Accessing cancer care closer to home using telehealth

North Coast Cancer Lync Project
The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- **service redesign and evaluation** – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- **specialist advice on healthcare innovation** – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- **initiatives including guidelines and models of care** – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- **implementation support** – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- **knowledge sharing** – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- **continuous capability building** – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

The North Coast Cancer Lync Project was conducted over the Mid North Coast (MNCLHD) and Northern NSW Local Health Districts (NNSWLHD).

Mid North Coast Cancer Institute (MNCCI) and Northern NSW Cancer Institute (NNSWCI) provided content for this document through service documentation and interviews with staff involved in the telehealth model. The NSW Agency for Clinical Innovation (ACI) acknowledges the contributions of MNCLHD and NNSWLHD and in particular, the individuals listed below who were involved in the consultation underlying this document.

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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

<table>
<thead>
<tr>
<th>Element</th>
<th>Detail</th>
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<tr>
<td>Patient population</td>
<td>• Outpatient follow-up consultation only</td>
</tr>
<tr>
<td></td>
<td>• Has been treated at MNCCI or NNSWCI centres</td>
</tr>
<tr>
<td></td>
<td>• Suitable for telehealth consultation (determined by treating specialist)</td>
</tr>
<tr>
<td></td>
<td>• Detailed physical examination not needed</td>
</tr>
<tr>
<td>Referral pathway</td>
<td>• Online appointment system through the MNCLHD website</td>
</tr>
<tr>
<td>Healthcare team</td>
<td>• Specialist</td>
</tr>
<tr>
<td></td>
<td>• General practitioner</td>
</tr>
<tr>
<td></td>
<td>• Practice nurse</td>
</tr>
<tr>
<td>Technology platform</td>
<td>• Skype® for Business (formerly Microsoft Lync)</td>
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</table>
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

1. Patient need for follow-up care identified
2. Patient assessed for telehealth suitability (specialist clinical judgement and patient preference)
   - Suitable
     - Telehealth appointment scheduled via online system through LHD website
     - Patient attends local healthcare provider’s office
     - Follow-up consultation enabled by telehealth
   - Not suitable
     - Routine face-to-face follow-up appointment

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 MNCCCI 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
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.

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

Supporting tools and documents available from the ACI website

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

Information on the Telehealth Capability Interest Group