



# The Annenberg Academy for Team-Based Care

## Interprofessional Care of Patients with Gastroesophageal Reflux Disease

### MANAGING PATIENTS WITH GASTROESOPHAGEAL REFLUX DISEASE: KEY CONCEPTS

Gastroesophageal reflux disease (GERD) is a highly prevalent disease that is usually chronic, often progressive, and diminishes patient quality of life.<sup>1,2</sup> Less prevalent than nonerosive GERD, erosive GERD may progress to Barrett's esophagus and esophageal adenocarcinoma.<sup>3</sup>

*Helicobacter pylori* infection is also highly prevalent and, although usually acquired in childhood, it may present at any age.<sup>4</sup> *H. pylori* infection is associated with gastric cancer. Treatment is hampered by rising rates of antibiotic resistance, often making it difficult to eradicate the infection.<sup>5</sup>

Key concepts to keep in mind when managing patients with GERD or *H. pylori* infection are:

- Weight loss is recommended in patients with obesity
- Proton pump inhibitors are the mainstay of treatment for erosive and non-erosive GERD<sup>6</sup>
- Upper endoscopy plays a key role in the diagnosis of GERD, erosive esophagitis, and other complications, particularly in patients who do not achieve relief with an 8-week course of optimized proton pump inhibitor therapy<sup>6</sup>
- Vonoprazan, a potassium-competitive acid blocker, may be considered for the treatment of adults with erosive and non-erosive esophagitis and, as part of combination therapy, for *H. pylori* infection<sup>7</sup>
- Optimized bismuth quadruple therapy is the preferred regimen for patients with treatment-naïve *H. pylori* infection<sup>8</sup>
- Primary care clinicians should be the primary manager of patients with GERD, even when gastroenterology consultation is needed

### 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.

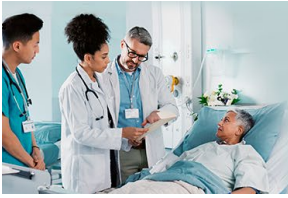
**Christopher Flores, MD:** In medical school, I was taught that the patient-doctor relationship was the most critical and important dynamic in healthcare. But after 30-plus years in clinical care, I can attest that healthcare is a team sport and we deliver care in teams of individuals with different 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.<sup>9</sup> 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.<sup>10-13</sup> It can decrease costs, improve efficiency, reduce disparities, improve health equity, and make things more sustainable for providers.<sup>10,14-21</sup>



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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.<sup>22</sup> 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.<sup>22</sup> 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.<sup>22</sup> 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.<sup>22</sup> 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.<sup>15,23-25</sup>

**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.

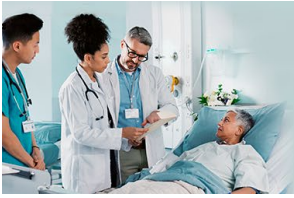
**Christopher Flores, MD:** Michael, LaTosha talked about the fragmented healthcare system and how interprofessional collaboration can help with that. Do you have any examples from your experience?

**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.

**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.



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### INTERPROFESSIONAL CARE OF PATIENTS IN THE PRIMARY CARE SETTING

The prevalent nature of GERD and its association with other conditions are responsible for primary care clinicians commonly encountering affected patients in their clinical practice. Even when gastroenterology consultation is needed, Philip Katz, MD, Director, GI Function Laboratories, Weill Cornell Medicine, New York, asserts that “Primary care clinicians should be the primary manager of patients with GERD.” Beyond multidisciplinary care, interprofessional collaboration is associated with better access to and continuity of primary care.<sup>26</sup>

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.<sup>27</sup> 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 found that IPCE was effective:

- Improving attitudes towards other healthcare professionals

- Increasing the value placed on a team-based approach for improving patient care
- Changing collaborative behavior

A scoping review of studies from 2015 to 2020 across diseases and health settings assessed the impact of IPCE on the delivery of effective patient care.<sup>28</sup> A positive relationship was observed 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

Recognizing that “effective teamwork in primary care depends on the integration of relevant competencies, clear coordination structures, and shared accountability, rather than simply the presence of multiple professionals, the European Forum for Primary Care (EFPC) recently underscored the importance of equity among health professionals in primary care.<sup>29</sup> Solutions to overcome power dynamics and other challenges often encountered among interprofessional care teams have been offered by others (**Table**).<sup>30-32</sup>



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Table

Challenge	Solution
<b>Power dynamics</b>	<ul style="list-style-type: none"> <li>• Encourage equal contributions to promote an environment of mutual respect</li> <li>• Recognize each team member's value</li> <li>• Invite patient input as appropriate to promote inclusivity and open dialog</li> </ul>
<b>Communication barriers</b>	<ul style="list-style-type: none"> <li>• Foster active listening</li> <li>• Seek feedback to ensure mutual understanding</li> <li>• Utilize digital tools, regular check-ins and team meetings</li> </ul>
<b>Unclear roles and responsibilities</b>	<ul style="list-style-type: none"> <li>• Clarify roles, responsibilities, and boundaries for each team member</li> </ul>
<b>Mistrust</b>	<ul style="list-style-type: none"> <li>• Establish open dialog</li> <li>• Acknowledge interdependency and patient-centered focus</li> <li>• Be willing to learn about one another's roles, challenges</li> <li>• Practice kindness, willingness to listen, integrity</li> <li>• Commit to cooperation</li> </ul>
<b>Ethical differences</b>	<ul style="list-style-type: none"> <li>• Create a framework for ethical decision making through open discussion among team members and guided by relevant authorities/guidelines</li> <li>• Engage in constructive dialog to reach consensus or compromise, helping to align team values for patient-centered care</li> </ul>
<b>Individual constraints</b>	<ul style="list-style-type: none"> <li>• Promote a culture of shared learning and professional development</li> <li>• Offer regular training on teamwork and collaboration best practices to build motivation and understanding</li> <li>• Facilitate flexible scheduling to provide space for collaborative efforts without overwhelming individual workloads</li> </ul>
<b>Organizational barriers</b>	<ul style="list-style-type: none"> <li>• Advocate for policies that support interprofessional teamwork by prioritizing teamwork in organizational goals</li> <li>• Allocate resources for team-building activities and training</li> <li>• Shift the focus from productivity to a balanced approach that values collaborative care</li> </ul>

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