MULTI DISCIPLINARY TEAMS

A Vehicle for Knowledge Translation / Implementation Science

Tracy Robinson (PhD; BA Hons; RN)
OUR TEAM

- Professor Paul Harnett - Director, Sydney West TCRC
- Ms Pamela Provan - Manager, Sydney West, TCRC
- Assoc Prof Tim Shaw - Director, WEDG, USyd
- Dr Tracy Robinson – Research Fellow (USyd & SW TCRC)
- Kylie Museth (Innovations Manager, SW TCRC)
- Ms Anna Janssen - Project Manager, (Usyd & SW TCRC)
- Dr. Karin Lyons - Research Support Officer (WM)
- Dr Jenny Shannon – Nepean Hospital
- Dr Peter Flynn – Nepean Hospital
- Dr Julie Howle – Westmead Hospital
Our Place

Sydney West Cancer Network
Comprehensive cancer services network treating ~4000 new cancer patients, over 130000 outpatients and 6000 inpatients annually.

Westmead Millennium Institute
Independent research institute with over 420 research staff attracting over $20 million in research grant funding annually.
Sydney West TCRC

- MDT’s primary vehicle for cancer care
- A wider program in cancer care (not just meetings)
- Significant investment - time and resources
- Important to define their composition, processes and quality care indicators
- Supported by establishment of the Sydney West TCRC
Model of TR Westfall et al., (2007)
Key questions

• What enabling factors support high performing program of MDT cancer care?
• What is role of MDTs in implementation science and translational research?
• How can CQI processes be embedded in MDT tumor programs?
A Complex Science

- Heath informatics
- Economics
- Public policy
- Clinical epidemiology
- Evidence synthesis
- Behavior science
- Communication theory
Evidence for MDT Care?

• Great variance in processes (Meagher, 2013)
• No evidence of improved survival
• Some evidence improved clinician & patient satisfaction (Look Hong, Wright, Gagliardi, et al., (2010)
• Reduced time diagnosis & treatment improved adherence to guidelines, inclusion in clinical trials (Cancer Institute, NSW, 2010)
Draft Guidelines MDTs in NSW

Broad domains for performance:

- Team membership
- Team governance and organisation
- Best practice care
- Data collection and documentation
- Communication with GP
- Patient centred care
- Team Development and quality improvement

(Cancer Institute NSW, 2013)
Current Study

PHASE 1
observations
semi structured
interviews,

Priority Setting:
Processes for
linking
continuous QI

PHASE 2
Implementation
study with UGIT
engagement with
QI

PHASE 3
Scale up
Current Study

• mixed methods (surveys, process mapping, observations, gap analysis, implementation)
• Two phases: Identify elements that constitute high performing program of MDT cancer care
• Address gaps with one tumor stream
• Developing & applying indicators for MDTs that support education, CQI and implementation strategies
Phase 1 (qualitative)

Observations (N=43) of MDT tumor stream meetings

- Lung
- UGIT
- LGIT
- Gynae Onc
- Breast
- Breast metastatic
- Urology
- Melanoma

Semi structured interviews

- Surgeons
- Oncologists (medical and radiation)
- Clinical trial coordinators
- Nurses
- Policy makers
- Pathologists
- Research fellows
- Basic scientists
Phase 1 Broad Findings

- Most MDTs use T2 research and some generate it
- Small number generate T1 research
- Very few MDTs active in T3 research or quality improvement
- Awareness of T3 research is low
- The relationship of MDTs versus individual (s) in research is unclear
- Not all disciplines appear equally research active
Preliminary Gap Analysis

- Unclear role for MDTs in QI – no formal process for identifying gaps/ improvement
- Lack of T3 leadership – most research clinical trials
- Coordination & support for MDT meetings varies
- Regularity & existence of business / research meetings varies (forum for fielding questions)
- Audit and feedback- what data do we collect for QI?
Key Enabling Factors

- Academic leadership/capacity in T3 research
- QI expertise
- Integrated data & audit/feedback
- Interprofessional collaboration/learning
- Regular business meetings
- Research fellows (T3)
- Processes for problem identification/QI
- Medical students
Next Steps

• Complete priority setting across sites
• Proactive engagement with QI – prospective data identified
• Develop formal structures for QI to interface with MDTs
• Pilot joint IS intervention with UGIT
THANK YOU

Tracy.robinson@sydney.edu.au
REFERENCES


• Lock Hong, NJ; Wright, FC; Gagliardi, AR; Paszat, LF (2010). Examining the potential relationship between multidisciplinary cancer care and patient survival: An international literature review. *J. Surg. Oncol*, 102 (125-34)