

CARE MODEL CASE STUDY: MULTIDISCIPLINARY PITUITARY CARE MODEL AT BRIGHAM AND WOMEN'S HOSPITAL



Introduction

Providing comprehensive, coordinated care is a common goal for health care institutions and systems. This can be difficult to fund and implement in practice, especially within the confines of a given health care system that may be riddled with fragmentation. There are multiple patient populations whose care requires multidisciplinary specialized neurology expertise, such as patients with neuroendocrine and pituitary disorders (the third most common benign brain tumor). These patients would benefit from a comprehensive, coordinated approach where they have access to the various facets of their care in a coordinated, “one stop shop” type of clinic.

The AAN’s Care Delivery Subcommittee, under the guidance of the Medical Economics and Practice Committee, continues to seek out and to better understand different and complex care delivery models, their core functions, and features, as well as the professional and personal advantages and disadvantages of these models for neurologists and neurology APPs. The subcommittee’s own Dr. Mary Angela O’Neal from Brigham and Women’s Hospital shared her insights on their multidisciplinary Pituitary and Neuroendocrine Center featuring comprehensive care for patients with pituitary disorders.

The Care Model

The Pituitary and Neuroendocrine Center at Brigham and Women’s Hospital in Boston, MA, offers a multidisciplinary program, including the most advanced medical and surgical care available for patients with pituitary disorders. The multidisciplinary model includes neuroendocrinologists, neuro-ophthalmologists, otolaryngologists, neuroradiologists and neurosurgeons who collaborate to provide comprehensive patient care. Coordinated by the neurosurgery department at Brigham and Women’s Hospital, the Center features a single day comprehensive approach to care by coordinating consultations, laboratory, and imaging, all within the same day and physical location. The clinic sees on average 10 patients per week, with 80 patients per year requiring surgery. The comprehensive nature of the model allows for rapid diagnosis and generation of a treatment plan. Complex patients are discussed in a team meeting to arrive at an individualized treatment plan. In a single visit, patients can obtain all necessary consultations, laboratory tests, and imaging studies for the diagnosis and management of pituitary disorders, an especially beneficial feature for patients who do not reside locally.

How It Works

Although the Pituitary and Neuroendocrine Center uses the traditional fee-for-service payment system, the nature of care delivery is value-driven by offering comprehensive care in one place for complex patients. Patients are referred to the Center from the neurology, internal medicine, oncology, and neurosurgery departments as well as outside sources to be assessed by the specialized team. Subspecialists within neurology, including neuro-ophthalmologists, are essential parts of the team that decides on the

The Value Proposition

Value Proposition to the Patient

- + High patient satisfaction
- + Improved patient outcomes
- + “One stop shop” approach for specialty care

Value Proposition to the Provider

- + Increased communication and collaboration among the care team members
- + Increased access to academic opportunities

Value Proposition to the Health System

- + Increased cost savings and resource efficiency
- + Increased opportunity for improved outcomes and patient satisfaction
- Relies heavily on fee-for-service payment system

Patient referred by neurology department to Pituitary and Neuroendocrine Center



Patient sees multidisciplinary specialists and receives necessary testing in a single day



Multidisciplinary specialists develop rapid diagnosis and comprehensive treatment plan



individualized treatment approach for each patient. Once referred, appointments for the patient are carefully coordinated so all the necessary multidisciplinary specialists can evaluate the patient during a single visit. Once assessed by all members of the specialist team during the single visit, diagnosis and treatment plans are developed rapidly and care delivery is coordinated, collaborative, and quick.

The benefits of this model are the rapid diagnosis and care plan and coordinated appointments, giving patients a unique care experience, and increasing patient satisfaction. Challenges of this model include the administrative coordination of appointments with specialists and radiological testing within the same day by Center staff. Other high-value benefits to this model include prioritizing certain tests while minimizing unnecessary baseline testing. Additionally, the collaborative multidisciplinary model improves individual clinicians' knowledge, skills, and satisfaction given the proximity and communication with other specialists on the care team. The Pituitary and Neuroendocrine Center was the first neurology specific multidisciplinary center of its kind at Brigham and Women's Hospital and has been sustainable since its launch in 2009. Since then, Brigham and Women's Hospital has expanded the model with modifications to include other multidisciplinary centers including for spine, deep brain stimulation, cognitive and behavioral neurology, epilepsy, movement disorders, multisystem atrophy, the performing arts, brain tumors, muscular dystrophy, and functional neurologic disorders. Reflecting the COVID-19 pandemic, much of the center's functions shifted to the virtual environment.

The Provider Experience

Providers, including neurologists, associated with the center cite high satisfaction with the multidisciplinary clinic model, as they find the collaboration and support from multiple providers to improve their own job satisfaction and engagement. In addition, the model offers more access to academic opportunities such as clinical trials and grants. The center has demonstrated improved patient outcomes and satisfaction, which also frequently enhances provider satisfaction.

For more information, visit aan.com/practice/other-value-based-care-options

ⁱ Dr. O'Neal has nothing to disclose.