OPINION

Advancing Multidisciplinary Team Care

Elizabeth Joy, MD, MPH

A novel approach to treating patients with eating disorders may be a model for those with other complex conditions.

Up to 10 million females and 1 million males suffer from anorexia nervosa or bulimia nervosa in the United States, and many more struggle with binge eating disorder.[1,2] These conditions frequently occur with other mental health and substance abuse problems.[3] Individuals suffering from an eating disorder (ED) often seek care from their family physician, and it has been suggested that primary care providers are in the optimal position to screen for EDs and intervene,[1,4,5] but what works best?

Team care, usually defined as a physician working closely with highly empowered clinical and office staff, has been the focus of much discussion. Care involving an even larger team that includes providers from multiple disciplines is widely recognized as best practice for treating patients with EDs,[3] and it could help with other complex conditions too.

For 18 years, a family physician, licensed clinical social worker, and nutritionist have met weekly at a family medicine center to "round" on our shared patients with EDs. Our team has grown to include additional clinicians, mental health professionals, nutritionists, and learners. Each team member practices within his or her expertise, yet it is not unusual for the physician to provide recommendations regarding nutrition and mental health, or for the nutritionist to discuss coping strategies. The multidisciplinary team approach facilitates an exchange of clinical information, consensus building to deliver consistent recommendations, and comprehensive, patient-centered care, which is the primary benefit.

The key features contributing to the success of our team are a commitment to collaboration, a shared philosophy of care, and regular face-to-face meetings. Our relationships with one another are based on trust. Friendship and humor help to diffuse sensitive and difficult issues and differences of opinion. We discuss one patient at a time. Not all team members are involved in the care of each patient, but many contribute to the discussion. Our knowledge and skills have grown immeasurably from these discussions. We have found email to be a poor substitute for these meetings because it does not support rich dialogue, nor does it allow for the nuanced communication that is sometimes the key to unlocking a difficult case.

Eating disorders, with their medical, nutritional, and mental health components, exemplify the complex health conditions primary care physicians face every day. A community-based, multidisciplinary approach takes advantage of the knowledge and experience of several providers and facilitates communication, collaborative decision-making, and comprehensive, patient-centered care. Payment for this model has eluded us thus far, but the reward of seeing patients improve has been enough to sustain our commitment. However, the model is not likely to be replicated on a larger scale unless reimbursement mechanisms for team-based care coordination are developed. Finally, we should take an outcomes-oriented approach to studying team care in the primary care setting to determine its effects on clinical outcomes, patient satisfaction, and cost. FPM

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About the Author

Dr. Joy is medical director for clinical outcomes research at Intermountain Healthcare and adjunct professor of family and preventive medicine at the University of Utah School of Medicine in Salt Lake City. Author disclosure: no relevant financial affiliations disclosed.

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