The Role of Multidisciplinary Care Planning on Survival, Care Quality, and Satisfaction for Patients with Lung Cancer

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What was the research about?

Patients with lung cancer get care from many kinds of doctors. These doctors specialize in different treatments, such as radiation or surgery. Patients often receive one treatment after another. However, their doctors may not talk to each other about the care a patient receives.

In this study, the research team compared health records and survey responses from patients with lung cancer who received treatment in one of three ways:

- **Multidisciplinary care planning.** Patients in this group received care in a new clinic that has doctors and nurses with different specialties. All the doctors worked together and with the patients to plan their treatment. A nurse helped arrange the care.
- **Serial care.** Patients in this group received usual care for patients with lung cancer. They saw each doctor as needed, without help to coordinate the care.
- **Serial care plus team discussion.** Like patients in the serial care group, these patients saw their doctors as needed. But the patient's main cancer doctor talked about the patient's care plan at a weekly meeting with other types of doctors. This team of doctors helped decide on a care plan.

The research team wanted to learn if multidisciplinary care planning would help patients with lung cancer live

longer or have better quality of life compared with the other two approaches. The team also compared patients' care with guidelines for how doctors should treat lung cancer.

What were the results?

People lived for about the same length of time in all three approaches.

Compared with patients in the serial care approach, patients in the multidisciplinary care planning and serial care plus team discussion approaches had better quality of care. There was no difference in the quality of care between patients in those two approaches.

Patients and caregivers in the multidisciplinary care planning approach were more satisfied with their care than patients in either serial care approach.

Who was in the study?

The study included 526 patients with lung cancer in the greater Memphis, Tennessee, area. Of these, 68 percent were white, 31 percent were black, and 1 percent were other races. The patients' average age was 67, and 51 percent were men.

What did the research team do?

Doctors assigned patients to one of three approaches. Patients were in the multidisciplinary care planning approach if their doctors referred them to the new clinic. Those without referrals or who had already

started treatment were in the two serial care approaches.

Patients and caregivers completed surveys at the start of the study and three and six months after treatment started. The survey asked patients and their caregivers about satisfaction with the care they received. The research team looked at patients' health records for up to 18 months after the study started. From the records, they found out what treatments each patient had received and whether they had died.

The research team worked with patients, caregivers, and doctors to create the survey questions and decide what information to collect.

What were the limits of the study?

The research team didn't assign patients to each approach by chance. The team can't be sure that the

results were due to the multidisciplinary clinic and team discussion or something else.

Future studies could assign patients to approaches by chance. Research might also look at the effect of including patients and caregivers in the team discussion.

How can people use the results?

Lung cancer care clinics can use these results when considering how to improve quality of care and patient satisfaction.

To learn more about this project, visit www.pcori.org/Osarogiagbon155.