

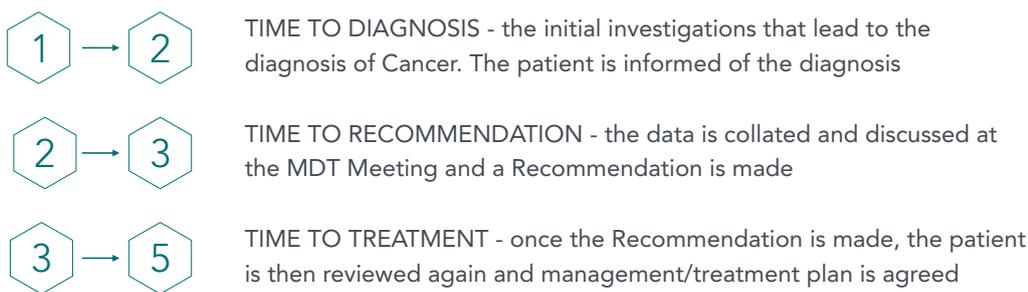
## THE MDT

The multidisciplinary team meeting, or MDT, is an essential part of the patient pathway, primarily for Cancer Management, but also for other benign conditions, such as Stroke Care and Cardiology. The MDT facilitates best practice for patient care such that experts in the field of a specific disease process meet and discuss the management plan for treatment based on peer reviewed evidence and experience.

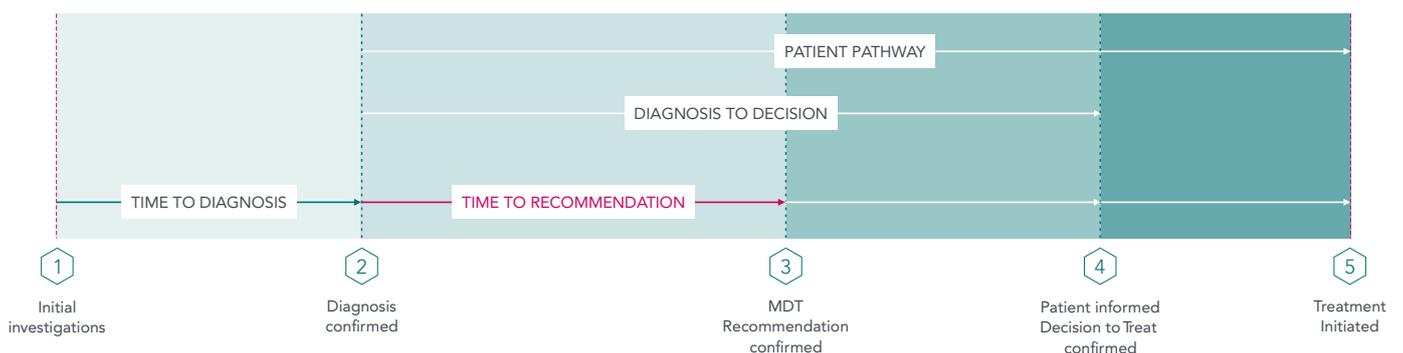
## TIME TO DECISION

A diagnosis of cancer is followed by a number of investigations leading to the collation of this relevant data in preparation for the MDT meeting. At the MDT, a consensus decision recommendation to made which informs the specific treatment/management for that patient.

## PATIENT PATHWAY STAGES



## ROUTINE MDT



## THE PROBLEM

- The Healthcare system is now under pressure to diagnose cancers at an early stage in order to initiate treatment plans that can preserve the lives of patients.
- The typical MDT is a time-constrained mass of paperwork, medical notes, laptops and large screens in a dedicated room with fixed (temperamental) videoconferencing facilities requiring clinical teams to make life-changing, on-the-spot decisions for their patients based on information flashed up before them.
- The system can rapidly falter due for a number of reasons such as missing notes, technical issues, missing key clinicians to name but a few. If the MDT does not proceed correctly, the worst-case scenario is that a number of patients' cases may not be discussed leading to inevitable delays within the care pathway: the personal impact on patients and their families is immense and potentially long-lasting.
- It is estimated that there are over 3.5M individual MDT patient discussions held annually in the UK and this number is gradually increasing as a result of an increased public awareness of the benefits of an early diagnosis of cancer.
- Clinicians are often required to be at number of different hospitals during the week which can directly impact on their ability to attend the MDT on occasions: the informed decision recommendation requires quoracy for validity and as a result, there may be situations where missing team members create a weak/invalid consensus.

It can be seen that the MDT is a key moment that can influence the direction of travel for a particular patient in their management pathway. Previously, these discussions were carried out in an informal manner; however, over time, this part of the process has become much more defined and mandatory in the case of cancer care across all specialities in the UK.

## COMPONENTS OF AN EFFECTIVE MDT COMPLIANCE

Patient management has become extremely complex over the recent decades and it is essential that mechanisms are in place to ensure compliance with best practice measures.

- **GOVERNANCE**

Governance of processes goes hand in hand with compliance to confirm that practices are of a recognised high standard for the purposes of patient care.

- **DATA SECURITY**

Patient data must remain confidential at all times and can only be shared using strict criteria with strict adherence to GDPR, including handling and storage of this sensitive data correctly, and safe disposal of data.

- **WORK FLOW**

The MDT process itself must be 'clinically relevant' i.e. follow the current model of face-to-face meetings with flexibility and ease of use without the technology getting in the way.

- **REPORT & AUDIT**

Audit of all activity relating to the functioning of the MDT process in order to facilitate examination of the process at any time. Audit will encourage improvements in the processes involved over time.

## WE ALREADY HAVE AN EFFECTIVE MDT

You do...but at what cost? Spiralling administration and clinical frustration with the process exists within healthcare today. The lack of a coherent approach to the wider issues around multidisciplinary meetings can be addressed with the right technology. Clinical MDTs are conducted face-to-face, with medical professionals travelling from site to site to attend regular scheduled MDTs. Nowadays, clinicians may work across multiple sites and so the efficiency of the MDT function decreases.

MDTs are an example of best practice for patient care, however:

- Clinicians may miss MDT meetings as they are on different sites.
- Current MDTs are still largely paper based with a huge administration cost attached.
- Large number of cases are discussed which leads to time constraint issues.
- There is a lack of flexibility in the process that can lead to delays in the patient pathway.
- Expensive hardware is currently required to perform MDTs across hospital sites.