

SMICS MDT PILOT PROJECT:

Progress Report January 2011

Introduction

It is widely recognised that a multidisciplinary approach to the planning of cancer treatment is an important component of best-practice cancer care. The SMICS Multidisciplinary Team (MDT) Pilot Project was commenced in July 2008 as phases three to five of the wider Continuum of Care Project (CCP). The conduct of the project has continued to enhance MDT meetings and continues to be valued by participating MDT members.

This report provides a summary of the improvements in multidisciplinary care through the continued efforts of MDT members and project staff for the calendar year of 2010. This report should be read in conjunction with:

- *SMICS Continuum of Care Project: MDT Pilot Project Progress Report, August 2009*
- *SMICS MDT Pilot Project: Project Update, January 2010*
- *SMICS MDT Pilot Project: Project Update, June 2010*

Project Objective

To enhance existing MDTs and facilitate the establishment of new MDTs throughout the SMICS catchment to:

- Improve multidisciplinary care and care coordination for cancer patients and their families, and
- Build the capacity of health services to sustain multidisciplinary care in the future.

Project Progress

During the calendar year of 2010 the MDT Coordinators continued to provide high level administrative support for 398 MDT meetings within the three public member health services. During the course of these meetings, MDT members determined further investigations and treatment plans for 3783 case presentations.

Health professionals' recognition of the importance of and commitment to MDT treatment planning remains evident in the majority of MDTs; however surgical representation at Peninsula Health in the Lung and Upper Gastro-Intestinal/Colorectal MDT tends to fluctuate. The project team continues to liaise with Peninsula Health executive and surgical team members to facilitate more consistent attendance.

Project Expansion

As MDT administration processes have been established with participating teams and embedded in usual practice, it has been possible to expand the project to include further interested MDTs. SMICS' ability to provide this wider support has also been facilitated by the recruitment of an additional MDT Administrative Assistant to work within Southern Health in October 2010. Table 1 provides a summary of the teams supported in each of the member health services.

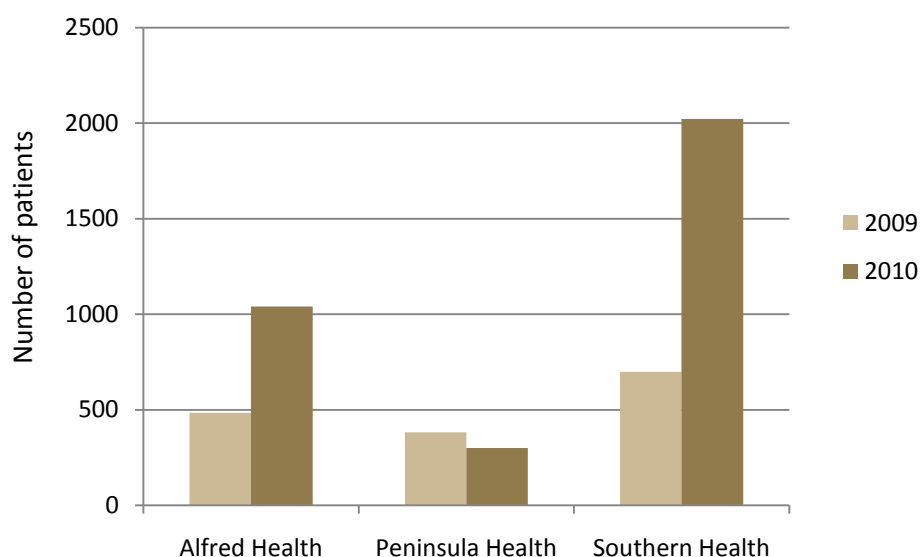
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Table 1						
	Oct 2008 (initial MDTs)	July 2009	Dec 2009	June 2010	Dec 2010	Preliminary scoping
Alfred Health	Lung Genito-urinary Head & Neck		Breast			Neuro Colorectal
Peninsula Health	Breast Lung UGI/colorectal				Gynae	
Southern Health	Lung UGI Neuro (GBM)	Gynae Colorectal	Neuro cerebral mets)	Head & Neck	Genito- urinary	Breast

With the involvement of additional teams in the project, there has been an increase in the number of treatment recommendations recorded in the medical record. Figure 1 provides a summary of the number of patients whose treatment plan was discussed by an MDT involved in the project, and subsequently recorded in the health service medical record.

Figure 1: Total Number of medical records with documented evidence of MDT recommendations 2009 & 2010



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MDT minimum dataset

The MDT minimum dataset developed in the early stages of the project continues to be utilised by the MDT Administrative Assistants to prepare meeting documents including agendas of patients for discussion and documentation for the medical record.

Within Southern Health the spreadsheet system was identified as being vulnerable. A Microsoft Access database, similar to that in use at Peninsula Health has been developed as an interim measure for use until the eventual implementation of the MDT Meeting Management System. The interim database will be implemented within Southern Health in February 2011 and will allow concurrent use by multiple users and tumour streams, and requires less ongoing troubleshooting and maintenance, provide increased data security and decrease the margin for error in data entry.

Work has commenced with the Project Management Office at Southern Health to prepare a Request for Tender. The Information Technology Investment Committee has endorsed this action. A Business Requirements document is currently being completed. Further detail is provided in the *MDT MMS update* briefing paper.

Documentation of MDT recommendations

Victoria's Cancer Action Plan 2008-11 (VCAP) provides a medium term vision for ongoing cancer reform and includes stated measurable targets for cancer service providers. Of particular relevance to the MDT Pilot Project is the VCAP target:

'Increasing the number of newly diagnosed cancer patients that have a documented MDT care plan by 20 percent each year with the aim of achieving 80 percent documentation by 2012.'

SMICS remains unable to contemporaneously identify individual newly diagnosed cancer patients within its member health services; however for the first time SMICS has gained access to uncleaned VCR electronic registrations. Analysis of this is limited however, as the VCR data includes registrations of individual patients at multiple sites within SMICS' catchment and a few patients with concurrent tumours registered in more than one tumour stream.

Between January 1 and June 30 2010 VCR received 770 registrations from Alfred Health (n=218), Peninsula Health (n=142) and Southern Health (n=410) within the tumour stream participating in the MDT Pilot Project. Within the same time period 1885 treatment plans were determined. In comparing these figures, one must take into consideration the MDT data includes individual patients at all stages of their treatment pathway, while the VCR data includes only newly diagnosed patients.

Nonetheless, while it is not possible to determine the percentage of newly diagnosed patients being captured by the MDT process; the results indicate that it is likely the participating tumour streams are meeting the VCAP target.

Figure two provides a summary of the sustained documentation of treatment recommendations in the medical record in the three public member health services during

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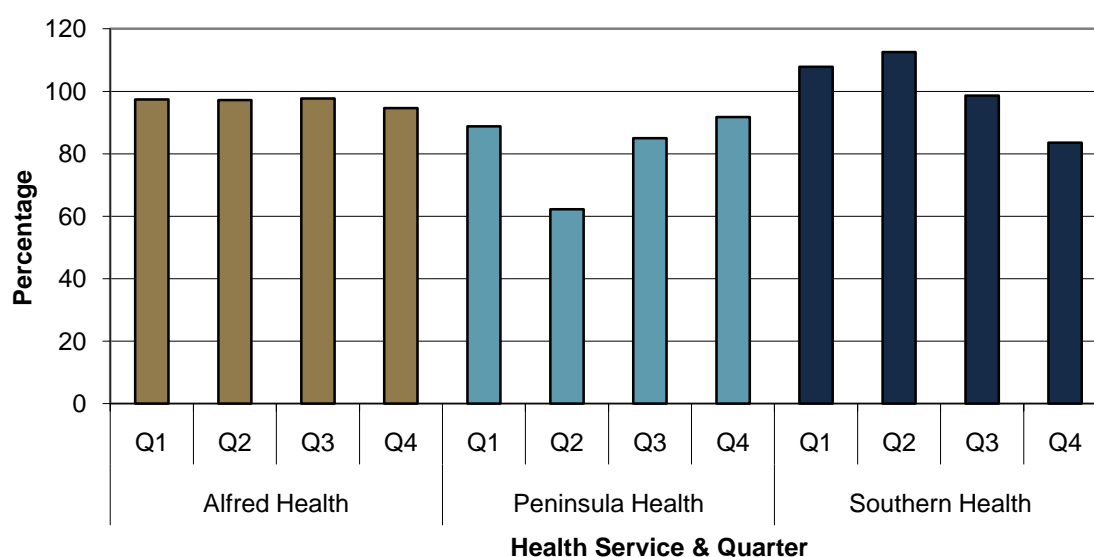
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2010. For the most part participating teams have surpassed the 80 percent target for documentation of treatment plans for those patients referred to the MDT.

The fall in the rate of documentation at Peninsula Health in the second quarter, is related to a number of meetings being cancelled due to low numbers of referral or clinician inability to attend and referred patient's treatment plans being determined outside of the MDT meeting as a result.

In the first half of 2010 Southern Health teams' documentation rate exceeded 100 percent. This is due to the documentation of treatment plans for patients who were discussed at the MDT at the request of individual clinicians at the time of the meeting, outside of the MDT administration process.

Figure 2 : Proportion of referred patients with MDT recommendations documented in medical history



Patient consent to discussion

Department of Health policy specifies that patients must be informed of, and agree to their care being discussed by a multidisciplinary teamⁱⁱ. Figure three provides a summary of progress in the documentation of consent to discussion within each health service through 2010.

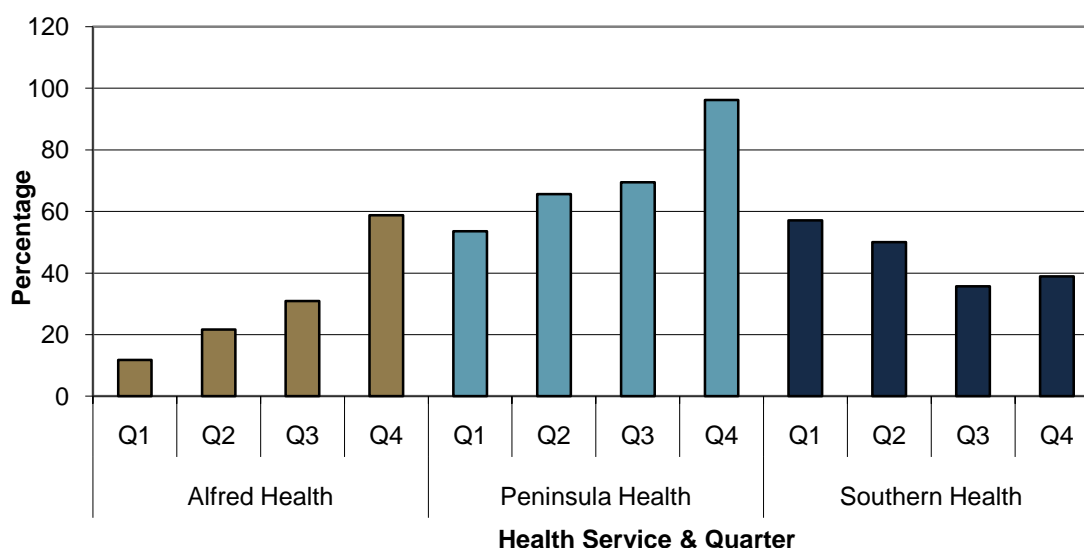
There has been a marked improvement at Alfred Health with the documentation rate for consent within participating teams increasing from 12% in quarter one to 59% in quarter 4. Peninsula Health has also shown improvement throughout the year with the impressive rate of documentation of consent at 96% in the last quarter.

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Within Southern Health while the proportion of documentation of consent has declined, the actual number of cases discussed where consent has been documented remains relatively stable (Q1 = 264, Q4=253).

Figure 3: Proportion of records with documented evidence of patient consent to case discussion



The MDT discussions themselves indicate that often patients are aware of the meeting and are waiting to be informed the result of the discussion even if this is not always documented as being the case. The project team continues to encounter some resistance with regard to documentation of consent. Across the board, even those with improving rates of documentation require frequent prompting to ensure this is maintained. In all health services it has been noted that those teams with more consistent rates of documentation of consent, achievements have been made through the influence of senior medical staff.

It is important to note that any efforts to by the member health services to claim the MBS multidisciplinary treatment planning items will be limited until documentation of consent becomes part of the usual practice of MDTs.

In order for patients to give permission for their care to be determined by an MDT they need to have an understanding of the function of MDTs and the type of health professionals who may be involved. In response to consumer interviews conducted in CCP Phase 2 which revealed that consumers had limited information regarding the MDT process the SMICS 'Multidisciplinary Care' patient information brochure was developed. During 2010 the brochure was reviewed and translated into the six most common languages other than English within the SMICS catchment. The translations are now available on the intranet and/or websites of the three public member health services.

Communication of MDT recommendations to GPs

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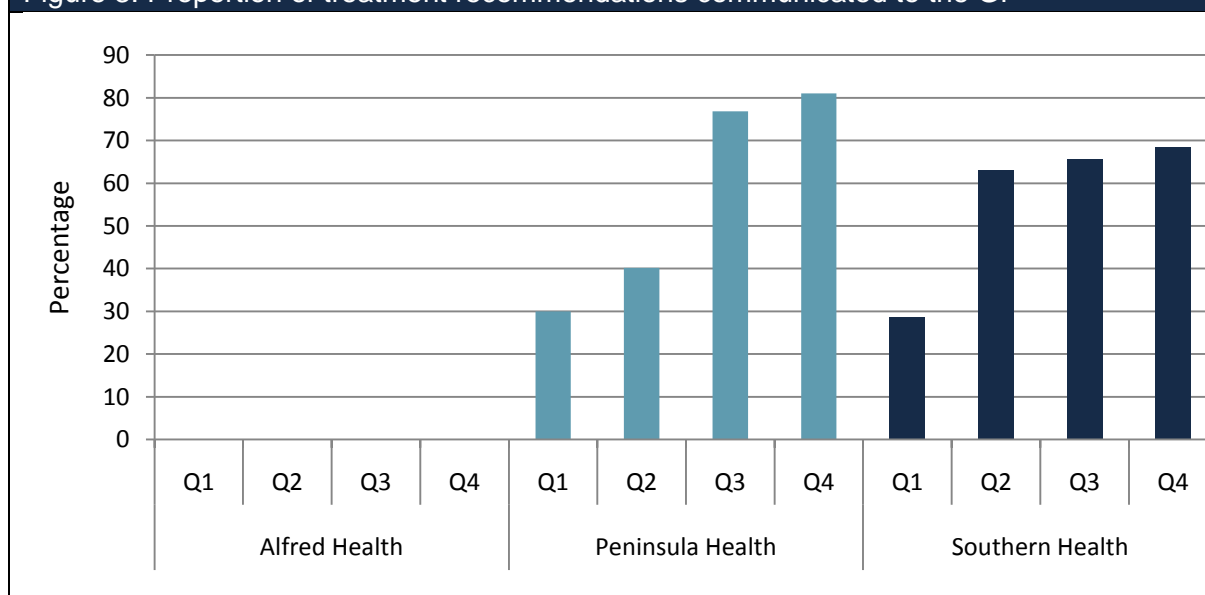
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It is recognised that timely communication of a patient's treatment plan to their usual General Practitioner (GP) will assist in enhancing quality of care and care coordinationⁱⁱⁱ. Progress in the communication of treatment plans to GPs is one of the criteria monitored by the Department of Health as part of the ICS Audit.

Communication of MDT recommendations to GPs commenced with several teams in December 2009 and rolled out to include the majority of participating teams within 2010. GPs are provided with either a copy of the MDT discussion medical record form or a pro-forma letter which provides a summary of the recommendations.

The previously reported survey of GPs and verbal feedback from MDT members indicate that the instigation of this communication is highly valued by all parties. Figure 3 provides a summary of the increase in communication of MDT treatment plans in 2010 within Peninsula Health and Southern Health. The commencement of GP communication within Alfred Health as part of the project has not progressed as MDT leads have not been able to identify whether a consultant medical officer or registrar contact will be named as a point of contact for the GPs in the correspondence.

Figure 3: Proportion of treatment recommendations communicated to the GP



2010 ICS audit results

The 2010 ICS audit reviewed records of patients who have had a cancer-related episode of care in the calendar year of 2009. The following ICS audit criteria directly relate to the MDT Pilot Project:

- documented evidence of MDT recommendations,
- evidence of communication of initial treatment plan to the patient's usual GP,
- and for the first time in 2010 documented evidence of staging as part of the MDT recommendations.

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The 2010 audit revealed:

- a increase in the SMICS-wide documentation of MDT recommendations from 10% to 32%
- a rate of 69% for communication of initial treatment plans to GPs
- inconsistencies in the documentation of disease staging as part of the MDT treatment plan across individual MDTs and health services.

It is anticipated that continued improvements will be revealed in the 2011 ICS audit as a result of the project activities in 2010.

Virtual meeting technology

Efficient MDT discussions rely on the ability of health professionals to view and review all relevant clinical information when formulating treatment recommendations. Of particular importance in determining disease type and progression is access to diagnostic imaging and histopathology.

Virtual meeting technology continues to be used regularly by the gynae-oncology MDT base at Monash Medical Centre Moorabbin. In recent months a Peninsula Health gynaecologist and medical oncologist have begun to participate in the meeting through virtual meeting technology resulting in:

- Peninsula Health gynaecology-oncology patients being able to access more of their care closer to home and,
- the commencement of documentation of treatment recommendations within the Peninsula Health medical record.

The project team are working with the pathology team leaders at Frankston Hospital regarding the presentation of locally reported histopathology slides through virtual meeting technology.

Future work

The project team are working with the executive sponsors in each health service in order to ensure the progress achieved to date is sustained. The in each of the public member health services the main areas of work will be:

- the implementation of the MDT MMS
- the upgrade of MDT meeting venues
- further investigation of the viability of claiming the multidisciplinary treatment planning MBS item numbers 871 and 872..

Recommendations

- That the SMICS Governance committee and SMICS Tumour Groups note the progress in the MDT Pilot Project

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ⁱ Department of Human Services, (2008) *Victoria's Cancer Action Plan 2008-2011*, Victorian Government, Melbourne

ⁱⁱ Department of Human Services, (2007) *Achieving best practice cancer care: A guide for implementing multidisciplinary care*. Victorian Government, Melbourne

ⁱⁱⁱ Department of Health, (2010) *Cancer Services Performance Indicators Report: ICS Audit 1*, Victorian Government Melbourne