Team Care. Traditions and New Trends

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ABSTRACT. Major changes have occurred in the care of patients with rheumatic diseases over the past decades. Most of these changes have focused on new pharmacological and surgical procedures and methods. However, for different reasons, few of these methods are available to many patients around the world, and thus other forms of care are still needed. For optimal benefit to patients, all aspects of care should be organized and coordinated through team care. This leads to new trends in team care development and research, based on well established traditions and accumulated knowledge. (J Rheumatol 2006;33:1895–6)

Key Indexing Terms:
PATIENT CARE TEAM ARTHRITIS DELIVERY OF HEALTH CARE

Team care in rheumatology has a long tradition in Europe and a somewhat different and shorter tradition in North America[1,2]. Initially, most team care was based on longterm inpatient care, but following major changes in healthcare systems in Western countries, team care models have also changed[1,3-5]. Traditionally, all teams within rheumatology included a doctor, nurse, physiotherapist, occupational therapist, and sometimes a social worker[1,6]. The patient was "in the midst of the team" but with a passive role as the receiver of proposals and treatment from caregivers.

Today, a more appropriate definition of rheumatological team care might be: All interventions and care given by a group of health professionals (at least 3 persons, patient included) with different professional backgrounds. The teamwork is patient centered and interdisciplinary, with common, well defined goals.

The structure of teams is also becoming more flexible. In many countries there is a close collaboration with other healthcare providers such as general practice/primary healthcare, orthopedic surgery, chiropody, etc.

In Western countries, musculoskeletal disorders are a major threat to health, function, and quality of life, with continuously rising costs for prevention and care, and for dealing with socioeconomic consequences of these diseases (World Health Organization/Bone and Joint Decade, Technical Report)[7].

Inflammatory joint diseases have been the main focus for rheumatologic care for many years, but rheumatologic care, research, and development include other disease groups such as long-standing musculoskeletal pain[8,9] and osteoarthritis[10].

Pharmacological treatment of inflammatory joint diseases in Western countries has undergone major changes in the past 5 years[11,12]. However, as the majority of patients with rheumatic disorders will not benefit from these new biological treatments, there is still a major need for team care in the future.

Despite the undisputable value of and place for team care and rehabilitation in clinical practice, the scientific basis for many aspects of team care needs to be developed[2,13,14]. Rheumatologic teams for patients with inflammatory diseases are available at healthcare centers, regional hospitals, and at university hospitals in Europe and North America. In parts of Europe teams are also found in specialized hospitals/units. Some examples are Spenshult, Halmstad, Sweden[15,16]; Diakonhjemmet Hospital, Oslo, Norway[17]; and Graasten Hospital, Graasten, Denmark. The different settings for team care make for fruitful comparisons of interventions and outcomes to detect components of team care[14]. For patients with osteoarthritis and musculoskeletal pain syndromes, primary healthcare, orthopedic surgery/specialized units, or other rehabilitation units are the main alternative. However, rheumatology still has the longest experience and the best strategies for research and development in musculoskeletal disorders and thus the major development and evaluation of team care and rehabilitation should take place within rheumatology.

The effectiveness of team care has been shown both in clinical followup studies[16,18] and in controlled trials[3,5,19]. Some studies have also included comparisons between different types of team interventions[3,5,19], but to date no projects have performed detailed studies on the components and individual features of team care in patients with rheumatic diseases[14].

In order to fill this gap in knowledge, some units in Northern Europe have created a research network. As a part of this effort, we are also planning a common standard for reporting the structure of different teams, as well as different steps in and parts of the team care process. Moreover, we will propose a common core set for sampling and reporting different aspects of outcomes of team care according to the International Classification of Functioning[20-22].

To summarize, new trends in team care include a more

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patient centered approach, a higher degree of flexibility, and facilitation of true interdisciplinary interaction. For decision makers, healthcare providers, and patients, benchmarking and quality improvement are standard approaches to be applied in all areas of healthcare including team care.

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