

Cancer treatment—multidisciplinary team review indicator, yes/no/unknown code N

Identifying and definitional attributes

Metadata item type:	Data Element
Short name:	Multidisciplinary team review indicator
Synonymous names:	MDT review indicator; Multidisciplinary care indicator
METEOR identifier:	428137
Registration status:	<ul style="list-style-type: none">• Health, Standard 08/05/2014
Definition:	An indicator of whether a patient's cancer treatment is discussed and a treatment plan developed by a multidisciplinary team, as represented by a code.
Data Element Concept:	Cancer treatment—multidisciplinary team review indicator

Value domain attributes

Representational attributes

Representation class:	Code						
Data type:	Number						
Format:	N						
Maximum character length:	1						
Permissible values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></tbody></table>	Value	Meaning	1	Yes	2	No
Value	Meaning						
1	Yes						
2	No						
Supplementary values:	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>8</td><td>Unknown</td></tr></tbody></table>	Value	Meaning	8	Unknown		
Value	Meaning						
8	Unknown						

Data element attributes

Collection and usage attributes

Guide for use:

Record a multidisciplinary team (MDT) review that occurs prior to the implementation of, or during the course of treatment for cancer. The initial treatment for cancer includes all treatments administered to the patient from diagnosis and before disease progression or recurrence.

Access to a unit offering multidisciplinary care is recommended for patients with cancer.

Multidisciplinary care (MDC) is defined as an integrated team approach to health care in which medical and allied health care professionals consider all relevant treatment options and develop collaboratively an individual treatment plan for each patient. (National Breast Cancer Centre 2005, page 5.)

There are a number of models of MDC in Australia. These include:

- A 'tumour board' model in which the patient's case is discussed by the team, a recommendation for treatment is made, and the treating clinician informs the patient of the recommendation and makes the appropriate referrals.
- A variation of this model in which the patient attends a clinic after the discussion and meets the members of the team who will be involved in their ongoing care.

The MDT review may be conducted according to any of these models; the essential component is that the multidisciplinary team assesses the patient's treatment options and develops a treatment plan.

Multidisciplinary team membership will vary depending on the cancer type but should consist of the core disciplines required for the provision of good care, and reflect both the clinical and psychosocial aspects of care.

For example, for lung cancer the core team would ideally be represented by respiratory medicine, cardiothoracic surgery, medical oncology, radiation oncology, pathology, radiology, nurse specialist and palliative care, while non-core team membership would consist of nuclear medicine, social work, physiotherapy, psychiatry/psychology, dietetics and occupational therapy.

Collection methods:

This information should be sought from the patient's medical record, referral letters or attending medical clinician.

Comments:

There is increasing evidence that a multidisciplinary team approach to health care improves patient satisfaction with treatment and outcomes. Furthermore, decisions made using this approach are more likely to accord with evidence-based guidelines than those made by individual clinicians.

Multidisciplinary care also benefits clinicians by, for example, providing opportunities to interact with colleagues, enhanced educational opportunities and streamlining of referral pathways.

There is currently little provision in patient's medical records for the formal recording of multidisciplinary team review. The development of specific forms to capture this information is strongly recommended.

Source and reference attributes

Submitting organisation:

Cancer Australia

Reference documents:

Australian Cancer Network 2004. Clinical practice guidelines for the prevention, diagnosis and management of lung cancer. Approved by the National Health & Medical Research Council 2004. Sydney: The Cancer Council Australia

National Breast Cancer Centre 2005. Multidisciplinary meeting for cancer care: a guide for health service providers. Camperdown, NSW: National Breast Cancer Centre

Relational attributes

Implementation in Data Set Specifications:

[Adolescent and young adult cancer \(clinical\) DSSHealth](#), Superseded 14/05/2015

[Adolescent and young adult cancer \(clinical\) NBPDSHealth](#), Standard 14/05/2015

DSS specific information:

A multidisciplinary team is a team of medical professionals and/or allied health professionals who are working to provide multidisciplinary care to a patient. The specific disciplines represented in a multidisciplinary team will vary based on the disease type.

In relation to cancer treatment, the disciplines represented in a core multidisciplinary team should minimally include surgery, oncology (radiation and medical oncology), pathology, radiology and supportive care, and may be expanded or contracted to include services, such as genetics, psychiatry, physiotherapy and nuclear medicine.

[Cancer \(clinical\) NBPDSHealth](#), Standard 14/05/2015

DSS specific information:

This item is to be collected in relation to the initial course of treatment for cancer.

A multidisciplinary team is a team of medical professionals and/or allied health professionals who are working to provide multidisciplinary care to a patient. The specific disciplines represented in a multidisciplinary team will vary based on the disease type.

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[Lung cancer \(clinical\) DSSHealth](#), Superseded 14/05/2015

DSS specific information:

This item is to be collected in relation to the initial course of treatment for cancer.