Multidisciplinary Models

Multidisciplinary Cancer Programs—The Emerging Standard

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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 you are 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 expect the program to be comprehensive and optimal care and improve outcomes. 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 some examples 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 toppling 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 seeking...

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<th>Setting/Situation</th>
<th>Potential Enablers to Migrating to a Multidisciplinary Model</th>
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<td>Hospital-based cancer center of 400-bed community hospital supported by multiple private practices</td>
<td>• Redesign medical directorship agreements to include incentives for multidisciplinary program development in coordination with service-line executives</td>
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<td>Cancer center owned by integrated academic medical center in highly competitive market with high degree of autonomy among clinical departments/divisions</td>
<td>• 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</td>
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<td>Limited cancer program at a small, rural community hospital with little competition but competitive threats looming</td>
<td>• 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</td>
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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.

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