

# Standardizing Multidisciplinary Case Conferences in the Era of Epic and Improving Communication between Referring Physicians and Radiologists

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## Background

- Radiologists are vital to multidisciplinary case conferences (MDCs)
- MDCs vary across clinical groups
- Volume and case complexity underscores need for standardization

## Objective

- **Immediate goal:** establish standardized MDC approach
- **Ultimate goal:** Integrate standards into EPIC EMR



## Methodology

### Stakeholders

- Abdominal radiologists participate in 24 recurrent MDCs
- Pathologists, who also participate in MDCs

### Methodology

- Electronic survey aligned with stakeholder preferences and Cancer Care Ontario guideline completed by radiologists anonymously

### Follow-up

- Template adherence assessed at 1.5 & 8 months
- Final survey for radiologists to assess intervention at 4 months

## Results

### Demographics

- **27** radiologists: 47 baseline responses
- Each participated in 1 to 6 MDCs
- 0.5-7hrs/week (**avg 2.8**) on MDC prep

### Standardization

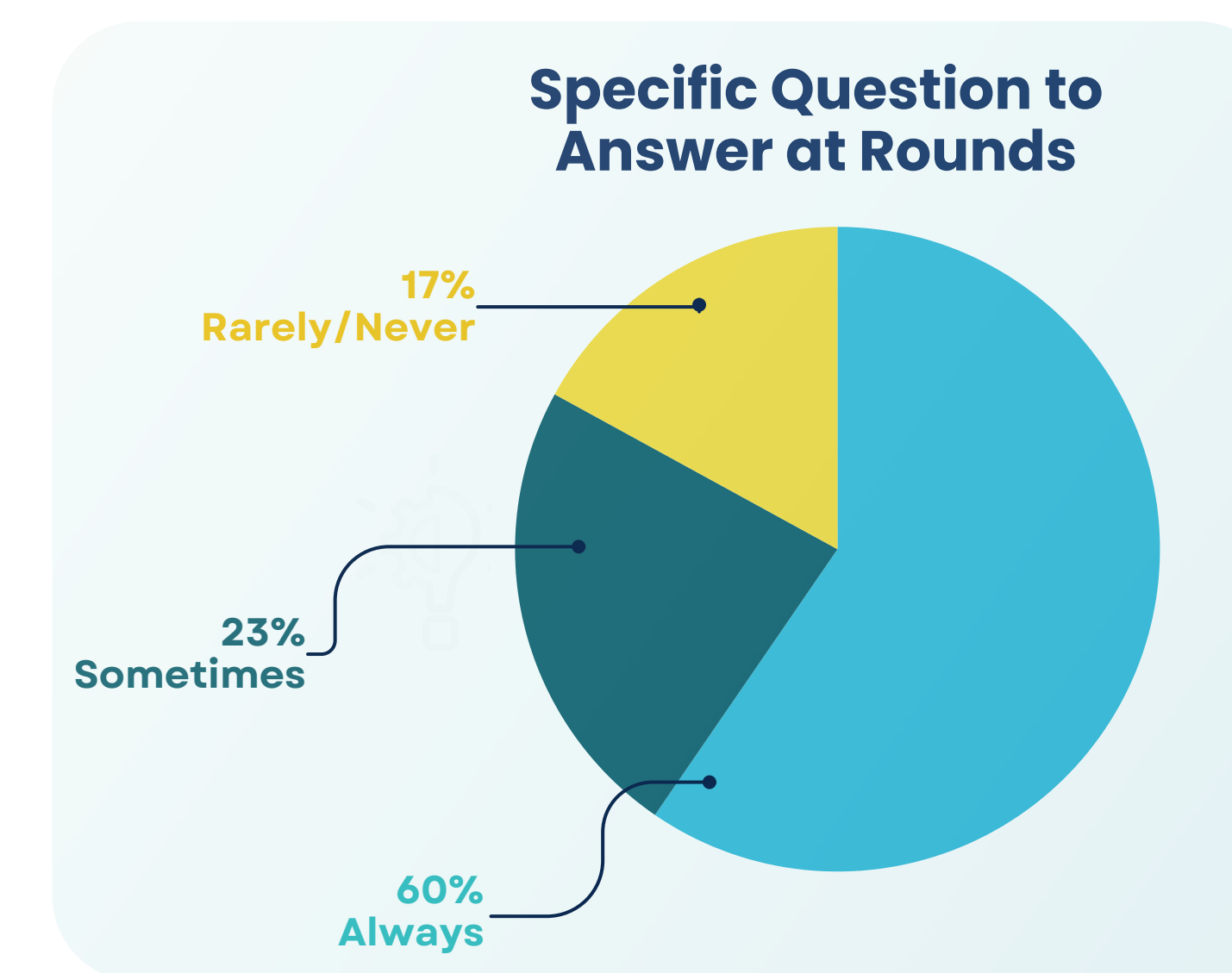
- **66%** Preferred standardized templates (23% felt neutral)
- **44%** Felt neutral/disagreed that there are clear MDC guidelines

### Logistics

- **57%** didn't find uploading remote images easy
- **22%** of cases reviewed with ConnectingOntario
- **36%** rarely/never followed the 36-hour cutoff

### Clinical Information

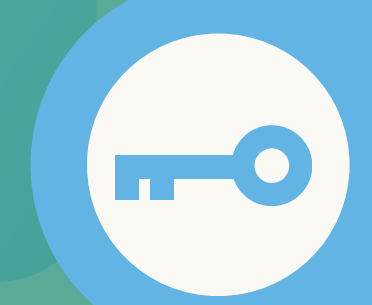
- For image location, **34%** voted rarely/never provided,
- **30%** voted sometimes provided



## QUALITATIVE RESULTS



**Timing**  
Patients added at appropriate time prior to MDC



**Access**  
Streamlining access to external images



**Volume**  
Manageable maximum number of cases to discuss



**Attendance**  
Ensuring attendance of referring physicians

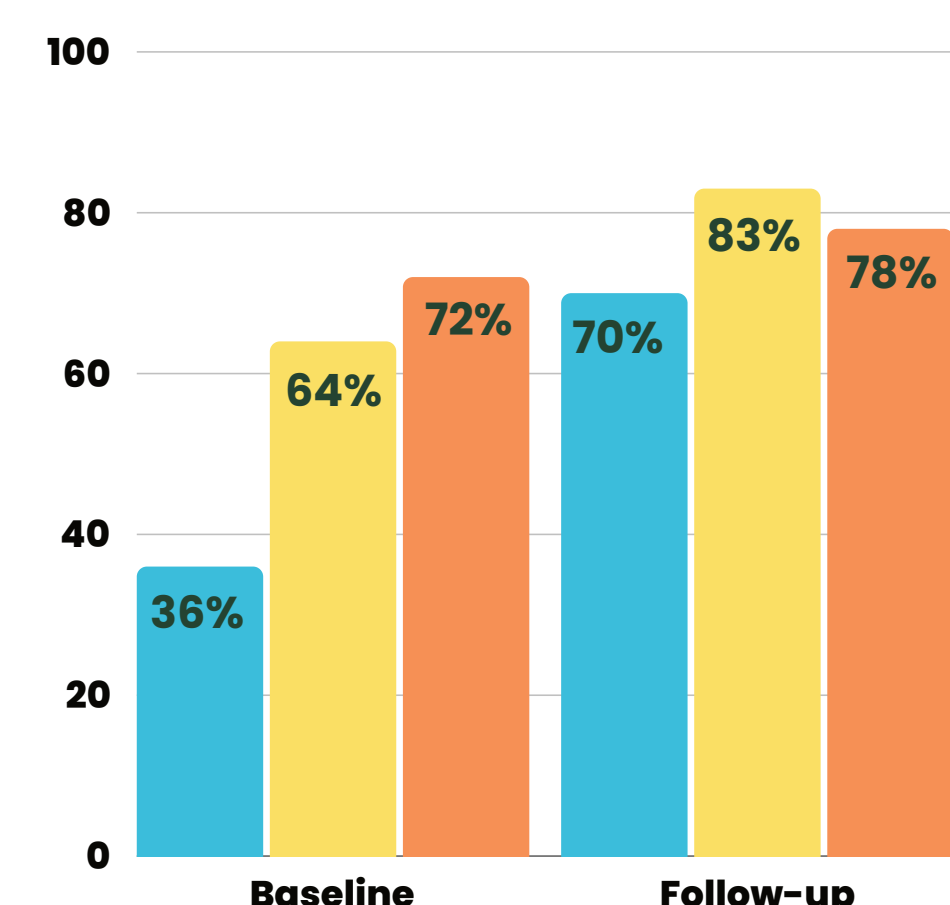


**Protection**  
Protected time for staff radiologists to dedicate to MDCs

## FOLLOW-UP RESULTS

### Baseline vs 4 months

- PROVISION OF IMAGE'S LOCATION
- ADHERENCE TO 36-HOUR CUTOFF  
*\*URGENT CASES*
- EASE OF UPLOADING REMOTE IMAGES TO HOSPITAL SERVERS  
*\*IT-DEPENDANT*



## STAKEHOLDER PERCEPTIONS

**41% Improved Standardization**

41% MDCs were already standardized

18% No change

**No change**

- Exposed to higher frequency of in-adherence to 36-hour cutoff (**75% vs 6%**)
- Higher frequency of poor inclusion of patient background info (**50% vs 6%**)
- Less image locations (**75% vs 11%**)

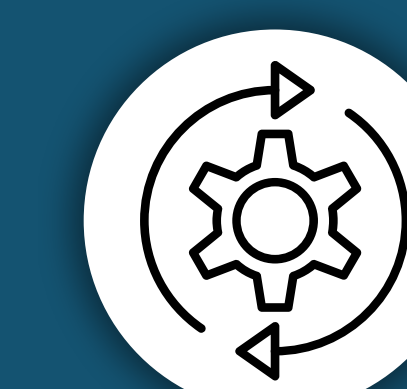
## IMPLICATIONS & FUTURE DIRECTIONS

**\$1,155,152 (1.9 FTE)**

Unreimbursed radiology departmental costs on MDCs

- Avg 2.7hrs/week

-STRATCHKO ET AL, 2024



### Automation

automatic import of outside cases into PACS.



### Standardization

having links to Electronic patient charts.



### Efficiency

important to reduce burnout and improve academic and clinical efficiency.

## TEMPLATE ADHERENCE



**AT 1.5 MONTHS**

24/28 MDCs adopted template



**AT 8 MONTHS**

25/28 MDCs adopted template