NOVEL WAYS TO ENHANCE RURAL PATIENT’S ACCESS TO CANCER SERVICES

Dr Sean M Brennan
Townsville Cancer Centre
Rural populations...

- Common themes in care of diffuse rural populations
  - Low health care worker numbers
  - Long distances to access specialist health care

- Common to
  - Australia
  - Canada

Models of care

- Oncologists travel to rural centres
  - Consultation and follow up

- Oncologists travel to rural centres
  - Consultation + treatment (chemo) + follow up

- Patients travel to regional centres
Models of Tele-care

- MDT type telecommunications
  - Patient centred / virtual team
  - Access to allied health communications
  - Combined link
  - Involvement of primary health care physician

Sabesan and Brennan 2011, Teleoncology for Cancer care in Rural Australia
Rural Australia

- **Townsville**
  - Tertiary referral centre
  - North Queensland population 650 000
  - Medical oncology models
    - Telelink consultations then treatment in T’ville
    - Mt Isa model – all encompassing care
    - Decentralised model of oral chemotherapy
Rural Australia

- Radiation oncology - model
  - Initial consultation – Telelink
  - Subsequent consultation - Telelink
  - Planning and treatment – Townsville
  - Post treatment follow up – Telelink / telephone
  - Follow-up – Telelink / Townsville
Benefits

- Consultations at home
  - Patient convenience
    - Cost saving
    - Time saving
    - Travel saving
    - Reduced family disruption
  - Greater involvement of primary physician
  - Accessibility to patient
    - Gulf of Carpentaria – ‘wet’ season isolation

Sabesan, Varma, Nel 2010
benefits

- Provision of urgent medical care, supervision and advice
  - Medical oncology
  - Haematology
  - Initial stabilisation of Radiation Oncology patients
benefits

- Accommodating indigenous needs
  - Large family participation
  - Community participation
    - Involvement of traditional healers
  - Opportunity for *ad hoc* education
benefits

- Treatment delivery closer to home

<table>
<thead>
<tr>
<th>Tele Oncology centre</th>
<th>Distance (km)</th>
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<tbody>
<tr>
<td>Gulf of Carpentaria</td>
<td>1200</td>
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<tr>
<td>Doomadgee</td>
<td>1200</td>
</tr>
<tr>
<td>Mt Isa</td>
<td>900</td>
</tr>
<tr>
<td>Winton</td>
<td>600</td>
</tr>
<tr>
<td>Hughenden</td>
<td>390</td>
</tr>
<tr>
<td>Proserpine / Bowen</td>
<td>275</td>
</tr>
<tr>
<td>Badu Island</td>
<td>!</td>
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Challenges

- Technology
  - Widespread
  - Simple
  - Supported
  - Training offered
challenges

- Visually and hearing impaired patients

Number of Patients (N=28)

- Visual and hearing impaired (13)
- No impairment (15)

No patients reported difficulties with hearing or seeing the Telelink
Townsville experience

- Townsville cancer centre
  - Tertiary referral centre North Queensland
  - Serves population 650 000

<table>
<thead>
<tr>
<th></th>
<th>Number of patients</th>
<th>Number of Consultations</th>
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<tbody>
<tr>
<td>Medical oncology</td>
<td>150</td>
<td>609</td>
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<tr>
<td>Radiation Oncology</td>
<td>53</td>
<td>144</td>
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</table>
Townsville experience – radiation oncology

- demographics

- Gender distribution
  - male
  - female

- Age range
  - 50-60
  - 61-70
  - 71-80
  - 81-90
Townsville experience

Diagnoses

- prostate
- lower GIT
- Skin
- lung
- lymphoma
- breast
- thyroid
Audit – Radiation Oncology
Patients

- Patient satisfaction questionnaire
  - 28 patients assessed
  - Questionnaire based
  - Based on Medical Oncology / Canadian / USA
    - Ethics approved
    - Posted / phone call follow up
    - Basic demographics
    - Satisfaction statements
    - Simple scoring

Doolittle, G. (2001)
Audit – Radiation Oncology Patients

- I felt my privacy and confidentiality were respected
- I could ask questions and seek clarification openly and easily with my oncologist
Audit – Radiation Oncology

Patients

- I found it easy to establish rapport with my oncologist
- I felt my diagnosis and treatment options could be adequately explained to me by my Dr.
Audit – Radiation Oncology Patients

- I felt it reassuring to have a nurse or local doctor with me for my consultation.
Audit – Radiation Oncology Patients

- Important advantages of Tele-link consultations
  - Cost
  - Time
  - Travel
  - Family disruption
Audit – Radiation Oncology Patients

- I would prefer the following for future consultations

Preferences

- Tele-link only
- Tele-link plus travel to regional centre
- Travel to regional centre
Audit – rural clinician satisfaction

- Medical oncology
  - Target clinicians identical to Medical oncology patients

<table>
<thead>
<tr>
<th>Rural Doctors</th>
<th></th>
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<tbody>
<tr>
<td>Rural Doctors</td>
<td>9</td>
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<td>RNs</td>
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<td>Indigenous health care Workers</td>
<td>2</td>
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<td>Social Workers</td>
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</table>
Audit – rural clinician satisfaction

- 100% supported Tele-link
- Concerns raised
  - Operational based
  - Patient based
  - Clinician based
  - Medico legal
- Mirrored results of Canadian study
Audit – rural clinician satisfaction

- Inability of specialists to do a physical examination NOT seen as a concern by rural doctors
Factors to be considered

- Decide on the relevance
- Decide on the model of care
- Integrate
  - Clinical consultations
    - Local or remote
  - Telephone conferencing
    - Nurse led
  - Tele - link
Factors to be considered

- Agreements
- Medico-legal concerns
- Equipment and technology
- Training in technology
- Specific communication skills
conclusion

- Alternative / complimentary service to the rural patients
- Fully applicable to specialist oncology services
- Can be extended to other specialities
- High level of patient acceptance
- High level of rural clinician acceptance