

## Future Ready

BY MARK S. SOBERMAN, MD, MBA, FACS



**A**s a cancer center director and physician executive, one of my passions is patient-centered multidisciplinary care. One of the great privileges of serving as President

of the Association of Community Cancer Centers is choosing a president's theme for my term in office. It is no surprise then, that the theme I have chosen is "Envisioning Next Gen Multidisciplinary Cancer Care." I think we can all agree that—whatever the shape, size, and composition of cancer care in the future—it must be patient-centered. In June at the 2017 ACCC Institute for the Future of Oncology forum, a multidisciplinary group, including ACCC-member physicians, nurses, administrators, social workers, financial advocates, pharmacists, and quality officers, as well as representatives from patient advocacy groups, engaged in a spirited discussion about what next generation cancer care might look like and who will be on the team. We were fortunate to have Kavita Patel, MD, MPH, of the Brookings Institution as facilitator.


The first topic of discussion was the care coordination imperative. To move from care organized around providers to care organized around the patient, various models, including navigation, in-person and virtual multidisciplinary clinics, tumor boards, telehealth, and better integration of primary care physicians were considered and discussed. Breaking down barriers to collaboration and specialty silos were felt to be of the utmost importance. Looking to the future, organizing the care team around the patient and his or her medical condition will not only improve patient-centeredness of care, but better facilitate the ability to improve outcomes and control the cost of care.

Discussion topic two focused on how next gen cancer care will reconcile personalized medicine with the drive to value-based healthcare. The conversation around the

definition of personalized medicine was especially revealing. Prior to this discussion, I usually thought of "personalized medicine" as the need to integrate targeted therapies and immunotherapies based upon the patient's very specific tumor biology. However, many of the institute participants framed the conversation around understanding the patient's priorities and goals of treatment and designing a subsequent plan of care around those wishes and desires. Shared decision-making surfaced as a key concept in the delivery of true patient-centered care. Of course, both definitions are true and valid. And while I had always viewed these issues as separate, this year's institute discussion brought home the fact that they are not.

The final topic under consideration was the projected workforce shortages that are expected to coincide with increasing patient volumes. Some of the strategies discussed included the development of so-called "oncogeneralists," further integration of primary care physicians into the plan of care, leveraging technologies such as IBM Watson and/or telehealth, increased integration of advanced practice providers (APPs), and an increasing role for primary care and advanced practitioners in survivorship care.

All three discussion topics provided glimpses of not only what next generation cancer care may look like, but also who will be joining the team in this era of rapidly evolving cancer care. Palliative medicine, integrative oncology, pharmacy, geneticists, research nurses, financial navigators, primary care physicians, and others were all identified as needed collaborators in delivery of patient-centered care both for today and tomorrow.

Further, I'm pleased to report that this is a conversation that will be ongoing. At the end of the Institute, there was agreement that ACCC should and will provide a platform for continued discussion and refinement of these important concepts. In a value-based system of healthcare, multidisciplinary teams centered on the patient and his or her medical condition are essential to the delivery of high-quality personalized care at the most reasonable cost. 

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