



'Optimising Cancer Care in Australia'

A general practice perspective

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'Optimising Cancer Care in Australia' is a consultative report prepared by the Clinical Oncological Society of Australia (COSA), The Cancer Council Australia (TCAA) and the National Cancer Control Initiative (NCCI). It is a blueprint for the reform of cancer care in Australia and was launched on World Cancer Day (4th February 2003). This groundbreaking document¹ (available on the NCCI website: www.ncci.org.au) resulted from consultation with a wide range of stakeholders including consumers, health care professionals and policy makers. Themes identified by this process were developed into a workable number of key issues through a stakeholder workshop, input by a steering committee and a consultative committee, and finally by a wider process involving organisations with an interest in cancer care and reference to published evidence and international reforms. Formal input to the report was received from 140 individuals or groups, with many more having a less formal input.

The report identifies key strategic steps that could make a substantial difference to cancer care, are achievable within a reasonable timeframe and at reasonable cost. These are given as recommendations, intended for early consideration, and action items intended for consideration by an implementation team or others in due course..

Cancer is the leading cause of death among Australians, accounting for 27.4% of deaths.² Cancer will affect one in three males and one in four females before they reach the age of 75 years, and the number of new diagnoses is increasing each year.² More than 82 000 new cases of cancer are diagnosed each year (not including non-melanoma skin cancer, which 270 000 people are diagnosed with each year).² Fortunately survival is improving, but this means there are more people in the community who are living with cancer. In addition, its social, psychological and economic impacts are a considerable burden on the individual and on the community. It has been estimated that the health care costs of cancer are nearly \$2 billion per year, but this is only 6% of health care spending.³

As general practitioners, our work spans the full spectrum of cancer care - prevention, detection, treatment and palliation including psychosocial support of patients and carers. This report should be welcomed

by GPs as it proposes a new approach to cancer care in Australia, with services being organised around the patient. It takes a holistic approach, emphasising the need to improve the entire cancer journey so people can access appropriate care for their individual needs at all stages of their illness, in a coordinated and timely fashion. This is a visionary document, taking a broad-brush approach to cancer care. Recommendations in the report will need to be assessed, costed and prioritised.

The report

The 122 page report comprises five sections. The first section provides an introduction and background. Section two describes issues consistently identified during consultations, and section three covers key areas for change, evidence of the need to change and models of change. Sections four and five encompass improving the delivery of cancer care and conclusions respectively. The report is

supplemented by 15 appendices (Table 1) covering a wide range of issues, statistics and international reports. The major consistent findings of the consultation were:

- While survival rates from cancer in Australia are very good by world standards, there is the potential to produce much better outcomes through organisational reform of the way in which cancer services are delivered.
- The complex relationship between the commonwealth, states and territories underlies many of the organisational problems besetting the current system.
- As a nation we are under invested in cancer, relative to the magnitude of the problem. Nonetheless, many effective reforms could be achieved without a massive increase in the health care budget.

Four top priorities were identified by consumers:

- patient focussed, coordinated multi-disciplinary care

- an end to the 'cancer care referral lottery'
- reasonable access to evidence based quality care including clinical trials, and
- support through the cancer journey.

The report sets out three areas where change is needed:

- models of cancer care (relating to the way care is provided and by whom, keeping in mind Australia's unique geography and demography)
- quality of care (including ensuring it is evidence based and comprehensive), and
- resource issues (including workforce shortages, skills development and patient access to services).

It contains 12 key recommendations including a recommended strategy for implementation (Table 2) and 19 action items (Table 3). The recommendations of most relevance to GPs and their patients concern:

- integrated multidisciplinary care
- improving the cancer journey for patients
- access to pharmaceuticals
- access to support for travel, and
- equity of access.

Among the action items, the most relevant relate to:

- integrated multidisciplinary care
- providing information about specialists' interests and experience to GPs and consumers
- enhancing the Medicare Benefits Schedule so it better supports an evidence based, integrated multidisciplinary approach to cancer care
- undergraduate medical education
- general practice training
- ongoing communication training
- home care, and
- palliative care.

Although cancer survival in Australia is generally good (second only to the USA in international comparisons),⁴ there is always room for improvement. This report provides a road map to the best cancer care in the world.

Training module in cancer care

Within this plethora of recommendations and

action items the issue likely to have most impact on GPs is the development and running of a training module in cancer care. The report acknowledges that although GPs do not often see a new case of cancer, they do have a key role in its management. Statistics from the UK show that an individual GP (with a list of 2000 patients) is likely to see on average, approximately one or two new cases of lung cancer per annum.⁵ An individual GP will also see approximately one new patient with breast cancer and one with colorectal cancer per annum, but will only see a new case of ovarian cancer once every five years and a new case of testicular cancer every 20 years.⁵ Probably the largest component of a GP's workload related to cancer involves prevention and dealing with patients who have suspicious symptoms, concerns about possible cancer, or are at increased risk due to family history or lifestyle factors such as smoking, sun exposure or occupation. Consequently the report suggests the areas of particular importance that a GP's cancer awareness/education package could address include:

- communication – some formal training (not just for GPs but for all practitioners who have contact with cancer patients)
- primary and secondary prevention
- risk assessment and genetics
- the primary referral (eg. what to ask of the person to whom a referral might be made)
- psychosocial and supportive care
- palliative care, its role and the GP's role within it, and
- pain management.

One suggestion is that a cancer module be routinely included in GP education, eg. via divisions of general practice strategic plans, which would ensure at least some activity in continuing education in cancer. Incentives could include continuing medical education points, and possibly accreditation/credentialling or a diploma.

Next steps

The report has been endorsed by COSA, TCCA and the NCCI, and has been approved by the Cancer Strategies Group

(the national body that advises the National Health Priority Action Council on cancer control). Following its public launch on World Cancer Day, it has been distributed widely, and meetings have been arranged with the Commonwealth Minister of Health and Aging. The NCCI has begun to develop a primary care perspective on cancer. This will initially involve a round-table meeting of key stakeholders with Professor David Weller, formerly from

Table 1. Appendices

1. People who were consulted or had other input into this report (including workshop attendees), background and terms of reference
2. Further information on why cancer care is a key health issue
3. Australian Clinical Management Surveys in Cancer
4. Current consumer issues
5. Recommendations from the recent US and Canadian reports on cancer care
6. An outline of cancer services in Australia (workforce and infrastructure)
7. Problems with access to pharmaceuticals for the treatment of cancer
8. Australian Clinical Practice Guidelines for Cancer
9. Principles of integrated multidisciplinary care for the national demonstration program on multidisciplinary care for women with breast cancer
10. Multidisciplinary care in cancer
11. Details of the work of the UK Cancer Services Collaborative
12. Summary of the key provisions of the Cancer Program Standards of the US Commission on Cancer
13. Volume-outcome relationships and cancer
14. Roles of the National Breast Cancer Centre and the National Cancer Control Initiative
15. Isolated Patients' Travel and Accommodation Assistance Scheme

Flinders University, and now Professor of General Practice at Edinburgh University and a leading primary care oncologist in the UK. Following this opportunity to learn from the UK experience, a scoping

exercise will be undertaken to identify needs and gaps in education and training for GPs. This process will contribute to the development of the cancer care training module recommended in the report.

Conclusion

'Optimising Cancer Care in Australia' offers a blueprint for the reform of cancer care in Australia. Survival, quality of life and the

Table 2. Recommendations

Integrated multidisciplinary care

1. That investigations of the incentives required to foster, maintain and evaluate integrated multidisciplinary cancer care in both the public and private care sectors be undertaken, with a view to widening availability of multidisciplinary cancer care in all settings.

Improving the cancer journey

2. That a national process of quality driven organisational reform be implemented to improve ongoing supportive care throughout the cancer journey. This would include palliative and supportive care, and improved consumer access to information.

Voluntary accreditation

3. That a system of voluntary accreditation for Australian cancer care services be developed, broadly modelled on that of the US Commission on Cancer. This must involve and be 'owned' by the specialist colleges and the organisations with a specific interest in cancer. The commonwealth government should consider funding the development and testing of the initial accreditation criteria.

Access to clinical trials

4. That the capacity to undertake clinical trials be increased, along the lines recommended in the recent review of capacity for cooperative clinical trials in cancer, including the need for a public register of trials.

Workforce

5. That the recommendations of the National Strategic Plan for Radiation Oncology (Australia) and the Specialist Haematological and Medical Oncology Workforce in Australia be implemented urgently.
6. That the Australian Health Workforce Advisory Committee be requested to consider the entire nonmedical cancer care workforce, but particularly cancer nurses, radiation physicists and radiation therapists, as an urgent priority.

Psycho-oncology

7. That the need for additional psychologists or other appropriately trained health professionals who have specialist skills in psycho-oncology, identified as a cost effective intervention in Priorities for Action in Cancer Control 2001-2003, be brought to the attention of the Australian Health Ministers' Advisory Council for urgent consideration.

Radiation oncology

8. That the recommendations of the National Strategic Plan for Radiation Oncology (Australia) be implemented urgently.

Access to pharmaceuticals

9. That the Minister for Health and Aging establish a joint working party – including the Medical Oncology Group, relevant national palliative care organisations, consumers, the pharmaceutical and the health insurance industries and the Department of Health and Aging – to review and where possible develop solutions to the key problems of access to new and old pharmaceuticals.

Access to support for travel

10. That there be a national review of matters that affect access to cancer care, including an investigation into problems with travel, as an urgent matter. Particular attention should be paid to populations that may be experiencing disproportionate difficulties with access and the magnitude of that impact on cancer outcomes. This would include Australian Aboriginals and people living in isolated areas or just inside travel subsidy distance limits.

Equity of access

11. That the needs of special populations, especially Aboriginal peoples, be the focus of special efforts to bridge the current gaps in access to utilisation of culturally sensitive cancer services.

Recommended strategy for implementation

A National Task Force on Cancer

12. That a National Task Force on Cancer be established to oversee and drive the reform process, with the aim of ensuring cancer care services throughout Australia are evidence based and consumer focussed, and that sufficient funding be allocated to support the task force to implement necessary change across the entire spectrum of cancer care delivery.

Table 3. Action items

1. That health services research be commissioned to define the essential elements of integrated multidisciplinary cancer care for at least the common cancers, and the costs and benefits of providing it in public and private settings in metropolitan and regional Australia.
2. That the evidence on procedural complexity, volume and its impact on outcome be fully considered in the funding, planning and organising of cancer care services in Australia.
3. That the relationship between practitioner, institution and outcome be monitored through greater use of clinical cancer registries.
4. That specialist colleges and other relevant associations be strongly encouraged through incentives if necessary, to provide information about their members' subspecialisation and facilitate systems that allows GPs and consumers to readily establish a specialist's interest and experience in a particular cancer area.
5. That consideration be given to ways to enhance the Medicare Benefits Schedule so that it better supports an evidence based, integrated multidisciplinary approach to cancer care.
6. That dedicated funding be identified for applied research in cancer, including studies of quality of life, so that quality and efficiency in the Australian cancer care system can be improved.
7. That the minimum data set developed by the National Cancer Control Initiative be collected across Australia.
8. That the development of site specific surgical oncology as a subspeciality be encouraged.
9. That resources be made available to support the training of cancer specialists in regional areas.
10. That incentives to undertake relevant postgraduate training in cancer nursing be developed.
11. That the model of the breast care nurses be tested more widely and across all cancers, with ongoing funding support based on the cost effectiveness of the intervention for each of the major cancers.
12. That the Australian Medical Council be enlisted to assist in incorporating The Cancer Council Australia's Ideal Oncology Curriculum and the Australian and New Zealand Society of Palliative Medicine Ideal Curriculum into undergraduate medical education as appropriate, through the accreditation process for undergraduate medical training.
13. That the training module in cancer care be developed and run by GPs with assistance from cancer care specialists in a range of disciplines as required.
14. That any accreditation scheme includes access to psycho-oncological support services as one of the accreditation criteria.
15. That the feasibility of other health professionals providing psychosocial support, and the role of low cost interventions such as peer support be further assessed
16. That ongoing communication training be promoted for all people who work in a cancer care setting, including GPs.
17. That regular communications training be required as part of any credentialling or accreditation process associated with cancer care.
18. That the costs, benefits and cost effectiveness of home care be identified, and the incentives adjusted so that home care becomes a more viable and attractive option for cancer service users and providers.
19. That the commonwealth, state and territory governments work with national palliative care organisations, relevant colleges and others to address the issue of late or crisis referral of people for palliative care.

'cancer journey' could greatly improve if everyone received optimum treatment. This landmark report outlines key reforms required to achieve this, with far reaching implications for GPs, their cancer patients and carers. It reflects a broad based consensus of health professionals and consumers on changes needed to optimise existing services, and also provides the opportunity to make a real difference in the here and now. Take time to read the Executive Summary, Recommendations and Action Items at: www.ncci.org.au or download the full report to study those sections particularly relevant to this critical area of our clinical practice.

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