

Models of Care in Teleoncology : Innovation in rural cancer service delivery

Multidisciplinary care using teleoncology model

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**MELBOURNE
AUSTRALIA**

**JOINING
FORCES –
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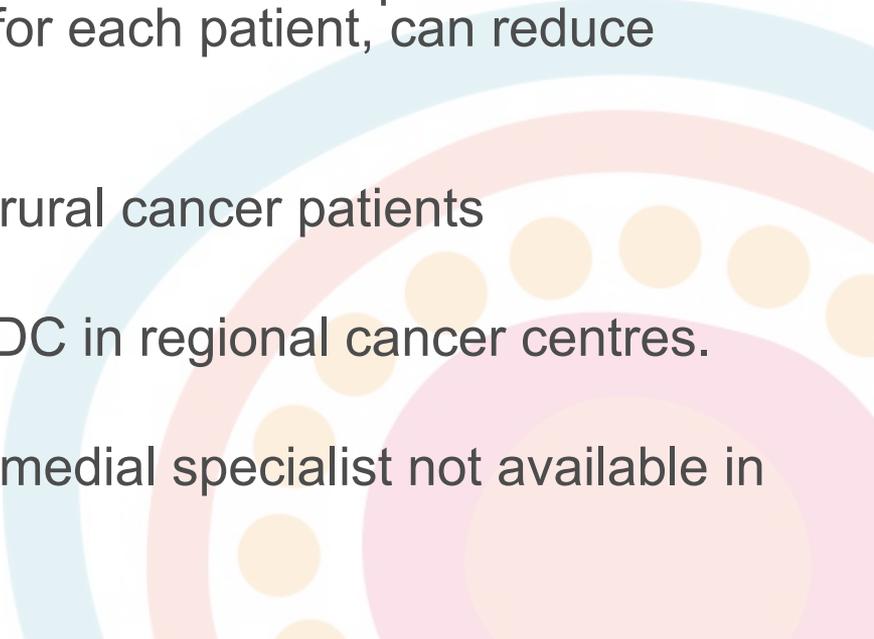
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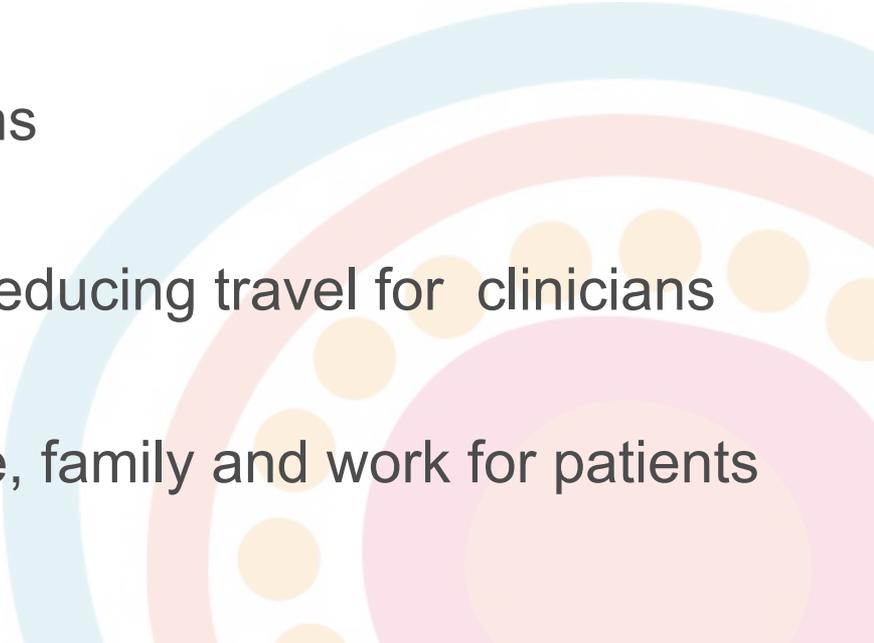
www.worldcancercongress.org

Multidisciplinary care information hub

New online resource to support the uptake of multidisciplinary cancer care

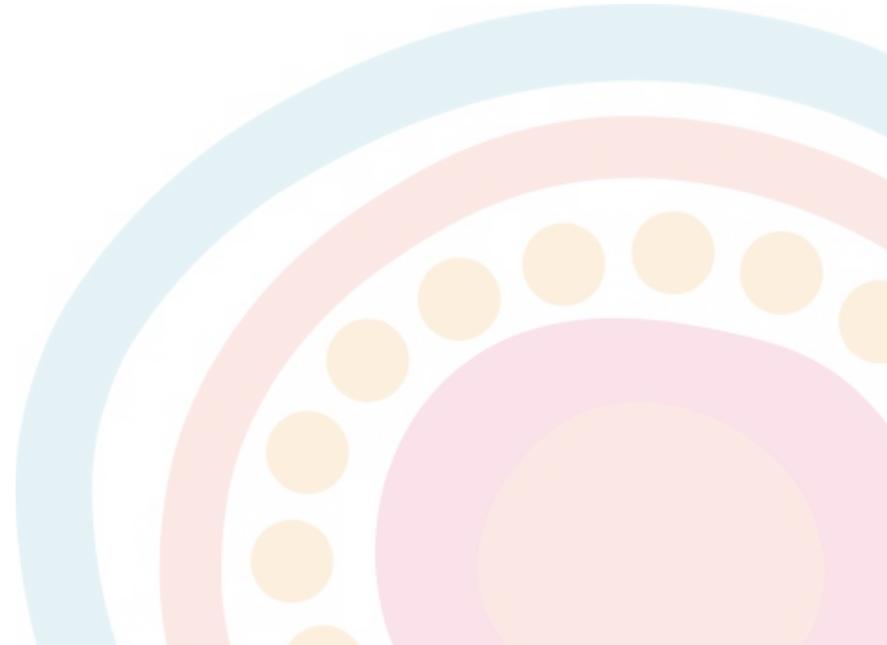
- Evidence indicates that a team approach to cancer care, in which health professionals together consider all treatment options and develop an individual treatment plan for each patient, can reduce mortality and improve quality of life
 - Multidisciplinary care is important for rural cancer patients
 - Telehealth can deliver coordinated MDC in regional cancer centres.
 - Telehealth can also link patients with medial specialist not available in their area.
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The purposes of telemedicine

- To export expertise to rural and remote areas to achieve equity of access to expertise
 - To deliver multidisciplinary opinions
 - To increase efficiency of care by reducing travel for clinicians
 - To minimize time away from home, family and work for patients
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Telemedicine Trial for Multidisciplinary Care

The establishment of a link between Darwin and Adelaide to allow participation in multidisciplinary treatment planning



Telemedicine between Adelaide and Darwin

A digital videoconferencing link for case conferencing between oncologists and palliative care physicians in Adelaide, South Australia and general physicians in the Northern Territory some 3000 km away has been evaluated

Olver IN, Selva-Nayagam S. Evaluation of a telemedicine link between Darwin and Adelaide to facilitate cancer management. Telemedicine Journal 2000, 6: 213-218.



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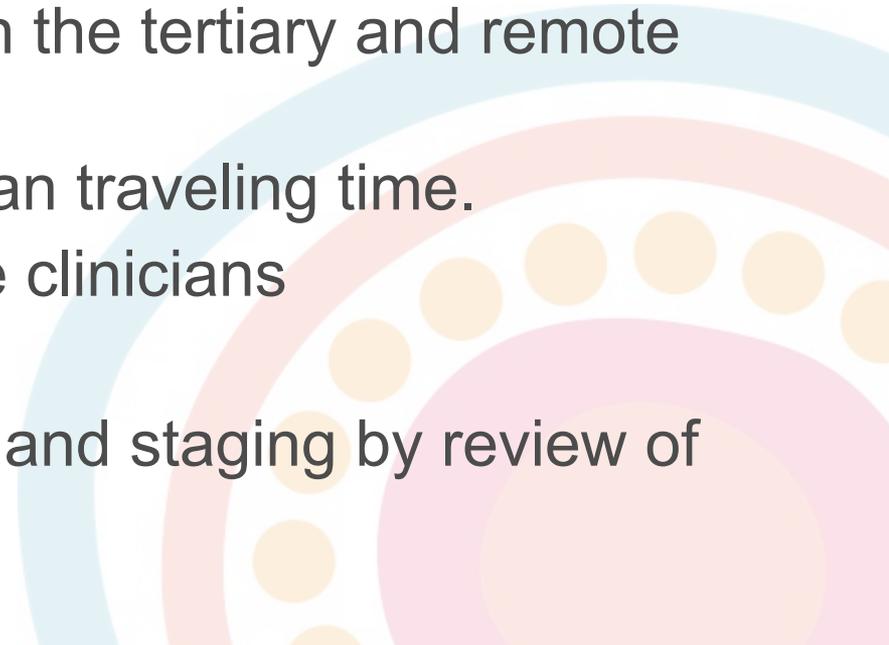
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TELEMEDICINE CENTRE

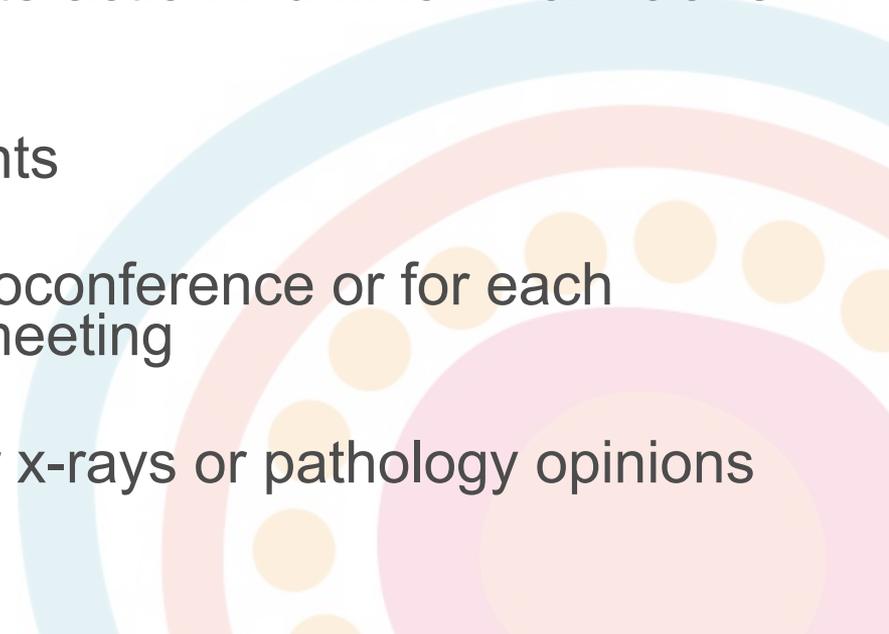
Telemedicine between Adelaide and Darwin

Advantages

- Enabled remote clinicians to participate in multidisciplinary meetings
 - Better communication between the tertiary and remote clinicians for palliative care
 - Decrease in patient and clinician traveling time.
 - Enhanced education of remote clinicians
 - Enhanced peer review
 - Second opinions on diagnosis and staging by review of pathology and radiology
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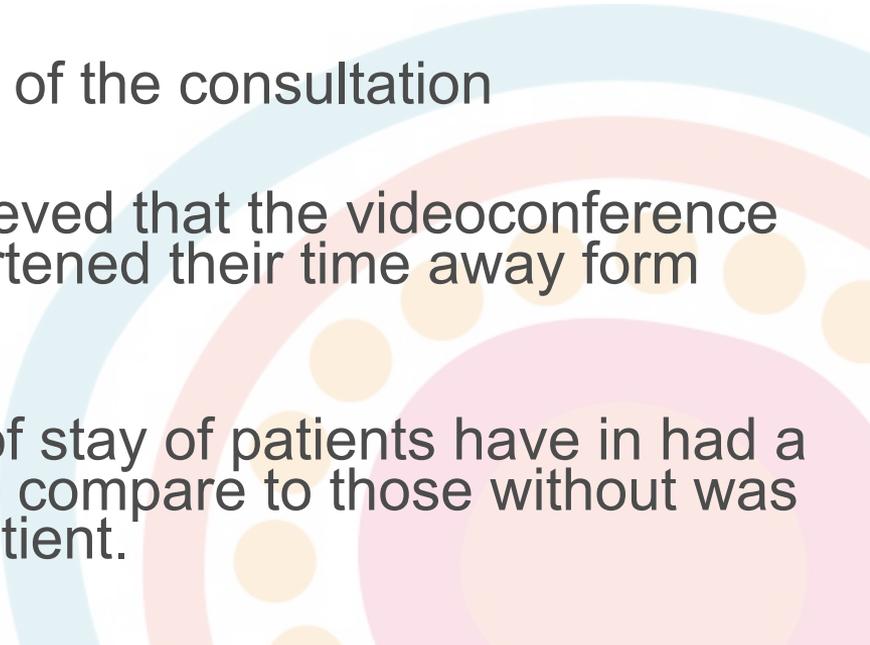
Telemedicine between Adelaide and Darwin

Disadvantages

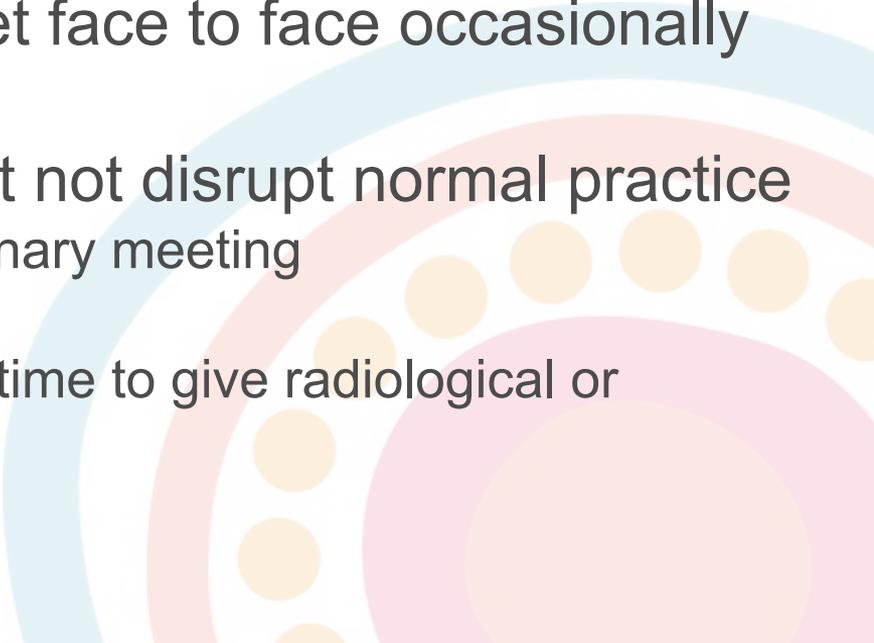
- Technical problems with breakdowns and movement artifact
 - Problems with impersonality of interaction if unknown clinicians at either end
 - Inability to examine remote patients
 - Lack of reimbursement for a videoconference or for each participant in a multidisciplinary meeting
 - Initial quality not good enough for x-rays or pathology opinions
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Telemedicine between Adelaide and Darwin

Patients Perceptions of the MDT Consultation

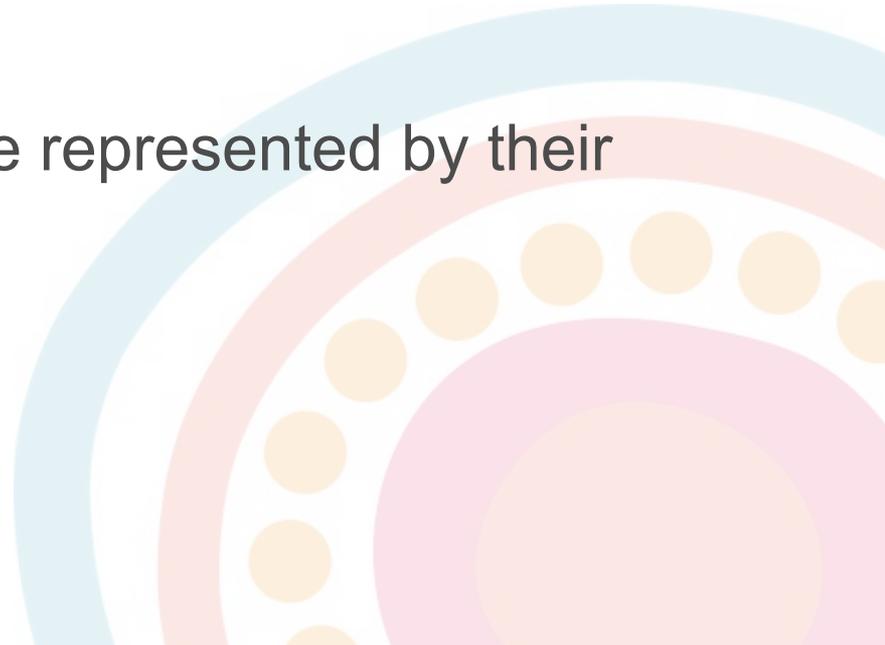
- Seven of eight patients were satisfied or very satisfied with the consultation
 - Half would like a videotape record of the consultation
 - All who traveled for treatment believed that the videoconference had influenced their care and shortened their time away from home
 - The average difference in length of stay of patients have in had a prior consultation via telemedicine compare to those without was 8.4 days, saving \$US 6000 per patient.
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Lessons

- There must be a champion at each end of the link
 - Teams at each end should meet face to face occasionally
 - The use of the technology must not disrupt normal practice
 - Make part of a regular multidisciplinary meeting
 - Have in a place easy to access
 - Adapt to practices such as having time to give radiological or pathological opinions
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Lessons

- There were no specific privacy issues except that in a MDT theatre the remote patient should know who will be present
- Patients can either attend or be represented by their doctors







Olver IN. Telemedicine in Oncology. In Burg G ed. Telemedicine and Teledermatology. Curr Prob Dermatol Karger 2002, 32:121-12

Telehealth to Deliver MDT in Regional Cancer Centres

<http://canceraustralia.gov.au/clinical-best-practice/multidisciplinary-care/mdc-regional-cancer-centres/telehealth>

- Engage local health providers who work outside the regional cancer centres:
 - Involve local GPs, or ensure outcomes are reported back to GPs
 - Involve health professionals from both public and private services in the area
 - Involve Aboriginal Health Workers or health professionals with appropriate cultural competency when relevant
 - Document agreement of role responsibilities of MDC team members.
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