



Telehealth for people with cancer

Cancer Council Australia and the Clinical Oncology Society of Australia are calling on the Australian Government to ensure telehealth continues to be a viable model in cancer care by instituting MBS telehealth items for GPs, medical practitioners, nurse practitioners and allied health providers beyond the temporary arrangements.

The COVID-19 pandemic is disproportionately affecting people with cancer and has threatened the health and availability of the oncology workforceⁱ. The comprehensive response of Australian Governments to the COVID-19 pandemic has likely saved thousands of lives, and significantly enhanced the ability of our health system to provide care for everyone who needs it and ensured essential services have been maintained.

Telehealth as a model of care for cancer patients has ensured cancer care can be safely continued during the pandemic for our vulnerable populations (including the elderly and immunocompromised) and reduce the risk of community transmission of COVID-19ⁱⁱ. The swift and efficient introduction of the [COVID-19 Temporary MBS Telehealth Services](#) by the Australian Government in March 2020 enabled the wide spread use of telehealth, and evidence is now emerging of the potential for these benefits to be felt long after the pandemic has been brought under control.

In mid-May 2020, Cancer Council Australia and the Clinical Oncology Society of Australia conducted a survey of cancer care professionals to gauge the impact the new telehealth items have had on their practice and understand perspectives of the benefits and challenges telehealth has presented. We received 95 responses to the survey in less than four days - an unprecedented response rate to this sort of survey for the oncology community. The responses were overwhelmingly unanimous in their support for telehealth indicating that the increased usage of telehealth for cancer care has had significant and positive benefits for patients, healthcare providers and health services.

The temporary items have allowed us to continue delivery of care that for many patients would not otherwise have been possible. Respondent 1

... allowed us to keep patients at home. Huge impact for the better. Reduced exposure of patients and staff. Reduced financial and time toxicity. Respondent 9

... provided the ability to provide care to vulnerable patients in their homes during COVID pandemic. They have given us the ability to avoid patients having to unnecessarily cross state border for care during COVID pandemic. Respondent 22

Continuing current item numbers would permit a much more efficient use of resources, not only with respect to our practice, but to the community, and would permit a more efficient use of our time. Respondent 83

Prior to the introduction of the COVID-19 Temporary MBS Telehealth Services, MBS telehealth items were available for patients living outside of major cities to connect with medical specialists by video, and also supported patient-end services to be delivered by medical practitioners, nurse practitioners, midwives, and practice nurses and Aboriginal health workers providing services on behalf of medical practitioners. This arrangement meant that telehealth was not available for patients living in metropolitan areas, nor for allied health services.

For years, I have banged my head in frustration why my patients who live in metro Melbourne can't be offered telehealth. Instead of having to drive in, pay for parking, sit in a waiting room for an hour, and then drive home again. This is a waste of their time and money and in many cases is totally unnecessary as they could receive the same level of care via telehealth.

A/Prof Arun Azad, Medical Oncologist

The items have provided my patients and I with a real choice as to the most appropriate mode of consultation. Sometimes it's telehealth, sometimes it's face-to-face. Without them people would have avoided appointments and not received appropriate care.

A/Prof Nick Pavlakis, Medical Oncologist

The COVID-19 Temporary MBS Telehealth Services have allowed cancer services and health professionals to continue to offer high quality clinical services to people affected by cancer in a safe and efficient manner. They have supported health professionals and vulnerable patients to stay at home through the height of the pandemic and comply with social distancing and self-isolation measures, while continuing to access appropriate healthcare services. Moreover, they have

enhanced the care of patients remotely from clinics by enabling review for treatment decision-making and post therapy monitoring where otherwise this would have been limited.

The increased availability of telehealth has been welcomed by patients, with a recent survey by Consumers Health Forum finding more than 80% of patients offered a telehealth appointment took up the offer, and a similar proportion viewed the service as excellent or of good qualityⁱⁱⁱ. Similarly, a patient survey in April 2020 by Loddon Mallee Integrated Cancer Service found 76% of patients would like video consults to be an ongoing option for appropriate consults. The temporary telehealth services have saved cancer patients and their care-givers significant time and money – savings on transport costs and parking fees, time off work or childcare, travel time or wait time in a busy clinic. It also delivered savings to health services with fewer cancellations, by diminishing unnecessary clinic visits, potentially reducing clinic footprints and providing more efficient options for family consultations and follow up (with nursing and allied health consultations included).

Before COVID, uptake of telehealth was low despite government incentives. Now that this is standard practice for almost every doctor due to new MBS items, they would feel comfortable to use telehealth for other purposes including clinical trials using the teletrial model.

Prof Sabe Sabesan, Medical Oncologist

As we move out of the pandemic, we have a great opportunity to continue to provide person-centred care by making sure we can have a model of telehealth in place that compliments and enhances our traditional face-to-face services.

Dr Zee Wan Wong, Medical Oncologist

While there have been some concerns raised about the potential for telehealth to exacerbate inequalities in health outcomes, as an integral part of the consultation mix telehealth presents the opportunity to see more patients receive optimal care and be well supported by the healthcare system – regardless of where they live. Telehealth is not appropriate for all patients or all types of consultation. If the use of telehealth is maximised for appropriate patient

consultations, it can create space and resource in our health system to facilitate care for other patients. Further work is required (and has commenced in Australia) to develop necessary frameworks and guidance for the full range of telehealth opportunities, and appropriate support for patients, health professionals and health care services will be required to support successful implementation.

Cancer Council Australia and the Clinical Oncology Society of Australia are calling for the MBS to provide **ongoing support to telehealth services for GPs, medical practitioners, nurse practitioners and allied health providers**, beyond the temporary arrangements. Having telehealth as a viable model of care will help to ensure ongoing accessibility and provision of high-quality cancer care for all Australians, regardless of where they live or their ability to travel. We seek to work closely with the Australian Department of Health as they consider options for recovery post pandemic, and advocate for the needs and preferences of patients and healthcare providers to be as central to decisions as are issues of safety, quality and cost.

Cancer Council is Australia's peak national non-government cancer control organisation and advises the Australian Government and other bodies on evidence-based practices and policies to help prevent, detect, and treat cancer.

The **Clinical Oncology Society of Australia** is the peak national; body representing health professionals from all disciplines whose work involves the care of cancer patients.

Contact:

Megan Varlow, Director Cancer Control Policy, Cancer Council Australia

E: Megan.Varlow@cancer.org.au | M: 0418 442 130

Marie Malica, Chief Executive Officer, Clinical Oncology Society of Australia

E: Marie.Malica@cancer.org.au | M: 0418 219 794

ⁱ Liang W, Guan W, Chen R, et al: Cancer patients in SARS-CoV-2 infection: A nationwide analysis in China. Lancet Oncol DOI: [10.1016/S1470-2045\(20\)30096-6](https://doi.org/10.1016/S1470-2045(20)30096-6), published 14 February 2020.

ⁱⁱ Liu R, Sundaresan T, Reed ME, Trosman JR, Weldon CB, Kolevska T: Telehealth in Oncology During the OVID-19 Outbreak: Bringing the House Call Back Virtually. JCO Oncology Practice DOI: [10.1200/OP.20.00199](https://doi.org/10.1200/OP.20.00199), published 4 May 2020.

ⁱⁱⁱ Consumers Health Forum of Australia, Patients feeling better with telehealth, published 26 May 2020, available: <https://chf.org.au/media-releases/patients-feeling-better-telehealth>