The power of the multidisciplinary team: Changing clinical perspectives

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Most of what I learned in medical school has long been forgotten or has been rendered obsolete by scientific advancement. Our improved understanding of pathological processes and concurrent technological advancements have resulted in the refinement of our disease management and provided welcome additions to our medical toolkits. But some clinical gems remain from my time at medical school, never to be forgotten or jettisoned.

One such aphorism related to assessing and treating fractures: "Regard them as a soft tissue injury complicated by a broken bone" was the advice of a senior orthopaedic surgeon. Changing the perspective and altering the priorities when assessing the injury would hopefully result in a lower likelihood of missing a critical vascular, nerve or tendon injury. It is easy to be caught up in the glare of the X-ray, the bright white fragmented and distorted bone, and to be distracted from a potentially more disabling injury hidden in the amorphous soft tissue shadow. Having soft tissue injury at the forefront of the mind is a safety net. In a similar vein, managing diabetes and considering the priorities differently, may refocus attention on the complications and symptoms that may have more serious implications than initially recognised for our patients.

Type 2 diabetes might be thought of as a generalised vasculopathy in the setting of dysglycaemia and other metabolic derangement. And since an unimpeded supply line is essential for the maintenance of health of all our organ systems, it follows that damage or compromise to the vasculature will result in end-organ damage. But it is not just the "big ticket items" such as the eyes and kidneys, caused by microvasculopathy, and the brain and heart, caused by macrovasculopathy, that are at risk during diabetes. Almost every part of the body is vulnerable. A multidisciplinary team is central to addressing the myriad challenges faced by those with diabetes, particularly if comorbidities and multi-morbidities increase the burden of disease.

Roles of the healthcare professional in the multidisciplinary team

In this issue, we address a wide range of topics, showcasing the usefulness of multidisciplinary input and expertise. Jo-Anne Manski-Nankervis disseminates the role of the GP with a specialist interest, a role established in UK and the Netherlands. Jo-Anne considers its position within the multidisciplinary team and whether this role would be beneficial in the Australian healthcare setting for diabetes management (on page 52).

An excellent example of the multidisciplinary team already at work is an article exploring the implications of oral pathology, a marker of risk for cardiovascular disease. The product of collaboration by a GP, periodontist and dentist, the article examines the bidirectional relationship between oral health and diabetes (on page 59).

Individualising care

It is well understood that diabetes management is multifactorial, including pharmacotherapy and dietary and lifestyle advice. In this issue's "From the desktop", Erin Jackson, a dietitian based in Tasmania, shares her knowledge and clinical experience in providing dietetic advice to her clients with diabetes (on page 51). By individualising care and implementing medical nutrition therapy, favourable biochemistry and biometrics outcomes are achievable, without the need for escalating drug therapy.

In cases where pharmacotherapy is unavoidable and indicated, it is often complex

and adherence in chronic diseases may be challenging. In an article describing the "NO TEARS" home medication review process, which is in use in the UK, a senior nurse and pharmacist team up to offer strategies to support appropriate polypharmacy and pharmacotherapy (on page 65).

Self-monitoring of blood glucose (SMBG) is another part of diabetes management and is a standard part of type 1 diabetes management, but its role in type 2 diabetes is still under debate. Of course, SMBG must be individualised to the person with diabetes, taking into account age, manual dexterity, lifestyle and current medication. On page 55, primary care and psychology collaborate to provide a practical and rational approach to monitoring blood glucose in type 2 diabetes, taking into account the Choosing Wisely recommendations, a campaign with the aim of eliminating tests that are not supported by evidence, that duplicate other tests or procedures, that may cause harm and are not truly necessary.

Beyond the biological considerations for individuals are complex social factors that predict diabetes-related outcomes. In this issue, we explore a significant proportion of the population that, for a variety of reasons is vulnerable and at risk. The article on page 43, again written across disciplines, addresses the challenges of engaging hard-to-reach populations with some strategies to facilitate engagement.

Final thoughts

Each member of the multidisciplinary team brings a different perspective, nuance and priority to each individual with diabetes. The result is a broad, holistic approach, which enables us to maintain the "big picture" and ensures comprehensive diabetes management in primary care. Facilitating the collaboration between health professionals to improve the quality of diabetes primary care across Australia is one of the key aims of the inaugural PCDSA conference to be held on 30 April 2016 at the University of Melbourne, Parkville, Victoria. The conference aims to support primary care health professionals to deliver high-quality clinically effective care, in order to improve the lives of people living with diabetes by advancing education and promoting best practice standards and clinically effective care. We hope you will be able to attend and look forward to welcoming you to the conference. ■

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For more information and to register your attendance at the inaugural PCDSA conference, please go to http://www.eventful.com.au/pcdsa

Date: Saturday 30 April 2016
Location: University of Melbourne, Parkville, Victoria
Confirmed speakers: Prof Peter Coleman, Prof John Dixon and Prof Trisha Dunning