Multidisciplinary Care & Parkinson’s: Miracle or Mess?

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Plan

- In discussing Parkinson’s treatment with Dr. Hauser, CCM preceptor, we arrived at the concept of multidisciplinary care
  - Guided by existing literature on the efficacy of multidisciplinary care models in the treatment of other chronic illnesses
  - Assess **feasibility** from patient, as well as provider, perspective
  - Determine patient perspective on **need** of localized auxiliary services

Do

- Worked with site staff to construct four-part patient questionnaire, assessing patient needs and preferences
  - Administered to twenty-two follow-up patients
- Visited Morsani Center ALS clinic and Byrd Center Alzheimer’s clinics to research provider perspective on costs & benefits via shadowing and interviews
- Collected data and periodically met with CCM site preceptor to discuss expectations and results

Study

- Providers agreed on the effectiveness and benefits of incorporating multidisciplinary care into the treatment and management of chronic, incurable diseases
  - Consistently noted cost as main impediment to adopting this model
  - Expressed willingness to assist with adaptation of model to Parkinson’s clinic, but stressed prerequisite of sustainability
- Patients: n=22
  - Provided mixed feedback
  - PCP: 9 “Yes”, 13 “No”
  - Cognitive Physician: 17 “Yes”, 5 “No”
  - Psychiatrist: 7 “Yes”, 15 “No”
  - Social Worker: 11 “Yes”, 10 “No”

Act

- Discuss and analyze findings with CCM site team
- Construct and implement site-specific financial feasibility study for the Parkinson’s Disease & Movement Disorders Center
  - Employ the help of professional financial officer and Dr. Hauser’s support staff
- Conduct second round of survey administration
  - Work to eliminate effects of confusing or unclear hypothetical question wording