

Il team interprofessionale nell'era della Medicina basata sull'evidenza

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Domanda

- Perché è (spesso) necessario un approccio interprofessionale in sanità ?

Programma

- Cosa è l'approccio interprofessionale ?
- Qual è il suo razionale ?
- Qual è la sua efficacia ?

Programma

- *Cosa è l'approccio interprofessionale ?*
- Qual è il suo razionale ?
- Qual è la sua efficacia ?

Cosa è l'interprofessionalità ?

- Multiprofessionalità
 - “[Individuals] with different educational backgrounds are brought together to understand a particular problem or experience”
- Interprofessionalità
 - “[Individuals] from various professions learn from and about each other to improve collaboration and the quality of care”

Clark PG *Journal Interprof Care* 1993;7:219.

Programma

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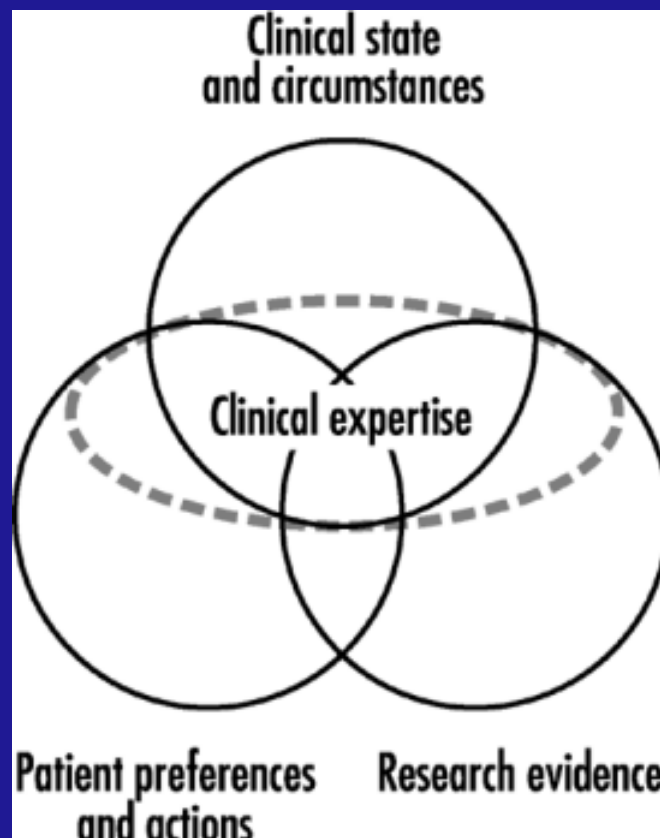
Qual è il suo razionale ?

“Care of patients by a multidisciplinary team usually organized under the leadership of a physician; each member of the team has specific responsibilities and the whole team contributes to the care of the patient”

“Patient care team” (available from 1968)

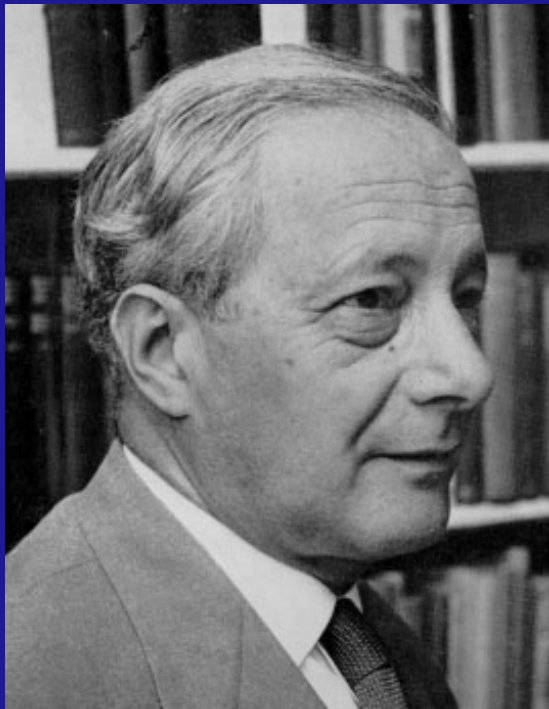
<http://www.ncbi.nlm.nih.gov/sites/entrez?db=mesh>

Qual è il suo razionale ?

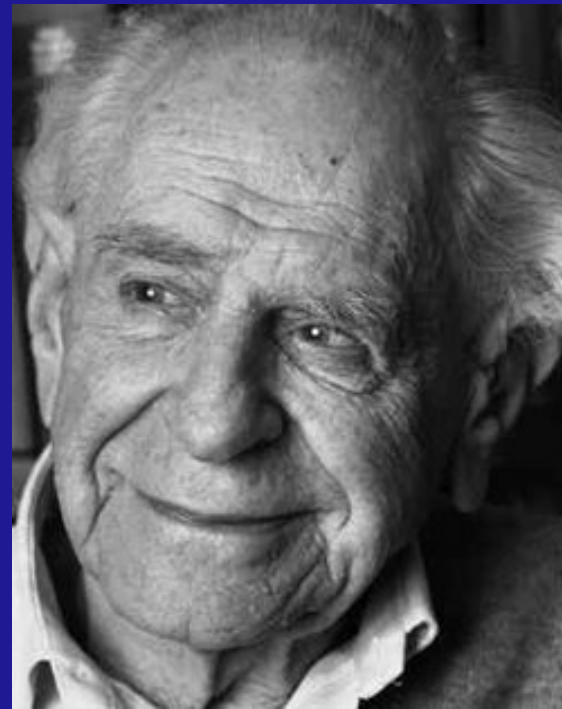


Haynes RB. *ACP Journal Club* 2002;136:A11

Qual è il suo razionale ?



Michael Polanyi
(1891-1976)



Karl Popper
(1902-1994)

Qual(e non) è il suo razionale ?



Thornton S, Dodwell D. Multidisciplinary team working: the emperor without clothes? Br J Hosp Med 2012; 73:186

“Multidisciplinary teams have become the format through which the NHS delivers cancer services. They were introduced without high quality evidence as to their effectiveness but have become the accepted “mode d’emploi” and a standard from which doctors might be reluctant to depart even in response to a valid patient request to do so.”

Programma

- Cosa è l'approccio interprofessionale ?
- Qual è il suo razionale ?
- *Qual è la sua efficacia ?*

Current trends in interprofessional education of health sciences students: A literature review

Erin Abu-Rish¹, Sara Kim², Lapio Choe³, Lara Varpio⁴, Elisabeth Malik¹, Andrew A White⁵, Karen Craddick⁶, Katherine Blondon⁷, Lynne Robins⁸, Pamela Nagasawa¹, Allison Thigpen¹, Lee-Ling Chen¹, Joanne Rich¹ and Brenda Zierler¹

- “We report key characteristics of 83 studies that report IPE activities between 2005 and 2010”.
- “Our review identified inconsistencies and shortcomings in how IPE activities are conceptualized, implemented, assessed and reported”
- “Clearer specifications of minimal reporting requirements are useful for developing and testing IPE models that can inform and facilitate successful translation of IPE best practices into academic and clinical practice arenas”

Qual è la sua efficacia ?

Interprofessional education: effects on professional practice and health care outcomes (Review)

Reeves S, Zwarenstein M, Goldman J, Barr H, Freeth D, Hammick M, Koppel I



This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2009, Issue 4

<http://www.thecochranelibrary.com>

“Although these studies reported some positive outcomes, due to the small number of studies, the heterogeneity of interventions, and the methodological limitations, it is not possible to draw generalisable inferences about the key elements of interprofessional education and its effectiveness”

Qual è la sua efficacia ?

“Despite calls for re-engineering health care processes to include greater teamwork, published studies on the effectiveness of teamwork provide conflicting results, and the state of research teamwork has been rated poor”

Wielcha J J Med Internet Res 2004;6:e22

Qual è la sua efficacia ?

“Most studies [about teamwork] offer only explanatory hypotheses or sociological theories”

Zwarenstein M *BMJ* 2000;**320**:1022

Qual è la sua efficacia ?

“In fact, many of the assertions regarding effective attributes of a successful team do not have supporting evidence”

Wielcha J *J Med Internet Res* 2004;6:e22

Qual è la sua efficacia ?

“Formal factors are visible and include policies, objectives, systems of communications, and job descriptions. *Informal factors* are submerged and include informal relationships, power networks, values, and norms”

Pearson P *et al. BMJ* 1994;**309**:1387

Qual è la sua efficacia ?

- Se l'approccio interprofessionale è uno standard di cura basato sull'evidenza non posso evitare di fornirlo
- Se proprio ritengo di potere fare a meno di tale approccio, devo dimostrare che il mio approccio è efficace almeno quanto lo standard di cura basato sull'evidenza

Qual è la sua efficacia ?

CARDIOVASCULAR MEDICINE

Systematic review of multidisciplinary interventions in heart failure

R Holland, J Battersby, I Harvey, E Lenaghan, J Smith, L Hay

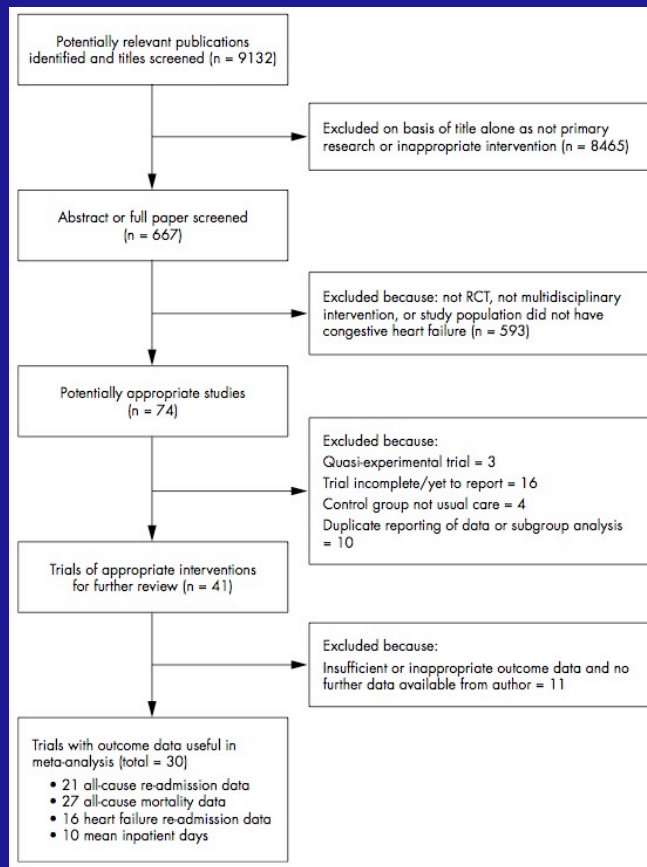
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Heart 2005;**91**:899–906. doi: 10.1136/hrt.2004.048389

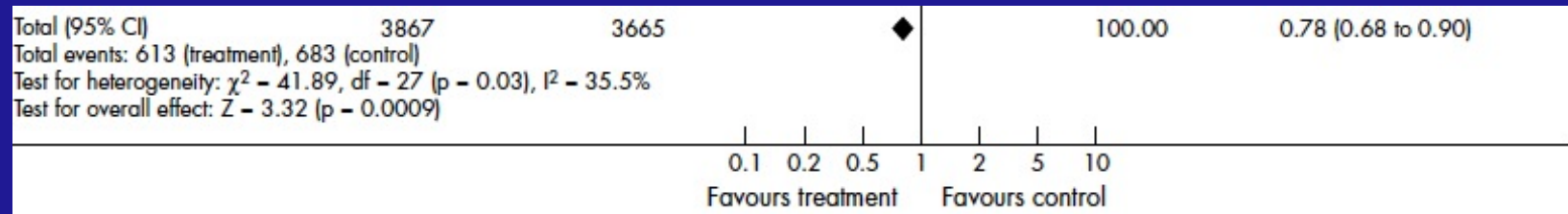
Qual è la sua efficacia ?

- PATIENT(S)
 - Soggetti con scompenso cardiaco cronico.
- INTervention
 - Intervento interprofessionale: medico + almeno 1 tra infermiere, dietista, farmacista, assistente sociale.
- COMPARISON:
 - Trattamento standard (medico).
- OUTCOME:
 - Ammissioni ospedaliere per ogni causa, ammissioni ospedaliere per scompenso cardiaco e mortalità globale.

Qual è la sua efficacia ?



Qual è la sua efficacia?



Qual è la sua efficacia?

Calcolatore Efficacia Clinica
[University of British Columbia](#)
 Traduzione e adattamento G. Bedogni

Frequenza eventi gruppo sperimentale:	<input type="text" value="0.16"/>	Numero pazienti gruppo sperimentale:	<input type="text" value="3867"/>
Frequenza eventi gruppo di controllo:	<input type="text" value="0.19"/>	Numero pazienti gruppo controllo:	<input type="text" value="3665"/>

Misura Significatività Clinica	Valore	Limite inferiore intervallo confidenza 95%	Limite superiore intervallo confidenza 95%
Riduzione assoluta del rischio (ARR):	<input type="text" value="0.03"/>	<input type="text" value="0.01286041833"/>	<input type="text" value="0.04713958166"/>
Riduzione relativa del rischio (RRR):	<input type="text" value="16%"/>	<input type="text" value="7%"/>	<input type="text" value="24%"/>
Odds Ratio (OR):	<input type="text" value="0.81203007518"/>	<input type="text" value="0.72064530655"/>	<input type="text" value="0.91500331301"/>
Numero di pazienti da trattare (NNT):	<input type="text" value="33"/>	<input type="text" value="21"/>	<input type="text" value="78"/>

Qual è la sua efficacia?

Nephrol Dial Transplant (2005) 20: 147–154
doi:10.1093/ndt/gh585

**Nephrology
Dialysis
Transplantation**

Original Article

The short- and long-term impact of multi-disciplinary clinics in addition to standard nephrology care on patient outcomes

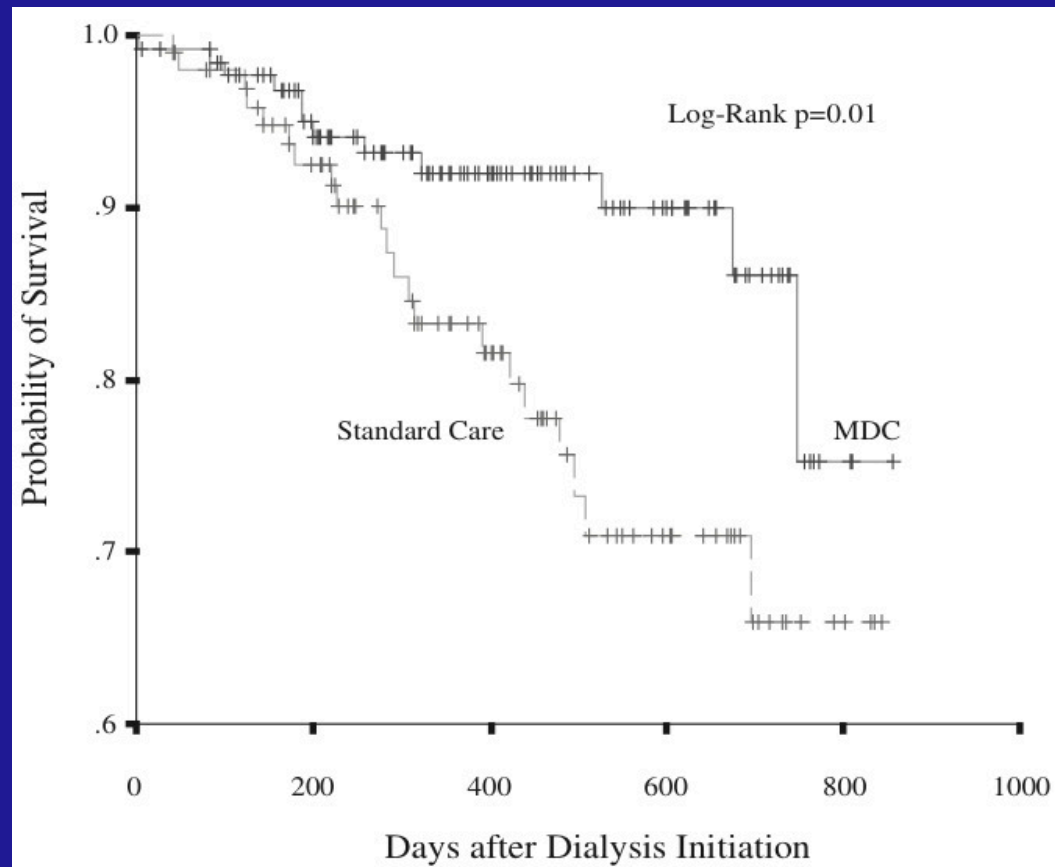
Bryan M. Curtis¹, Pietro Ravani², F. Malberti², Fiona Kennett³, Paul A. Taylor³, Ognjenka Djurdjev⁴ and Adeera Levin³

¹Division of Nephrology, Patient Research Center, Memorial University of Newfoundland, Canada,

²Divisione di Nefrologia e dialisi, Azienda Istituti Ospitalieri di Cremona, Italy, ³Division of Nephrology and ⁴Center for Health Evaluation and Outcome Sciences (CHEOS), St Paul's Hospital, University of British Columbia, Canada

In the Canadian centre, the complete formalized multi-disciplinary clinic team consists of a nurse educator, physician, social worker, nutritionist, and pharmacist, though exposure to each individual is varied depending on level of glomerular filtration rate (GFR). In the Italian centre the team consists of programme-dedicated nephrologists and multi-disciplinary nurses responsible for implementation of recommended diagnostic and intervention strategies, information, education and support. The formal team accesses the nutritionist, psychologist, and social worker when necessary.

Qual è la sua efficacia?



Qual è la sua efficacia?

Nephrol Dial Transplant (2005) 20: 10–12
doi:10.1093/ndt/gfh636

Coping with the CKD epidemic: the promise of multidisciplinary team-based care

D. C. Mendelssohn

Humber River Regional Hospital, 200 Church St. Room 2024, Weston, Ontario M9N 1N8, Canada

“First, some nephrologists do not accept that this model of care is any better than their usual approach. These new data prove conclusively that such thinking is regressive and should be abandoned”

Qual è la sua efficacia?

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doi:10.1093/ndt/gfh636

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“Secondly, many jurisdictions do not provide adequate funding to support the infrastructure, space and salaries of an MDC team, making it either unavailable or incomplete. Nonetheless, it seems likely that MDC team care will eventually be shown to be cost-effective through several improvements in outcomes”

Qual è la sua efficacia?

Nephrol Dial Transplant (2005) 20: 10–12
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Coping with the CKD epidemic: the promise of multidisciplinary team-based care

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“Another reason to encourage expanding the MDC approach is that it provides important opportunities for the diagnosis and treatment of the widely predicted epidemic of newly referred CKD patients without overloading the limited resources of current nephrologists, and without massively expanding the pool”

Qual è la sua efficacia?

Association between Multidisciplinary Care and Survival for Elderly Patients with Chronic Kidney Disease

Brenda R. Hemmelgarn,^{*†} Braden J. Manns,^{*†‡} Jianguo Zhang,^{*} Marcello Tonelli,^{‡§} Scott Klarenbach,^{‡§} Michael Walsh,^{*} and Bruce F. Culleton;^{*} for the Alberta Kidney Disease Network

Departments of ^{}Medicine and [†]Community Health Sciences, University of Calgary, Calgary, and [‡]Institute of Health Economics and [§]Department of Medicine, University of Alberta, Edmonton, Alberta, Canada*

The effectiveness of multidisciplinary care (MDC) in improving health outcomes for patients with chronic kidney disease (CKD) is uncertain. This study sought to determine the association among MDC, survival, and risk for hospitalization among elderly outpatients with CKD. A total of 6978 patients who were 66 yr and older and had CKD were identified between July 1 and December 31, 2001, and followed to December 31, 2004; 187 (2.7%) were followed in an MDC clinic. Logistic regression was used to determine the propensity score (probability of MDC) for each patient, and MDC and non-MDC patients then were matched 1:1 on the basis of their score. A Cox model was used to determine the association between MDC and risk for death and hospitalization. After adjustment for age, gender, baseline GFR, diabetes, and comorbidity score, there was a 50% reduction in the risk for death for the MDC compared with the non-MDC group (hazard ratio [HR] 0.50; 95% confidence interval [CI] 0.35 to 0.71). There was no difference in the risk for all-cause (HR 0.83; 95% CI 0.64 to 1.06) or cardiovascular-specific hospitalization (HR 0.76; 95% CI 0.54 to 1.06) for the MDC compared with the non-MDC group. In conclusion, it was found that MDC was associated with a significant reduction in the risk for all-cause mortality and, although not statistically significant, a trend toward a reduction in risk for all-cause and cardiovascular-specific hospitalizations. **The benefits of MDC and an assessment of their economic impact should be tested in a randomized, controlled trial.**

J Am Soc Nephrol 18: 993–999, 2007. doi: 10.1681/ASN.2006080860

Domanda

- Perché è (spesso) necessario un approccio interprofessionale in sanità ?

Risposta 1

- L'approccio interprofessionale alla malattia cronica è spesso ineluttabile in ragione dell' "argomento di Polanyi-Popper"

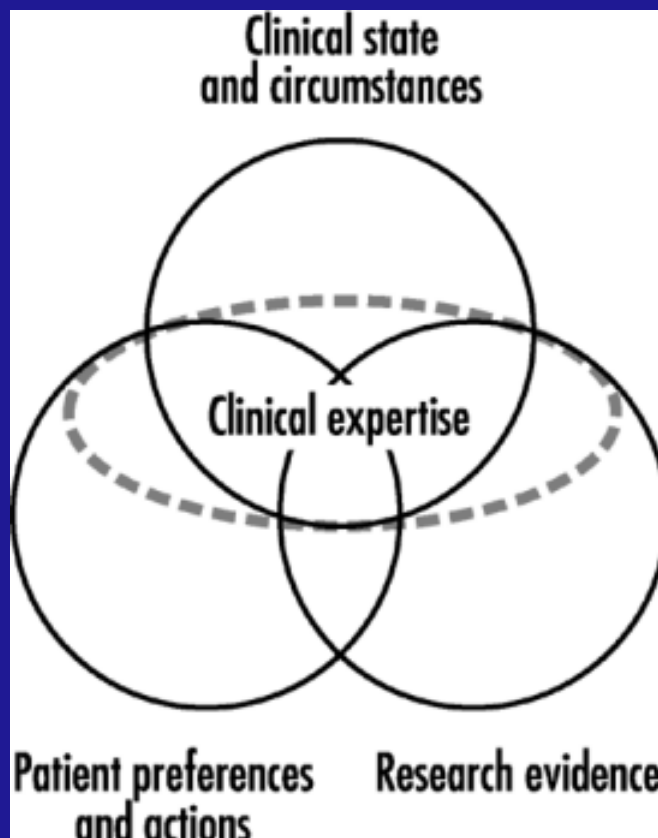
Risposta 2

- Occorre studiare in maniera più appropriata l'effetto dell'educazione interprofessionale sugli outcome di salute

Risposta 3

- Sottrarre una professionalità dedicata (purché di dimostrata efficacia) a un paziente che ne necessita nel contesto di un trattamento interdisciplinare è fare un torto al paziente molto prima che all'operatore

Centralità del paziente



Haynes RB. *ACP Journal Club* 2002;**136**:A11

Grazie