NCCCP MDC Assessment Tool

Assessment Area	Level 1	Level 2	Level 3	Level 4	Level 5
Case Planning	Care Planning is asynchronous with patient presenting to multiple physician offices without a shared medical record	Care Planning is asynchronous with patient presenting to multiple physician offices with a shared medical record	Most care planning is asynchronous, but some patient's care plans are discussed in multidisciplinary conferences which occur on a weekly basis	All patients care planning is done through a multidisciplinary conference which occurs on at least a weekly basis.	All patients care planning is done through a multidisciplinary conference which occurs while the patient encounters care.
Physician Engagement	Diagnostic and treatment Physician belong to multiple independent groups, with little interaction, and a representative from some groups is engaged with the cancer center	Diagnostic and treatment Physician belong to multiple independent groups, with little interaction, and at least one representative from each group is Actively engaged with the cancer center	The MDC has a physician agreement of participatition, and physicians are actively engaged in developing treatment standards	Same a prior with the addition of engagement in quality improvement initiatives and strategic direction	Same as prior with the addition of physicians have operational and financial authority for the MDC
Coordination of Care	Patient care is episodic. Patient has to present to multiple locations on multiple days for treatment and or diagnostic modalities. Information is stored in multiple locations, and difficult to coalesce	Patient care is episodic, but some treatment and diagnostic modalities are coordinated. Information is coordinated and is readily available to physicians and staff	MDC has some dedicated diagnostic and treatment abilities to meet patent's care needs. Information is readily available to physician and staff	MDC is fully integrated with treatment and diagnostic modalities, and all information is available from a single source	Same as prior with the addition of ancillary services such as education, support groups and wellness programs for patients and families.
Infrastructure	Limited physical infrastructure with limited information system support. Hospital, physician office model	Limited physical infrastructure with integrated clinical and administrative information systems used by all	Some dedicated physical facilities which do not cover the full spectrum of care with independent clinical and administrative information systems.	Some dedicated physical facilities which do not cover the full spectrum of care with integrated clinical and administrative information systems.	Dedicated center with ability to provide full service to patients with intergraded information systems

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Financial	Billing is episodic based on encounter with facility or physician. No facility fee is applied.	NA	Physicians bill separately. Introduction of facility fee for MDC. Communication between MDC and physician offices.	NA	Global bill for MDC billing inclusive of facility fee.
Clinical Trials	Patient not reviewed for eligibility for clinical trials. No literature given to patient on clinical trials.	Some patients reviewed for eligibility. No formal process to review patients for clinical trials. Clinical trial literature given to patient.	2% of patients participating in clinical trials. There is a formal accrual and recruitment plan. Clinical trial literature given to all patients.	4% of patients participating in clinical trials. There is a formal accrual and recruitment plan. Clinical trial literature given to all patients.	6% of patients participating in clinical trials. There is a formal accrual and recruitment plan. Clinical trial literature given to all patients.
Medical Records	Paper chart plus some EMR with isolated pockets.	Mainly for documentation reasons only. Medical information is not integrated. Little to no sharing. Mixture of paper and electronic.	Mixture of paper and EMR. Starting to share ino fie labs, radiology, medical history, treatment plans and medications.	75% of hospital system and physician offices is integrated electronically across the continuum	Fully integrated electronic record across the continuum with access to information.

Case Planning _____

Physician Engagement _____

Coordination of Care _____

Infrastructure _____

Financial _____

Clinical Trials _____

Medical Records _____

Total Score _____

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Conceptual definitions of milestone steps:

Level 1
The level describes organizations that meet regulatory requirements and ACC standards. There are a few performance improvement initiatives underway, and some centers of excellence. The leadership vision for quality is unclear. The organization lacks sufficient personnel and financial resources to administer a fundamental program that supports conducting t an MDC initiatives designed to attain improvements in patient care, quality, safety, and efficiency.

Level 2
Organizations at this level have some of the fundamental structures and processes for achieving the MDC initiatives. The leadership vision for quality is under development. Some personnel and financial resources are available to support the organization in attaining a few improvements in patient care, quality, safety and efficiency but they are insufficient for a comprehensive program.

Level 3
Organizations at this level have many of the fundamental structures and processes for running the MDC initiatives. Leadership's vision for quality is known to many in the organization. Personnel and financial resources are available to support the organization in attaining a number changes in the improvement of patient care quality, safety, and efficiency and changes largely are driven by the cancer center staff.

Level 4
Organizations at this level have many significant structures and processes for deploying MDC initiatives. Personnel and financial resources are available to support the organization in attaining many important changes and improvements in patient care, quality, safety, and efficiency. Some staff outside the cancer center play lead roles in fostering initiatives.

Level 5
Organizations at this level have many best of class structures and processes deploying MDC initiatives. Personnel and financial resources are spread throughout the organization and available to support the attainment of many important, leading and creative changes and improvements in patient care quality, safety, and efficiency. Many staff outside the Cancer center play lead roles in fostering initiatives and achieving results. This level also provides organizations with stretch goals.

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