blood pressure measures related to new onset disease differed between solo and team-based care teams, teams had more patients who brought their A1c, LDL, and systolic blood pressure under control. Teams included physicians-only teams, non-physician teams of NPs and PAs, and mixed teams of physician and non-physicians. All teams had the same effect on patients lowering their A1c and LCL levels. However, physician-only teams and mixed teams showed patients with better management of hypertension compared to the other types of teams.¹¹ Providers who have expertise in the health condition of concern, such as HIV care, will have patients who experience better HIV outcomes. Primary care providers should then refer out to other providers on the team if they are less familiar with HIV.¹⁵ Referral to specialists will be need for numerous diseases. Overall, primary care providers can enhance the care of patients due to their autonomy, expertise, and skill.^{2,10}

Specialists

Specialists will be required on care teams for most chronic diseases, as primary care providers do not have the full expertise on chronic conditions related to cardiac diseases, cancer, HIV/AIDS, and asthma. Exercise specialists may be on the cardiac team as they can provide behavioral counseling and it is recommended that behavioral counseling is offered to individuals eighteen years or older with hypertension and multiple risk factors for heart.¹⁷ For cancer, there are several types of cancer teams due to the prevalence of various forms of cancer. Other cancer teams that need to be included in cancer care can include radiology, pulmonology, and palliative care among others.^{9,12,13} In a systematic review, it was shown that multidisciplinary cancer care teams improved patient's adherence to pain medication. Additionally, palliative care teams decreased hospitalizations and increased quality of life for those with cancer.¹⁸ Due to the aging population, geriatricians are an important aspect to HIV/AIDS care. In fact, any team member should be familiar with regular HIV care as well as geriatric approaches to HIV.¹⁴ Geriatricians may also be important team members for other chronic illnesses because the population of the

U.S. is aging. Finally, allergists and immunologists, physician specialists, are a part of asthma care teams. These health professionals can confirm asthma diagnoses, provide additional recommendations, and assist with controlling more difficult symptoms.⁶

Nurses and Pharmacists

Nurses and pharmacists add additional expertise to primary care providers roles and teams. For years, nurses have shown that they can improve chronic disease management, especially if they are trained in the disease that their patient is experiencing. In an intervention for thyroid cancer, nurses had a comprehensive role by being involved in the reveal of biopsy results and providing support. Results of the intervention revealed that thyroid patients consider nurses an essential part of their care.¹⁹ Additionally, nurses assist primary care providers by communicating with them regularly and assisting with medication management by contacting pharmacists in the interest of physicians.^{8,20}

A pharmacist is crucial to have on the team as they have also been shown to improve chronic disease management outcomes and can assist physicians with medication responsibilities.^{8,20} Pharmacists assist with medication management, adherence, and education.^{2,21} A hypothetical intervention using modeling examined the impact of a care team involving a pharmacist on health and cost in the U.S. It was found that pharmacists on a care team prevented uncontrolled blood pressure, heart attacks, strokes, and cardiovascular deaths over five years.²¹ A review of 54 studies conducted by the Community Preventive Services Task Force shows that nurses and pharmacists working together provide strong evidence for hypertension management.²² Specifically, blood pressure control and systolic blood pressure improved more when a nurse and pharmacist were on a team together and when they had the ability to control hypertension medication with and without physician approval.

Community Health Workers

Community health workers (CHWs) add significant assistance to care teams. Community health workers, also referred to as lay health workers, peer educators, patient navigators, among others, are trusted members of communities and provide support and resources to community members.^{23,24} Over the years, lay health workers have been shown to be effective on care teams to improve chronic disease management.⁸ For heart disease, community health workers have been associated with decreases in cardiovascular risks and reduction of blood pressure, cholesterol, and blood sugar levels.²³ For HIV, community health workers have been able to commonly refer individuals to STI testing and health education during a street-based outreach intervention. The CHWs in this intervention referred ten individuals with HIV, to HIV medical care, twenty individuals who injected drugs to syringe service programs, and nineteen individuals who were at risk for HIV infections to a medical visit for PreP.²³

Social Workers

Social workers team members of multiple care teams. During a multidisciplinary care team intervention, a team of a social worker along with a nurse and pharmacist resulted in improved antiretroviral therapy (ART) adherence.²³ This adherence even occurred when non-HIV specialists were on the care team. Social workers who have led teams and have had shared responsibilities on teams have improved health outcomes related to asthma, maternal and child health, and hospitalized patients. These teams included nurses, physicians, PAs, pharmacists,

counselors, and administrative staff. Patients with asthma had increased symptom-free days, NICU admission rates decreased, and mortality rates for patients who were frequently hospitalized decreased with the inclusion of social workers.²⁴

Dietitians

Registered Dietitians show improved health outcomes on teams as well. A retrospective cohort study showed that high-risk adults had greater improvements in HbA1c and greater weight loss than the group only seen by a primary care physician.²⁵ The study resulted in long-term improvements at six, twelve, and twenty-four months. Although the improvement related to weight loss was not significant at six or twenty-four months. The decrease in HbA1c was significant at twelve and twenty-four months. Dietitians are experts in nutritional counseling and a systematic review of randomized controlled trials examining the effects of dietitians in primary care environments showed that the effect of dietitians on weight management and blood sugar control to be positive. The same review showed fewer positive effects on cholesterol, blood pressure, and triglycerides but this could be because this review did not include multidisciplinary care team studies.²⁶ If dietitians are not on the care team, then physicians and primary care providers can refer their patients to a nutrition professional.²⁷

Characteristics of Effective Healthcare Teams

It is just as important to have teams that are effective than it is to have a team composed of certain professionals with specific expertise. Leadership is important to any team. Most healthcare teams will be led by physicians. In fact, the American Medical Association believes that physicians should lead all teams due to physicians' high level of expertise and scope of practice.²⁸ In contrast, the American College of Cardiology states that the leadership role of care teams should be dependent on the task that needs to be completed. The leader of the team should be a flexible role.²

Team roles need to be clarified and clearly stated.^{2,7,18} Explicitly defined roles help inform all team members of each member's responsibilities and duties so that there is no confusion. Team members who are aware of their roles can then take accountability for their actions. Confusion can be avoided with proper communication between and within teams as well. Communication should be clear and prompt.^{7,8} Regular team meetings can enhance team communication.⁵

Discussion

Health care teams are now more than ever becoming imperative as the physician shortage problem worsens, the U.S. population ages, and disease severity increases. The patient is at the forefront of all healthcare teams while other members can vary. Most often, primary care providers, nurses, pharmacists, community health workers, social workers, dietitians, and specialists should collaborate with the patient. Other members on care teams will depend on the type of illness, patient characteristics, and setting. Health professionals can delegate tasks away from each other so that other members can practice at their full capacity. Though, no matter what, team members must work within their scope of practice.⁵

Effective teams are just as important as the composition of teams. Effective teams improve patient outcomes and enhance how teams interact with one another. A survey of primary care providers and staff from primary care clinics in San Francisco found that a positive team culture

improves burnout in primary care. Team culture was found to have more benefit in decreasing burnout than team structure.²⁹

Conclusion

Implementing effective care teams is imperative as the nature of primary care changes and the physician shortage issue continues. Patients, primary care providers, nurses, pharmacists, community health workers, social workers, dietitians, and specialists should be involved on all teams to encompass all aspects of care and enhance patient outcomes. The composition of care teams will vary slightly depending on the patient needs and care environment. Care teams should be trained to work together effectively.

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