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Tackling the Challenges of Care Coordination in NSCLC

Announcer:
This is ReachMD, and you're listening to Closing the Gaps in NSCLC, sponsored by Lilly.

Dr. Caudle:
Patients undergoing treatment for lung cancer frequently require care from multiple clinicians, but navigating this multidisciplinary approach isn't always easy, and the resulting challenges can lead to fragmented and disorganized care experiences. So, how can clinicians work together to address these issues head-on in practice?

Welcome to Closing the Gaps in Non-Small Cell Lung Cancer on ReachMD. I'm your host, Dr. Jennifer Caudle, and I'm excited to welcome to the program Dr. Christine Bestvina, oncologist and Assistant Professor of Medicine at the University of Chicago. Today, we'll be discussing care coordination challenges faced by lung cancer treatment teams and how we can overcome them.

Dr. Bestvina, welcome to the program.

Dr. Bestvina:
Thank you so much, Dr. Caudle, for having me today.

Dr. Caudle:
We're very excited you're here. So, let's go ahead and begin. So, I'd like to get a better sense of the current care team structures for patients with lung cancer. So, who do you collaborate with on a regular basis to coordinate care?

Dr. Bestvina:
In thoracic oncology, we do have multidisciplinary care. That's a regular part of our patient treatment team. So, we look towards our interventional pulmonary colleagues as well as our interventional radiology colleagues to help us in the diagnosis of non-small cell lung cancer, and then once a diagnosis has been made, we collaborate regularly with our radiation oncologist colleagues as well as our surgical oncology colleagues, depending on a patient's stage and how advanced their cancer is. So, it is quite a collaborate treatment approach that we have for non-small cell lung cancer.

Dr. Caudle:
Excellent. And from your experience, how does care coordination for patients with non-small cell lung cancer differ from patients with other solid or blood cancer types? And are there special considerations that need to be taken into account for these patients?

Dr. Bestvina:
Our care of patients does differ fairly significantly from blood cancer types where the mainstay of treatment is typically systemic therapy with chemotherapy or other targeted therapies. We often, for our early-stage patients, can incorporate radiation or surgery into the treatment of our patients for curative intent based off of their stage, and so that can lead to more coordination needs and a greater need for interdisciplinary care. The way that non-small cell lung cancer does differ from other solid tumors is that we do require some care coordination from our pathologists as well. In non-small cell lung cancer, several of our patients have targetable mutations where the treatment is actually an oral pill, and we do require a significant amount of collaboration from our pathology team to make sure that these tests are being done in a timely fashion and so that our patients can start the appropriate line of therapy as quickly as possible.

Dr. Caudle:
So, from your vantage point as an oncologist, what are the touchpoints you look for with PCPs, like myself, to really help improve the care journey for these patients?

Dr. Bestvina:
So, primary care providers, like yourself, are absolutely our eyes and our ears on the ground and our first point of contact for making this diagnosis. We appreciate everything that you guys do. We look to you guys to perform things like screening CT scans so that patients can be diagnosed at an earlier stage. We also appreciate primary care providers starting off the process of getting a tissue diagnosis, whether it be with the help of interventional pulmonology or the help of interventional radiology, so that by the time we have tissue, we can really expedite the process of the patient starting treatment.

Dr. Caudle:
Wonderful. And for those of you who are just joining us, this is Closing the Gaps in Non-Small Cell Lung Cancer on ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. Christine Bestvina on how we can overcome common care coordination challenges when managing patients with non-small cell lung cancer.

So, now that we have a better idea of what this care coordination looks like, I'd love to dive deeper into the challenges you yourself have faced, Dr. Bestvina. So, from your experience, what are some of the issues you've encountered?

Dr. Bestvina:
Some of the issues that we have encountered are working with our pathologists to make sure that the appropriate testing is sent off for all of our patients. That includes testing for a protein called PD-L1, which affects how likely a patient is to respond to immunotherapy, as well as sending off molecular testing to look for mutations in the DNA of cancer cell lines, which can also affect a patient's care. Our pathology department has been wonderful to work with, and they have been very open to any feedback and suggestions from our end from a clinical context to the point that we've actually developed reflex testing, where if a patient's sample comes back as having adenocarcinoma, which is a specific cell type and how the cells look under the microscope, our pathologists will actually order the tests themselves to help expedite us getting back the answers that we need in a timely fashion. So, we've had great success here at University of Chicago with this interdisciplinary care in helping to move along patients' care.

Dr. Caudle:
Okay, that's really interesting. You just mentioned a few solutions in terms of additional testing being ordered, but are there other solutions you can talk about that have been implemented to help with these challenges?

Dr. Bestvina:
There are. So, we have a weekly Tumor Board at University of Chicago that focuses just on our thoracic oncology patients. So, every week we meet for approximately one hour with all of the medical oncologists in our group, all of the radiation oncologists who see lung cancer, the thoracic surgeons who are the surgeons who are subspecialized in our specific malignancy, pathologists and radiologists, and together we discuss all of our patients, and that has been an excellent way for us to coordinate patient care in realtime. Any of the patients who are going to see more than one discipline as a part of their care, we'll discuss them at Tumor Board. And it's been a fantastic way for us in one meeting every week to make sure that all of the patients have a treatment plan laid out and they can move seamlessly forward based off of that treatment plan. It's also a great environment to encourage discussion and debate about what the appropriate way to manage all of our patients. In addition to that, we have implemented a thoracic oncology working group here at University of Chicago where twice a month we'll meet for an additional half an hour prior to our normal scheduled Tumor Board, and there we can discuss different research ideas that we have, problems that we're experiencing with care coordination, delays, ways for us to improve essentially the patient experience here at University of Chicago, and that also has been a great benefit to us in increasing further collaboration in research as well as just direct patient care.

Dr. Caudle:
That's really excellent. Aside from Tumor Board, it's inspiring to hear the other meetings and interdisciplinary care team collaborations that you all really make sure to implement. Before we close, what advice would you give to someone just entering into a new multidisciplinary team, either an oncologist or a primary care physician?

Dr. Bestvina:
I think the biggest advice that I would have is that conversations are still key. I think in the era of email, as well as Epic, it's hard not to just send off a very quick, efficient email letting your colleague know which patient you're referring to them, but I think picking up a phone and giving them a phone call so that you can actually have a conversation about the patient and what are the risks and benefits to the different treatment strategies really does lead to the best outcomes for the patient. Also, having improved personal relationships with your colleagues, I think, really is important, both as far as personal job satisfaction for the physicians but also as far as improving the patient care that our patients are receiving.

Dr. Caudle:
Absolutely. Well, I couldn't agree more. This has really been an interesting discussion on the challenges oncologists face when coordinating care for patients with lung cancer. I'd like to thank you, Dr. Christine Bestvina, for really providing some great solutions to these issues. Dr. Bestvina, it was a pleasure speaking with you.

Dr. Bestvina:
Absolutely. A pleasure to meet you, Dr. Caudle.

Announcer:
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