The 9th Congress of the Lebanese Urology Society

In collaboration with

Association Française d’Urologie

European Association of Urology
Modern Multidisciplinary Patient Management

an Electronic MDT assistant

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Disclosure

• I have provided services for different multinational companies including
  – Sanofi
  – Allergan
  – Astrazeneca
Background

• Multidisciplinary Team (MDT) approach
  – Bringing together a range of specialists
    • Discuss and agree on treatment recommendations
  – Collaborative development
    • Individual treatment Plan
  – Resource intensive

Taylor et al. BMC Health Serv Res, 2014 Oct
Barriers of MDT

- Time pressure
- Excessive caseload
- Low attendance at MDT meetings
  - Geographic barriers
- Poor teamwork and lack of leadership
- Poor data collection prior to MDT
  - Lack of important medical info
- Lack of consideration of holistic information about the patient
  - Comorbidities etc.

Barriers of MDT

• Resistance to change

• Communication with colleagues has been cited as a major source of stress in MDTs

• Poor communication within the team and role ambiguity
  – poor definition / understanding of roles within the team
  – can lead to dysfunctional teamwork

Solution?

• Programmed and encoded
  – Guidelines
  – Major Trials
    • Related to a certain case

• Web-Based Software
  – Build-in cases
    • All Data essential for MDT discussion is set
    • No more lacking medical info / Time efficient
  – Accessible from different locations
    • Cases can be discussed in the absence of attending physician
Solution?

• Depending on the specific input (i.e. patient profile)

  – Taking into consideration the entire electronic medical records of the patient including
    • Comorbidities
    • Cardiovascular / Renal / Hepatic status
    • Medications etc.

  – Interpretation is provided
Interpretation

1. Clear and Unique Decision Plan
   - Straightforward cases / Consensus based on guidelines

2. Multiple Decision Plans / Options
   - Software may provide highlights in favor or against a certain decision
     • Guidance in the MDT discussion
   - Inability of the software to provide highlights
     • MDT discussion and decision
Other Clinical Values

• All items are encoded
  – Used for Data Mining and Research purposes
    • No data gathering and retrieval from patient files
    • Data and Graphs are few clicks away

• Monitor treatment outcomes
  – Concordance / Discordant with MDT decision
Flowchart - EAU guidelines 2016
LIVE DEMO

Case Presentations

http://www.medassist.smartemr.org
Next Step

Second line Therapies for mCRPC