



EBreast II

Patient outcomes from
interprofessional
collaboration in breast cancer
treatment and care





Learning objectives

After having watched this video you should be able to demonstrate knowledge of interprofessional interaction and complementary competences as a value for patient outcomes in breast cancer treatment.



Content:

1. Interprofessional interaction
2. Adherence, compliance to treatment and outcomes
3. Economic efficiency, Optimization and promotion of Resources
4. Seamlessness and continuity of care
5. How to Answer to patient's needs?



Interprofessional interaction



Interprofessional interaction

Teamwork, multidisciplinary team, interprofessional interaction

Demands for teamwork within a **multidisciplinary team** are:

- Individuals should feel their work is essential to the team, their roles should be meaningful and rewarding, and their contributions should be identifiable.

Interprofessional interaction is associated with the following factors

- a) high workload
- b) specialized team vs interprofessional team
- c) relationship between services.

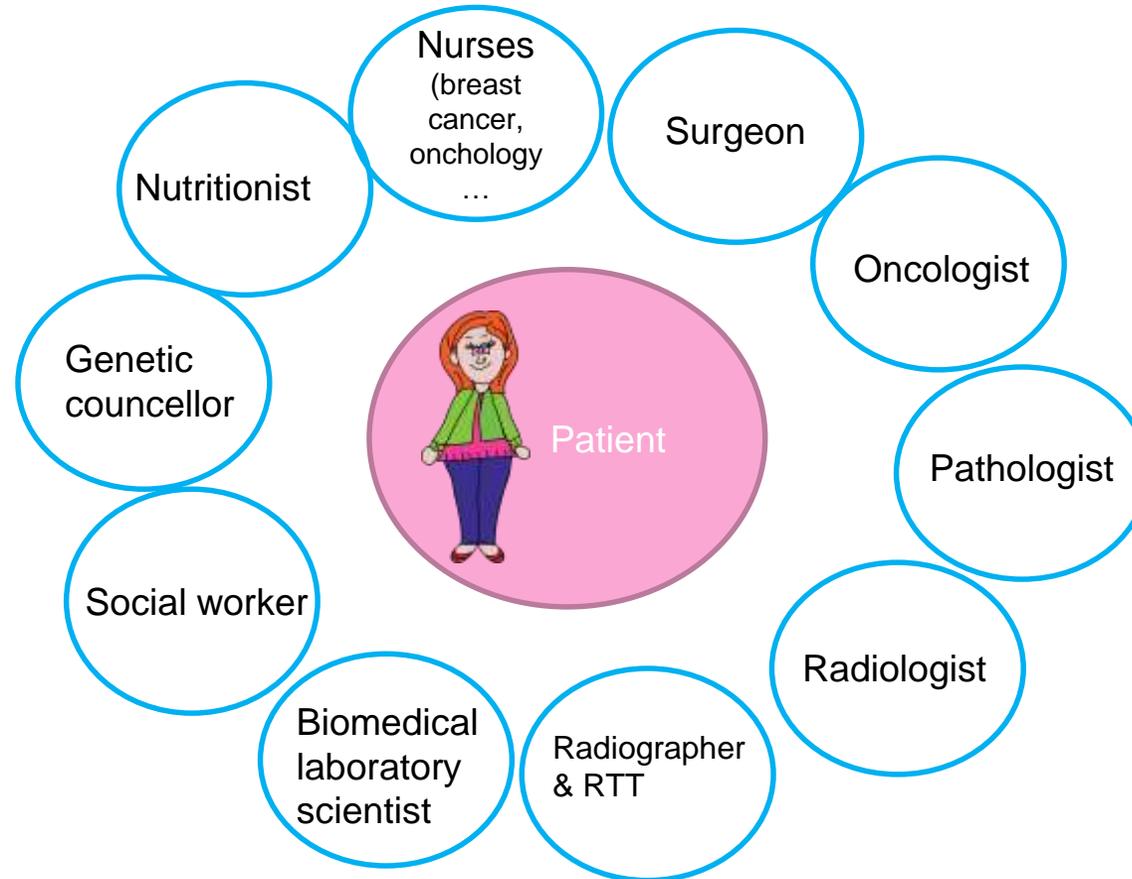
Key points:

- An important relationship exists between team composition and outcome.
- Both are perceived as factors of team effectiveness and clinical performance.



Interprofessional interaction

Multidisciplinary team involved in patient's breast cancer therapy and care phase





Interprofessional interaction

Multidisciplinary team involved in care of BC patients:
specific professional roles



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Breast care nurse – a nurse who provides information and support to people diagnosed with breast cancer

Chemotherapy nurse – trained to give chemotherapy drugs

Clinical oncologist – a doctor who specialises in treating cancer with radiotherapy alone or radiotherapy and cancer drugs

Medical oncologist – a doctor who specialises in cancer drugs

Pathologist – a doctor who examines the tissue and cells removed during a biopsy or surgery

Radiologist – a doctor who specialises in the use of x-rays, ultrasound and scans to diagnose and treat disease

Radiographer (diagnostic) – executes imaging examinations and procedures

Biomedical laboratory scientist - taking and processing e.g. tissue, cell and blood samples

Surgeon

Radiotherapist – trained to give radiotherapy

[The multidisciplinary team \(MDT\)
\(breastcancernow.org\)](http://breastcancernow.org)



Interprofessional interaction

Multidisciplinary team involved in care of BC patients:
breast cancer care and therapeutic phase pathway

Factors associated with decisions	Tests (e.g. pathology)	All medical + patient	All medical + patient	Individual patient related	Individual patient related + medical	
						Survivorship
Referral by primary care or screening	1st hospital assessment	Diagnosis and staging	Treatment decision and planning	Treatment implementation and assessment	Change in treatment plan	
						Palliative end of life care
	Surgeon, breast cancer nurse, diagnostic professionals	Multidisciplinary breast cancer team MDTM	MDTM	MDTM	MDTM	



[Adapted according to Nic Giolla Easpaig, 2019 (1)]

Interprofessional interaction



Multidisciplinary team involved in care of BC patients:
the importance of patient's information and counselling

- **Radiation oncologist** applies radiation to treat cancer. Using an evidence-based approach, he or she is responsible for recommending, prescribing and supervising therapeutic radiation.
- **Nurses** provide cancer care to patients in a variety of settings, including the cancer treatment centre, hospitals and the community. They are the central contact points for the patient throughout diagnosis and treatment. The role of the nurse will be different at each cancer treatment centre and may include navigation, follow-up, referrals, health education, and counselling. The role of the nurse is to understand health needs of clients and to make sure that they receive optimal care.
- **Radiation therapists** plan and administer radiation treatments that are prescribed by radiation oncologist.



Interprofessional interaction

Multidisciplinary team evolution & team management for Breast Cancer

- Optimal breast cancer care requires professionals from different disciplines since diagnosing and treating breast cancer is extremely complex and dependent on patient related and cancer type related features.
- Also patient preferences regarding treatment as well as her life situation must be taken into account.
- Patient care requires knowledge and care of wide range of specialists and effective communication is crucial to formulate an optimal treatment strategy. (2)



Interprofessional interaction:

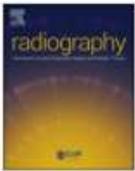
Aspects of interprofessional teamwork

Benefits of participating interprofessional teamwork for:

- The Profession and individuals
- The HealthCare Team
- The Patient Experience. (3)

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 **Radiography** 

journal homepage: www.elsevier.com/locate/radi

Review article

**Interprofessional work in early detection of breast cancer:
An integrative review**

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Adherence, compliance to treatment and outcomes



Breast cancer treatment outcomes

Are associated e.g. with the following clinical factors:

- grade and tumor size
- tumor characteristics
- axillary nodal involvement,
- +/- estrogen and progesterone receptors
- lifestyle factors. (4)

Independent prognostic factors are associated with specific treatment. (5)



Adherence and compliance to treatment associated with treatment outcomes

The Patient–Healthcare Professional Relationship and Communication

The relationship and communication between patients and healthcare professionals in the outpatient setting is important for the patient's ability to cope with cancer. (6)

Patient experiences of communication during their treatment

“Communication process and the relationship between patients and health professionals, as well between health professionals members are crucial to successful cancer clinical outputs.

Psychological, social, and existential concerns are rarely addressed, requiring the patient to manage on their own on these issues in everyday life while living with cancer. “ (7)

Adherence and compliance to treatment associated with treatment



outcomes

WHEN	WHO
Outpatient first visit	Clinical secretary, nurse, surgeon
Pre surgical admission	Clinical secretary, surgeon, radiographer, biomedical laboratory scientist, radiologist, anesthesiologist, breast cancer nurse
Admission for surgery	Breast cancer nurse, ward nurses, physician, surgeon, biomedical laboratory scientist,

Adherence and compliance to treatment associated with treatment outcomes

Biganzoli L, Marotti L, Hart C, Cataliotti L, Cutuli B, Kühn T, Mansel R E, Ponti A, Poortmans P, Regitnig P, van der Hage JA, Wengström Y, Rosselli Del Turco M. Quality indicators in breast cancer care: An update from the EUSOMA working group. *European J Cancer*. 2017;86:59–81. <https://doi.org/10.1016/j.ejca.2017.08.017>



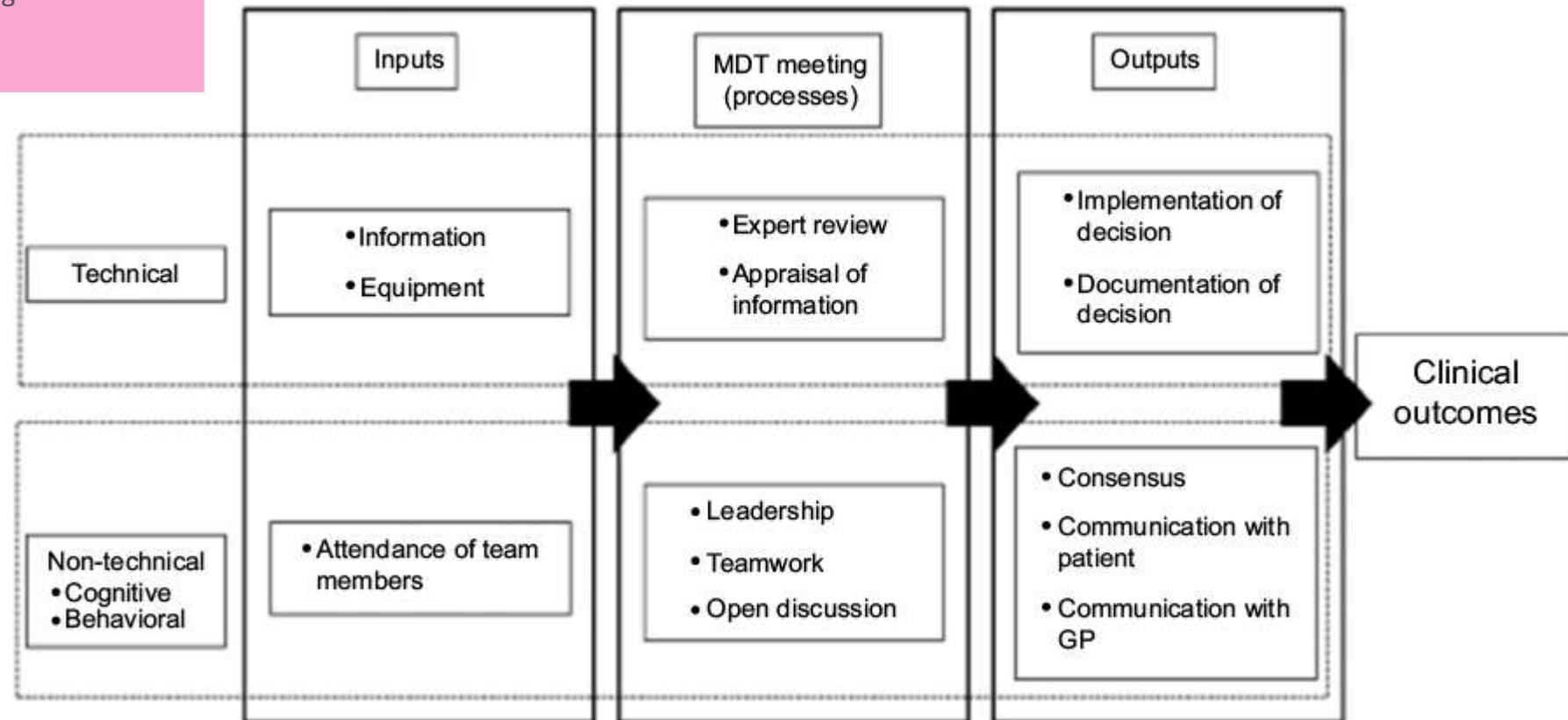
Adherence and compliance to treatment associated with treatment outcomes

Effectiveness of multidisciplinary team meeting (MDM)

effective team-working in the meetings

efficacy of team decision-making

patient centeredness





Adherence and compliance to treatment associated with treatment outcomes

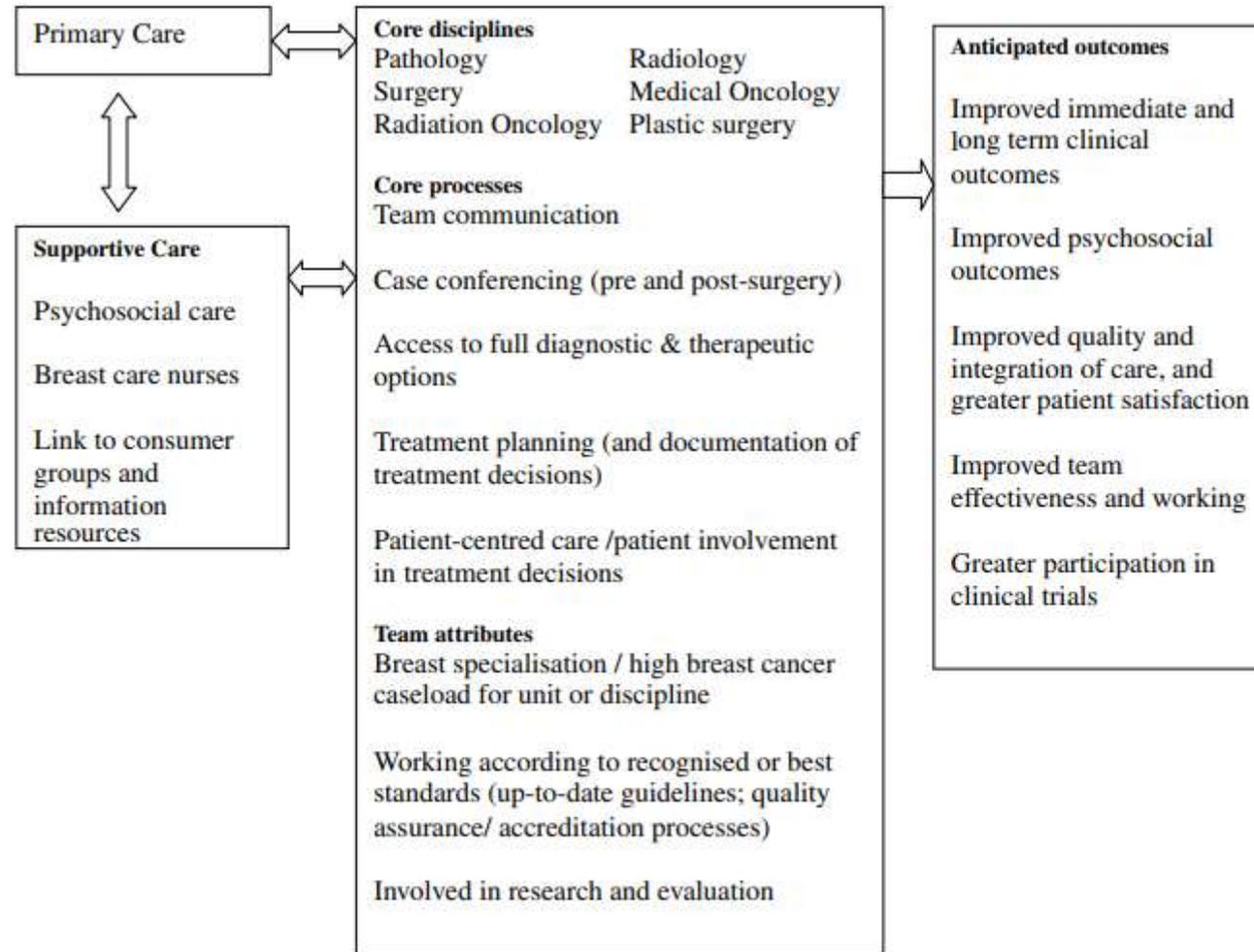
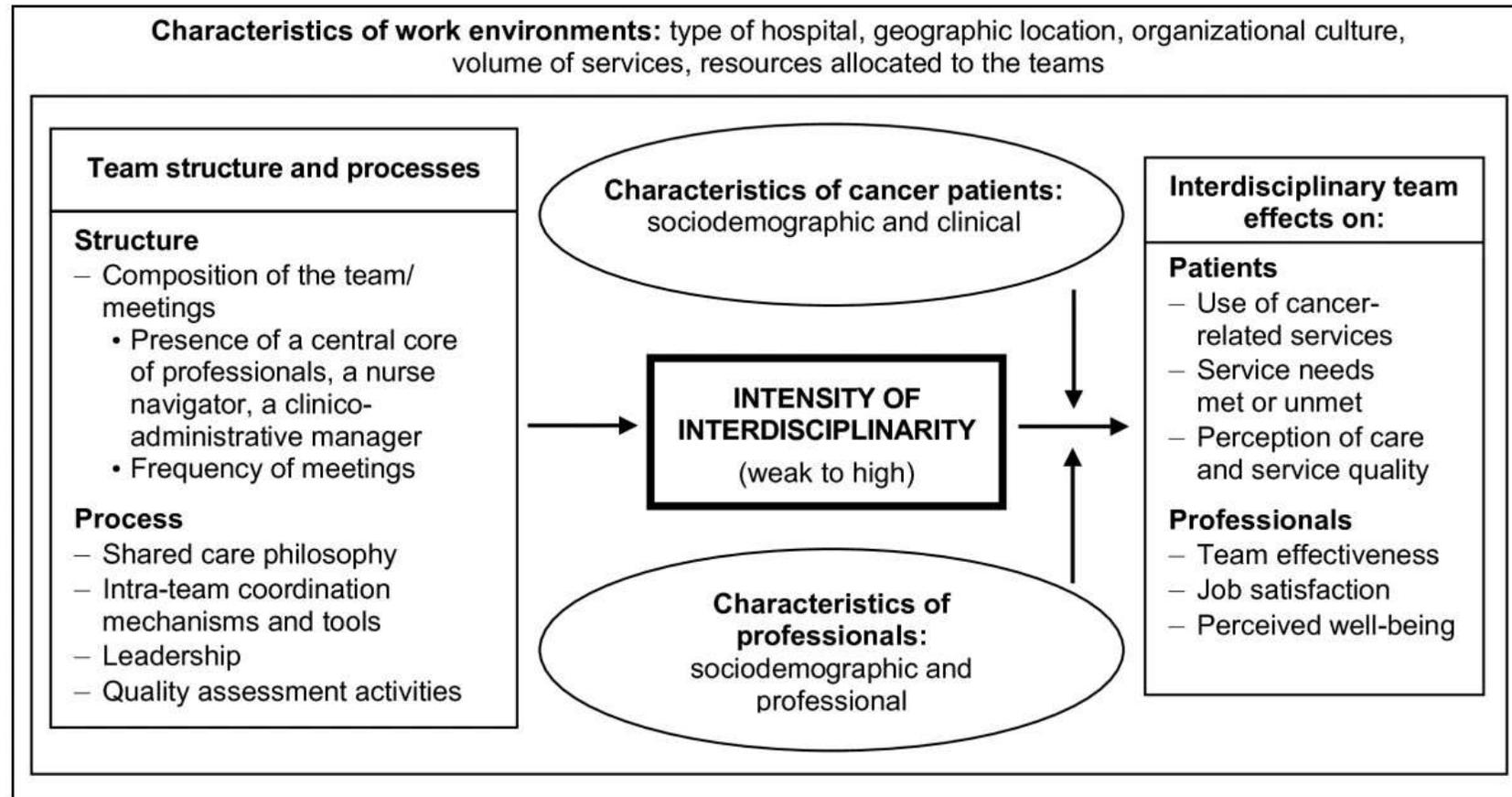


Fig. 1 – Schematic representation of multidisciplinary care in breast cancer.



Patient and professional outcomes



Conceptual framework relating interdisciplinary teamwork to patient and professional outcomes.



**Economic efficiency, optimization and
promotion of resources**



Economic efficiency, Optimization and promotion of resources

In Italy Mennini et al. (2021) estimated the socio-economic burden of breast cancer (BC) in Italy both from the National Health Service (NHS) and the government perspectives (costs borne by the social security system).

Results showed that more than 75,000 women were hospitalized for breast cancer every year, with an overall cost for hospitalization of about €300 million per year. From the Social Security analysis, a number of 29,000 beneficiaries each year was estimated. Considering per patient social costs, breast cancer at the primary stage cost €8828 per year, while secondary neoplasms cost €9780, with an average total economic burden of €257 million per year.



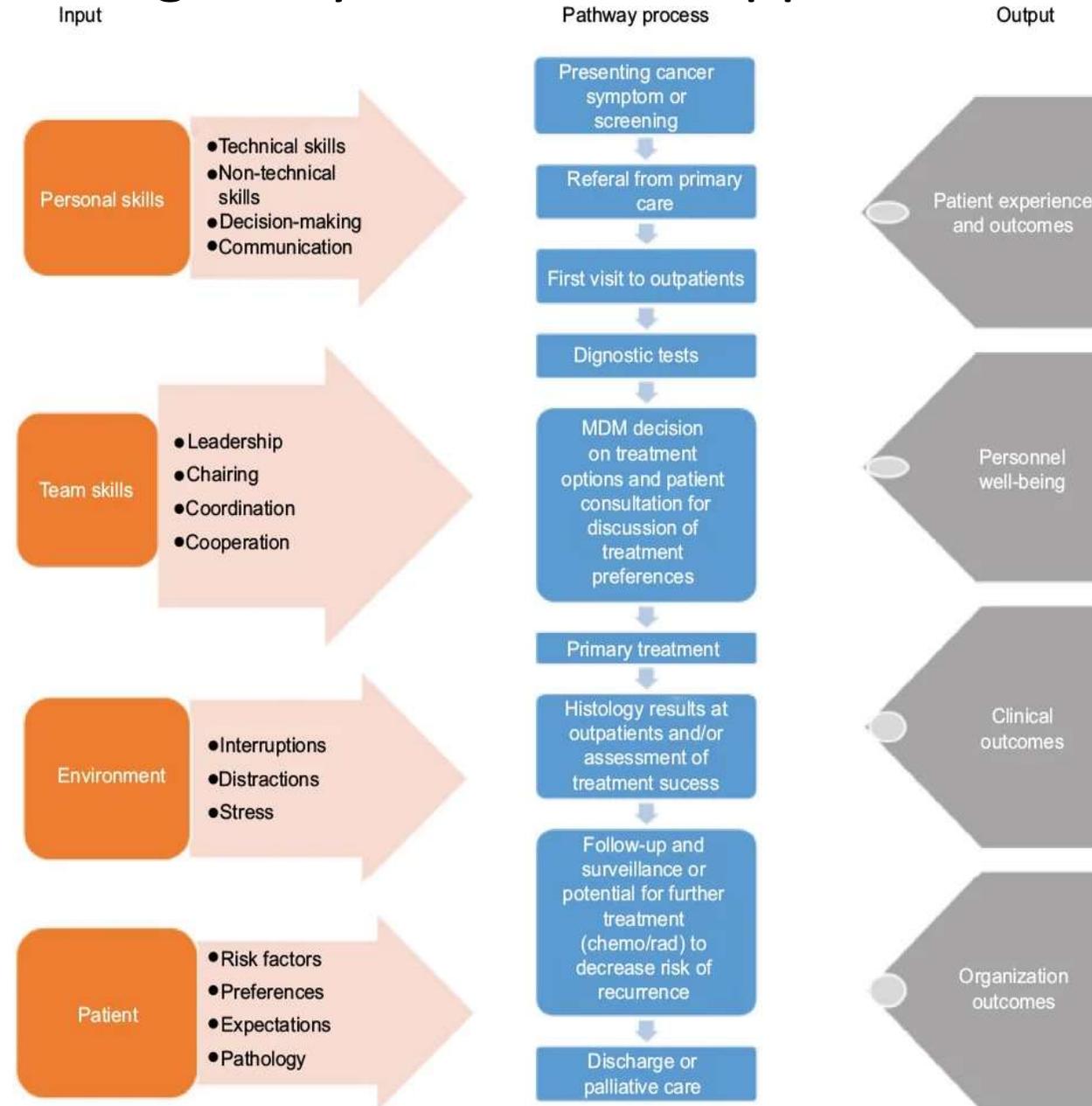
Economic efficiency, Optimization and promotion of resources

Shared follow-up and survivorship care

- Breast cancer treatment and care processes and outcomes depend on economic aspects promoted by public health policies.
- Treatment and care economic efficiency is associated with the optimisation and promotion of human and non-human resources allowed by public health policies connecting economic impact with clinical outputs treatments and care.

See more:
canceraustralia.gov.au

Successful strategies: system model approach & instruments





Seamlessness and continuity of care



Seamless breast cancer care

Seamlessness during care pathway means that

- patient and their next of kin gets timely and right content information
- she can communicate and she is contacted as she needs
- her care is coordinated – no need to run and search for...
- timely diagnostic procedures and therapies – no delays
- she is involved on the decision-making of her care and treatments
- right services and resources are delivered at the time the patient needs them

->Ensuring that the patient experiences a coherent and individually tailored care pathway. (13)



Seamless breast cancer care

Several interventions to promote seamless breast cancer care have been proposed:

- MDTs
- case-manager
- patient navigation
- breast cancer nurse
- own GP
- follow up tracking
- feedback interventions
- technological interventions: phone, ehealth, mhealth... (14, 15)



Seamlessness and continuity of care

Digital Tools

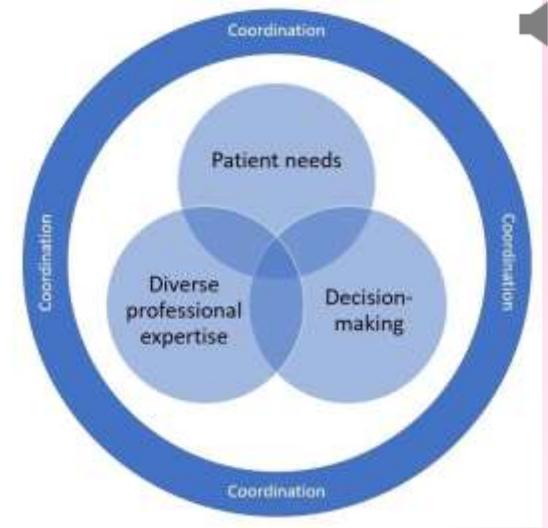
- Digital tools play an important role in the seamless and continuous breast cancer treatment and care.
- Using them demands continuous professional development for health professionals.
- Good example is Noona patient management system nowadays used for breast cancer patients in Finland. You can familiarize yourself with Noona via video by scanning this QRS code or in <https://www.varian.com/fi/products/software/care-management/noona>





How to answer to patient's needs?

How to answer to patient's needs?



Staff performance:

- importance of continuous education
- giving the patient psychosocial support from the first visit to follow-up

Improving cancer care coordination:

- implementing MTDs and other interventions suggested to promote seamless care
- CPD and assessment skills
- removing organisational and technical barriers of seamless care



How to answer to patient's needs?

Associated factors

“The patient has to change and become more proactive as a member of the team”.

“In dialogue with the patient, professionals should discover the patients' goals, wishes and expectations as good as possible and bring these to the interprofessional team meeting”.



(16)

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How to answer to patient's needs?

Communication as the biggest issue

- It is not enough to know treatment algorithms and protocols.
- The key of optimal cancer care are multidisciplinary discussions and shared decision making with patient and her next of kin.
- All health care staff involved in breast cancer care needs to know the whole breast cancer pathway and each other's roles to be able to guide the patient through one of the hardest journey on her life
😊





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