

ASSESSING CANCER PATIENT SUITABILITY FOR TELEHEALTH

Guide for clinicians during COVID-19

To reduce the transmission of COVID-19, thoroughfare within health services should be limited where possible. Consulting via telehealth provides a safe alternative for vital health care to continue, while reducing exposure for patients and clinicians.

Recommended for video consultation



Suitable patients:

- Initial consultation of a new patient
- New diagnosis, relapse or disease progression (when giving sensitive information)
- Receiving treatment for which monitoring tests can be completed locally
- Chronic disease management or routine follow up
- Delivery of news that the patient would benefit having a support person present
- Clinical examination able to be provided by a local healthcare provider
- Non-English speaking background requiring an interpreter
- Symptom or welfare check

! High risk – avoid all face to face consultations when possible:

- Receiving chemotherapy, or have done within the last 3 months
- Receiving extensive radiotherapy
- Bone marrow or stem cell transplant within the last 6 months
- Impaired immunity (Eg. Leukocytopenia, low immunoglobulin or immunosuppression)

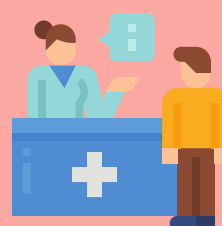
Preferably only with known patients or for screening of new patients:

- Organising referrals
- Notification of results
- Medication review or repeat prescriptions
- Welfare check or support
- Pre-operative or pre-admission screening
- Post-operative or post procedure update
- The appointment would otherwise result in cancellation



When video is not possible, phone may be suitable

- No access to internet or technology to support telehealth
- Requiring physical procedure or examination which is unable to be completed by a local health care provider
- If a telehealth consultation is likely to result in misdiagnosis
- Patient is involved in a clinical trial requiring them to be on-site



Face to face may be required in some circumstances