

Title:

How to set up a successful multidisciplinary team and practice in cancer care?

Full Name:

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Name of the Institution:

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

1. Improve Patient Outcomes: Enhance cancer treatment outcomes by providing comprehensive, coordinated, and patient-centered care.
2. Enhance Collaboration and Communication: Foster effective collaboration and communication among healthcare professionals from different specialties to ensure seamless care coordination.
3. Increase Patient Satisfaction: Improve patient satisfaction by involving patients and families in decision-making processes and providing education, support, and empowerment throughout the cancer journey.
4. Optimize Resource Utilization: Ensure efficient use of resources by streamlining care coordination, reducing unnecessary tests and procedures, and minimizing delays in treatment.
5. Promote Continuous Quality Improvement: Encourage ongoing evaluation and improvement of cancer care services to ensure that patients receive the best possible care.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Steps to Establish a Successful MDT

1. Define the Purpose and Scope: Clearly define the MDT's purpose, goals, and scope to ensure everyone understands their role and responsibilities.
2. Identify Key Stakeholders: Determine which healthcare professionals should be part of the MDT, considering the specific needs of cancer patients.
3. Establish a Leadership Structure: Appoint a leader or coordinator to facilitate MDT meetings, ensure communication, and oversee patient care coordination.
4. Develop a Communication Plan: Establish a communication plan to ensure seamless information exchange among team members, patients, and families.
5. Create a Patient-Centered Approach: Focus on patient-centered care by involving patients and families in decision-making processes and ensuring their needs are met.
6. Establish Standardized Processes and Workflows: Develop standardized processes and workflows for MDT meetings, patient care coordination, and communication to ensure consistency and efficiency.
7. Provide Ongoing Education and Training: Offer regular education and training sessions to ensure team members stay updated on the latest cancer treatments, technologies, and best practices.
8. Monitor and Evaluate Performance: Regularly assess the MDT's performance, identifying areas for improvement and implementing changes as needed.

Ideal Composition of an MDT in Oncology Settings

1. Medical Oncologist: Provides expertise on cancer diagnosis, treatment, and management.
2. Surgical Oncologist: Offers expertise on surgical interventions and tumor management.
3. Radiation Oncologist: Provides expertise on radiation therapy and its applications.
4. Pathologist: Offers expertise on tumor pathology and diagnosis.
5. Radiologist: Provides expertise on imaging and diagnostic procedures.
6. Nurse Practitioner or Oncology Nurse: Coordinates patient care, provides education, and supports patients and families.

7. Social Worker or Counselor: Offers emotional support, counseling, and connects patients with resources.
8. Dietitian or Nutritionist: Provides guidance on nutrition and dietary management during cancer treatment.
9. Pharmacist: Offers expertise on medication management, side effects, and interactions.

Patient-Centered Approach

1. Involve Patients and Families in Decision-Making: Encourage patients and families to participate in treatment decisions and care planning.
2. Assess Patient Needs and Preferences: Evaluate patients' physical, emotional, and social needs to provide personalized care.
3. Provide Education and Support: Offer patients and families education, counseling, and support to empower them throughout the cancer journey.
4. Foster Open Communication: Encourage open and honest communication among patients, families, and healthcare providers.

Standardized Processes and Workflows

1. MDT Meeting Structure: Establish a standardized agenda and format for MDT meetings to ensure efficient discussion and decision-making.
2. Patient Care Coordination: Develop a workflow for coordinating patient care, including scheduling, communication, and follow-up.
3. Communication Protocols: Establish protocols for communication among team members, patients, and families, including secure messaging and documentation.
4. Documentation and Record-Keeping: Develop a standardized system for documenting patient information, treatment plans, and outcomes.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Defining MDT for patient betterment

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

MDT team

Core team: Pathologist, molecular oncologist, radiologist interventional radiologist, medical oncologist, surgical oncologist, radiation oncologist, palliative care specialist, onco nurses.

Noncore team: Nutritionist psychologist, physical and rehab medicine practitioner, pulmonologist, ENT surgeon, plastic surgeon, surgical gastroenterologist, cardiothoracic surgeon, neurosurgeon, orthopedic surgeon, geriatric medicine practitioner, hematologist, nuclear physician, social worker.

Patient centered MDT - APPROACH + WORKFLOW

1. Cases to be discussed in MDT should be informed to all the concerned and attending members of the MDT well in prior to the planned date of MDT with all the necessary information, imaging and reports to ensure that all of them are well prepared to cater to the best benefit of the patient.
2. Patient should also be informed of the possible decisions to be discussed well in advance to be certain that he is not overwhelmed by all the medical jargon he is facing in the forum

3. Each member of the MDT should sign forms before every MDT, that their only motto is patient's betterment and that the multidisciplinary team is over the decisions of any single physician
4. The options should be personalized to that particular patient and should be evidence based with higher preference to highest level of evidence
5. The options should be discussed with the patient with an educated attender, if needed, to ensure that his wishes are being taken into consideration
6. Patient should be given adequate time and space to accept or reject the board's decision. If rejected, alternative plan of action to be taken by the board
7. All the discussion that has happened must be documented word by word with the evidence discussed, to allow for future reference and legal implications
8. The board's decision to be given to the patient with detailed information duly signed by all the board members
9. All the happenings should be filed and maintained in the records section for future retrieval

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Objective of your solution:

(Briefly define the primary outcome of your solution to this challenge):

In Cancer Institute settings, effective communication, decision-making, and patient-centered care are ensured by a standardized procedure for Multidisciplinary Team (MDT) meetings which is necessary for holistic care

Describe your solution / proposal:

Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

A) When it comes to oncology, the Multidisciplinary Team (MDT) is a team of professionals who cooperate to deliver holistic, patient-centered cancer care.

1. Medical Oncologist: To supervise chemotherapy, targeted therapy, and immunotherapy.
2. Surgical Oncologist: To execute tumor resections and cancer-related surgeries.
3. Radiation Oncologist: To devise and deliver the radiation therapy.
4. Pathologist & Radiologist: To diagnose and characterize cancer via biopsy and by analyzing the images.
5. Oncology Nurse Specialist: To give patient education and manage symptoms through the nursing process.
6. Palliative Care Specialist & Psychologist: To assist with pain relief and emotional well-being.
7. Genetic Counselor & Research Coordinator: To further the work of genetic risk assessment and clinical trials.
8. Dietitian & Physiotherapist: To look into nutrition and do rehab support.

B) An excellent way to deal with the patient's values, interests, and general well-being in treatment is to pursue a patient-centered approach in cancer by ways of personalized therapy, straightforward talk, and joint decisions.

Patient-Centered Method Shared Decision-Making: Patients are active decision-makers, and they are doing it with the support and under the supervision of their doctors. But aside from that, holistic care

means addressing patients' social, emotional, and nutritional needs, besides giving them a medication prescription.

1. Clear Communication to describe to patients' possible treatments and diagnosis examining the signs in easy and simple language.
2. Respect for Patient Autonomy: Affording patients with discretion to choose the treatment they feel they are comfortable with.
3. Comprehensive Consultation: Part of care alternatives that will be discussed relates to the family members, nurses, psychologists, and oncologists. Giving information of possible outcomes of treatment as for the risks, benefits, and alternatives is called informed consent.
4. Quality of Life Considerations: Treatment should focus on functioning, mental health, and pain relief rather than aggressive therapy in some cases, it was said in the paper.
5. Frequent Re-Evaluation: The journey towards recovering from cancer becomes more dynamic when the course of treatment is adjusted based on patient responses and changing preferences.

A multidisciplinary oncology team can ensure that the healthy options for the patient are put first by the strict practice of ethical decision-making, the use of individualized care, and the patient's exclusive right to be informed about the ongoing condition.

C) In Cancer Institute settings, effective communication, decision-making, and patient-centered care are ensured by a standardized procedure for Multidisciplinary Team (MDT) meetings.

1. Preparation for the Pre-MDT Meeting- Patient Case Identification, Data collection & review, setting the agenda are involved in discussing cases and similar to staff; they are just starting to gain experience.
2. MDT Meeting Workflow: Each time we meet as a team, we all plan the case most concerned; we first present some of the case summaries in the most concise way such as the diagnosis and the stage and therapies used.
3. Expert Contribution & Conversation: Also discussing issues that are very advanced (difficulty cases, new techniques).
4. Treatment Plan Consensus: The MDT should validate its treatment proposal by ensuring that it coincides with the patient's preference and most up-to-date reliable information available.
5. Documentation: Recording all the patients' reports of the meeting is necessary for the good functioning of the team.
6. Communicating with Patients - pass the MDT treatment decision to the patient in simple language.
7. Care Plan Execution, Follow-Up & Re-Evaluation Care Plan Execution, Follow-Up, & Re-Evaluation
8. Audit & Quality Improvement.

References

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2. In an era of remarkable cancer advances, getting a second opinion can help guide choices and provide valuable reassurance | Ranjana Srivastava | The Guardian
3. Elwyn, G., Lloyd, A., Joseph Williams, N., Beasley, A.; Tomkinson, A. (September 2012). "Shared decision-making in a multidisciplinary head and neck cancer team: a case study of developing Option Grids". International Journal of Person-Centered Medicine. 2 (3): 421-426. doi:10.5750/ijpcm.v2i3.26.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Primary Outcomes

1. Improved Patient Outcomes: Enhanced treatment efficacy, improved survival rates, and better quality of life for cancer patients.
2. Increased Patient Satisfaction: Higher patient satisfaction with care, improved communication, and better coordination among healthcare providers.
3. Enhanced Clinician Collaboration: Improved collaboration and communication among clinicians, including medical oncologists, surgical oncologists, radiation oncologists, and other specialists.
4. Optimized Care Coordination: Streamlined care coordination processes, reducing delays and improving timely access to necessary services.
5. Better Utilization of Data: Effective use of data to inform treatment decisions, improve patient outcomes, and reduce healthcare costs.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Ideal Composition of an MDT in Oncology Settings

1. Medical Oncologists: Medical oncologists play a crucial role in MDTs, providing expertise on systemic therapies, including chemotherapy, targeted therapy, and immunotherapy.
2. Surgical Oncologists: Surgical oncologists bring valuable expertise to MDTs, offering insights on surgical interventions, including tumor resection and reconstruction.
3. Radiation Oncologists: Radiation oncologists provide critical expertise on radiation therapies, including external beam radiation and brachytherapy.
4. Pathologists: Pathologists play a vital role in MDTs, offering expertise on tumor diagnosis, classification, and molecular profiling.
5. Radiologists: Radiologists provide essential expertise on imaging modalities, including CT, MRI, and PET scans.
6. Nurse Navigators: Nurse navigators coordinate patient care, provide education, and support patients throughout their cancer journey.
7. Dietitians: Dietitians offer expertise on nutrition and dietetics, helping patients manage treatment-related side effects.
8. Psychologists: Psychologists provide emotional support, counseling, and behavioral therapy to patients and their families.
9. Pharmacists: Pharmacists offer expertise on medication management, including chemotherapy, targeted therapy, and supportive care medications.
10. Data Analysts: Data analysts analyze data, track outcomes, and provide insights to inform MDT decision-making.

Patient-Centered Approach

1. Patient Engagement: Patient engagement is critical to ensuring that patients receive personalized, effective care. MDTs should encourage patients to take an active role in their care.
2. Shared Decision-Making: Shared decision-making is essential to ensuring that patients' values, preferences, and goals are respected and integrated into care plans.
3. Personalized Care: Personalized care is critical to ensuring that patients receive effective, tailored treatments. MDTs should develop care plans that take into account individual patients' unique characteristics.
4. Coordination and Communication: Coordination and communication are critical to ensuring that patients receive seamless, high-quality care. MDTs should establish standardized processes and workflows to facilitate communication and coordination.

Standardized Processes and Workflows for MDT Meetings

1. **Pre-Meeting Preparation:** Gather and review relevant patient data, including medical histories, imaging results, and laboratory findings. Identify key discussion points and questions for MDT members.
2. **MDT Meeting Structure:** Introduction and welcome (5 minutes), Patient case presentations (15-20 minutes per case), Discussion and debate (20-30 minutes per case), Decision-making and action planning (10-15 minutes per case), Conclusion and next steps (5 minutes)
3. **MDT Meeting Frequency and Scheduling:** Schedule MDT meetings on a regular basis (e.g., weekly, biweekly). Ensure all MDT members are aware of the meeting schedule and can attend.
4. **MDT Meeting Documentation:** Document key discussion points, decisions, and action plans for each patient case. Ensure documentation is accurate, complete, and timely.

Standardized Workflows for Patient Care Coordination

1. **Patient Intake and Assessment:** Gather patient information, including medical histories, treatment goals, and preferences. Assess patient needs and identify potential barriers to care.
2. **Care Plan Development:** Develop a comprehensive care plan, incorporating input from all MDT members. Ensure care plans are patient-centered, evidence-based, and feasible.
3. **Care Coordination and Communication:** Coordinate care among MDT members, patients, and families. Ensure clear, timely, and effective communication among all stakeholders.
4. **Ongoing Monitoring and Evaluation:** Regularly monitor patient progress, track outcomes, and evaluate the effectiveness of care plans. Adjust care plans as needed to ensure optimal patient outcomes.

Key Performance Indicators (KPIs) for MDT Meetings and Patient Care Coordination

1. **MDT Meeting Metrics:** Attendance and participation rates, Time to decision-making and action planning, Patient satisfaction with MDT meetings
2. **Patient Care Coordination Metrics:** Care plan adherence and completion rates, Patient satisfaction with care coordination, Time to treatment initiation and completion
3. **Clinical Outcomes Metrics:** Response rates and progression-free survival, Overall survival and quality of life, Patient-reported outcomes and satisfaction

Technology and Tools to Support MDT Meetings and Patient Care Coordination

1. **Electronic Health Records (EHRs):** Utilize EHRs to document patient information, care plans, and communication among MDT members.
2. **Care Coordination Platforms:** Implement care coordination platforms to facilitate communication, coordination, and care planning among MDT members.
3. **Video Conferencing Tools:** Use video conferencing tools to facilitate remote MDT meetings and patient consultations.
4. **Data Analytics Tools:** Utilize data analytics tools to track KPIs, monitor patient outcomes, and identify areas for quality improvement.

Training and Education for MDT Members

1. **MDT Meeting Facilitation:** Provide training on effective MDT meeting facilitation, including communication, conflict resolution, and decision-making.
2. **Care Coordination and Communication:** Offer training on care coordination and communication, including patient-centered care, cultural competency, and health literacy.
3. **Data-Driven Decision-Making:** Provide training on data-driven decision-making, including data analysis, interpretation, and application.
4. **Interprofessional Collaboration:** Foster interprofessional collaboration and teamwork among MDT members, including communication, mutual respect, and trust.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

An effective multidisciplinary team in oncology should consist of medical oncologists, radiation oncologists, surgical oncologists, pathologists, radiologists, and specialized nursing staff. Additional supportive roles may include psycho-oncologists, dietitians, social workers, and palliative care specialists. A patient-centered approach emphasizes clear communication, collaborative decision-making, holistic care, ongoing feedback, and ethical supervision. Standard practices for multidisciplinary team meetings involve preparing in advance, having organized agendas, maintaining detailed records, and fostering continuous improvement through audits and feedback systems.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Optimal Composition of a Multidisciplinary Team (MDT) in Oncology:

1. A successful MDT in oncology should consist of: Core Members: Medical oncologists, radiation oncologists, surgical oncologists, pathologists, radiologists, and specialized oncology nurses.
2. Supportive Roles: Psycho-oncologists, dietitians, social workers, and palliative care experts.
- Additional Expertise: Translational researchers and onco-geriatricians to connect research with clinical practice.

Patient-Focused Approach A straightforward patient-focused approach includes:

1. Effective Communication: Keeping patients informed about their diagnosis, treatment choices, and possible outcomes.
2. Collaborative Decision-Making: Integrating patients' preferences, values, and cultural factors into treatment strategies.
3. Comprehensive Care: Addressing not just physical but also emotional, social, and psychological needs.
4. To ensure decisions prioritize the patient's welfare: Regular Feedback: Conduct surveys or interviews to gauge patient satisfaction and concerns.
5. Ethical Oversight: Create a framework for the ethical review of treatment choices.

Standardized Procedures for MDT Meetings:

To enhance the efficiency of MDT meetings and patient care coordination:

Pre-Meeting Preparation: Review patient cases and categorize them by complexity.

Structured Agendas: Allocate time for complex cases while following established care standards.

Documentation: Keep thorough records of discussions and decisions.

Continuous Improvement: Perform audits and implement feedback mechanisms to improve workflows.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

The primary outcome is improved patient survival and quality of life through timely, coordinated, and evidence-based cancer care. This is achieved by ensuring all treatment decisions are:

1. Comprehensive: Integrating expertise from diverse specialists (e.g., oncologists, surgeons, palliative care).
2. Consensus-driven: Avoiding fragmented care and reducing delays in diagnosis/therapy.

3. Patient-centered: Aligning plans with patient goals (e.g., balancing cure intent with quality of life). Streamlined workflows (reduced time-to-treatment).
4. Enhanced patient satisfaction and trust. -Increased adherence to clinical guidelines.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

A) Ideal Composition of an MDT in Oncology Settings A successful multidisciplinary team (MDT) should include

1. Core Specialists: Medical, radiation, and surgical oncologists; pathologists; radiologists.
2. Supportive Care Providers: Oncology nurses, palliative care specialists, pharmacists, social workers/psychologists.
3. Ancillary Roles: Genetic counsellors, dietitians, physical/rehabilitation therapists. -Coordination Roles: Care coordinator (to streamline communication), data manager (for tracking outcomes). - Optional: Research coordinator (if involved in clinical trials).

B) Patient-Centered Approach

1. Shared Decision-Making: Present treatment options in clear, jargon-free language. Incorporate patient preferences, values, and goals (e.g., quality of life vs. aggressive treatment). Use decision aids (e.g., visual guides, risk-benefit charts).
2. Holistic Support: Address psychosocial, financial, and cultural needs (e.g., connecting patients to support groups). Involve patient advocates or family members in discussions.
3. Continuous Communication: Provide post-meeting summaries to patients and primary care providers. Use patient-reported outcomes (e.g., symptom trackers) to tailor care.

C) Standardized Processes and Workflows

1. MDT Meetings: Frequency: Weekly meetings with fixed agendas (e.g., case reviews, new diagnoses). Preparation: Circulate patient data (imaging, pathology, history) 24–48 hours in advance. Structure: a) Case presentation (5–10 minutes per patient). b) Consensus-driven decisions documented in Electronic Health Records. c) Action items assigned with deadlines.
2. Care Coordination: Checklists: Ensure all diagnostic/treatment steps are completed (e.g., pre-op clearance). Referral Protocols: Timely pathways for supportive services (e.g., palliative care). Follow-Up: Track adherence to MDT plans via EHR alerts or coordinator follow-ups.
3. Quality Improvement: Audit outcomes (e.g., survival rates, time-to-treatment). Solicit feedback from patients and team members to refine workflows.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

A successful MDT in oncology care rests on assembling a competent, diverse team; prioritizing patient-centered communication and decision-making; and using standardized, repeatable workflows for consistent care delivery. With these foundations, cancer practices can deliver high-quality, coordinated care that improves outcomes and enhances patient experience.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Ideal Composition of an Oncology MDT. An effective MDT in a cancer practice should include professionals from key disciplines, each contributing unique expertise to optimize patient outcomes:
Core Team Members:

1. Medical Oncologist: Leads systemic therapy planning (e.g., chemotherapy, immunotherapy).
2. Surgical Oncologist: Advises on surgical intervention and options.
3. Radiation Oncologist: Plans and deliver radiation therapy.
4. Pathologist: Provides definitive cancer diagnosis through tissue analysis.
5. Radiologist: Interprets imaging to assess tumor staging, progression, and response.
6. Nurse Navigator/Clinical Nurse Specialist (CNS): Coordinates patient care and acts as a liaison between patient and team.
7. Palliative Care Specialist: Manages symptoms and enhances quality of life throughout the disease trajectory.
8. Primary Care Physician (as needed): Ensures holistic view of patient health, especially comorbidities.
9. Pharmacist: Ensures safe medication use and manages drug interactions.
10. Social Worker/Psychologist: Provides mental health support and addresses social determinants of health.
11. Nutritionist/Dietitian: Offers dietary advice to maintain patient strength and treatment tolerance.

Optional Team Members (based on case complexity):

1. Genetic counselors
2. Rehabilitation specialists (physiotherapists, occupational therapists)
3. Financial counselors
4. Spiritual care advisors

Patient-Centered Approach in MDTs Core Principles:

1. Shared Decision-Making: Patients are active participants in their care decisions. Information about risks, benefits, and options is presented in an understandable way.
2. Respect for Autonomy and Preferences: Individual values, preferences, and cultural considerations are honored.
3. Transparent Communication: Clear, consistent, and timely communication with patients and their families.
4. Continuity of Care: Ensures smooth transitions between diagnosis, treatment, and follow-up.
5. Implementation Strategies: Pre-MDT Meeting Patient Consultation: Nurse navigators or CNSs gather patient goals, values, and priorities beforehand. Post-MDT Meeting Feedback Loop: Designated clinician (e.g., oncologist or nurse navigator) discusses MDT outcomes with the patient, incorporating their preferences.
6. Patient-Reported Outcome Measures (PROMs): Integrate into regular assessment to inform care adjustments. Decision Aids: Use brochures, videos, or digital tools to help patients understand their choices.

Standardized MDT Processes and Workflows:

A streamlined, repeatable workflow ensures effective care planning and documentation. Here's a blueprint:

- A. Preparation Phase Case Selection Criteria: Include all new diagnoses, complex cases, treatment complications, or recurrence. Referral and Case Submission: Standardized referral form submitted 48–72 hours in advance, including relevant history, pathology, radiology, and treatment data. Agenda Creation: Shared electronic list of cases to be discussed, distributed to all members at least 24 hours before the meeting.
- B. MDT Meeting Structure Chairperson: Facilitates discussion, keeps time, ensures balanced input. Case Presentation: Structured format led by primary treating physician or CNS (brief summary, diagnosis, staging, treatment history). Discussion: Input from all relevant specialties. Decision Documentation: Consensus reached and documented in a standardized MDT decision form. Include contingency plans if needed.
- C. Post-Meeting Follow-Up Care Plan Dissemination: Summary sent to all relevant providers and uploaded into the patient's EHR within 24 hours. Patient Communication: Dedicated clinicians meet patients to discuss decisions, answer questions, and adjust based on preferences. Task Allocation and

Monitoring: Assign roles (e.g., ordering tests, scheduling procedures) and track completion using MDT coordination software or EHR flags.

D. Quality Improvement and Audit. Regular Review of MDT Effectiveness: Monthly or quarterly audits on: Case turnaround time. Patient outcomes Attendance and participation. Patient satisfaction surveys

Continuous Training: Update team on guidelines, communication skills, and technology tools.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

To tailor treatment options based on individual patient needs, ensuring all departments collaborate to provide best possible outcomes within available resources, while prioritizing patient's best interest

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

The cornerstone of a good MDT team consists of 3 main factors:

I. Patient factors: -

a. Patient's interest and options must be prioritized. Patient must be actively involved in all steps of decision making during the MDT

b. Preferably patient should be physically present when the MDT decision is being made

II. Disease factors: -

a. MDT's should be tumor specific and each tumor site should be reviewed in dedicated sessions, ideally in the presence of an experienced site-specific radiologist, radiation oncologist, medical oncologist and a surgical oncologist

III. Treatment factors: -

a. Each MDT meeting should embrace the motto: "Keep ego out of the MDT"

b. There has to be equal contribution from each of the specialists and should offer the latest treatment options for the diagnosis keeping the best interest of the patient in mind

c. All the specialists in the MDT panel should concur with the final decision of the treatment plan and finally the patient should be informed of the same before finalizing the decision.

IV. Miscellaneous factors: -

a. An MDT coordinator must be appointed to ensure co-ordination among different departments so that the MDT happens in an orderly manner

b. To schedule MDTs at regular intervals

c. Using digital platforms for shared access to patient data and updates

d. Periodic audits of team performance and clinical outcomes should be conducted to drive continuous improvement.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

A highly efficient, patient-centered multidisciplinary team (MDT) supported by a digital platform, leading to improved cancer care coordination, streamlined decision-making, and enhanced patient outcomes.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

1. Establishing a thriving oncology MDT necessitates a patient-centric, digitally-driven approach. The ideal team comprises medical oncologists, surgical oncologists, radiation oncologists, pathologists, radiologists, nurses, genetic counselors, allied health professionals such as dietitians, psychologists, palliative care experts, social workers, and – crucially – a dedicated patient navigator.
2. This navigator ensures patient voices are central, translating medical jargon and facilitating informed consent.
3. Decisions are made via a structured, shared decision-making model, where patient preferences and values are explicitly documented alongside clinical evidence, utilizing tools like preference elicitation software to ensure transparency.
4. Virtual MDT hubs: Connect rural centers with tertiary hospitals via telehealth to democratize expertise. Patient avatars: Use generative AI to simulate patient values in discussions when direct input isn't feasible.
5. Standardized workflows leverage a secure, cloud-based platform. Pre-meeting, patient data – imaging, pathology reports, genetic results – are automatically uploaded, streamlining discussions.
6. Meetings utilize a standardized agenda and templates, facilitating efficient case reviews. Post-meeting, personalized care plans are automatically generated and shared with the patient and relevant care providers, tracked via the platform for continuous monitoring and timely interventions.
7. Regular MDT evaluations incorporating patient feedback ensure continuous quality improvement. Bi-annual reviews: Assess survival outcomes, patient satisfaction, and guideline adherence, with adjustments based on data. This digital ecosystem, underpinned by patient-centered communication, fosters collaboration, improves efficiency, and optimizes patient care.

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Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Our objective is to build a dynamic, patient-centered multidisciplinary team (MDT) that goes beyond just medical expertise, weaving together the unique strengths of healthcare professionals to deliver holistic, coordinated cancer care. By fostering collaboration, empathy, and communication across specialties, we aim to create an environment where every decision is guided by the patient's individual needs, ensuring care that is as personal as it is professional. Ultimately, we want to develop a seamless, efficient model that not only optimizes treatment but also upholds the dignity and well-being of every cancer patient.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Imagine a cancer care symphony: each specialist, from oncologists to nutritionists, playing their unique instrument, creating harmony for the patient. The goal is to unite expertise, creating a team of equals where every voice is heard, and every decision revolves around the patient's journey.

Step 1: The Right Team A successful MDT begins with diverse expertise: oncologists, surgeons, radiologists, pathologists, nurses, social workers, and dietitians. Each person brings their specialized knowledge, but the patient is the true focus of the team's effort.

Step 2: A Patient-Centered Approach The patient is not a case number—they're a person. Every decision made is shaped by the patient's preferences, lifestyle, and emotional needs. The MDT must foster a culture of empathy, ensuring that the patient is always at the heart of the discussion. Clear communication between team members and the patient's family helps keep everyone aligned.

Step 3: Standardized Processes and Workflows To ensure smooth collaboration, we implement structured MDT meetings: clear agendas, patient case presentations, and real-time discussion on treatment options. A centralized care coordinator tracks every step, from diagnosis to follow-up, ensuring seamless transitions between treatments, and consistent communication with the patient. This framework becomes the blueprint for every cancer care team: efficient, empathetic, and focused on what matters most—the well-being and dignity of the patient.

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Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

An effective MDT must be set up consisting of faculties from multiple required specialties in every Cancer managing institute. Patients and their family members must be included after discussion in MDT. Patient-centred Approach must be followed in every cancer care centre depending upon the demographics in that particular area. Importance of Institute specific cancer management protocols are needed.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

The success story behind the management of cancer patients depends on the effectiveness of the MDT in a Cancer care center.

1. An effective Multidisciplinary Team must include – Medical Oncologist, radiation Oncologist, surgical oncologist, Oncopathologist, Radiologist, Neurosurgeon (in case of CNS malignancies), Psychiatrist, Dietician and Intervention Radiologist.

2. Standardized MDT meetings include Case selection, Data gathering, Agenda development that includes clear outline of case, discussion points and desired outcomes, and circulated amongst all teams.

3. Following this, Structured discussion must be conducted and documented and importantly patients and their families can be involved.

A cancer patient, especially in a country like India faces multiple problems may it be financially/Emotionally/of course physically. Hence a patient-oriented decision must be taken. The word "CANCER" is still a stigma in our country. Once a patient is diagnosed with cancer, he and his family must be educated regarding the disease, its prognosis, management options, toxicities associated

and should be motivated to receive treatment. This should be done by the medical oncologist and a counsellor / Psychiatrist and hence their role in the team is very important. Once treatment is planned, we must consider the patient's finances and the distance from his home, his accessibility, and accordingly formulate the treatment plan. Every state in our country is not the same, hence every cancer managing institute MUST make their own protocol which is patient friendly at the same time doesn't compromise outcome. In some cases, certain chemotherapy regimens cannot be compromised, then provisions must be made for patients coming from far places to Lodge. Once patients are discharged after their cycle of chemotherapy, they must be aptly advised regarding the post therapy complications and helpline number must be given as they can contact in case of any queries hence further strengthening the confidence in the patient.

Full Name:

Ananya Ghosh

Name of the Institution:

Narayana Superspeciality Hospital

State:

West Bengal

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

A successful multidisciplinary team in oncology should include medical oncologists, radiation oncologists, surgical oncologists, pathologists, radiologists, and specialized nurses. Supportive roles include psycho-oncologists, dietitians, social workers, and palliative care experts. A patient-focused approach involves effective communication, collaborative decision-making, comprehensive care, regular feedback, and ethical oversight. Standardized procedures for MDT meetings include pre-meeting preparation, structured agendas, thorough documentation, and continuous improvement through audits and feedback mechanisms.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

1. Optimal Composition of a Multidisciplinary Team (MDT) in Oncology A successful MDT in oncology should consist of: Core Members: Medical oncologists, radiation oncologists, surgical oncologists, pathologists, radiologists, and specialized oncology nurses. Supportive Roles: Psycho-oncologists, dietitians, social workers, and palliative care experts. Additional Expertise: Translational researchers and onco-geriatricians to connect research with clinical practice.
 2. Patient-Focused Approach A straightforward patient-focused approach includes: Effective Communication: Keeping patients informed about their diagnosis, treatment choices, and possible outcomes. Collaborative Decision-Making: Integrating patients' preferences, values, and cultural factors into treatment strategies. Comprehensive Care: Addressing not just physical but also emotional, social, and psychological needs. To ensure decisions prioritize the patient's welfare: Regular Feedback: Conduct surveys or interviews to gauge patient satisfaction and concerns. Ethical Oversight: Create a framework for the ethical review of treatment choices.
 3. Standardized Procedures for MDT Meetings To enhance the efficiency of MDT meetings and patient care coordination: Pre-Meeting Preparation: Review patient cases and categorize them by complexity. Structured Agendas: Allocate time for complex cases while following established care standards. Documentation: Keep thorough records of discussions and decisions. Continuous Improvement: Perform audits and implement feedback mechanisms to improve workflows.
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Full Name:

Joseph Joy

Name of the Institution:

CMC Vellore

State:

Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Primary Outcomes of the Solutions:

1. Improved Treatment Decisions: MDTs enable evidence-based, consensus-driven treatment planning, leading to more accurate and individualized care.
2. Enhanced Care Coordination: Structured workflows ensure seamless collaboration among specialists, reducing delays and duplication.
3. Patient-Centered Care: Incorporating patient values into discussions results in higher satisfaction and better adherence to treatment.
4. Consistency and Quality: Standardized processes promote uniformity in cancer care delivery and help maintain quality across settings.
5. Better Clinical Outcomes: Studies show MDTs are associated with improved survival rates and more appropriate use of therapies.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Establishing a Successful Multidisciplinary Team (MDT) in Cancer Practice. A successful MDT is essential for delivering coordinated and patient-centered oncology care. The following steps are key:

1. Ideal Composition of an MDT: Medical oncologist, Surgical oncologist, Radiation oncologist, Radiologist, Pathologist, Palliative care specialist, Oncology nurse, Clinical pharmacist, Social worker/psychologist, Data manager/coordinator. This diverse team ensures comprehensive evaluation and decision-making for each patient.
2. Patient-Centered Approach: Focus on shared decision-making involving the patient and caregivers. Present cases systematically with relevant clinical, radiologic, and pathological data. Encourage consensus-based decisions that prioritize patient values, quality of life, and treatment goals. Document discussions and treatment plans clearly for transparency and continuity of care.
3. Standardized Processes and Workflows: Schedule regular MDT meetings with pre-set agendas. Use structured templates for case presentation and decision documentation. Implement electronic medical records (EMR) integration for real-time access to data. Assign a coordinator to ensure follow-up on MDT decisions and monitor outcomes. Establish feedback mechanisms to improve MDT effectiveness over time. By aligning multidisciplinary expertise with standardized care pathways, MDTs enhance treatment quality and patient satisfaction, serving as a replicable model in oncology care settings.

Full Name:

Baghath Singh L A

Name of the Institution:

Madras Medical College

State:

Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Multidisciplinary tumor board should also consider patient factors like faster recovery to work, functionality post treatment, treatment days should be aligned with the feasibility according to economic status of patient.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

(MDT) decisions prioritize a patient-centered approach, balancing clinical evidence with individual needs, In MDT, medical, surgical, and radiation oncologists, radiologists, pathologists should employ strategies like empathetic communication to build trust to explain options with cost in the patient's language, addressing fears about costs or prognosis. Second, shared decision-making involves patients and families. Holistic assessment evaluates medical (comorbidities), social and psychological factors (stigma), providing affordable generic drugs, ethical oversight for avoiding overtreatment guided by MDT consensus.

MDT discussion with pathologists reducing misdiagnosis by 20%, ensures decisions prioritize patient goals of cure, comfort, or dignity in India's resource-scarce setting.

To standardize MDT meetings and patient care coordination in cancer care a blueprint should be developed

1) Pre-Meeting Preparation: Assign roles (e.g., coordinator, scribe), compile patient data (diagnostics, history), and set agendas.

2) MDT Meeting Workflow: Use a structured format: case presentation, multidisciplinary input (oncology, radiology, etc.), and consensus on treatment plans. Document decisions and assign follow-ups.

3) Post-Meeting Coordination: Distribute care plans to relevant teams, schedule patient consultations, and update EHRs.

4) Monitoring & Feedback: Track outcomes, gather team feedback, and refine processes quarterly. Ensure clear communication channels and patient-centered focus throughout.

Full Name:

Baghath Singh L A

Name of the Institution:

Madras Medical College

State:

Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

Optimal composition of MDT their roles and schema for MDT

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

Multidisciplinary tumor board (MDT) decisions should prioritize a cancer patient's best interests is paramount, given our 1.4 million annual cases (GLOBOCAN 2022). A patient-centered approach, balancing clinical evidence with individual needs, achieves this.

Our MDT's medical, surgical, and radiation oncologists, radiologists, and pathologists employs five strategies.

1. First, empathetic communication builds trust, discussion in the patient's language, addressing fears about costs or prognosis.

2. Second, shared decision-making including preference for quick recovery to work, holistic assessment evaluates medical (comorbidities), social (, and psychological factors (stigma), ensuring affordable generics reducing 63% out-of-pocket costs, as Tamil Nadu's model cut expenses by 30%. Ethical oversight ensures beneficence, avoiding overtreatment (or undertreatment, guided by MDT consensus. This approach, reducing misdiagnosis by 20% (ICMR), ensures decisions prioritize patient goals of cure, comfort, or dignity in India's resource-scarce setting.

To standardize MDT meetings and patient care coordination in cancer care, develop a blueprint with:

- 1) Pre-Meeting Preparation: Assign roles (e.g., coordinator, scribe), compile patient data (diagnostics, history), and set agendas.
- 2) MDT Meeting Workflow: Use a structured formats: case presentation, multidisciplinary input (oncology, radiology, etc.), and consensus on treatment plans. Document decisions and assign follow-ups.
- 3) Post-Meeting Coordination: Distribute care plans to relevant teams, schedule patient consultations, and update EHRs.
- 4) Monitoring & Feedback: Track outcomes, gather team feedback, and refine processes quarterly. Ensure clear communication channels and patient-centered focus throughout.

Full Name:

Gopishetty Raghu

Name of the Institution:

Kidwai Memorial Institute of Oncology, Bengaluru

State:

Bengaluru

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

To establish a structured, collaborative, and patient-centered multidisciplinary team (MDT) approach in cancer care that ensures timely, personalized, and holistic treatment by integrating diverse medical expertise, streamlining communication, and continuously improving quality and outcomes of patient management.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

A multidisciplinary team (MDT) in cancer care unites professionals from various specialties to deliver coordinated, comprehensive, and patient-centered treatment. Key members include surgical, medical, and radiation oncologists, radiologists, pathologists, palliative care specialists, nurse specialists, and allied health professionals such as dietitians, psychologists, and social workers. The MDT enhances cancer care by promoting shared decision-making, personalized treatment planning, and effective communication. Meetings are scheduled regularly and follow a structured agenda that includes patient case reviews, treatment strategies, and clinical updates. Each case is prepared by a lead clinician who summarizes patient history, diagnostics, and treatment options. Standardized documentation ensures clear communication and accountability. Patient care coordination is reinforced through evidence-based care pathways, centralized electronic health records, and secure communication protocols. Regular follow-ups and patient engagement initiatives foster trust and involvement in care decisions. Continuous improvement is supported by tracking key performance indicators like treatment initiation times and patient satisfaction. Feedback from both patients and team members is used to refine processes and enhance care delivery. By integrating diverse expertise and maintaining patient focus, the MDT model significantly improves the quality and outcomes of oncology care.

Full Name:

Papareddy Abhinaya

Name of the Institution:

Stanley Medical College

State:

Tamil Nadu

Objective of your solution: (Briefly define the primary outcome of your solution to this challenge):

The multidisciplinary team (MDT) approach is essential for providing optimal care, treatment planning and also improving outcomes for patients.

Describe your solution / proposal: Provide a detailed account of your solution/ proposal to this challenge. You could type your solution/ proposal here. (Disclaimer: Solution/proposal should not exceed more than 300 words.):

The process of creating an effective multi-disciplinary team (MDT) as in tumor board in cancer treatment includes strategic planning, interprofessional collaboration, and patient-centered care.

The best MDT team consists of medical oncologists, surgical oncologists, radiation oncologists, pathologists, radiologists, palliative care experts, oncology nurses, clinical pharmacists, social workers, dietitians, physiotherapists, and psycho-oncology experts. Also, the presence of administrative coordinators and data managers provides efficient documentation and communication. Patient-centered care is essential. This means active patient and his/her family members' participation in the decision-making process, considering their values, preferences, and cultural backgrounds. Open communication is essential, patients must be properly informed regarding their diagnosis, treatment options, probable outcomes, and be respected to express their concerns. Shared decision-making not only empowers the patient but also builds trust among the healthcare team. For cohesive functioning to be effective, workflows and Standard Operating Procedures must be established. These include:

1. Pre-MDT Preparation: Ensure all relevant clinical, radiological, and pathological data are available beforehand. Assign case summaries to be presented by respective specialists.
2. Organized MDT Meetings: Regular meetings with a defined agenda, chaired by a chairperson. Cases are reviewed sequentially with contributions from all disciplines, followed by joint decision-making by consensus.
3. Documentation and Follow-Up: The choices should be documented in the patient record and shared with the primary care physician and patient. Timelines for implementing and reviewing must be established.
4. Care Coordination: Appoint a care coordinator (typically an oncology nurse navigator) to make sure that investigations, treatments, and follow-ups go smoothly and the patient is cared for along the way. This systematic, participatory, and standardized procedure guarantees timely, evidence-based, and integrated cancer care consistent with clinical outcomes as well as patient well-being.