Multidisciplinary Cancer Programs—The Emerging Standard

By Christopher T. Collins, MHA
Principal, ECG Management Consultants, Inc, Boston, Massachusetts

Christopher T. Collins, MHA

Even with the very best technology, facilities, location, physician relationships, clinical support staff, and high quality marks, your cancer center may still fall far short of reaching its potential in the long run if your patients' treatment planning and therapy is not provided through a multidisciplinary team approach. In fact, the notion of "cancer center" may be reduced to bricks and mortar and branding if the name does not represent a particular standard and coordination of care. In 2006, a Kaiser Family Foundation/Harvard School of Public Health poll found that half of cancer patients and their households have problems coordinating care, and it includes a discouraging statistic that one in four patients received conflicting information from their physicians. The centers and programs that adopt a multidisciplinary approach to care will ultimately prevail in this era where patients know and demand more. That said, with few arguing with the benefits of the multidisciplinary model, cancer centers currently fall into one of three groups: (1) those that have a fully integrated, multidisciplinary model; (2) those that have implemented a more team-based approach at a program level and desire to roll it out across the service-line; and (3) those that recognize the value of the model to the patient and institution and have a vision, but struggle with how to get it off the ground.

Impetus for change

The concept of multidisciplinary programs is not new—it dates back to the late 1950s when physicians found benefits to patients if care was better coordinated across several specialties or departments (originally known as "affinity groups"). In oncology, the application of this concept was most publicly credited to Drs Henry Kaplan and Saul Rosenberg at Stanford University in the 1960s. At its very core, the model is designed to foster greater interdisciplinary interaction to optimize care and improve outcomes. Multidisciplinary centers have appeared in many shapes and sizes over the years in different settings nationally, but seem to be emerging or reemerging in a more integrated form over the past 5 years or so in the service-lines of cardiovascular, cancer, and most recently, neurosciences. Although academic medical centers were historically in a class of their own in terms of developing and emphasizing multidisciplinary models, all bets are off as well-established and successful models can be found in a wide variety of nonacademic community-based cancer centers. For more than 15 years, many studies have resulted in convincing evidence that the multidisciplinary approach has improved the care of cancer patients by reducing variations in treatment, facilitating clinical trials, and improving coordination of specialty care. So why is this not yet the norm? Implementing and sustaining a multidisciplinary approach to care can be extremely challenging depending on several factors, including the size and scope of the cancer program, competitive landscape of the market, and organizational structure of the center, including hospital/physician relationships. Despite the challenges, below are examples of some of the more contemporary drivers that are forcing most cancer centers to actively pursue or at least explore a more coordinated approach to cancer care.

- The renewed openness of hospitals and physicians to discuss opportunities for alignment to varying degrees has led to more open dialogue related to collaborative, multidisciplinary approaches to care, with cancer often topping the list.
- A renewed focus on quality and new pressures to demonstrate this to consumers has forced hospitals and physicians to rethink their ability to measure, collaboratively study, and improve cancer treatment outcomes.
- A new generation of more informed patients and their primary care physicians are increasingly demanding premier services, which include immediate access and well-coordinated care for cancer, more so than any other service-line.
- As hospitals recapitalize their cancer facilities, most designs are calling for a full suite of services under one roof (at least for the main facility), which often leads to new considerations for work flow and coordination of care across several disciplines (ideally in the reverse order).
- A surge in joint ventures between hospitals and physicians for lucrative radiation oncology programs has reinforced the need to align with medical oncologists and others to secure the referral base and provide more coordinated care throughout treatment.
- Accreditation bodies such as the Commission on Cancer require the demonstration of multidisciplinary programs.
- Declaration that the cancer program is a "Center of Excellence" is no longer sufficient—patients are seek-

Continued on page 24

Strategies and Approaches to a Multidisciplinary Cancer Center Model

Setting/Situation	Potential Enablers to Migrating to a Multidisciplinary Model
Hospital-based cancer center of 400-bed community hospital supported by multiple private practices	• Redesign medical directorship agreements to include incentives for multidisciplinary program development in coordination with service-line executives • Use facility planning process to bring leadership of private practices together to explore more collaborative care delivery models • Consider beginning with the development of a multidisciplinary approach for high-profile programs such as breast cancer through co-location of services and implementation of a navigator • Spend the money, time, and effort necessary to ensure a seasoned senior administrator is in place for the oncology service-line, with a focus on the development of multidisciplinary clinics in partnership with private practices • Leverage empirical market-based data to demonstrate to physicians the value of improving the coordination of care to the benefit of patients and stature of the cancer center
Cancer center owned by integrated academic medical center in highly competitive market with high degree of autonomy among clinical departments/divisions	• Establish a legitimate cancer center board or council chaired by a cancer center director with oversight of the development fund and central charge of developing a patient-centric, multidisciplinary model across participating departments/divisions • Consolidate the clinical support staffing model of a cancer center and redesign funds flow so all respective departments have a vested interest in the center (ie, use financials as a means to force departments to put the interests of the center first) • Embrace and emphasize teaching and translational research associated with cancer centers to broaden the meaning of a multidisciplinary center • Allow for the cancer center director to play an active role in setting the faculty incentive components, with strong linkages to coordination of patient care and research
Limited cancer program at a small, rural community hospital with little competition but competitive threats looming	• Leverage existing outpatient treatment services such as radiation oncology and chemotherapy and explore affiliation with larger systems to provide access to other services through a multidisciplinary model • Help facilitate the development of more collaborative relationships among the physicians affiliated with the cancer program through tumor board meetings and other forums that focus on outcomes and improving quality and service • Engage physicians through the use of standard market-based reports to study outmigration trends and other indicators that may underscore the need for better coordination of care among providers locally

Multidisciplinary Cancer Programs...*Continued from page 22*

ing evidence of true patient-centric, multidisciplinary care.

One Size Does Not Fit All

There is no universal definition or set of protocols to follow to successfully implement a multidisciplinary approach to cancer treatment. The level of coordinated care can vary significantly from one cancer center to the next, as well as the required resources and timeline to implement. Whereas a navigator may lead patients seamlessly through their planning and treatment of breast cancer at one organization, the structure and physician relations in another market may bring challenges to implementing this service at a similar program elsewhere. Moreover, the task of getting physician buy-in and "selling" the tangible and intangible benefits of migrating to a more team-oriented approach to senior executives can be challenging at many organizations today. Where to begin? In essence, the organization needs to find a way to bring physicians to the table, demonstrate the "why" (ie, mutual benefit of progressively migrating to a multidisciplinary approach), and work through a collaborative process of adopting a team approach one program at a time. Naturally, the ability to do so will greatly depend on a number of factors, including the type, size, and setting of the cancer center. The table offers some general strategies and approaches to consider relative to migrating to a multidisciplinary cancer center model. ●

This article was originally published in The ACE Report. *Reprinted with permission from the Association of Cancer Executives*.