



The Annenberg Academy for Team-Based Care

Interprofessional Care of Patients with Alopecia Areata

MANAGING PATIENTS WITH ALOPECIA AREATA: KEY CONCEPTS

Alopecia areata (AA) is a common disorder with an impact on patients far beyond hair loss that causes physical discomfort and touches every aspect of daily life.¹ For many, AA leads to anxiety and depression and affects their confidence and sense of self-worth. Moreover, persons with AA often experience stigma, bullying, social isolation, and embarrassment.^{1,2} Key concepts to keep in mind when managing patients with alopecia areata are:

- AA disproportionately affects persons of color compared to other ethnicities.³
- AA can impact patients' self esteem and lead to stress, anxiety, and depression.^{1,2,4}
- Referral to clinicians who specialize in the psychiatric and other complications associated with AA and its treatment is critical to improve patient outcomes.
- The Severity of Alopecia Tool (SALT) and the Alopecia Areata Scale (AASc) are validated tools to monitor and classify the severity of the disease.^{5,6}
- AA is a clinical diagnosis, rarely requiring a biopsy.
- Common causes of AA include autoimmune conditions, such as Hashimoto's thyroiditis, atopic dermatitis, psoriasis, celiac disease, and rheumatoid arthritis, iron deficiency anemia, and *Helicobacter pylori* infection.⁷⁻⁹
- Hair can regrow without treatment; however, this rarely happens with severe cases.¹⁰
- The efficacy of cyclosporine, methotrexate, and azathioprine to promote hair regrowth is very limited.¹¹
- Baricitinib, deурuxolitinib, and ritlecitinib are JAK inhibitors that are efficacious in treating patients with moderate to severe AA.¹²⁻¹⁷
- The prescribing information for baricitinib, deурuxolitinib, and ritlecitinib have a black box warning related to increased risks/rates of serious infections, all-cause mortality, malignancies, major adverse cardiovascular events, and thrombosis.

INTERPROFESSIONAL COLLABORATION: PRINCIPLES

For the evolution in treatment to be of optimal benefit to patients, comprehensive strategies for choosing, delivering, monitoring, and modifying therapy have become especially important. As a consequence, care is typically provided by an interprofessional, multidisciplinary care team that extends beyond physicians to include nurses, nurse practitioners, pharmacists, physician associates, social

workers, and others, often involving collaboration between providers in community and academic settings.

To that end, the following reflects a conversation among 3 healthcare professionals about interprofessional care and how collaborative practices and teams can strengthen our health systems.

Christopher Flores, MD: In medical school, I was taught that the patient-doctor relationship was the most critical and important dynamic in healthcare. But after 30-plus years in clinical care, I can attest that healthcare is a team sport and we deliver care in teams of individuals with different training, different skills, different talents. And we teach each other, we learn from each other, we brainstorm and solve problems to meet the needs of the patient.

I want to make a point that interprofessional refers to clinicians in different professions, such as nurses, nurse practitioners, pharmacists, physicians, and physician associates. Multidisciplinary refers to clinicians in different specialties or sub-specialties, such as cardiology, dermatology, and oncology. LaTosha, do you want to talk about interprofessional collaboration?

LaTosha Mollette, DNP: The World Health Organization defines interprofessional collaboration as when multiple healthcare workers from various backgrounds work together with patients, families, and communities to provide the best healthcare possible.¹⁸ This is exactly what teamwork should look like, but it is important to remember that healthcare teams can vary from patient to patient.

I work in a rural setting, working together with various healthcare professionals to improve access to needed healthcare services, which helps to prevent unnecessary delays in care and treatment. Ultimately, working together as a team helps to meet the needs of others to improve health outcomes, patient care, and safety.

Christopher Flores, MD: I think all of us in healthcare are trying to figure out how to do things better, make life easier for ourselves, and make everybody happier, patients, our staff, and ourselves, to make things more sustainable. Interprofessional collaboration can accomplish this. There's a growing body of literature that shows that interprofessional collaboration can improve patient outcomes, acceptance of treatment, and satisfaction.¹⁹⁻²² It can decrease costs, improve efficiency, reduce disparities,



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improve health equity, and make things more sustainable for providers.^{19,23-30}

The Interprofessional Education Collaborative has identified 4 behavioral competencies for effective interprofessional collaboration: 1) roles and responsibilities; 2) values and ethics; 3) communication; and 4) teams and teamwork.³¹ Michael, do you want to talk a little bit about the roles and responsibilities?

Michael Smith, PharmD: Certainly, it's one of these things that we don't often think about, but it's important for 2 reasons. One, understanding our own responsibility and roles that we have within our team and what our teammates can expect from us in terms of what we can deliver to them and deliver to patients.³¹ The other is understanding what your team can do for you as well, so that you understand their educational background and you can help them practice at the top of their license by utilizing their skillset to the fullest extent.

It is increasingly common for clinicians, even those within a profession, to take different educational and practice paths leading to clinical practice. As an example, there are various differences in training a pharmacist. Nowadays, all pharmacists graduate with a Doctor of Pharmacy degree (PharmD), but some of us have done 1 or 2 years of residency training or postdoc fellowships. So, getting to know your teammates and what you can expect from them and what they can expect from you can really help your team function at a high level.

Christopher Flores, MD: We talk about values and ethics as well.³¹ In medicine, we're constantly required to make very difficult and complicated treatment decisions for our patients. We really are missing a great opportunity if we don't involve the opinions of all the members of our team. What does the nurse think about this plan or what does the social worker who has talked to the family members think about this plan? Or what does the physical therapist think, who has been working with the patient for the last 3 days? LaTosha, what do you think about communication?

LaTosha Mollette, DNP: Communication is essential in everything we do, and it's how we're able to effectively achieve goals, as well as improve relationships and interactions with others.³¹ The healthcare system is often described as being fragmented with little communication and collaboration, but when healthcare professionals

communicate responsibly and respectfully, this allows them to overcome differences and work together to accomplish a shared goal, including learning from each other, to better improve patient outcomes and safety.^{24,32-34}

Christopher Flores, MD: We're talking a lot about teams and teamwork. Michael, do you have any other points you want to make about teamwork?

Michael Smith, PharmD: Most of us are members of various teams during the course of a typical day. Think about the team members that you work with to take care of patients, but also think about a team from a networking standpoint. Do you have a network of like colleagues? As an example, other pharmacists in our healthcare system may reach out to me for advice about a patient with pain, whether or not I'm actually seeing the patient. We can make our team small, we can make them big, but we should be making our teams in ways that everybody's functioning at a high level and putting the patient at the center of the team.

Christopher Flores, MD: Michael, LaTosha talked about the fragmented healthcare system and how interprofessional collaboration can help with that. Do you have any examples from your experience?

Michael Smith, PharmD: Think about the patient's experience through our healthcare system. Even if a patient receives all of their healthcare within 1 system, they often have to travel to many different places just to access care. From a primary care clinic to a hospital, to a specialty clinic, to a pharmacy. We can fill these gaps by using our interprofessional framework, our education, and allowing our collaborative practice teammates to step in and fill that.

Christopher Flores, MD: In conclusion, I just want to summarize that medicine is a team sport and that there is a growing body of evidence that supports the various benefits of interprofessional collaboration. LaTosha, Michael, do you have any final thoughts?

LaTosha Mollette, DNP: I think just being willing to change is crucial. I think sometimes we have become complacent in clinical practice, but our healthcare system is ever evolving. So, learning how to be a team player always benefits everyone involved.



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Michael Smith, PharmD: I've learned a great deal from my interprofessional colleagues, and I hope that I've helped them learn as well, with the ultimate goal of really improving patient care.

INTERPROFESSIONAL CARE OF PATIENTS WITH ALOPECIA AREATA

Successful interprofessional patient care requires effective interprofessional (continuing) education (IPCE). A systematic review of studies from 2007 to 2017 assessed the impact of IPCE on learner outcomes across a variety of diseases and health settings.³⁵ IPCE occurred when members of 2 or more health professions learned together for the purpose of improving interprofessional collaboration or patient health outcomes. The review found mixed results regarding changes in the understanding and knowledge of roles and responsibilities of other healthcare professionals, but showed that IPCE was effective in:

- Improving attitudes towards other healthcare professionals
- Increasing the value placed on a team-based approach for improving patient care
- Changing collaborative behavior

Another review of studies from 2015 to 2020 across diseases and health settings assessed the impact of IPCE on the delivery of effective patient care.³⁶ The scoping review found a positive relationship between IPCE and 5 of the ten Centers for Medicare & Medicaid Services quality metrics:

- Length of stay
- Medical errors
- Patient satisfaction
- Patient or caregiver education
- Mortality

For patients with a dermatologic disorder such as AA, shared decision making is essential, so that an individualized treatment plan that addresses the varied and complex medical and psychosocial needs of the patient can be developed. Holistic patient care and ongoing support require that care is provided by a large interprofessional, multidisciplinary care team (**Table**).³⁷ Team members share a common responsibility to monitor treatment response, safety and tolerability, and treatment adherence.

Although the impact of AA on psychological functioning is often under appreciated, involvement of a mental health clinician is generally instrumental in improving patient quality of life. This may be particularly true for children and adolescents where involvement of a school counselor may be especially helpful.

The large care team typically needed for patients with AA, especially when physically dispersed, necessitates utilizing effective communication techniques, such as regular team meetings, case conferences, electronic health record-linked messaging, and standardized protocols.³⁸⁻⁴⁰



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Table. Interprofessional, multidisciplinary care team members and their roles for alopecia areata.

Profession/Specialty	Role
Dermatology (physician, physician associate, nurse practitioner)	<ul style="list-style-type: none"> Leads diagnosis, severity assessment Facilitates shared decision making Provides long-term dermatologic management
Primary care (physician, physician associate, nurse practitioner)	<ul style="list-style-type: none"> Conducts initial evaluation, screening for comorbidities Coordinates long-term management Provides ongoing monitoring
Mental health (Psychiatrist, psychologist, therapist)	<ul style="list-style-type: none"> Addresses psychological and psychosocial issues Addresses self-identity, quality of life issues
Allergy (physician, physician associate, nurse practitioner)	<ul style="list-style-type: none"> Addresses allergic disorders such as asthma, atopic dermatitis
Pulmonology (physician, physician associate, nurse practitioner)	<ul style="list-style-type: none"> Addresses respiratory disorders such as asthma
Pharmacist	<ul style="list-style-type: none"> Provides medication management, including adverse events and drug interactions Provides patient education, emphasizing treatment administration and adherence
Nurse	<ul style="list-style-type: none"> Provides patient education Provides long-term monitoring
Endocrinology	<ul style="list-style-type: none"> Manages thyroid disorders and other autoimmune conditions
Pediatrics	<ul style="list-style-type: none"> Provides specialized care for children, adolescents
Case manager	<ul style="list-style-type: none"> Serves as point of contact for patients to facilitate access to services

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