

# Developing and Running Disease-Site Specific Multidisciplinary Centers at The Helen F. Graham Cancer Center

by Amanda Patton

*The Helen F. Graham Cancer Center in Wilmington, Del., is a component of the Christiana Care Health System. With a total hospital bed size of 1,100 in two acute-care, teaching hospitals, the cancer center sees more than 2,600 new analytic cancer patients each year.*

In the past two years, Helen F. Graham Cancer Center Medical Director Nicholas J. Petrelli, MD, has championed the development of 13 multidisciplinary disease-site specific cancer centers (MDCs). The two-year-old, 60,000-square-foot cancer center has, in fact, dedicated a four-room cancer care suite for multidisciplinary center use. Exam and procedure rooms are located conveniently near the dedicated multidisciplinary cancer care suite, and radiation oncology and imaging/radiology suites are located on the same floor of the cancer center. (For a virtual tour of the facility go to <http://www.christianacare.org>, click on "cancer program" and then on "The Helen F. Graham Cancer Center.")

Physicians can refer patients to these multidisciplinary centers or patients can self-refer. In the first year of operation, the MDCs had 2,201 patient visits. For the first four months of 2004, the MDCs have had 882 patient visits. Since its inception, the program has had patients referred from as far away as Florida and Iowa. The only proviso is that all patients seen at the multidisciplinary centers must first have been diagnosed with cancer.

Not all Christiana Care physicians participate in the MDCs. To be eligible physicians must meet several performance expectations and go through an application process. A small committee consisting of a surgeon, medical oncologist, a radiation oncologist, and an administrator, has been established by the program's medical director to determine which physicians may join the MDC teams.

More than one physician from a practice may participate on a MDC team. For example, on the genito-urinary cancer multidisciplinary team, five urologic surgeons have been approved from the same practice. If one physician can't attend the scheduled Genitourinary Center weekly multidisciplinary center meeting, another approved physician from the practice can attend. The physician leader of each MDC is responsible for ensuring that the centers meet as scheduled with appropriate staff. Most of the MDCs meet on a regular weekly schedule.

Medical oncologist David Biggs, MD, leads a group

of surgeons and radiation oncologists who comprise the General Oncology Multidisciplinary Center. Each week this center meets on Wednesday mornings from 8 to 10 providing consultations and second opinions for patients with a variety of cancers including skin cancer, soft tissue sarcomas, melanoma, thyroid malignancies, stomach cancers, and cancers of the blood. The General Oncology Multidisciplinary Center allows patients to benefit from a team approach to evaluating and planning treatment for their specific type of cancer, Biggs said. The MDCs also give clinicians an opportunity to use an "out-of-the-box" approach, looking at a patient's films together, talking about the case, and making decisions as a team.

With 13 multidisciplinary centers, some variation in structure exists. For example, because of the complexity of many types of head and neck cancers, the Head and Neck Cancer Multidisciplinary Center meetings, scheduled twice a week for two hours, regularly include specialists from related disciplines including pathology, radiology, rehabilitation medicine, postthodontics, nutrition, psychology, and speech/swallowing therapy. The disease-site-specific multidisciplinary center approach offers patients the opportunity to hear from all specialists at one time, rather than through a series of fragmented consultations, according to Rafat Abdel-Misih, MD.

## Coordinating Care Through Team Leaders

Each multidisciplinary center has a physician team leader, who is most often a surgeon. MDC team leaders are appointed by Dr. Petrelli. An oncology nurse case care coordinator is assigned to every MDC to coordinate the flow of patients through the MDC and to ensure that patients stay in the cancer care loop after their multidisciplinary conference is done. If a patient is being referred to the MDC for a second opinion, it is the MDC oncology care nurse who gets back in touch with the referring physician within 24 hours of the multidisciplinary conference meeting. Multidisciplinary teams also include clinical research nurses, who help facilitate patient access to relevant clinical trials.

The program has a separate administrative layer responsible for scheduling patients and coordinating the gathering of all necessary patient information for physician review prior to the MDC meeting. Five full-time employees are dedicated to the MDCs, not including the nurse care coordinators. The cancer center's main desk has two staff assigned to take all MDC calls.

A physician champion is pivotal to the development of a multidisciplinary model of care, according to Petrelli. In building the program at the Helen F. Graham Center, Petrelli began with a small core of highly qualified physicians. One reason that the program has

been so successful in achieving physician buy-in for the multidisciplinary centers, said Petrelli, is that all of the cancer program's support services are available to physicians under one roof. Some of these services consist of genetic counseling, nutrition, pastoral care, and psychological and rehabilitation services. Finally, Petrelli also credits the importance of having buy-in from support staff as well.

Reimbursement has not been a major problem for the multidisciplinary cancer centers at the Helen F. Graham Center. Cancer center administrators attribute this to educating third-party carriers about the advantages of patients seeing the three major disciplines of surgery, medical, and radiation oncology all in one visit at the program's MDCs in addition to any support services the patient may need.

Patients clearly approve of the approach. On a 1 to 10 scale, the Helen F. Graham Cancer Center's MDCs have earned 9s and 10s in patient satisfaction measures. ☐

*Amanda Patton is associate editor at the Association of Community Cancer Centers.*

## Multidisciplinary Centers Offered at the Helen F. Graham Cancer Center

- Breast Cancer
- Cancer Pain
- Rectal Cancer
- Genetic Risk Assessment
- General Oncology
- Genitourinary Cancer
- Head and Neck Cancer
- Hepatobiliary/Pancreatic Cancer
- Lymphoma
- Neuro-Oncology
- Rehabilitation Oncology
- Thoracic and Esophageal Cancer
- Young Adult Follow-Up

