

Improving multidisciplinary case discussions in humanitarian settings

The MSF - HUG collaborative model

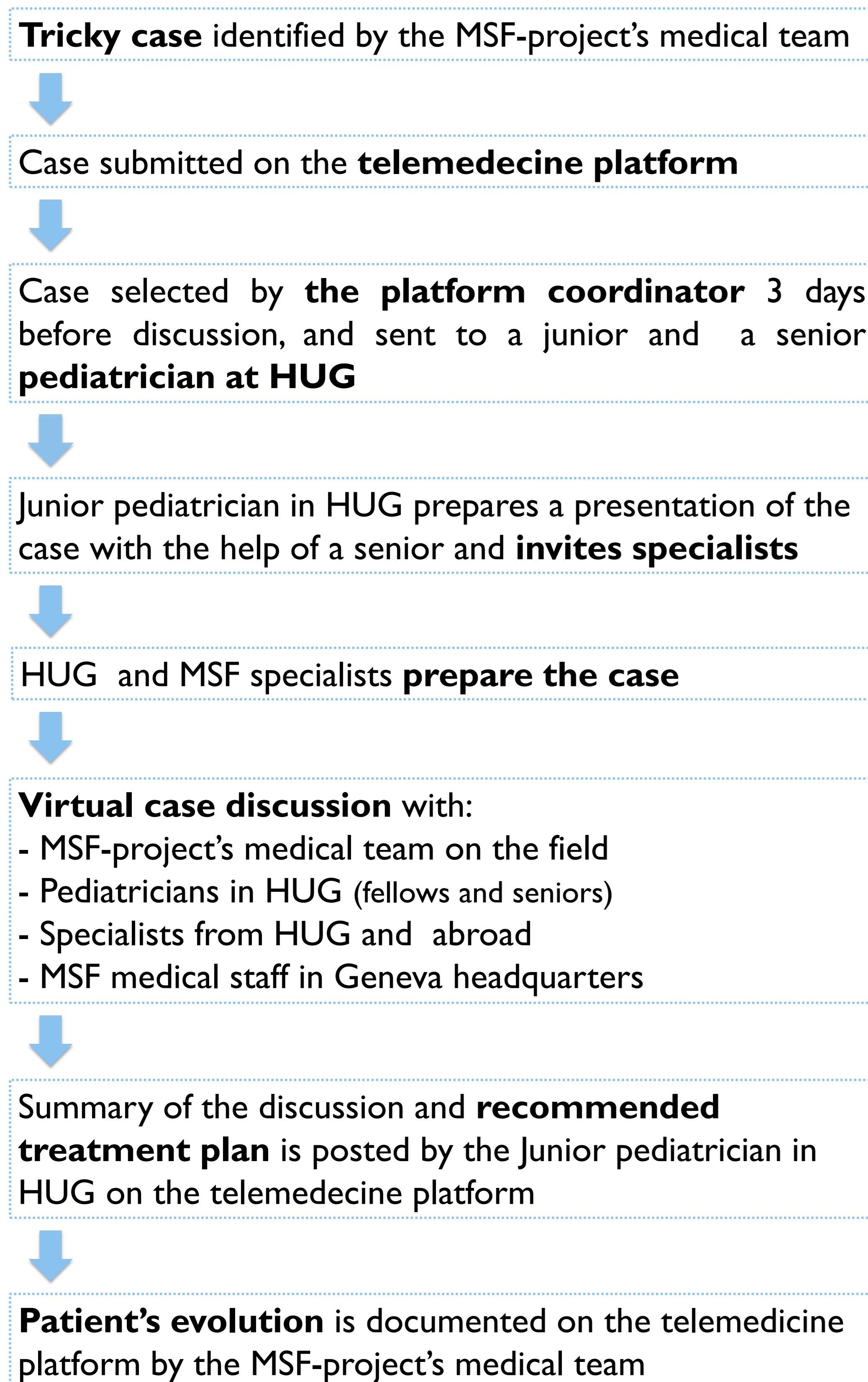
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BACKGROUND & AIMS

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



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 where collaboration was fruitful - A misleading appearance of a common disease: tuberculosis with generalized lymphadenopathy
(Reference below)

Context: District hospital in a **rural region of Sub-Saharan 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 Al. A misleading appearance of a common disease: tuberculosis with generalized lymphadenopathy—a case report. *Oxf Med Case Reports* . 2019 Sep 28;2019(9):omz090

