

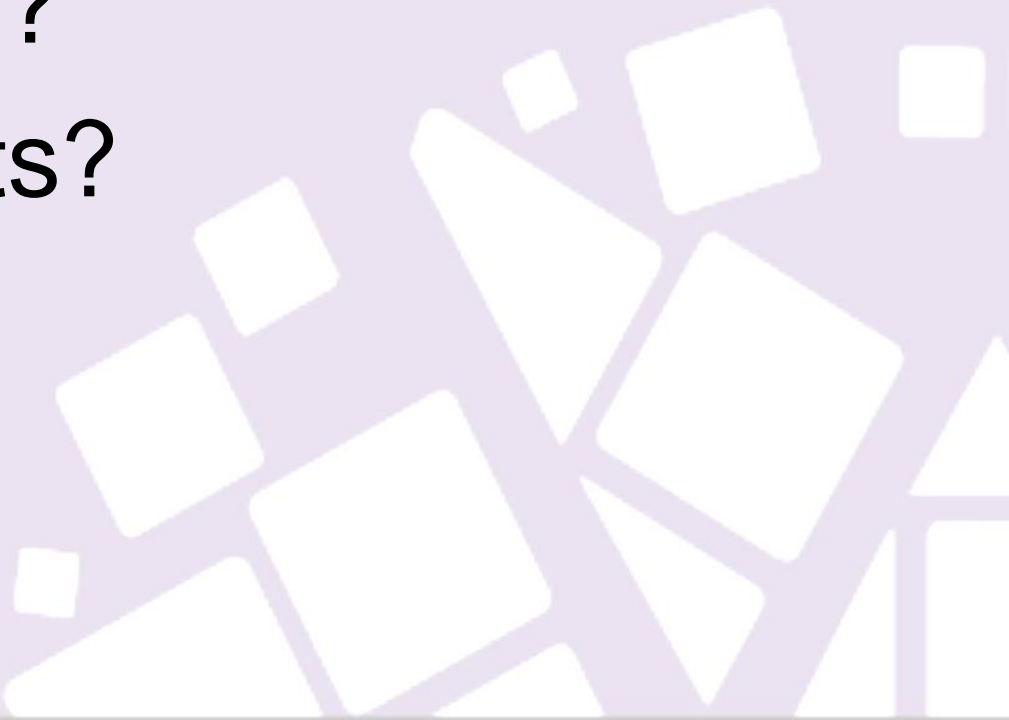
‘Viewing Healthcare Differently’

*Changing the way patients are treated to
improve outcomes*



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Introduction

- Why give chemotherapy at home?
 - What are the benefits?
 - Who is suitable?
 - What treatments?
 - Chemo@home
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Why Give Chemotherapy at Home?

- Three major reasons
 - Capacity issues
 - Reduced health care costs
 - **Patient desire**

Capacity Issues

- 2020 incidence of cancer in the West Australian community will be 150,000
 - 40% increase over 2011 numbers
- Future prevalence likely to be much higher than predictions
 - Improved survival
 - Increased retreatment rates
- Improved treatment of disease where there was previously limited treatment options
 - Prostate cancer
 - Myelodysplastic syndrome

Reduced Health Care Costs

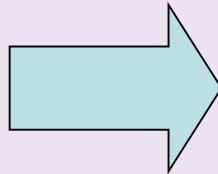
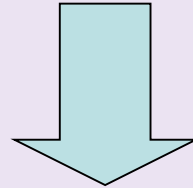
- Direct
 - Hospital substitution
- Indirect
 - Decreased complication rate
 - High temperature when white cell count low (febrile neutropenia)
 - 55% vs 15% in AML consolidation
 - Nausea/vomiting (anecdotal)
 - Improvement in compliance, increased likelihood of remaining on therapy
 - Possible improvements in OS, less relapse-retreatment
 - Improvement in on time delivery of chemotherapy

Economic benefits

- Patient & carers
 - Continue working
 - Reduced need for additional child care
 - Reduced transport and parking
- Society
 - Decreased loss of productivity
- Hospital
 - Savings of \$287,631 per annum compared with traditional in hospital and outpatient clinic based care.
 - Large number of patients who were treated at home instead of in hospital, resulting in a significant saving on hospital bed days.

Patient Desire

- Two patient surveys in WA have reported that cancer patients want to be treated closer to home
- Patient advocacy and support associations report constantly on carer and travel difficulties
- “If I were to be granted a wish, it would be for this service to be available to every cancer patient and their family”



What are the benefits?

- Studies show patients treated at home have
 - Greater knowledge about disease
 - Greater sense of control, better able to cope
 - Improvements in well being, mood and appetite
 - Lower financial costs
 - Decrease rate of febrile neutropenia

Who is Suitable?

- Most patients are suitable
 - depending on their disease and treatment
- Emotional stability
- Carer/telephone/transport
 - More important in ward substitution regimens than day unit regimens
- House environment
- Distance from base
- Risks
 - Environmental
 - Smoking
 - Pets eg dogs
 - Violent patient/family member/friend

Who is Suitable?...

- Elderly
- Adolescent and Young Adults
- Indigenous
- Culturally diverse
- People with young families
- Poor access to transport
- People who want/need to work through treatment
- Patients who require additional follow-up eg JWs, intellectual difficulties
- Any medical staff or their families!

What Treatments?

- Chemotherapy
 - Many regimens suitable
 - Some chemotherapy needs the first two doses to be given in a health care facility
 - Generally needs to be less than 2 hours in duration
- Intravenous antibiotics or antifungal medication
- Colony Stimulating Factors
 - eg peg/filgrastim, epoetin, darbepoetin
- Bisphosphonates
- Other supportive care treatments
- Intravenous hydration, electrolytes
- Total Parenteral Nutrition

Chemo@home

- Started in June 2013
- HBF fully funded – no gap
- Remain under the care of the Specialist
 - Must discuss with Specialist if the treatment is suitable to be given at home
- Integrated with hospital services
- Highly experienced and skilled clinical nurses and pharmacists
- Safe administration
 - We carry all the required equipment if we should need it
 - Accreditation membership program (ensures quality and safety in health care)
- Research to improve outcomes
 - Collaborating with SJOG

