Guidelines for the use of teleoncology to address rural disparities in cancer control

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Disparities

• In 2004–08, cancer was significantly higher in inner regional (504 per 100,000) than in major cities (480), outer regional (495), remote and very remote (474) areas.

• Cancer caused one in five deaths (541 or 20.5%) of Indigenous people (3% pop but more in remote areas), with a rate ratio of 1:3 deaths Indigenous vs. non-indigenous.

• Adults from outer regional and remote areas are more likely to be overweight or obese (69.5%) cf adults living in major cities (60.2%) with higher rates of alcohol use and smoking.

Developing guidelines on a wiki platform

1) Establishing working party and guideline objectives
2) Developing clinical questions
3) Developing search strategy, searching the literature and recording the literature search
4) Data extraction & critical appraisal of the literature
5) Assessing the body of evidence, developing recommendations and guideline content
6) Dissemination of guideline content via web link
7) Ongoing commenting
8) Ongoing content updates
9) Ongoing literature lead
10) Ongoing appraisal of literature
11) Ongoing content additions

## Grade

<table>
<thead>
<tr>
<th>Grade</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Body of evidence can be trusted to guide practice</td>
</tr>
<tr>
<td>B</td>
<td>Body of evidence can be trusted to guide practice in most situations</td>
</tr>
<tr>
<td>C</td>
<td>Body of evidence provides some support for recommendation(s) but care should be taken in its application</td>
</tr>
<tr>
<td>D</td>
<td>Body of evidence is weak and recommendation(s) must be applied with caution</td>
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</tbody>
</table>
Models of care
What teleoncology models of care are available to health services in Australia and overseas?
What models of care for teleoncology are available to nursing services?
What models of care for teleoncology are available to allied health services?

The care pathway
Is teleoncology as effective as standard oncology care for the screening of cancer?
Is teleoncology as effective as standard oncology care for the diagnosis of cancer?
Is teleoncology as effective as standard oncology care for the treatment of cancer?
Is teleoncology as effective as standard oncology care for the palliative care of cancer patients?
Safety, privacy and legal issues
How is the privacy of cancer patients protected when using teleoncology?
Are there any legal issues for health professionals to consider when using teleoncology?
Is teleoncology safe for cancer patients and health professionals compared with standard oncology care?

Satisfaction and cost
Are cancer patients and health professionals satisfied with teleoncology compared with standard oncology care?
How cost-effective is it for health services to use teleoncology compared with standard oncology care?

Teleoncology for clinical trials
## Screening

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Grade</th>
<th>Evidence base</th>
<th>Evidence consistency</th>
<th>Clinical impact</th>
<th>Generalisability</th>
<th>Applicability</th>
</tr>
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<tbody>
<tr>
<td>Telephone counselling should be considered to improve the uptake of mammographic screening or the intention for genetic screening.</td>
<td>C</td>
<td>B — one or two level II studies with a low risk of bias or a systematic review/several level III studies with a low risk of bias</td>
<td>D — evidence is inconsistent</td>
<td>C — moderate</td>
<td>D — population/s studied in the body of evidence are different to the target population and it is hard to judge whether or not it is sensible to apply this evidence to the target population</td>
<td>B — applicable to an Australian healthcare context with few caveats</td>
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</table>
Is teleoncology as effective as standard oncology care for the treatment of cancer?

| Multidisciplinary care can be provided through teleoncology models in a manner acceptable to health professionals and patients. Use of teleoncology for multidisciplinary team care could result in management decisions similar to face to face assessments. | C |
| Teleoncology models may help reduce waiting lists and inter-hospital transfers for rural patients. | C |

Practice Point: Centres wishing to embark on these models need to ensure that adequate resources, governance and quality control mechanisms are in place.
### Is teleoncology as effective as standard oncology for palliative care of cancer?

Regular nurse-led telephone or web-based multi-component coaching sessions (focused on problem solving, symptom management, self-care, identification and coordination of care resources, decision making, advance care planning and a life-review component), provided shortly after diagnosis may lead to some improvements in the symptom distress of advanced cancer patients.

If rural, remote or isolated patients with advanced cancer have unmet palliative care needs and do not have access to a specialist palliative care team, it is feasible to provide a specialist palliative care video-consultation involving the patient, their family and members of their treatment team.
How is privacy protected with teleoncology?

**Practice Point:** It is advisable that organisations ensure that electronic transfer of patient information occurs only by secure encrypted networks, and that policies and procedures are in place to protect data stored on mobile devices.

It is advisable that organisations identify and implement steps in addition to current policies and procedures to ensure patient privacy during video-consultations.
Are there legal issues?

**Practice Point:** It is important for clinicians to be familiar with the principles of good clinical practice along with specific guidelines from various jurisdictions on technology based consultations.

Asking for consent, communication with patients and members of the multidisciplinary team, documentation and plans for continuity of care will avoid most medico-legal problems.

It is beneficial to clarify the indemnity arrangements when service is provided across jurisdictions.
It may be safe to administer chemotherapy in rural towns under the supervision of medical oncologists from larger centres by teleoncology, provided that rural resources and governance arrangements are adequate.

**Practice Points:** Rural centres that have high dependency or intensive care units may be able to administer most chemotherapy regimens locally under remote supervision by medical oncologists using teleoncology.

Centres that lack high dependency units may only be able to provide selected low and moderate risk chemotherapy regimens.

New centres embarking on remote chemotherapy supervision models could adopt a staged approach to the selection of medications administered at rural sites.
## Cost-effectiveness

| Cost savings to the health systems can be achieved through teleoncology models when large travel distances and high patient numbers are involved. | B |