National Breast and Ovarian Cancer Centre
Submission regarding the Australian Government Discussion Paper, *Connecting health services with the future: Modernising Medicare by providing rebates for online consultations*

February 2011

**Part 1: Introduction**

National Breast and Ovarian Cancer Centre (NBOCC) welcomes the opportunity to respond to the Australian Government’s Consultation Discussion Paper, *Connecting health services with the future: Modernising Medicare by providing rebates for online consultations*.

Funded by the Australian Government, NBOCC works in partnership with health professionals, cancer organisations, researchers, governments and women diagnosed to improve outcomes in breast and ovarian cancer.

NBOCC plays a vital role in the translation of worldwide cancer research into meaningful and evidence-based information to guide the work of Australian health professionals, improve health service delivery, inform women with breast or ovarian cancer about all aspects of their diagnosis and treatment, and raise community awareness about the diseases.

NBOCC’s submission will focus on five of the seven issues for consideration outlined in the Discussion Paper, namely:

1. Optimal practice models;
2. Optimal specialties;
3. Training and support;
4. Technical issues; and
5. Limitations of uptake of telehealth.

**Geographic location and access cancer services in Australia**

It is estimated that over 110,000 Australians were diagnosed with cancer in 2010.\(^1\) Approximately 30 per cent of these will live outside major metropolitan centres.\(^2\) In addition to the challenges faced with any diagnosis of cancer, rural Australians diagnosed with cancer face additional burdens related to their rurality and particular challenges in accessing information, support and services.\(^3\)

Due to the location of specialty cancer services, available treatments are likely to vary for Australians living in rural areas when compared with those living in metropolitan areas. For example, a study of women with breast cancer in rural areas of Western Australia found they are less likely to have breast-conserving surgery, adjuvant radiotherapy and hormonal therapy than women in metropolitan areas, and less likely to be treated by a breast cancer surgeon with a high caseload.\(^4\)

NBOCC recognises that rural and regional patients may sometimes need more specialised care than is available locally and that patients may need to travel from time to time as part of their overall care plan. Where it is not possible for patients to access comprehensive care in...
the one location, well coordinated networks of cancer services can deliver a consistent standard of quality care. E-health and telehealth offer the means for health professionals to access and share information in the provision of optimal care.

In this context, the introduction of Medicare rebates for online consultations provides the opportunity for equity of access to health services for all Australians diagnosed with cancer, irrespective of their location, and ultimately to improve survival and quality of life.

**The National Broadband Network and health reform**

The Australian Government’s introduction of the National Broadband Network (NBN) provides the vital framework for the implementation of health reform in Australia, particularly with regard to telehealth opportunities outlined in the discussion paper, *Connecting health services with the future: modernising Medicare by providing rebates for online consultations*.

The NBN would provide the speed, resolution, capacity and infrastructure for the implementation of quality and speedy telehealth services. To be truly effective and to provide equitable health outcomes, telehealth needs to be implemented nationally. In the absence of the NBN, or similar infrastructure, telehealth implementation may continue to be through sporadic, single initiatives with connectivity determined by availability of local infrastructure and resources.

NBOCC recognises that in some areas of Australia, connectively may already support the introduction of telehealth consultations for cancer care.

A key to the successful introduction of telehealth consultations is a framework for issue resolution that identifies issues as they arise, provides guidance for resolving the issues and allows for the learnings to feed into the ongoing development of telehealth services.
Part 2: Issues for consideration for implementing Medicare rebates for online consultations

NBOCC will address five of the seven issues for consideration raised in the Discussion Paper:

1. Optimal practice models;
2. Optimal specialties;
3. Training and support;
4. Technical issues; and
5. Limitations of uptake of telehealth.

1. **Optimal practice models**

NBOCC’s experience with e-health and telehealth confirms that the optimal practice model for the implementation of online consultations is multifaceted and the development of a model should consider:

- care coordination
- engagement with and inclusion of local health professionals
- community based consultation facilities
- consideration of Aboriginal and Torres Strait Islander communities.

Research shows that cancer survival rates are poorer in rural and remote areas of Australia, when compared with metropolitan centres. However, there is evidence that a coordinated team approach to cancer care can reduce mortality and improve quality of life for patients. Australia presents a challenge for the implementation and coordination of team-based care due to geographic and population considerations.

One model of coordinated care is multidisciplinary care – a team-based approach to cancer care involving a number of different medical and allied health care professionals. NBOCC has taken a lead role in developing, evaluating and promoting a multidisciplinary approach to cancer care in Australia. Evidence indicates that care provided by a multidisciplinary team is more likely to adhere to evidence-based guidelines than those made by individual clinicians.

Accessible and effective communication within the multidisciplinary team is fundamental to this approach.

The proposed online consultation initiative has the potential to contribute to improved coordination of care as well as multidisciplinary team communication. Involving local health professionals in online consultations with a metropolitan-based specialist is likely to assist in the development of multidisciplinary relationships and referral networks. In order to ensure the online consultations are effective, it is recommended that at least one local health professional involved in the delivery of care on the ground is included in online consultations, whether the health professional is the general practitioner (GP), nurse, allied health worker or Aboriginal Health Worker.

Incorporation of flexible online consultations into community-based health services has been identified as an important component of the success of the proposed initiative, not only for the patient, but also to assist in involving local health professionals. A fit-for-purpose model will help engage local health professionals without adding to their workload. Additionally, the
ability to incorporate online consultative services into local pharmacies, GP clinics or other community centres will assist in successful implementation across Australia. A flexible approach is important to ensure that isolated or remote health services and health professionals benefit from online consultations and in some circumstances, a centralised approach may not be appropriate.

An additional benefit of incorporating online consultation facilities into local services is increased accessibility of the specialist appointment for families and carers. Many patients bring a relative or friend to their appointment for support and providing the opportunity for patients to bring carers to appointments is likely to improve patient satisfaction.

Community-based services are particularly relevant to Aboriginal and Torres Strait Islander women diagnosed with breast or ovarian cancer. Aboriginal and Torres Strait Islander people are less likely to receive and complete treatment for cancer and face multiple barriers to optimal care and treatment.\(^\text{11}\) Many of these barriers can be overcome by providing Aboriginal and Torres Strait Islander people with culturally appropriate information and support to access and complete treatment for cancer. The availability of online consultations in rural communities will improve access to treatment and provide benefits to the Aboriginal and Torres Strait Islander communities.

Benefits for Aboriginal and Torres Strait Islander communities include:

a) **Increased adherence with cancer treatment impacting on survival rates:** research has shown that Aboriginal and Torres Strait Islander people are less likely to receive treatment for cancer including surgery, radiotherapy and chemotherapy than non-Indigenous peoples.\(^\text{11, 12}\) This difference is further impacted by the remoteness of residence and whether Indigenous language is the first language spoken.\(^\text{12}\) Providing online consultations in the local area, thereby reducing the need for travel and time away from family and community, may increase adherence to treatment regimes. It also increases the likelihood of having a local language interpreter present at the appointment. Being away from family and community can be a barrier to accessing treatment\(^\text{13}\) and so allowing the patient to stay at their home residence and for family members to join the appointment through online consultations may increase compliance with treatment.

b) **Improved transfer of knowledge and information to local health professionals:** when a patient is required to travel for cancer treatment it is uncommon for their local health professional to travel with them. This may result in a reduction in information being conveyed to the local health professional especially if relying on the patient to provide the information. Through online consultations, the local health professional and the patient can both be present to receive the information resulting in more informed health professionals to support the patient in their local area.

c) **Awareness of cultural impacts on cancer treatment:** use of complementary and alternative medicine is high among breast cancer patients.\(^\text{13, 14}\) In some parts of Australia, the use of traditional bush medicine by Aboriginal and Torres Strait Islander people is still widely reported.\(^\text{15}\) Encouraging open communication about traditional bush medicine between patients and clinicians during consultations would be beneficial. Online consultations can assist in the discussion of clinicians with their patients about traditional bush medicine in an open and patient-centred manner. These discussions may assist the clinician in making a comprehensive assessment
of the patient in developing the treatment plan and enhance the patient’s adherence to the recommended treatments.

2. **Optimal specialties**

Research shows that for the 30 per cent of Australians living outside of metropolitan centres, cancer survival rates are poorer and people are generally diagnosed with cancer at a later stage. A survey conducted by the Clinical Oncological Society of Australia (COSA), highlighted gaps in availability of cancer services in regional and rural Australia, with specialist medical, radiation and surgical oncology service availability diminishing with increasing geographic isolation. These result in patients travelling to metropolitan centres for some or all of their cancer treatment – requiring costly, time-consuming and often uncomfortable long-distance travel for patients and their families. In some areas, outreach services are also provided by specialists travelling to rural centres for regular clinics – resulting in specialists spending valuable time travelling and often local doctors having to make specialist and stressful decisions with phone advice from specialists.

The Australian Government’s commitment to the development of Regional Cancer Centres provides an important avenue for improving access to cancer services for rural and regional cancer patients. NBOCC recommends that all Regional Cancers Centres provide multidisciplinary care as a component of best practice care and engage with primary health care professionals to better serve rural and regional patients. Initiatives such as the proposed online consultations will assist in supporting multidisciplinary care teams, care coordination and ultimately improving cancer care across Australia.

Cancer care, like many areas of healthcare, involves a range of health professionals throughout the patient’s journey including GPs, nurses, surgeons, medical and radiation oncologists and allied health professionals. Online consultations are relevant across the cancer journey from screening through to palliative care, but may not replace face-to-face, on-site care in many instances.

An example of successful online consultations is the Townsville Cancer Centre, which conducts weekly videoconference clinics in Mt Isa with cancer patients and their families, accompanied by a senior medical officer and oncology nurse. This project has allowed chemotherapy to be delivered closer to home and evaluation shows high levels of patient satisfaction. This example reinforces the model that some aspects of cancer care can be addressed at a distance, with appropriate support and training, although, it is not a complete solution to patient travel or outreach services.

3. **Training and support**

The proposed online consultation initiative requires training and support in two areas:

- clinical teaching and training, and
- training and support for new technology.

Online consultations provide an opportunity to extend clinical teaching and training. A number of barriers to rural health professionals accessing traditional models of continuing professional development have been identified including: professional isolation, geographic distance, lack of locum support and cost. These barriers, in addition to the lack of adequate
technology, are, in some circumstances, prohibitive for rural health professionals in accessing the latest advances in cancer care.

The proposed initiative will enable specialist clinicians to communicate directly with non-specialist health professionals in rural and remote areas thereby improving access to specialist information and support. General practitioners, especially in rural and remote areas, undertake a wide range of clinical activities which require high skill sets.\(^{18}\) As a result these health professionals need information, education and support to ensure the provision of evidence-based care.

NBOCC has identified an opportunity through the online consultations initiative to assist health professionals in rural areas to gain access to new information and the latest advances in cancer care. Online consultations involving GPs and other local health professionals are likely to address some of the identified barriers such as reducing professional isolation through video link consultations where specialists and non-specialists are in direct communication. Regular online and/or video contact with specialists may provide an opportunity for rural health professionals to stay up-to-date with treatment advances. These and other opportunities for professional development and education should be explored.

The second consideration in training and support of the new technology are the challenges involved with health professionals using new software. The example below draws on the experience of NBOCC in the implementation of new software and outlines the key success criteria.

NBOCC delivered eight virtual classrooms about breast cancer care to rural health professionals in 2010 as part of the *Supporting Women in Rural Areas Diagnosed with Breast Cancer Program*. The virtual classrooms were delivered using innovative online software which enables breast cancer experts to present information and education to health professionals in rural and remote Australia with all participants attending from their home or office computer.

The experience of delivering virtual classrooms to rural and remote areas of Australia using online technology can inform other innovative initiatives which aim to use technology to improve cancer care in rural and regional areas of Australia, where access to specialist care may be limited. In particular, the lessons learnt from this project may improve future initiatives and include:

- High quality evidence-based information can be communicated using innovative online software and evaluation responses indicate a high level of technical acceptability when support is provided.
- Online technology creates flexible communication networks between non-specialists and specialists which may not otherwise exist.
- Presenters need to be trained on software platform, possible technical difficulties and troubleshooting.
- Technical support is required to facilitate troubleshooting for presenters and participants both prior to and during virtual classrooms.
- All participants need access to technical support to ensure a good experience with the software regardless of issues encountered; NBOCC’s experience has found that a poor experience may discourage participants from participating in future sessions.
Based on these lessons, key success criteria for similar e-health initiatives include:

- All users and technical support have fast and reliable Internet connections.
- Basic training for all users in software capabilities and troubleshooting.
- Easily accessible technical support (e.g. via phone or email) during all hours when the technology is being utilised (may require after hours support).
- Experiencing good quality communication of information using the designated technology will ensure continued usage.

4. **Technical issues**

GPs in rural areas of Australia play an important role in the delivery of health service, working across a wide range of clinical activities. Initiatives designed to support GPs outside of major centres need to consider the differences in practice activity and the possible implications of a one size fits all approach.

A barrier to rural GPs and health professionals accessing technical initiatives is the lack of necessary infrastructure to support successful implementation. In the instance of online consultations, the rollout of the NBN, or similar infrastructure, is vital to addressing technical issues likely to arise during online consultations to ensure that jurisdictions across Australia are technically able to participate in the initiative.

There are a range of technical issues to consider in the rollout of online consultations and to inform this process, learnings from previous and existing work are important. NBOCC has undertaken several projects using Internet technology, and has identified several technical considerations for online consultations, specifically:

1. **Technical support** is fundamental to ensuring users have a good experience with the technology. In addition to training health professionals in the software requirements and trouble-shooting techniques, providing access to a technical support line has proven beneficial. Interim evaluation results from the *Supporting Women in Rural Areas Diagnosed with Breast Cancer Program* component which utilised innovative technology to extend information for rural health professionals showed that real-time attendance by technical specialist support staff and a moderator to support the virtual classroom sessions are required for successful user experience.

2. **Compatibility of operating systems of all participants including hospitals is essential.** NBOCC’s experience has proven that some public hospitals have Internet firewall and security restrictions which may impact use of online software. Current hardware also needs to be available for all participants regardless of location; for example, virtual classrooms require audio speakers and a microphone in addition to a computer with current operating software and Internet access. Hardware and software issues can often be overcome through planning and troubleshooting assistance.

3. **Technical capacity/resources including Internet connection and data storage have important implications not only for accessing online consultation facilities but also for communication and storage of patient records.** The proposed online consultations initiative could support and improve existing communication channels and enable sharing of patient information including medical records, imaging and pathology in cancer care as well as other areas of health care. For example, NBOCC has
undertaken the Shared care demonstration project which supports shared communication between specialists and GPs in relation to follow-up care for women with breast cancer through shared care plans and rapid access requests. This project is an example of a strategy to improve patient care through communication and information sharing.

5. Limitations in uptake
This section identifies possible limitations for the proposed online consultations, in addition to possible technical considerations noted above (see training and support and technical issues). The limitations outlined below relate to the potential impacts on two key stakeholders in this process, health professionals and patients.

An important component of healthcare and cancer care in particular, is the view of the consumer (patient). NBOCC’s evidence-based approach includes a strong consumer focus and collaboration with key stakeholders. Women with breast or ovarian cancer provide valuable perspective and unique input to NBOCC’s program of work; similarly, cancer patients can provide key input to the proposed initiative.

It has been identified that patients in areas where the proposed initiatives will be implemented have a key role in the development of an acceptable implementation strategy. Considering possible limitations from the patient perspective will help ensure patient uptake of online consultations. Identified limitations from the patient perspective may include consent to participate; data storage and future use of medical records; and acceptability of online consultations in exchange for face-to-face consultations. While this list is not exhaustive, it highlights the importance of patient consultation during the development and implementation of the initiative to ensure an effective strategy is achieved – one which works not only for the health professionals providing care, but also for patients receiving care.

Health professionals and patients may have similar concerns limitations such as privacy, security, confidentiality and issue resolution framework.

Finally, there are limitations which pertain to health professionals which may impact on uptake of the new initiative, these include:\textsuperscript{16} medico-legal issues resulting from shared consultations; considerations regarding indemnity insurance; safety of administering treatment (e.g. chemotherapy); and patient rapport and inability to conduct physical examination.

If these, and other limitations, are addressed through early stakeholder consultation, it is likely that the proposed initiative will support improved care and communication between specialists, non-specialists and patients.
References


15. Shahid, S, Finn, L, Bessarab, D, Thompson, SC. Understanding, beliefs and perspectives of Aboriginal people in Western Australia about cancer and its impact on access to cancer services. BMC Health Serv Res. 2009; 9, 132.
