

A Culture of Partnership

Taking multidisciplinary care beyond theory to practice

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The benefits of multidisciplinary care are well-known. It improves the quality of care, reduces time to treatment, improves patient and physician satisfaction, and facilitates seamless information exchange among physicians and supportive care providers along the care continuum. For community cancer centers, multidisciplinary care is becoming an expectation rather than a nice-to-have. The most successful multidisciplinary care programs function within a system that recognizes physicians as leaders of the patient care team and individuals who engage the team in strategic planning activities to improve both the patient and provider experience.

While multidisciplinary care can be delivered in a variety of models, for the purposes of this article, multidisciplinary care is defined as an approach to patient care that successfully engages physicians and allied healthcare professionals across all disciplines. This multidisciplinary care team:

1. Is involved in the diagnosis and staging of cancer, treatment plans, and delivery
2. Ensures patient involvement in the decision-making process
3. Identifies gaps in the care delivery process, such as staffing or medical equipment and technology
4. Develops systems to improve care coordination and the overall patient experience.

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Table 1. Developing a Multidisciplinary Care Model

SETTING GOALS

- ✓ Develop screening, treatment, work-up, follow-up, and surveillance guidelines.
- ✓ Create cancer screening education materials (print, online, radio and TV ads, etc.) and a plan to distribute information to patients and physicians.
- ✓ Develop patient pathways using support services, such as patient navigators.
- ✓ Define data monitoring points to measure quality of cancer care provided.
- ✓ Develop dashboard for collecting and measuring these data monitoring points.

DEFINING INITIATIVES

- ✓ Define the scope of the multidisciplinary program.
- ✓ Process map the patient’s journey through the healthcare system.
- ✓ Identify short- and long-term goals for the multidisciplinary program.
- ✓ Develop clinical pathways.
- ✓ Identify required resources, including staff.
- ✓ Enhance or grow the clinical research program to increase patient accrual.
- ✓ Identify performance and outcomes measurements.
- ✓ Develop dashboard for collecting and measuring outcomes.

GUIDING PRINCIPLES

- ✓ All decisions will be patient-centered and focused on best practice.
- ✓ All guidelines will be developed using an evidence-based approach; data supporting decisions will be available.
- ✓ The concept of the private practice environment will be respected and considered throughout the process of implementing the multidisciplinary care model.
- ✓ Discussions will be open regarding integration of private practice and hospital faculty.
- ✓ Decisions that are agreed on in team meetings will be executed by all medical staff—not just physicians on the multidisciplinary team.
- ✓ Members of the multidisciplinary team will attend 80 percent of team meetings.

Table 2. Examples of Administration Follow Through

GOAL: To improve colorectal cancer awareness and prevention in the region through implementation of standard screening and treatment guidelines.

ADMINISTRATION ACTIVITIES IN SUPPORT OF THE GOAL:

- ✓ Administration developed relationships with three primary care physician (PCP) practices in the region.
- ✓ A physician survey was developed by the multidisciplinary care team and distributed to the three PCP groups to learn more about their colorectal cancer screening recommendations.
- ✓ A key survey finding: PCPs needed an evidence-based colorectal cancer screening recommendation from the multidisciplinary care team.
- ✓ Multidisciplinary care team members reviewed national guidelines and developed an evidence-based screening recommendation, which was communicated to the PCPs through various channels, including letters and mailers, the hospital’s website, and the hospital’s intranet.
- ✓ Administration and staff created a communication plan in which the multidisciplinary care team regularly communicates with more than 2,000 PCPs and OB GYNs in the region regarding colorectal cancer screening and cutting-edge treatments.

CASE STUDY 1

The following case study outlines how a community hospital in the southern United States successfully engaged its physicians and demonstrated measurable improvement in patient satisfaction and treatment outcomes through multidisciplinary care teams in four key tumor sites: head and neck, brain, colorectal, and lung.

Physician Engagement

The Head and Neck Cancer Team is led by a group of head and neck surgeons who are nationally known for superior oncology care. The team includes academic, contracted, employed, and private practice physicians all working together to improve the quality of services for their head and neck cancer patients. Physician specialties include:

- Head and Neck Surgery (One group: academic physicians)
- Laryngology (One group: academic physicians)
- Medical Oncology (One group: private practice physicians)
- Radiation Oncology (One group: private practice physicians)
- Pathology (One group: contracted physicians)
- Radiology (One group: contracted physicians)
- Palliative Care (One group: employed physicians).

Goals & Initiatives

Physicians involved in the Head and Neck Cancer Team agreed that the following goals would guide their approach to multidisciplinary care implementation:

- Design and implement patient navigation services for head and neck cancer patients as a way to centralize and streamline care.
- Develop a robust clinical research program that offered patients access to cutting-edge trials and physicians the opportunity to open investigator-initiated trials.
- Implement a “virtual” multidisciplinary clinic that will offer patients same-day consultations with the head and neck surgeon, radiation oncologist, and/or medical oncologist.

- Expand supportive care services for head and neck cancer patients, ensure that appropriate patient education is available, and improve patient awareness of supportive care services.
- Assess and evaluate the feasibility of developing an onsite tissue banking strategy.
- Appropriately market current head and neck cancer services.
- Develop quality dashboards to track head and neck cancer patient outcomes and compare to national benchmarks.

Because head and neck patients have such unique and complicated needs during their course of treatment, the multidisciplinary team dedicated particular focus to expanding and streamlining supportive care services by initiating a Head and Neck Supportive Care Team. The Head and Neck Supportive Care Team was charged with improving the delivery and continuity of the program’s supportive care services, while also developing creative ways to track patients through the system to ensure that no patient “falls through the cracks.” Members of the team include speech pathologists, patient navigators, social workers, physical and occupational therapists (PT/OT), dietitians, and nurse managers from the intensive-care, step-down, and respiratory units. Strategic priorities for the Supportive Care Team include:

- Develop a standard education protocol to be used by physicians when placing a feeding tube.
- Develop standard protocols for PT/OT specific for head and neck cancer patients, and hosting a CME for regional PT/OT professionals to train in these protocols.
- Laryngectomy education sessions to ensure that all members of the patient care team are aware of the unique needs of head and neck patients and their families.
- Development of a Head and Neck Supportive Care Resource Directory with photos and contact information for supportive care service providers.

Results

The Head and Neck Cancer Team has been extremely successful in achieving organizational engagement, improving patient satisfaction and outcomes, and accomplishing its original goals. To make the best use of its resources, the team did not move forward with their tissue banking strategy due to current human and capital resource limitations. Despite these limitations, physicians have gained in-office support from patient navigators; appropriately integrated and streamlined supportive care services for their patients; and targeted marketing and communication activities around the physician expertise within the multidisciplinary care team.



CASE STUDY 2

Lack of administrative support, resource limitations, and competitive forces can make implementation of multidisciplinary care teams a challenge. This scenario was the case with the development of a Colorectal Multidisciplinary Team in the southern Virginia market. While the physicians involved in the development of this team were highly engaged and supportive of the vision for multidisciplinary care, the program was developed in a small community hospital environment with limited staff and resources to support the program.

Physician Engagement

The Colorectal Multidisciplinary Team includes contracted, employed, and private practice physicians working together in an extremely competitive market to raise the visibility of their superior colon and rectal cancer care. Physician specialties include:

- Colorectal Surgery (One group: employed physicians)
- Medical Oncology (Two groups: private practice physicians)
- Radiation Oncology (One group: contracted physicians)
- Gastroenterology (One group: private practice physicians)
- Pathology (One group: contracted physicians)
- Radiology (One group: contracted physicians)

Goals & Initiatives

As was the case with the Head and Neck Cancer Team in Case Study 1, this multidisciplinary group chartered four key initiatives for the development of their program:

1. Develop colon and rectal dashboards to be used for outcome measurement, tracking, and publication to the broader community.
2. Increase market share by launching a comprehensive marketing campaign around the Colorectal Multidisciplinary Team and the superior care provided by team members.
3. Improve colorectal cancer prevention and early detection in the region through development and communication of standard screening and treatment guidelines.
4. Develop a monthly colon and rectal multidisciplinary tumor conference.

Over a six-month period, multidisciplinary team members, administration, and support staff worked toward accomplishing these goals with the understanding that the team might eventually evolve into a monthly colon and rectal-specific tumor conference. Team successes included:

- Development of a comprehensive colorectal cancer marketing campaign, including monthly advertorials developed by team members focusing on colorectal cancer awareness and screening.
- Launching an annual “Don’t Get Left Behind” Run to benefit uninsured and underinsured patients in need of colorectal cancer care.
- Development of outcomes dashboards to track patient volumes and quality improvement indicators.
- Development of a clearly defined patient process designed to overcome barriers to care delivery.

Results

The multidisciplinary team members decided to shift the focus to implementation of a colon and rectal-specific tumor conference, including colorectal surgeons, radiation and medical oncologists from multiple private practice groups, gastroenterologists, pathologists, and radiologists. The conference is well attended and patients now have access to a specialized group of physicians reviewing and discussing their treatment options in a multidisciplinary setting.

The Colorectal Multidisciplinary Care Team has been extremely successful in raising the visibility of their program, streamlining patient processes, and tracking outcomes to guide program enhancements.



Building trust and buy-in from key physician stakeholders is essential for developing the protocols and pathways necessary to improve the treatment process.

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Implementing Multidisciplinary Care

Successful implementation of multidisciplinary care requires thorough planning and preparation on the front-end. Hospitals often attempt to bypass this critical step by adopting an approach that has been successful in other environments without carefully considering their organization's unique culture, practice patterns, and dynamics. If the adopted approach is not successful, the result is often disillusionment and disengagement among physicians and staff.

When implementing a multidisciplinary care strategy, administrators should first assess the hospital's resources in terms of those necessary for multidisciplinary care. For example, offering a multidisciplinary clinic in a community hospital setting with few employed or aligned physicians may outstrip an organization's resources. Administrators must also consider the financial resources, patient volumes, and administrative support needed to implement a successful multidisciplinary approach. Further, a multidisciplinary approach must fit within the larger context of the organization's mission, strategic direction, and resources.

Key questions to answer during planning and implementation include:


1. Are there successful models of multidisciplinary care that can be leveraged and applied to your cancer program? If so, what modifications are needed to create an appropriate fit?
2. What strategy will most appropriately engage the physician community, including private practice, academic, and employed or contracted physicians?
3. What are the resource limitations of the program? Can these be overcome? If so, how?
4. By tumor site—what and where are the major gaps in service delivery?
5. What initiatives will engage the physician community and improve patient care and outcomes?
6. How will the program track outcomes and appropriately market and publicize multidisciplinary care in the community?

Once these unique organizational needs are identified, a multidisciplinary team can set program goals, define initiatives, and identify guiding principles to develop a model of care. These goals, initiatives, and guiding principles serve as a road map and foundation for all activities moving forward (see Table 1, page 55).

Physician Engagement

The next critical step after choosing the optimal model for your organization is physician engagement. This step can be difficult to achieve in a community hospital where physicians are aligned under a non-employment arrangement. Building trust and buy-in from key physician stakeholders is essential for developing the protocols and pathways necessary to improve the treatment process. To successfully engage physicians, administrators need to consistently follow through on multidisciplinary team initiatives while creating realistic expectations. Gaining the trust of the physician community is essential, and follow through by administration and staff will strengthen this trust and drive physician participation. Table 2 (page 55) provides an example of consistent follow through related to a specific goal: improving colorectal cancer awareness and prevention. In this example, the activities led to strong relationships with referring physicians, improved community awareness of screening eligibility, and, ultimately, earlier stage of diagnosis.

Going Forward

Because multidisciplinary care tactics are widely implemented with varying levels of success, careful consideration must be given to the needs of the physician community and patients in the community. In the two multidisciplinary care cases studies presented on pages 56 and 57, success depended on clearly defined goals and objectives, along with consistent physician leadership working to implement these goals. Hospitals of varying sizes, resources, and levels of physician engagement can develop similar multidisciplinary care programs and truly improve patient care. 

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