

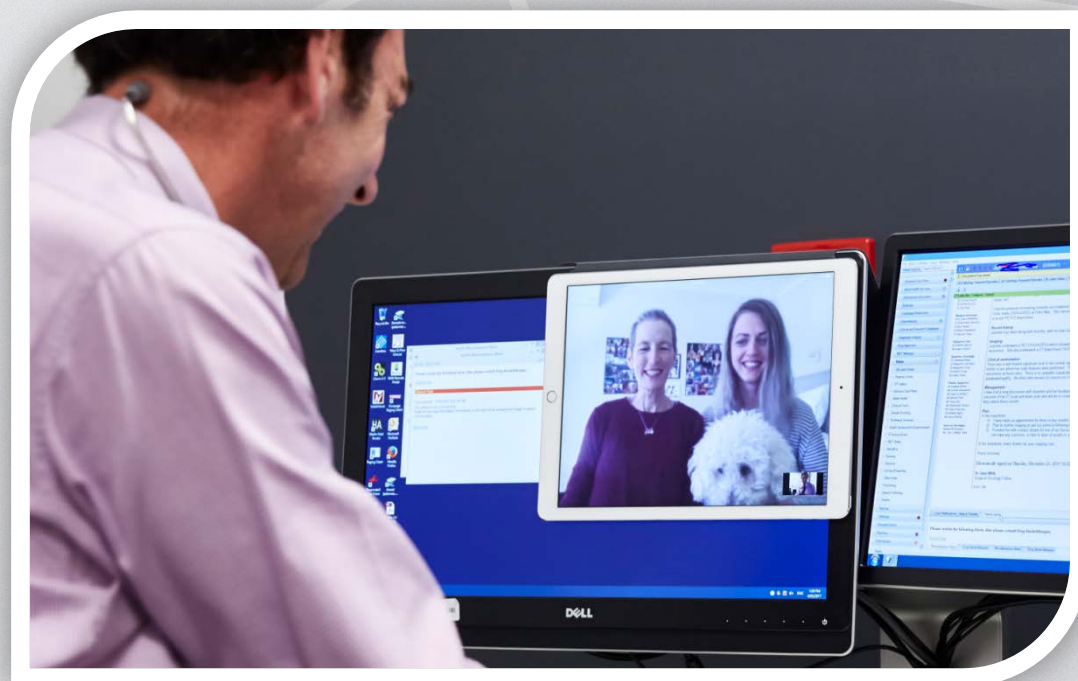
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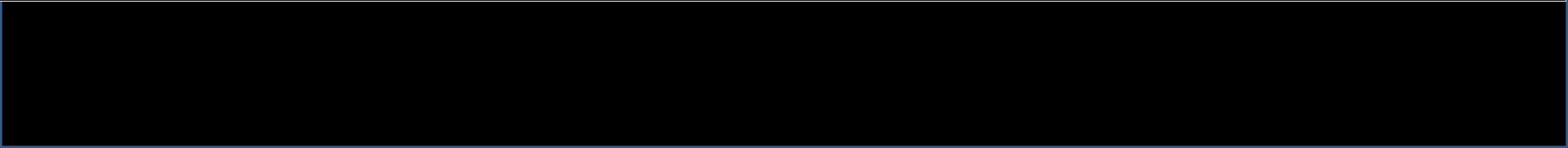
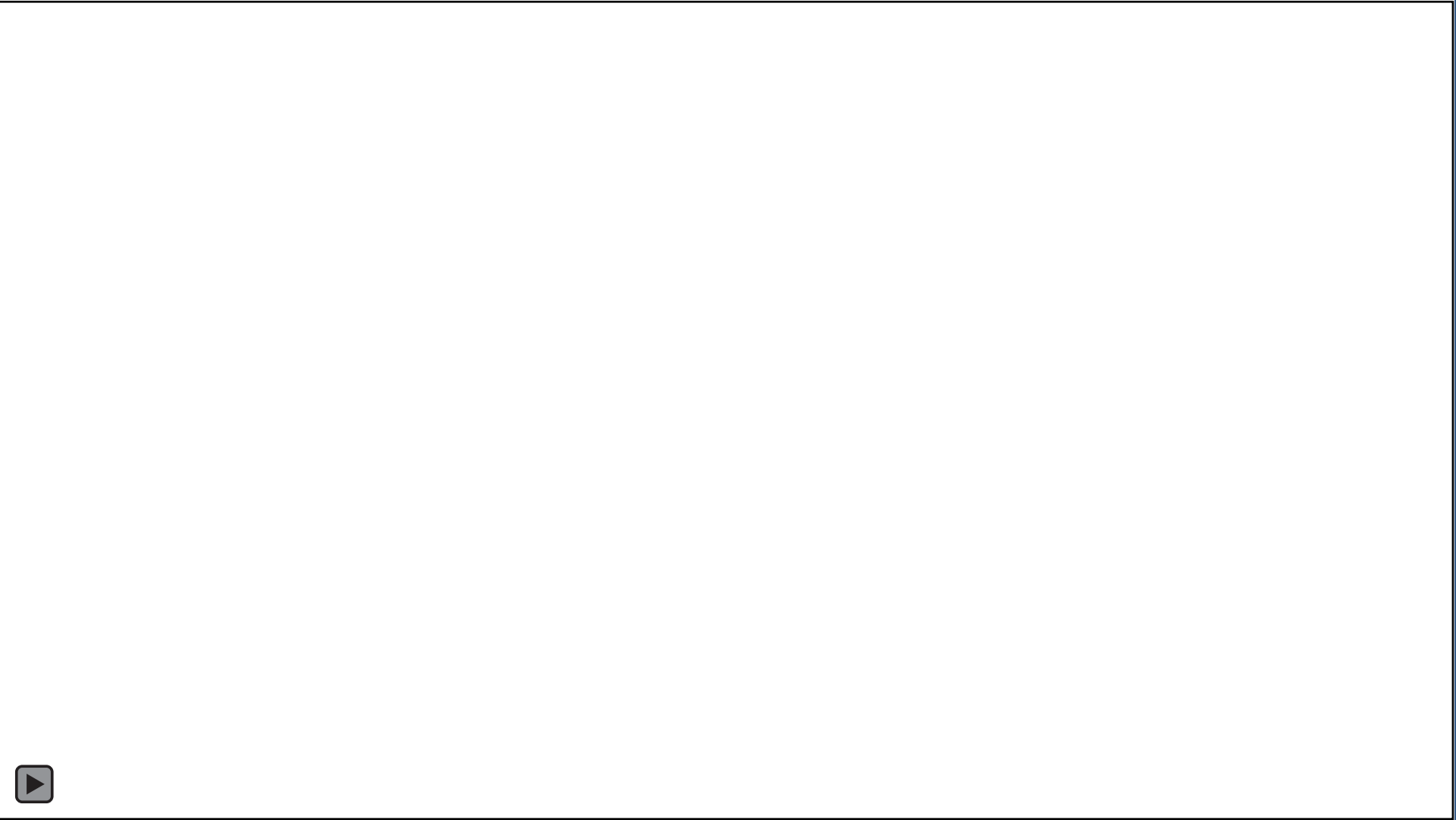
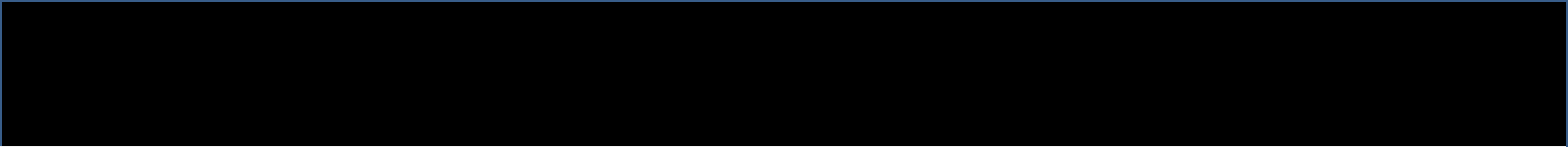
Returning cancer care to the community through telehealth

Rural Medicine
Australia

October 2017

Susan Jury & Dr Josie Samers



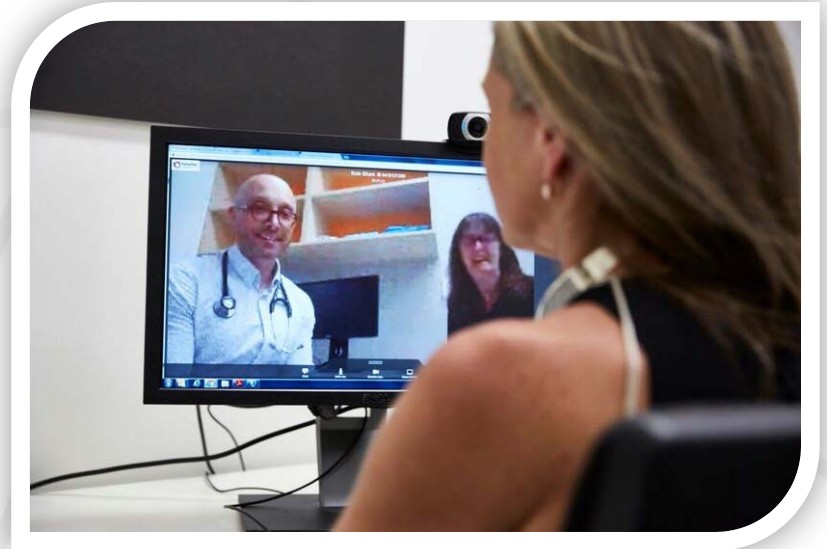


Overview



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- Some stats and data
- Peter Mac telehealth – to-date and planned
- Referring to and using Peter Mac telehealth





Tele-oncology in the literature

Many studies report positive findings with teleoncology

Sabe Sabeson & co. argue that the benefits extend beyond 'convenience'

- **High rates of satisfaction** of telehealth models among patients and rural health professionals
 - Case based learning, expanding scope of practice, continuity of care, etc
- **Reduced waiting times** – avoided travel logistics for first appointment if by video
- **Safety of remote chemotherapy** with supervision
 - Townsville to Mt Isa 2007 – 2012+ (MJA)
- **Cost savings** to the health systems
- **Patients who trusted their local service had greater satisfaction** than patients without that trust

<http://onlinelibrary.wiley.com/doi/10.1111/ajr.12170/full>

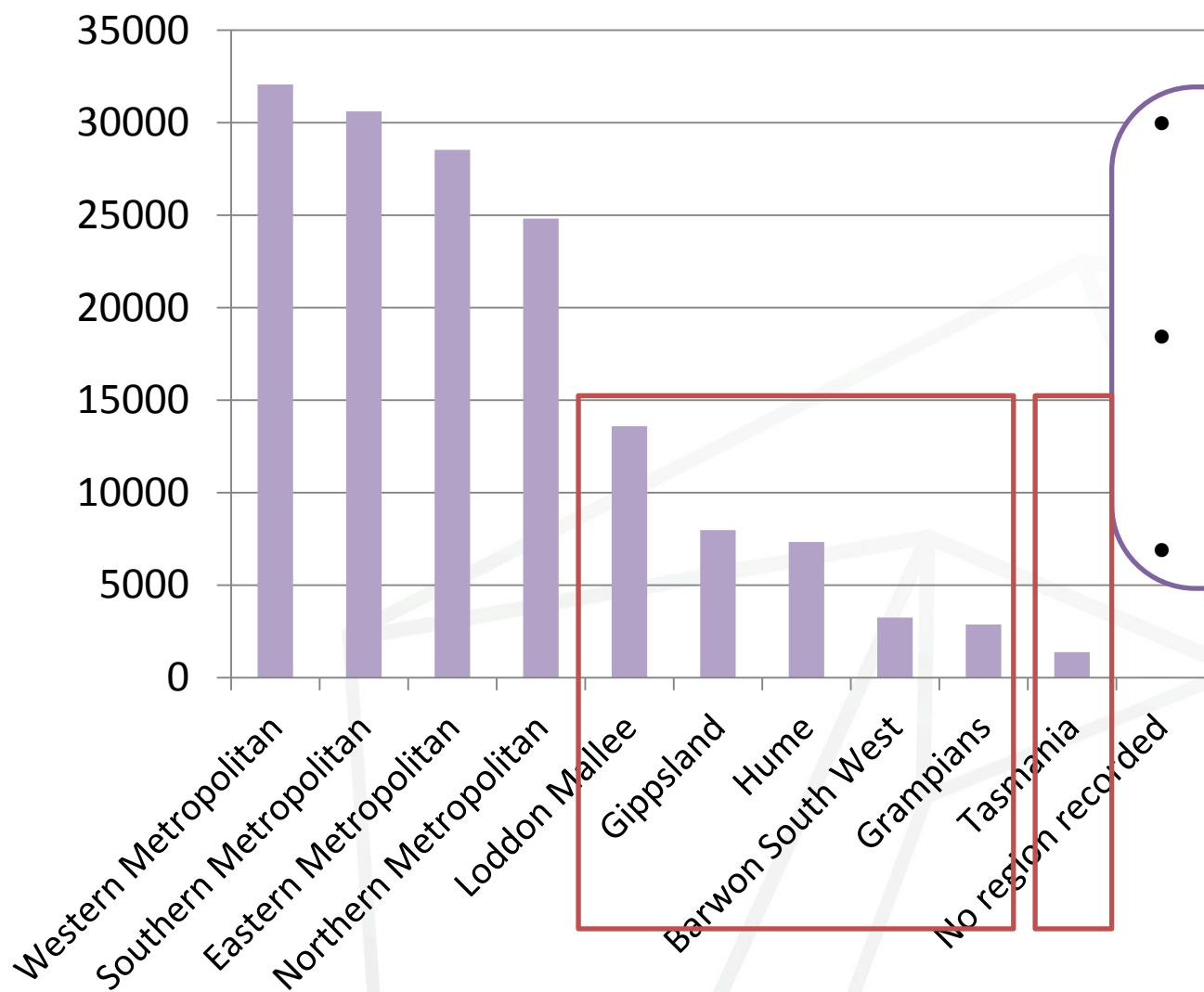
<https://www.mja.com.au/journal/2015/203/10/do-teleoncology-models-care-enable-safe-delivery-chemotherapy-rural-towns>

<https://www.ncbi.nlm.nih.gov/pubmed/24033216>



Regional Peter Mac patients

No. of appointments regional Vic and Tasmania FY 2016-17



- 1% of all patients are from Tasmania (1,400 appts)
- 37% are from country Victoria (32,000 appts p.a.)
- 30% are >70 y.o.



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In the last financial year (2016-17),

1,045 regional Victoria patients

spent **18,000 hours** travelling

1.2million kms for their haematology appointment.

(that's just haematology, and just Victorian patients.....)



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Peter Mac telehealth to date

- **Late Effects**
- **Haematology**
- **Palliative Care**
- **Lymphoedema Service**
- Breast Medical & Radiation Oncology
- Cutaneous Lymphoma
- Dermatology
- Familial Cancer Centre
- Genetics Risk Assessment
- Gynaecology Medical, Radiation, Radiotherapy Planning, Surgical
- Melanoma Radiation Oncology
- Pharmacy
- **Pre Anaesthetic Clinic**
- Pulmonary Function Test
- Skin Post-Operative

Planned / in progress

- **On treatment chemo reviews**
- **ATSI**
- **Skin**
- Breast cancer survivorship – nurse led
- Day Therapy Unit Medical Oncology
- Familial Cancer Centre
- Fatigue clinic - OT-led
- Nursing (Day therapy – risk assessment)
- Optimisation Occupational Therapy
- Psychology
- Psychiatry
- Pulmonary Function Test
- Skin Post-Operative
- **Urology nurse led** and Rad Oncology



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Amelia Bowden

- New diagnosis - required an anaesthetic review pre-op
- Lives 2.5 hours away
- It was school holidays and she was camping with her family
- She **completed the telehealth consultation while camping**
- It was raining – she sat **in the car and used her phone and 4G** – the kids were outside setting the tent up

The telehealth consultation meant she could continue with the family holiday – especially important at this time – and gave her treating team the chance to assess her face to face, and discuss her medication management.





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Barbara Whitehead

- Known to regional health services, new to Peter Mac
- She was too frail to travel for the scheduled appointment and was an inpatient at the local hospital
- The purpose of the appointment was to support the local health services in c/ Barbara's symptoms as her condition deteriorates.
- Barbara, her family and the local Director of Nursing took part in the consultation

The consultation provided **vital support to Barbara in alleviating her fears of pain management, knowing that Peter Mac, local palliative care staff and her GP were involved in her care**

The family expressed gratitude at the time that the consultation could happen *without trauma to their loved one having to travel over 200kms for an appointment.*



Lymphoedema telehealth service



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- Peter Mac is one of the few public hospitals with a lymphoedema service
- Physio -led
- Many skilled therapists in the community but may lack more complex lymphoedema management skills (eg head & neck)
- Peter Mac lymphoedema service provides 1:1 telehealth consultations to patients and also in partnership with regional clinicians – GPs, allied health and nurses.

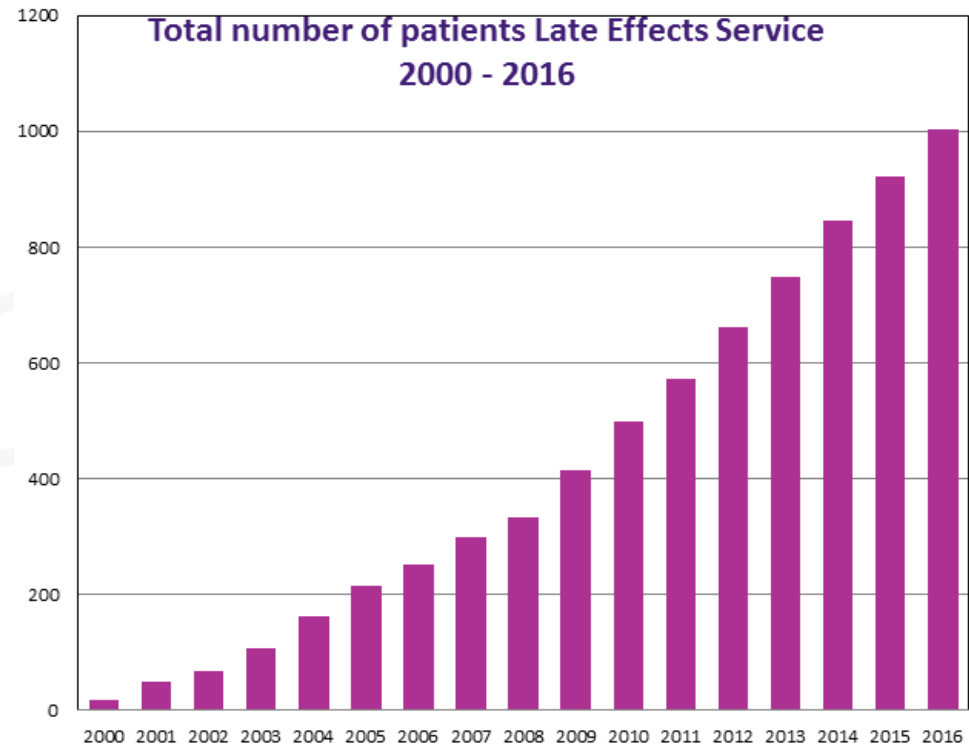


Late effects – follow-up for cancer survivors with complex needs



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- Follow up for long-term cancer survivors of paediatric malignancies with complex care needs
- The service provides ongoing care for more than 1,000 patients
- Receives up to 100 new referrals annually
- Increasingly difficult to provide ongoing care for existing patients whilst accepting increasing numbers of newly referred complex cancer survivors.



Late effects - GP shared care for cancer survivors with complex needs



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Established a **GP-shared care program** in 2008, led by a GP - Dr Josie Samers
– employed by Peter Mac

- Long-term follow up **guidelines** - screening and surveillance
- Surveillance **risk stratification** - depending on complexity of needs
- **Coordination of follow up** and support with the patient's own GP
- **Telehealth** between the patient, their GP and a specialist clinician for survivors living in rural and remote areas

Patient engagement is key to the success of shared care



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Specialist confidence and GP engagement

- The late effects of cancer treatments are an **emerging area of expertise** where GPs may feel insufficiently skilled, and specialists may lack confidence in delegating follow up of their patients to GPs
- Outpatient correspondence and a **resource pack** for the GP includes the **patient's survivorship care plan**, likely risks, surveillance plan and actions required, Peter Mac contact details and Cancer Treatment Screening and Surveillance Guidelines.
- The shared care program enables the less complex patients to be reviewed in the community by their GP

Telehealth has meant **the most complex patients**

– who live rurally or have difficulty getting to Peter Mac because of disabilities –
can also have their follow up with their GP and specialist support –
has been a real win-win for everyone!



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Plans for 2018:

On-treatment chemo reviews

- 4,300 regional patient haematology appointments p.a.
 - ~ >60% are patients on active treatment including chemotherapy
- Chemotherapy is typically prepared after medical review, ideally 2-7 days earlier
- ~37% of Peter Mac patients are regional – means:
 - Extra travel to Peter Mac, or
 - Earlier travel, or
 - Appointment on the same day as chemo
- ~37% of current chemotherapy patients have their review on the same day –
- There can be significant delays in chemo preparation (120pts / day through-put)
 - Impacts Peter Mac
 - A very long day at Peter Mac for regional patients
 - Risk that chemo may be cancelled – wasted trip for an unwell patient



2018: On-treatment chemo reviews

Can on-treatment chemo reviews be successfully delivered by telehealth?

- Acceptable to patients?
- Acceptable to treating specialist?
- How / where / who?
- Build in to Peter Mac processes?

- **With GP**
- **At home**
- **With another provider**
 - Wimmera – cancer nurse coordinators and nurse practitioner
 - Leukaemia Foundation?
 - ..?
- **Haematology**
- **Hume**
- **Wimmera**



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Peter Mac uses Healthdirect Video Call



What the GP or patient needs:



- The **website address** for the specific health service
- A computer with **webcam & speakers** – built in or plug in



- Google **Chrome** installed
- Reasonable **internet**
- To have done a **test call** (at some point) on the specific computer to be used



- Know how to **troubleshoot** or where to get IT help



Do NOT need:

- A logon, password or dial-in number
- A software installation or App*
- Expensive hardware



Skype is generally avoided in larger health services:

- Installation needs ICT input
- It is not scalable beyond an individual clinician or small service
- It doesn't meet Australian Data Sovereignty laws



* An App is needed for iPad or iPhone

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[OUR SERVICES >](#)

[COMING TO PETER MAC >](#)

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TELEHEALTH

At Peter Mac we are committed to providing the best care, as close to home as possible. To support this, we are introducing telehealth as an option when suitable. Using telehealth, you can have an appointment with your Peter Mac specialist by video. You can do this from your home, with your local GP or at your local health service.

... be requested and booked in advance.

... e the [Google Chrome](#) browser.

... lehealth brochure (pdf)



Start video call ▶

Start video call ▶



Test call



Peter Mac staff

[Home >](#) [Our services >](#) [Support services >](#) [Telehealth](#)



The online waiting room

www.petermac.org/telehealth



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1: YOU – start video call

3: You are in the online WAITING ROOM

Video Call Setup Restart ✕

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[I have a Room ID.](#)

Waiting Area: Peter Mac telehealth

The person this call is about:

First Name*

Last Name*

Phone*

Where can you be reached?
(Landline is preferred)

I agree to the [Terms of Use](#) and [Privacy Policy](#)

>

🔒 Your details are being transferred securely.

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People in Waiting Areas Refresh

Alerts will be sent to

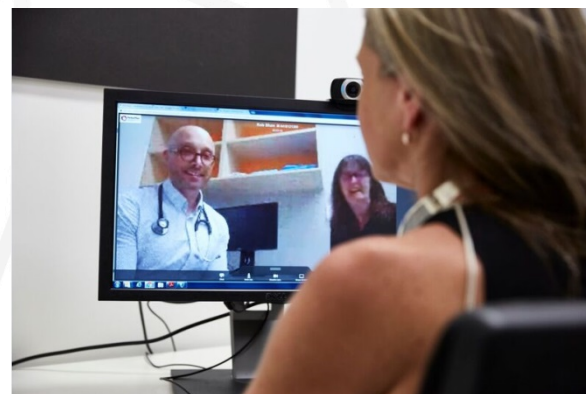
Last updated at: 02:23:50 pm

View All Calls Calls I can join

Status	Started	Name of Caller	Waiting Area	Joined	Participants
Attending 0 min	2:14 PM	Amelia Came...	Peter Mac te...	2:14 PM	2
Waiting 1 min	2:22 PM	Arnold Swaze...	Peter Mac te...	2:22 PM	1
Waiting 3 min	2:20 PM	Mary Clare	Peter Mac te...	2:20 PM	1
Waiting 5 min	2:18 PM	Rupert Bear	Peter Mac te...	2:18 PM	1

2: Enter PATIENT'S name
& your clinic number

4: PETER MAC
can pick up your call



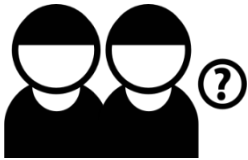
Some thoughts on telehealth between General Practice and Peter Mac



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- **The benefits are mainly clinical, the burdens are administrative**



- **Please include in a referral if you propose**
 - telehealth including GP or
 - telehealth including your Practice Nurse or
 - telehealth with the patient to their home
 - **Or other.... (eg “son could assist with telehealth...”)**

Some thoughts on telehealth between General Practice and Peter Mac



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- **Your 'request for telehealth' may get lost...**
- We'll often want to see the patient in person for the first consultation.
*Peter Mac will always aim do the first appointment by telehealth if requested by the referring GP



- We will **coordinate a time that also suits you / the local provider**
 - **We try to schedule them for the start of clinic** – eg 09am or 1pm / 2pm



- Hospitals try especially to **keep to time** for telehealth including the GP. We appreciate the impact on GPs. And we thank you 😊



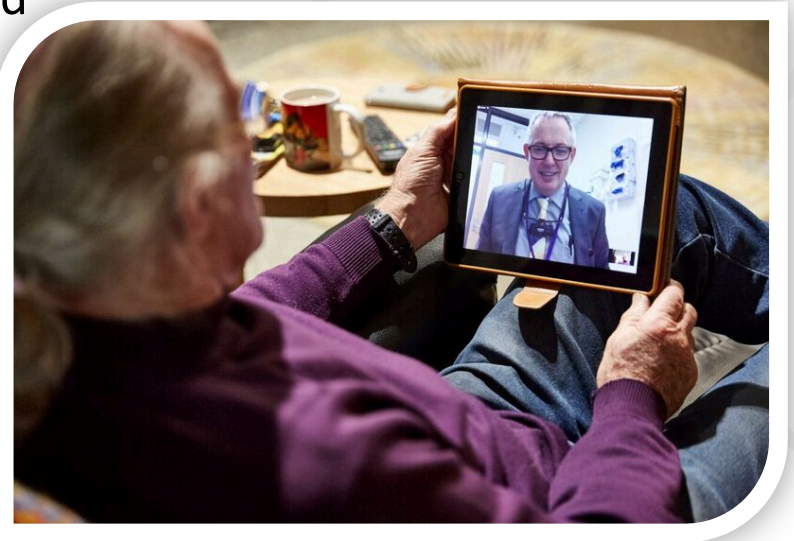
- Peter Mac **sends a specific telehealth appointment letter to the patient, with instructions** - we ask the patient to give the letter to your reception



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Key thoughts / messages

- **More cancer care** – on treatment and long term follow-up – **can be delivered by the GP** in partnership with specialist oncology services
- Specialist oncologists recognise that **the GP has an important role** on treatment and post treatment – providing context & family support, acute and ongoing symptom management and long term surveillance
- Please consider – and **suggest** – **telehealth when referring to Peter Mac**





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- www.petermac.org/telehealth
- <https://telehealthvictoria.org.au/health-services/>
- www.mbsonline.gov.au/telehealth
- <http://www.doctorconnect.gov.au/locator>

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