



2021 LEAD Capstone Poster Session

Creation of a Multidisciplinary Gastroesophageal Cancer Clinic to Improve Treatment Efficiency and Patient Satisfaction

Matthew Porembka, MD

Associate Professor of Surgical Oncology

Department of Surgery



Abstract

- GECs are heterogenous cancers based on histology, location, and genetics. Treatment is complex and requires individualized care from multiple providers (medical oncology, surgical oncology, radiation oncology, thoracic surgery, advanced GI, nutrition, and genetics).
- Currently, there is not a comprehensive GEC program at UTSW.
- This complexity can result in fragmented and fractured care leading to:
 - Inconsistent treatment among providers.
 - Patient dissatisfaction and patients seeking care elsewhere.
 - Decreased research productivity (failure to identify patients for clinical trial participation).
 - Limited scalability and inability to capture additional market share
- The goal of this program is to streamline the continuum of GEC care that integrates intake, team communication/coordination, care delivery, and research



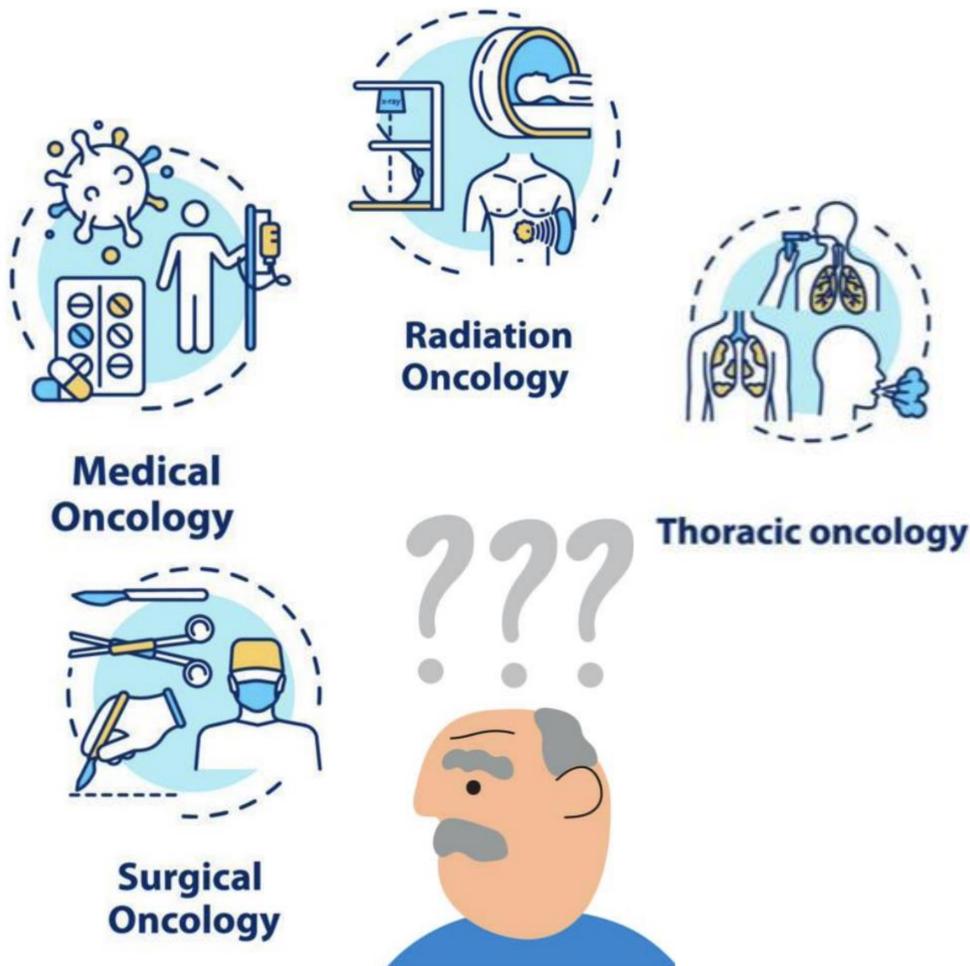
Objectives

- **Create a colocated and integrated multidisciplinary clinic to:**
 - streamline patient care and improve patient satisfaction
 - facilitate improve team communication
 - decrease leakage from system
- **Long-term objective:**
 - Become a preeminent GEC center by developing a national presence through increasing patient market share and research output (program research funding, clinical trial enrollment)



Background Information

- Treatment of GECs are heterogenous and treatment is variable based on disease characteristics
- Variable care algorithms based on intake into the system
- Results in complex and fragmented care



Diagnostics:
CT
PET
Endoscopic Ultrasound
Labs
Pathology

Ancillary Services:
Interventional Radiology
Cancer Dietician
Genetics

From 2018-2020, a leakage rate of 9-13% was observed.

Care coordination
Services offered



Specific Aims

- **Aim 1:** Creation of a GEC multidisciplinary tumor board to engage stakeholder help facilitate more streamlined care.
 - Creation of GEC registry to facilitate prospective patient data collection.
 - Provide a better understanding of current patient population and opportunities for improvement
- **Aim 2:** Determine SOPs for GEC patients
 - Clinical pathways including intake
 - Screening for clinical trials
- **Aim 3:** Creation of an MDT clinic that colocalizes provider and patient resources for GEC patients.
 - Goal to coincide with opening of new cancer center



Project Plan

Creation of MDT and GEC registry

Establish a colocated team-based clinic in the new cancer center

Creation of SOPs

Cohesive navigation

Streamline intake procedures

Task Accomplished

Ongoing

Future

Screening of all patients for potential clinical trial



Application of What You Learned at LEAD

- Start with **stakeholder engagement**
 - Created a team of interested individuals with a shared interest and vision for the MDT tumor board
 - Determined the key decisions makers from each domain
 - Negotiate consensus on care pathways
- Capitalize on **shared opportunities**
 - Shared resources to advanced clinical and research opportunities



Proposed Budget

- Currently allocated resources (repurpose / realign)
 - Nurse navigator (0.5 FTE)
 - Clinical data manager (0.25 FTE)
- Human capital investment
 - Expected initial decrease in provider clinical productivity
 - MDCs are provider resource intensive until critical volume achieved
- Space investment
 - Clinical space allocation for 0.5 day clinic for multiple providers and ancillary services



Innovation and Significance

- **Patient centric approach** to streamline care over the GEC continuum
- **Integrate** the clinical and research platforms to generate greater academic productivity