


Delivering supervised group exercise to patients with cancer via telehealth: an implementation study

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Introduction

Exercise is effective for **alleviating cancer toxicities**, and **improving quality of life** and **overall health** in people with cancer¹.

'World-first' call for exercise to be prescribed to all Australian cancer patients 

Exercise a must for all cancer patients 

At the Princess Alexandra Hospital (PAH) the Physiotherapy team already provide in-person exercise classes for patients during and/or after their cancer treatment. However, our previous research has identified barriers to attending this exercise program².



With funding from the **PA Research Foundation**, we have designed a study to implement a **telehealth** version of the **exercise classes** that will **enhance accessibility** of the program, ultimately **improving patient outcomes**.

Research objectives

Assess the implementation of a telehealth supervised group exercise program for patients with a cancer diagnosis using indicators from the RE-AIM³ framework.

Methods

This study is a prospective implementation and evaluation of a telehealth model of care. Eligible patients (n=48):

- Cancer diagnosis undergoing or completed oncology treatment at PAH
- Received medical clearance to exercise
- Internet access
- Suitable computer or device

Classes will involve the following:

- Twice-week for 12 weeks
- Led by experience cancer care physiotherapist
- Resistance, cardiovascular and balance training
- Utilises Microsoft Teams videoconferencing
- Patients provided with a Garmin activity tracker, exercise mat, exercise step, and various resistance bands.



Results

A mixed-methods research design will be used to measure implementation outcomes informed by the **RE-AIM** framework:

- (i) **Reach** (number of referrals, demographics and clinicopathologic characteristics)



- (ii) **Effectiveness** (patient reported and physical outcome measures, minutes of physical activity, adverse events, patient reported fatigue, general health, physical activity goals and physical activity levels)
- (iii) **Adoption** (participant perceptions of telehealth and technical challenges);
- (iv) **Implementation** (number of patients who completed or withdrew, number of sessions attended and exercises completed)
- (v) **Maintenance** (participant perceptions of sustainability of telehealth and cost).

Discussion

- Telehealth exercise classes will enable PAH patients to receive **supervised exercise** within their **own home**
- Evaluation of telehealth model of care using RE-AIM framework will ensure telehealth is sustainable in the long-term
- Sustainability will allow for **expansion** of existing service to those who attend PAH for cancer treatment from **regional** and **remote** areas of **QLD** and **northern NSW**
- Outcomes can be shared with coordinators of other PAH programs that use in-person supervised exercise to facilitate the uptake of telehealth models in these services

Project status

Recruitment has commenced in July 2021 for 12 months and anticipate results in late 2022.

Conclusion

Findings from the implementation of this telehealth exercise program will guide the development of PAH cancer exercise services in the future.

Selected references

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