Multidisciplinary Oncology Clinics at Presbyterian Cancer Center

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The Presbyterian Cancer Center is an integral component of the Presbyterian Hospital in Charlotte, N.C. Presbyterian Hospital is one of three flagship hospitals operated by Novant Health of Winston-Salem. Presbyterian Cancer Center records more than 1,900 new cases a year in the cancer registry and is an accredited comprehensive cancer center.

Today, at Presbyterian Cancer Center the concept of multidisciplinary care has been embraced on an institutional level. The creation of site-specific multidisciplinary clinics has facilitated an ever-increasing synergy between disciplines, which is driven by a desire to see each patient receive the highest level of care. This commitment has led Presbyterian Cancer Center to consider expanding the multidisciplinary clinic model of care into areas beyond the original breast cancer clinic such as urological malignancies, gastrointestinal tumors, and possibly even palliative care. Anticipated challenges to such endeavors include the need for adequate distribution of the workload for physicians who provide input to all clinics, regardless of the disease site. Such specialties include, obviously, medical oncology, but also diagnostic radiology and pathology.

Back to the Beginning

In 1997, a surgical oncologist with a special interest in breast cancer and a clinical nurse specialist collaborated with key oncology physicians and staff to create a Breast Cancer Advisory Board at Presbyterian Cancer Center. The board's major goal was to establish a multidisciplinary breast cancer clinic that would provide a second opinion for newly diagnosed patients. This clinic would allow breast cancer patients to be seen and evaluated by physicians from all oncology specialties. The multidisciplinary approach would also include an extensive review of pathologic, radiologic, and clinical findings, as well as interdisciplinary discussions of each case. The outcome would be an individualized recommendation for each patient outlining the team's consensus for the optimal treatment plan.

With the support and commitment of enthusiastic physicians and staff, the Multidisciplinary Breast Cancer Clinic (MBCC) was soon established. The clinic began by meeting one afternoon a week, with the capacity to evaluate four patients over a three-hour period. Initially patient volumes were low, but over time as satisfied patients began to tell others, physician referrals as well as self-referrals steadily increased.

Many breast cancer patients are well educated regarding their diagnosis, and the standard method of referring patients from one doctor to another was no longer satisfactory. Patients were looking for evidence that physicians were collaborating, and that their specific case was receiving personalized, detailed attention, which the MBCC at Presbyterian provides. Prior to the implementation of marketing efforts such as print, radio, and television ads, which have been subsequently introduced, "word of mouth" recommendations from patients telling others about the program provided a steady source of new clinic referrals. These "word of mouth referrals" are concrete evidence of the high patient satisfaction the MBCC continues to enjoy. Currently, referrals are divided evenly between clinic physicians, physicians who do not participate in the clinic rotation, and patients who self-refer.

Over the past seven years, patients from five states and two foreign countries have been seen—with a cumulative total exceeding 900. The ongoing commitment to and delivery of quality care has resulted in increased volumes.

As clinic volumes grew, physician participation was expanded to accommodate those physicians who expressed interest in participating in the clinic. The Breast Cancer Advisory Board recognized that in order to ensure quality, it was necessary to create criteria by which to establish, recognize, and regulate expertise in physicians who rotated through the clinic. One important measure is regular attendance at the weekly morning Breast Forum conference. The increasing number of complex cases discussed at the Breast Forum gave physicians who attended a heightened awareness of the benefits of multidisciplinary care—whether it was through the clinic or through the conference. These conferences also incorporated the rapid advances made in each discipline by changing what the institution considered as "standard of care."

The success of the multidisciplinary breast cancer clinic attracted the notice of physicians specializing in other cancers. In 2000 physicians interested in creating two more cancer site-specific multidisciplinary clinics approached the hospital administration. Based on the success of the MBCC, a thoracic surgeon and an urologist were appointed to spearhead two additional multidisciplinary clinics. These clinics would provide a second opinion for patients with lung and prostate cancer. Key oncology physicians were enlisted to serve on the two new Advisory Boards. In addition to overseeing the development of these clinics, the Advisory Boards were committed to helping change the traditional paradigm of treatment towards a more collaborative approach. The board members' enthusiasm, energy, and passion for multidisciplinary care provided a powerful impetus for shaping the perception of their peers. Today, these key physicians continue to provide valuable leadership and demonstrate the benefit of multidisciplinary care for patients and staff.

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How the Clinics Work

Each of the three multidisciplinary clinics at Presbyterian Cancer Center involves one half-day session in which patients receive individualized care from a team of dedicated professionals. In addition to newly diagnosed patients, referrals include patients currently undergoing treatment who are seeking a second opinion—as well as newly relapsed patients or complex cases.

As patients arrive, they are shown to a private exam room. Each patient meets individually with a registered dietitian who has specialized in oncology. In the breast and prostate clinics, each patient also meets with a patient survivor from the American Cancer Society (Reach to Recover and Man to Man programs). Clinical research nurses screen every clinic patient for trial eligibility. Patients are provided with resource materials—both educational information and support services information. Patients may also see an oncology medical social worker during the clinic visit.

While the patient is meeting individually with the team members mentioned above, a pre-conference is held in which pathology and radiology provide a comprehensive review to the surgeon, medical, and radiation oncologists. Following the pre-conference, the oncology physicians separately evaluate each patient, spending approximately 15-20 minutes with each person. Once all three physicians have met with the patient, a second conference is held. This brief post-conference allows clinic physicians to identify any additional tests or follow-up, discuss any new or problematic clinical findings, and agree on specifics for each patient's final team recommendation.

Immediately following the post-conference, one physician meets with the patient and summarizes the team's recommendation. This physician also discusses the recommended treatment plan with the patient's referring physician. After the patient receives the physician's summary, the patient meets with a nurse educator who concludes the clinic visit by answering any remaining questions and ensuring that all of the patient's concerns are addressed.

Pluses and Minuses

While the benefits that multidisciplinary care offers to patients are evident, physicians who participate in multidisciplinary cancer clinics also report numerous benefits, including the opportunity to interact with other specialists and keep current on the latest research across multiple specialties. The retention of patients, along with growth within their own practice from self-referred clinic patients, is another positive benefit for physicians. The shift in physician perspective away from traditional sequential care in a linear format, to patient-focused multidisciplinary care is a transformation in many ways. Physicians who participate in the clinics often become firmly entrenched in the belief that individualized, collaborative patient care provides superior quality.

Clear positive outcomes from the creation of multidisciplinary clinics include quality initiatives that support evidence-based medicine. For example, patients who come to the clinic for a second opinion might have new clinical findings discovered during the attentive case review. One quality initiative involves tracking the number of cases where the team's recommendation results in a substantial change in the patient's established treatment plan. It was anticipated that at least 10 percent of the cases seen in the clinic would fall into this category. To date, the MBCC has successfully met and exceeded this goal.

Clinic physicians refer patients from their own practices for a variety of reasons. For example, physicians may refer complex cases and patients who need the clinic for support or education. Physicians also refer patients to ensure that their proposed treatment plan is appropriate for that specific patient. Such referrals typify the physician's unwavering commitment to individualized and personalized care.

While Presbyterian remains committed to providing care to all patients, regardless of insurance status, the challenge of sustained funding is an ongoing concern. Currently, the Presbyterian Cancer Center uses various community resources such as grants, private donors, and foundations to supplement the cost of providing this type of care. However, there is also non-monetary value from the multidisciplinary clinics, both as a marketing tool and as a means to attract patients from outside the region. Additionally, the clinics provide a unique cohesive cause, uniting physicians from multiple specialties, practices, and backgrounds in providing excellence in patient care. In the end, regardless of who pays or does not pay, Presbyterian's mission of doing what is best for the patient is affirmed.

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