



Spotlight on Gyula Acsadi, MD, PhD: Champion of the Multidisciplinary Team

Research has shown that patients get better results and healthcare quality improves when teams communicate.^{1,2,3}

“I admire and love to work with the team at my clinic,” says pediatric neurologist Gyula Acsadi, MD, PhD, Division Head of Neurology at Connecticut Children’s. “Our team is a dedicated group whose members trust each other’s professional opinions and expertise.”

Connecticut Children’s delivers high-quality care across more than 30 pediatric specialties at more than 40 locations in Connecticut, Eastern New York, and Western Massachusetts.

Dr. Acsadi’s clinical and research interests include muscular dystrophies, spinal muscular atrophy (SMA), Charcot-Marie-Tooth disease (CMT), and genetic treatments for neurological conditions.

He shares key elements of building a cohesive and collaborative multidisciplinary team.

1. <https://www.mdpi.com/1660-4601/20/2/954>, 2. <https://journals.sagepub.com/doi/10.1177/08404704211063584>,
3. <https://www.jpmsonline.com/article/490/>

1. Stability and trust don't happen automatically.

"Recruit people who are compassionate about patients whose diseases may be chronic, progressive, and sometimes, very devastating," says Dr. Acsadi. "Discussing patients' personal stories builds trust among everyone and helps keep them motivated."

2. An interdisciplinary team benefits patients and families.

Neuromuscular conditions are complex, and each condition has unique comorbidities.

"Patients can trust that we will provide them with the best solutions, especially about new treatments and potential side effects," he says.

On-site multidisciplinary clinic visits allow patients to see Dr. Acsadi, a cardiologist, endocrinologist, pulmonologist, physical or occupational therapist, nutritionist, and the clinical nurse coordinator in one day.

3. Team members learn from each other.

"We talk often about cases and patients, educating each other about changes in recommendations for standards of care that we read in the published literature," Dr. Acsadi says. "None of us can know it all."

Dr. Acsadi urges team members to attend conferences to evaluate new offerings and participate in product demonstrations. His team has learned, for example, that robotic arms present exciting opportunities for physical therapists, and assistive technology benefits those with speech deficits.

4. Every team needs a point person.

Nanci Stolgitis, RN, the clinical nurse coordinator and a 15-year team member, is essential as the point person for patients and the team.

"She is our patients' first choice when a test result comes in or a medication refill is needed, and she understands their needs," Dr. Acsadi says.

Stolgitis schedules treatments and flags potential barriers to patient care. She also contacts pediatricians and community school nurses so patients have the resources they need in class.

"For more complex social and community needs, such as housing, wheelchair accessibility, or transportation, she contacts our [Center for Care Coordination](#)," Dr. Acsadi says.

5. Adaptability leads to successful team care.

“Care constantly changes, whether the patient’s disease progresses or responds to treatment — that’s the happy part of adaptability,” Dr. Acsadi says.

A positive response means the patient is achieving improvements, or treatment is preventing a decline in their motor and respiratory functions and overall quality of life. “Then, we may be able to simplify treatment, but with progression, we must support a patient, perhaps with home equipment or transportation to school and back,” he says.

Patients may need mobility aids, such as a walker, or home care equipment, such as a lift to help caregivers transfer patients.

Many families would benefit from stair lifts or home remodeling for accessible first-floor rooms, but that may be financially out of reach. “We help identify community or fundraising resources since those amenities are not covered by insurance,” he says.

6. Teams must manage pediatric patients aging out.

“When patients become adults and transition to adult care, we prepare them and their families,” Dr. Acsadi says. “Some will not have an independent life and will require guardianship and continuous support. Others, as young adults, will be able to take care of themselves.”

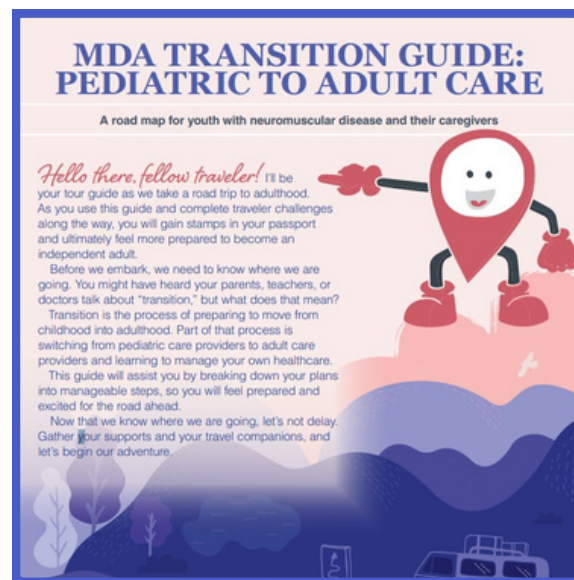
Research has shown that starting preparation early and continuing gradually is a key to success. He also recommends the [MDA Transition Guide](#) as a roadmap.

His team continues to follow their patients for up to 22 years.

“Not all facilities have capabilities to provide the most advanced treatment, so we provide our colleagues with that information at MDA conferences,” he says. “They may not have staff to manage so many pre- and reauthorizations for newer, very expensive treatments. Support must come from the institution and teams who constantly engage with these processes and patients.”

7. Direct communication is best.

“Always ensure direct communication with team members,” Dr. Acsadi says. “With critical or sensitive topics, don’t rely on second-hand information; get it from the source.”



MDA Transition Guide

On Dr. Acsadi's team, multiple dyads engage "back and forth" after he examines a patient neurologically. "I might ask the PT or OT for opinions about type of orthosis, brace, or other equipment needed."

COVID-19 forced the team to rely more on emails and virtual meetings, but the principle of direct communication remains the same. "Directness is faster and adds a personal 'flavor' when we educate each other," he says.

Multidisciplinary team resources:

[Clinician toolkit: Compiling a multi-disciplinary team](#): American Medical Association

[Leadership Lessons for Multidisciplinary Teams in Healthcare and Beyond](#): Johns Hopkins Carey Business School