

# MULTIDISCIPLINARY CARE FOR WOMEN WITH BREAST CANCER: A NATIONAL DEMONSTRATION PROGRAM

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This article describes the benefits of a multidisciplinary approach to the care of women with breast cancer and describes a demonstration project to investigate the effect, cost, and acceptability of implementing multidisciplinary care in Australia.

## WHY BREAST CANCER?

Breast cancer is the most common cause of cancer deaths among Australian women.<sup>1</sup> In NSW in 1999, 3,463 women were newly diagnosed with breast cancer.<sup>2</sup> The average lifetime risk of breast cancer is about one in 11 women. Each year, over 2,600 women in Australia die from the disease.<sup>1</sup> It is estimated that it costs Australia \$169.5 million to diagnose and treat the disease and there are considerable physical and emotional costs for the 10,000 women diagnosed each year and their families.<sup>3</sup>

Today, effective diagnosis and treatment of this complex disease with many different possible clinical pathways relies on the skills of many clinical specialties and is best achieved when these specialists work together in multidisciplinary teams. Recommendations about the management of breast cancer—a national health priority—are available in a number of practice guidelines for Australian clinicians including the treatment and support of women with early and advanced breast cancer.<sup>4,5,6</sup>

## THE BENEFITS OF MULTIDISCIPLINARY CARE

Multidisciplinary care is a team approach to the provision of cancer care by multiple medical and allied health disciplines. Multidisciplinary care includes the liaison and cooperation of all members of the team together and with the patient to diagnose, treat and manage to the highest standard of care all aspects of breast cancer from diagnosis through to follow-up.<sup>7</sup>

Available evidence indicates that multidisciplinary care has the potential to reduce mortality from breast cancer, improve the quality of life of women with the disease, and reduce health care costs.<sup>8,9,10</sup>

Care involving a range of clinicians ‘...ensures that all relevant treatment methods that have a place in modern management are properly considered’.<sup>10</sup> Research indicates that currently some women may not be provided with the full range of management options. In one American study, the initial treatment recommendations received by women during a single or sequential consultation were compared with a second opinion provided by a multidisciplinary panel.<sup>11</sup> For 43 per cent of the women, the multidisciplinary

panel would have recommended a different treatment in accord with guideline recommendations, most frequently being breast conserving treatment instead of mastectomy.<sup>11</sup>

There are a number of models of multidisciplinary care. In the United Kingdom, an advisory board model is used, as outlined in the Calman-Hine report,<sup>12</sup> which focuses on functional aspects of multidisciplinary care. This approach has been found to be effective in the UK setting.

## THE AUSTRALIAN CONTEXT

Based on the available evidence, the *NHMRC Clinical Practice Guidelines for the Management of Early Breast Cancer* recommend treatment of women with breast cancer in a multidisciplinary setting.<sup>4</sup> However, a survey of Australian surgeons about their opinions of the early breast cancer guidelines found that even though most clinicians supported the recommendation, 34 per cent of rural surgeons (11 per cent urban) indicated that they would find it difficult to implement the recommendations about multidisciplinary care in their practice.<sup>13</sup>

There is no comprehensive information describing how, or to what extent, institutions managing women with breast cancer in Australia have adopted a multidisciplinary approach. As a result, there is very little information about the potential role of multidisciplinary care in Australia or the policy or funding implications of such an approach. However, some small Australian studies have indicated that high quality care is not limited to large, urban areas but rather is achievable in regional areas, if access to the full range of clinical specialties is established.<sup>14,15</sup> The establishment of ‘virtual’ cancer centres in the future may also facilitate a greater integration of care.

The National Breast Cancer Centre is conducting a study to profile the provision of multidisciplinary care in a representative sample of hospitals from all states and territories in Australia. With assistance from relevant health departments from each state and territory, including the NSW Department of Health, a total of 60 lead clinicians from hospitals involved in the treatment of women with breast cancer, stratified by caseload, have participated in the study. A questionnaire has been completed by the clinicians via a structured telephone interview. Data collection for the study was completed in late April 2001 and the results will soon be reported. The results will provide an insight into the multidisciplinary care services available to women with breast cancer in Australia.

## A NATIONAL DEMONSTRATION PROJECT

The National Breast Cancer Centre is coordinating a National Multidisciplinary Care Demonstration Project that is investigating the cost, acceptability, and impact

**TABLE 1****PRINCIPLES OF MULTIDISCIPLINARY CARE**

(NATIONAL MULTIDISCIPLINARY CARE DEMONSTRATION PROJECT)

<b>Principle of care</b>	<b>Outcome</b>
<p><b>Team</b></p> <ul style="list-style-type: none"> <li>The disciplines represented by the 'core' team should minimally include surgery, oncology (radiation and medical oncology), pathology, radiology and supportive care. The individual woman's general practitioner will be part of her team.</li> <li>In order to ensure that the woman has access to the full range of therapeutic options, the 'core team' may be expanded or contracted to include services (may be off site), such as genetics, psychiatry, physiotherapy and nuclear medicine.</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>A communications framework should be established which supports and ensures interactive participation from all relevant team members at regular and dedicated case conference meetings.</li> <li>Multidisciplinary input should be considered for all women with breast cancer, however, not all cases may ultimately necessitate team discussion.</li> </ul> <p><b>Full therapeutic range</b></p> <ul style="list-style-type: none"> <li>Geographical remoteness and/or small size of the institution delivering care should not be impediments to the delivery of multidisciplinary care for women with breast cancer.</li> <li>The members of the team should support the multidisciplinary approach to care by establishing collaborative working links.</li> </ul> <p><b>Standards of care</b></p> <ul style="list-style-type: none"> <li>All clinicians involved in the management of women with breast cancer should practice in accord with guideline recommendations.</li> <li>The treatment plan for a woman should consider individual patient circumstances and wishes.</li> <li>Discussion and decisions about treatment options should only be considered when all relevant patient results and information are available.</li> <li>In areas where the number of new cancers is small, formal collaborative links with larger units/centres should give support and foster expertise in the smaller unit.</li> <li>Maintenance of standards of best practice is supported by a number of activities which promote professional development.</li> </ul> <p><b>Involvement of the woman</b></p> <ul style="list-style-type: none"> <li>Women with breast cancer should be encouraged to participate as a member of the multidisciplinary team in treatment planning.</li> <li>The woman diagnosed with breast cancer should be fully informed of her treatment options as well as the benefits, risks and possible complications of treatments offered. Appropriate literature should be offered to assist her in decision making. This information should be made available to the woman in a form that is appropriate to her educational level, language and culture.</li> <li>Supportive care is an integral part of multidisciplinary care. Clinicians who treat women with breast cancer should inform them of how to access appropriate support services.</li> <li>The woman with breast cancer should be aware of the ongoing collaboration and communication between members of the multidisciplinary team about her treatment.</li> </ul>	<p>The 'breast cancer care team' is established and known.</p> <p>Referral networks established for non-core team specialist services.</p> <p>Communication mechanisms are established to facilitate case discussion by all team members.</p> <p>A local protocol is established for deciding which cases may not require team discussion.</p> <p>Systems are established for ensuring that all women have access to all relevant services.</p> <p>Systems are established to support collaborative working links between team members.</p> <p>Local clinician data is consistent with national benchmarks.</p> <p>The final treatment plan should be acceptable to the woman, where possible.</p> <p>Final reports are available to all core team members before treatment planning.</p> <p>Systems are established for the exchange of knowledge and expertise between larger and smaller caseload centres.</p> <p>Systems are established for the support of professional education activities.</p> <p>Women are supported to have as much input into their treatment plan as they wish.</p> <p>All women should be fully informed about all aspects of their treatment choices.</p> <p>All clinicians involved in the management of women with breast cancer should ensure that women have information about and access to support services.</p> <p>Women with breast cancer feel that their care is coordinated and not fragmented.</p>

on patterns of the approach in four demonstration sites. The findings of the project will be used to make recommendations about the implementation of multidisciplinary care and are anticipated to help improve the coordination of treatment received by women with breast cancer, irrespective of location.

The National Multidisciplinary Care Demonstration Project commenced in February 2000, with primary funding provided by the Commonwealth Department of Health and Aged Care. The project is overseen by a Steering Committee, chaired by Professor Christine Ewan, and participating sites were selected by a subgroup chaired by Emeritus Professor Tom Reeve.

The participating demonstration sites are multifacility collaborations located in North Queensland, Western Victoria, Central Victoria and north-eastern New South Wales. Each collaboration contains at least one rural facility—for example, the NSW collaboration includes Prince of Wales Hospital, Tamworth, and Grafton Base Hospitals.

Acknowledging that overseas models of multidisciplinary care may not apply to the Australian health care system, a set of principles of multidisciplinary care were developed to guide the project. The principles were developed by a subgroup of the project Steering Committee, which included Mr Bruce Barraclough, and was led by Dr Helen Zorbas (Centre Clinical Director). The principles relate to the team, communication, the therapeutic range, standards of care, and involvement of the woman (Table 1). The principles recommend the establishment of a multidisciplinary team with representation from a range of disciplines, including surgery, oncology (radiation and medical oncology), pathology, radiology, supportive care, and general practices.

The way in which multidisciplinary care is best implemented will vary between sites; each collaboration has nominated strategies that they will implement to improve care in accord with the principles of multidisciplinary care. For example, the challenge of geographical remoteness has led a number of collaborations to use telemedicine for multidisciplinary case conferencing. Other strategies include the appointment of a Breast Care Nurse as a focal point for patients being treated by several facilities within a collaboration.

The evaluation of the three-year demonstration project includes a survey of women treated within the collaborations before and after the commencement of nominated multidisciplinary strategies, a clinical audit, a cost analysis, surveys of clinicians, and the logging of multidisciplinary activities. The Demonstration Project will be completed in December 2002, with recommendations being made to the Commonwealth.

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