Frequently Asked Questions (FAQ): Multidisciplinary Cancer Conferences (MCCs)

1. What is the purpose of a MCC?
2. Are MCCs used in other countries?
3. Why should our hospital bother implementing a MCC? What are the benefits?
4. What are some of the problems I might encounter starting a MCC?
5. How do I start a MCC in my hospital?
6. Our hospital wants to join an existing MCC. Who do I contact to organize this?
7. Can physicians obtain Royal College Credits for participating in MCCs? If so, how is this done?
8. What is the role of the MCC Coordinator?
9. What is the role of the MCC Chair/Facilitator?
10. What is the role of the individual physicians?
11. Who should attend a MCC?
12. How do I get more information on videoconferencing for my hospital?
13. Can I log into MCCs through my personal computer?
14. Why would the MCC need a database? What benefits would it offer?
15. How do you handle urgent cases between MCC meetings?
16. How does our MCC ensure patient confidentiality?
17. We do not have a key member (e.g. medical oncologist, radiation oncology) in our region to attend a MCC. Does that mean we cannot have a MCC?
18. How do I find out who my regional MCC Coordinator is?

Do you have another question that you think should be addressed in this format? Does your MCC have a unique solution or best practice that you would like to share? If so, please contact the MCC Project Team at MCCinfo@cancercare.on.ca to share your feedback.

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1. What is the purpose of a MCC?

The Cancer Care Ontario MCC Standards quality document describes the purpose (or mandate) of a 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

- **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

All of these objectives are important. The secondary functions of a MCC can effectively and successfully contribute to fulfilling the primary function of a MCC.

Performing the secondary functions is an outcome of convening a team of people from various disciplines. It will be important to track issues that arise from the discussions of individual patients.

For example, it may be found that further training or education is needed on a particular procedure for the entire team or a specific department. An action would be captured in the meeting minutes and an individual would be responsible for arranging an expert to train or talk about that topic for the team in a separate forum.

2. Are MCCs used in other countries?

Internationally, the term for these meetings will differ. You may see the following terms used, signifying a similar type of meeting: Tumour Board, Multidisciplinary Team Meetings, etc. Alternatively, these terms may signify a meeting with a different purpose. The key defining factors with Ontario MCCs is that it is a regularly scheduled meeting (at least twice per month) that discusses cases prospectively in a multidisciplinary format.

The United States, United Kingdom and Australia have been using multidisciplinary forums for many years, which are considered the typical standard of care. Singapore and other parts of Canada use this method as well. Italy, Pakiston and Austria have also shown interest in MCCs.

In the document Multidisciplinary Cancer Conference (MCC) Standards: The Evidentiary Review http://www.cancercare.on.ca/index_practiceGuidelinesandEvidencesummaries.htm#list, an extensive list of MCC references is provided. Here are some additional searches that may be helpful:

- **Canada**: Pulmonary Division at Jewish General Hospital
- **United States:** American College of Surgeons. Cancer Program Standards 2004
- **United Kingdom:** Department of Health. Manual for Cancer Services 2004: Topic 2A - The generic multidisciplinary team (MDT)
- **Australia**: National Breast Cancer Centre. Multidisciplinary meetings for cancer care: A guide for health service providers

3. Why should our hospital implement a MCC? What are the benefits?

The old adage ‘you get out what you put into it’ could be applied to MCC meetings. If participation and commitment from the required disciplines is not received, the full benefits may not be realized.

A variety of benefits have been documented in areas where mature MCCs are established, and can include the following:

Benefits for Clinicians

- patient care is more likely to be evidence-based, with implications both for clinical outcomes and cost effectiveness
- all treatment options can be considered and treatment plans tailored for individual patients
- referral pathways are more likely to be streamlined; reduction of duplicated services
- enhanced educational opportunities and interaction with colleagues
- clinicians who work as a part of a team have a significantly lower incidence of minor psychiatric morbidity than in the general health care workforce

- meeting discussion reduces the need for phone calls at other times
- improved access to possible clinical trials of new therapies

Benefits for Patients

- increased survival for patients managed by a multidisciplinary team
- increased perception by the patient that care is being managed by a team
- greater likelihood of receiving care in accordance with clinical practice guidelines including psychosocial support
- increased access to information, particularly about psychosocial and practical support
- increased patient satisfaction with care
- improved timeliness of appropriate consultation and surgery, and a shorter timeframe from diagnosis to treatment

Reference:
National Breast Cancer Centre. Multidisciplinary meetings for cancer care: A guide for health services providers. 2005. http://www.nbcc.org.au/bestpractice/mdc/meetings.html

Has your MCC realized further benefits? If so, email a member of the MCC Project Team at MCCinfo@cancercare.on.ca and tell us how you did it.

4. What are some of the problems I might encounter starting a MCC? How can I overcome these problems?

Barriers can be encountered when starting up MCCs. Challenges should be considered by hospitals interested in starting up MCCs, however, many of these challenges have solutions. A list of MCC barriers and enablers can be found below.

BARRIERS	ENABLERS
Lack of funding or participation payment	• Cancer Care Ontario has provided each region dedicated funding for MCC coordination and regional implementation • In 2011 a OHIP billing code was approved for many disciplines participating and for MCC Chairs
Legal & liability Concerns	• Visit the MCC Resource webpage for legal advice and documentation guidance
Perceived "Just another meeting"	• 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 strong MCC Chair to facilitate effective discussion • A dedicated MCC Coordinator is considered the glue that makes the MCC possible • Optimize technology and offer training for ease of use.
Finding the right time for everyone to attend	• 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 that

	offers
Lack of understanding about MCC benefits	There are many ancillary benefits: • Offers smaller hospitals immediate access to broader range of expertise • Referral pathways are more likely to be streamlined • Professional Education Credits • Greater collegiality and understanding within and between disciplines • Most discussion that takes place during the meeting reduces the need for phone calls at other times • Increased clinical innovation, research and participation in clinical trials

5. How do I start an MCC in my hospital?

A MCC Setup Checklist is available (http://www.cancercare.on.ca/toolbox/mcc_tools/) and provides information on items that should be considered when setting up MCCs. Is the checklist missing a task? Email a member of the MCC Project Team (MCCinfo@cancercare.on.ca) and tell us what it is!

Regions with MCCs have documented several enablers that have increased their overall success, which include:

- identification of local champions with leadership qualities to drive change and gain peer support
- provision of dedicated funding to support new strategies
- administrative personnel, such as a MCC Coordinator, to assist in the set-up and coordination of meetings
- provision of adequate infrastructure such as venues and telecommunications equipment
- commitment and buy-in from team members
- gaining early support from senior hospital administrators
- ensuring meetings are held routinely so that meeting preparation and participation becomes habitual for participants
- developing contingency plans to allow for changes in personnel and organizational structure
- ensuring team members recognize the value for patients and themselves

6. Our hospital wants to regionalize and join an existing MCC. Who do I contact to organize this?

If you are interested in joining an existing MCC in your region, contact your RVP or regional MCC Coordinator to find out which MCCs exist and who should be contacted for further information.

7. Can physicians obtain Royal College Credits for participating in MCCs? If so, how is this done?

Physicians can obtain Maintenance of Certification (MOC) credits for participating in MCCs.

Participants may accumulate MOC Program Section 1 credits for their participation in both **accredited and unaccredited** MCCs, however the number of credits that can be earned is different for the two

types of MCCs. Presenters, such as pathologists or radiologists may accumulate MOC Program Section 2: Personal Learning Project credits for their preparation time for MCCs.

An attendance record should be maintained by the MCC Coordinator and distributed annually to participants in order for them to log the proper hours accumulated.

A MCC Accreditation Information Package and FAQ is available (http://www.cancercare.on.ca/toolbox/mcc_tools/) and provides hospitals with more in depth information on MCCs and accreditation.

For further information, please visit the Royal College of Physicians and Surgeons website: http://rcpsc.medical.org/

8. What is the role of the MCC Coordinator?

The Coordinator is the 'glue' of the MCC. This role can ensure everything runs as easily and consistently as possible. Without a Coordinator, the risk of the MCC disintegrating is high.
The Coordinator is responsible for the administrative management and meeting functioning and includes the following roles and responsibilities:

- creating the list of patient cases, based on the cases forwarded by individual physicians;
- booking the meeting, setting up the meeting room, and ensuring availability/functioning of all necessary equipment;
- notifying all core members, invite any guests, and post in-hospital meeting notice;
- recording meeting attendance;
- ensuring all relevant up-to-date patient information, particularly slides and all imaging (including related electronic imaging) entered in the computer prior to the meeting; and
- tracking minimum data requirements, such as how many cases were forwarded to and how many were discussed at the MCC by disease site.

A designate should be assigned in case the Coordinator is unavailable.

A job description template for the MCC Coordinator role has been created. For a more comprehensive overview of the MCC Coordinator role and qualifications, please see the template (visit http://www.cancercare.on.ca/toolbox/mcc_tools/). This template can be modified to suit the needs of the hospital.

9. What is the role of the MCC Chair/Facilitator?

The MCC chair is accountable to the head of the hospital cancer program for MCCs, and may delegate/rotate the running of the MCC and other responsibilities. The MCC Chair is responsible for:

- the actual running of the MCC;
- ensuring that all forwarded cases that have been selected for presentation are discussed within the allotted time;
- encouraging the participation of all MCC members;
- ensuring patient confidentiality is maintained by reminding participants of privacy issues and permitting only appropriate attendance.

Additionally, a designate should be assigned in case the Chair is unavailable.

10. What is the role of the individual physicians?

Individual physicians are responsible for:

- discussing with the patient treatment options and conclusions, as discussed at the MCC, and making the ultimate treatment recommendations;
- committing to attend MCC meetings and to send new and any other cancer cases (e.g. recurrent cancer) from their practice that would benefit from discussion by the MCC;
- forwarding the patient cases to the MCC Coordinator and communicating the relevant patient information, including radiology and pathology, and the specific issue to be discussed by the multidisciplinary team, prior to each meeting;
- presenting the patient case at the MCC (or sending a delegate to present) and maintaining patient confidentiality;
- providing expert opinion from their area of expertise; and
- recording the MCC recommendations, the physician-patient discussion regarding the MCC recommendations, and the patient's final decision about their treatment into the medical record.

Note: A MCC Documentation Guidance Summary is available which offers helpful advice and describes the minimum MCC documentation requirements for hospitals to adapt to their documentation processes. A MCC Patient Discussion Summary template is available for use by physicians to document meeting discussions. Visit http://www.cancercare.on.ca/toolbox/mcc_tools/

11. Who should attend an MCC?

- Each MCC should have a designated Chair and a Coordinator (with designated backups) responsible for overall conference management and the individual meeting process.
- Required attendance criteria for all of the disease sites have been established, and can be accessed by visiting http://www.cancercare.on.ca/toolbox/mcc_tools/. Required attendance at MCCs involves a combination of representatives from medical oncology, radiation oncology, surgery/surgical oncology, pathology, and diagnostic radiology. These attendees are required to be present to provide the complete range of expert opinion appropriate for the disease site and appropriate for the hospital. Nursing attendance at MCCs is preferred, but not required.
- A MCC should be attended by clinicians and other health professionals who are directly involved in the presented patients' care.
- In those hospitals that do not have all the required specialists in-house, linkages can be made through teleconferencing or videoconferencing so that participants from multiple hospitals and specialties can meet together in a 'virtual' MCC.
- Attendance of other MCC participants will be determined by the patient case(s) presented at a meeting and can include the following: primary care physician; social services, pharmacy, nuclear medicine, genetics, dentistry, nutrition therapy, physical/occupational therapy, pastoral care, pain/palliative care, mental health, clinical trials and data management representatives, and fellows, residents, and other health care students.
- Industry representatives (or members of the general public) should not attend the MCC in order to maintain patient confidentiality and ensure unbiased case review.
- Patients or their representatives should not attend the MCC in order to ensure unbiased case review.

12. How do I get more information on videoconferencing for my hospital?

The Ontario Telemedicine Network (OTN) helps deliver clinical care and professional education among health care providers and patients. This is accomplished by using telecommunication technologies such as two-way videoconferencing systems and tele-diagnostic instruments such as digital stethoscopes, otoscopes and patient examination cameras. Access to and the proper functioning of this equipment is essential for having MCCs via videoconference.

There are regional OTN managers in Ontario that can:

- arrange for an assessment of your MCC meeting space and equipment required for videoconferencing;
- inform you of education and training opportunities; and
- assist with questions and concerns, and direct trouble shooting issues.

To find out more about OTN and how to contact your regional manager, call: 1.866.454.OTN1 (6861)

13. Can I log into MCCs through my personal computer?

OTN has developed secure software that allows a person to videoconference into a MCC from their desktop or laptops (Mac or PC). This allows physicians to join an MCC from their home or office.

Please visit the Ontario Telemedicine Network website for more information about Personal Computer Videoconferencing (PCVC).

14. Why would the MCC need a database? What benefits would it offer?

Electronically capturing patient summaries (e.g. patient electronic chart) and results over time can offer a wealth of potential benefits:

- gain ideas for research that can be investigated further
- measure success of patient outcomes
- consider patient management protocols in place
- measure adherence of MCC recommendations to actual treatment received
- assess changes in the treatment plan resulting from MCC discussion
- measure MCC goals (clinical trial participation, etc.)

Note: patient confidentiality must be maintained.

In order to ensure you receive the expected results, it is important to consider what specific information needs to be collected to capitalize on the desired benefits of the database.

- What specific information about each case should be captured from the MCC?
  - birth date
  - medical record
  - tests completed
  - test results
  - diagnosis
  - other pertinent information the MCC reviewed
  - MCC treatment recommendation

- other

- What specific information about each case should be captured during treatment or after the patient receives treatment?
  - Does the actual treatment received differ from the treatment plan discussed at the MCC?
  - If different, what was different?
  - Why was the actual treatment different?
  - How did the patient respond to treatment?
  - other

Finally, it is necessary to determine how and when information is going to be captured and who is going to be responsible for the information capture. The easiest option that meets all requirements is preferred. It may be best to brainstorm the best possible method within your site.

Note: Several MCC Documentation tools are available which offer helpful advice to adapt documentation processes. Visit http://www.cancercare.on.ca/toolbox/mcc_tools/.

15. How do you handle urgent cases between MCC meetings?

If an urgent case needs to be discussed in a MCC forum, but cannot wait for the regularly scheduled meeting, a backup option such as an email discussion among the MCC members can be generated so that timely patient care will not be compromised.

This can be easily facilitated by composing an email distribution list of MCC members. This should be maintained by the MCC Coordinator to ensure the list is up to date. Ensure that patient information transmitted is anonymous.

The subject line should quickly identify the purpose and time sensitivity of the email response (subject line: Urgent MCC Case Review).

If it is found that there is a high volume of urgent cases between MCC meetings, it may be necessary to review the frequency of the meetings.

16. How does our MCC ensure patient confidentiality?

Confidentiality of patient information is paramount. Here are a few steps to maintain confidentiality:

- frequently remind MCC attendees of privacy issues;
- when possible, make images and patient details anonymous;
- ensure all files (electronic and paper-based) are properly secured; and
- ensure the meeting room door is closed when holding the MCC.

17. We do not have a key member (e.g. medical oncologist, radiation oncology) in our region to attend an MCC. Does that mean we cannot have an MCC?

With the use of videoconferencing, it may be possible to have a required discipline from another region provide expertise by attending your MCC (or vice versa).

Please contact your Regional Vice President or regional MCC Coordinator to communicate these needs. They should be able to further discuss how filling this gap is possible.

18. How do I find out who my regional MCC Coordinator is?

Each region has a dedicated MCC Coordinator. To find out who the Coordinator is for your particular region please contact the MCC Project Team (MCCinfo@cancercare.on.ca).