

## Election Priorities 2007

# Rural/regional cancer reform



The Cancer Council Australia calls on the next Australian Government to reduce the inequities in treatment outcomes faced by rural cancer patients by:

- Working with the states and territories to co-fund regional cancer centres of excellence, providing multidisciplinary cancer care in regional centres that have radiation therapy machines;
- Significantly improving patient travel and accommodation assistance by leading a national agreement with the states and territories that provides increased funding, minimum standards and streamlined administration; and
- Developing a quality assurance framework and encouraging innovations such as telemedicine and professional mentoring for remote services.

### **Why rural cancer care demands national action**

Evidence shows the further from a metropolitan centre a cancer patient lives, the more likely they are to die within five years of diagnosis.<sup>1,2,3</sup> For some cancers, remote patients are up to 300% more likely to die within five years of diagnosis.<sup>4</sup> The problems of diagnosing and treating cancer in regional Australia reflect disadvantages across the healthcare spectrum experienced by rural and remote communities.<sup>2-4</sup> Geographic isolation, shortage of healthcare providers and a higher proportion of disadvantaged groups are acknowledged as general contributing factors.<sup>3</sup>

A study of regional oncology services conducted by The Cancer Council Australia's affiliate, the Clinical Oncological Society of Australia, shows that cancer care is less accessible as geographical isolation increases; quality and availability of services by location directly correlate to survival rates.<sup>5</sup> National leadership is required to address this inequity, which is evident in all jurisdictions.

### **Opportunities for sustainable equity**

The Cancer Council Australia/COSA recommend three core measures to reduce the inequity in cancer treatment outcomes between rural/remote and urban populations:

- A network of regional cancer centres of excellence;
- Improved patient travel and accommodation schemes; and
- Increased support for technological innovations to reduce the impact of distance.

Regional cancer centres of excellence present the most cost-effective and sustainable way to provide long-term, measurable improvement in regional cancer care. They would provide multidisciplinary care, improve support and educational services and, by being mentored by major metropolitan centres, establish a vital link to more remote services.

## Returns on investment

The best way to roll out a network of regional cancer centres is to build them where a radiotherapy unit is in place. Radiation oncology is essential to multidisciplinary cancer care. And, while it is costly in capital outlays, it is the most cost-effective in terms of operational cost.<sup>6</sup> Ten non-metropolitan centres already have units (Coffs Harbour, Port Macquarie, Wagga, Wollongong; Albury-Wodonga, Ballarat, Bendigo, Geelong, Latrobe Valley; and Townsville) and units are flagged for Darwin, the NSW North Coast and Orange. The combined population of these centres is more than 1.5 million and an additional 700,000 people live within a 150km radius.<sup>6</sup>

Some of these facilities already have the core elements of a regional cancer centre of excellence; others have only basic services in addition to their established or planned radiotherapy units. A Commonwealth commitment to working in partnership with the states and territories to co-fund multidisciplinary cancer care in these centres according to local need would ensure investments in radiotherapy hardware deliver optimal returns and reduce long-term cancer survival inequity across the rural/metropolitan divide.

A recent expansion of the cancer centre at Albury-Wodonga has delivered benefits that include an increase in the number of new patients treated locally from 150 to 750 a year, an eight-fold increase in chemotherapy day treatments, multidisciplinary clinics and 10% of new patients participating in a clinical trial.<sup>7</sup> A pilot project funded by the Australian Government, with support from the Victorian and NSW governments, showed that a modest investment in improved coordination of services would deliver significant additional benefits for a wide patient catchment area.<sup>8</sup>

## **Travel and accommodation support**

On 20 September 2007, the Senate completed an inquiry into patient travel and accommodation assistance schemes, recommending major improvements delivered through the Australian Health Care Agreements, with national service standards developed by the Australian Health Ministers' Advisory Committee. The Cancer Council Australia supports the Senate's recommendations<sup>9</sup>, with added emphasis on the need for a substantial increase in the subsidy level commensurate with need.

Fixing patient travel and accommodation schemes is integral to improving the quality of life of people with cancer in rural and remote Australia. It is an opportunity for the next Australian Government to show milestone leadership in helping to ensure Australians in regional areas have improved access to potentially life-saving treatment and care.

## **Innovative approaches**

Australia's vast distances and sparsely populated remote communities will always present challenges for health services. The Cancer Council Australia recommends that regional cancer centres and improved patient travel and accommodation be complemented by innovative approaches to further strengthen regional cancer care, such as a national quality assurance framework (e.g. service accreditation, the use of clinical practice guidelines) and investment in clinical data systems to audit, monitor and plan services. Telemedicine is another flexible model that should be supported, as it has proven beneficial in reducing the impact of extreme distances.<sup>10</sup> Distance education and mentoring are also proving effective and should be further supported.<sup>11</sup>

## References

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- <sup>2</sup> Jong KE, Vale PJ, Armstrong BK. Rural inequalities in cancer care and outcome. *Med J Aust* 2005; 182: 13-14.
- <sup>3</sup> Australian Institute of Health and Welfare. Health in rural and remote Australia. Canberra: AIHW, 1998. (AIHW Cat. No. PHE 6.)
- <sup>4</sup> Jong KE, Smith DP, Yu XQ, et al. Remoteness of residence and survival from cancer in New South Wales. *Med J Aust* 2004; 180: 618-622.
- <sup>5</sup> Clinical Oncological Society of Australia, Mapping regional oncology services, 2006
- <sup>6</sup> Barton MB, GebSKI V, Manderson C, Langlands AO. Radiation therapy: are we getting value for money? *Clin Oncol R Coll Radiol* 1995; 7(5):287-292
- <sup>7</sup> The Cancer Council Australia, COSA, Department of Health and Ageing, Cancer in the Bush, Optimising clinical services, conference report, 2001.
- <sup>8</sup> Underhill C, Goldstein D, Grogan, P, Inequity in rural cancer survival in Australia is not an insurmountable problem, *Medical Journal of Australia*, 2006
- <sup>9</sup> Senate report on patient travel and accommodation schemes, available at: [http://www.aph.gov.au/Senate/committee/clac\\_ctte/pats/report/index.htm](http://www.aph.gov.au/Senate/committee/clac_ctte/pats/report/index.htm)
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- <sup>11</sup> Dewar AM, Steginga SK, Dunn J, et al. Delivering cancer nursing education to regional, rural and remote area nurses in Queensland. *Cancer Forum* 2001; 27: 27-29.