“Evaluating a pilot dietetic telehealth service for people with new diagnosed cancer.”

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Background

Patients with cancer commonly report malnutrition, muscle loss, and unmet supportive care needs.[1,2] It is estimated there is one dietitian per 4,500 cancer survivors in Ireland. [3]

Aims

This abstract aims to evaluate a new telehealth dietetic service, funded by a cancer charity, for people with cancer.

Research Design

Fifty-three service users (SU’s), diagnosed within the past 3 months were invited to partake in a pilot service using a holistic needs assessment (HNA). Service users were provided with a personalised support plan following their HNA assessment. If change in diet, appetite, or weight were identified within the HNA, the SU’s completed the Patient Generated Subjective Global Assessment Tool - Short Form (PG-SGA-SF). If the score was ≥4-8, the SU’s was referred to the charity oncology dietitian. Scores ≥9 were referred to hospital dietitians, if referral was possible.

Results

Forty-seven percent of SU’s were referred to the dietitian and forty percent attended the dietetic consultation. Fifty-seven percent of SU’s experienced >5% weight loss which is clinically significant. Fifty-seven percent of SU’s did not have access to a hospital dietitian at the time of their referral. The average time was 70 minutes and 35 minutes for a new and review consultation, respectively, including both clinical and administrative time. Table 1 explores strengths and weaknesses identified when evaluating the HNA pilot.

Conclusion

Malnutrition can be detected and evaluated by PG-SGA-SF in the remote setting. Even with early nutrition screening, many SU’s report >5% weight loss. The majority of SU’s referred to the charity dietitian did not have access to a hospital dietitian when referred. Remote access to a dietitian is feasible and requires further work to explore this service offering.

Table 1: Strengths and Weaknesses of telehealth oncology dietetic service

Strengths

- The use of the HNA within the pilot increased malnutrition screening for patients with cancer as recommended by international nutrition guidelines.
- Nutrition support was provided to service users who did not have access to hospital oncology dietitian at the time of referral.
- Telehealth allowed referral of wide demographic of service users from all 4 Irish Provinces.
- Dietitian recommendation of oral nutrition supplements has streamlined the process of acquiring oral nutrition supplements. It may reduce costs for service user as no GP prescription required.
- Healthmail allowed for efficient and GPDR compliant contact with GP’s, hospital dietitians and other health care professionals as required.
- Patient satisfaction survey indicated high level of satisfaction with service.
- The HNA pilot allowed for easy referral other services such as practical and financial, peer support, counselling, and funded community exercise programmes.

Weaknesses

- Telehealth as the only method for consultation limits physical assessments of body composition and nutrition focused physical findings examination.
- There is no availability of medical notes and hence all information is provided by the service users.
- Consultation without medical notes and administration such as emailing dietary goals increased time for each consultation, particularly new assessments.
- No biochemistry was available, hence risk of refeeding syndrome and consideration of renal function (eg in the case of multiple myeloma) required automatic referral to hospital dietitians where available.
- There are no refeeding guidelines in the community, although 1 CHO has draft guidelines in development.

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