Improving multidisciplinary care for patients with advanced disease: National Breast and Ovarian Cancer Centre pilot report

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Abstract

In 2007, National Breast and Ovarian Cancer Centre developed and piloted the *Multidisciplinary principles for advanced disease.*[1] The principles are based on the *Principles of Multidisciplinary Care*[2] developed by National Breast Cancer Centre* and adapted to reflect the role of multidisciplinary care teams in the advanced disease setting. The primary goal of the principles for advanced disease is to improve care and quality of life of patients with advanced disease, while maximising comfort and functioning. The multidisciplinary care approach provides opportunities for multidisciplinary discussion, enabling teams to facilitate effective treatment and care planning for patients with advanced disease. Four multidisciplinary care cancer teams (two breast and two ovarian) implemented the *Principles for advanced disease* from August to December 2007. There were a number of common themes and issues identified across pilot sites. These included the importance of patient-defined goals of care, complexity of cases and communication issues. The *Principles for advanced disease* provided sites with opportunities to reflect and improve on their practice, and to identify areas of improvement and work towards change.

Multidisciplinary care in the advanced disease context

Multidisciplinary care is an integrated team approach to health care in which medical, nursing and allied health care professionals consider all relevant treatment options and collaboratively develop an individual treatment and care plan for each patient.[3] Evidence shows that this approach improves patient survival and quality of life. There is also evidence that it increases patient satisfaction with care and increases access to information and support.

Multidisciplinary care is recognised as best practice in treatment planning and care for patients with cancer. The focus to date has been around early disease. In 2007, National Breast Cancer Centre (NBCC)* reviewed the existing principles of multidisciplinary care with the aim of adapting them to reflect the role of multidisciplinary care teams in the advanced disease setting.

Improvements in cancer treatment mean that there are now more patients surviving longer and many receiving treatment and care for advanced disease. Patients with advanced disease have specific needs and issues and a different approach to multidisciplinary care is required.

The needs and issues of patients with advanced disease include:

- specific psychosocial issues including impact of diagnosis at an advanced stage, poorer prognosis and recurrence[4,5]
- the management of physical symptoms and side-effects related to the spread of cancer and side-effects of cancer treatments[6]
- quality of life issues associated with disease progression[3]
- practical issues and support for patients living with advanced disease.[7]

As a result of the review, NBOCC developed and piloted *Multidisciplinary principles for advanced disease.* Please refer to table 1 for details. For this purpose, advanced disease is defined as cancer where the goal of treatment and care may not be cure, or where cure is not an option. The principles stress the importance of continuity of care, coordination, and the involvement of the patient and their nominated caregivers, where appropriate, in the treatment and care planning process. They also highlight the shift from primarily hospital-focused interventions to a more community-based approach to care. The principles provide a flexible definition of multidisciplinary care, allowing services to implement multidisciplinary care in a way that is relevant to the cancer type and service.

Table 1: *Multidisciplinary Care Principles for Advanced Disease*

Patient-defined goals of care – patients and their nominated caregivers, where appropriate, are involved in decisions about their care.

Team – a team approach, involves disciplines integral to the provision of good care, with input from others as required.

Communication and Information – ongoing, timely information and communication is facilitated among all team members, including patients and their nominated caregivers throughout the cancer journey.

Standards of care – provision of medical and supportive care is in accord with nationally agreed standards.

Pilot process

NBOCC invited multidisciplinary teams of various cancer streams nationally to participate in the pilot. They were asked to implement the principles by either incorporating them into their existing multidisciplinary treatment planning meetings, or by setting up a new treatment planning meeting for at least six patients with advanced disease, over a three-month period.

The purpose of the pilot was to evaluate the usefulness and relevance of the principles within a multidisciplinary care team setting. NBOCC was intentionally non-prescriptive about how each service should implement the principles, acknowledging differences between teams and their approaches.

Patient confidentiality and routine clinical care were not compromised as NBOCC did not request nor have access to any personal patient information as part of the pilot.

Each member of the site team received information about the pilot, the draft principles and *Multidisciplinary meetings for cancer care: a guide for health service providers.*

A nominated team member liaised with NBOCC and completed pre and post-evaluation forms. NBOCC provided a one-off payment of $1500 to assist sites with administrative costs.

Four sites nationally participated in the pilot from August to December 07:

- Maroondah and Box Hill hospitals, VIC, breast cancer
- Royal Adelaide hospital, SA, breast cancer
- King Edward hospital, WA, ovarian cancer
- Westmead hospital, NSW, ovarian cancer.

All four sites completed pre and post-evaluation forms. Some sites provided NBOCC with case study summaries and examples of strategies implemented during the pilot. Common themes and issues across sites are discussed below and summarised in table 2.

Multidisciplinary care teams

All sites participating had established multidisciplinary treatment planning meetings. The Maroondah and Box Hill breast cancer site was the only site with a dedicated, established advanced disease treatment planning meeting. Sites met weekly or fortnightly. Team members included clinical, allied health and community health representation. All sites included representatives from palliative care as core members of their treatment planning meetings. Sites found that routine participation of palliative and psychosocial team members enabled end-of-life care planning to be addressed when required. One site noted "...information provided by the psychosocial team members directly influenced treatment decisions".

In addition to the core team members, processes were in place to invite other disciplines to attend meetings, depending on the needs of the particular patients discussed. For example, one site noted that a specialist colorectal surgeon might participate in the discussion about treatment planning for women with ovarian cancer whose advanced disease involves the bowel. Another site invited a family support worker to attend the treatment planning meetings. This site established a protocol for obtaining access to women at hospital who had previously been seen by a family support worker at home. The breast care nurse who facilitated this process stated that participation from the family support worker resulted in good networking with community palliative care.

Table 2: *Key themes identified in the pilot*

Multidisciplinary care teams
Members of the multidisciplinary care team should reflect both clinical and psychosocial aspects of care. The inclusion of supportive and palliative care in the team and a focus on optimising function and comfort for patients with advanced disease is essential.

Patient-defined goals of care
Patients should be offered appropriate information to assist in decision making about treatment and care options. Opportunities should be made available for patients to review treatment planning recommendations and provide input into their treatment plan.

Complexity of cases
Decision making in the advanced disease setting is challenging. Multidisciplinary care principles need to be flexible and tailored to the needs of the patient.

Communication
A communications framework should be established which supports and ensures interactive participation from all relevant team members. Timely communication between all members of the multidisciplinary care team will facilitate continuity of care.

Access to GPs and communication with GPs
Systems should be implemented to ensure links with GPs. This will enable GPs to have an opportunity to provide input and be informed about treatment planning recommendations.

Resourcing
Adequate staffing and time will allow effective implementation of the *Multidisciplinary care principles for advanced disease.*

One site had two different teams that both met weekly, a tumour conference meeting and a multidisciplinary team meeting. Mainly clinical staff attended the tumour conferences. The purpose of the tumour conference meetings was to discuss the previous week's surgical cases and treatment planning. The purpose of the multidisciplinary team meetings (attended mainly by allied health workers) was to discuss current patients and outpatients who needed team review. The site reported that this two-team approach worked well and there was generally effective communication between teams.

Patient-defined goals of care

A common theme across sites was the importance of patient-defined goals of care. All sites acknowledged the patient as the primary focus of care. Sites noted that at the advanced stage of the disease, the need for individualised treatment options was essential. One site stated that they "... relied less on practice guideline recommendations and more on patient circumstances, preferences and morbidity".

Sites reported that direct involvement of patients in the multidisciplinary discussion through attendance at the hospital-based meeting was not common practice. This approach to patient involvement was not feasible or practical for the site or the patients. In preference to patients attending meetings, various other strategies were implemented to involve patients and their caregivers in decision-making about their care, including:

- providing patients and their caregivers with a 'plain English' copy of the written summary of the meeting recommendations
- convening family conferences to discuss meeting recommendations
- providing information resources in a range of languages which patients and their caregivers could use to further their understanding and initiate ongoing discussion.

One site developed a 'my care diary' for women. This resource allowed women to record all aspects of their care including clinicians' contact details, appointments, care planning, clinical notes and current medications.

The complexity of treating women with advanced disease was a common theme across sites. Sites reported that the implementation of the principles needed to be flexible and discretionary to the individual. Sites also reported that decision making at recurrence was more variable and challenging than at initial diagnosis for women with advanced disease.

Communication

All sites stressed the importance of communication among team members. To increase effective communication between clinicians and encourage participation in the team, one site developed an 'information pack', which included an information sheet about the team, what happens at the meeting and process for discussing recommendations with patients. The package also included resources specific to women with advanced disease and information about local support groups and programs for women and their caregivers.

Communicating effectively and in a timely manner with GPs was challenging for all sites. Each developed processes in order to ensure that the GPs had an opportunity to provide input and were informed of treatment recommendations. One site nominated a key contact person, the breast care nurse, to be the liaison between the patient's nominated GP and the multidisciplinary care team. The breast care nurse contacted the GPs at specific times to gain their input prior to meetings and provide them with feedback after the team had met (if the GP was unable to attend). The breast care nurse has had a good response to this process, with relevant information received by the GP shared at the treatment planning meetings.

Resourcing issues

Resourcing was a significant issue for most sites, with members finding it difficult to attend treatment planning meetings because of overlapping commitments and time restraints. One site noted that the loss of breast care nurse hours was a major issue, which affected the ability of the team to implement the principles. The extent to which sites could participate in the pilot was also limited due to staffing issues. One nurse commented: "The ability to co-ordinate and comment on our team and the initiatives that have been implemented has been limited without the support of a full-time breast care nurse."

Conclusions

The *Principles for advanced disease* provided sites with opportunities to reflect and improve on their practice, and identify areas of improvement and work towards change. Sites found the principles improved care beyond the point of initial diagnosis. Sites also found that by implementing the principles, accountability and patient care could be improved. Evaluation found no areas of the principles that needed significant changes. Site feedback was positive and highlighted the usefulness and applicability of the principles within a multidisciplinary care approach to cancer care. *Multidisciplinary care principles for advanced disease: a guide for cancer health professionals* has been disseminated nationally to cancer health professionals and can be accessed on line at www.nbocc.org.au.

*In February 2008, National Breast Cancer Centre incorporating the Ovarian Cancer Program (NBCC) changed its name to National Breast and Ovarian Cancer Centre (NBOCC).

'Multidisciplinary care principles for advanced disease: a guide for cancer health professionals' is available as an online PDF on the National Breast and Ovarian Cancer website www.nbocc.org.au and can be ordered free of charge by calling 1800 624 973.

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