

MDT meetings – pros and cons

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MDTMs

A cost effective means of
delivering high quality cancer
care?



Or are MDTMs

bloated, costly, wasteful, self-indulgent, navel gazing forums which may breach patient confidentiality and delay treatment?

MDTs

Panel 1: Some issues in cancer care in the UK that MDT working aimed to resolve

- Non-uniform access to specialist care
- Frequent reporting of inadequacies in cancer services
- Disjointed referral system
- Large variations in frequency of individual treatments used, caseload for particular doctors treating cancer, and patient survival

MDTs

Panel 2: Putative benefits of MDT working

- Improved consistency, continuity, coordination and cost-effectiveness of care
- Improved communication between health professionals
- Improved clinical outcomes
- Increased recruitment into clinical trials
- Opportunities to improve audit
- Increased satisfaction and psychological wellbeing of patients
- Educational opportunities for health professionals
- Support from a collegial environment
- Increased job satisfaction and psychological wellbeing of team members

MDTs - problems

- Data protection/privacy
- Treatment delays – conflicts with CWTs
- MDT ‘itis’
- Lack of patient involvement
- The nature of an MDT ‘decision’
- Legal implications unclear
- Focus on ebc
- Cost

Cost

At any one time during the working week,
between 10 and 15% of clinical oncologists are
incarcerated in MDT meetings

7-8% radiology time in MDTMs

The base cost per patient is £428

Munro 2015

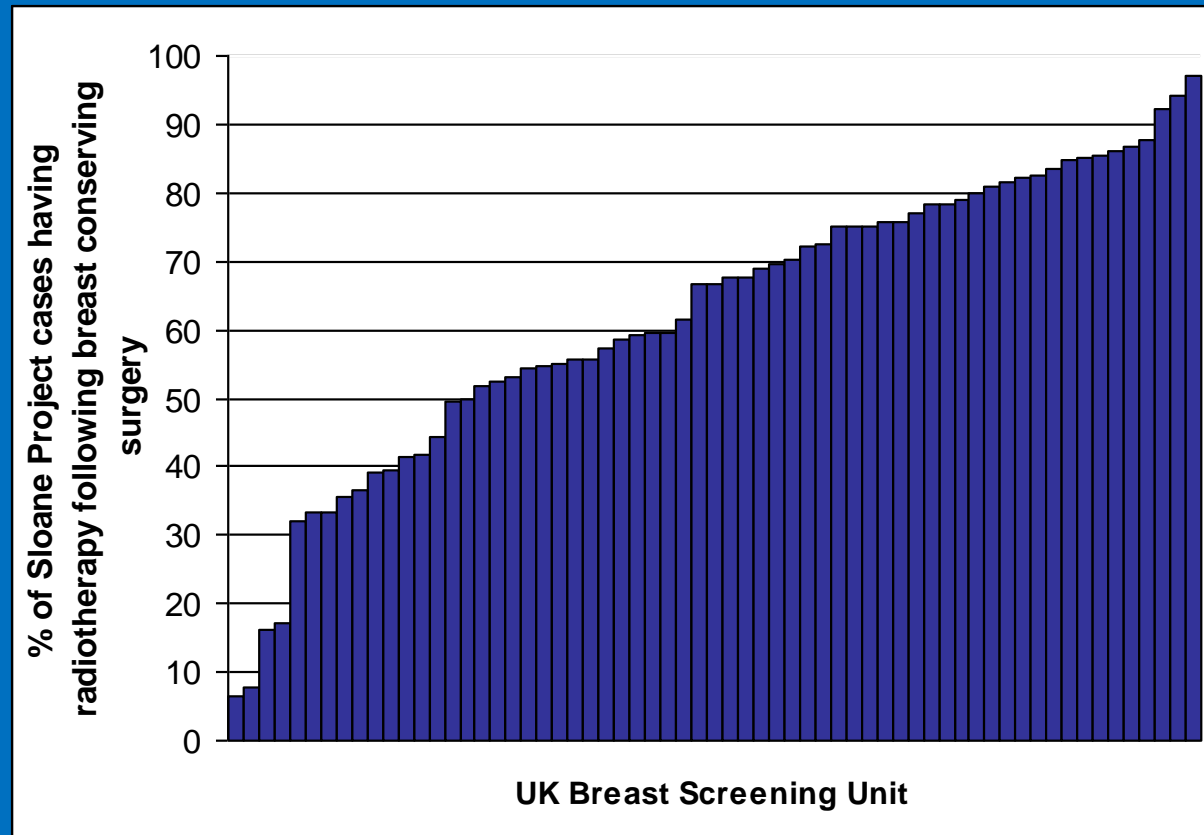
Practice Variation

- Despite MDTMs variations in practice are common
- NHSBSP/Sloane audit shows wide practice variation in the use of adjuvant therapy

Radiotherapy (DCIS)



- Radiotherapy: % receiving radiotherapy after breast conserving surgery...



MDTMs – literature search from 1999

231 Medline ‘hits’ - 45 publications

19 ‘before and after studies’ (2 prospective, 1 cost)

18 ‘internal dynamics/pragmatics’ (1 prospective)

3 decision implementation

4 perceptions of MDT working

1 RCT telemedicine

NCIN – MDTM survey

Jan-March 09

- 2054 respondents 53% docs
- 80% all pts with recurrence/progression should be discussed
- Majority wanted palliative care consultant
- 90% felt pts views should inform MDT decision making

NCIN – MDTM survey

Better preparation for meetings

Better technology

More time

Better attendance at meetings

Better team working

Case summaries should be circulated prior to the meeting:

NCIN – MDTM survey

Oncologists should not make treatment decisions on patients with recurrence/progressive disease without MDT support.

Supported by NCEPOD.

MDTMs

Widely accepted

Have their uses

And plenty of problems

A growth industry

Costly

May conflict with patient autonomy

Medicolegally relatively untested