

**ATTACHMENTS FOR MULTIDISCIPLINARY CARE
SURVEY (OMB No. 0925-0589-07)**

ATTACHMENTS:

7A: MDC Survey Scheduling Script

7C: MULTIDISCIPLINARY CARE SURVEY 4.4

7E: MODERATOR'S GUIDE

ATTACHMENT 7A: MDC Survey Scheduling Script

OMB No. 0925-0589-07
Expiration Date: 5/31/2011

Public reporting burden for this collection of information is estimated to 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0589-07). Do not return the completed form to this address.

Hello, my name is _____ and I work for Westat, a survey research firm in Rockville, MD. We're working with the National Cancer Institute and the Commission on Cancer to develop a survey on multidisciplinary cancer care. I received your name from _____. (S/he) indicated you would be willing to participate in an in-person interview that will take about an hour to complete. The purpose of this interview will be to help us test the questions to make sure that they make sense, are easy to answer, and that everyone understands the questions in the same way.

The way this kind of interview works is that we will mail you the survey and ask you to complete it, making notes about anything that is confusing or unclear. We will then ask you to send the survey back to us via mail, fax, or email. Next, the assigned staff member will call you at an appointed time to go over the survey and your comments. The main purpose of the interview is to identify problems with the survey. The interview will last about an hour and you will be given \$150 as a token of appreciation of your time with us.

Would you like to participate?

YES..... 1
NO..... 2 → (END)

Let me give you some available times and you tell me what would be best for you. [SCHEDULE INTERVIEW]

May I have your full name and a number where we can reach you? Also, please give me an address where I can mail you the survey we'd like you to complete before the interview.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

For the interview, we'd like to have a copy of your completed survey. How would you prefer to send us a copy? Would you prefer to:

Fill out 2 copies and mail back one, Mail a photocopy, Fax a copy, or Scan and email a copy?

We have scheduled your interview for DATE at TIME.

If you have any questions or need to cancel your participation, please call Martha Popovic at 1-800-WESTAT1 (937-8281), extension 5897 or at 240-314-5897.

Thanks very much for agreeing to participate.

ATTACHMENT 7C: MULTIDISCIPLINARY CARE SURVEY DRAFT 4.4 (11.03.10)

OMB No. 0925-0589-07

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Public reporting burden for this collection of information is estimated to 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0589-07). Do not return the completed form to this address.

PROGRAMMING NOTE:

SAMPLE WILL BE SELECTED USING ADMINISTRATIVE DATA FROM THE CoC DATABASE OF ACCREDITED PROGRAMS AND CRITERIA ESTABLISHED BY THE SURVEY WORKING GROUP
ELEMENTS TO INCLUDE IN SAMPLE SELECTION INCLUDE TYPE OF FACILITY, SIZE OF FACILITY, CANCER SITES SERVED, CASELOAD OF THE CANCER SITES SERVED

INTRODUCTION

Thank you for participating in the Multidisciplinary Care Survey of CoC-accredited cancer programs.

For purposes of this survey, multidisciplinary care is commonly understood in the field as a coordinated approach that brings together multiple cancer specialists as well as other clinicians and professionals to plan the appropriate treatment and other integral services for a cancer patient once a confirmed diagnosis is made (e.g., through surgery or biopsy) that requires complex, multi-modality therapies. This excludes care to patients for whom only a single treatment is needed.

Since there has been very little systematic examination of how multidisciplinary care works in a cancer setting, this survey is **exploratory** in nature. There are no right or wrong answers. The information you provide will help expand existing knowledge of multidisciplinary care.

MULTIDISCIPLINARY CARE FOR {FILL CANCER TYPE} CANCER

The survey is designed to solicit information about the multidisciplinary care offered to {FILL CANCER TYPE} cancer patients at your facility. Although your facility may provide multidisciplinary care for other cancer sites, please answer **only** for multidisciplinary care offered to {FILL CANCER TYPE} cancer cases.

SURVEY INSTRUCTIONS

- The survey should take about 30 minutes to complete. This includes time to collect any materials needed to respond to the survey questions.
- You may need to consult with others at your facility to answer some of the questions.
- Some questions in the survey ask you to provide documents or materials. When you get to those questions, you will be given instructions for how to attach documents to your completed survey.

- We encourage you to answer all of the questions so that we can best understand multidisciplinary care at your facility. However, you are free to skip any question you do not wish to answer.
- For most of the following questions, please think about **typical** {FILL CANCER TYPE} cancer cases at {FILL FACILITY NAME}.

A. OVERVIEW OF MULTIDISCIPLINARY CANCER CARE AT YOUR FACILITY

For purposes of this survey, multidisciplinary care is commonly understood as a coordinated approach that brings together multiple cancer specialists as well as other clinicians and professionals to plan the appropriate treatment and other integral services for a cancer patient once a confirmed diagnosis is made (e.g., through surgery or biopsy) but before initiating the required complex, multi-modality therapies. This excludes care to patients for whom only a single treatment is needed.

- 1. How well does this description reflect the treatment planning process for {FILL CANCER TYPE} cancer patients at your facility?**
 - a. It exactly describes the treatment planning process for {FILL CANCER TYPE} cancer patients at my facility
 - b. It describes some but not all aspects of the treatment planning process for {FILL CANCER TYPE} cancer patients at my facility
 - c. It does not at all describe the treatment planning process for {FILL CANCER TYPE} cancer patients at my facility
- 2. What do you call the treatment planning process for {FILL CANCER TYPE} cancer patients at your facility?**
 - MDC conference
 - MDC clinic
 - MDC team
 - Tumor Board
 - Tumor Conference
 - Something else (please describe) _____

Think about the treatment planning process you named in Question 2 when answering the remainder of the questions in Section A.

- 3. **Once a patient is definitively diagnosed for {FILL CANCER TYPE} cancer, would you describe the multidisciplinary treatment planning process as prospective?**
 - Yes
 - No
- 4. ** Do ALL participants involved in treatment planning for {FILL CANCER TYPE} cancer cases convene, whether in-person or virtually?**
 - Yes
 - No
- 5. Are {FILL CANCER TYPE} cancer patients invited to participate in treatment planning meetings with the multidisciplinary cancer care team?**
 - Yes → GO TO Q7
 - No

6. Why aren't patients invited? CHECK ALL THAT APPLY

- Medical providers would not be able to speak as freely in the presence of the patient
- Our facility lacks the infrastructure to accommodate patient attendance
- It is an inefficient use of time to include the patient
- There are concerns about legal liability/accountability for decisions regarding a patient's treatment
- The discussion may be too overwhelming or confusing for the patient
- Medical providers aren't able to bill for time spent with patients in these discussions
- There are concerns that inviting patients may compromise the privacy of their health information
- Other (please describe) _____

7. Which best describes the physicians that participate in treatment planning discussions at your facility about {FILL CANCER TYPE} cancer patients? CHECK ONLY ONE

- a. They are all private practice physicians
- b. They are mostly private practice physicians
- c. They are a mix of private practice physicians and physicians employed by this facility
- d. They are mostly physicians employed by this facility
- e. They are all employed physicians employed by this facility
- f. Something else (please describe) _____

8. **Does {FILL FACILITY NAME} have a formal written policy or standard operating procedures for providing multidisciplinary cancer care?

Yes → **Attach Document** - [insert instructions to do this]

No

B. INITIAL CASE PRESENTATION

This section asks questions about multidisciplinary care meetings and initial case presentations for {FILL CANCER TYPE} cancer patients at your facility.

9. Are multidisciplinary care meetings about {FILL CANCER TYPE} cancer cases held on a set schedule or only as needed?

- a. Set schedule
- b. As needed
- c. Both

10. Is there a formally designated person or position responsible for {FILL CANCER TYPE} cancer care meeting coordination and preparation?

Yes

No

11. Who is responsible for meeting coordination and preparation? CHECK ALL THAT APPLY

- Nurse
- Patient navigator
- Tumor Registrar
- Tumor conference administrative coordinator
- Administrative support staff
- Clinic nursing staff
- Physician
- Other (please describe) _____

12. Is there a dedicated space for multidisciplinary care meetings about {FILL CANCER TYPE} cancer cases?

Yes
No

13. Are case materials or information provided to multidisciplinary care meeting participants prior to the initial presentation of {FILL CANCER TYPE} cancer cases?

Yes
No

14. Once patients are diagnosed with {FILL CANCER TYPE} cancer, who decides if the case needs to be presented? CHECK ALL THAT APPLY

- Medical oncologist
- Specialist/surgical oncologist (e.g., GYN oncologist, thoracic oncologist)
- Radiation oncologist
- General Surgeon
- Site-specific cancer specialist
- Pathologist
- Nurse practitioner/physician assistant
- Patient Navigator
- No one, all new cases are presented prospectively
- Other (please describe) _____

15. Please continue to think about {FILL CANCER TYPE} cancer cases that require multi-modality therapies once a definitive cancer diagnosis has been made. When is the initial case presentation for such cases typically held?

- a. After definitive cancer diagnosis and before multi-modality therapy is initiated
- b. Sometime after multi-modality therapy is initiated
- c. At first available MDC slot
- d. Some other time (please describe) _____

16. ****Does your facility have guidelines indicating when the initial case presentation should be scheduled once cancer is diagnosed?**

Yes
No

17. Is a quorum required at the initial case presentations for {FILL CANCER TYPE} cancer in order to proceed with a meeting?

Yes → If YES: How do you define that quorum?

(What we are looking for: "certain number of planning participants; certain percentage of the participants etc...")

No

18. Which care providers are expected to be present at the initial case presentation of {FILL CANCER TYPE} cancer cases? CHECK ALL THAT APPLY

- Medical Oncologist
- Radiation Oncologist
- Surgical Oncologist
- Cancer site specialist (e.g., urology, pulmonology, gastroenterology)
- Primary Care Physician
- Other Specialist (e.g., Plastic surgery, interventional radiology)
- Pathologist
- Radiologist
- Surgeon
- Palliative Care Specialist
- Clinic Nurse

- Clinical Trials Nurse/Research Nurse/Clinical Research Associate
- Social Workers/ Psychologist
- Patient Navigator
- Genetic Counselor
- Clergy
- Dietician
- Speech, occupational, or physical therapist
- Other (please describe) _____

19. **How frequently does the primary care physician attend initial case presentations for {FILL CANCER TYPE} cancer?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

20. **When participants convene for the initial case presentations for {FILL CANCER TYPE} cancer, how do they usually attend?**

- a. All in person
- b. A mix of in-person and virtual attendees
- c. All virtual

21. **How often is attendance taken at initial case presentations for {FILL CANCER TYPE} cancer?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

22. **What case materials or information are available at initial case presentations for {FILL CANCER TYPE} cancer? CHECK ALL THAT APPLY**

- PET/CT and other radiology films and reports
- Clinician dictations or notes
- Out-patient records
- Diagnostic test results
- Pathology results/slides
- History and physical (most recent or comprehensive)
- Family history
- Genetic testing results
- List of physicians involved
- Guidelines (e.g., NCCN, NQF, ASCO)
- Adjuvant! Online assessment tool
- Open clinical trials
- Consults
- Other (please describe) _____

23. **What approach is used to make decisions concerning multidisciplinary care treatment planning for {FILL CANCER TYPE} cancer patients? CHECK ALL THAT APPLY**

- Decisions by consensus
- Decisions by a vote
- Decisions by one person
- Some other way (please describe) _____

CLINICAL TRIALS

The next few questions are about how determination of clinical trials eligibility fits into the multidisciplinary care treatment planning process for {FILL CANCER TYPE} cancer patients at your facility.

24. Does the multidisciplinary {FILL CANCER TYPE} cancer care team have a mechanism for determining who is eligible for clinical trials?

Yes

No standard mechanism; depends upon case

No standard mechanism; depends upon MD suggestion

Other: Please explain _____

25. How often is screening for clinical trial eligibility done prior to the initial case presentations for {FILL CANCER TYPE} cancer?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

26. **When are clinical trial options for {FILL CANCER TYPE} cancer patients typically discussed?

- a. At the time of the initial case presentation
- b. Prior to initiation of first line treatment
- c. After proceeding with standard therapy

C. PATIENTS & MULTIDISCIPLINARY CARE

These next questions are about patient involvement in multidisciplinary care planning. Please continue to think about {FILL CANCER TYPE} cancer cases that require multi-modality therapies once a definitive cancer diagnosis has been made.

27. How often do you provide {FILL CANCER TYPE} cancer patients with information about the multidisciplinary care process?

- a. Never→ SKIP TO INSTRUCTIONS BEFORE Q29
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

28. How are {FILL CANCER TYPE} cancer patients informed about the multidisciplinary care process? CHECK ALL THAT APPLY

- We provide written communication to the patient summarizing the process.
- Interpreter services are provided as needed to explain the process.
- A dedicated nurse/patient navigator discusses with patient.
- The attending physician discusses with patient.
- Other (please describe) _____

(Please attach example materials (e.g. brochures))

IF Q5.=NO (Rs who say they do not invite patients to MDC meetings), SKIP TO INSTRUCTIONS BEFORE Q34.

29. Who usually invites {FILL CANCER TYPE} cancer patients to attend the initial case presentation? CHECK ALL THAT APPLY

- Nurse

- Patient navigator
- Administrative support staff
- Social worker
- Physician
- Other (please describe) _____

30. At what point in the process are {FILL CANCER TYPE} cancer patients invited to attend?

CHECK ALL THAT APPLY

- At the initial consult appointment
- After the initial consult by phone
- After the initial consult at a subsequent appointment
- Some other time (please describe) _____

31. How often do {FILL CANCER TYPE} cancer patients attend the initial case presentation?

- a. Never
- b. Rarely
- c. Sometimes
- d. Often
- e. Always → SKIP TO Q33.

32. For those {FILL CANCER TYPE} cancer patients who are invited but do not attend, what are some of the reasons? **CHECK ALL THAT APPLY**

- Not feeling well enough
- Overwhelmed with diagnosis/medical system
- Concerned about hearing things that will upset them
- Feel medical team is responsible for making treatment decisions
- Time/Location of the meeting is inconvenient
- Other (please describe) _____

33. Are {FILL CANCER TYPE} cancer patients welcome to invite their family members to attend the initial case presentation?

- Yes
- No

IF Q31.=Always, skip to instructions before Q35.

OTHERWISE, IF Q5.=NO, ASK Q34.4 WITHOUT THE FILL. OTHERWISE, ASK WITH THE FILL

34. **What information is shared with {FILL CANCER TYPE} cancer patients {who do not attend the initial case presentation} about what happened at the initial case presentation? CHECK ALL THAT APPLY**

- Meeting date and time
- List of attendees
- Treatment plan
- Summary of the meeting
- Team recommendations from conference shared at the MDC consult
- No information is shared
- Other (please describe) _____

IF Q5.=NO, DO NOT DISPLAY INTRO TEXT. OTHERWISE, DISPLAY INTRO TEXT

For these next questions, please think about all {FILL CANCER TYPE} cancer patients, whether or not they attended the initial case presentation.

35. **Who follows up with {FILL CANCER TYPE} cancer patients after the initial case presentation? CHECK ALL THAT APPLY**

- Patient Navigator
- Nurse
- Administrative support staff
- Social worker
- Physician
- No one
- Other (please describe) _____

36. ****How soon after the initial case presentation for {FILL CANCER TYPE} cancer patients does the follow-up typically occur?**

- a. Same day
- b. 1 day
- c. 2-3 days
- d. 4-7 days
- e. No follow-up
- f. Other (please describe) _____

D. POST-MEETING FOLLOW-UP

This section asks about multidisciplinary care planning **after** the initial case presentation. Please continue to think about {FILL CANCER TYPE} cancer cases that require multi-modality therapies once a definitive cancer diagnosis has been made.

37. **After the initial case presentation, how often do the multidisciplinary care providers for {FILL CANCER TYPE} cancer patients meet to modify the current treatment plan?**

- a. Never → GO TO Q39.
- b. Rarely
- c. Sometimes
- d. Often
- e. Always

38. **What are the reasons for reconvening to modify the current treatment plan? CHECK ALL THAT APPLY**

- Disease has progressed

- Patient is removed from planned course of treatment
- Patient is unable to tolerate/maintain current treatment plan
- Second primary is diagnosed
- Patient has a co-morbid condition
- Patient is experiencing poor symptom management
- Need to develop survivorship care plan
- Need to assess clinical trial options
- Pathology and imaging are discordant
- Case demonstrates more advanced disease than originally anticipated
- Rare cancers after treatment
- Additional data available that may impact plan
- Other (please describe) _____

39. **Do additional specialists who were not part of the initial case presentations ever participate in subsequent meetings about {FILL CANCER TYPE} cancer cases?**

Yes

No → GO TO Q41.

40. **In the past 12 months, which professional specialists have participated in subsequent meetings about {FILL CANCER TYPE} cancer cases?**

- Cancer site specialist (e.g., urology, pulmonology, gastroenterology)
- Primary Care Physician
- Other General Surgeons or Surgical Specialist (e.g., Plastic surgery, interventional radiology)
- Pathologist
- Clinic Nurse
- Clinical Trials Nurse/Research Nurse
- Social Worker/ Psychologist
- Patient Navigator
- Genetics Counselor
- Clergy
- Nutritionist
- Speech, occupational, or physical therapist
- Palliative Care Specialist
- Pain Management Specialist
- Dentist/Oral Surgeon
- OBGYN
- Other (please describe) _____

41. **A treatment plan is a prospective document outlining treatment going forward. Is a written multidisciplinary care treatment plan typically developed for individual {FILL CANCER TYPE} cancer cases?**

Yes

No → GO TO Q43.

42. **Do {FILL CANCER TYPE} cancer patients receive a copy of the written multidisciplinary care treatment plan?**

Yes

No

43. **Is a copy of the written multidisciplinary care treatment plan included in the patient's medical record?**

Yes

No

44. **A treatment summary is a retrospective document summarizing treatments the patient has received. Are treatment summary documents produced for individual {FILL CANCER TYPE} cancer cases?**

Yes

No →GO TO QError: Reference source not found

45. **Do {FILL CANCER TYPE} cancer patients receive a copy of the treatment summary?**

Yes

No

46. **Do primary care physicians receive a copy of the {FILL CANCER TYPE} cancer treatment summary?**

Yes

No

E. MULTIDISCIPLINARY CARE INFRASTRUCTURE

These next questions are about the infrastructure and billing associated with multidisciplinary care for {FILL CANCER TYPE}.

47. **What type of medical records system is used to support the provision of multidisciplinary care for {FILL CANCER TYPE} cancer cases?**

- a. Paper chart
- b. Electronic Medical Record (EMR)
- c. Mixture of paper and EMR

48. **From which departments can results/reports be accessed in preparation for the multidisciplinary care meetings about {FILL CANCER TYPE} cancer cases? CHECK ALL THAT APPLY**

- Laboratory
- Radiology
- Radiation oncology
- Pharmacy
- Medical Oncology
- Nursing
- Surgery
- Support staff
- Pathology
- Nuclear medicine
- Other (please describe) _____

49. **From your perspective, how integrated is the medical records system that supports multidisciplinary care planning for {FILL CANCER TYPE} cancer cases?**

- a. Not integrated
- b. Somewhat integrated
- c. Fully integrated

50. ****When billing for multidisciplinary {FILL CANCER TYPE} cancer care, does your facility bill for individual providers, for services provided, or for both?**

- a. Bill for individual providers only
- b. Bill for services provided only → GO TO Q52
- c. Bill for both individual providers and services
- d. There is no CPT code for billing →GO TO Q53

51. ****For each of the individual providers listed below, please indicate how your facility bills for multidisciplinary {FILL CANCER TYPE} cancer care.**

	Bills Externally	Global Billing	Bills Cancer Center	Bills Patient directly	Donates time	Other
Physician Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF Q49. = a., GO TO QError: Reference source not found

52. ****For each of the services listed below, please indicate how your facility bills for multidisciplinary {FILL CANCER TYPE} cancer care.**

	Bills Externally	Global Billing	Bills Cancer Center	Bills Patient directly	Donates time	Other
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Consult/ Second Opinion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetics Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. ****How are physicians compensated for their time providing multidisciplinary {FILL CANCER TYPE} cancer care?**

- a. Fee-for-service
- b. Salary
- c. Resource Value Unit (RVU)
- d. Other (i.e. reimbursement for travel time or other time) _____
- e. Not compensated

54. ****Are non-financial incentives provided in exchange for provision of multidisciplinary {FILL CANCER TYPE} cancer care?**

- Yes
- No → GO TO Q56

55. ****What are the non-financial incentives? CHECK ALL THAT APPLY**

- Hospital privileges
- Research staff support
- Support with credentialing
- Continuing Medical Education credits or units
- Conference registration and/or travel fees
- Marketing and promotion of multidisciplinary care provision
- Cancer Center membership
- Meals provided
- Other (please describe) _____

F. ASSESSMENT OF MULTIDISCIPLINARY CARE

These final questions are about the evaluation your facility does of those participating in multidisciplinary cancer care planning and treatment.

56. **Does your facility evaluate the performance of those participating in multidisciplinary {FILL CANCER TYPE} cancer care?**

- Yes → Please send a copy of the performance evaluation tool
- No → GO TO CLOSING QUESTION

57. **What dimensions of performance are used to evaluate those participating in multidisciplinary {FILL CANCER TYPE} cancer care? CHECK ALL THAT APPLY**

- Frequency of meetings.
- Prognostic indicators
- Timeliness to treatment
- Use of clinical and pathological staging variables to confirm staging
- Use of a physician “agreement of participation” to determine membership
- Use of clinical guidelines to develop treatment plan
- Minimum percent of patient participation in clinical trials
- Formal accrual and recruitment plan for clinical trials
- Patient satisfaction with the MDC experience
- Other (please describe): _____

G. CLOSING QUESTION

58. **Is there anything else about multidisciplinary care that you would like to share with us?**

Thank you for taking the time to complete this survey.

ATTACHMENT 7E: MODERATOR'S GUIDE

Multidisciplinary Cancer Care Survey Cognitive Interview Introduction

OMB No. 0925-0589-07

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Thank you for agreeing to help us out today. My name is _____ and I work for Westat, an evaluation and research company in Rockville, MD. I am calling for our appointment to talk about the Multidisciplinary Cancer Care Survey that you recently completed and sent back. Do you have the survey in front of you now?

Let me give you a little background information about what we'll be doing today. Westat is working with the National Cancer Institute and the Commission on Cancer to develop a survey to collect information on how multidisciplinary care works in a cancer setting. Before we conduct surveys, we first test them with the help of people such as yourself to make sure the questions are easy to understand and to answer. That is how you will help us out today -- by going through the survey and sharing some of your reactions with us; it will help make sure the questions are good questions.

Your particular survey answers are not the focus of interest. Instead, I will be asking you about things such as how well you understand what the questions are asking, and whether or not certain words and response categories are clear and appropriate. Your input will help us to correct any problems or make improvements before launching the survey at a later date.

Before we start, there are a few things I need to mention:

- This is a research project, and your participation is voluntary. If you prefer not to answer certain questions, just tell me and I'll go on to the next one. You may stop the interview at any time.
- The information you provide today will be confidential and your name or other personal facts that would identify you will not be used when we discuss, or write about this study.
- The interview will take about one hour and you will receive \$150 as a token of appreciation for your participation today.
- If it's alright with you, I'd like to tape record our interview, so that I don't have to take a lot of notes while we're talking, and can still get an accurate record of what you tell me. The recording will be stored on a secure network drive, only project staff will have

access to the information you share with us, and we'll destroy the tape after our project is finished.

This information is summarized in the consent form that was included with your survey packet.

[TURN ON RECORDER] Today is _____. Now that the tape recorder is running, let me ask again, is it okay with you if I tape record this interview?

COGNITIVE TESTING QUESTIONS FOR MDC SURVEY (11.23.10)

INDIVIDUAL ITEMS

Q3 - When a patient is definitively diagnosed for {FILL CANCER TYPE} cancer, would you describe the multidisciplinary treatment planning process as prospective?

Test respondents' understanding and interpretation of the term "prospective." Are they interpreting it as prospective treatment planning?

Q4 - Do all participants involved in treatment planning for the {FILL CANCER TYPE} cancer case convene, whether in-person or virtually?

Test that respondents understand the focus of this question is on participation of the entire team in the planning. Also test if the yes/no categories make sense for respondents, or if it seems like there should be a scale.

Q8 - Does {FILL FACILITY NAME} have a formal written policy or standard operating procedures for providing multidisciplinary cancer care?

Test whether respondents would be willing and/or able to provide such a document.

Q16 - Does your facility have guidelines indicating when the initial case presentation should be scheduled once cancer is diagnosed?

Test whether respondents see a difference between this question and Q8.

Q28 - How are {FILL CANCER TYPE} cancer patients informed about the multidisciplinary care process?

Test how respondents are interpreting "attending physician" in 4th response option.

Q34 - What information is shared with {FILL CANCER TYPE} cancer patients {who do not attend the initial case presentation} about what happened at the initial case presentation?

Test whether respondents find this to be redundant with post-meeting follow-up question about sharing treatment plan with patients (Q42).

Q36 –How soon after the initial case presentation for {FILL CANCER TYPE} cancer patients does the follow-up typically occur?

Test to find out more about how respondents are interpreting the “follow-up.” Ask them to describe the role of “follow-up” in their own MDC process (what determines the follow-up; is it a one-time occurrence or does it happen over time; is it related to MDC or part of a later treatment/appointment).

Q38 -- What are the reasons for reconvening to modify the current treatment plan?

Test respondents’ understanding and interpretation of “reconvening to modify the current treatment plan.” Test whether respondents think the response options are appropriate and all-inclusive.

Q41 – A treatment plan is a prospective document outlining treatment going forward. Is a written multidisciplinary care treatment plan typically developed for individual {FILL CANCER TYPE} cancer cases?

Test respondents’ understanding of “treatment plan.”

Q44 – A treatment summary is a retrospective document summarizing treatments the patient has received. Are treatment summary documents produced for individual {FILL CANCER TYPE} cancer cases?

Test respondents’ understanding of “treatment summary.” See if respondent has any trouble distinguishing between this and Q41.

Q57 – What dimensions of performance are used to evaluate those participating in multidisciplinary {FILL CANCER TYPE} cancer care?

Test respondents’ understanding and interpretation of this item, including whether response options are appropriate and all-inclusive.

RECORD SYSTEM SERIES

Test respondents’ understanding of and ability to answer Q47 through Q49.

Q47 – What type of medical records system is used to support the provision of multidisciplinary care for {FILL CANCER TYPE} cancer cases?

Q48 – From which departments can results/reports be accessed in preparation for the multidisciplinary care meetings about {FILL CANCER TYPE} cancer cases? CHECK ALL THAT APPLY

Q49 – From your perspective, how integrated is the medical records system that supports multidisciplinary care planning for {FILL CANCER TYPE} cancer cases?

Test respondents’ interpretation of “integrated.” Do respondents have any difficulty answering this question in particular and if yes, why?

BILLING SERIES

Test respondents' understanding of and ability to answer Q50 through Q55.

Q 50 - When billing for multidisciplinary {FILL CANCER TYPE} cancer care, does your facility bill for individual providers, for services, or for both?

Q51 - For each of the individual providers listed below, please indicate how your facility bills for multidisciplinary {FILL CANCER TYPE} cancer care.

Q52 - For each of the services listed below, please indicate how your facility bills for multidisciplinary {FILL CANCER TYPE} cancer care.

Q53 - How are physicians compensated for their time providing multidisciplinary {FILL CANCER TYPE} cancer care?

Q54 - Are non-financial incentives provided in exchange for provision of multidisciplinary {FILL CANCER TYPE} cancer care?

Q55 - What are the non-financial incentives?

Test respondents' understanding of financial incentives. Do they think the response options? Do they think any choices are missing?

RESPONSE OPTIONS

Test to see if respondents agree that response options are appropriate or all- inclusive for the following questions:

Q6 - Why aren't patients invited?

Q7 -- Which best describes the physicians that participate in treatment planning discussions at your facility about {FILL CANCER TYPE} cancer patients?

Q23 -- What approach is used to make decisions concerning multidisciplinary care treatment planning for {FILL CANCER TYPE} cancer patients?

Q32 - For those {FILL CANCER TYPE} cancer patients who are invited but do not attend, what are some of the reasons?

Q34 - What information is shared with {FILL CANCER TYPE} cancer patients {who do not attend the initial case presentation} about what happened at the initial case presentation?

Q35 -- Who follows up with {FILL CANCER TYPE} cancer patients after the initial case presentation?

OTHER ISSUES TO ADDRESS

Test the introduction and definition of Multidisciplinary care for {FILL CANCER TYPE} cancer.

Test whether respondents' can answer questions about a typical meeting/typical {FILL CANCER TYPE} cancer case.

Find out how/easy difficult it would be to attach copies of documents we request. Is it reasonable for us to ask people to provide these documents?

Ask respondents if they would have been able to answer the questions more easily/with more difficulty for other types of cancer they have MDC treatment planning for. Do the questions make sense for all of the cancer cases they see?

Respondents' overall reactions to the survey and any suggestions for improvement.