

PROJECT CS06: *The Role of the Radiologist in the Multidisciplinary Care Team*

Summary of Environmental Scan

Prepared by

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1. PURPOSE OF THIS REPORT

Australia's Health P/L was commissioned by the RANZCR on 8 May 2008 to undertake the *Quality Consumer Services project (CS06) on the Role of the Radiologist in Multidisciplinary Care Teams (MDT)*.

A milestone of Schedule 3 of the Contract (dated 8/05/08) is the submission on 15 June 2008 of a summary report on the Environmental Scan conducted for this project.

The Environmental scan is intended to provide an initial assessment of the current status and key issues in MDT; in Australia; and in breast cancer services in Australia. It will also assist identification of potential participants for structured interview and help guide relevant and informed content for the structured interviews.

This report comprises a summary of the key outcomes of the Environmental Scan. The information derived from the environmental scan will provide a set of baseline assumptions about the role and contribution of radiologists to MDT that can then be tested and critically reviewed in the light of interview and literature review data.

For this environmental scan, we have reviewed current publications, conducted a preliminary literature review and interviewed five key informants for their views on the project scope and potential information sources. We have described the project activities in the Work Plan previously submitted to the College. The outcomes from this scan will assist us in clarifying the key questions to pursue in the interview activities for the project, as well as contribute to the overall reporting of the outcomes of this project.

Project scope

The scope of the projects is confirmed as the role of radiologist in MDT's treating breast cancer. A particular question to be considered is identifying the value-adding that radiologists bring to Multidisciplinary Teams (MDT) and breast cancer treatment.

Initial research suggests that while MDT is clearly established as the recommended standards for breast cancer treatment, the implementation of this varies widely across Australia, from informal arrangements supporting discussion between specialists, to formal, fully established and coordinated MDT teams.

Early indications are that while radiologist involvement in existing teams is not uncommon, GP and consumer involvement is much less common. The

project will also need to take account of differences between MDT in metropolitan facilities and those in regional and rural areas; and between public and private sector settings and personnel.

Process issues noted by key informants for consideration include funding arrangements, team coordination, team leadership and process issues associated with radiologist and image contribution to team decision making.

Literature

Our search criteria are detailed in the Work Plan. We have already identified 45 primary publications within our search criteria. These included refereed journal papers and major publications from Australian organisations and agencies, including the National Breast and Ovarian Cancer Centre (NBOCC). Much of the literature identified so far reports observational data on MDTs, based on surveys of settings and some team members. Empirical studies of the outcomes of MDT and the contribution of key disciplines to these are infrequent.

Of particular relevance is a 2008 publication of a survey of breast cancer specialists from the Royal Australian College of Surgeons, which included identification of radiologist involvement in MDT's. Through NBOCC, we have made a request to the RACS audit group for relevant aggregated, de-identified data on these results.

The literature reviewed to date indicates that:

- There is an increased demand for MDT especially in relation to coordinated best practice care over the whole of the care continuum. MDT is based on principles of multidisciplinary care: team approach, good communication, access to full range of therapies, maintenance of standards of care, and patient involvement in decision-making.
- MDT models are dynamic rather than fixed and invariable. Flexibility in the application of MDT allows for pragmatic responses to the differences between sites, such as public or private settings, metropolitan or regional locations. Team composition, working methods and workloads are reported to positively relate to team efficacy.
- Much of the MDT literature refers to 'core disciplines' necessary for teams, and includes radiation oncologists and radiologists in these. Reports over time indicate that these disciplines are fairly well represented in Australian MDTs, however rural teams are less likely than their metropolitan and regional counterparts to include radiation oncologists and pathologists (possibly reflecting workforce deficiencies in rural settings). As noted above, GPs and patients are significantly absent from MDT processes.
- The nature of the MDT approach is noted to impose additional demands for role clarity within teams - a factor noted to be important to the efficiency of team functioning - however there is limited

discussion of the role any discipline might take within teams. Many reports allude to surgical leadership of the MDT.

- While radiologists and radiation oncologists are identified as experts occupying a key role in MDT in breast cancer, discussion on any differential roles within the MDT and the relative contribution the role makes to the overall outcome is not a priority in discussions in the literature. Generally it appears that there may be a lack of multidisciplinary awareness and unclear role boundaries.
- There is a limited number of publications reviewed to date that discuss the diagnostic and therapeutic benefits of radiologist participation in MDT. In those publications identified so far, the benefits are reported to range from changing initial diagnosis and initial therapy (>50% cases) to clarifying diagnostic strategy or refining therapeutic decision (>65% cases) of clinician members.
- Success of MDTs is reported to hinge on leadership and coordination, and capacity building in these two key roles is noted as a prerequisite for effective team work. Training (of the other members) to work as a team is also recognised as necessary to both functioning and participation.
- MDT participation has a significant number of resource implications, including time management, meeting preparation and coordination, team membership, linkage across continuum of care, data exchange mechanisms, shared professional liability for team decisions.

Study sites and informants

We have canvassed potential sites for interview research, as well as a number of potential individual informants. Preliminary information has identified relevant MDT's in NSW, Victoria, Qld, SA and WA, and we will be following up these contacts to determine two key sites for in-depth interview and observation, and other sites for potential contact and interviews. This includes several contacts relating to teams using telemedicine systems.

Our request for comment through the QUDI e-newsletter received two responses from radiologists involved in MDT, one in northern NSW and the other in New Zealand. Our initial consultations have also identified a number of groups with relevant information on MDT in breast cancer including cancer monitoring and data agencies in NSW, Qld and Victoria.

Given the under-representation of consumers in MDTs reported in the literature and in our preliminary discussions, we will be seeking the assistance of the Breast Cancer Network of Australia to access consumer views relevant for this project.

The next stage of our work involves semi-structured interviews with the informants outlined above. They will each be invited to identify MDT currently operating in Australia, issues from their perspective; radiologist roles within MDT including barriers and enablers; and suggest which MDT centres and

contacts/key informants might be candidates for the structured interviews. Interview feedback will supplement the Environmental Scan.

We will be reporting on progress on that activity as well as updates to key findings emerging from our literature review in Progress Reports to the Project Management Group and the College as these have been scheduled.