

Transforming a long term condition pathway: Using a Virtual Multi-disciplinary Team (vMDT digital technology) platform in heart failure for patients in South West Lincolnshire.

Dr Majid Akram – Cardiovascular Lead Lincolnshire Integrate Care System
Email: majidakram@nhs.net

Hypothesis

Patient cases processed using a digital virtual MDT platform (vMDT) in comparison to traditional approaches are able to access treatment optimisation and newer heart failure therapies more rapidly.

“Virtual MDTs need digital infrastructure to support this new way of working, especially if we are to scale this up.”

Purpose

An integrated multi-professional approach necessitates enhanced communication and sharing of information between members across different organisations. We developed and tested a digital solution to deliver this approach.

This project also involved 10 pharmacists from the K2 Federation in Lincolnshire who were upskilled to provide the primary care input towards these Heart Failure MDTs.

Model for all LTCs?

Methods

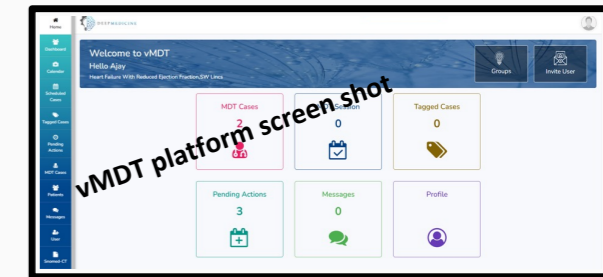
- The vMDT system extracted information relevant to the patients heart failure and presented it to MDT members.
- Following vMDT, there was instant communication of actions to participants. Processes were simplified, meaning that patients could be referred onwards at the click of a button.
- 10 PCN pharmacists trained to integrate with specialist heart failure teams
- Pathway has been used since 2022 in Grantham and Sleafords 100,000 patient population.

Results

Highlights:

98% of patients referred along this pathway could be managed effectively via virtual MDT. 5% would otherwise have been lost to follow up. 100% of actions created through this pathway were completed. 62% had their treatment optimised. 100% Clinician satisfaction improved. Using the platform we were able to double the number of cases reviewed by a specialist team.

Further data can be found in results table



Conclusion

Digital technology improved workflow for MDT members allowing them to communicate, and coordinate care more effectively. In future we could look at how addition of decision support can further improve productivity and outcomes.

Table below: showing areas where this approach led to improved productivity and quality

Metric	Pre vMDT (Traditional MDT Approach)	Post vMDT Implementation	Improvement
Admin time for MDT case creation	High	Reduced by 50.8%	↓ 50.8%
Average MDT session	90 minutes	60 minutes	↓ 33%
No of patients discussed per MDT session	Baseline	50% increase	↑ 50%
Median time to HF optimisation	8 months	2 weeks	↓ 96%
actions completed within 2 weeks	Not measurable	100%	100% completion
Pharmacological intervention	N/A	62%	Significant uptake
Suitability of patients	N/A	98%	Increased retention
Rescued lost to follow	N/A	5%	Improved patient tracking
PCN pharmacist skills	Not confident	10 trained pharmacists	Workforce expansion