

# Concerted Efforts



Around the world, health care systems share many common goals despite their various sizes and constructs. These objectives primarily boil down to keeping their respective populations as healthy as possible within the budget available.

However, efforts toward improving patient care and simultaneously reducing costs can quickly devolve into a tug-of-war over resources and manpower, causing conflict at every level of the health care system from individual departments to government oversight committees.

One initiative that continues to gain momentum across health systems is the emphasis on collaborative, multispecialty teams dedicated to addressing specific pathologies.

This has certainly been the case in the diverse vascular arena. From preventive care to therapeutic management, for stroke patients and critical limb ischemia and everything in between, team approaches have emerged throughout the spectrum of vascular pathologies.

Progress toward greater emphasis on collaboration is profoundly heartening. Over the course of my career, I have observed its benefits for patients and providers alike. In 1987, Miami Cardiac & Vascular Institute was founded on the principles of multidisciplinary, patient-centered care, which has produced enduring value and physician acceptance. As we enter our 30th year, it remains vital in all that we do.

Specialized vascular teams aim to make patient care more efficient in every facet—from intake protocols in emergent scenarios, to collaborative planning prior to nonemergent cases and combined procedural teams

for complex cases, and optimizing follow-up in all patients. They often involve physicians of various specialties providing diverse perspectives based on unique training and expertise, but typically also include other personnel such as dedicated nursing and tech staff members, care coordinators, and EMTs.

In meetings with various vascular service teams at Miami Cardiac & Vascular Institute and in panels at conferences throughout the year, I have learned a great deal in hearing what's working (and what's not) on many such teams. And, while members of these teams frequently communicate such things to colleagues on similar teams, rarely is there cross-pollination in which teams aimed at different pathologies can share and hear new ideas.

With this in mind, we have invited 10 dedicated vascular teams to share insights into successful initiatives at their centers. The experiences shared range from lessons learned in team construction and essential components, gaining institutional buy-in and participation from groups that may have previously been competitors, gathering data to prove the value of the concept, and meeting the needs of both the patient and the health care system. Knowing what has worked in one facility or team environment could save tremendous time, effort, and resources for a team that forms in the year ahead.

Our goal this month is to get people talking, to start conversations among teams within hospitals that may not regularly communicate, and to see if these successes can be building blocks for the next teams formed.

As always, we welcome your feedback, and we wish you, your teams, and your patients a happy and healthy 2017. ■

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