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Multidisciplinary Meeting Framework Implementation Plan January 2009

Introduction

Central Cancer Network (CCN) has worked with stakeholders to develop a Multidisciplinary Meeting (MDM) Framework to assist with the effective and efficient functioning of existing MDMs and to guide the development of new MDMs as they arise. To support District Health Boards (DHBs) to implement the framework the following plan has been developed.

Background

The development of an MDM Framework relates to the following goals in the NZ Cancer Control Strategy Action Plan 2005-2010:

- Goal 3: Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality.
- Goal 5: Improve the delivery of services across the continuum of cancer control, through effective planning, coordination and integration of resources and activity, monitoring and evaluation

All DHBs in the CCN region have identified the establishment of multidisciplinary teams and meetings as an action in their cancer plans but there has been variable progress across the DHBs on the action resulting in differing access to, and functioning of, MDMs.

During the development of the framework CCN has engaged widely with stakeholders in the region. This process has identified a number of issues which impact on the current functioning and future development of MDMs. Actions to attempt to address these have been encompassed within the proposed implementation plan.

Implementation Plan

The plan has been endorsed by the CCN DHB Cancer Managers Group and Governance Group. The following individuals have agreed to act in an advisory capacity to monitor the progress of the plan:

- Adel Gray, Multidisciplinary Meeting Coordinator – MidCentral
- Astrid Koornkeef, Operations Manager Cancer – Capital and Coast
- Kevin Simpson, Service Planner Cancer – Whanganui
- Rodger McLeod, Project Manager Funding - MidCentral

The CCN Management Team to support the plan includes:

- Shirlee McLean – Service Improvement Facilitator
- Dr Simon Allan – Clinical Director
- Dr Andy Simpson – Clinical Director

Reporting

CCN will report on progress against the implementation plan in the quarterly report. At the conclusion of the implementation plan a final report will be provided.

Multidisciplinary Meeting Framework Implementation Plan

The following actions have been identified to support the implementation of the MDM Framework across the region.

Funding

From 1 February 2006, \$3.14 million per annum sustainable funding was devolved to DHBs for the following purposes:

- Cancer workforce development
- **Supporting multi-disciplinary cancer teams**
- Establishing regional cancer networks
- Improving non-hospice palliative care, support and rehabilitation services.

Indications are that this funding has been prioritised and utilised differently by each DHB however there may be an opportunity to revisit this to support MDM development.

The opportunity to develop a purchase unit for MDMs should also be explored as most MDMs do not involve a patient attendance and therefore do not attract funding. In reality a well functioning MDM may reduce the funding to the provider as the MDM process can reduce the number of appointments required by the patient. A MDM purchase unit would go part way to recognising clinician time involved and would support providers to adopt a best practice approach.

Action	By who	By when
Determine whether there is funding available within the existing Cancer CFA or other contracts (eg BreastScreen Aotearoa) which can be identified to further support the MDM process within each DHB	DHB – Funder and Provider	May 09
Explore the development of a standardised purchase unit for MDM	MOH / CCN	Jun 09

Development of New MDM

Currently there are variations in the number and type of MDMs held across the region, resulting in variable access for patients to a MDM opinion and care plan. MDMs may be best conducted at a district, regional or national level depending on a number of factors including patient volumes, complexity of disease management and access to specialist staff

Action	By who	By when
The development of new MDM in the region is considered within the context of district requirements, and regional and national planning <i>To link with Tumour Stream activity at a national and regional level and Regional Clinical Services Plan activity</i>	DHB - Provider CCN	ongoing

Clinician Resource

Concern has been raised by a number of different professional groups about the time requirements which MDMs impose and the difficulties various teams face in regularly attending the meetings. It is envisaged that through this implementation process, MDMs will become more efficient, minimising the time factor. Private service providers eg Radiologists, Pathologists have also noted that if their attendance is required at a MDM it should be identified via the contracting process.

Action	By who	By when
Any requirements to participate in local and/or regional MDM to be recognised when job sizing is undertaken or when business cases for additional positions are developed	DHB - Provider	Ongoing

DHB contracts with private service providers reflect requirements for clinicians to attend relevant MDMs	DHBs	Jun 09
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MDM Coordination and Administrative support

Clinicians have identified the importance of MDMs being resourced with appropriate administrative support as critical to the efficient functioning of the meeting and timely provision of post-meeting correspondence. Across the region there is variability in the capacity, roles and functions of coordination and administrative support for MDMs, impacting on the amount of administration-based work that clinical staff are required to do. Development of MDM Coordinator roles should be considered by DHBs who run multiple MDMs to maximise service improvement opportunities.

Action	By who	By when
Administrative support for MDMs is resourced at a level which ensures maximum efficiency of the MDM process.	DHB - Provider	Jun 09
MDM Coordinator roles to be developed within the region as appropriate <i>(RCTS can provide an example business case / position description)</i>	DHB - Provider	Jun 09

Technology

The ability to link clinicians via video-conferencing has been identified as a major enabler, that supports the effective functioning of existing MDMs and additional MDM development. This is especially important to enable clinicians from tertiary services to link into MDMs which are occurring at the regional hospitals. Currently the only universally available video-conferencing link is via Tele-Paeds. An assessment of the ability for cancer MDMs to access videoconferencing facilities and the appropriateness of these facilities should be undertaken across the region.

Action	By who	By when
Regional assessment of video-conferencing facilities to support cancer MDMs	CCN	Apr 09

Data

The point of MDMs has been identified as one of the better opportunities for data collection to occur due to the information which is required to be gathered to support the discussion. Currently data is collected in a variety of formats (electronic and paper-based) at differing levels of completeness. The implementation of a consistent dataset and capture mechanism would offer many opportunities including clinical audit, patient tracking and monitoring access to service indicators.

Action	By who	By when
Investigate tools to assist with the capturing and reporting of relevant process and clinical data at the MDM <i>(links with national data projects, Tumour Stream activity and NZ Regional Cancer Networks proposal for a consistent approach)</i>	CCN	Jun 09

Human Resources

A brief review of relevant position descriptions in MDHB has identified an absence of criteria within job descriptions which identify the requirements for practitioners to participate in relevant MDM.

Action	By who	By when
Inclusion of a clause in relevant job descriptions of clinical staff requiring them to contribute to relevant MDMs in their hospital and regionally as required Include in all new staff processes and when the position description is reviewed for existing staff during the performance review process	DHB - Human Resource Teams	Apr 09

Medico-legal

Concern has been raised by some clinicians regarding potential medico-legal issues with the shared decision making which occurs within an MDM.

Action	By who	By when
Identify whether there is a medico-legal opinion around MDM shared decision making in NZ	CCN	Apr 09

Quality Standards

The MDM framework includes a tool for providers to audit the functioning of the meetings to assess how well they are meeting the criteria. These audits need to feed into existing quality monitoring undertaken by the provider.

Action	By who	By when
Existing MDM across the region are audited against the MDM Framework and remedial plans are developed as required	DHB - Provider	Jun 09
Audit of MDMs are included as a quality indicator which is monitored by the team for accreditation purposes	DHB Quality Teams	Jun 09
Key indicators for MDMs are developed and included in the set of indicators monitored by the Local Cancer Network	DHBs CCN	Apr 09

Private Patients

Concerns have been raised as to how to manage private patients who are brought to the MDMs in the public sector. It has also been raised that patients treated in the private sector should be offered the same opportunity to have their care plan informed by a multidisciplinary team. These issues should be addressed to minimise inequalities developing.

Action	By who	By when
DHBs to develop a policy on the management of private patients via a public MDM	DHB - Provider	Jun 09
Establishment of service level agreements with private providers to enable private patients to be discussed at public based MDMs as appropriate <i>(CCN can provide an example contract from the UK)</i>	DHB - Provider	Jun 09
Investigate with private insurance companies re requirements for an MDT approach to be taken for patients accessing private cancer treatment services	CCN	Jun 09