Providing Chemotherapy services to rural areas

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Current status:

1. Larger rural/regional centres- Chemotherapy services by resident chemo-competent nurses and oncology/Haematologists

2. Rural chemotherapy services by resident chemotherapy competent nurses supported by FTF outreach or teleoncology services
   eg- Townsville-Mt Isa,
   Royal Brisbane-Bundaberg, Tamworth,
   South Australia, Barwon Health

3. Most rural patients continue to travel to larger centres for their cancer care.
Townsville teleoncology network
Barriers to the provision of local chemotherapy services at Level 3 rural centres:

- Service capability framework allows for the provision of low risk chemotherapy regimens at level 3 centres.
- Lack of availability of medical oncologists, pharmacists trained in oncology and chemotherapy competent nurses
- Low patient volume
- High staff turnover

Therefore, new models of care are needed to provide selected chemotherapy regimens closer to home for most Queenslanders.

One such model is Q-ReCS - Jointly in development by the QH SRRCN and SCN
Queensland Remote Chemotherapy Supervision Model (Q-ReCS)

- Medical review by Oncologist CSCF Level 4,5,6 cancer centre
- Supervision by CSCF Level 4,5,6 chemotherapy nurses
- Oncologist Pharmacist at CSF level 4,5,6 cancer centre

Telehealth Models

- Patient at CSCF level 2,3
  - Supported by family members, rural generalist medical officers, pharmacist and nurses

- Provision of chemotherapy and oncology care locally
Queensland Remote Chemotherapy Supervision (Q-ReCS) model addresses all these workforce limitations through telehealth models of care while providing governance for chemotherapy administration at level 3 rural sites.

**Is it a good idea?**

This model was created based on positive outcomes on patient and health professional satisfaction, safety of remote chemotherapy supervision and cost comparison analysis of the Townsville Teleoncology Network.
Townsville Teleoncology Model

- Feasible to provide comprehensive services
- Acceptable to patients and health professionals
- Safe to supervise chemotherapy remotely
- Saves money to the health system

Expanded rural scope of practice and Improved rural workforce

Broader scope of practice

Improved rural work force

Local access to specialists via telehealth

- Safe model of care,
- Acceptable to patients and health professionals,
- Saves money to health systems

Improved access to specialist services close to home &
Less need for long distance travel
Q-ReCS guide:

10 requirements

1. Workforce
2. Training - includes a simplified 3 day nursing training and 5 ADAC
3. Acuity and complexity of chemotherapy medications and supportive therapies
4. Legislation and special considerations
5. Infra-structure, Consumables and equipment for chemotherapy administration
6. Technology, information technology and support - need one information system for connecting sites
7. Continuity of care and partnerships
8. Medico-legal and ethical consideration
9. Financial consideration
10. Documents
**Some benefits:**

1. Feasible to extend cancer services to smaller rural towns

2. Training is simplified so that rural generalist nursing staff are not taken off work for prolonged periods for training

   Easy to train quickly to accommodate high turn over

3. Creates a true shared care model where partnership between larger and rural centers are strengthened

   Continuity of care and hand over, likely to make current practices even safer

4. Other benefits of telehealth models including expanded scope of practice and enhanced rural service capabilities
**Risks:**

1. Uptake depends on champions----need to be part of core business
2. May upset the ABF and revenue for providing hospitals
3. Can be labour intensive if volumes are very small.
4. Technology issues
5. Drug courier costs
6. Others that might come up
Update:

1. Endorsed by the SCRRN,
2. Awaiting endorsement by the Cancer network,
3. Positive public comments
4. Trial sites in North Queensland-Bowen, Ingham and Charters Towers
   Qualitative study: positive themes, except the need for better coordination between provider and receiver.
5. More sites in the far north coming in the next 2-3 months-
   Cook Town, Weipa, Atherton and TI as part of the Health Innovation Fund from QH.

“More insight via You tube and introduction to telehealth”
Thank you