Implementation of a Multidisciplinary Clinic for the Care of Patients with Metastatic Disease to Bone

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INTRODUCTION:
We pioneered a multidisciplinary bone metastasis clinic (BMC) with the goal of optimizing treatment of metastatic disease to bone. The clinic consists of specialists from orthopaedic surgery, radiation oncology, rehabilitation medicine, interventional radiology, and pain medicine. We sought to investigate differences in time to treatment for patients seen in this novel clinic compared to patients seen in the standard orthopaedic clinic (SOC). We hypothesized that patients seen in the BMC would have more streamlined care compared to those seen in the SOC.
METHODS:
We retrospectively reviewed continuous new patient visits in the BMC over a 3-month period in order to assess the number of days from initial visit to 1) formation of a treatment plan and 2) treatment initiation. Findings were compared to similar patients seen in the SOC.
RESULTS:
A total of 209 new patients were seen during the study period; 98 in the SOC and 111 in the BMC. Patients were excluded if seen for reasons other than metastatic disease to bone, if urgently admitted from clinic, or if seen for the same chief complaint previously. Twenty patients from the SOC group and 22 patients from the BMC group were left for analysis. The mean time to plan creation (0.6d vs. 5.2d) and time to treatment initiation (7.4d vs. 17.2d) was shorter in the BMC compared to the standard SOC, however p-values were not statistically significant.
DISCUSSION AND CONCLUSION:
The BMC was successful at creating a forum for multidisciplinary, simultaneous evaluation of patients with metastatic disease to bone. When appropriately scheduled, patients had clinically significant shorter intervals from first visit to creation of a treatment plan and to initiation of treatment compared to patients seen in the traditional orthopaedic clinic. We believe this model decreases visit burden on patients, facilitates multidisciplinary discussion, and streamlines patient care. However, the high rate of patients excluded from analysis suggests that many were inappropriately scheduled for this clinic, which limited space available to those who would truly benefit from multidisciplinary care. Therefore, further optimization during the referral process is required.