Models of multidisciplinary team evaluation in head and neck cancer patients: elements for operating an effective MDT

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Cancer care involves a growing number of specialists and health professionals as intervention areas expand to encompass psychosocial support, genetics and frailty aspects (among other areas) and consensus decisions are needed at all stages of care. As the care pathway becomes more complex, the potential for miscommunication, poor coordination between providers, and fragmentation of services increases. In this context, multidisciplinary teams (MDTs) has been identified as key enablers in the provision of high-quality treatment and care for cancer patients, as a way to improve optimal decision-making in the diagnosis, treatment and support of cancer patients and as a practical necessity for optimal coordination among health professionals and clear communication with patients.

The use of MDTs in cancer care is endorsed internationally. Several European cancer plans stress the importance of multidisciplinary care, setting specific guidance for its implementation, however, this prioritization coexists with significant differences in performance, implementation and organisation of cancer care and access across countries as well as in policy measures taken to promote this approach. These include, among the others, MDT discussion and evaluation held with or without the patient, multidisciplinary clinics staffed by a mix of different health professionals or MDTs that hold regular meetings to discuss patient care plans prospectively.

Based on this heterogeneity, we analysed the MDTs model and approached for head and neck cancer patients within three hospital hubs (Trieste, Udine and Pordenone) in Friuli Venezia Giulia Region in the North-Est of Italy. The analysis aimed to address three research questions: 1) what are the models and configurations of MDTs?; 2) which MDT models and configurations lead to optimal patient outcomes?; 3) What are the requirements for an effective MDT, which types and structural configurations of MDT function best and in what circumstances?

For the assessment of complex behaviours and activities in MDTs we exploited a mixed method analysis based on observation of MDT meetings and interviews and focus group with professionals involved in the MDT. We also distributed a survey to MDT coordinator to analyse the professional and coordination model, the clinical decision making and clinical governance. For the survey we used an adapted version of the Multidisciplinary treatment planning questionnaire (MTP) of the National Cancer Institute Division of Cancer Control & Population Sciences.

The analysis underlined three MDT models: one based on a professional evaluation without patient named the complexity model; one in which patients are seen sequentially by physicians from each discipline, and a third model in which patients are seen concurrently by physicians from each discipline. Data from interviews and focus group demonstrated several elements in common and
several wide variations among the three configurations. Based on the findings we defined the key elements for operating an effective MDT organized within four domains: the team, infrastructure for meetings, meetings organizations and logistics, clinical decision making.

**Keywords:** multidisciplinary team; cancer care; head and neck; evaluation; effectiveness