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CONFERENCE ABSTRACT

How to connect multidisciplinary teams more effectively using digital technology

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Introduction: Healthcare spending represents 9.1% of GDP in Australia. A significant proportion of healthcare spending focusses on chronic diseases. In Australia, cardiovascular, chronic obstructive pulmonary disease, cancer and diabetes cost up to $27billion (36% of allocated health expenditure) in 2008-09. This number is only set to increase due to the ageing population.

Practice change implemented: The healthcare needs of those suffering from chronic diseases are complex and often require a multidisciplinary team approach. A patient-centred and community based management requires multiple medical specialities and allied health professionals to collaborate. Such a model has shifted healthcare into relying on digital means to ensure efficient communication between care providers and provide access for rural populations.

Aim and theory of change: While digital health is an emerging area of healthcare, concerns on all stakeholders lie with data privacy. Connecting diverse members of a patient's care team across the whole health care sector requires a mobile-first, patient-focused cloud-based platform that can provide a safe and secure platform for collecting and sharing all relevant clinical information to facilitate multidisciplinary team meetings (MDT).

The aim was to fully digitise and shorten the MDT process from an average of 27 days per meeting to under 10 days, as well as provide significant cost savings of an estimated $1,000 per meeting associated with staff time, collecting and distributing information.

Targeted population and stakeholders: Initially, the platform is aimed at multidisciplinary care teams in oncology, given that it has been recognised and established workflow in cancer care.

Timeline: From June 2018 to January 2019, we co-designed with the MDT coordinator and clinicians, a workflow that allows them to manage all aspects of onsite and remote multidisciplinary team meetings in a mobile environment.

Highlights: The web-based MDT platform manages invitations, collecting and sharing of information from different sources, online presentation of information, instant sharing of results and archiving of summary records directly into the patient's medical records.

The module was tightly integrated with the existing secure messaging platform, allowing clinicians to switch between a formal MDT meeting and ad hoc secure clinical information sharing.

Comments on sustainability: While most multidisciplinary teams (MDT's) are run face-to-face, the ability to extend to virtual participation increases efficiency and leads to better patient outcomes by facilitating a seamless end-to-end digital approach.

Comments on transferability: The platform advocates a multidisciplinary model beyond cancer care, with early application in virtual discharge management, aged care and the wider chronic disease management in the primary and allied health sector.

Conclusions: The roll-out of the platform cut time to arrange and manage MDT meetings by 50%. A proactive user onboarding strategy helped the introduction of a new workflow.

Discussions: The success of this project was due to active co-design and constant feedback from clinicians in all phases from conception, design, implementation and optimisation.

Lessons learned: We observed that for existing MDTs it was important to first ensure the clinicians were fully comfortable with the new workflow, before they were open to virtual meetings.