

# Staged Implementation of the Victorian cancer multidisciplinary team meeting quality framework: Establishing a baseline measurement of MDMs

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## Aims:

Following release of the Victorian cancer multidisciplinary team meeting quality framework [MDMQF] in 2018 this project aimed to compare practice between cancer multidisciplinary team meetings [MDMs] within and against host health services using agreed standards as captured in the MDMQF. Longitudinal auditing from this baseline can offer greater consistency in the way cancer MDMs are conducted and monitored, leading to benefits for participants, patients and carers. It will facilitate greater awareness of the minimum requirements for MDM within health services and influence practice change.

## Method:

22 Health services reviewed 85 MDM meetings, using auditor interviews with key stakeholders, meeting observation, review of 1842 MDM patient MDM records against MDMQF minimum data, policy review and 1380 surveys completed by attendees. Results analysis was undertaken by health services to identify and develop projects to improve alignment of MDMs with MDMQF standards and make context-driven responses.

## Results:

Audited meetings were well attended by core membership specialties identified in the nationally endorsed Optimal Care Pathways [OCPs]. There were strong results for timely access of treatment teams and GPs to MDM recommendations. Trends in minimum data include low recording of non-biomedical data such as supportive care. Clinical trial consideration was poorly recorded. In both minimum data and surveying, consenting of patients had low practice recognition.



### Infrastructure & Organisational Support

Of the 85 MDMs audited:  
- 67% had formal governance arrangements  
- 25% paid clinicians who refer patients to attend  
- 19% were impacted by ongoing technical faults.



### Privacy and consent

There was no consent recorded for 65% of the 1842 MDM patient records reviewed.  
  
In 1380 surveys, 29% had a positive response to the question "I give my patients the opportunity to opt-out of presentation at MDM".



### Referrals & Recommendations

- 86% of the 85 MDMs audited can send MDM summaries directly to GPs  
  
1380 surveys had positive responses to the questions:  
- "Where there is more than one treatment option, divergent treatment recommendations are recorded": 73%  
- "I refer all my public patients with a new or suspected diagnosis of cancer to MDM": 62%  
- "I refer all my private patients with a new or suspected diagnosis of cancer to MDM": 44%.



### Supportive care & clinical trials

Of the 1842 individual patient MDM records reviewed:  
- 18% had any supportive care requirements listed  
- 6% listed at least one patient preference  
- 7% had evidence of clinical trial consideration.

## Conclusions:

The benefits of the audit will be realised by host sites if they initiate routine auditing of MDMs against this project baseline. Five health services chose to audit more MDMs than specified with a further two auditing all their MDMs. Results for some minimum data showed marked variation between metropolitan and regional services. Data with low recognition across all settings suggested appropriate targets for state wide projects. There is a strong potential for MDMs to be utilised to measure key policy objectives such as compliance with Optimal Care Pathways, treatment management, and health outcomes.