***[Cleft and Craniofacial Team Name]******[Hospital Name]******[Address]******[City, State, ZIP Code]******[Email Address]******[Phone Number]******[Date]***

***[Recipient's Name]******[Recipient's Title]******[Hospital Name]******[Address]******[City, State, ZIP Code]***

Dear ***[Recipient's Name]***,

We, the dedicated members of the ***[Team Name]***,are writing to you to express our deep concern regarding potential changes to the financial support and structure of our interdisciplinary team. The prospect of withdrawing support or dissolving our team poses significant risks to the quality of care we provide to our patients with cleft lip, cleft palate, and craniofacial anomalies.

Our team comprises of specialists from surgery, orthodontics, speech-language pathology, audiology, genetics, pediatrics, dentistry, psychology, social work, and nursing. This interdisciplinary model is crucial for addressing the multifaceted needs of our patients. The benefits of this approach include:

1. **Enhanced Treatment Outcomes:** By integrating the expertise of various specialists, we create and execute highly effective, individualized treatment plans tailored to each patient’s unique needs.
2. **Improved Coordination of Care:** Our regular interdisciplinary meetings ensure seamless communication and coordination, reducing the risk of redundant or conflicting treatments.
3. **Holistic Patient Management:** We consider the physical, emotional, and social aspects of care, significantly improving the overall quality of life for our patients and their families.
4. **Continuous Care:** Our team provides consistent, long-term follow-up, which is vital for monitoring and adjusting treatment plans as patients grow and develop.

The American Cleft Palate Craniofacial Association (ACPA) advocates for the highest standards of care for patients with cleft and craniofacial conditions. Our adherence to ACPA's [Standards for Approval,](https://acpacares.org/standards-of-approval-for-team-care/) based on the ACPA [Parameters of Care](https://acpacares.org/parameters-of-care/)**,** ensures that we deliver care that meets nationally recognized standards. The Parameters document serves as a guideline for optimal interdisciplinary team care. As a current ACPA Approved Team, our team has demonstrated that it meets the highest standards of care and is recognized for its dedication to providing comprehensive, multidisciplinary treatment.

By continuing to support our team, you will ensure:

1. **Alignment with Best Practices:** Continuing to support our interdisciplinary team aligns ***[Institution Name]*** with established best practices and standards of cleft and craniofacial care.
2. **Enhanced Reputation:** Our team’s work enhances ***[Institution Name]***'s reputation as a leader in specialized healthcare, attracting patients and strengthening the institution’s standing in the medical community.
3. **Patient and Family Satisfaction:** Families highly value the comprehensive, coordinated care provided by our team, resulting in greater satisfaction and trust in our institution.
4. **Access to Resources and Training:** Ongoing support ensures access to valuable resources, educational opportunities, and a network of experts through our affiliation with the ACPA.

Withdrawing financial support or dissolving our team would not only compromise the quality of care for our patients but also diminish the institution's reputation as a leader in cleft and craniofacial care. We strongly urge you to consider the profound impact such a decision would have on our patients, their families, and the future of ***[Institution Name]***.

We are deeply committed to our mission of providing exceptional, interdisciplinary care to our patients and are eager to continue this work with your support. We welcome the opportunity to discuss this further and explore ways to ensure the sustainability of our team for the benefit of those we serve.

Thank you for your attention to this critical matter.

Sincerely,

***[Your Name]******[Your Title]******[Cleft and Craniofacial Team Members]******[Hospital Name]******[Email Address]******[Phone Number]***