

ORGANIZATIONAL SURVEY ON MULTIDISCIPLINARY TREATMENT PLANNING FOR {FILL CANCER TYPE} CANCER

Thank you for participating in the Multidisciplinary Treatment Planning Survey of {TYPES OF ORGANIZATIONS BEING SURVEYED}. The purpose of this survey is to gain insight into the variety of ways in which multidisciplinary treatment planning is structured and implemented for different types of cancers.

The survey is designed to solicit information about the multidisciplinary treatment planning offered to {FILL CANCER TYPE} cancer patients at your facility. Although your facility may provide multidisciplinary treatment planning for other cancer sites, please answer **only** for multidisciplinary treatment planning offered to {FILL CANCER TYPE} cancer cases. This survey is intended to obtain information at the organizational level and not at the physician or specialty level. You have been identified as the most appropriate expert to complete this survey. We encourage you to consult with your colleagues to accurately respond to some of the questions. Additional instructions are provided below to help you complete this survey.

For purposes of this survey, multidisciplinary treatment planning 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). Multidisciplinary treatment planning occurs before initiating the required complex, multi-modality therapies.

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

SURVEY INSTRUCTIONS

Please review ALL the instructions before beginning the survey.

- It is important that you consult with others at your facility:
 - if you have been selected to answer the survey for a cancer site with which you are not familiar
 - if you are unable to answer questions that may be administrative in nature and/or may not apply to your specialty
- If your facility has a formal written policy, standard operating procedures, or a performance evaluation tool for multidisciplinary care, please obtain access to them in advance to help complete the survey. At the end of the survey, instructions to upload electronic copies of those documents are provided.
- We encourage you to answer all of the questions so that we can best understand multidisciplinary treatment planning at your facility and adequately represent it in the survey results. Your responses are confidential. Only aggregate results of this survey will be used. Neither you nor your facility will be linked to the final results. However, you are free to skip any question you do not wish to answer.
- The survey should take about 45 minutes to complete. This includes time to collect any materials needed to respond to the survey questions.

For most of the following questions, please think about **typical** {FILL CANCER TYPE} cancer cases at {FILL FACILITY NAME}.

A. OVERVIEW OF MULTIDISCIPLINARY TREATMENT PLANNING FOR CANCER CARE AT YOUR FACILITY

For purposes of this survey, multidisciplinary treatment planning 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). Multidisciplinary treatment planning occurs before initiating the required complex, multi-modality therapies.

1. Please choose the statement that best describes how the treatment planning approach for {FILL CANCER TYPE} cancer patients at your facility compares with the survey's definition of multidisciplinary treatment planning.

- The survey definition of multidisciplinary treatment planning exactly describes the treatment planning approach for {FILL CANCER TYPE} cancer patients at my facility.
- The survey definition of multidisciplinary treatment planning describes some but not all aspects of the treatment planning approach for {FILL CANCER TYPE} cancer patients at my facility.
- The survey definition of multidisciplinary treatment planning does not at all describe the treatment planning approach for {FILL CANCER TYPE} cancer patients at my facility.

2. What is the multidisciplinary treatment planning approach for {FILL CANCER TYPE} cancer patients called at your facility?

- Multidisciplinary Conference
- Multidisciplinary Clinic
- Multidisciplinary Team
- Tumor Board
- Tumor Conference
- Something else (Please Describe) _____

Please think about your {FILL CANCER TYPE} {FILL ANSWER FROM Q2} when answering the rest of the survey.

3. Once a patient is definitively diagnosed for {FILL CANCER TYPE} cancer, would you describe the multidisciplinary treatment planning as prospective?

- Yes
- No

4. How often do those involved in multidisciplinary treatment planning for {FILL CANCER TYPE} cancer cases meet together either in-person or virtually, to discuss the case?

- Never
- Rarely
- Sometimes
- Often
- Always

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.
- Some other reason(Please Describe) _____

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

- They are all private practice physicians.
- They are mostly private practice physicians.

- They are an even mix of private practice physicians and physicians employed by this facility.
- They are mostly physicians employed by this facility.
- They are all physicians employed by this facility.
- Something else (Please Describe) _____

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

- Yes
- No

B. INITIAL CASE PRESENTATION

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

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

- Set schedule
- As needed
- Both

10. Is there a formally designated person or position that coordinates and prepares multidisciplinary treatment planning meetings for {FILL CANCER TYPE} cancer?

- Yes
- No

11. Who is responsible for coordinating and preparing multidisciplinary treatment planning meetings?

CHECK ALL THAT APPLY

- Nurse
- Patient Navigator
- Tumor Registrar
- Tumor Conference Administrative Coordinator
- Clerical Staff
- Clinic Nursing Staff
- Physician
- Nurse Practitioner/Physician Assistant
- Someone else (Please Describe) _____

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

- Yes
- No

13. Prior to the initial presentation of {FILL CANCER TYPE} cancer cases, are case materials or information provided to the multidisciplinary treatment planning team?

- Yes
- No

14. Once patients have a confirmed {FILL CANCER TYPE} cancer diagnosis, who decides if the case needs to be presented?

CHECK ALL THAT APPLY

- Medical Oncologist
- Surgical Oncologist
- Radiation Oncologist
- General Surgeon
- Site-Specific Cancer Specialist
- Pathologist
- Nurse Practitioner/Physician Assistant
- Patient Navigator
- Someone else (Please Describe) _____
- No one, all new cases are presented prospectively

15. When is the initial case presentation for confirmed cancer cases typically held?

PLEASE CHECK ONLY ONE

- After definitive cancer diagnosis and before single- or multi-modality therapy is initiated
- Sometime after multi-modality therapy is initiated
- 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. 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
- Surgical Oncologist
- Radiation Oncologist
- Site-Specific Cancer Specialist
- Primary Care Physician
- Surgeon
- Pathologist
- Radiologist
- Palliative Care Specialist
- Other Specialist
- Clinic Nurse
- Clinical Trials Nurse/Research Nurse/Clinical Research Associate
- Nurse Practitioner/Physician Assistant
- Social Workers/Psychologist
- Patient Navigator
- Genetic Counselor
- Clergy
- Dietitian
- Speech, Occupational, or Physical Therapist
- Other Provider (Please Describe) _____

18. Are initial case presentations for {FILL CANCER TYPE} cancer held even when some of the expected care providers are not able to attend?

- Yes
- No

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

- Never
- Rarely
- Sometimes
- Often
- Always

20. When care providers convene for the initial case presentation for {FILL CANCER TYPE} cancer patients, how do they usually attend?

- All in person
- A mix of in-person and virtual attendees
- All virtual

21. How often is attendance taken at initial case presentations?

- Never
- Rarely
- Sometimes
- Often
- Always

22. What case materials or information are available at initial case presentations ?

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. After the multidisciplinary treatment planning options for {FILL CANCER TYPE} cancer cases have been discussed, how are treatment decisions ultimately made?

CHECK ALL THAT APPLY

- Decisions are made by consensus.
- Decisions are made by a vote.
- Decisions are made by one person.
- Decisions are made some other way. (Please Describe) _____

C. CLINICAL TRIALS

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

24. How does the multidisciplinary team for {FILL CANCER TYPE} cancer typically determine who is eligible for clinical trials?

PLEASE CHECK ONLY ONE

- The team has a standard mechanism for determining who is eligible for clinical trials.
- It depends upon the case.
- It depends upon the MD's suggestion.
- The team has some other way of determining who is eligible for clinical trials.
(Please Describe) _____

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

- Never
- Rarely
- Sometimes
- Often
- Always

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

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

D. PATIENTS & MULTIDISCIPLINARY TREATMENT PLANNING

These next questions are about patient involvement in multidisciplinary treatment 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 does your facility provide {FILL CANCER TYPE} cancer patients with information about the multidisciplinary treatment planning?

- Never →SKIP TO INSTRUCTIONS BEFORE Q29
- Rarely
- Sometimes
- Often
- Always

28. How are {FILL CANCER TYPE} cancer patients informed about the multidisciplinary treatment planning?

CHECK ALL THAT APPLY

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

IF Q5=NO (R'S WHO DO NOT INVITE PATIENTS), 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
- Clerical Staff
- Social Worker
- Physician
- Nurse Practitioner/Physician Assistant
- Other (Please Describe)_____

30. When 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?

- Never
- Rarely
- Sometimes
- Often
- Always → **GO 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

- The patient is not feeling well enough.
- The patient feels overwhelmed with diagnosis/medical system.
- The patient is concerned about hearing things that will upset them.
- The patient feels the medical team is responsible for making treatment decisions.
- The time/location of the meeting is inconvenient for the patient.
- Some other reason (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, GO TO Q35 AND SKIP INTRODUCTORY TEXT BEFORE Q35

IF Q5=NO, ASK Q34 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
- Recommendations from the treatment planning meeting
- 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

- Nurse
- Patient Navigator
- Clerical Staff
- Social Worker
- Physician
- Nurse Practitioner/Physician Assistant
- No one follows up
- Someone else (Please Describe) _____

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

- The same day
- 1 day after
- 2-3 days after
- 4-7 days after
- More than 7 days (Please provide average number of days before follow-up): _____
- No follow-up occurs

E. POST-MEETING FOLLOW-UP

This section asks about multidisciplinary treatment 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 does the multidisciplinary team for {FILL CANCER TYPE} cancer patients meet to modify the current treatment plan?

- Never → GO TO Q41
- Rarely
- Sometimes
- Often
- 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 is 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 professionals or specialists have participated in subsequent meetings about {FILL CANCER TYPE} cancer cases?

CHECK ALL THAT APPLY

- Site-Specific Cancer Specialist
- Primary Care Physician
- General Surgeon or Surgical Specialist
- Pathologist
- Palliative Care Specialist
- Clinic Nurse
- Clinical Trials Nurse/Research Nurse/Clinical Research Associate
- Nurse Practitioner/Physician Assistant
- Social Worker/ Psychologist
- Patient Navigator
- Genetics Counselor
- Clergy
- Dietitian
- Speech, Occupational, or Physical Therapist
- 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 treatment plan typically developed for individual {FILL CANCER TYPE} cancer cases?

- Yes
- No → **GO TO Q44**

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

- Yes
- No

43. Is a copy of the written 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 SECTION F

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 treatment summary?

- Yes
- No

F. MULTIDISCIPLINARY TREATMENT PLANNING INFRASTRUCTURE

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

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

- Paper chart
- Electronic Medical Record (EMR)
- Mixture of paper and EMR

48. From which departments can results/reports be accessed in preparation for the multidisciplinary treatment planning meetings about {FILL CANCER TYPE} cancer cases?

CHECK ALL THAT APPLY

- Laboratory
- Radiology
- Radiation Oncology
- Pharmacy
- Medical Oncology
- Nuclear Medicine
- Surgery
- Pathology
- Nursing
- Clerical Staff
- Other (Please Describe) _____

49. An “integrated” medical records system is one in which patient data within the hospital can be linked or shared with a physician or practice/clinic at another location that sees the same patient. In your opinion, how integrated is the medical records system that supports multidisciplinary treatment planning for {FILL CANCER TYPE} cancer cases at your facility?

- Not at all integrated
- Somewhat integrated
- Fully integrated

50. At this facility, are private practice physicians compensated for their time in multidisciplinary treatment planning meetings for {FILL CANCER TYPE} cancer cases?

- Yes
- No → **GO TO Q52**
- Don't Know → **GO TO Q52**

51. How are private practice physicians compensated for attending the multidisciplinary treatment planning meetings for {FILL CANCER TYPE} cancer?

52. Are non-financial incentives provided in exchange for provision of multidisciplinary treatment planning for {FILL CANCER TYPE} cancer?

- Yes
- No → **GO TO SECTION G**

53. 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) _____

G. ASSESSMENT OF MULTIDISCIPLINARY TREATMENT PLANNING

These next few questions are about the evaluation of multidisciplinary treatment planning at this facility.

54. Does your facility evaluate the performance of those participating in multidisciplinary treatment planning for {FILL CANCER TYPE} cancer?

- Yes
- No → GO TO SECTION H

55. What dimensions of performance are used to evaluate multidisciplinary treatment planning for {FILL CANCER TYPE} cancer?

CHECK ALL THAT APPLY

- Frequency of meetings
- 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 recommended treatment plan
- Other (Please Describe) _____

H. ADDITIONAL THOUGHTS ABOUT MULTIDISCIPLINARY TREATMENT PLANNING

56. Is there anything else about multidisciplinary treatment planning that you would like to share?

I. CLOSING QUESTIONS

The questions in this final section are about you. Your answers will help with interpretation of the survey results.

57. Please indicate which of these reflects your experience in responding to the survey questions.

- I answered the questions on my own without consulting anyone.
- I consulted with someone else before I responded to the questions.
- I requested someone else to answer the questions.
- I worked with another person to complete the survey together.

58. What is your specialty?

- Medical Oncologist
- Surgical Oncologist
- Radiation Oncologist
- Other Cancer Specialist . Please specify _____
- Surgeon
- Pathologist
- Radiologist
- Other Medical Specialty. Please specify _____

59. Are you a member of a multidisciplinary treatment planning team?

- Yes
- No
- Does not apply

60. Are you employed by {FILL FACILITY NAME} or in private practice?

- Employed by {FILL FACILITY NAME}
- Private practice physician
- Other (Please Describe) _____

IF Q8 OR Q54 = YES, DISPLAY INSTRUCTIONS FOR ATTACHING DOCUMENTS. (PLEASE UPLOAD THE MOST RECENT VERSION OF THE POLICY OR PROCEDURES FOR MULTIDISCIPLINARY CARE.)

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.