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FROM SILOS TO SYNERGY:  
BUILDING HIGH-PERFORMANCE TEAMS  
IN CARDIOVASCULAR CARE

AN EXPEDITION MODEL FOR MODERN MEDICINE

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DISCLOSURES

- None

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OBJECTIVES

1. Highlight the Clinical Rationale and Guideline-Endorsed Need for Team-Based Cardiovascular Care
2. Demonstrate How Team-Based Structures Improve Efficiency, Innovation, and Outcomes in Healthcare Delivery
3. Provide a Framework for Implementing and Sustaining Team-Based Models in Cardiovascular Practices

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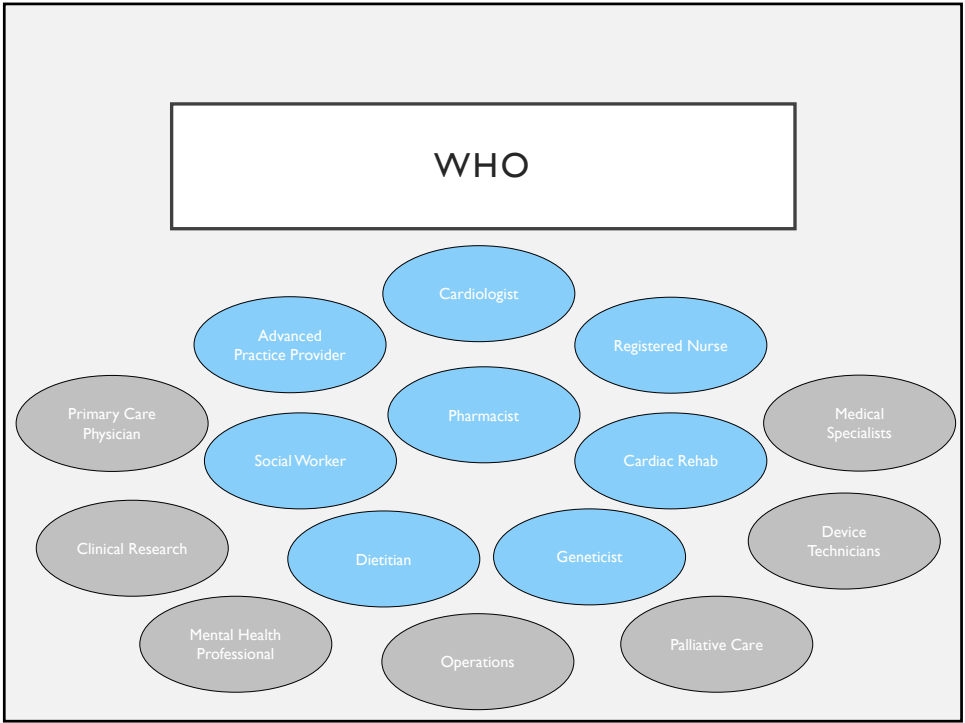


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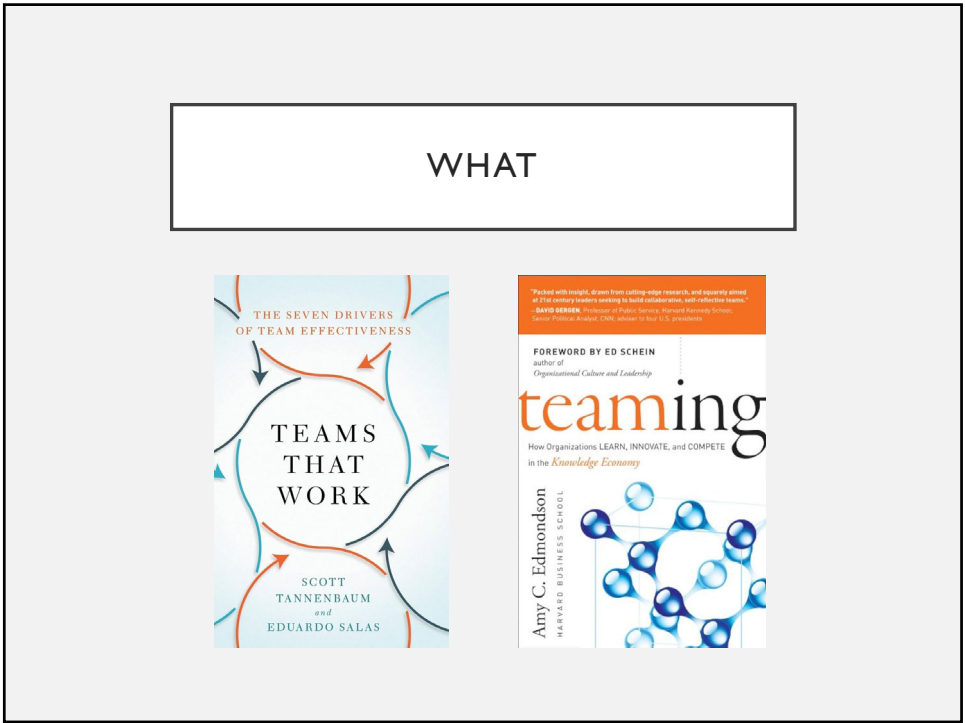
OBJECTIVE 1: CLINICAL RATIONALE  
FOR TEAM-BASED CARDIOVASCULAR  
CARE

- Who, What, When, Where, Why
- Example: An Amyloid Team
- ACC/AHA 2022 Heart Failure Guidelines
- Multidisciplinary care improves outcomes
- 🕒 Like navigating Antarctica, success requires consistency, resilience, and shared purpose.

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WHAT

- Group of individuals who work together
  - Shared goals
  - Interdependent outcomes
- “A team is not a thing. A team is a moving target.”
  - Mary Zellmer-Bruhn and Amy Edmondson

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WHAT

- High Performing Teams

Sustained Performance

Team Resilience

Vitality

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WHEN AND WHERE

- When are teams important?
  - HF clinics, coordinated discharge programs, shock, valve teams
  - Amyloid program
    - Outreach
    - Imaging
    - Orthopedic Surgery, Valve Structural, Hematology

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WHY

- Why are teams important?
  - ACC/AHA 2022 Heart Failure Guidelines: Class I recommendation for team-based care.
  - Multidisciplinary care improves outcomes
  - Efficiency, Innovation

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| 2022 ACC/AHA HEART FAILURE GUIDELINES |      |  |
|---------------------------------------|------|--|
| COR                                   | LOE  | Recommendations  |
| 1                                     | A    | 1. Patients with HF should receive care from multidisciplinary teams to facilitate the implementation of GDMT, address potential barriers to self-care, reduce the risk of subsequent rehospitalization for HF, and improve survival. <sup>1-4</sup> |
| 1                                     | B-R  | 2. Patients with HF should receive specific education and support to facilitate HF self-care in a multidisciplinary manner. <sup>2,5-9</sup>   |
| 2a                                    | B-NR | 3. In patients with HF, vaccinating against respiratory illnesses is reasonable to reduce mortality. <sup>10-16</sup>  |
| 2a                                    | B-NR | 4. In adults with HF, screening for depression, <sup>17,18</sup> social isolation, <sup>19-22</sup> frailty, <sup>23,24</sup> and low health literacy <sup>25,26</sup> as risk factors for poor self-care is reasonable to improve management.       |

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| 2022 ACC/AHA HEART FAILURE GUIDELINES   |  |  |
|---|--|--|
| Because of the complexity of HF management and coordination of other health and social services required, HF care is ideally provided by multidisciplinary teams <sup>27-30</sup> that include cardiologists, nurses, and pharmacists who specialize in HF as well as dietitians, mental health clinicians, social workers, primary care clinicians, and additional specialists. <sup>31-33</sup> |  |  |

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# 2022 ACC/AHA HEART FAILURE GUIDELINES

In a meta-analysis of 30 RCTs, **multidisciplinary interventions** reduced hospital admission and all-cause mortality.<sup>1</sup> In a separate meta-analysis of 22 RCTs, specialized **multidisciplinary team** follow-up was associated with reduced HF hospitalizations and all-cause hospitalizations.<sup>2</sup> In a recent meta-analysis of 22 RCTs, **multidisciplinary interventions** that included a pharmacist reduced HF hospitalizations.<sup>3</sup> In a recent Cochrane systematic review and meta-analysis of 43 RCTs, both case management (ie, active management of complex patients by case managers working in integrated care systems) and **multidisciplinary interventions** (ie, coordinated multidisciplinary health care interventions and communications) were shown to **reduce all-cause mortality, all-cause readmission, and readmission for HF**.<sup>4</sup>


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## TEAM BENEFITS



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### TEAM BENEFITS



**SURGERY**  
A study of surgeons who worked at multiple hospitals found that their performance varied from facility to facility—perhaps because of their varying levels of familiarity with the OR teams at different locations.

- Surgeon
  - Two dedicated teams in two ORs
  - Nurses worked together for 18 yrs
  - Typical procedure that takes 2 hours completed in average of 20 min
  - Innovative processes and techniques

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OBJECTIVE 2: TEAMS IMPROVE  
OUTCOMES THROUGH BETTER  
STRUCTURES

- High-performing teams share purpose and have psychological safety
- ‘Team of Teams’ model for large cardiology divisions.
- Multidisciplinary clinics (e.g. cardio-obstetrics, amyloid) foster innovation.
- ❄️ High-performing teams thrive under pressure—just like polar expedition crews.

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## ANATOMY OF A GOOD TEAM

- Shared purpose
- Psychological safety



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## FROM SURVIVING TO THRIVING

- Shared Purpose: Where are **we** going?

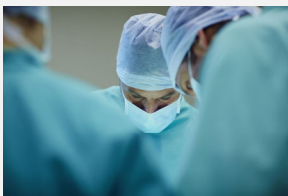


*“Everyone must understand the mission, the context, and how their piece connects to the whole.” — General Stanley McChrystal*

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## CULTURE OF TRUST

- Psychological safety
  - Belief in ability to speak up, ask questions, admit mistakes, or offer ideas without fear of embarrassment, punishment, or retribution.



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## GOOGLE PROJECT ARISTOTLE



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SOCCER STARS

- Too Much Talent?
  - Harvard Business Review 2011:
    - Performance increased with talent, up to a point
- Galacticos of Real Madrid (2000s)
  - Zidane, Ronaldo, Beckham
  - Underperformed
  - Imbalanced roles, lack of discipline, team fragmentation



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SOCCER AND HEALTHCARE

**Ego & hierarchy:**  
Star individuals resist team roles

**Coordination costs:**  
Increases complexity of decision-making.

**Psychological safety drops:**  
Others may be reluctant to speak up or challenge dominant voices.

**Lack of shared mental model:**  
Teams need alignment more than brilliance.

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| FROM SILOS TO SYNERGY |                                |   |
|-----------------------|--------------------------------|---|
| Component             | Traditional                    | Team of Teams                                 |
| Structure             | Siloed subspecialties          | Interconnected specialty teams                |
| Leadership            | Hierarchical leadership        | Frontline empowerment                         |
| Communication         | Fragmented, delayed            | Real-time, cross-team transparency            |
| Purpose               | Division-specific              | Shared mission                                |
| Resilience            | Dependent on a few individuals | Distributed capability, adaptive under stress |

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| FROM SILOS TO SYNERGY |  |  |
|-----------------------|--|--|
| Step                  | Traditional Approach                           | Team of Teams Approach                                       |
| Admission             | Inpatient HF team evaluates, requests consults | EP, imaging, and cath coordinate with HF                     |
| Diagnostics           | Delays due to siloed scheduling                | Echo, labs, and EP workup coordinated across teams           |
| Care Transitions      | Fragmented discharge planning                  | Coordinated plan with nursing, social work, and clinic teams |
| Outcomes              | Variable                                       | Improved efficiency, safety, and satisfaction                |

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OBJECTIVE 3: FRAMEWORK FOR  
IMPLEMENTING TEAM-BASED MODELS

- Team charter
  - Know your team
  - Set expectations
  - Handling problems
- 🏕 Building a team-based model is like constructing a basecamp: it starts with the right foundation.

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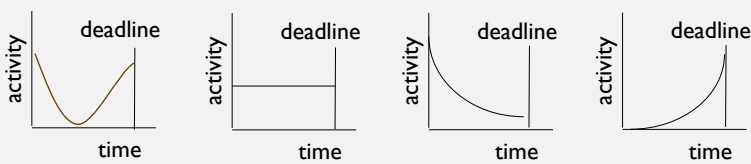
TEAM MEMBERS

- Who's on the team?
  - Size
    - Optimal number 4.6 (Fortune 2006)
  - Expertise
    - Knowledge and capabilities
  - Collaboration readiness
  - Diversity

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## SETTING EXPECTATIONS

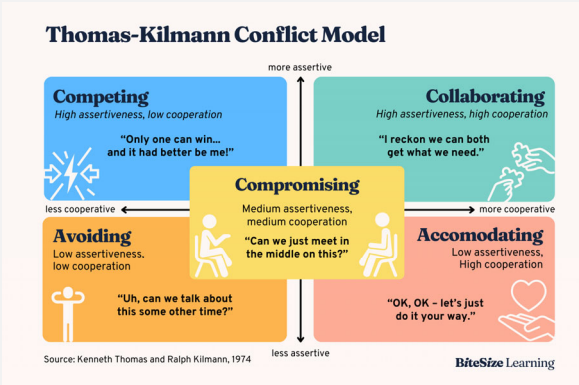
- Roles and Responsibilities, Communication
- Metrics: Specific and Measurable
- Time and Pacing Styles



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## WHEN PROBLEMS ARISE

- Conflict Management Styles



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TEAM CHARTER

1. Team Goals

2. Roles and Responsibilities

1. Decision Making

3. Team Interaction

1. Communication

2. Meetings

3. Conflict Resolution

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CONCLUSION

• What do a cardiology healthcare team and an Antarctic expedition have in common?

• Both succeed—or fail—based on the strength of their team.


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SUMMARY

- 1. Clinical guidelines endorse team-based care for improved outcomes.
- 2. Shared purpose and psychological safety are essential structural elements of high-performing teams.
- 3. You can lead the change by structuring and supporting team-based models.
-  Like a successful expedition, leading in modern medicine demands teamwork, planning, and bold vision.

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KEY TAKEAWAYS

- **Clinical evidence supports it.**
- **Business and systems thinking demand it.**
- **You can lead it.**
-  Like a successful expedition, leading in modern medicine demands teamwork, planning, and bold vision.

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QUESTIONS

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