




Central Cancer Network (CCN) MDM Advisory Group Meeting, Friday 20th March 2009

Members
Rodger McLeod (MidCentral DHB) Shirlee McLean (CCN) Kevin Simpson (Whanganui DHB) Astrid Koornneef (Capital and Coast DHB) Marjan Vanwaardenberg (Ministry of Health) Penny Pere (Hawkes Bay DHB) Sue Edgecombe (MidCentral DHB) Stephanie Fletcher (CCN, Minute Taker)

Meeting was held by teleconference at 12.30 pm

Items	Discussion/Comments	Actions
Welcome and Introductions	Shirlee McLean welcomed the group and introduced attendees.	
Context Around the Meeting	Shirlee provided the context around the meeting. <ul style="list-style-type: none"> • MDM Framework developed. • CCN report against the MDM in their quarterly reports. • There is now a need to start the discussion as to how the framework will be implemented. 	
MDM Implementation Questionnaire	A questionnaire has been sent to each of the regional DHBs regarding resourcing and infrastructure. It is intended that the responses will help guide CCN as to where they could support and influence changes. So far only replies from Hawkes Bay and Hutt Valley have been received. <p>The following points were noted;</p> <ul style="list-style-type: none"> • Hutt Valley has non-clinical time in job descriptions. However the job descriptions don't specify that this time is for MDMs. • There is no formal management of private patients at public MDMs. • Capital and Coast is the only DHB who has a Lung MDM. • Breast is the only discipline that has a formal auditing process for MDMs. • MidCentral DHB are the only DHB with dedicated administrative support for MDMs. Sue spoke to the development of this role. Initially it was a six month project to standardise procedures and was clinician initiated. 	Sue to make Administrative MDM job description available to other participants
Standard Purchase Unit	Discussion <ul style="list-style-type: none"> • CCN is working with the Ministry of Health to develop a standard purchase unit for MDMs. Marjan explained the process and advised that it is a lengthy one (probably a minimum of 9 months). It was recognised that there will be a need for clinician input later on in the process. Outcome <ul style="list-style-type: none"> • The MDM Steering Group agreed to act in an advisory capacity to the Ministry in the development of a purchase unit for MDMs, however clinical input would be required at some stage. 	
Video Conferencing Facilities	Quotes obtained by Adel Gray (MidCentral DHB) indicated an investment of approximately \$40k for a system technically capable of supporting MDMs. The need for high resolution equipment was recognised. Whilst some regions currently have video conferencing facilities they may not be compatible with each other. The TelePaeds system is not adequate for pathology reporting, etc.	Shirlee to; <ul style="list-style-type: none"> • Do stocktake of what is out there and whether it can handle MDMs • See what funding options may be available

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Medico-Legal Opinion	<p>To date there have not been any test cases in New Zealand. A paper from an Australian Breast Cancer workshop in 2007 provided some recommendations.</p> <p>Marjam suggested Auckland University's Medico-Legal department be approached for advise</p> <p>The Health and Disability Commissioners office may also be able to provide some guidance</p>	<p>Need to link this paper</p> <p>Shirlee to follow up</p> <p>Shirlee to follow up</p>
Key Indicators	<p>Pieter ten Have (Northern Cancer Network) has developed KPIs to monitor the lung pathway in the Auckland/Northland region. An electronic MDM form has been developed. From the MDM form information is able to be pulled into an excel spreadsheet for monitoring purposes.</p> <p>Shirlee suggested it may be worth the Central Cancer Network dovetailing in on the work being done by Pieter and will link Chris Pennington (Performance Analyst, MidCentral Funding Division) with Pieter to discuss the technical aspects of this work.</p> <p>Local Cancer Networks will have a role in monitoring MDMs</p>	<p>Need to link to document from Pieter re; this.</p> <p>Shirlee to speak with Chris Pennington (MidCentral) and Pieter to link this work</p> <p>To be included on the next agenda</p>
Management of private patients via public MDMs	<p>Shirlee has done some initial work with an insurance broker. This work indicates that insurance policies cover non-surgical treatment however it is unclear whether this includes MDMs. Following further discussion it was decided to ask the broker to write to insurance companies on behalf of CCN in order to obtain a definition of non-surgical treatment. The outcome of this should then provide some guidance as to the next step(s) to be taken.</p>	<p>Shirlee to approach insurance broker to act on CCN's behalf.</p>
Service Level Agreements	<p>Rodger advised that MidCentral has a service level agreement with private providers around MDMs.</p>	<p>Shirlee to follow up and report back.</p>
Patient Consent	<p>Patient consent re MDMs is recognised in the framework. Feedback to date suggests this does not have to be separate consent and should be covered or included in the general consent obtained when a patient is admitted to hospital.</p> <p>Shirlee spoke of a patient information sheet developed in Australia. It is generic so can be adapted to a particular tumour stream. This information sheet would ensure that patients have a good understanding of the purpose and composition of the MD Team, the information shared with the team, meeting outcomes and who will communicate these outcomes with them after the meeting. This could be added to the framework as an additional tool for MD Teams to adapt.</p>	 <p>I:\FUNDING\Common Cancer\Central Canc</p>
General discussion	<p>The question was asked whether GPs would be required to attend MDMs. Shirlee advised that feedback to date did not see the need for GPs to attend MDMs on a regular basis however could be invited to attend if there was a particular need. The patients GP would be informed of the treatment plan as soon as practicable following the meeting.</p> <p>MOH guidelines/protocols say all new diagnosis should have an MDM, however it is recognised that this isn't possible. 80% of all new cases is more realistic but even then is a high target.</p>	
Next meeting	<p>Next meeting is to be held by teleconference on Friday 8th May 2009 at 12.30pm until 1.30pm</p>	

Meeting closed 1.15pm