

**Letter to Editor****Multidisciplinary Team Approach in Patients with Heart Failure**

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**Dear Editor-in-Chief**

A multidisciplinary team approach (MTA) can improve the quality of care of heart failure patient and also the effectiveness of healthcare systems by employing the cooperation between different individuals with distinct expertise and different qualifications.<sup>(1)</sup> It should employ several medical professionals such as surgeons, general physicians, cardiologists, occupational therapist, pharmacists, psychologists, heart failure nurse specialist, dietitian, palliative care (specialist/nurse), social workers and administrators.<sup>(2)</sup>

Several studies have been implemented for heart failure management and found that a multidisciplinary care approach might decrease the incidence of re-hospitalization, mortality, morbidity and eventually related costs.<sup>(3-5)</sup> According to Cowie et al. (2014), the MTA involving various inter professionals with their expertise is significant to improve the quality of care and patients with HF outcomes. Multidisciplinary care teams are key to ensuring the delivery of evidence based care.<sup>(6)</sup> In terms of multidisciplinary team approaches to enhance the health outcome of patients with HF, the MTA should focus on transitions of care, particularly from the critical period to the post-discharge period.<sup>(7)</sup> Key components of these models included, 1) heart failure management programs, 2) structured discharge planning, 3) medicine reconciliation, 4) nurse-led approaches, and 5) monitoring and follow-up with long term care.<sup>(8)</sup> For instance, the study of Comín-Colet et al. (2016) embedded a multidisciplinary team in a patient-centered care study which is planned to endorse continuity of care. The researchers found the model was able to decrease potentially serious complications and avoidable rehospitalization. Moreover, the transition from hospital to the community should be seamless care. Any breakdown in communication among healthcare providers and patients may influence the adverse health outcome.<sup>(9)</sup>

Patient-centered care can help healthcare

providers to address the specific needs of the patients. However, as pointed out, Van Spall et al. (2019) employed patient-centered care and the differences did not reach significant levels.<sup>(10)</sup> This is indeed in contrast to the studies of Ekman et al. (2012) and Brännström and Boman (2014) which all showed significant improvements ( $p$ -value  $< 0.05$ ).<sup>(11, 12)</sup> This demonstrates that several factors could affect the health outcome in HF patients which could be different among the samples investigated in various studies. As mentioned, Cliff (2012) described patient-centered care to be based on patients' cultural backgrounds and own preferences.<sup>(13)</sup> While this approach does not always result in significant improvement, the positive outcomes observed in other studies provide evidence for its effectiveness.

In conclusion, the multidisciplinary team that comprises several team expertise and experience was likely to be successful in improving health outcomes compared with the less diverse team. Patients with heart failure have to adhere to the treatment plan to maintain their cardiac function. Therefore, the main objective is to develop strong MAT or interprofessional team approaches that enhance the quality of care and establish continuing care during the transition to HF patients, particularly in the continuing of care delivered by the various services within the healthcare sector and healthcare system.

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**Conflict of interest**

The author of this study declares that there is no conflict of interest.

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