

Case Study

Sometimes a few local champions are all it takes to change the lives of patients across more than 300,000 square kilometres.

At the Northeast Cancer Centre at Health Sciences North in Sudbury, Regional Vice President Mark Hartman works with a team of oncologists who have embraced telemedicine in their treatment of cancer patients across Northern Ontario.

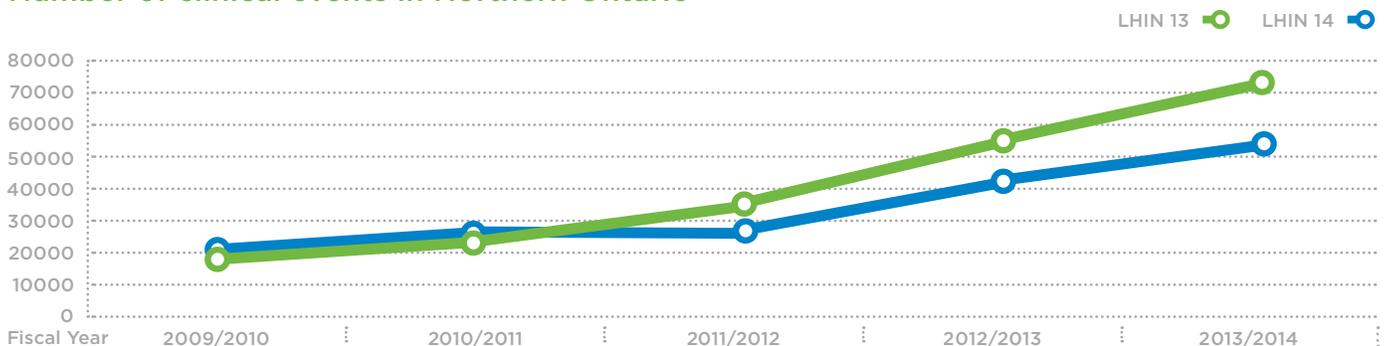
Like most specialists, they began their use of telemedicine with two competing concerns – how to maintain the quality of care they insist on as doctors, while understanding the significant detrimental effects travel was having on patients located far from their facility in Sudbury. While the Northern Health Travel Grant helps defray the hard costs of travelling to see a specialist, distance introduces a number of specific challenges for cancer patients and their oncologists. Starting small more than 10 years ago, Hartman’s team has gradually been able to increase the amount and types of treatment they can provide using telemedicine, greatly improving the experience for distant patients.

“Keeping people off the roads is a good thing,” says Hartman, citing safety – especially during long Northern Ontario winters – as one of the biggest concerns. But patient comfort and convenience is also a factor. Many patients in the middle of chemotherapy or radiation treatment simply feel too sick to travel, and when they don’t have access to specialists in their own communities, their participation and compliance in life-saving treatments often suffers. “If patients weren’t able to access chemotherapy in their home communities,” Hartman says, “there may be some people who choose not to have that form of treatment.”

“ Keeping people off the roads is a good thing.”

Monitoring patients undergoing chemotherapy is one of the best examples of telemedicine working well for both patients and oncologists and was one of the first types of patient visits they were able to efficiently move to telemedicine.

Number of clinical events in Northern Ontario



Hartman says that today nearly 40% of the chemotherapy ordered by medical oncologists in Sudbury is actually administered in patients' local affiliated hospitals, with monitoring of toxicity and assessments of patient difficulties – around 7,000 visits a year – done through telemedicine. That saves patients a significant amount of time and travel inconvenience at a particularly uncomfortable phase of their treatment, and crucially, help patients stick with the program.

Because new consults and first treatments are always done face to face, doctors and patients are able to establish a solid relationship before moving to telemedicine for follow-up visits.

“ The technology has come a long way. ”

When it comes to discussing treatment options, Hartman maintains, “you need to read body language and understand personalities,” as well as conduct a physical exam in person.

As their experience with telemedicine has grown, Hartman says they've been able to incorporate telemedicine into radiation oncology as well. With radiation facilities now available in Sault Ste. Marie, it was assumed a radiation oncologist would need to commit to five days a week at that location to handle the patient load. But with radiation treatments administered by a medical radiation technologist, a radiation oncologist is only needed for initial consults in Sault Ste. Marie two days a week, with subsequent patient care done through telemedicine. That's already saved travel for thousands of visits a year.

Another opportunity, says Hartman, is palliative care. “Often patients and families may understand that there are no additional treatment options available to them, but having closure on that is important in terms of acceptance of the diagnosis,” he says. End of life patients need to determine if travel is worth it for palliative treatments such as pain management, and find telemedicine visits with specialists crucial in making those decisions with their families.

“ When you can improve the experience for patients and improve their access to care, then that's in everybody's best interests and I strongly encourage it.. ”

Start small.

Hartman's advice to other oncologists or cancer programs considering telemedicine is simple. “Start in a manageable, small way,” he suggests, thinking about what aspects of care you can provide first, and the positive impact the change will have on improving the patient experience. “The technology has come a long way,” Hartman says, and now integrates well into the daily workflow of the oncologists on his team.

When asked whether he'd recommend telemedicine to specialist teams similar to the Northeast Cancer Centre, not surprisingly, Hartman says, “Absolutely.”

“When you can improve the experience for patients and improve their access to care, then that's in everybody's best interests and I strongly encourage it.”