

Implementation and Outcomes of a Standardized Multidisciplinary Treatment Outpatient Model in Two Pediatric Tertiary Hospitals

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Objective: This study aims to investigate the implementation and outcomes of the Multidisciplinary Treatment (MDT) outpatient model in two pediatric tertiary hospitals, guided by the standardized “Three Fixed Elements and Four Dedicated Processes” operational plan.

Methods: A retrospective analysis was conducted on the MDT outpatient services at the Children's Hospital of Fudan University and Shanghai Children's Hospital, School of Medicine, Shanghai Jiao Tong University, from 2018 to 2025.

Results: During the study period, MDT outpatient services at two pediatric hospitals showed substantial growth, serving 15,813 patients with complex and rare conditions. Annual service volume increased from 304 to 5,174, and the number of MDT clinics expanded from 13 to 53, reflecting enhanced service capacity and efficiency. Specialty coverage developed in three phases, incorporating core clinical departments and integrated supportive services. Operational consistency was maintained through a “Three Fixed Elements and Four Dedicated Processes” framework, with performance monitored via a five-dimension management system tracking clinic volume, protocol standardization, expert participation, record quality, and patient satisfaction.

Conclusion: The management model effectively enhances multidisciplinary focus, strengthens outpatient clinic construction, and facilitates continuous patient management and successful interdisciplinary collaboration. The study demonstrates the model's success in building a scalable, standardized, and patient-centered MDT system for pediatric complex care.

Keywords: multidisciplinary team, pediatrics, outpatient clinic, standardized management, rare diseases

Background

The discipline layouts and specialization divisions of comprehensive hospitals are becoming increasingly better due to the rapid growth of modern medicine. However, this growth has created new challenges for some patients,¹ such as complicated and difficult medical care, especially for individuals with multiple ailments, undiscovered conditions, or those requiring interdisciplinary teamwork. For example, patients with undetected diseases,² difficult-to-diagnose ailments, and tumors sometimes must transfer between departments and cope with a variety of challenges, such as lengthy cycles, low efficiency, high costs, and challenging diagnosis and treatment. To enhance coordination and communication across various healthcare teams, a multidisciplinary team may be employed.^{3,4} One important way to deal with the aforementioned problems in this situation is through the interdisciplinary diagnostic and therapeutic approach.

The phrase of MDT refers to a concept in which clinical multidisciplinary teams work together to discuss a specific case, develop standardized and personalized best diagnosis and treatment plans, and then implement those plans either

independently or in concert by relevant disciplines.⁵ In recent years, the country has produced several relevant policies and considered the development of the MDT model.⁶ In 2023, for example, the National Health Commission published “Notice on Carrying out the Comprehensive Action to Improve Medical Quality (2023–2025)” and “Notice on Carrying out the Theme Activities to Improve Medical Experience and Enhance Patient Experience,” both of which emphasized the significance of “putting patients at the center,” actively promoting the MDT model, and opening MDT clinics to better serve the public’s growing needs.

With varying degrees of success, a few hospitals have established centers for the diagnosis and treatment of uncommon diseases and have carried out interdisciplinary diagnosis and therapy.^{7,8} Current experiences, however, often have distinctive hospital features, and their generalizability and reproducibility are questionable. Many institutions do not seem to be able to improve their MDT diagnosis and treatment capabilities currently.

Since 2017, Children’s hospital of Fudan University and Shanghai Children’s Hospital have both used MDT management, with noteworthy results. This paper will analyze the status of development, management style, advantages, and challenges of MDT clinics in the two hospitals to provide useful resources for optimizing medical services and improving patient experience. Additionally, it will investigate related solutions and potential future development paths.

Methods

MDT Outpatient Mode of Operation

The MDT outpatient model is coordinated by an MDT project leader and a dedicated project secretary, the latter being primarily responsible for patient administration and daily operational management. To ensure standardized and high-quality service delivery across all MDT clinics, both hospitals have implemented a structured operational framework referred to as the “Three Fixed Elements and Four Dedicated Processes”. The Three Fixed Elements establish core operational consistency by maintaining a fixed Schedule for regular clinic sessions, utilizing a fixed Location for all consultations, and engaging a fixed Team comprising a stable core of specialist departments dedicated to each disease-specific program. Complementing this, the Four Dedicated Processes ensure systematic management: dedicated Coordination through an assigned project secretary; dedicated Patient Files that consolidate individual medical records; dedicated Disease Registries organized by condition to enable standardized tracking; and dedicated Funding earmarked specifically to support MDT activities. This framework is reinforced through regular MDT clinics, scheduled secretary meetings, and periodic assessments and evaluations.

Operationally, the MDT process is initiated when a patient or attending physician submits an application, with patients able to self-schedule via online platforms. The project secretary subsequently collects and organizes the patient’s medical records in advance. Upon verification that the patient meets referral criteria and that documentation is complete, the fixed expert team convenes at the scheduled time and location to conduct the multidisciplinary consultation, culminating in a coordinated, patient-specific diagnostic and therapeutic plan (Figure 1).

Results

MDT Clinic Patient Profile

Between 2018 and 2025, Children’s hospital of Fudan University and Shanghai Children’s Hospital provided MDT outpatient services to 15813 patients with difficult and rare conditions. The yearly number of MDT services staff went from 304 in 2018 to 5174 in 2025, an increase of around 16 times, and the number of MDT clinics increased from 13 to 53, a more than threefold increase, demonstrating a considerable improvement in outpatient service efficiency. This development is particularly apparent after 2023, which may be due to the market’s high demand expansion and the MDT mode’s continuous optimization (Figure 2).

Coverage of MDT Clinic Specialty Areas

The expert coverage of the MDT outpatient department at both hospitals has gone through three stages of development. Taking the Children’s Hospital of Fudan University as an example, rheumatology, general surgery, endocrinology, neurology, psychology, digestion, hematology, and orthopedics are among the first specialties covered in 2018. We

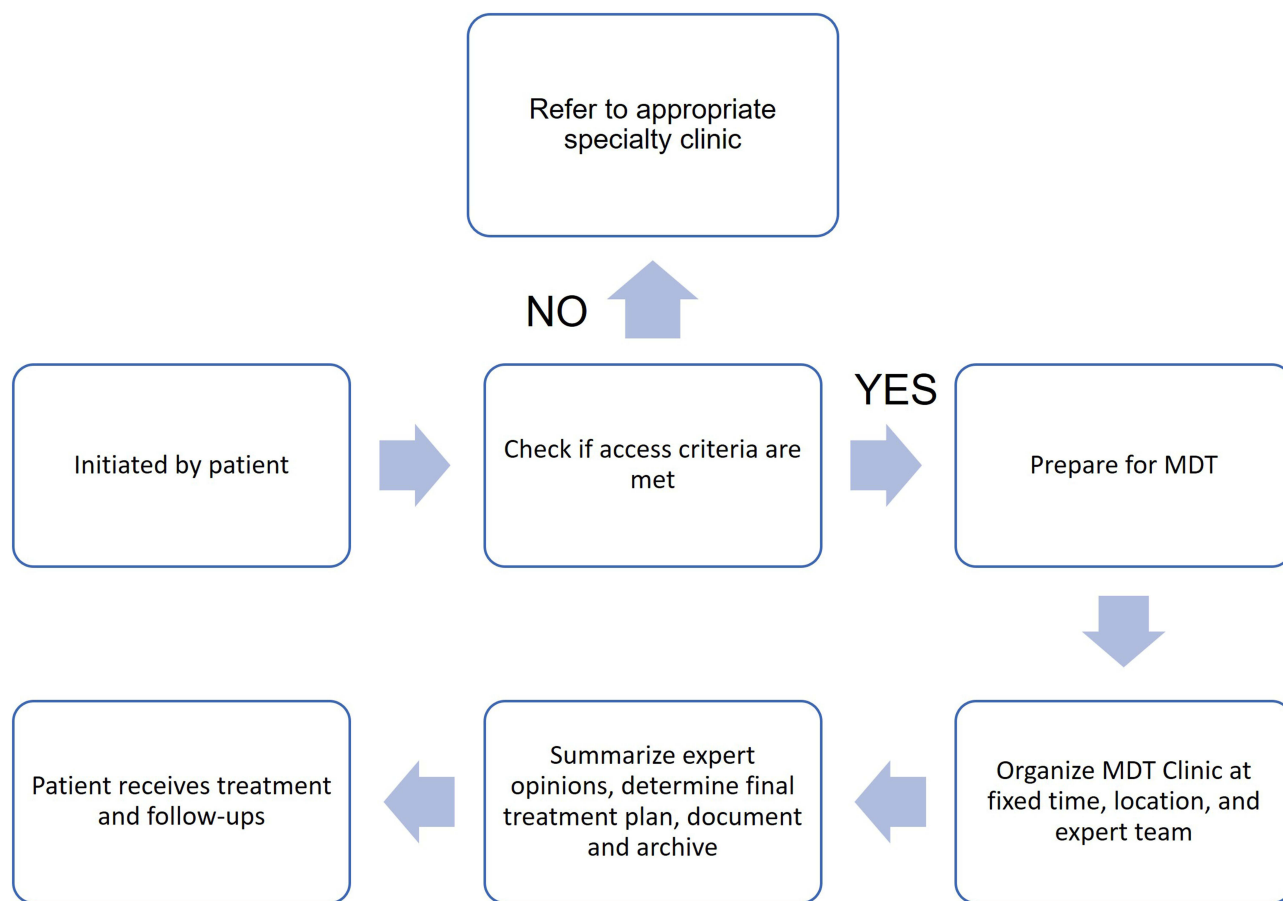


Figure 1 Flowchart of Multidisciplinary Treatment (MDT) Patient Management Process.

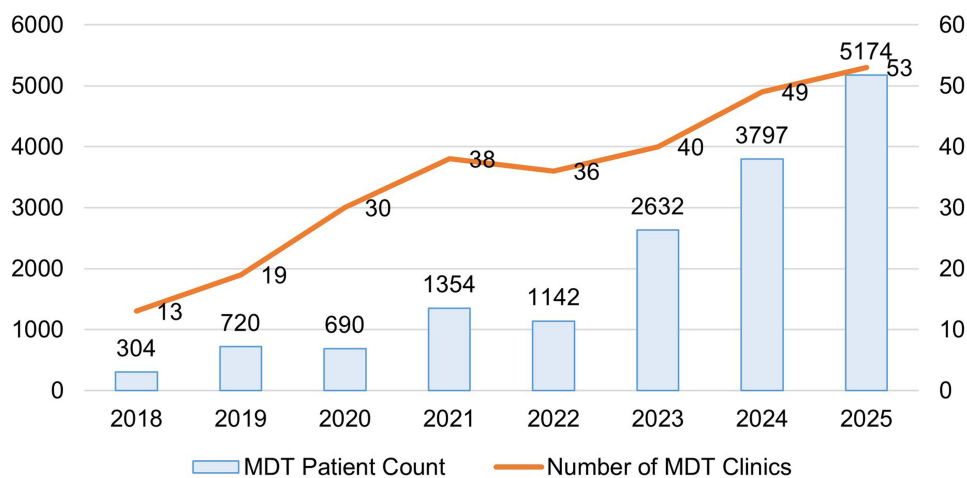


Figure 2 Trends in MDT Patient Count and Number of MDT Clinics (2018–2025).

started a phase of quick supplementation between 2019 and 2020 with the addition of departments such as Hepatology, Respiratory Medicine, Cardiology, Immunology, Pediatrics, Stomatology, Urology, and Neonatology. Since 2021, the MDT specialty system has expanded to include nursing teams, nephrology, cardiology, infection, and rehabilitation (Figure 3).

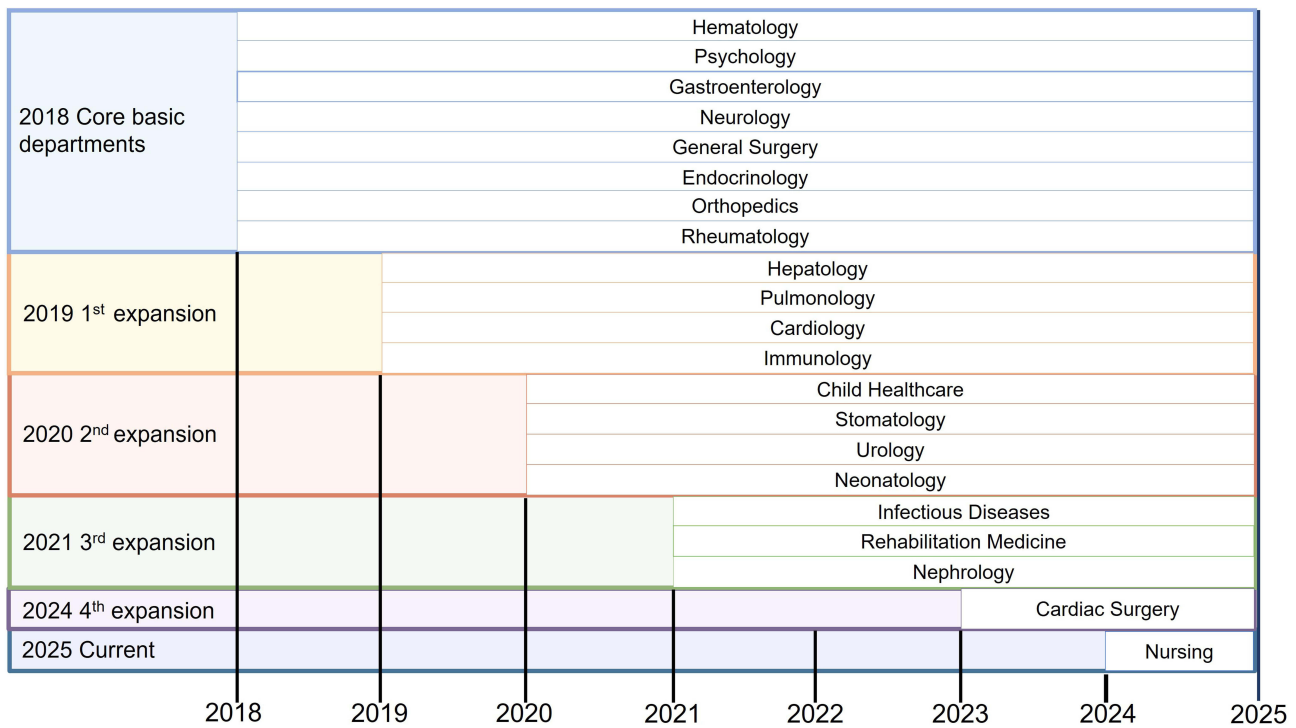


Figure 3 Expansion Timeline of Multidisciplinary Treatment Departments (2018–2025).

Neurology and general surgery are tied for top place in terms of the number of MDT clinics, each with six. MDT in neurology mostly addresses challenging conditions such as refractory epilepsy, whereas the majority of MDT in general surgery focuses on gastrointestinal cancers and related gastrointestinal issues (Figure 4).

According to the MDT outpatient data ranking among the top ten in terms of outpatient volume in 2025, the gastroenterology department holds four seats (inflammatory bowel disease, difficulty defecating, infant milk allergy, and digestive endoscopy) and ranks first with an absolute business volume advantage of 840 people. This demonstrates both the department’s fundamental stance and the scope and depth of its implementation throughout our MDT system.

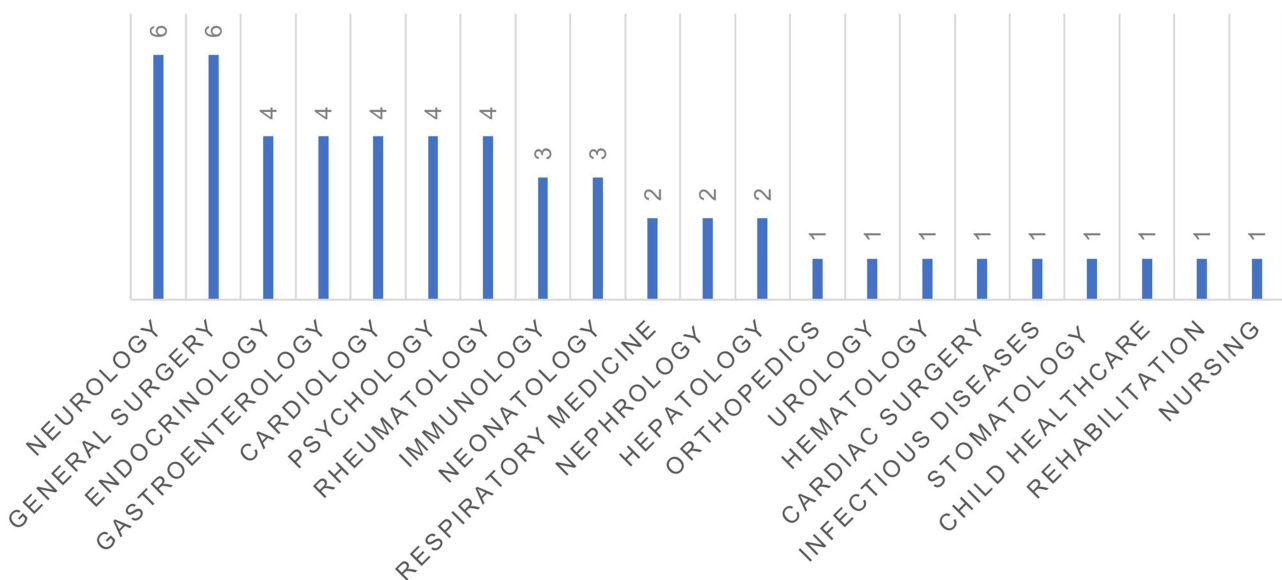


Figure 4 Number of Departments Involved in MDT Services Across Different Medical Specialties.

The two outpatient clinics for children solid tumors and biliary atresia on the list show general surgery's excellent fit for addressing pediatric surgical severe cases, with business volumes ranking second and fourth, respectively. Despite being relatively small, the single volume focuses on the difficult and difficult diagnostic domains. Additionally, two seats are occupied by the clinical immunology and allergy departments (immunodeficiency, unexplained fever) (Table 1).

Table 2 lists the participating and leading departments from the 53 MDT clinics in each of the two hospitals. Data shows that of the 24 MDTs (including neurology, general surgery, endocrinology, etc.), nutrition is the most often involved department. This emphasizes how important nutritional assistance is for treating a wide range of diseases holistically. Participating in 18 MDTs (including neurology, general surgery, cardiology, etc.), the second-ranked radiology/imaging department is mainly responsible for diagnostic and imaging evaluation activities. The rehabilitation department's involvement in 12 MDTs, including those in neurology, cardiology, psychiatry, etc., demonstrated the significance of rehabilitation treatment. Additionally, neurology has participated in ten MDTs (including dentistry, psychiatry, and others), demonstrating its extensive interdisciplinary collaboration. From a pattern viewpoint, many MDTs focus on treating chronic illnesses, genetic disorders, or complicated symptoms (such as allergies, malignancies, or epilepsy). Internal medicine, surgery, auxiliary departments (such as nutrition and rehabilitation), and psychological support services are frequently integrated.

Table 1 Top 10 MDT Clinics by Outpatient Volume in 2025

Rank	Department	MDT Clinic	Volume
1	Gastroenterology	Inflammatory Bowel Disease (IBD) MDT	840
2	General Surgery	Solid Tumor MDT	557
3	Gastroenterology	Difficult Defecation MDT	294
4	General Surgery	Biliary Atresia MDT	268
5	Urology	Ambulatory Surgery MDT	200
6	Endocrinology	Weight Management MDT	158
7	Gastroenterology	Allergy MDT	168
8	Immunology	Immunodeficiency MDT	132
9	Gastroenterology	Digestive Endoscopy MDT	191
10	Immunology	Fever of Unknown Origin (FUO) MDT	104

Table 2 Overview of 53 Multidisciplinary Treatment (MDT) Clinics by Lead Department and Participating Units

Lead Department	MDT Clinic	Participating Departments
Neurology	Duchenne Muscular Dystrophy MDT	Rehabilitation, Nutrition, Cardiology
Neurology	Ketogenic Diet MDT	Nutrition, Nursing
Neurology	Refractory Epilepsy MDT	Neurosurgery, Radiology
Neurology	Spinal Muscular Atrophy MDT	Nutrition, Orthopedics, Rehabilitation, Respiratory, Ophthalmology
Neurology	Neurofibromatosis MDT	Neurosurgery, Orthopedics, Surgical Oncology, Radiology, Dermatology
Neurology	Angelman Syndrome MDT	Rehabilitation, Genetics
General Surgery	Pediatric Solid Tumor MDT	Hematology, Radiology, Pathology
General Surgery	Biliary Atresia MDT	Hepatology, Nutrition, Nursing
General Surgery	Complex Anal Fistula MDT	Gastroenterology, Immunology, Infectious Diseases, Radiology, Pathology
General Surgery	Bowel Management MDT	Neurosurgery, Gastroenterology, Nursing, Radiology, Pathology, Nutrition
General Surgery	Short Bowel Syndrome/Intestinal Failure MDT	Neonatology, Nutrition, Nursing
General Surgery	Multidisciplinary MDT for Fetal Birth Defects	Neonatology, Genetics, Imaging
Endocrinology	Weight Management MDT	Traditional Chinese Medicine, Nutrition

(Continued)

Table 2 (Continued).

Lead Department	MDT Clinic	Participating Departments
Endocrinology	Adolescent Medicine Integrated Clinic MDT	Dermatology, Nutrition, Traditional Chinese Medicine, Urology
Endocrinology	Inborn Errors of Metabolism MDT	Genetics, Clinical Nutrition, Neurology, Rehabilitation, Radiology
Endocrinology	Hypoglycemia with Hyperinsulinism MDT	Surgery, Nutrition
Gastroenterology	Inflammatory Bowel Disease MDT	General Surgery, Nutrition, Hematology, Radiology
Gastroenterology	Difficult Defecation MDT	General Surgery, Psychology, Radiology
Gastroenterology	Cow's Milk Protein Allergy in Infants MDT	Nutrition, Dermatology
Gastroenterology	Digestive Endoscopy MDT	General Surgery, Anesthesiology
Cardiology	Pediatric Syncope MDT	Psychology, Neurology, Traditional Chinese Medicine
Cardiology	Cardiovascular Disease Rehabilitation MDT	Cardiac Surgery, Rehabilitation, Radiology
Cardiology	Inherited Cardiovascular Disease MDT	Cardiac Surgery, Genetics, Rehabilitation, Radiology, Echocardiography Lab, ECG Lab
Cardiology	Kawasaki Disease Coronary Artery Lesions MDT	Cardiac Surgery, Echocardiography Lab, ECG Lab, Radiology
Psychology	Tic Disorder Behavioral Intervention MDT	Neurology, Traditional Chinese Medicine
Psychology	Eating Disorders MDT	Gastroenterology, Nutrition, Endocrinology, Traditional Chinese Medicine, Rehabilitation
Psychology	Pediatric Chronic Pain MDT	Traditional Chinese Medicine, Rehabilitation, Gastroenterology, Hematology, Neurology, Rheumatology, Anesthesiology
Psychology	Attention Deficit Hyperactivity Disorder MDT	Traditional Chinese Medicine, Neurology, Nutrition, Cardiology
Rheumatology	Refractory Systemic Lupus Erythematosus MDT	Infectious Diseases, Hematology, Neurology, Endocrinology & Genetics/ Metabolism, Radiology
Rheumatology	Uveitis MDT	Ophthalmology, Gastroenterology, Genetics, Radiology
Rheumatology	Pediatric Arthralgia/Joint Pain MDT	Orthopedics, Rehabilitation, Radiology
Rheumatology	Takayasu Arteritis MDT	Cardiology, Cardiac Surgery, Radiology, Nephrology
Immunology	Immunodeficiency MDT	Hematology, Infectious Diseases
Immunology	Fever of Unknown Origin MDT	Infectious Diseases, Hematology, Rheumatology
Immunology	Food Allergy MDT	Nutrition, Gastroenterology, Dermatology
Neonatology	Refractory Neonatal Encephalopathy MDT	Neurology, Infectious Diseases, Radiology, Rehabilitation
Neonatology	Small for Gestational Age MDT	Nutrition, Endocrinology & Genetics/Metabolism, Child Health Care, Rehabilitation, Nursing
Neonatology	Very/Extremely Preterm Infant Follow-up MDT	Respiratory, Psychology, Child Health Care, Rehabilitation
Respiratory Medicine	Pulmonary Hemorrhage MDT	Cardiology, Rheumatology, Imaging
Respiratory Medicine	Ciliopathy & Cystic Fibrosis MDT	Gastroenterology, Nutrition, Otolaryngology-Head & Neck Surgery, Traditional Chinese Medicine, Hepatology
Nephrology	Chronic Kidney Disease & Child Growth Development MDT	Clinical Nutrition, Endocrinology, Gastroenterology, Psychology, Child Health Care, Nursing Department
Nephrology	Refractory Nocturnal Enuresis MDT	Urology, Traditional Chinese Medicine, Imaging, Child Health Care, Psychology, ENT, Nursing
Hepatology	Refractory Liver Disease MDT	Pathology, Cardiology, Radiology, Hematology, Surgery
Hepatology	Liver Disease Nutrition MDT	Nutrition, Endocrinology
Orthopedics	Orthopedic Multidisciplinary MDT	Radiology, Neurology, Pathology
Urology	Outpatient Surgery MDT - Urology MDT	Anesthesiology, Surgery
Hematology	Hematopoietic Stem Cell Transplantation MDT	Immunology, Gastroenterology, Neurology, Genetics/Metabolism, Infectious Diseases
Cardiac Surgery	Complex & Critical Heart Disease MDT	Cardiology, Echocardiography Lab, ECG Lab, Imaging

(Continued)

Table 2 (Continued).

Lead Department	MDT Clinic	Participating Departments
Infectious Diseases	Chronic Active EBV Infection MDT	Hematology, Immunology
Dentistry	Mouth Breathing Patient MDT	Respiratory, Otolaryngology, Endocrinology, Orthopedics, Neurology, Radiology
Child Health Care	Complex Autism Spectrum Disorder MDT	Neurology, Gastroenterology, Endocrinology, Immunology
Rehabilitation	Post-Discharge Functional Follow-up for Critically Ill Children MDT	Neurology, Neurosurgery, Nutrition, Psychology, Orthopedics
Nursing	Hereditary Epidermolysis Bullosa MDT	Dermatology, Surgery, Plastic Surgery, Clinical Nutrition

Discussion

Since its introduction in the United States in the 1990s, the MDT paradigm has become the standard for clinical diagnosis and treatment in developed countries in both Europe and North America.^{9,10} For instance, the UK's National Health Service mandated MDT-based management for all cancer patients in 2007, a policy now reflected in numerous international oncology guidelines.^{11,12} This report provides a systematic analysis of the establishment and management of the MDT outpatient service at our institution from 2016 onward.

The promotion of MDT services is explicitly advocated in key national health policies, such as the National Health Commission's 2019 work plan for service improvement.¹³ Furthermore, the 2022 edition of China's *Evaluation Standards for Tertiary Hospitals* formally recognizes MDT as a core component of medical quality and patient safety, specifically encouraging the establishment of MDT clinics for complex, multi-system diseases.^{14,15} In response, our hospitals implemented a multi-channel appointment system via phone, in-person, online platforms, and physician referral to streamline patient access and enhance operational efficiency.

To address the common constraint of dedicated physical space, the hospitals established a centrally managed MDT consultation center. The development of the service was guided by a structured "Three Fixed Elements and Four Dedicated Processes" management framework. The operation is further reinforced by a complementary "Five-Dimension Performance Management" for long-term oversight. This integrated system facilitates the synchronized monitoring of key performance indicators across five critical domains: the growth in MDT clinic volume, the standardization level of diagnostic and therapeutic protocols, expert participation rates, the quality of electronic medical records, and patient satisfaction metrics. This comprehensive evaluation mechanism, supported by targeted incentives, promotes consistent engagement from clinical departments and fosters sustained improvement in the quality of MDT care delivery.

Beyond improving efficiency and reducing patient inconvenience, the MDT clinic model delivers comprehensive, precise, and personalized treatment plans. More significantly, by breaking down traditional disciplinary silos, it enhances diagnostic accuracy and treatment efficacy for complex conditions like tumors, rare diseases, and other difficult cases, ultimately improving patient outcomes.^{16,17} The hospitals have successfully built a scalable, standardized, and patient-centered MDT outpatient system, with strategic expansion into high-need specialties and deep integration of supportive services.

The primary challenge moving forward is integrating a full life-cycle management concept into the MDT process. Current MDT practice in China often focuses on the acute diagnostic and treatment phase, with gaps in long-term health management and follow-up. To address this, we recommend leveraging health information platforms to create integrated MDT service chains that cover diagnosis, treatment, rehabilitation, and follow-up, thereby extending the team's long-term impact. It must be acknowledged that MDT clinics in China are still in a developmental stage, requiring improvements in financing models, operational workflows, quality control, and clinician engagement. Future development should focus on digital integration of MDT services, such as through cloud-based multidisciplinary platforms or synchronized tele-MDT systems, to improve accessibility and coordination.

Institutional Review Board Statement

The study was conducted according to the guidelines of the Declaration of Helsinki and approved by Ethics Committee of Children's Hospital of Fudan University (Approval No. (2023) 152).

Data Sharing Statement

The datasets used and/or analyzed during the current study available from the corresponding author Dr. Yu Shi on reasonable request. The data are not publicly available due to privacy restrictions.

Informed Consent Statement

As this study involved a retrospective analysis of anonymized data from the Hospital Information System, the requirement for written informed consent was waived by the Institutional Review Board.

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Author Contributions

Dr. Miao Wang and Mr Chengjie Ye share the first author and contribute equally to this manuscript. All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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Disclosure

All authors declare no financial or non-financial competing interests.

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