Envisioning Next Gen Multidisciplinary Cancer Care

BY MARK S. SOBERMAN, MD, MBA, FACS

I often introduce myself as a recovering thoracic surgeon. Some might find that an unusual thing to say, but I truly believe that unlearning many of the things I was taught during my surgical training has enabled me to become an effective physician executive. I've been in recovery since 2007, when I entered the MBA for Executives program at the University of Virginia's Darden School of Business. My wife and I often joke that going to graduate business school at the age of 49 was my midlife crisis. At Darden, I acquired new skills in strategy, finance, operations management, and marketing and acquired a new lens through which to view healthcare.

Traditionally, in surgical training, we are taught that the surgeon is the only thing standing between the patient and certain disaster. Leadership training taught me how to listen and to value and seek out dissenting points of view. As ACCC President, my theme will be "Envisioning Next Gen Multidisciplinary Cancer Care." Oncology is most definitely a team effort, and the team is growing as we increase collaboration amongst disciplines.

Traditionally, this collaboration has included surgery, medical oncology, radiation oncology, nursing, administration, social work, pharmacy, and the cancer registry. But, as cancer treatment evolves with more targeted and immune-based therapies, next generation multidisciplinary cancer care refers to the growing need to also include navigation, pathology, genetics, pulmonology, primary care, as well as those outside of our brick-and-mortar programs, including specialty pharmacy and third-party labs.

Several months ago, I met a patient diagnosed with a lung mass that turned out to be a rare sarcoma. Unfortunately, after surgery and chemotherapy, his disease progressed further and he was hospitalized with severe back pain due to progression of his spinal metastases.

After the patient was admitted, the medical oncology team told him he needed chemotherapy and radiation. A short while later, the neurosurgery team told him he needed immediate surgery. At this point, I received a somewhat frantic call from him. He had absolutely no idea what to do. It was obvious to me that the oncologists and neurosurgeons weren't talking to one another. The patient was stuck in the middle, completely unsure of what he should do.

I told him to *demand* that his doctors meet to discuss his plan of care and come together with a unified recommendation. It was unreasonable to expect that this frightened patient could decide between two completely different treatments. The good news is that the two teams met and reached consensus that the best option was urgent surgery.

I share this story because cancer care today is still too often siloed by specialty and organized around us, the care providers, rather than our patients' medical conditions. Patients come to us with a diagnosis of lung cancer or breast cancer. They don't come to us with a diagnosis of medical oncology or radiation oncology.

In our vision for next generation multidisciplinary care, I believe we must strengthen connections—and break down siloes—with the goal of improved communication and collaboration to move forward in the value-based healthcare environment.

To achieve the triple aim of improving the patient experience, improving population health, and reducing cost—we must ask ourselves, what new care connections are needed? This new environment demands a new vision for the multidisciplinary cancer care team.

We are fortunate to have ACCC, with its multidisciplinary "how to" focus, as we prepare today for the Next Gen Team of Tomorrow. I look forward to working with all of you this year. OI

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