



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

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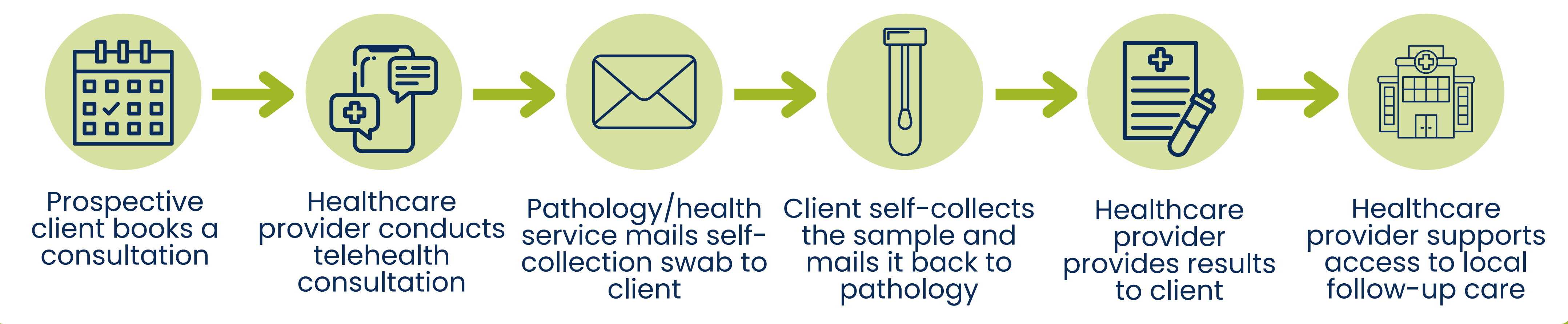
Introduction

- Australia’s National Cervical Screening Program (NCSP) recommends that all screen-eligible people are offered the choice of human papillomavirus (HPV) testing on a self-collected or clinician-collected sample
- The NCSP is largely delivered face-to-face in primary care where there are barriers to access
- **Telehealth with mail-out of the self-collection swab can be used to overcome logistical, financial and distance barriers to accessing cervical screening**

Aim

To identify and explore the **key implementation considerations** for the use of telehealth for cervical screening consultations in the NCSP.

How does a telehealth cervical screening service work?



Methods

- **Purposively sampled** Australian practice and policy stakeholders
- Interview questions guided by **Proctor’s Implementation Outcomes framework**
- Online **semi-structured interviews**
- Data analysed inductively using **thematic analysis** in NVivo

Results

Participants N=14



- 7 Medical providers (GPs, NPs)
- 2 Non-medical providers (nurses)
- 2 Government policy makers
- 2 Pathology service providers
- 1 Non-clinical health service director

Acronyms: GP = general practitioner; NP = nurse practitioner

What is the policy & funding context?

- Medicare telehealth item numbers were an important enabler for GPs, but their use for cervical screening was limited
- Nurses highlighted that screening was within their scope of practice but experienced barriers to offering it autonomously due to billing and pathology requirements
- Nurse-led telehealth services therefore relied upon government funding or utilised task sharing with GP oversight

“Our doctors are in such short supply and high demand that for a service like this [cervical screening], it’s well within scope for a nurse. It’s just the **regulation and legislation** in Australia **that hasn’t kept up or doesn’t reflect nurse scope of practice.**”
(P8, non-clinical health service director)

How can clinical quality and safety be maintained?

- Use clinical protocols to ensure a screening history is obtained, and a choice of self-collection and clinician-collection is offered
- Use symptom checklists/questionnaires to inform the consultation sequence rather than replace discussion
- Implement robust follow-up pathways and draw on knowledge of appropriate local follow-up services

“We’ve got our [follow-up] resource lists... it’s working out **what’s going on for that particular person.** Where do they live, the financial situation, cultural sensitivities... It’s finding out **what the most suitable face-to-face referral is.**” (P11, nurse practitioner)

How should telehealth be scaled?

- The delivery of telehealth services must address different accessibility needs
- Scaling telehealth via primary care was preferred by GPs
- Scaling telehealth via a centrally organised service was, however, acceptable for under-screened groups

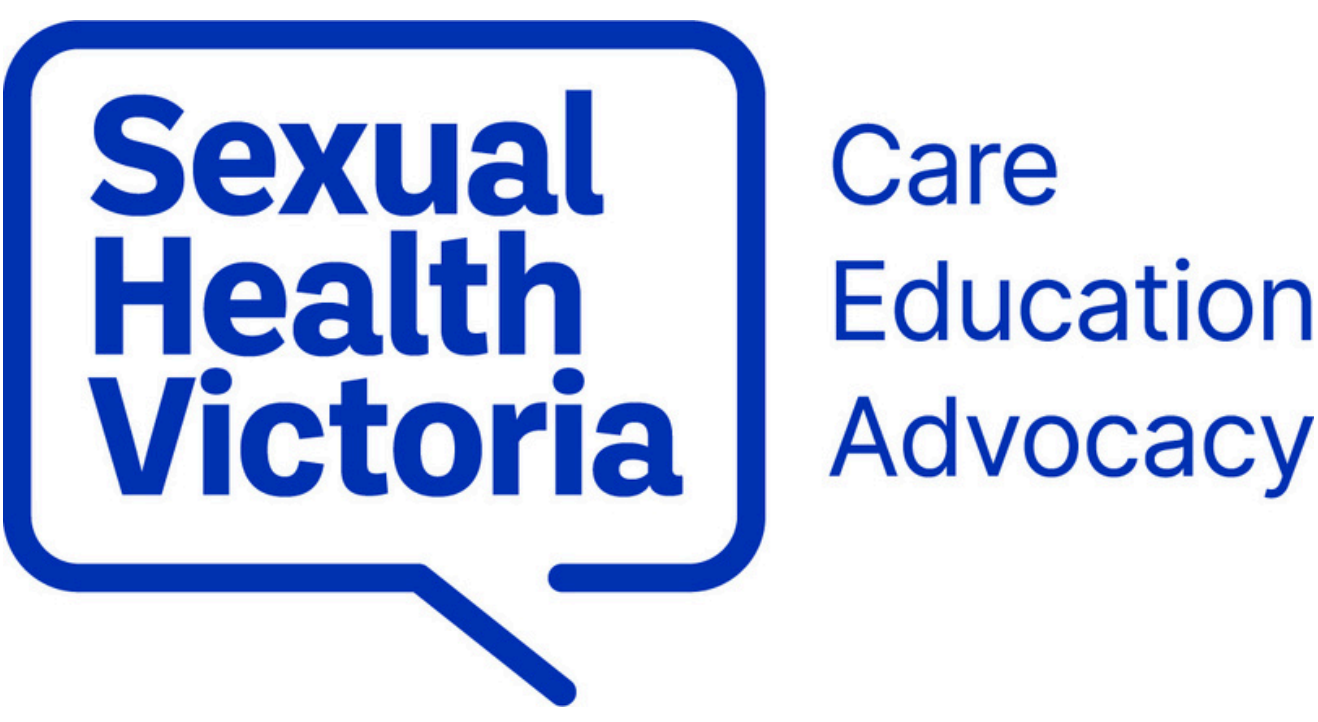
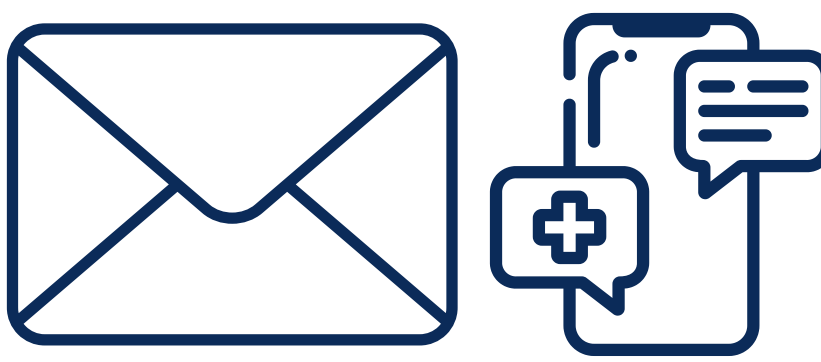
“There is a difference in terms of **who is implementing**- what’s the purpose? Is it enhancing the impact of a public health intervention at a very **low cost** for cervical screening participants versus a business opportunity [private billing].”
(P4, government policy maker)

What is needed to support sustainable implementation?

- Funding mechanisms to adequately reimburse GPs and nurses in different settings
- Establishing and maintaining partnerships with pathology providers who support home-based self-collection
- Information/case studies about how to integrate telehealth into routine practice (e.g. workflows, billing)
- Systematic monitoring and evaluation

Conclusions

- High-quality and safe screening can be delivered via telehealth to address barriers to in-person care
- The policy and funding context limits the use of telehealth for cervical screening, especially for nurse-led screening models
- Scaling telehealth cervical screening services may help ensure that participation is not limited by distance, cost or time



Read our evaluation here! **Sexual Health Victoria’s first telehealth cervical screening service: Design, delivery and evaluation outcomes (Poster by Harwood et al.)**

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