Clinical Oncology Society of Australia

EXEMPLAR OF EVIDENCE-BASED CARE IN PRACTICE

Building the plane while it's flying: implementation lessons from integrating a co-located exercise clinic into oncology care

WHAT did the initiative involve?	The initiative used an implementation science approach to integrate a co-located exercise clinic (Co-LEC) into routine oncology care, addressing the gap between evidence supporting exercise during cancer treatment and its limited integration into practice. An initial RE-AIM evaluation of the existing Co-LEC found the service was effective and a good organisational fit but underutilised, largely due to an unclear referral pathway, a non-integrated workflow, and no sustainable financial plan. Using the Implementation Mapping process, the team co-developed an integrated, "opt-out" exercise workflow and a contextually specific implementation plan. The workflow addressed each phase of the patient journey: a pre-appointment brochure, an oncologist discussion and an electronic medical record prompt to declare exercise suitability, a "quick order" triggering an administrative call to book an initial assessment with an Accredited Exercise Physiologist (AEP), exercise appointments timetabled alongside treatment, and a Medicare chronic disease management plan (CDMP) billing option. The plan operationalised eight strategies from the Expert Recommendations for Implementing Change (ERIC) compilation and was overseen by an exercise working group, with an implementation advisor engaged for the first six months. This prospective, mixed-methods study evaluated implementation outcomes against the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework, drawing on clinic utilisation reports, booking and billing records, patient satisfaction surveys, and working group meeting minutes.
WHO was involved in the initiative?	Oncologists, Accredited Exercise Physiologists, patient services officers (administrative staff), billing and data specialists, clinic centre leaders, an operations manager, an implementation advisor, and research staff.
WHERE did the initiative occur?	Two GenesisCare outpatient oncology clinics (private health care network) approximately 28 km apart in metropolitan Perth, Western Australia.
WHO was the target of the initiative?	Adult patients commencing radiotherapy, chemotherapy, or combination treatment at the two clinics. Participants ranged from 30 to 92 years of age; 56% were female, and breast (37%) and prostate (20%) cancers were most common across 19 cancer types.
WHEN was the initiative undertaken?	December 2018 to December 2019 (13-month evaluation period), with implementation support provided for the first six months.

HOW was the initiative undertaken?	This mixed-methods evaluation represented Task 5 of the Implementation Mapping process and built on earlier tasks describing the initial Co-LEC evaluation and development of the implementation plan. An integrated workflow and supporting implementation plan were operationalised across both clinics, then evaluated prospectively over 13 months using the RE-AIM framework. Quantitative utilisation, booking, and billing data were analysed descriptively, and qualitative data from patient surveys and working group minutes were analysed thematically against each RE-AIM construct.
OUTCOMES	The integrated workflow and implementation plan substantially improved utilisation of the Co-LEC. Reach at Clinic 1 rose from 12% over the service's first ~4 years to 32% of treated patients over the 13-month evaluation, with the clinic operating at 104% of initial capacity; Clinic 2 reached 24% of patients at 61% of capacity. Adoption was strong, with 100% of the 13 oncologists referring to the service, a marked increase from the 21% of visits attributable to oncologist referral in the initial evaluation. The workflow performed as intended (effectiveness) for roughly 70% of participants, though about 30% of attendees were booked outside the intended pathway and CDMP uptake was modest (27%). Ongoing adaptations to scheduling and staffing (implementation), including creation of a dedicated Co-LEC patient services officer role, supported the service, and the workflow was sustained and embedded into standard operating procedures (maintenance) after the implementation advisor's involvement ended. Key barriers included limited clinic capacity, the additional administrative burden on patient services officers, a high patient decline rate (35%), and the mismatch between exercise services and traditional medical billing systems. These findings demonstrate that integrating exercise into standard oncology care is achievable but depends on targeted implementation planning and sustained organisational commitment across multiple stakeholder groups.
REFERENCE	Kennedy, M. A., Bayes, S., Newton, R. U., Zissiadis, Y., Spry, N. A., Taaffe, D. R., Hart, N. H., & Galvão, D. A. (2022). Building the plane while it's flying: implementation lessons from integrating a co-located exercise clinic into oncology care. BMC Health Services Research, 22(1), 1235. **https://doi.org/10.1186/s12913-022-08607-w**