Newfoundland and Labrador Tele-Oncology Program Project Proposal
Newfoundland and Labrador Tele-Oncology Program (NLTOP)

A Tele-Oncology Program Proposal
(Executive Summary)

Submitted By:

TETRA (Telehealth and Educational Technology Resource Agency)\(^1\)
NCTRF (Newfoundland Cancer Treatment Research Foundation)\(^2\)
MUN (Memorial University of Newfoundland)

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1. In August 2005 TETRA was integrated with the Office of Professional Development (which traditionally focused on the development of CME programs for physicians and developing web-based programs) and is now known as Professional Development and Conferencing Services (PDCS). The eHealth Research Unit was then established to take on the role of research and development.

2. The services and functions of the NCTRF are now within Eastern Health and the Dr. H. Bliss Murphy Foundation.
1.0 Executive Summary

Cancer is a major cause of illness and death in Canada and the United States. The Canadian Cancer Society estimates that one third of all Canadians will have some form of cancer in their lifetime and more than half of the new cases will occur after age 65. The Newfoundland and Labrador Tele-Oncology Program (NL-TOP) proposal is a response to this significant health issue and will address the planning, implementation and initial operations of a telehealth initiative within the province. The primary objective of this program is to enhance the current delivery of services of the Newfoundland Cancer Treatment Research Foundation (NCTRF), utilizing the resources of the Telehealth and Education Technology Resource Agency (TETRA) of Memorial University of Newfoundland to deliver and support province wide cancer treatment, management and educational services.

A comprehensive needs assessment was conducted throughout the spring, summer and fall of 2003. A series of focus groups meetings and interviews with key informants revealed that there are gaps in the provision of cancer services to people in rural parts of the province, despite the provincial scope of the NCTRF’s mandate. Rural health care providers, who deliver cancer services such as chemotherapy and follow-up medical visits for people of their regions, described a need for more consultation, a better referral process, clarity about guidelines, standards and policies, education, and access to other support services (e.g. enterostomal therapy, social work, pharmacy, nursing, nutrition, palliative care etc.).

The teleoncology program, proposed to fill those gaps, would build upon proven telehealth technologies, guidelines, and protocols to create a service accessible from primary, secondary, and tertiary locations. This service would examine and contribute to the development of consistent provincial policies, guidelines and standards to enable oncologists, and other cancer professionals, to advise on treatment plans, conduct follow-up sessions, and support individuals and families within their communities. Rural oncology outreach could be supplemented and enhanced and potentially cancer care would be more accessible and cost-effective. More timely access to educational information would also be enhanced by its availability to a wider number of communities, as well as providing enhanced opportunities for professional development.

This program will create the opportunity to develop working policies, protocols, procedures, workflow, training, guidelines, and standards ("the model") to effectively allow the development, deployment and operation of a suite of oncology treatment and support services using network technologies. The program will adapt existing models for distance service delivery (e.g. audio and video conferencing, web-based service delivery). The NCTRF and affiliated health boards will act as the primary service providers, coordinating the development and delivery of treatment, education, and support services to the program sites. TETRA will act as the technical and management support group to the program, providing their expertise in telemedicine service delivery to support the planning, deployment and operations of the teleoncology network. Four regional health boards (Health Care Corporation of St. John’s, Health Labrador, Grenfell and Western)
will act as initial delivery and support partners, with the service to be deployed in several sites within each board. However, all regional health boards will be invited to participate in the development of the guidelines, standards, and policies that will create the model for teleoncology implementation and avail of the knowledge exchange components of the program.

The processes will be focused on the creation of the policy and guidelines required to facilitate a range of services that will be deployed, within the teleoncology program, with the core set to include:

- Clinical Consultation and Diagnostic Services;
- Knowledge Exchange
  1. Clinical Education;
  2. Education and Peer Support;
  3. Professional Development;
- Where applicable, to participate in the integration of health care information systems in cooperation with provincial electronic health record (EHR) initiatives.

The proposed program will bring the following benefits to the provincial health care system:

- **Enhanced access to clinical services**: The program will provide patients in geographically dispersed areas with faster and more effective access to provincial or regional clinical services. It will also provide regional cancer care teams with more direct access to resources in the St. John’s site.
- **Enhanced access to support services**: Access to a wide variety of cancer support services would be enhanced, leading to benefits for patients and their families closer to home.
- **Enhanced public access to education and knowledge**: Will provide wider scale access to cancer related educational programs and information services for cancer patients, their families and the public.
- **Reduction in travel costs**: The provision of the opportunity for patients to receive clinical and support services much closer to their community could reduce the costs to the patient and their families (both in terms of time and finances), as well as reducing the costs to the health care system.
- **Enhanced education and knowledge for cancer care teams in the regions**: The program will improve the informational and professional resources available to the regional teams, as well as providing an opportunity for regular interaction and education.
- **A validated model that could be utilized in other primary health care areas (e.g. diabetes management, pulmonary and kidney disease, arthritis)**: The service delivery and support model, could be transferable to the enhancement of primary health care service delivery to rural communities in a number of different areas, particularly those currently dealing with shortages of health care professionals outside the urban areas.
The program will be developed and implemented in a structured manner addressing five primary areas of activity:

1. Program Management
2. Program Design, Planning, and Integration
3. Implementation
4. Operation
5. Evaluation