Multidisciplinary Cancer Conferences (MCCs)

Transforming the delivery of cancer care
Purpose

• To provide an introduction and background on MCCs

• To discuss how MCCs have been implemented across Ontario

• To inform on the current state of MCCs in Ontario

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
Agenda

• What are MCCs?
• Why are they needed?
  • Benefits
  • Global landscape
• How are they being implemented?
• What is the current state of MCCs in Ontario?
• How to get MCCs started in your region?

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/

*** Keep an eye out for this symbol as there is a corresponding document on the MCC Resource page
Multidisciplinary Cancer Conferences (MCCs): What are they?

- Regularly scheduled meetings where representatives from surgery, medical oncology, radiation oncology, nursing, pathology, and diagnostic imaging discuss all appropriate diagnostic tests and suitable treatment options for an individual cancer patient (CCO 2006)

- Why this approach?
  - Multidisciplinary cancer clinics are often only possible in dedicated cancer centres and the majority of cancer patients in Ontario are treated in a community setting (Wright 2003).
Patient Pathway

MCC

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
MCCs: Why are they needed?

- Cancer care is complex

- Research has provided patients and clinicians with more options to treat and cure cancer yet selecting the best option for the disease and patient circumstance places a significant weight on individual medical staff and health professionals

- MCCs bring together the entire team of cancer care professionals to make decisions about the best treatment options for each patient

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
What are the benefits to Patient Care?

• Patients are more likely to receive treatment according to guidelines (McDermid 2009)

• Treatment plans will change up to 43% after MCC discussion (Santoso 2004)

• Improved survival by 11% and reduced variation in survival among hospitals for women with breast cancer. (McDermid 2009)

“We have seen numerous occasions where the (treatment) plan from a solo practitioner, well intentioned, is modified dramatically with the input of a multidisciplinary team”
- MCC Chair

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
What are the benefits to Providers?

• MCCs were perceived by health care professionals as improving communication, efficiency and education, (Devit et.al 2010)

• Provides continuing professional development credits

• Referral pathways are more likely to be streamlined and standardized patient management protocols

• Increased research and participation in clinical trials

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
What are the benefits to Providers?

“You are not dealing with the difficult situations alone” - Surgeon

“We receive continuity (of patient care) that so often as radiologists we do not get to see” - Radiologist

“Working in a rural hospital one can feel isolated, attending MCCs allows me to feel connected to the medical community”
Interest from around the world in MCCs

- UK - After 1995 Calman-Hine report advocating MD care
- US - Required for accreditation by ACS, Commission on Cancer for the last 50 years
- Australia – MCCs have been implemented since 2000
- Cited in “Improving cancer control in the European Union: Conclusions from the Lisbon round-table under the Portuguese EU Presidency, 2007”
- Editorial Annals Surgical Oncology 2009
- Interest in MCCs from the Italy, Pakistan, Austria
- Canadian Association of General Surgeons (CAGS) will adopt MCC guideline

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
Implementation Strategies & Resources

- Expert Consensus—geographically dispersed, multidisciplinary
- Evidence review
- Standards document

- Part of hospital surgery agreements
- Small incentives—technology
- Regional funding—MCC coordinator, data collection, implementation
- OHIP billing code

- Set min. MCC req’ts
- Collect data from regions
- Performance management and targets

- MCC Coordinator Network
- Regional implementation plans
- Develop Resources
- CMPA opinion
- Documentation guidance

MCC Resources: [http://www.cancercare.on.ca/toolbox/mcc_tools/](http://www.cancercare.on.ca/toolbox/mcc_tools/)
Implementation Strategies & Resources

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MCC Standards

- Created in 2006
- Multidisciplinary panel
- Literature review
- Environmental scan
- Practitioner feedback
- Recommendations include:
  - Definition
  - Meeting format
  - Team Members
  - Roles and Responsibilities

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/13
Highlights of MCC Standards

**MCC Primary function:**

- Ensure that all appropriate diagnostic tests, all suitable treatment options, and the most appropriate treatment recommendations are generated for each cancer patient discussed prospectively in a multidisciplinary forum.

**MCC Secondary functions:**

- Provide a forum for the continuing education of medical staff and health professionals.
- Contribute to patient care quality improvement activities and practice audit.
- Contribute to the development of standardized patient management protocols.
- Contribute to innovation, research, and participation in clinical trials.
- Contribute to linkages among regions to ensure appropriate referrals and timely consultation and to optimize patient care.

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
Highlights of MCC Standards

MCC Cases

- Discussion at discretion of presenting physician, MCC chair

Meeting Format

- Regularly scheduled intervals - minimum q 2 weeks for at least one hour (min. 5 in 1 quarter)

Team Members

- Designated Chair and Coordinator
- Representative from Medical Oncology, Radiation Oncology, Surgery, Pathology, Radiology as determined by disease site groups
- Participation of nursing is encouraged

Institutional Requirements

- MCC coordinator, room, equipment
Implementation Strategies & Resources

- Set min. MCC req’ts
- Collect data from regions
- Performance management and targets

MCC Resources: [http://www.cancercare.on.ca/toolbox/mcc_tools/](http://www.cancercare.on.ca/toolbox/mcc_tools/)
MCC Measurement

• The criteria and measurement of MCCs has evolved over the years.
• In November 2008 a multidisciplinary workshop with health professionals and administrators from across the province was convened to:
  • Define and refine the MCC minimum criteria to assess compliance with MCC standards
• Hospitals treating > 35 unique cancer patients in a given disease site are required to hold a MCC for that disease site
• Data is collected for Q1 and Q3 of each fiscal year
MCC Measurement Components

1. MCCs are held at least 5x’s per quarter *(if not, entire MCC = 0)*
2. Patient cases are prospectively reviewed
3. Assignment of a MCC Coordinator
4. Assignment of a Chair
5. Surgeon
6. Medical Oncologist
7. Pathologist
8. Radiation Oncologist
9. Radiologist
   - *Nursing attendance is preferred though not required*

NOTE: Not every disease requires every discipline Eg. No surgeon at hematology MCCs

Attendance 75% of the time

Each MCC receives a score out of 7-9

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
MCC Components: Disease Site Specific

Developed disease site specific criteria for evaluation purposes

- In conjunction with the Program in Evidenced-Based Care (PEBC) Disease Site Groups
- Defined which patients would benefit most from presentation at MCC
- Which health care professionals should be present (updated 2012 with provincial DSG)
  - For example: No surgeon at hematology MCC

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Implementation Strategies & Resources

- MCC Coordinator Network
- Regional implementation plans
- Develop Resources
- CMPA opinion
- Documentation guidance

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MCC Coordinators

• The Coordinator is the ‘glue’ of the MCC. They ensure everything runs as easily and consistently as possible.

• The Coordinator is responsible for the administrative management and meeting functioning
  • MCC Coordinator job description template can be found on the MCC Resource Website (http://www.cancercare.on.ca/toolbox/mcc_tools/)

• MCC Coordinator Network meets 3-4x/year
  • Share best practices
  • Discuss various MCC projects
  • Identify priorities for future MCC work

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
Annual MCC Regional Implementation Plans

*Plans for the implementation of MCCs are requested annually from each region

Regions submit an annual MCC implementation plan (3 priorities)
Eg. FY12/13

Meet 2015 Goal (80%)

- CCO reviews plans for completeness & revisions

a) Regions Complete Deliverables
b) CCO sends gap analysis data for next year planning

Regions submit:
- a) update on FY12/13 deliverables
- b) Implementation priorities for 13/14
MCC Resources: OHIP Billing FAQ

• MOHLTC developed billing codes for MCCs:
  ▪ One of the initial codes that pays for time without seeing patient

• OHIP billing codes are:
  ▪ K708 MCC participant per patient $31.35
  ▪ K709 MCC Chairperson per patient $40.45
  ▪ K710 MCC Radiologist participant per patient $31.35

• Payment Rules
  ▪ MCC meets CCO minimum standards
  ▪ MCC is pre-scheduled
  ▪ Maximum 5 services per patient ***
  ▪ Need medical record kept
  ▪ Payment only for “fee for service” MDs (no salary, APP, stipend etc)
MCC Resources: Documentation

• Clarification of MCC Documentation
  ◀️ sought CMPA advice

• Developed guidance re: documentation
  • Two sets of documentation
    1. Presenting physician should dictate note regarding summary of MCC discussion with patient (facilitate communication between colleagues)
    2. Summary of MCC discussion for each patient, what was reviewed (radiology, pathology), what specialists were present

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
More MCC Resources

Available at:
http://www.cancercare.on.ca/toolbox/mcc_tools/

More Resources Include:

- MCC educational tools (educational video, pamphlet, etc.)
- Frequently Asked Questions (FAQs)
- How to: MCC Start Up Resources Checklist
- What is the role of Nursing at MCCs - FAQ
- Live Examples: Description of current MCCs
- Documentation guidance summary and patient discussion summary sheet
- How to: MCC Accreditation Tool kit
Implementation Strategies & Resources

- Part of hospital surgery agreements
- Small incentives – technology
- Regional funding – MCC coordinator, data collection, implementation
- OHIP billing code

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Financial Perspective

• In addition to OHIP billing codes:

  ➢ MCCs are part of hospital Cancer Surgery Agreement & Systemic Treatment Agreements (Schedule B)

  ➢ Each region receives MCC support for coordination, data collection and regional planning; annually.

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
What is happening in Ontario today?
## Look how far we have come….

<table>
<thead>
<tr>
<th></th>
<th>FY07/08</th>
<th>FY10/11</th>
<th>FY11/12</th>
<th>FY12/13</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients Discussed?</td>
<td>unknown</td>
<td>24,000</td>
<td>26,000</td>
<td>32,000</td>
<td>42-50,000</td>
</tr>
<tr>
<td>% of MCCs that meet criteria</td>
<td>unknown</td>
<td>38%</td>
<td>44%</td>
<td>56%</td>
<td>80%</td>
</tr>
<tr>
<td># of hospitals with MCCs</td>
<td>unknown</td>
<td>53</td>
<td>54</td>
<td>56</td>
<td>64</td>
</tr>
</tbody>
</table>

MCC Resources: [http://www.cancercare.on.ca/toolbox/mcc_tools/](http://www.cancercare.on.ca/toolbox/mcc_tools/)
Multidisciplinary Cancer Conferences
Adherence to standards criteria of reported MCCs, by LHIN, Q3 (October to December) for 2010/11, 2011/12 and 2012/13

Report Date: February, 2013
Data Source: Performance Management Reporting Process
Prepared by: Informatics Centre of Excellence, Cancer Care Ontario

Cancer Care Ontario (CCO) 2015 Program Target: 80%
CCO 2012 Program Target: 55%

LHIN:
- Ontario
- Erie St. Clair
- South West
- Waterloo Wellington
- Hamilton Niagara
- Central West/Mississauga Halton
- Toronto (N)
- Toronto (S)
- Central
- Central East
- South East
- Champlain
- North Simcoe Muskoka
- North East
- North West

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
MCC concordance to minimum standards, by disease site

<table>
<thead>
<tr>
<th>Disease Site</th>
<th>Q1 FY12/13</th>
<th>Q3 FY12/13</th>
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</thead>
<tbody>
<tr>
<td>BREAST</td>
<td>55%</td>
<td>59%</td>
</tr>
<tr>
<td>ENDOCRINE</td>
<td>26%</td>
<td>34%</td>
</tr>
<tr>
<td>GI</td>
<td>67%</td>
<td>64%</td>
</tr>
<tr>
<td>GU &amp; PROSTATE</td>
<td>55%</td>
<td>63%</td>
</tr>
<tr>
<td>GYNAECOLOGY</td>
<td>44%</td>
<td>41%</td>
</tr>
<tr>
<td>HAEMATOLOGY (LEUKAEMIA &amp; LYMPHOMA)</td>
<td>82%</td>
<td>90%</td>
</tr>
<tr>
<td>HEAD &amp; NECK</td>
<td>31%</td>
<td>35%</td>
</tr>
<tr>
<td>HPB</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>LEUKAEMIA</td>
<td>96%</td>
<td>61%</td>
</tr>
<tr>
<td>LYMPHOMA</td>
<td>29%</td>
<td>19%</td>
</tr>
<tr>
<td>MELANOMA (SKIN)</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>NEUROLOGY</td>
<td>43%</td>
<td>44%</td>
</tr>
<tr>
<td>SARCOMA</td>
<td>57%</td>
<td>61%</td>
</tr>
<tr>
<td>THORACIC (LUNG, ESOPHAGUS)</td>
<td>66%</td>
<td>73%</td>
</tr>
<tr>
<td>ONTARIO</td>
<td>53%</td>
<td>56%</td>
</tr>
<tr>
<td>TARGET</td>
<td></td>
<td>55%</td>
</tr>
</tbody>
</table>

Green – 55% target or above
Yellow – 45-54%
Red – 44% or lower
Number of patients discussed at a MCC, by disease site

Total Number of pts discussed:
- Q1 FY10/11 - 6494
- Q3 FY10/11 - 6311
- Q1 FY11/12 - 6792
- Q3 FY11/12 - 7381
- Q1 FY12/13 - 8576
- Q3 FY12/13 - 8069

*In FY12/13 these have been separated into Breast MCCs and GI MCCs
## Getting MCCs started in your region…

### Implementation Starters

- Identify local champions to drive change and gain support
- Educate on the value of the multidisciplinary discussion for the patients and identifying system changes
- Get started with those who are interested
- Identify a dedicated MCC Coordinator that is considered the glue that makes the MCC possible
- Optimize technology and offer training for ease of use

### Tips & Tricks

- Ensure consistent regular time and date
- Groups of radiologists and pathologists have developed a scheduling roster to share participation amongst members
- Partner via videoconferencing with another hospital
- Visit the MCC Information webpage for useful tools & information

MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/
Questions?

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MCC Resources: http://www.cancercare.on.ca/toolbox/mcc_tools/