Improving multidisciplinary case discussions in humanitarian settings

The MSF - HUG collaborative model

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BACKGROUND & AIMS

In humanitarian settings, access to specialists is often limited or absent. The MSF telemedicine store and forward network provides a space for online discussion with different specialists. Complemented with specific planned sessions, real-time discussion can occur among all parties involved, facilitating the resolution of complex cases.

METHOD / PROCESS

Tricky case identified by the MSF-project’s medical team

Case submitted on the telemecine platform

Case selected by the platform coordinator 3 days before discussion, and sent to a junior and a senior pediatrician at HUG

Junior pediatrician in HUG prepares a presentation of the case with the help of a senior and invites specialists

HUG and MSF specialists prepare the case

Virtual case discussion with:
- MSF-project’s medical team on the field
- Pediatricians in HUG (fellows and seniors)
- Specialists from HUG and abroad
- MSF medical staff in Geneva headquarters

Summary of the discussion and recommended treatment plan is posted by the Junior pediatrician in HUG on the telemecine platform

Patient's evolution is documented on the telemecine platform by the MSF-project's medical team

RESULTS

Since 2018, around 40 clinical cases have been discussed following this process, with sessions every 2 weeks in Geneva University Hospital (HUG).

Example of a clinical case were collaboration was fruitful - A misleading appearance of a common disease: tuberculosis with generalized lymphadenopathy

(Reference below)

Context: District hospital in a rural region of Subsaharian Africa covering more than a million of people at of which 20% are children under 5 years old.

Clinical case: A 2 years old girl, comes severely malnourished, with fever for 3 weeks and multiple enlarged lymph nodes (> 1.5 cm in diameters), painless and elastic in the cervical, axillary and inguinal regions. (top).

During the multidisciplinary discussion between MSF and HUG, the diagnostics of lymphoma versus tuberculosis are raised and an anti-tuberculosis treatment is initiated.

The patient’s condition improves rapidly with resolution of the fever in a few days. The lymph nodes started to decrease 2-3 weeks after initiation of treatment (bottom left) and are significantly reduced 3 month later (bottom right)

DISCUSSION

Benefits for the patient
- Global patient evaluation
- Individualized care
- Specialized care
- Multidisciplinary follow up

Benefits for the MSF-project
- Access to specialized input
- Shared decision making for difficult situations (e.g. transfert or transition to palliative care)
- Clinical case presentation skills improvement

Benefits for the HUG team
- Reflecting on the management of complex cases in resource-limited contexts, with ethical dilemmas (on level of care, access issues, quality of care, palliative care, or cultural aspects)
- Familiarizing with diseases rarely found in rich countries (malnutrition, tropical diseases…)
- Motivation to join an MSF-project

LIMITATIONS
- Time consuming
- Only 1 patient each time
- Not very flexible (fixed time, fixed frequency)
- Not suitable for acute cases

CONCLUSION

This model allows for the focused management of complex cases and has multiple benefits for patients, project medical teams, specialists and medical trainees. This model could be replicated in other areas, in other University Hospitals and for other types of patients depending on project needs and requests.

REFERENCE

M-C. Bottineau et A.L. A misleading appearance of a common disease: tuberculosis with generalized lymphadenopathy—a case report. Oxf Med Case Reports. 2019 Sep 28;2019(9):omz090