

IOM Releases New Report on Cancer Treatment Planning

By Karen Gilden

Earlier this month, on June 13, 2011, the Institute of Medicine (IOM) issued a pre-publication copy of a Workshop Summary that may assist community cancer program leaders to establish more formal multidisciplinary *pre-treatment* planning—a model that includes *written* treatment plans—for their cancer patients.

While the IOM, the National Community Cancer Centers Program (NCCCP), and numerous cancer advocacy organizations extol the virtues of formal multidisciplinary pre-treatment planning, it results in *written* treatment plans; gaining physician buy-in and participation remains an uphill climb for many community programs. As one workshop participant noted, “It’s very important for the patient to know that his or her doctors are talking to each other, that they are working together, that they know what’s going on.” The workshop summary includes an assertion that “a comprehensive written cancer treatment plan can aid that coordination by ensuring that all providers are on the same page.”

The National Cancer Policy Board convened the public workshop, entitled [Patient-Centered Cancer Treatment Planning: Improving the Quality of Oncology Care](#) in March 2011. The workshop summary ([click here](#) to read summary) discusses:

- Barriers to patient-centered treatment planning **at the time of diagnosis**, including the current fragmented nature of the cancer care system;
- Patients’ need to know who is responsible for each aspect of their care;
- Primary care physicians’ role in cancer treatment;
- Lack of shared expectations among the cancer treatment team physicians about “this is my piece. Then I’m passing this off to you, but you will let me know what happens next.” What one workshop participant referred to as the “team sport” aspects of multidisciplinary treatment planning; and,
- Cancer treatment plan elements (e.g. tissue diagnosis, treatment modalities and duration, long-term treatment effects, supportive care plans, accountabilities during and after treatment, etc.).

The workshop summary also discusses challenges, including the lack of financial incentives for providers to devote the time and effort required for this approach to multidisciplinary planning and face-to-face communication with patients and their families. Moreover, the Report addresses systemic challenges to patient-centered care and a mitigating care component—patient navigators. Patient navigator programs were praised by a number of workshop participants for bridging the gaps, for patients, in the current fragmented system of cancer care delivery. One participant noted however, “When the average person coming to get medical care needs some kind of navigator, I think we’re in big trouble.” Others noted that while patient navigators were vital Band-Aids to an ailing healthcare system, the need was for broader healthcare delivery reform. One participant commented, “We need to rebuild the cancer care system, not shuffle the chairs on the deck of the Titanic.”

For program leaders seeking to develop multidisciplinary pre-treatment planning sessions accompanied by written treatment plans in their hospital, this IOM workshop summary may provide the impetus they need to engage a strong core of physician leaders to take local action. The challenges are myriad—system fragmentation that hampers discipline and practice coordination, the number of specialists per patient, treatments that span time and multiple care delivery sites, as well as the clinical co-morbidities with which patients present. As one workshop participant suggested, effective patient-centered treatment planning requires clarity—about which provider is responsible for each clinical issue, as well as explicit understanding of how care is divided among the many providers. One participant noted, “If you have a playbook [a written treatment plan], and everyone knows what their job is, there are more chances of success of that process.”