

Attachment 1: Background Information

Enhancing multidisciplinary care has been a program priority to improve the quality of cancer treatment since the NCI Community Cancer Centers Program's (NCCCP) inception. The NCCCP hospitals, as part of contract deliverables, report on their progress in developing multidisciplinary care at their centers and strategies employed. A number of strategies to enhance multidisciplinary care (MDC) within the NCCCP have been initiated:

- development and revision of an assessment tool that provides a framework for sites to assess and monitor progress in building a comprehensive multidisciplinary care program (MDC Assessment Tool)
- building infrastructure to support the implementation of multidisciplinary care
- a pilot study examining the relationship between multidisciplinary care areas from the assessment tool and processes and outcomes of care for patients with Stage III colon cancer, Stage II or III rectal cancer, or Stage III non-small cell lung cancer.
- monitoring the maturation of multidisciplinary conferences and clinics and reporting strategies employed over a two-year assessment period (2010 cohort)
- tracking and assessment of multidisciplinary care program development for a particular cancer type selected by the site (2012-2014)

However, data from the NCCCP do not provide information on how multidisciplinary treatment planning is structured and implemented. The NCCCP efforts have focused generally on assessing the growth of multidisciplinary care guided by the MDC assessment tool (<http://ncccp.cancer.gov/about/reports-and-tools.htm>). What is still not well understood, however, is how teams are structured with clinicians from different disciplines and how the treatment planning meetings are organized to provide multidisciplinary, prospective planning, which is a fundamental element of multidisciplinary care.

The American College of Surgeons' Commission on Cancer (CoC), the accrediting organization for cancer hospitals/programs in the United States, established standards pertaining to multidisciplinary treatment planning in 2012. The CoC accredits a diverse mix of hospitals and cancer programs that include community cancer centers, teaching and research hospitals, NCI-designated hospitals, Veterans Administration hospitals (include a reference for this point). The Commission administered a similar questionnaire to the CoC-accredited facilities in 2012 to characterize how multidisciplinary treatment planning is implemented in the real-world. The NCI provided the technical expertise to develop the survey and conducted the cognitive testing for their instrument (OMB No.: 0925-0589-07; Expiration Date: 5/31/2011).

While the NCCCP hospitals were CoC-accredited facilities, they were excluded from the CoC survey since the NCCCP participants provided expert review when the questionnaire was initially being developed. The NCCCP hospitals will now be able to provide information on multidisciplinary treatment planning through the proposed survey since a number of the questions and response options have been revised from the CoC survey and the expert review on the early version of the questionnaire was conducted three years ago. Important data on cancer treatment planning among this network of community cancer centers may now be obtained from the proposed survey data collection where the multidisciplinary approach to care is a strong focus.