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?
**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"


**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)


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?


“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

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• Qual è il suo razionale?
• Qual è la sua efficacia?

• "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”

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

Erik Abu-Rish, Sara Haririan, Lizzie Phele, Elizabeth Mullish, Andrew A White, Karen Caddick, Katherine Bondor, Lynne Redfern, Florentina Novakova, Allison Keating, Jennifer Chen, Joanne Rich and Brenda Zetter
“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.”

“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.”

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

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


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 Bottersby, I Harvey, E Lenaghan, J Smith, L Hay

\(\text{doi: 10.1136/htc.2004.046397}\)

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?

[Diagram]

Qual è la sua efficacia?

[Table]

<table>
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<th>Control</th>
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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 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.
“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.”

“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.”

“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,1 Ben Demers,1 J. Mark Cammaert,4 R. Edsel Seow,5 Martha Memis,5 Joao D. Peixoto,6 Michael Walsh,7 and Bruce F. Callanan1 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 patients with CKD. A total of 675 patients who were 65 years of age and had CKD were identified between July 1 and December 31, 2000, and enrolled to December 31, 2008. The 65% (77/22) 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 scores. 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 1.04; 95% CI 0.94 to 1.16) 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 hospitalization. The benefits of MDC and an assessment of their economic impact should be tested in a randomized, controlled trial.

Domanda

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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.

Grazie

Centralità del paziente

Haynes RB. ACP Journal Club 2002;136:A11