Cancer Care Ontario

Action Cancer Ontario

Multidisciplinary Cancer Conferences (MCCs)

Transforming the delivery of cancer care

Ontario

Cancer Care Ontario

Action Cancer Ontario

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

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?

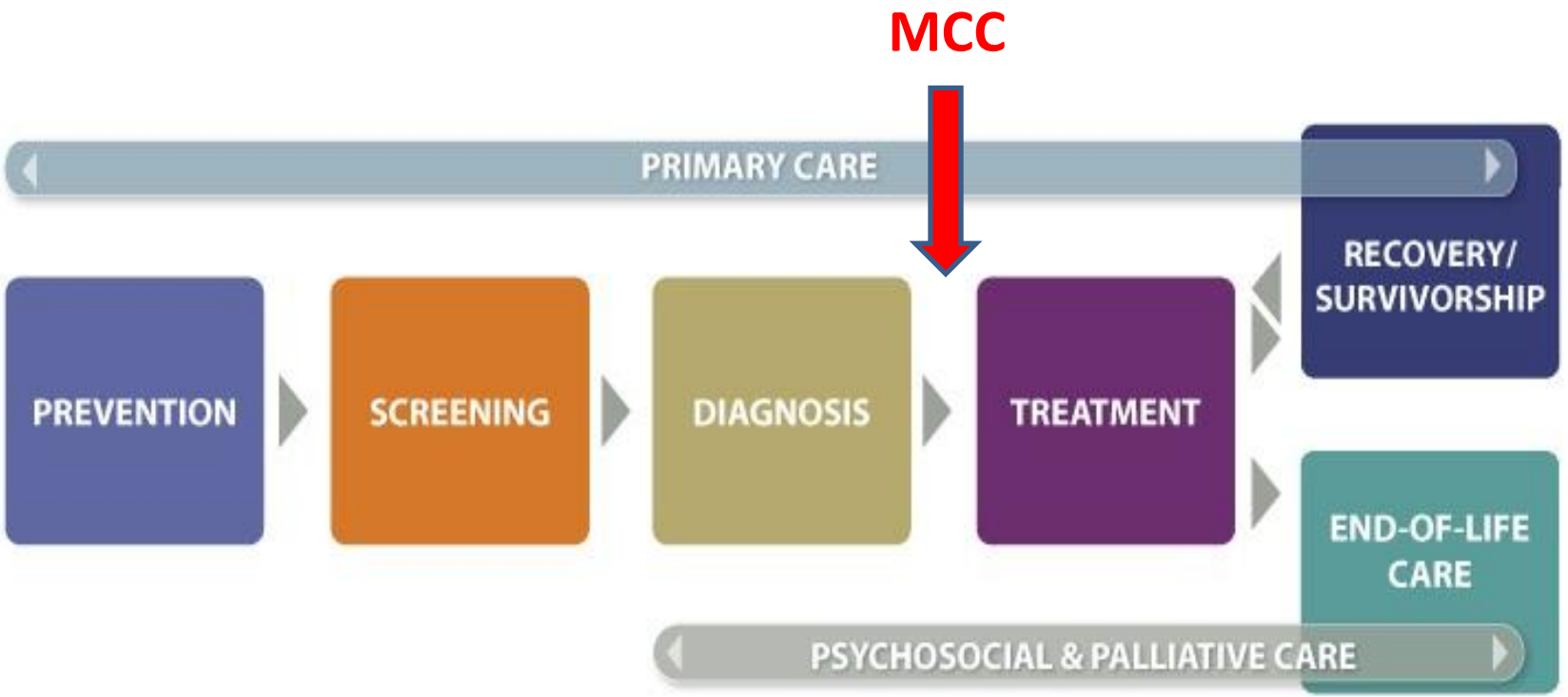
**** Keep an eye out for this symbol as there is a corresponding document on the MCC Resource page*

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 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

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

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

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"**
  - European Journal of Cancer 2008. 10:1457-1462.
- Editorial Annals Surgical Oncology 2009
- Interest in MCCs from the Italy, Pakistan, Austria
- Canadian Association of General Surgeons (CAGS) will adopt MCC guideline

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Implementation Strategies & Resources

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

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

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

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

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

Implementation Strategies & Resources

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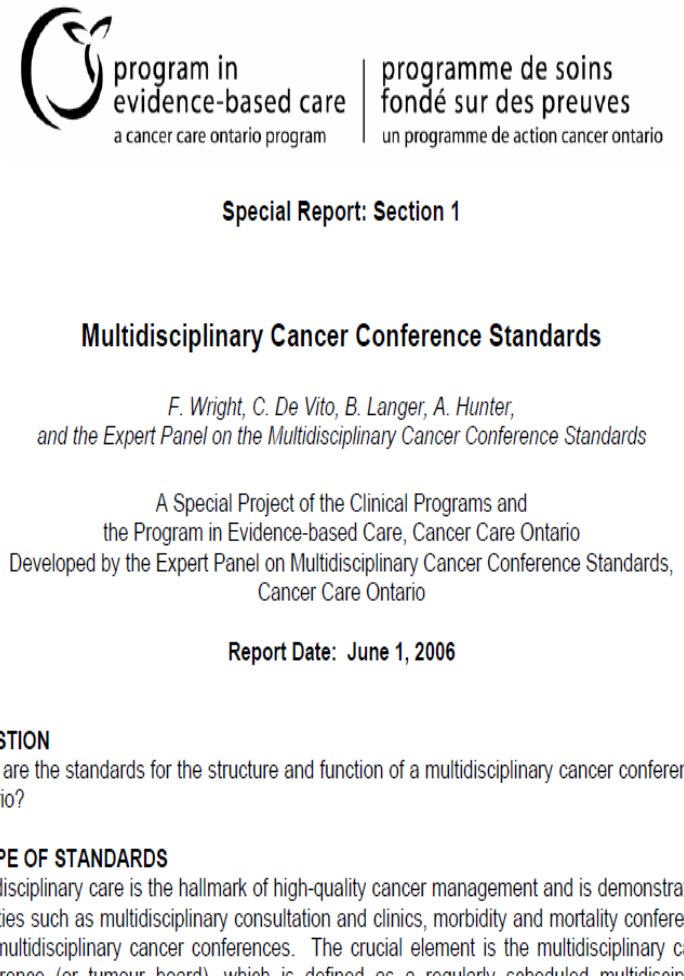
Standards, Guidance

MCC Standards

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



program in evidence-based care
a cancer care ontario program

programme de soins fondé sur des preuves
un programme de action cancer ontario

Special Report: Section 1

Multidisciplinary Cancer Conference Standards

F. Wright, C. De Vito, B. Langer, A. Hunter,
and the Expert Panel on the Multidisciplinary Cancer Conference Standards

A Special Project of the Clinical Programs and
the Program in Evidence-based Care, Cancer Care Ontario
Developed by the Expert Panel on Multidisciplinary Cancer Conference Standards,
Cancer Care Ontario

Report Date: June 1, 2006

QUESTION
What are the standards for the structure and function of a multidisciplinary cancer conference in Ontario?

SCOPE OF STANDARDS
Multidisciplinary care is the hallmark of high-quality cancer management and is demonstrated in activities such as multidisciplinary consultation and clinics, morbidity and mortality conferences, and multidisciplinary cancer conferences. The crucial element is the multidisciplinary cancer

Standards, Guidance

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.

Standards, Guidance

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/

Indicators, Performance Management

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

Indicators, Performance Management

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

Attendance 75% of the time

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

- *Nursing attendance is preferred though not required*

= **Each MCC receives a score out of 7-9**

Indicators, Performance Management

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

See MCC Resource page for related tools

Implementation Strategies & Resources

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

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

Knowledge Translation, Tools

MCC Coordinators

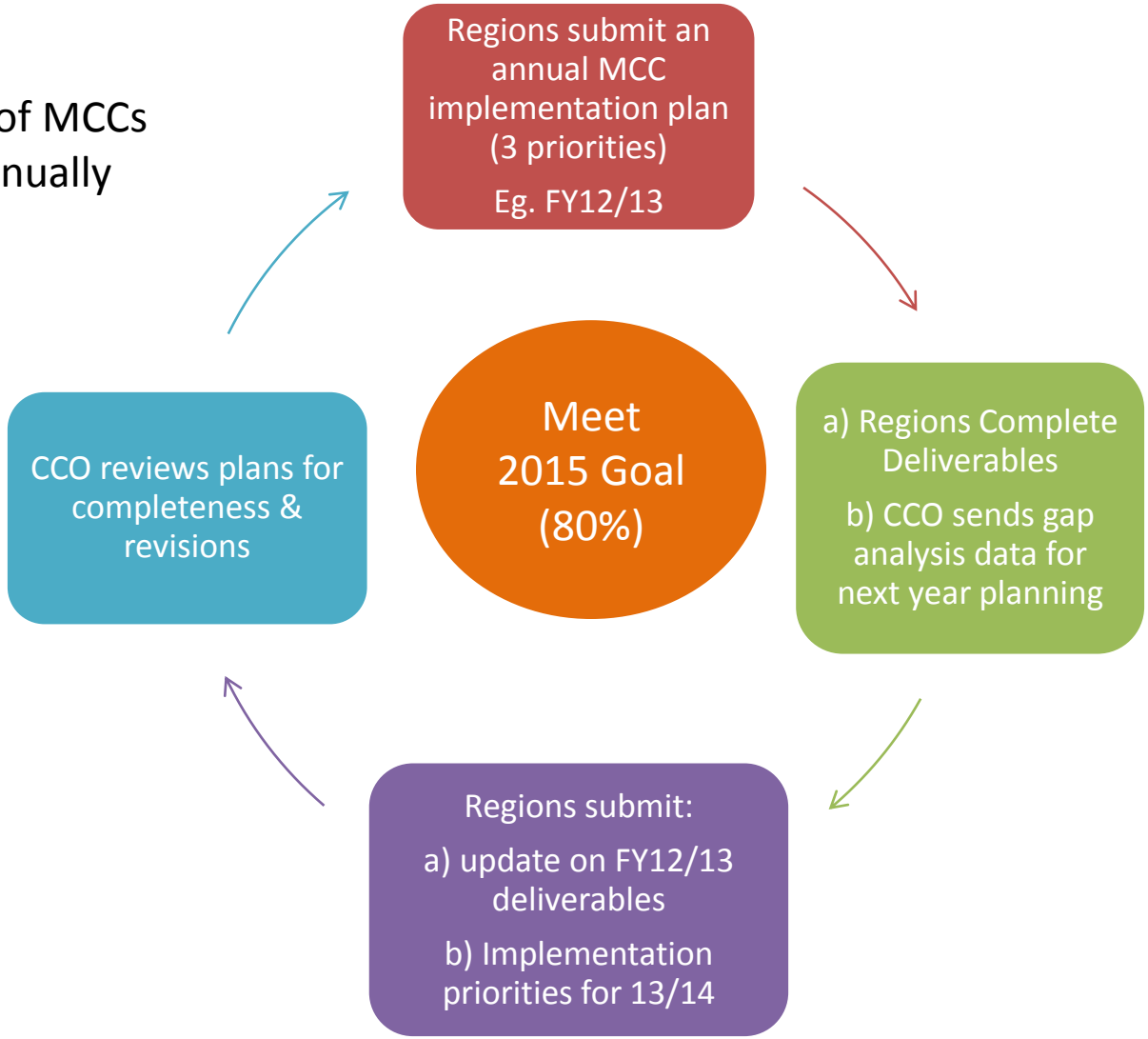
- The Coordinator is the 'glue' of the MCC. They ensure everything runs as easily and consistently as possible.
- The Coordinator is responsible for the administrative management and meeting functioning
  - MCC Coordinator job description template can be found on the MCC Resource Website (http://www.cancercare.on.ca/toolbox/mcc_tools/)

See MCC Resource page for related tools

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

Annual MCC Regional Implementation Plans

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



Knowledge Translation, Tools

MCC Resources: OHIP Billing FAQ

See MCC Resource page for related tools

- 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

See MCC Resource page for related tools

- 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

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

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

Funding, Contracts

Financial Perspective

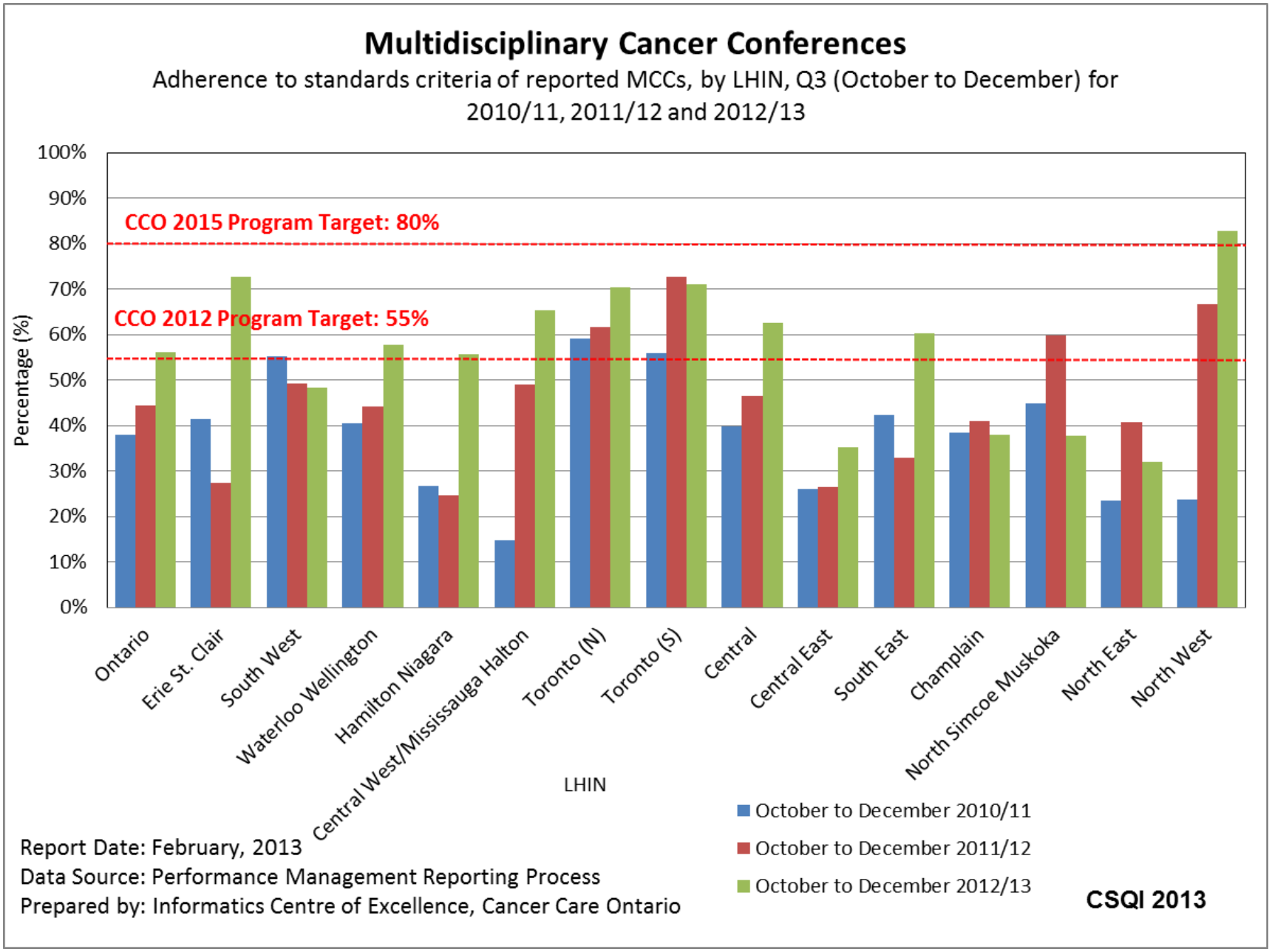
- In addition to OHIP billing codes:
  - MCCs are part of hospital Cancer Surgery Agreement & Systemic Treatment Agreements (Schedule B)
  - Each region receives MCC support for coordination, data collection and regional planning; annually.

What is happening in Ontario today?

Look how far we have come….

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

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

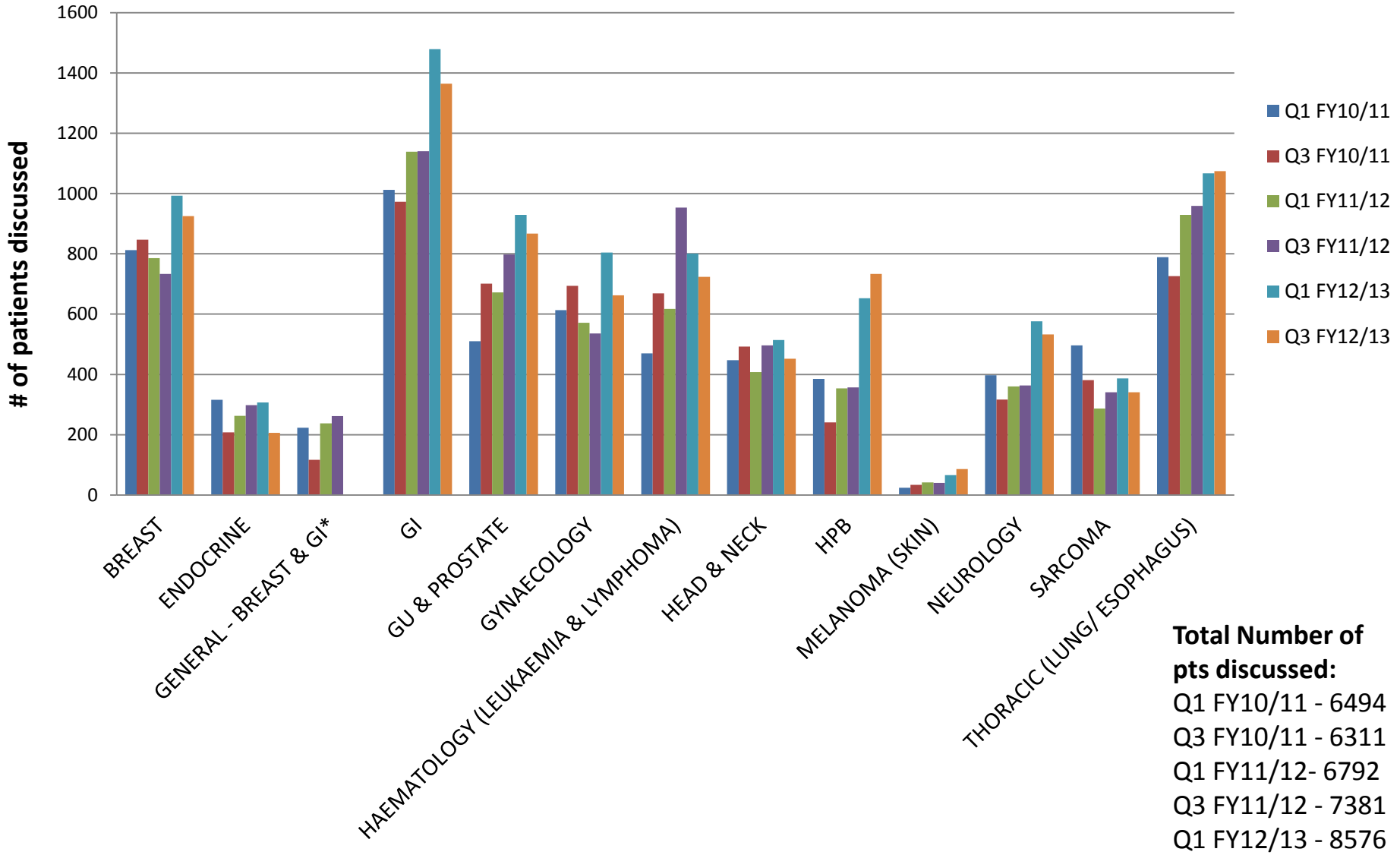

Multidisciplinary Cancer Conferences
Adherence to standards criteria of reported MCCs, by LHIN, Q3 (October to December) for 2010/11, 2011/12 and 2012/13
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Percentage (%)
CCO 2015 Program Target: 80%
CCO 2012 Program Target: 55%
Ontario
Erie St. Clair
South West
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
LHIN
October to December 2010/11
October to December 2011/12
October to December 2012/13
Report Date: February, 2013
Data Source: Performance Management Reporting Process
Prepared by: Informatics Centre of Excellence, Cancer Care Ontario
CSQI 2013

MCC concordance to minimum standards, by disease site

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

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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