Improving the effectiveness of multidisciplinary team meetings for patients with chronic diseases: a prospective observational study


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Authors’ conclusions
Substantial diversity exists in the purpose, structure, processes and content of MDT meetings. Greater multidisciplinarity is not necessarily associated with more effective decision-making and MDT decisions (as measured by decision implementation). Decisions were less likely to be implemented for patients living in more deprived areas. We identified 21 indications of good practice for improving the effectiveness of MDT meetings, which expert stakeholders from a range of chronic disease specialties agree are both desirable and feasible. These are important because MDT meetings are resource-intensive and they should deliver value to the NHS and patients. Priorities for future work include research to examine whether or not the 21 indications of good practice identified in this study will lead to better decision-making; for example, incorporating the indications into a modified MDT and experimentally evaluating its effectiveness in a pragmatic randomised controlled trial. Other areas for further research include exploring the value of multidisciplinarity in MDT meetings and the reasons for low implementation in community mental health teams. There is also scope to examine the underlying determinants of the inequalities demonstrated in this study, for example by exploring patient preferences in more depth. Finally, future work could examine the association between MDT decision implementation and improvements in patient outcomes.

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