Resource use, benefits and barriers regarding multidisciplinary team meetings in Swedish cancer care

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Abstract

Introduction: Multidisciplinary team meetings (MDTM) have developed into standard of practice in cancer care with the aim to secure equal health care, increase adherence to clinical guidelines and coordinate care. Through multidisciplinary case discussions the patient receive a treatment recommendation based on evidence and expert opinions. Even though health professionals agree that MDTM is a profitable way of working the resources spent is substantial and the overall effect is unclear.

Aim: To create a base for discussion and evaluation of MDTM we initially aimed to determine cost of MDTM and investigate health professionals’ views on meeting function, including perceived benefits and barriers by mapping cancer-related MDTM in the south health care region in Sweden.

Method: 50 MDTM was observed and a standardized evaluation scheme was used to collect data on meeting structure, number of cases discussed and attendance form health professionals. An electronic survey was distributed to 362 MDTM participants.

Result: Participants were mean 8.2 physicians and 2.9 nurses/coordinators at an MDTM that lasted mean 0.88 h and managed 12.6 cases with mean 4.2 min per case. Meeting duration was related to number of cases discussed, cancer diagnoses, hospital type (university or county hospital) and use of video equipment. The cost per case discussion was mean 212 (range 91-595) EUR were 84% of the total costs was related to physician cost. In the survey participants selected compiled clinical information and review results in more accurate treatment recommendations and multidisciplinary evaluation as predominant benefits of MDTM and attention to patient preferences were least selected. The most common barriers to reach a joint recommendation were need for supplementary investigation and insufficient pathology. 30% of the participants reported work to develop their MDTM and only 3% identified MDTM as a benefit for recruitment of patients suitable for clinical trial.

Discussion: The results demonstrate considerable variability regarding resource use and participants roles. Areas for further development include structures for regular MDTM evaluation and increased attention on patient-related perspectives. Further studies will focus on the structure and function of national MDTMs and if clarification of nurses’ role at MDTM can increase attention to patient preferences.

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