Multidisciplinary Cancer Care

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Outline

• Rationale for a multidisciplinary care team

• Challenges to engaging the patient with the team model

• Maintaining the team structure in unique circumstances
# Team Members

| Providers interacting with the patient | • Oncologists (medical, surgical, radiation)  
• Other cancer-focused specialist (GI, pulm)  
• Primary care/other established providers |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Providers behind the scenes            | • Pathologists  
• Radiologists                                                                                                                                         |
| Support Staff                          | • Midlevel providers and nursing staff  
• Nutritionists  
• Pain specialists  
• Genetic counselors  
• Social workers |
Balancing Act

<table>
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<tr>
<th>Benefits</th>
<th>Challenges</th>
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| Each element of care has a dedicated manager | Overwhelming  
  • Just diagnosed with cancer! |
| Allows creation of longitudinal plan upfront  
  • Patient feels they “have a plan” | Need to be ready for the patient in advance |
| Allows for more interaction with the medical team | Introducing patient to the team concept and to the members |
Before the first patient visit

• Are the right providers seeing the patient?
  • Medical versus Surgical?
    • If multiple providers, can this be anticipated?
    • If subspecialized, is patient scheduled with providers who treat their cancer?

• Who gets the complete records?
  • Staff of first physician to see the patient?
  • Navigator may be helpful in this setting

**Q: Who owns, coordinates the pre-visit process?**
Introducing the team concept

• Present concept at *each* provider’s first encounter

• Then reinforce
  • Reference discussions about the patient to the patient that members have had

Q: Strategies for building patient confidence that providers interacting, and not treating in a vacuum?
Introducing the team!

• Introduce members at early visit even if not active in care just yet

• Team will mean multiple visits = frustrating

Q: Strategies to limit too many visits? Multidisciplinary clinics? Coordinated visits on same day?
Helping the patient navigate the team

• Not each team member is appropriate to address each issue

Q: How do you help the patient understand this? What are ideal ways to pay the question forward without punting?

• Help the patient understand “behind the scenes” (Tumor board, etc)

Q: Make it a point to explain what was discussed?
Unique Challenges

• Knowing who is in charge

• Supporting teams inter-institutionally

• Having incomplete teams
One chef in the kitchen

• Important that the patient knows who this is at any given time
  • Reassuring, especially when they have questions
• May change during course of care
• Sometimes there are >1 at once (eg: chemoRT)
  • Need close communication, and to let patient know they are communicating

Q: How to keep team members in a passive role an acknowledged part of the patient’s team during these times?
Inter-institutional Teams

• What mechanisms for maintaining communication?
  • Tumor Board Call-In?

• Careful not to limit to one institution
  • Don’t repeat consults, procedures inhouse unnecessarily
Holes in the team

• Have someone assigned to the task?
  • Example: no nutritionist, so does surgery manage tube feeds?

• Can each others groups assist?
  • Example: if medicine has a gap in social work, can surgery’s social worker fill in?

Q: How to keep tasks from getting lost in the mix when no one owns them?
Surveillance

• Be clear which provider assumes this role

• With patient and with each other

Q: Role for survivorship plan? How to maintain passive presence of members not actively involved in surveillance?
Questions & Discussion

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