



**Australian Government**

**Senate Community Affairs References Committee**

**Inquiry into Services and Treatment Options**

**for Persons with Cancer**

**Australian Government Response to the Committee's Report:**

*The cancer journey: informing choice*

May 2006

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## **Australian Government Response to: *The cancer journey: informing choice***

The report of the Community Affairs References Committee, June 2005

### **Introduction**

In Australia, one in three men and one in four women will be directly affected by cancer before the age of 75 years. Each year, around 460,000 people are diagnosed with cancer. Approximately 374,000 of these cancers are less threatening types of skin cancer – namely non-melanocytic skin cancer. For other types of cancer, over 88,000 people will be diagnosed and approximately 36,000 people will die per year.

Through Medicare, the Australian Government takes a leading role to provide universal and affordable access to primary care providers, including medical practitioners, and to a range of specialist and diagnostic services. The Pharmaceutical Benefits Scheme provides subsidised access to pharmaceuticals. The Australian Government also contributes funding to the public hospitals through the Australian Health Care Agreements.

As outlined in the 2005-06 Federal Budget, the Australian Government has moved to further reduce the burden of cancer by allocating an additional \$189.4 million over the five years to 2008-09 for the Strengthening Cancer Care Initiative. This initiative ensures better coordination of our national cancer effort, more research funding for cancer care, enhanced cancer prevention and screening programs, better support and treatment for those living with cancer and those needing palliative care, and better support for the professionals who care for cancer patients.

A key element of the Strengthening Cancer Care initiative is the establishment of a national cancer agency to be called, Cancer Australia. The new agency will provide important strategic leadership by bringing together key cancer organisations. It will also be responsible for examining a number of recommendations outlined in this report. More specifically the new agency will:

- Provide national leadership in cancer control;
- Guide improvements to cancer prevention and care, to ensure treatment is scientifically based;
- Coordinate and liaise between the wide range of groups and providers with an interest in cancer;
- Make recommendations to the Australian Government about cancer policy and priorities; and
- Oversee a dedicated budget for research into cancer.

Cancer organisations have shown strong support for an organisation which will increase collaboration and reduce duplication.

### **Recommendation 1**

The Committee recommends that Cancer Australia, in association with consumer based organisations such as Cancer Voices NSW and the Breast Cancer Action Group in

Victoria, coordinate the development of information about cancer treatment services in each State and Territory. This information would be based on the successful breast cancer treatment directory developed by the Breast Cancer Action Group in NSW, published in 2002, which is also available on the Internet.

### **Australian Government Response**

Cancer Australia will be asked to consider the appropriate coordination of directories of cancer services in all States and Territories.

The provision of information about cancer treatment services is, however, a State and Territory Government responsibility.

### **Recommendation 2**

The Committee recommends that Cancer Australia, in conjunction with State and Territory Governments, develop appropriate referral pathways for the optimal management of all cancers for all Australians regardless of where they live.

### **Australian Government Response**

The Australian Government will ask Cancer Australia to examine appropriate cancer referral pathways, with particular consideration being given to difficulties confronted by adolescents with cancer.

The development of optimal cancer referral pathways is a matter for the cancer profession.

### **Recommendation 3**

The Committee recommends that, Cancer Australia, together with the Clinical Oncological Society of Australia and the Cancer Council of Australia develop and introduce accreditation and credentialing systems.

### **Australian Government Response**

The accreditation and credentialing of cancer services is primarily a matter for the oncology professions.

### **Recommendation 4**

The Committee recommends that Cancer Australia in its role of providing national leadership and to foster improvements in the integration of networked cancer services, play a primary role in facilitating the sharing of information about Commonwealth and State and Territory Government cancer initiatives to improve treatment services.

## **Australian Government Response**

The Australian Government will consult with Cancer Australia in relation to the best mechanism for improving the sharing of information from all jurisdictions on cancer initiatives to improve treatment services.

However, the integration of networked cancer services is a matter for State and Territory Governments.

## **Recommendation 5**

The Committee recommends that the use of and adherence to clinical guidelines is an essential component of multidisciplinary care and must be part of any system of cancer treatment services.

## **Australian Government Response**

The Australian Cancer Network has responsibility for the production and dissemination of guidelines in cancer control. However, adherence to clinical guidelines is largely a matter for the oncology profession.

## **Recommendation 6**

The Committee recommends that multidisciplinary care, consisting of an integrated team approach in which medical and allied health care professionals develop collaboratively an individual patient treatment plan, continue to be widely promoted within the medical and allied health care professions.

## **Australian Government Response**

The introduction of a new Medicare item to reimburse participation by medical practitioners in multidisciplinary cancer case conferences from 1 November 2006, is expected to support the development of collaborative patient treatment planning.

## **Recommendation 7**

The Committee recommends that the curriculum for medical professionals at the undergraduate and postgraduate levels include enhanced communication skills training and that professional Colleges also undertake a more active role in the provision of such training for their members. This training could be based on the National Breast Cancer Centre's communication skills training workshops that have been developed to improve the awareness and capacity of health professionals to communicate effectively with women with cancer.

## **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 8**

The Committee recommends that the Cancer Funding Reform Project, established under the auspices of the Health Reform Agenda Working Group and reporting to Australian Health Ministers, include the differences in public and private hospital billing arrangements as an item for investigation and resolution.

## **Australian Government Response**

This issue will be considered in the Cancer Funding Reform Group (the Group), of which the Department of Health and Ageing is a member. The Group has commissioned the Centre for Health Service Development, University of Wollongong, to investigate the current roles and responsibilities of both public and private health providers across the continuum of cancer care services. The study, managed by ACT Health, will consider the impact of current funding arrangements on the effectiveness of cancer treatment, efficiency of resource allocation and access to best practice. This will involve consultations with the private sector, given that private health insurance arrangements function differently to the Australian Health Care Agreements.

Based on the results of this study, the Group will make recommendations about specific alternative funding arrangements and implementation options to improve access to coordinated best practice treatment for cancer.

### **Recommendation 9**

The Committee recommends that Department of Health and Ageing, in consultation with Cancer Australia, enhance the current Medicare Benefits Schedule (MBS) arrangements for relevant specialists and general practitioners to support participation in multidisciplinary care meetings in both hospitals and the community.

## **Australian Government Response**

The Medicare Benefits Schedule has a number of items that support multidisciplinary care. These include chronic disease management care planning items for general practitioners and case conferencing items that are available to physicians, psychiatrists and general practitioners. These items provide for both the organisation of and participation in case conferences by medical practitioners involved in the care of patients with chronic diseases, including cancer. They support participation by these practitioners in multidisciplinary care meetings in both hospitals and the community.

A new Medicare item specifically for multidisciplinary cancer case conferencing will be introduced from 1 November 2006. This will cover participation by treating doctors,

including specialists and general practitioners, in a case conference of a multidisciplinary team, for the purpose of cancer care planning on their hospital or community patient.

The recommendations of the National Demonstration Project of Multidisciplinary Care for Breast Cancer indicated that the cooperation of hospitals or health service is crucial for the success of regular multidisciplinary team meetings. While the MBS is able to fund the attendance of medical practitioners at case conferences, it is beyond the scope of the MBS to provide the infrastructure or to ensure the active cooperation of hospitals and health services.

### **Recommendation 10**

The Committee recommends that five multidisciplinary cancer centre demonstration projects be set up in consultation with consumer groups and be funded over three years in different part of Australia. At least one demonstration project should be in the private sector. Within these multidisciplinary centres different models of psychosocial support, incorporating a range of complementary therapies and taking into account the cultural needs of patients, should be assessed. The assessment of all aspects of the demonstration projects should be scientifically based and involve consumer representatives in the process.

#### **Australian Government Response**

The Australian Government will consult with Cancer Australia about the potential to undertake multidisciplinary cancer centre demonstration projects.

### **Recommendation 11**

The Committee recommends that all State and Territory Governments that have not yet done so, establish designated care coordinator positions to help cancer patients navigate their way through treatment and provide support and access to appropriate information.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 12**

The Committee recommends that use of the breast cancer nurse care coordinator model should be adopted for all cancers and that State and Territories undertake a recruitment drive for skilled health professionals such as retired nurses to help fill these positions.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.



### **Recommendation 13**

The Committee recommends that Cancer Australia provide access to authoritative, nationally consistent, evidence based information on services, treatment options, government and non-government assistance and links to appropriate support groups which can be used by health professionals including care coordinators, cancer patients and their families. This information should be available in different forms.

#### **Australian Government Response**

The Government will consult with Cancer Australia about the agency's capacity to provide access to authoritative, nationally consistent, evidence based information in a variety of formats.

### **Recommendation 14**

The Committee recommends that the Department of Health and Ageing improve health professional and consumer awareness of allied health services for people with chronic conditions and complex care needs that can be claimed under the Medical Benefits Schedule. Current claim usage of allied health services should be determined and an evaluation should be conducted 12 months after promotion of the Medical Benefit Schedule items available.

#### **Australian Government Response**

The Medicare allied health and dental care initiative consultative group was established by the Department of Health and Ageing in November 2004 to provide advice and assistance to the Department on:

- the development, review and dissemination of information and educational resources for General Practitioners, allied health professionals, dentists and consumers about the new allied health and dental care items and Enhanced Primary Care multidisciplinary care planning;
- continuing professional development requirements for eligible allied health professionals and dentists;
- Indigenous allied health and oral health issues through the National Aboriginal Community Controlled Health Organisation process; and
- monitoring and review of the items and implementation, and development of solutions where problems are identified.

The four key General Practitioners groups (the Australian Divisions of General Practice, the Australian Medical Association, the Royal Australian College of General Practitioners and the Rural Doctors Association of Australia) are represented on the consultative group, as well as national associations representing all eligible allied health professionals, the Australian Dental Association, National Aboriginal Community Controlled Health Organisation and Medicare Australia.

The Department of Health and Ageing is working closely with the consultative group to increase awareness of the allied health and dental care Medical Benefit Scheme items, particularly among General Practitioners and consumers. It also monitors uptake of the items on a continual basis.

### **Recommendation 15**

The Committee recommends that Cancer Australia examine appropriate funding mechanisms for programs and activities like those operated by the Gawler Foundation, which specialise in providing learning and self-help techniques based on an integrated approach for cancer patients and their carers. This examination should include consideration from a health and equity point of view of providing Medicare deductibility for cancer patients accessing these services.

#### **Australian Government Response**

The remit of Cancer Australia does not currently include advice on funding mechanisms in relation to cancer programs and activities. Funding for cancer programs and activities is a State and Territory Government responsibility. At a Federal level, Medicare provides rebates primarily for the provision of clinically relevant services by medical practitioners.

### **Recommendation 16**

The Committee recommends the continued implementation and dissemination of the *Clinical practice guidelines for the psychosocial care of adults with cancer* to health professionals and people and families affected by cancer.

#### **Australian Government Response**

The Australian Government has funded the National Cancer Control Initiative and the National Breast Cancer Centre to produce the *Clinical Practice Guidelines for the Psychosocial Care of Adults with Cancer*.

The guidelines provide clinically useful information about the emotional impact of cancer, strategies to reduce this impact and treatment of problems when they occur. These guidelines are a world first, and build upon the *Psychosocial Clinical Practice Guidelines for Breast Cancer*, developed by the National Breast Cancer Centre.

In 2003, The National Cancer Control Initiative, in conjunction with the National Breast Cancer Centre, developed a dissemination and implementation strategy for these guidelines. The strategy consists of four modules including interactive educational workshops for health professionals (module 1), health professional summary cards (module 2), consumer summary cards (module 3) and a rural and remote strategy (module 4).

Work on the implementation and dissemination of modules one and two of the four-module strategy was completed during the second half of 2004. The Australian Government will refer modules three and four to Cancer Australia for consideration regarding their further dissemination and implementation.

### **Recommendation 17**

The Committee recommends that psychosocial care be given equal priority with other aspects of care and be fully integrated with both diagnosis and treatment, including the referral of the patient to appropriate support services.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 18**

The Committee recommends that patients and carers should be made aware of additional support services provided by organisations such as The Gawler Foundation in VIC, Balya Cancer Self Help and Wellness Inc in WA and Bloomhill Cancer Help in QLD.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 19**

The Committee recommends that State and Territory Governments consider ways to increase the availability of psychosocial support services.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 20**

The Committee recommends States and Territories adopt and implement the consistent approach to the benefits for travel and accommodation recommended by the Radiation Oncology Jurisdictional Implementation Group to ensure that benefits are standardised across Australia. These benefits should be indexed or reviewed annually for increases in travel and accommodation costs.

## **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 21**

The Committee recommends Cancer Australia, in consultation with Aboriginal and Torres Strait Islander people and the States and Territories, auspice work to improve access to cancer screening, diagnosis and treatment for Aboriginal and Torres Strait Islander people that is culturally appropriate.

## **Australian Government Response**

The Department of Health and Ageing has already established an Aboriginal and Torres Strait Islander Women's Forum to provide advice to the Australian Screening Advisory Committee on women's cancer screening, particularly in relation to improving the participation of Aboriginal and Torres Strait Islander women in screening and follow-up assessment. The needs of Aboriginal and Torres Strait Islander men in relation to screening are also on the agenda for consideration by the Australian Screening Advisory Committee.

In relation to diagnosis and treatment services, the Department will seek advice from Cancer Australia regarding its capacity to address this aspect in conjunction with key stakeholders.

### **Recommendation 22**

The Committee recommends the National Health and Medical Research Council provide a dedicated funding stream for research into complementary therapies and medicines, to be allocated on a competitive basis.

## **Australian Government Response**

The National Health and Medical Research Council has provided a separate response to this recommendation.

### **Recommendation 23**

The Committee agrees that the recommendation of the Expert Committee on complementary medicines in the health system, that the NHMRC convene an expert working group to identify the research needs addressing the use of complementary medicines, including issues around safety, efficacy and capacity building. The Committee recommends that this working group should include complementary therapists in order to develop a strategy to coordinate and prioritise a dedicated research funding streams for complementary medicine and therapy research, taking into account research conducted

overseas. The group should also encourage the development of collaborative partnerships across disciplines.

### **Australian Government Response**

The National Health and Medical Research Council has provided a separate response to this recommendation.

### **Recommendation 24**

The Committee recommends that the NHMRC develop workshops for complementary therapy researchers intending to compete for funding, where experienced researchers discuss their preparation of research proposals.

### **Australian Government Response**

The National Health and Medical Research Council has provided a separate response to this recommendation.

### **Recommendation 25**

The Committee recommends that the NHMRC appoint two representatives, (including one consumer), with a background in complementary therapy, to be involved in the assessment of research applications received by the NHMRC for research into complementary and alternative treatments.

### **Australian Government Response**

The National Health and Medical Research Council has provided a separate response to this recommendation.

### **Recommendation 26**

The Committee recommends that complementary therapy organisations form a collaborative group with the authority to negotiate with representatives from the established medical organisations and to make recommendations to government. This body should organise a regular forum for representatives of complementary therapies to come together and discuss issues affecting their members such as regulation, research funding issues, collaboration and health and cancer initiatives at the Commonwealth, State and Territory levels.

### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 27**

The Committee recommends that Cancer Australia access the information available internationally on different complementary therapies and alternative products in order to provide up-to-date, authoritative, evidence-based information which can be regularly updated. This information should be made available in different forms and made available to cancer patients and their families as well as health professionals and other interested individuals.

#### **Australian Government Response**

The Australian Government will consult with Cancer Australia in relation to its capacity to develop approaches to provide access to authoritative, nationally consistent, evidence based information on different complementary therapies and alternative products in relation to cancer.

### **Recommendation 28**

The Committee recommends that where quality of life may be improved by complementary approaches, methods to make such therapies more accessible be discussed by State and Territory cancer services, including consumer representatives.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 29**

The Committee recommends that State and Territory governments include the views of peak complementary therapy bodies in each State and Territory regarding the planning and delivery of cancer services.

#### **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 30**

The Committee recommends that the target age groups for BreastScreen Australia and the National Cervical Screening Program should be reviewed regularly, given the increasing trends in life expectancy for Australian women. In addition, a review should be conducted of how women outside the age limits are made aware of their cancer risk.

## **Australian Government Response**

BreastScreen Australia is targeted specifically at women without symptoms aged 50 to 69, although women aged 40-49 and 70 years and older are able to attend for screening. The Australian Screening Advisory Committee has identified the review of screening for women aged 40 to 49 years and over 70 years for BreastScreen Australia as a priority project. The Australian Health Ministers' Advisory Council has agreed to a comprehensive evaluation of the BreastScreen Australia Program. This evaluation will include a review of the screening target age.

The National Cervical Screening Program policy states that routine screening with Pap smears should be carried out every two years for women between the ages of 18 (or two years after first sexual intercourse) and 69 years. The review of both age and interval for the National Cervical Screening Program has been identified as a long term priority by the Australian Screening Advisory Committee. In approving the National Cervical Screening Program *Guidelines for the Management of Asymptomatic Women With Screen Detected Abnormalities* (the Guidelines) in June 2006, the National Health and Medical Research Council recommended that the screening interval for Pap smears in Australia be reviewed.

It is anticipated that a full review of the policy of the National Cervical Screening Program will be undertaken when the Guidelines are due for review in three to five years' time. This review would include the screening age, screening interval and guidelines for management of women with screen detected abnormalities as well as the impact of the human papillomavirus vaccine.

## **Recommendations 31**

The Committee recommends that Cancer Australia consider the development of appropriate referral pathways that take account of the particular difficulties confronted by adolescents with cancer.

## **Australian Government Response**

See the Australian Government response to recommendation 2.

## **Recommendation 32**

The Committee recommends that State and Territory Governments recognise the difficulties experienced by adolescent cancer patients being placed with inappropriate age groups and examine the feasibility of establishing specialised adolescent cancer care units in public hospitals.

## **Australian Government Response**

This matter falls outside the jurisdiction of the Australian Government.

### **Recommendation 33**

The Committee recommends that Cancer Australia, in consultation with State and Territory Governments and the Australian Institute of Health and Welfare, take a leadership role in coordinating the development of a national approach to the collection of cancer staging data.

#### **Australian Government Response**

The Australian Government will refer this matter to Cancer Australia for consideration in the context of its leadership role in cancer control.

The collection of cancer data is, however, largely a matter for the Australasian Association of Cancer Registries in each State and Territory.