

Accessing cancer care closer to home using telehealth

North Coast Cancer Lync Project



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Introduction

This document outlines the cancer care telehealth model at Mid North Coast and Northern NSW Cancer Institutes, which connects a specialist with the patient and their primary care team allowing cancer care follow-up to be held with patients in their community.

The Mid North Coast (MNCCI) and Northern NSW (NNSWCI) Cancer Institutes cover a large geographical area, including patients from the New England area. A telehealth extension to the existing cancer service connects the cancer care team to the patient and their primary healthcare provider in their local area.

Outpatients often experience difficulties attending follow-up appointments, due to issues accessing transport, poor mobility, illness, large geographic distances, or the perceived burden on carers. These barriers can result in missed appointments for follow-up cancer care, poorer patient experience and outcomes.

The MNCCI and NNSWCI were already using telehealth (Microsoft Lync) to connect their centres at Port Macquarie, Coffs Harbour and Lismore. The expanded use of telehealth was introduced to enable case conferencing for follow-up cancer care, connecting the specialist with the patient and their primary healthcare team, in their own community.

Benefits

Patients

- Convenient access to specialist care.
- Reduced travel time, cost and associated stress.
- Care is shared and better coordinated across specialist and primary healthcare settings.

Health professionals

- Improved relationships between specialists and primary healthcare providers.
- Primary healthcare providers are educated on appropriate follow-up care.

Health services

- Healthcare reoriented to a medical home.
- Isolated Patient Travel and Accommodation Scheme (IPTAAS) savings for NSW Health.
- Normalised use of technology to deliver care.
- Increased reach of the cancer service.

This model demonstrates that using telehealth, specialists and primary healthcare providers can work collaboratively to deliver cancer care follow-up for some patients, improving care coordination and access to services.

Some patients drive for 2–3 hours for a 10-minute appointment.

– Staff member

Key elements

Element	Detail
Patient population	<ul style="list-style-type: none">• Outpatient follow-up consultation only• Has been treated at MNCCI or NNSWCI centres• Suitable for telehealth consultation (determined by treating specialist)• Detailed physical examination not needed
Referral pathway	<ul style="list-style-type: none">• Online appointment system through the MNCLHD website
Healthcare team	<ul style="list-style-type: none">• Specialist• General practitioner• Practice nurse
Technology platform	<ul style="list-style-type: none">• Skype® for Business (formerly Microsoft Lync)

Services

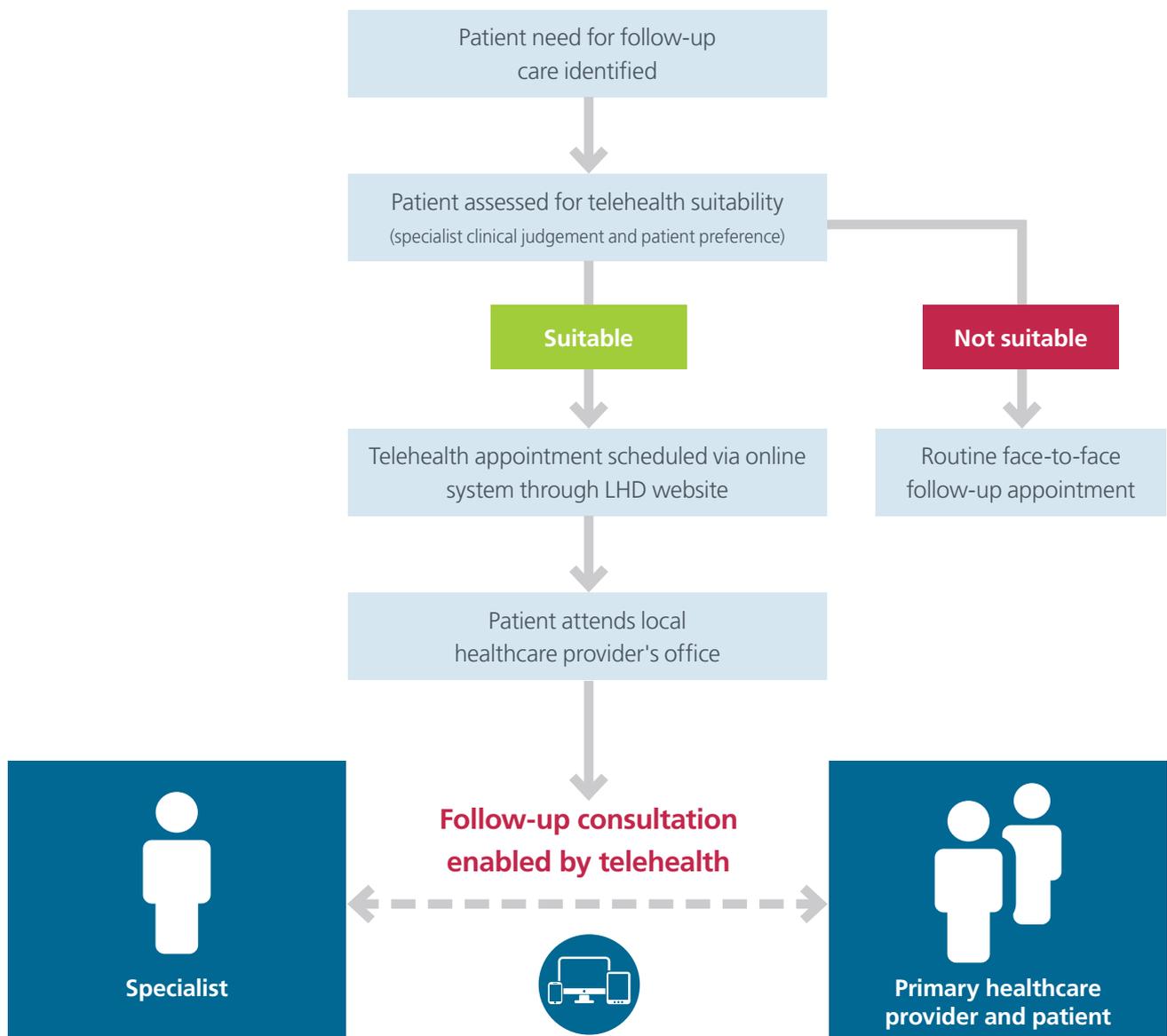
The telehealth service provides:

- patient centered care planning
- routine follow-up (where a detailed physical examination is not required)
- education and support to local healthcare provider.

Local primary healthcare provider could be a general practitioner or general practice nurse.

In some instances, telehealth consultations may be conducted directly with the patient in the home.

Patient flow for North Coast Cancer Lync Project



Skype® for Business combines video and telephone conferencing and desktop sharing through a web browser. This conferencing technology only requires a computer with internet connection, audio connection, phone, and a webcam or mobile internet enabled devices with 4G/3G connectivity.

Making it happen

This section outlines the key enablers and challenges identified by those involved in implementing this model. Addressing these factors effectively has been critical to successful implementation and these learnings can be used by other health services in the development of local models.



Local planning, service design and governance

The North Coast Cancer Lync Project was based on the following.

Documented needs of rural and remote patients in accessing care

- Identify local geographical challenges and availability of primary healthcare services.
- Understand patient needs and barriers to accessing follow-up care.
- Patient-centred and shared care principles at the core of the model.

An enhancement to an established model of service delivery

- Integrated multi disciplinary team approach to cancer care was well-established.
- Technology was integrated into service delivery and routine follow-up care.
- Existing systems and processes were well documented within the service.

Local governance

- Staff from across MNCLHD and NNSWLHD, including clinical, technical and administrative, were involved in project governance (Steering Committee).

Considerations for implementation

- Identify and understand the needs of not only patients, but also specialists and primary healthcare providers.
- Acknowledge and anticipate that not all patients will want to participate or will be appropriate for telehealth follow-up cancer care.
- Involve people with an operational knowledge of telehealth in planning to understand implementation issues.
- Consider sustainability from the outset, particularly how ongoing funding and staffing requirements will be met.



Building engagement with primary healthcare

Establishing relationships with primary healthcare providers was a critical enabler of success.

Establish strong relationships

A dedicated project officer established relationships with primary healthcare providers.

1. Suitable patients (follow-up appointment; geographic locality) were identified through MOSAIQ® electronic medical records.
2. Primary healthcare providers were contacted via letter to request a visit to discuss potential use of telehealth (followed up with phone call).
3. A visit to the primary care practices arranged.
4. If the primary healthcare provider and patient agreed to use the telehealth option, the project officer provides support and guidance through the process.

Ownership and engagement

- Educate primary healthcare providers on the importance of follow-up care.
- Establish and clearly communicate to all parties (including the patient), the roles of both specialist and primary healthcare provider.
- Provide ongoing and responsive support to local healthcare providers, particularly when technology issues arise.

Considerations for implementation

- Schedule telehealth patients as the first appointment of the day or first appointment after lunch to ensure consultations are on time.
- Consider application to other settings where groups of patients may face similar challenges in accessing follow-up care.



Workforce and resourcing

Ongoing workforce and resource planning is required to support sustainability.

Dedicated position

- A dedicated role, with clinical and technical expertise to coordinate and support all service users (specialists and primary healthcare providers).

Appropriate technology

- Minimal software and hardware was required for both service provider and user.
- Technology solution was specifically selected to align with the current and future information and communication technology direction of MNCCI and NNSWCI.
- MNCCI and NNSWCI specialists and staff were familiar with the technology as it was already being used internally (e.g. meetings between sites).

Involving all healthcare providers

- There was wide variation in the willingness and information technology capabilities of different specialists and primary healthcare providers to use telehealth.
- Build the confidence and capabilities of local healthcare providers to use telehealth for follow-up consultations.
- Identify clinical champions to promote telehealth and provide support to other users.

Considerations for implementation

- Dedicated resourcing and positions fast track service set-up and ongoing implementation.
- Involve district telehealth and information technology teams early to identify and map likely technology barriers and solutions (for the service provider and service users).
- Installation of software on external computers can be difficult (related to administrator rights on computers) creating frustrations for patients and primary healthcare providers.
- Ongoing technical support is required for both service provider and user.
- Large numbers of appointments would use a lot of bandwidth.

Benefits of the model

Benefits



Improved access to follow-up cancer care for patients in the MNCLHD and NNSWLHD



Reduced travel time for patients as well as out-of-pocket costs associated with attending specialist follow-up consultations



A positive patient experience, with telehealth consultations considered of equal, if not better quality than face-to-face consultations



Strengthened relationships between specialists and primary healthcare providers



Extended the geographic reach of MNCCI and NNSWCI to regional locations with approximately 1400kms in patient travel saved

Monitoring and evaluation

The MNCCI and NNSWCI undertook an initial audit and evaluation of its existing clinical processes and information and communication technology systems. Service activity data was collected and reviewed throughout the project, including the number of consultations and the service setting.

Patient data, such as demographics, diagnosis and treatment were entered and reported as part of routine clinical care using MOSAIQ® (an electronic medical record oncology information system).

Feedback was collected from patients and primary healthcare providers via a user satisfaction survey conducted by telephone (adapted from the ACI patient evaluation survey questions). The survey included seven scored questions and two open ended questions.

Initial feedback from patients and primary healthcare providers led to amendments to appointment notifications, appointment processes and updates to instructional documents.

We were really happy to have access to this service (telehealth). Getting to appointments takes a lot out of mum.

– Carer

References and links

Supporting tools and documents available from the ACI website

www.aci.health.nsw.gov.au/make-it-happen/telehealth

Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW

www.aci.health.nsw.gov.au/___data/assets/pdf_file/0010/258706/ACI-telehealth-guidelines.pdf

Information on the Telehealth Capability Interest Group

www.aci.health.nsw.gov.au/make-it-happen/telehealth/telehealth-capability-interest-group

The ACI partnered with staff from local health districts, primary health networks and consumers to document this telehealth innovation series. The four sites are listed below.

Site	Description
Mid North Coast and Northern NSW LHDs	Supporting patients to access follow-up cancer care at home in partnership with their primary care team.
Murrumbidgee LHD	Using technology to link remote patients and an allied health assistant to a senior physiotherapist.
Western NSW LHD	Using technology to effectively manage life threatening and time critical patients to coordinate inter-facility transfers between rural and referral hospitals.
St Vincent's Hospital Sydney	Enhancing clinician capacity to manage older patients living with mental health issues in partnership with a specialist multidisciplinary team.