

Digital multidisciplinary meetings enable regional specialist oncology treatment

Background

The technological revolution within the medical field spurred on by the global pandemic has resulted in changes in the possible medical landscape. Within the South African medical infrastructure, the differences in medical care provided to patients due to specialist availability vary between different regions within the country drastically. The use of a full digital support system resulted in a new service provision of MDM expertise offered to a variety of allied health professionals independent of the region and thus improved MDM access to a greater range of patients.

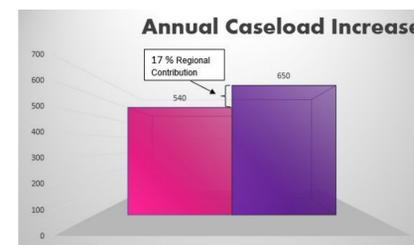
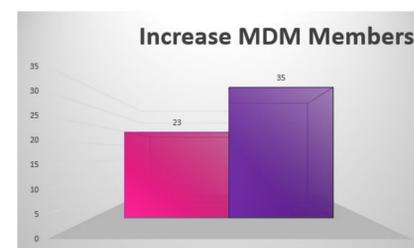
Materials and Methods

Treatment plans provided for patients attending the centre from outside of the reasonable treatment range were provided via a written report to allied healthcare providers for treatment remotely. The existing service offering was expanded to include Multidisciplinary meetings with recorded treatment discussion, radiological and pathological support, coupled with interactive treatment decisions provided from top tier academic specialists in the surgical oncological and radiation fields, allowing for treatment support of regional patients to be provided by the centralised digital MDM team. Further inclusion of patient database sets, including Clinical, radiological and pathological diagnostic information coupled with outlined treatment plans, provided members with a reference database for treatment and research collaborations

Conclusions

Digital MDM enables specialist centres to support regional allied healthcare providers enabling top-quality guideline-based care to be provided for a wider demographic of patients normally excluded due to logistical and resource limitations. Standardisation and implementation of Regionally supportive digital MDT meetings would enable treatment support without increasing costs to centres or patients.

Primary: Carol-Ann Benn, MBBCh (Wits) FCS (SA) (1)(2)(3)
Assisting: Dominic Van Loggerenberg(1)
Assisting: Tanya Volschenk (1)
(1)Netcare Breastcare Centre of Excellence, Milpark Hospital, 9 Guild Road South Africa; (2) Helen Joseph Hospital Johannesburg, South Africa; (3)Faculty of Health Sciences, University of the Witwatersrand, Johannesburg South Africa.



Results

An increase in regional referrals of patients, both digitally and in-person, the number of patients seen and an increasing number of specialists joining the MDM has been seen due to an increased relationship being developed between the MDM team and regional healthcare providers. Assessments from 2020 to 2022 show in a 46% increase in MDM capacity for specialists and a 17% increase in weekly newly diagnosed patients associated explicitly with regional members. Further assessment of the sustainability of the regional collaboration shows that whilst the logistical and economic benefit of the collaborative meeting is substantially provided with all practitioners with both a decrease in the overall time required on the decision-making process as well as ancillary administrative impact, the growth of the meeting resulted in an increased total time spent by the unit as a whole. Recommendations to split the MDM into segmented presentations with a decision-making team assessing presented patients in specific groups to cut down on the overall time of each participating specialist



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