Telehealth for Supportive Survivorship Care – Pilot Project

The time after active cancer treatment can be challenging for cancer survivors and carers.

- ‘Telehealth for Supportive Survivorship Care’: is a project funded by the Victorian Department of Health and Human Services from 2016–2018 for the Grampians and Hume regions. Cancer Council Victoria and the Integrated Cancer Services (ICS) in both regions will manage, implement and evaluate the project.

- The project builds directly upon learnings from regional telehealth initiatives which demonstrate that telehealth, as a delivery model for group education and physical rehabilitation programs, has great potential and improved outcomes for participants.

This project provides access to a comprehensive survivorship assessment, education, exercise and wellness program for rural and regional cancer survivors and carers in the Grampians and Hume regions.

Project Objectives
1. To increase access and uptake to an education, assessment rehabilitation and supportive care program for cancer patients and their carers in regional and rural locations using telehealth.

2. To design mechanisms for regional program planning, promotion and delivery.

3. To design multiple referral pathways to the program.

4. To design governance and resource models for delivery of a psycho-educational intervention that translates to different contexts of supportive care.

5. To design, pilot and evaluate resources, tools, and specific facilitation models for Cancer Council Victoria’s Wellness and Life after Cancer (WALAC) program, informed by the consumer experience for telehealth program delivery.

6. To innovate and enhance the WALAC program with tailored assessment, practical exercise and wellness sessions for survivors and carers as part of the pilot project.

Program Structure

The Telehealth for Supportive Survivorship Care project utilises group-based education and exercise programs for those who have completed their active cancer treatment. The programs are delivered by qualified health professionals at each of the local health services (program sites) involved in the project. A pre-program assessment will determine program suitability for interested or referred participants. They are provided with program registration details for the next program or alternative options. The eight-week program involves group exercise and education delivered in two-hour sessions. Participants are provided with information, strategies and resources to assist with supported self-management.
Program Delivery

During 2017–2018, four programs will be piloted in the two ICS regions with participants recruited from the local area. The exercise session is run by one exercise physiologist (EP) for each group of participants. In the education sessions, presenters will be located at both sites and share program delivery using telehealth. Telehealth provides increased access to programs close to home, peer support for participants, and enables the sharing of resources and personnel across health services.

Group Exercise Session (one hour):
Pre-Program: Personal assessment
- Week 1: Group exercise, personal progress and goals
- Week 2: Group exercise, personal progress and goals
- Week 3: Group exercise, personal progress and goals
- Week 4: Group exercise, personal progress and goals
- Week 5: Group exercise, personal progress and goals
- Week 6: Group exercise, personal progress and goals
- Week 7: Group exercise, personal progress and goals
- Week 8: Final assessment and goal setting

Education Session (one hour – using telehealth):
- Topic 1: Recovery and exercise
- Topic 2: Fatigue and cancer treatment
- Topic 3: Health and wellness plans
- Topic 4: Eating well
- Topic 5: Wellbeing and relationships
- Topic 6: Finances and work
- Topic 7: Your GP and your health
- Topic 8: Local services

Program Sites
Hume Region: Northeast Health Wangaratta and Goulburn Valley Health
Grampians: Stawell Regional Health; Rural Northwest Health and Wimmera Health Care Group

Patient Referral Pathway

Evaluation
The program is being formally evaluated with results informing design mechanisms for future regional program planning, promotion and delivery. It will also assist in ensuring suitable referral pathways exist to strengthen links between services and allow entry to the program at flexible time points after cancer treatment. The evaluation will include collection of data from program participants, facilitators, exercise physiologists and key staff from the Integrated Cancer Services and supporting health services involved in the project.

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