



# 2019

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## Multidisciplinary Teams in Cancer Care: Empowering Patients and Carers

# MASCC/ISOO

Annual Meeting on Supportive Care in Cancer

[www.mascc.org/meeting](http://www.mascc.org/meeting)

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# Conflict of Interest Disclosure

Patsy Yates, PhD

The author has no real or apparent conflicts of interest to report.



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# Evidence about MDTs

- A review of 16 studies indicated that MDTs offer promising pathways to improve quality, access, and patient-centered outcomes
- The majority of studies have focused on evaluating the effects of MDTs during active treatment

Taplin S, Weaver S, Salas E, et al. **Reviewing Cancer Care Team Effectiveness** *Journal of Oncology Practice* 11, no. 3 (May 1 2015) 239-246. DOI: 10.1200/JOP.2014.003350



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# Evidence about MDTs

- Teams used for screening and follow-up to screening result in improvements in guideline-compliant follow-up and timeliness of follow-up
- Discussing cases within MDTs positively affects therapy planning and implementation and improved adherence to recommended preoperative assessment
- Pain control and adherence to an oral medication were improved with MDTs

Taplin S, Weaver S, Salas E, et al. **Reviewing Cancer Care Team Effectiveness** *Journal of Oncology Practice* 11, no. 3 (May 1 2015) 239-246. DOI: 10.1200/JOP.2014.003350



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# Evidence about MDTs – The Gaps

- How teams achieve outcomes
- Affect of MDTs on long-term survival
- How cancer care teams function and affect long-term outcomes
- How lessons about teams in other settings applies to teams in cancer care

Taplin S, Weaver S, Salas E, et al. **Reviewing Cancer Care Team Effectiveness**  
*Journal of Oncology Practice* 11, no. 3 (May 1 2015) 239-246. DOI: 10.1200/JOP.2014.003350

- Whether and how patient engagement and empowerment can be improved
- The cost effectiveness of MDTs



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# What do we know about patient engagement in MDTs?



**TABLE 5** MDT patient involvement and supportive care needs, across total group

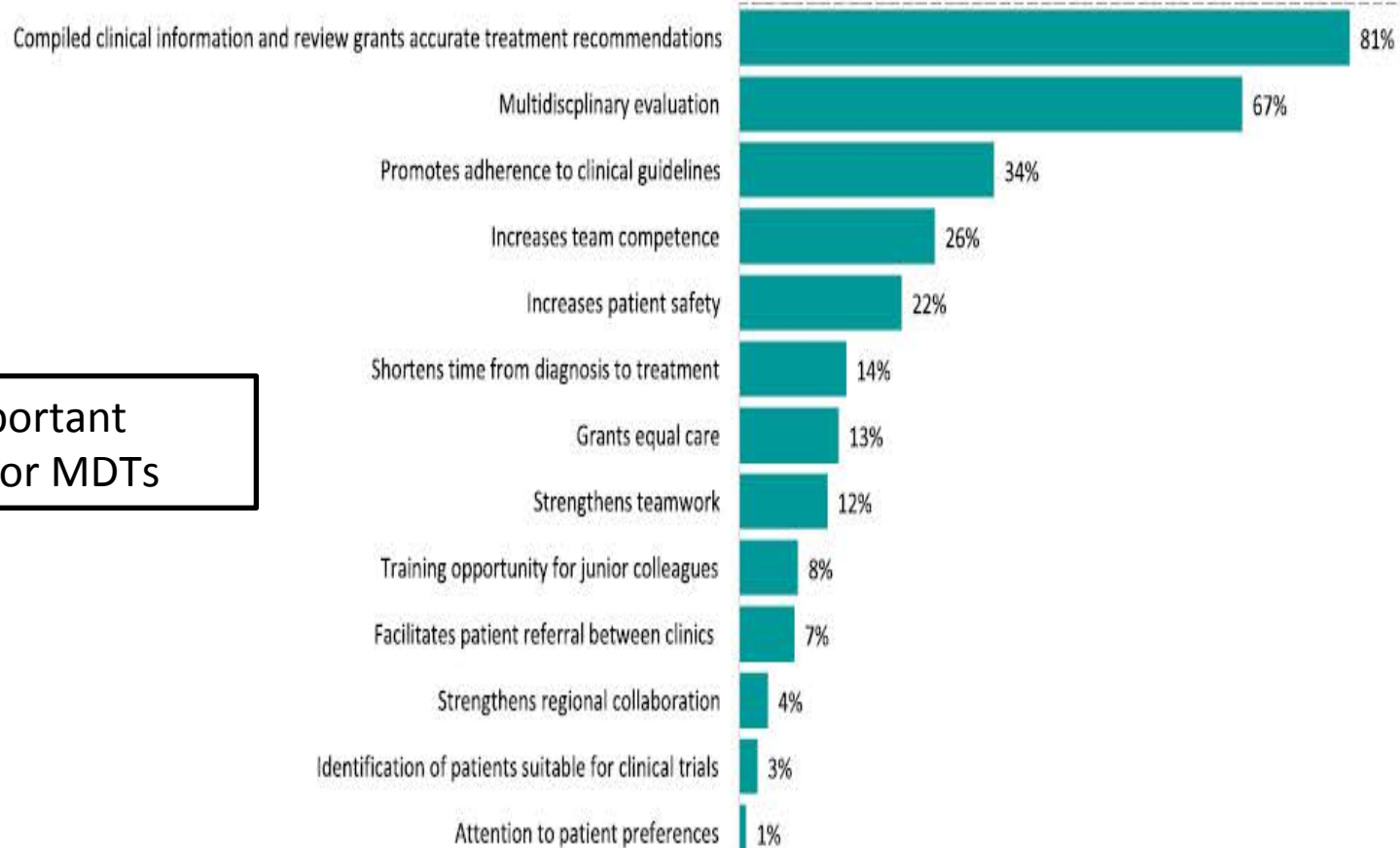
	Always (%)	Usually (%)	Sometimes (%)	Rarely or never (%)	Total group (%)
<b>Patient involvement</b>					
Patients encouraged to be involved in meetings	2 (5%)	6 (16%)	0 (0%)	29 (78%)	37 (100%)
Patients informed they will be discussed by MDT	17 (46%)	16 (43%)	4 (11%)	0 (0%)	37 (100%)
Patient preferences incorporated into MDT discussions	14 (38%)	20 (54%)	3 (8%)	0 (0%)	37 (100%)
<b>Patient supportive care needs</b>					
Supportive care needs influence treatment recommendations	5 (14%)	16 (43%)	14 (38%)	2 (5%)	37 (100%)
Patient supportive care needs are discussed in MDT meetings	4 (11%)	16 (43%)	13 (35%)	4 (11%)	37 (100%)
Discussions result in referrals to other allied health services	2 (5%)	7 (19%)	24 (65%)	4 (11%)	37 (100%)
Discussions result in referrals to psycho-oncology services	2 (5%)	4 (11%)	15 (41%)	16 (43%)	37 (100%)

*Rankin N, et al. Cancer multidisciplinary team meetings in practice: Results from a multi-institutional quantitative survey and implications for policy change, Asia Pacific Journal of Oncology; 2017: 1-10*



# What do we know about patient engagement in MDTs?

Rankin N, et al. 2017: 1-10



Most important reasons for MDTs

# The evidence about patient engagement and empowerment



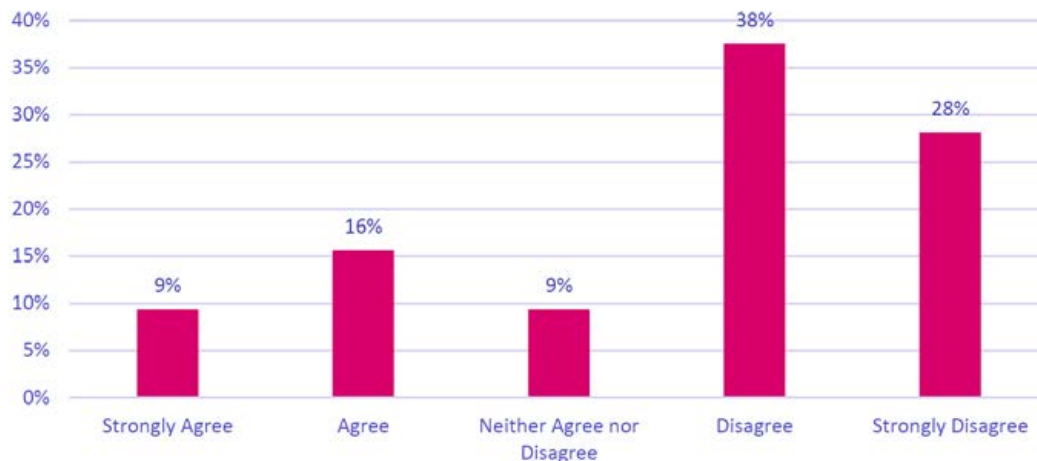
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I had enough opportunity to contribute to the discussion about my case at the MDT meeting (e.g. you made your views known to a clinician or other health professional)



*Cancer Research UK (2017) Meeting Patients' Needs: Improving the Effectiveness of Multidisciplinary Team Meetings in Cancer Services. Cancer Research UK. <http://tinyurl.com/zvonk6t>*





# The evidence about patient engagement and empowerment

- MDT meetings often lack discussion about patient preferences, comorbidities, suitability for clinical trials or psychosocial status
- Only 14 per cent of discussions included information that did not relate specifically to their tumour, for example the patient's preference, known comorbidities or psychosocial status.
- Many respondents expected these aspects of MDT discussions to be within the remit of the cancer nurse specialist
- No verbal contribution was made by nurses in over 75% of meetings observed.

*Cancer Research UK (2017) Meeting Patients' Needs: Improving the Effectiveness of Multidisciplinary Team Meetings in Cancer Services. Cancer Research UK. <http://tinyurl.com/zvonk6t>*



# Nurses' experience of MDTs

- 45% of respondents felt that they worked in a functional MDT, 12% felt that they worked in a dysfunctional MDT
- 3.5% found the MDT meeting intimidating
- 34% felt that they could constructively challenge all members of the MDT
- Themes emerging from open-ended questions were:
  - lack of interest in nonmedical concerns by other team members
  - ability to constructively challenge decisions or views within the meeting
  - little opportunity for patients' wishes to be expressed.

*Punshon G, Endacott R, Aslett P, et al. The Experiences of Specialist Nurses Working Within the Uro-oncology Multidisciplinary Team in the United Kingdom, Clinical Nurse Specialist: July/August 2017 - Volume 31 - Issue 4 - p 210–218*



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# Nurses' experience of MDTs: UKONS Position Statement

- Site-specific specialist nurses should remain involved as core-members of the MDT meeting, as they have the potential bring a unique patient-centred view to discussions
- This can only be relevant if a patient has contact with the CNS team prior to an MDT meeting
- Contact is standardised by using a structured, holistic needs assessment
- Research outcomes be considered as these suggest that many specialist nurses do not feel able to contribute to MDT discussions
- The development of a less hierarchical approach to MDT meetings, whereby the whole team has opportunity to contribute to discussions and decision-making

<https://www.ukons.org/news-events/ukons-position-statement-on-mdt-reform/>



# “The absent patient”



Open Access

Research

## BMJ Open Multidisciplinary team decision-making in cancer and the absent patient: a qualitative study

D W Hamilton,<sup>1</sup> B Heaven,<sup>1</sup> R G Thomson,<sup>1</sup> J A Wilson,<sup>2</sup> C Exley<sup>1</sup>

BMJ Open, 2016;6:e012559. doi:10.1136/bmjopen-2016-012559

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# “The Absent Patient”

- Individualised treatment decisions requires that the values and preferences of the patient are central to the process
- There is emerging evidence that the process of MDT working presents barriers to effective involvement of the patient in decision making
- MDTs often struggle with how and when to incorporate individual patient information

*BMJ Open, 2016;6:e012559. doi:10.1136/bmjopen-2016-012559*



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# “The Absent Patient”

- The MDT is a ‘backstage’ area where staff members could talk more openly about the patient, their treatment options and their prognosis
- The aim of the discussion was to reach a consensus on which treatment or treatments were considered to be the ‘best’
- The treatment recommendation was then delivered to the patient in the MDT clinic, a ‘frontstage’ area where the patient is present

*BMJ Open, 2016;6:e012559. doi:10.1136/bmjopen-2016-012559*



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# “The Absent Patient”

- The ‘evidential’ patient was almost universally based on clinical information about the cancer size, extent and spread
- This was usually presented first and formed the basis of the discussion
- Team members recognised that this clinical information alone did not provide a complete view of the patient

*BMJ Open, 2016;6:e012559. doi:10.1136/bmjopen-2016-012559*



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# “The Absent Patient”

- Quantitative measures of the MDT discussion have measured the ‘patient centredness’ by counting the number of times patient information (demographics, comorbidities, supportive needs, etc) are mentioned in the MDT meeting
- MDTs that include more information about the patient in their meeting cannot be considered to make ‘patient-centred’ recommendations

*BMJ Open, 2016;6:e012559. doi:10.1136/bmjopen-2016-012559*



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# “The Absent Patient”

- *“In the current structure, the MDT faces difficulty in moving from ‘initial preferences’ to ‘informed preferences’ as this cannot be performed in the absence of the patient”*

*BMJ Open, 2016;6:e012559. doi:10.1136/bmjopen-2016-012559*



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# How do we engage and empower patients?

GLOBAL HEALTH

## The Value and Future Developments of Multidisciplinary Team Cancer Care

Peter Selby, MD, DSc<sup>1</sup>; Razvan Popescu, MD<sup>2</sup>; Mark Lawler, PhD, FRCPath<sup>3</sup>; Hugh Butcher, BSc, MSc<sup>4</sup>; and Alberto Costa, MD<sup>5</sup>

DOI: 10.1200/EDBK\_236857 *American Society of Clinical Oncology Educational Book* - May 17, 2019



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# How do we engage and empower patients?

- MDTs can support patient engagement and empowerment.
- MDTs can involve patients in planning their care and ensuring the coordination and continuity of care as patients transfer between different locations or levels of care.

DOI: 10.1200/EDBK\_236857 *American Society of Clinical Oncology Educational Book* - May 17, 2019



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# How do we engage and empower patients?

- “Engagement” expresses the commitment and actions of health care professionals (HCPs) to include patients in discussions and decisions about their care as individuals and in the coproduction of service plans
- “Empowerment” is a more complex concept that encompasses commitment and action by patients, which are self-driven outside interactions with HCPs.
- Aspects of empowerment include health literacy, shared decision-making, and self-management

DOI: 10.1200/EDBK\_236857 *American Society of Clinical Oncology Educational Book* - May 17, 2019



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# How do we empower and engage patients?

- MDTs can improve patient outcomes by having a policy for patient engagement in individual care and in policy development for the team
- MDTs can improve patient outcomes by exploring, initially in pilot form, the use of PROM data to assist in patient evaluation and monitoring

DOI: 10.1200/EDBK\_236857 *American Society of Clinical Oncology Educational Book* - May 17, 2019



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# How do we engage and empower patients?

- Patients should be aware of the MDT, its purpose, membership, when it meets, and that their case is being/has been discussed, and they should be given the outcome within a locally agreed timeframe.
- A patient's views/preferences/holistic needs are presented by someone who has met the patient whenever possible.
- A named individual on the MDT has responsibility for identifying a key worker for the patient.
- A named individual on the MDT has responsibility for ensuring that the patient's information needs have been (or will be) assessed and addressed.
- Patients are given information, consistent with their wishes, about their cancer, their diagnosis, and their treatment options, including therapies that may be available by referral to other MDTs, sufficient to make a well-informed choice/decision about their treatment and care.

NHS National Cancer Action Team. The Characteristics of an Effective Multidisciplinary Team (MDT). [www.ncin.org.uk/view?rid=136](http://www.ncin.org.uk/view?rid=136).



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# The evidence about patient engagement and empowerment

- MDTs should require incoming cases and referrals to have a completed proforma with all information ready before discussion at a meeting including:
  - Patient demographics
  - Diagnostic information
  - Patient fitness and co-morbidities
  - History of previous malignancies
  - Results from a Holistic Needs Assessment
  - The patient's preferences
  - The rationale for requiring MDT discussion
  - Whether there were known treatment protocols for the specific tumour type
  - Whether the patient is suitable for any current clinical trialsMany respondents expected these aspects of MDT discussions to be within the remit of the cancer nurse specialist (CNS)

*Cancer Research UK (2017) Meeting Patients' Needs: Improving the Effectiveness of Multidisciplinary Team Meetings in Cancer Services. Cancer Research UK. <http://tinyurl.com/zvonk6t>*





# Conclusions

- The current format for MDTs do not optimise opportunities for patient engagement and empowerment
- There are barriers to nurses' participation in MDTs
- Practical strategies to enhance patient engagement and empowerment include:
  - Identifying a key worker
  - Structured assessment of needs and preferences
  - Use of PROMs
  - Clear protocols for communication with patients about MDTs



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# Thank you

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International Conference on Cancer Nursing  
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