

Appendices

APPENDIX 1 THE PRINCIPLES OF MULTIDISCIPLINARY CARE

Multidisciplinary care (MDC) has been the focus of increasing attention in recent years, with efforts to promote its broad implementation increasing as evidence of its benefits become apparent. Work by Paul Mitchell and Craig White has explored the introduction of a clinical implementation group for Colorectal Cancer¹ which involves interaction of consumers and clinicians, but to date much of the work conducted to explore models of MDC in Australia has used breast cancer as an example.

A flexible approach to MDC models has been advocated in Australia, as one model will not fit all circumstances. Approaches need to be sufficiently flexible to take account of Australia's diverse geography, the mix of public and private service provision and significant regional differences in population, resource availability and access.

A number of models for the implementation of MDC exist. A central component of all models is treatment planning meetings (either face-to-face or via tele-/videoconference) involving a broad range of personnel with input from both specialist clinicians and nursing/allied health professions, and incorporating patient preferences. A key issue for consumers is the need for them to know that multidisciplinary discussion has occurred but with confident knowledge of who is driving their care.

The Working Party was of the opinion that the *Principles of Multidisciplinary Care* outlined by Zorbas et al² should underpin the implementation of MDC. The *Principles* identify the need for a team-based, equitable, evidence-driven, patient-centred approach to cancer care. While the *Principles* were developed with a focus on breast cancer, they clearly have broader application to other types of malignancy and chronic disease. The *Principles of Multidisciplinary Care* provide a good foundation for the implementation of MDC, and with adequate resourcing and support, MDC can become incorporated standard practice using a range of models for cancer care and probably chronic disease care in Australia.

References

1. Mitchell P, White C, Austin. Bowel Cancer Consortium: changing culture in bowel care. *Principles of multidisciplinary care (National Multidisciplinary Care Demonstration Project)* MJA 2004; 180 (10) 579-82
2. Zorbas H, Barraclough B, Rainbird K, Luxford K, Redman S. Multidisciplinary care for women with early breast cancer in the Australian context: what does it mean? MJA 17 Nov 2003; 179:528-31.

Principles of multidisciplinary care (National Multidisciplinary Care Demonstration Project)

Principle of care

Outcome

Team

The disciplines represented by the "core" team should minimally include surgery, oncology (radiation and medical oncology), pathology, radiology and supportive care. The individual woman's general practitioner will be part of her team.

The "breast cancer care team" is established and known.

In order to ensure that the woman has access to the full range of therapeutic options, the "core team" may be expanded or contracted to include services (which may be off site) such as genetics, psychiatry, physiotherapy and nuclear medicine.

Referral networks established for non-core team specialist services.

Communication

A communications framework should be established which supports and ensures interactive participation from all relevant team members at regular and dedicated case-conference meetings.

Communication mechanisms are established to facilitate case discussion by all team members.

Multidisciplinary input should be considered for all women with breast cancer; however, not all cases may ultimately necessitate team discussion.

A local protocol is established for deciding which cases may not require team discussion.

Full therapeutic range

Geographical remoteness and/or small size of the institution delivering care should not be impediments to the delivery of multidisciplinary care for women with breast cancer.

Systems are established for ensuring that all women have access to all relevant services.

The members of the team should support the multidisciplinary approach to care by establishing collaborative working links.

Systems are established to support collaborative working links between team members.

Standards of care

All clinicians involved in the management of women with breast cancer should practice in accord with guideline recommendations.

Local clinician data are consistent with national benchmarks.

The treatment plan for a woman should consider individual patient circumstances and wishes.

The final treatment plan should be acceptable to the woman.

Discussion and decisions about treatment options should only be considered when all relevant patient results and information are available.

Final reports are available to all core team members before treatment planning.

In areas where the number of new cancers is small, formal collaborative links with larger units/centres should give support and foster expertise in the smaller unit.

Systems are established for the exchange of knowledge and expertise between larger and smaller caseload centres.

Maintenance of standards of best practice is supported by a number of activities which promote professional development.

Systems are established for the support of professional education activities.

Involvement of the woman

Women with breast cancer should be encouraged to participate as a member of the multidisciplinary team in treatment planning.

Women are supported to have as much input into their treatment plan as they wish.

The woman diagnosed with breast cancer should be fully informed of her treatment options as well as the benefits, risks and possible complications of treatments offered. Appropriate literature should be offered to assist her in decision-making. This information should be made available to the woman in a form that is appropriate to her educational level, language and culture.

All women should be fully informed about all aspects of their treatment choices.

Supportive care is an integral part of multidisciplinary care. Clinicians who treat women with breast cancer should inform them of how to access appropriate support services.

All clinicians involved in the management of women with breast cancer should ensure that women have information about and access to support services.

The woman with breast cancer should be aware of the ongoing collaboration and communication between members of the multidisciplinary team about her treatment.

Women with breast cancer feel that their care is coordinated and not fragmented.

“Zorbas et al ² **Multidisciplinary care for women with early breast cancer in the Australian context: what does it mean?** MJA 2003; 179: 528-531 © Copyright 2003. *The Medical Journal of Australia* – reproduced with permission”