Exploring the role of telehealth in the Australian National Cervical Screening Program: Stakeholder perspectives on safety, sustainability and scalability

Authors:
Bavor C[1], Harwood S[2], Kirby C[2], Nightingale C[1]

[1] Evaluation and Implementation Science Unit, Melbourne School of Population and Global Health, University of Melbourne

[2] Sexual Health Victoria, Melbourne, Victoria

Background:
Self-collection is available to all screen-eligible people in the National Cervical Screening Program (NCSP). While self-collection provides opportunities to develop more flexible screening models, it is typically offered in-person during a primary care consultation. Telehealth (with swab mail-out) overcomes logistical and financial barriers. We explored factors influencing its delivery, sustainability and scale.

Methods:
Policy and practice stakeholders were purposively invited to participate in online semi-structured interviews guided by an implementation outcomes framework. Data was analysed descriptively using thematic analysis.

Results:
Fourteen stakeholders participated (5 general practitioners [GPs]; 3 nurses/nurse practitioners; 4 policy professionals; 2 pathology providers). Four key themes were identified.

Policy and funding context: GPs offered cervical screening opportunistically during telehealth consultations. However, they had limited awareness that sexual and reproductive health Medicare Benefits Schedule (MBS) telehealth item numbers could be used for new patients. Nurses reported challenges offering screening autonomously due to MBS requirements. Nurse-led services required task-sharing or government funding support.

High-quality and safe screening: GPs and nurses discussed their implementation of clinical governance protocols to ensure the appropriate management of symptoms and abnormal results. Clinical pathways and resources to refer patients to appropriate local follow-up services were essential.

Scaling telehealth services: Telehealth was viewed as appropriate for some population groups. Stakeholders discussed the implications of scaling telehealth via individual health services or centrally via the NCSP. Centralised services were appropriate for targeting under-screened groups; however, others were concerned about fragmenting healthcare.

Supporting sustainable implementation: Implementation needs included promoting telehealth among GPs, systematically partnering with pathology and sustainably funding nurse-led services.

Conclusion:

High-quality and safe screening can be delivered via telehealth to address barriers to in-person care. However, policy and funding limit its use, especially for nurse-led models. Findings can inform policy, clinical guidelines and funding. Investigating the appropriateness of telehealth for different communities is needed.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

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