Multidisciplinary Cancer Clinics
An Overview

by Richard B. Reiling, MD, FACS

Two forces in cancer care today make multidisciplinary—or more precisely multi-modality—evaluation and planning in our hospitals imperative: cancer care is increasingly complex, and patients with cancer are increasingly interested in their own care.

While the concept of multidisciplinary care is not new, great variations exist in how the healthcare industry defines and delivers such care. Even the American College of Surgeons' Commission on Cancer does not specify what "multidisciplinary care" encompasses, although it rightfully includes the concept of multidisciplinary care in its standards. Generally, a multidisciplinary clinic may be considered an outgrowth of the cancer tumor conference process, with the added involvement of the patient and family.

Multidisciplinary care includes many different management modalities, including surgery, radiation therapy, and chemotherapy (which includes hormonal, biological response modifiers, and emerging immunotherapy). Multidisciplinary cancer clinics offer the full range of treatments and serve as an expert source of "second opinions" after diagnosis. Most often, the quest for a second opinion occurs after a surgeon has seen the patient. The patient then seeks a confirmatory opinion or alternative management from another surgeon and also from a radiation oncologist and/or a medical oncologist.

An established, well-coordinated multidisciplinary approach to care provides patients and their families with an informed basis on which to make treatment decisions. It may also help prevent the confusion that can develop from multiple opinions and stop "opinion shopping," which can occur when patients keep seeking advice until they hear what they want to hear.

Multiple Approaches to Multidisciplinary Care

Currently, as many approaches to multidisciplinary care exist as there are institutions providing such services. Coordinating that care will be affected by the proximity of the physicians to the hospital. In large cancer centers where physicians are employees or physician services are contracted and physician offices are in close proximity, the process of coordinating multidisciplinary care (and being reimbursed for services) may be more easily accomplished.

Establishing a multidisciplinary clinic in a private hospital setting where physician offices are *not* nearby presents significant challenges. These clinics may be held at the hospital or may be "virtual" clinics, in which a clinic coordinator facilitates the patient's navigation through the different specialists and eventually a conference of the specialists.

From a marketing viewpoint, some institutions use the designation, "second opinion clinic" to describe their "multidisciplinary clinic." This term is better understood by the patient and will better serve your institution when it presents the concept of multidisciplinary care to the community, including referring physicians and their practices. Keep in mind that internal marketing to your referral base (i.e., primary care physicians) is just as productive and necessary as marketing to the population as a whole (i.e., potential patients). Having a second opinion clinic available to the primary care physicians may also help keep patients in your system.

Lamkin's article on pages 30-31 and Wilson and LiPira's article on pages 28-29 both describe multidisciplinary second opinion clinics that were developed to provide comprehensive, expedient care and also to respond to marketing efforts by competitors in the community vying to attract market share. Both programs faced similar challenges in establishing and maintaining such clinics.

Support and Buy-In

While unanimous support is not necessary, medical staff and administration must accept the need for the multidisciplinary clinic. (Keep in mind that healthy skepticism on the part of your physicians can often lead to revisions and improvements that help make the program workable within an institution.) At the minimum, a successful multidisciplinary clinic must have buy-in from a surgeon, a medical oncologist, a radiation oncologist, a pathologist, and a radiologist.

One method for encouraging physician buy-in is to ask what type of care physicians would want their family members to receive after a diagnosis of cancer. Most physicians would come back with the answer of multidisciplinary care. Once your physicians are on board with establishing a multidisciplinary clinic, do not let location become a major stumbling block. *Where* the clinic is situated is less important than the ability to have the patient evaluated in a single setting by all the treating and diagnostic practitioners. Obviously, this scenario is more easily arranged in a larger hospital system where physician offices are close by than in community settings where physician practices may be located farther apart. Do not discount developing a "virtual" approach to your multidisciplinary clinic, such as the one discussed above.

A successful multidisciplinary clinic requires cooperative effort by both physicians and medical staff. The mission-essential nature of the multidisciplinary clinic must be explained to support staff so that they understand its role as the "front-end" provider of patient care and treatment. Any "push back" from support staff (such as clerks and secretaries) needs to be handled from the senior levels of administration.

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The clinic coordinator's role is pivotal for the success of the multidisciplinary clinic, and the institution must provide the necessary support for this position and realistically acknowledge the workload involved. The clinic coordinator is responsible for keeping the clinic running smoothly and ensuring continued physician support. Often, a nurse coordinator will assume the clinic coordinator role, taking responsibility for preparing and distributing patient history prior to the clinic.

Support from radiology and pathology staff is also critical. If your diagnostic radiology department does not accept its role in the multidisciplinary clinic, obtaining films with sufficient lead-time so that the radiologist can review them before the clinic can become problematic. Similar issues can arise with the pathology department.

Beyond a dedicated pool of physicians, a motivated and competent clinic coordinator, and an involved radiology and pathology presence, a successful multidisciplinary clinic also requires punctual attendance, clear outlines of presenting patients, and crisp discussion periods.

Once your multidisciplinary clinic is up and running, key issues will come up. Maintaining physician interest is a continuous concern for many such clinics. Scheduling can also be problematic because all physicians participating in the multidisciplinary clinic must be available, and last-minute cancellations can often make or break a multidisciplinary program. Keeping the clinic running smoothly requires regular, frequent contact between the clinic coordinator and the physician office staff. Because buy-in from the office staff is so critical, a personal visit by the clinic coordinator and clinic physician to another practitioner's office can often lead to good results.

Another challenge that can arise centers around the question of whether physicians seeing a patient in the multidisciplinary clinic *can* or even *should* accept offers by patients or family members to transfer care to their practice. On the one hand, a general practice of physicians trying to assume care of patients seen in the clinic would be fatal to the success of a multidisciplinary clinic. On the other hand, it would not be ethical for a physician to turn down a sincere request by a patient to assume his or her care. Clearly, this potentially contentious area needs to be monitored.

Finally, multidisciplinary clinics will need to establish a mechanism for ensuring that the participating physicians' knowledge of patient management is current. The medical director, who is a third-party participant in the strategic planning and support of the multidisciplinary clinic, can help in this capacity. Institutional support is also needed for this quality assurance activity, which means periodic reporting through the cancer committee. Such reporting is a standard of care of the Commission on Cancer. New physicians who want to be involved in the multidisciplinary clinic should demonstrate their expertise by presenting and discussing cases at these cancer conferences.

Who Pays for Multidisciplinary Care?

Financing a multidisciplinary clinic is always a major concern for any healthcare entity. An easy answer would be to view the multidisciplinary clinic as a public-relations initiative that will encourage patients to enter or stay with the institution for continuation of care. In this rather simplified view, the multidisciplinary clinic becomes a marketing element of the cancer program, and the costs are considered part of the revenue down stream from the treatment of the patient.

On the other hand, it is not necessarily fair or perhaps even financially healthy for cancer programs to provide such multidisciplinary care "pro bono." To date, Medicare and other payers have given little consideration as to how to reimburse for such services, and the multidisciplinary clinics at both the OhioHealth System (pages 30-31) and Presbyterian Hospital (pages 28-29) have struggled with the problem of reimbursement.

Currently under Medicare, each physician can individually bill the patient for services provided in the multidisciplinary clinic. In some situations, a physician participating in the multidisciplinary clinic will eventually assume treatment of the patient, and the multidisciplinary clinic visit can be billed as the patient's initial visit. Regardless of how your multidisciplinary services are paid for, your patients should be made aware of all financial arrangements involved with such care.

The bottom line is that multidisciplinary care is here to stay—patient demand and the increasing complexity of cancer treatments have seen to that. The hope is that once the quality outcomes of these clinics are recognized, Medicare and other payers will provide appropriate and adequate reimbursement. In the meantime, physicians will continue providing care that answers the question: "What is best for my patient?"

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