

Letters to the Editor

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Abstract

This letter outlines the uptake of telehealth in cancer services across health institutions in Victoria and Tasmania during the COVID-19 pandemic from a survey of clinical directors and heads of units through the Victorian COVID-19 Cancer Network in early April 2020. The network was established in late March as a collaborative initiative between the Victorian Comprehensive Cancer Centre (VCCC) and Monash Partners Comprehensive Cancer Consortium (MPCCC). We aim to highlight the key challenges facing clinicians, patients and health services in the use of telehealth in Victoria and believe that this can help inform both government and health services to address these barriers as appropriate during and beyond the pandemic.

Telehealth in Cancer during Covid-19 pandemic

The COVID-19 pandemic has required rapid adjustments in health service delivery. The Victorian COVID-19 Cancer Network (VCCN) is a joint initiative of the Victorian Comprehensive Cancer Centre (VCCC) and Monash Partners Comprehensive Cancer Consortium (MPCCC). Through expert groups, the VCCN aims to provide support and advice to clinicians and health care services treating cancer patients during the pandemic.

The VCCN Telehealth Expert Group conducted a survey to understand the barriers and enablers to the rapid adoption of telehealth in health services during the first week of April 2020. Seventeen cancer services from across both metropolitan and regional Victoria and Tasmania responded. Notably, all respondent cancer services had implemented some form of telehealth since the pandemic. Healthdirect, the Victorian Department of Health and Human Services' supported telehealth platform, was used in 40% of services with 25% using phone only and others using platforms such as skype, FaceTime and doxy.me.

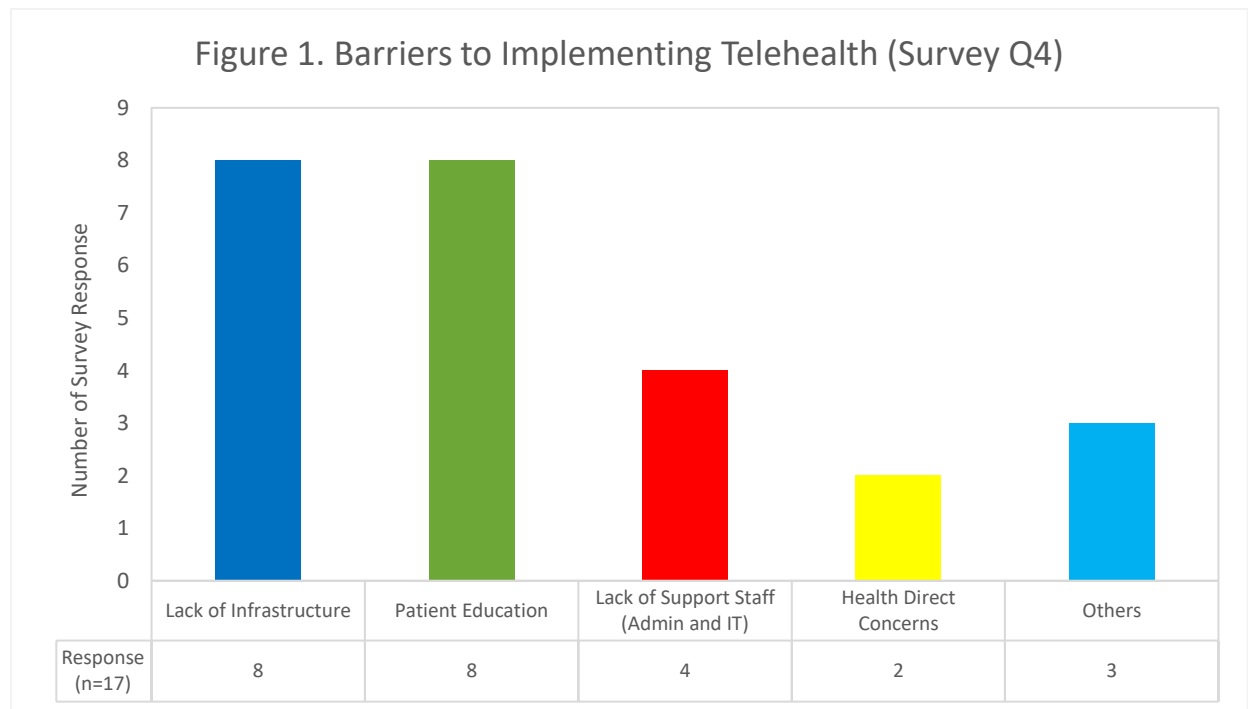
With unprecedented increase uptake of telehealth, there is a tremendous opportunity to integrate telehealth into routine practice, potentially improving inequities and inefficiencies in the delivery of cancer care for suitably selected patients. Our survey results suggest several areas for attention to

support telehealth, including the need for further investment in information technology infrastructure across health services and in administrative support to facilitate changes in practice and workflow (Figure 1).

The educational and training needs of both consumers and health professionals during telehealth implementation have also been highlighted through the survey. Aboriginal and Torres Strait Islanders; those of culturally and linguistically diverse backgrounds and lower socio-economic status as well as older patients may have greater needs and will require additional support from both government and relevant organisations to assure equity of access to cancer care via telehealth.

We strongly advocate the need to establish evidence-based, patient-centred and sustainable telehealth in cancer management. Research into the experience of the patient and clinician should be prioritized to ensure the consistent quality of telehealth consultation with face to face in appropriate clinical circumstances.

COVID-19 has catalyzed the uptake of telehealth significantly, cancer care beyond this pandemic will likely take on a new normal.



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