The Royal Australasian College of Physicians

VOLUME 32 NUMBER 6 / DECEMBER 2012

RACP NEWS

JOURNAL OF THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

FOCUS ON HEALTH WORKFORCE

COLLEGE ADVOCATES FOR BEST PRACTICE MODELS OF CARE

DISABILITY STATEMENT KEY TO IMPROVING AWARENESS

SUPERVISION SUPPORT STRATEGY

REFLECTING ON CAREER CHANGES

RURAL TOWNS IN NORTH QUEENSLAND REAP THE BENEFITS OF A 'TELEONCOLOGY' MODEL OF CARE

Member of the RACP Telehealth Working Group, Associate Professor Sabe Sabesan, discusses the requirements and process for building and implementing a successful telehealth model of care for cancer patients.

Lack of access to cancer care is a well-established problem faced by many rural, remote and Indigenous communities in Australia and other countries with large rural populations.[1,2] Access difficulties are encountered in health promotion and in primary care, diagnostic, allied health and tertiary care services. Major contributors to access difficulties for rural cancer patients are long travel distances, dispersed and low-density settlements, and health workforce shortages.[3]

Health workforce shortages apply to all health professional groups including many specialist groups.[3] To provide specialist services closer to home for rural patients, several models of face-to-face outreach services exist. However, patients from smaller towns travel to major centres for complex treatment for many reasons, including inadequacy of resources and service capabilities of smaller hospitals, and time and cost considerations for oncologists or other specialists to travel to towns with smaller patient loads.[1]

Telehealth models in cancer care (referred to as 'teleoncology') can facilitate the provision of specialist services closer to home. A successful telehealth model relies on keen providers, an adequate workforce and sufficiently resourced remote facilities. Consequently, to build a telehealth network it is important to ensure the growth of capacity at remote sites in parallel with the providing sites.[4]

The Townsville Cancer Centre (TCC), the tertiary cancer centre for Northern Queensland, covers a large geographical area of more than 750,000 square kilometres. Just over half of the population in this area live in one of three coastal cities and associated hinterland, with the rest of the population spread over 98.9% of the catchment area. The Medical Oncology Department at the TCC covers half of the northern catchment area.

Given the large geographical area it covers, the TCC embarked on providing cancer care to rural towns through telehealth in 2007. The largest town in the network is Mount Isa, 900 kilometres west of Townsville with a population of 20,000. Since most rural Queensland Health hospitals were already fitted with videoconferencing technology at this time, the coordination and mobilisation of human resources were the next steps in establishing this teleoncology network.

Teleoncology clinics between Townsville and rural sites were established in May 2007 by informal arrangements between the TCC Department of Medical Oncology and the doctors and nurses at rural sites. Patient appointments were booked via medical oncology clinics in Townsville. Prior to the introduction of teleoncology, cancer patients were managed by the emergency department on a goodwill basis.

Associate Professor Sabe Sabesan

In 2009, TCC was successful in securing $860,000 over three years from Queensland Health to expand teleoncology services and to build capacity for rural sites.

Changes to the existing model included:

- All new patients could be seen first via videoconferencing to make sure the future care was coordinated if and when patients travelled to Townsville.
- Patients from Mount Isa did not need to travel to Townsville unless requested by the patients or the treating teams.
- All solid tumour chemotherapy regimens could be administered at Mount Isa Hospital.
- All admitted inpatients were to be seen by medical oncologists in ward rounds via videoconferencing.

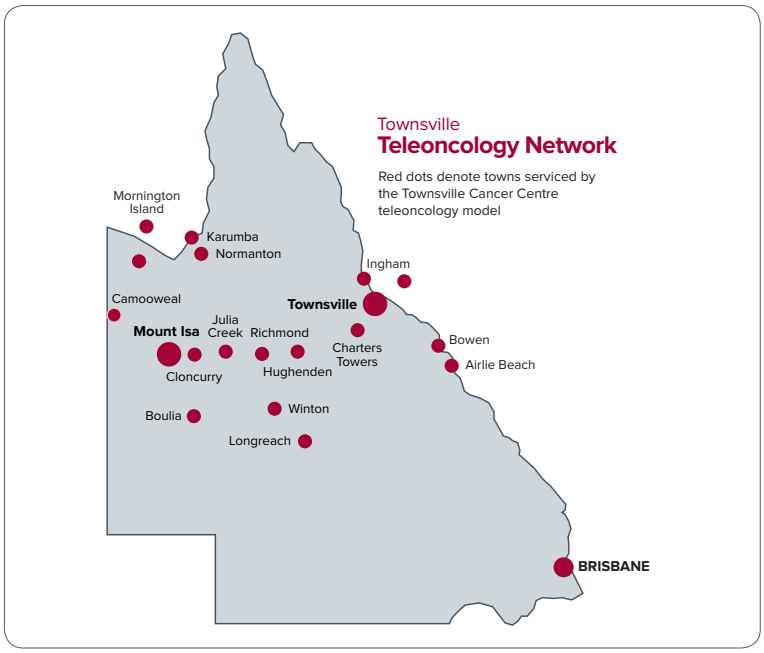
As a result of the teleoncology model of care, Mount Isa Hospital Cancer Care Unit

The RACP, with funding and support from the Department of Health and Ageing, is providing support services to members interested in telehealth through the Physicians Telehealth Support Project. Members can contact the RACP Telehealth Support Officer for:

- information on how to integrate telehealth in the workplace
- access to the Introduction to Telehealth CPD module, RACP Guidelines and Practical Tips for Telehealth and other important resources
- advice on technology, including software testing (Skype, GoTo Meeting)
- information on the Physicians Telehealth Support Project initiatives and upcoming events.

Contact Diana Withnall, Telehealth Support Officer at telehealth@racp.edu.au or phone 61 2 9256 5432.

Alternatively, visit www.racptelehealth.com.au or refer to the December edition of *Mediscussion* for the latest telehealth project developments.



has improved its level of service provided to cancer patients. A recent study reported that teleoncology videoconference consultations are conducted around three to four times per week at this site by all four Townsville-based medical oncologists, with additional appointments available 'on demand'.

Teleoncology has provided many opportunities for the benefit of patients and rural health workers. Coordination of care has become more efficient and the need for travel to Townsville has decreased. Mount Isa Hospital has become a complete medical oncology unit with specialist medical oncologists available on demand through videoconferencing. In addition, savings resulting from the reduction of patient travel to Townsville can be used for making this model of care self-sustainable.

Another benefit of this improved capability is that the Townsville Hospital and Cairns Base Hospital are now in a position to send training registrars to Mount Isa Hospital under the supervision of local internal physicians, visiting medical officers and medical oncologists via the teleoncology model. Hopefully, exposure to good-quality training in the rural sector will translate into attraction and retention of a mature workforce to this sector in the future.

The teleoncology model and, indeed, telehealth are viable alternatives to face-to-face outreach models for smaller rural towns where the small patient load does not justify frequent specialist travel.

Associate Professor Sabe Sabesan
Medical Oncologist, Townsville Cancer Centre, Townsville Hospital
Clinical Dean, Townsville Clinical School, James Cook University

References

1. Underhill C, Bartel R, Goldstein D, Snodgrass H, Begbie S, Yates P et al. (2009). Mapping oncology services in regional and rural Australia. *Aust J rural health*; 17(6):321–329.
2. Doolittle G, Spaulding A (2006). Providing access to oncology care for rural patients via telemedicine. *J Oncol Pract*; 2(5):228–230.
3. Department of Health and Ageing (2008). Report on the audit of health workforce in rural and regional Australia. www.health.gov.au/internet/main/publishing.nsf/content/work-res-ruraud-toc, accessed 13 October 2012; Mooi J, Whop L, Valery P, Sabesan S (2012). Teleoncology: Indigenous perspective, *Aust J rural health*; 20:265–269.
4. Smith A, Bensink M, Armfield N, Stillman J, Caffery L (2005). Telemedicine and rural health care applications. *Journal of Postgraduate Medicine*; 51(4):286–293; Sabesan S et al. (2012). Videoconferencing for medical oncology: acceptable model for patients and health workers. *Internal Medicine Journal*; 42(7):780–785; Sabesan S, Brennan S (2011). Teleoncology for cancer care in rural Australia. In *Telemedicine techniques and applications*. Tech Publishers; Sabesan S et al. (2012). Telemedicine for cancer care in NQ: bringing cancer care home. *Aust J rural health*; 20:259–264.