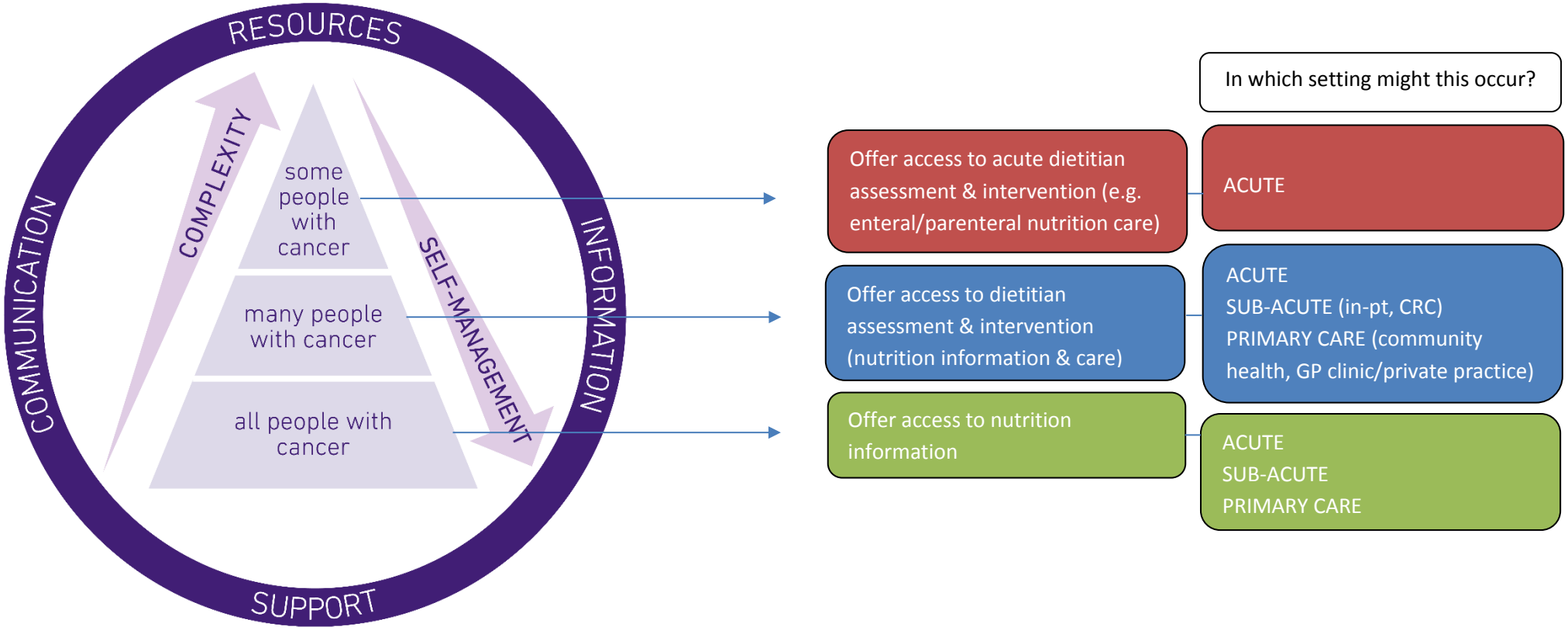
NUTRITION NAVIGATOR - THE CANEAT PATHWAY – DECISION SUPPORT TOOLS

Navigating nutrition care – a guide for dietitians and GP's

Nutrition needs, risks and interventions vary for people with cancer. Refer to the CanEAT pathway model for further details on each cancer type, common nutrition issues and likelihood of dietetic support based on complexity of nutrition needs, risks and interventions.

In navigating nutrition care pathways, consider the need for all people with cancer to have access to credible and reliable nutrition information. Many people with cancer require individually tailored nutrition care and information and some people with cancer will require specialised dietetic intervention. An individuals nutrition needs may move up or down the levels described by the triangle of intervention below at different time points in their cancer path.

Figure 1: The CanEAT model of cancer nutrition needs, risks and interventions for people with cancer



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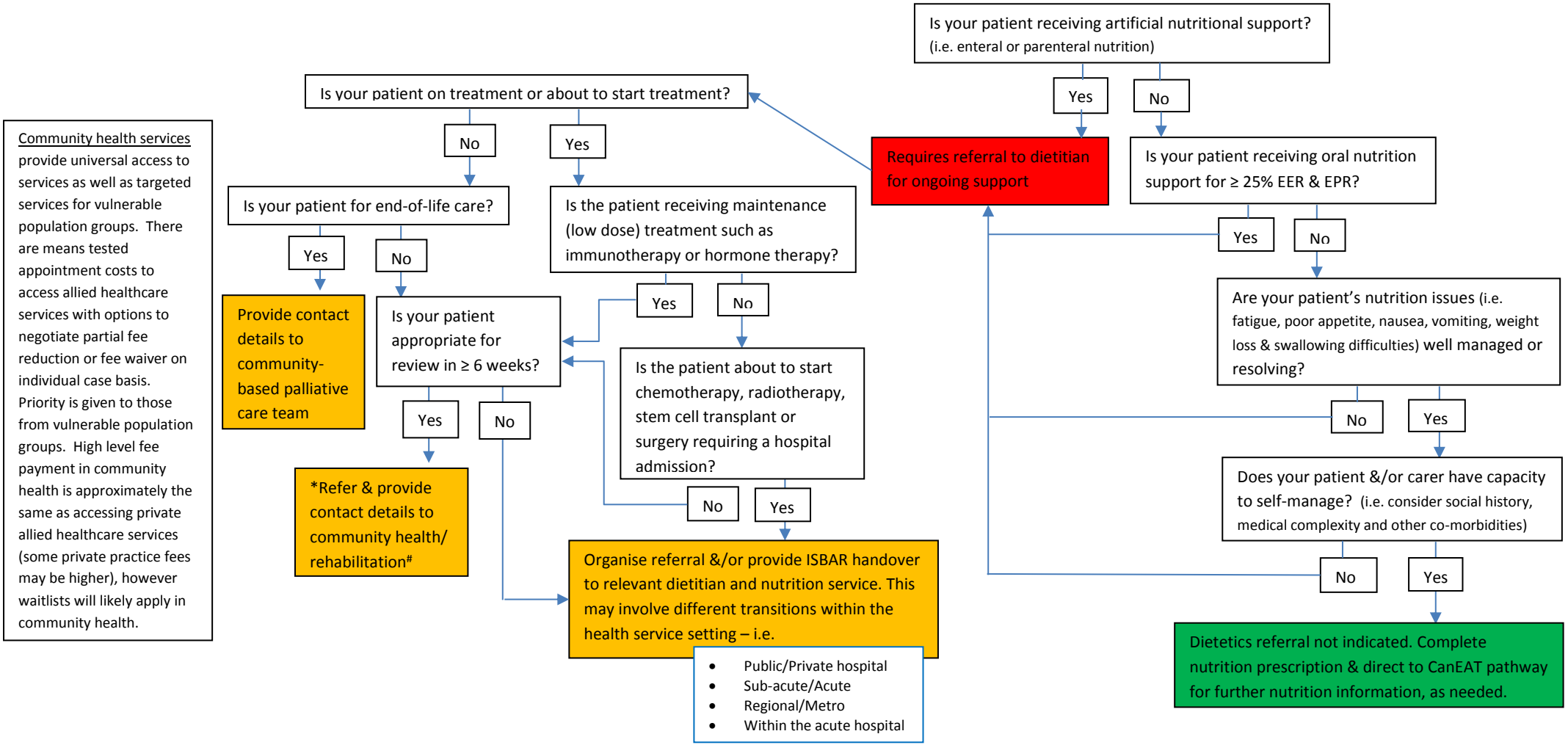
Part 1: Decision support tool for dietitians in hospitals – nutrition care pathway for continued dietetic care for people with cancer

From your initial assessment you will have discussed a plan for ongoing nutrition care with the person with cancer and their carer. Involve the person with cancer and their carer in this decision making. Consent must be obtained from your patient (or their elected decision maker) to complete referrals for ongoing nutrition care.

Dietitians should consider the following to decide if ongoing nutrition care from a dietitian is indicated. As nutrition care for your patient (by you as their dietitian) in the current setting comes to an end and your patient requires ongoing dietetic care, this decision support tool will assist you to determine the referral and follow-up nutrition care for an:

1. Inpatient (acute/sub-acute setting) AND/OR;
2. Ambulatory clinic patient (ambulatory care setting including chemotherapy, radiotherapy or other outpatient).



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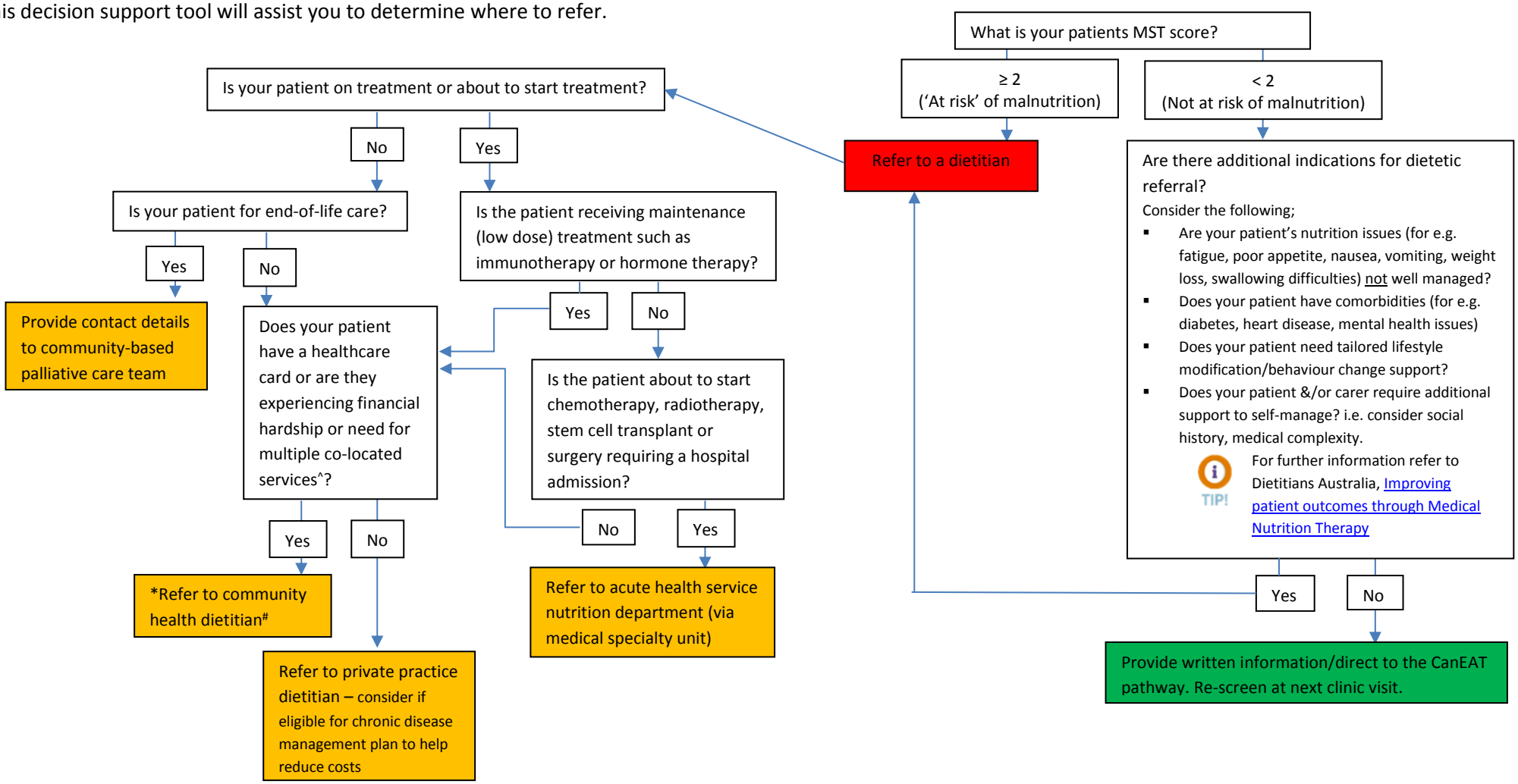
Part 2: Decision support tool for GP's in primary – nutrition care pathway for dietetics care for people with cancer

GP's should consider the following in deciding if ongoing nutrition care from a dietitian is indicated. Involve the person with cancer and their carer in this decision making. Consent must be obtained from your patient (or their elected decision maker) to complete referrals for ongoing nutrition care. If your patient requires nutrition care from a dietitian, this decision support tool will assist you to determine where to refer.



*Community health services provide universal access to services as well as targeted services for vulnerable population groups. There are means tested appointment costs to access allied healthcare services with options to negotiate partial fee reduction or fee waiver on individual case basis. Priority is given to those from vulnerable population groups. High level fee payment in community health is approximately the same as accessing private allied healthcare services (some private practice fees may be higher), however waitlists will likely apply in community health.

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Part 3: Navigating nutrition care for dietitians & GP's - how do I find and refer to local community health/rehabilitation services?[#]

Now that you have decided a referral for community-based dietetic care is indicated, which community-based service is most appropriate? Both community health and community rehabilitation centres offer 1-to-1 dietitian appointments and group-based programs. Centre-based or home visit appointments are also usually available at both services. There are however some differences between community health and community rehabilitation programs in Victoria. Generally speaking the following applies;

Community health service	Community rehabilitation centres
Longer term goals – can re-access and have periodic presentations	Short term functional restoration goals – able to be achieved within ~12 weeks timeframe
Single service referral accepted (for e.g. dietetics)	Usually requires more than 1 allied health service for referral to be accepted (for e.g. physiotherapy + dietetics)
Usually independent/stand-alone centres (however there are some exceptions)	Usually linked to acute hospital/sub-acute care setting
No acute episode needed	Some services have a 6 month 'cut off' following acute episode
Less intensive intervention (4-6 weeks)	Intensive intervention (weekly/fortnightly)
Fees for service – means tested appointment costs	Usually no fee – but discuss with your referring service

Steps to refer to Community Rehabilitation Centres (CRC):

1. Check which suburb your patient lives against your health service's catchment area. Does your patient live within the geographical boundaries of your health service?
   - TIP! If your patient resides outside of your health service's catchment area you will likely need to refer to their local health service.

2. Locate the CRC's referral form which can be found on each health service's internet site. Discuss and complete the CRC referral form with your multidisciplinary team members. Attach your nutrition discharge summary/transfer of care information to the referral form.
   - TIP! Ask whether your referring community rehab centre has a specific multidisciplinary oncology rehab program – this varies across health services in Victoria.

Steps to refer to Community Health:

1. Check which suburb your patient lives. Each local government area has an affiliated community health service which will be the closest option for your patient.
   - TIP! The Community Health Directory provides information on all metropolitan and regional centres/ services in Victoria including phone and fax numbers and links to individual service websites for further details.
   - TIP! All referrals are triaged and prioritised at point of intake into a service. Once a referral is received, patients are contacted to register them with the service and to arrange an appointment.

2. Check the age of your patient. Each community health service is funded differently – see below diagram as to what this means for initiating your dietetics referral.
   - TIP! For patient's ≥ 65 years of age (or ATSI people ≥ 50 years of age) federal funding from My Aged Care is accessed to provide dietetic services.
   - TIP! If you are unsure how to refer to a particular service call the number provided for the service and request referral information for allied health/dietetics.

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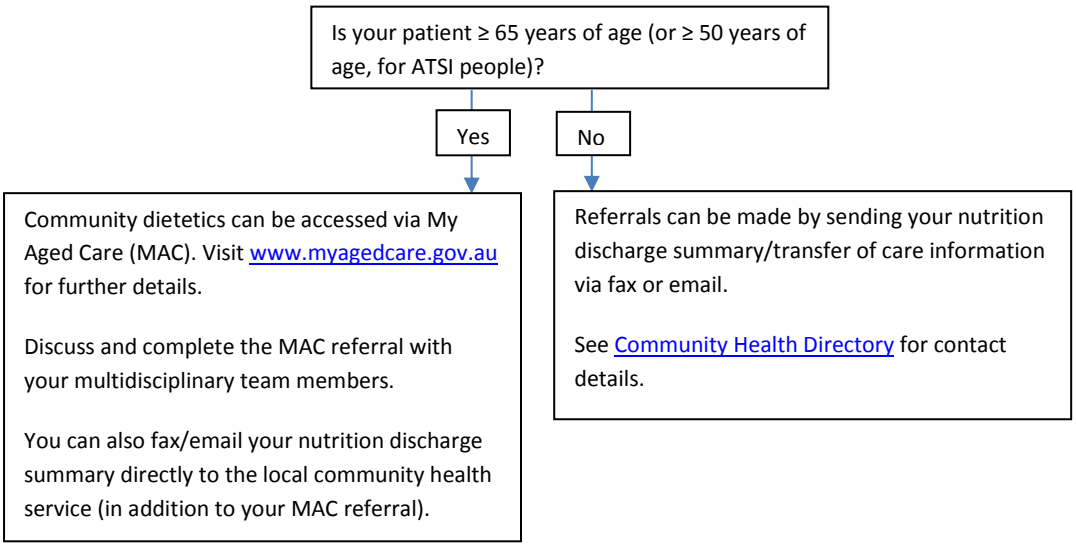

Additional practice tips:

TIP! Check out the website of your local community-based services for programs/services available to your patients – whilst you may refer across catchment areas, being familiar with most frequent referral site will be helpful.

TIP! Contact your local community health and community rehabilitation dietitian to find out the specifics of their service delivery

TIP! Keep up-to-date with new cancer survivorship programs/projects emerging in primary healthcare to support your patients:

- Subscribe to the Australian Cancer Survivorship Centre for updates
- Join the Victorian Cancer Survivorship Community of Practice network
- Register your email with VCMC@petermac.org for updates on the Victorian Cancer Malnutrition Collaborative