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Virtual Multidisciplinary Cancer Conferences (MCCs)…Five Years Later: North Simcoe Muskoka (NSM) LHIN

Purpose: The following case exemplifies the effect of using videoconferencing across a LHIN for MCC implementation and its successful progression over five years.

The use of videoconferencing for MCCs is an excellent way to engage hospitals and provide expertise to hospitals that do not otherwise have all disciplines onsite (e.g. not all hospitals have radiation oncologists). It is an excellent solution to minimize the impact of the provinces expansive geography to provide exceptional cancer care. MCCs in this LHIN have continued to expand in several areas such as the number and variety of disciplines participating, the types of cases discussed and the frequency of MCCs held.

	Then…the beginning of MCCs in 2005	Now…where they have come to in 2010
Leadership	• Local leadership provided to champion MCCs • Drs. Anderson and Paterson spoke with surgeons, answered concerns, and provided reassurance that initiatives such as MCCs can only lead to better patient care without being restrictive or threatening	• Strong administrative and physician leadership for all disciplines is in place • MCCs are a regional priority and there is commitment to improve MCC access and quality throughout the region
Key Factors for Implementation	• Reviewed alternatives to videoconferencing with the staff • Determined that videoconferencing could offer a high standard of image transfer and good time management for surgeons • Before implementing MCCs independently in NSM, Royal Victoria (RVH) clinicians attended MCCs at Princess Margaret Hospital (PMH) and Sunnybrook Health Sciences Centre to become accustomed to the format	• A Community of Practice (CoP) Regional Network has been established • The CoP includes surgery, radiology, medical and radiation oncology, pathology, allied health and nursing groups • A Regional MCC Coordinator is in place who networks with regional stakeholders and other MCC Coordinators, engages physicians and assesses their needs, coordinates MCCs, and collects data
Preparation	• Cases requiring imaging and pathology support were referred no later than 48 hours prior to the MCC • Cases were sent to the MCC moderator's office and information was disseminated to the various departments • The Lead or delegate for each department prepared the material for presentation	With investment in technology: • Muskoka Algonquin Healthcare (MAH) present pathology and project images • Orillia Soldier's Memorial Hospital (OSMH) pathologists present pathology • Collingwood Surgeon presents cases using power point
Documentation	• Presented cases were archived in a database, which tracked staging, treatment recommendations, and discussion	• Physicians document the cases in the patient's medical record • Will be reviewing the new technology tool/database
Disease Site MCCs	• Breast • Gastrointestinal (GI)	Rounds now separated into disease sites: • Breast • Gastrointestinal (GI) • Thoracic recently added • GU • Genitourinary (GU) • Thoracic

Case Types	• Predominantly GI and breast cases presented, with occasional presentation of lymphoma and neuroendocrine tumours • Cases were mainly presented by the surgeon or oncologist	• Cases are forwarded to the Coordinator for imaging review and generation of a patient list and for tracking purposes • All hospital sites present their own cases • Pathology is reviewed at Royal Victoria Hospital (RVH) for RVH and Collingwood Marine and General Hospital cases • All imaging is reviewed at RVH
Frequency	• One hour MCCs, every two weeks, on Friday mornings • Allows for prospective presentation of cases in a timely fashion	MCCs are held more frequently: • Breast MCCs (biweekly) • GI MCCs (biweekly) • GU MCCs (monthly) • Thoracic MCCs (weekly) • All MCCs are one hour long
Hospital Participants	• MCCs hosted by: Royal Victoria Hospital • Partner hospitals via videoconference: o Collingwood Marine and General Hospital o Huntsville District Memorial Hospital o South Muskoka Memorial Hospital (Bracebridge) o Huronia District Hospital o Penetanguishene General Hospital o Orillia Soldiers Memorial Hospital • PMH provided radiation consultation by videoconference	• MCCs hosted by: Royal Victoria Hospital • Partner hospitals via videoconference: o Collingwood Marine and General Hospital o Huntsville District Memorial Hospital o South Muskoka Memorial Hospital (Bracebridge) o Orillia Soldiers Memorial Hospital • The Odette Cancer Cente provides surgical and radiation oncology consultation by videoconference
Physician Education	• Participants received credits for participation (continuing professional development activity)	• Remains the same
Technology	• Polycom mobile dual cart/system was used • The system in the videoconference studio was originally donated by CCO a few years ago	• Purchase of dual monitors, microphones, two computers (connect to the hospital patient information network and PACS) has enhanced videoconferencing capabilities • New equipment has been purchased • Support from the Ontario Telemedicine Network (OTN) • A larger space to hold MCCs in has been obtained
Lessons Learned	• Provided refreshments, which makes a difference for the busy physician	• Recurring themes in MCC rounds are used to drive Regional Medical Education • Challenges experienced include: o identifying and discussing all cancer patients; o engaging sites not participating in MCCs; o limited space, equipment and sound quality issues; o proper MCC documentation and dealing with privacy issues appropriately; and o having MCCs at a time when all physicians can attend • Refreshments continue to be provided