

Improving the governance and quality of Cancer Multidisciplinary Meetings (MDMs) at a Victorian cancer network

SAMEERAH ARIF¹, JESVINDER KAUR¹, STEPHANIE LAWSON¹, CLAIRE RICKARD¹, LINDA NOLTE¹
1. NORTH EASTERN MELBOURNE INTEGRATED CANCER SERVICE, VICTORIA, AUSTRALIA

Background

Multidisciplinary meetings (MDM) are deliberate, regular meetings involving health professionals with expertise in diagnosing and managing cancer. MDMs have been established to plan individual treatment approaches for patients in response to the increasing complexity and specialization of cancer care.

The Department of Health (DH) developed the Victorian Cancer Multidisciplinary Team Meeting Quality Framework (MDM Quality Framework) in 2018, which provides a set of standards and measures for all cancer MDMs in Victoria, as well as a set of tools for monitoring their quality. This includes standards on effective governance.

Thirty-five MDMs across the four member health services within the North Eastern Melbourne Integrated Cancer Service (NEMICS) region were included in the governance improvement project as shown in Table 1.

Table 1. Number of MDMs across the NEMICS region

Health service	Number of MDMs
Austin Health	11
Eastern Health	14
Mercy Hospital for Women	1
Northern Health	8
NEMICS wide MDM	1
Total across the NEMICS region	35

Aim

To improve the governance and quality of cancer MDMs at Northern Eastern Melbourne Integrated Cancer Service (NEMICS) member health services to align with the Victorian Cancer Multidisciplinary Team Meeting Quality Framework and principles of Optimal Care Pathways.

Methods

From June 2023, NEMICS collaborated with member health services to implement a range of governance and quality improvement strategies. Strategies included establishment or redesign of MDM governance, terms of reference (TOR), membership, revenue, and patient consent and information. Strategies also included improving the capture of the MDM minimum dataset via MDM software, a rapid literature review of MDM streamlining, and monitoring performance via the Victorian Cancer Services Performance Indicator (CSPI) audit.

Address for correspondence:

Linda Nolte
North Eastern Melbourne Integrated Cancer Services
Austin Health, Heidelberg VIC 3084, Australia
Linda.NOLTE@austin.org.au



Outcomes

Quality Standard 1: Infrastructure and organisational support

- All member health services have improved MDM governance structure.
- All member health services explored alternative billing methods, with two health services (50%) committed to using National Weighted Activity Unit (NWAU) for MDM billing.
- MDM software that supported the capture of the minimum MDM data set was introduced to two health services covering 15 MDMs (43%).

Quality Standard 2: Meeting organisation

- Almost all MDMs (95%, n=35) have up-to-date terms of reference (TOR) to define their purpose, membership, documentation, and evaluation requirements.

Quality Standard 3: Membership

- All updated TORs include a process for patient's GPs to attend the MDM.

Quality Standard 4: Leadership

- This standard was seen as a secondary priority in the scope of the current project. Quality improvement activities addressing this standard are currently being considered.

Quality Standard 5: Consent

- All member health services have updated their MDM patient information resources to support informed patient consent.

Quality Standard 6: Patient referral

- All updated TORs have a process for late submissions for MDMs.

Quality Standard 7: Streamlining patient discussions (optional)

- A rapid literature review exploring streamlining in MDMs was undertaken.
- Future research should examine MDM streamlining implementation within health services.

Quality Standard 8: MDM recommendations and communication

- The ongoing CSPI audit program continues to regularly measure performance against the MDM Quality Framework.

Recommendations

Collaboration between the Integrated Cancer Services and health services can achieve improvements in MDM governance and quality to promote optimal patient care. Continuous quality improvement should be integrated into MDM governance and processes to ensure high quality MDMs. Health services should consider the recommendations as depicted in Figure 1.

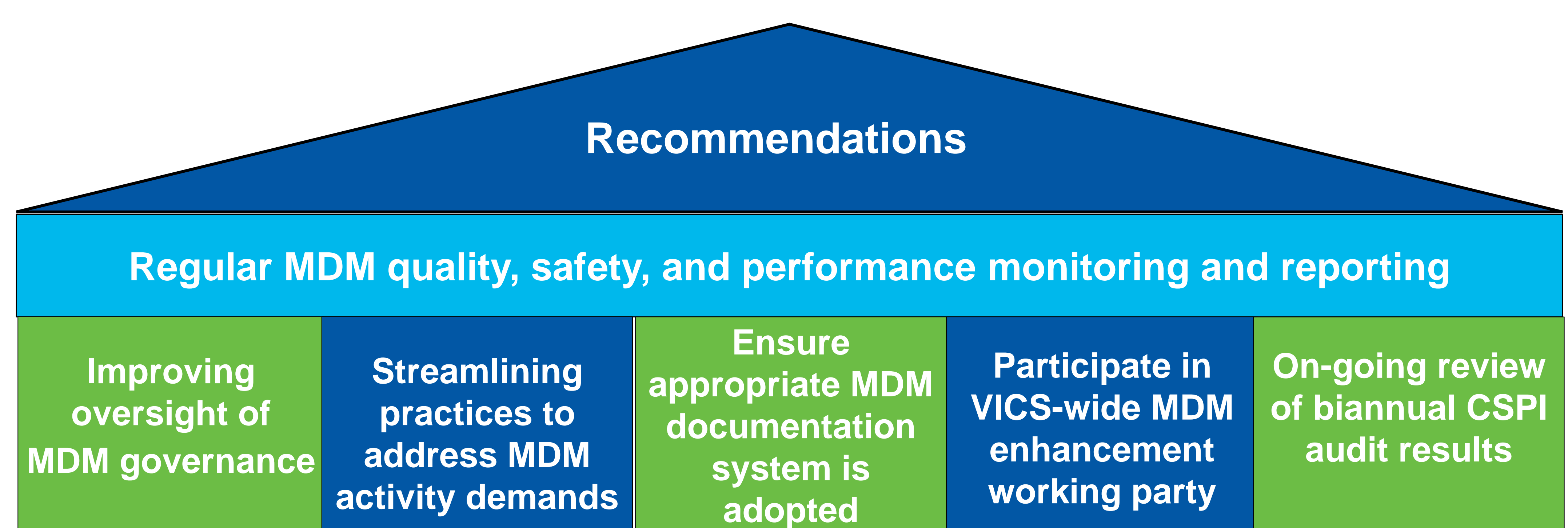


Figure 1. Recommendations to improve MDM governance and quality.