

COAG Improving Cancer Care Initiative: National Cancer Work Plan

Preamble

In April 2010, COAG agreed that “Victoria and the Commonwealth would lead work under the auspices of Health Ministers, to report back to COAG in 2011, on the most effective cancer diagnosis, treatment and referral protocols, to be developed with expert clinical input”.

To address COAG’s requirements, a National Cancer Expert Reference Group (NCERG) was formed. It is jointly chaired by the Commonwealth and Victoria, and comprises senior representatives of all jurisdictions and peak stakeholder bodies (Clinical Oncological Society of Australia; Cancer Council Australia; Cancer Australia; and consumer representation). The NCERG developed a *National Cancer Work Plan* and a background scoping paper on Cancer Control in Australia (Attachment A).

Overview

The *National Cancer Work Plan* has been developed to address the needs of people affected by cancer. It includes the following agreed principles:

1. Focus on actions that require national coordination rather than those that can be achieved by one level of government alone; build upon existing jurisdictional cancer plans and enhance the current investments made by all governments within reasonable timeframes.
2. Be underpinned by best-practice cancer research and optimal, evidence-based cancer treatment and supportive care.
3. Recognise the fiscal outlook facing all governments and the difficulty of funding significant new activity, and focus on high-impact and achievable actions.

National Cancer Work Plan

The *National Cancer Work Plan* is a suite of initiatives, focused on providing appropriate, efficient and well coordinated care for people affected by cancer and their families, from diagnosis through treatment and support to the management of follow-up care and survivorship. These initiatives were identified by the NCERG as being of the highest priority, addressing significant gaps in provision of optimal cancer care and most amenable to national gain. Effort in these areas fits with jurisdictional cancer plans and builds on the recent investments of all governments in cancer control. A partnership approach underpins the plan with jurisdictional and health professional leadership on specific initiatives and consumer input and involvement at all stages to substantially improve cancer outcomes and enhance the quality of life of cancer patients, their families and carers.

Initiative 1 - Pathways of cancer care

Cancer is a complex disease with many different tumour types, requiring diagnostic and treatment services from a vast array of health professionals using different modalities across both the public and private sector. Patient-focused care can be improved with more efficient, nationally agreed cancer pathways, extending from suspicion of cancer to diagnosis, through to treatment and management, and then to follow-up care. This initiative addresses critical gaps in the patient journey and aims to achieve better integrated care through known referral protocols. It will:

- a) establish best-practice pathways of cancer care with agreed referral protocols (including post-treatment and survivorship) between GPs, cancer specialists and other allied health professionals; and
- b) improve the practical support available to patients, their carers and families so that they can better navigate the complex cancer journey.

Initiative 2 - Efficient and effective cancer services

This initiative develops cancer service capability frameworks and effective health professional role delineation within networked services, to achieve efficiencies and reduce unwarranted variations in cancer outcomes. This will be achieved by working with consumers, jurisdictions and peak health professional bodies to establish:

- a) the piloting of innovative use of the cancer workforce including service efficiencies, scope of practice, and new models of shared care for cancer treatment; and
- b) agreed capability frameworks for cancer services with defined linkages to primary care, regional cancer services and specialist tertiary teaching hospitals, and the promotion of safe, high quality cancer care by agreed role delineation for cancer services, specific tumours and sub-specialties to optimise outcomes.

Initiative 3 - Evidence-based cancer treatment

Implementing new research findings and best-practice treatment protocols substantially improves cancer outcomes. This initiative will support consistent, evidence-based care for all people affected by cancer. It will promote:

- a) better use of multidisciplinary initial assessment and treatment planning cancer teams across both the public and private sector. The new National Broadband Network and tele-health technology will be used to support multi-disciplinary care in regional areas where feasible; and
- b) the implementation of new research findings, evidence-based treatment and care, commencing with the national adoption of the NSW Cancer Institute's *eviQ* database as an easily accessible, consistent, on-line, point-of-care treatment resource for cancer health professionals.

Cancer Control in Australia (2010)

This paper is a brief overview of cancer control in Australia, including the current burden of disease, achievements, opportunities for further gain and future challenges. It provides the rationale for the suite of initiatives that comprise the *National Cancer Work Plan*.

Current status in cancer control

Cancer is a complex set of potentially life-threatening diseases, with many different tumour sites. It is the leading contributor to burden of disease in Australia with approximately 100,000 new registrable cases diagnosed and 40,000 people dying each year. The current top five cancers for mortality are, in order: lung cancer, combined prostate cancer (males)/breast cancer (females), bowel cancer, lymphoid cancers, and cancer of unknown primary site.

Outcomes for Australian cancer patients have improved dramatically over the past 20 years, with current survival rates (now about 60% overall) equivalent to the best in the world. This achievement reflects strong public awareness of the prevention, screening and early detection messages, the availability of evidence-based clinical cancer guidelines and proven population screening programs, the work of high quality health professionals in diagnosing and managing cancer, effective new drugs and treatments, a robust health system with universal access, and a history of significant investment across the whole spectrum of cancer control by all governments.

The cancer community in Australia has been strongly collaborative and joint effort by consumers, health professionals (e.g. Clinical Oncology Society of Australia) and the Cancer Councils has resulted in improved outcomes. In particular, Australia is often said to lead the world in government support for cancer consumers with a strong record of input and involvement at all levels that has culminated in work to produce a National Framework for Cancer Consumer Involvement in Cancer Care and Control.

Nevertheless, there is still unacceptable variation in cancer rates and outcomes which differ by Indigenous status, remoteness area, socioeconomic status and health literacy. Some Australians have sub-optimal outcomes or suffer delays in accurate diagnosis, excessive waiting times, inadequate or non-evidence-based treatment, and care that is not well coordinated. Also, evidence from consumers is that the emotional, physical, psychological and economic impact on people affected by cancer and their families often takes a great toll and effective support remains a major challenge for our community.

Improved outcomes, measured by a reduction in cancer incidence and mortality, will be achieved when cancer is prevented, detected earlier and treated in a timely manner with the most cost-effective therapy. Improvements in data collection, continued investment in basic cancer research and the development of a sustainable workforce are also critical factors to improving cancer outcomes.

Investment in cancer research

Australia has a strong record of funding and supporting innovative and high quality basic scientific and translational research, including clinical guidelines. The substantial overall investment in cancer research in Australia adds significantly to the overseas scientific literature and plays a critical role in accelerating improvements in diagnosis, treatment and supportive care, enhancing cancer outcomes.

State governments have established many significant new cancer research programs, such as those auspiced by the Victorian Cancer Agency and the Cancer Institute NSW. At a national level, the National Health and Medical Research Council has consistently been the major funder of competitive, peer-reviewed cancer research projects and programs, with additional support for Fellowships and research scientists. Recently, they have been working to implement the Harmonisation of Multi-centre

Ethical Review (HoMER) initiative to support single ethical reviews, common policies and forms. Cancer Australia is a new player in funding research with a focus on patient care and in areas where outcomes are poorer. It has supported research grants through Cancer Australia's Priority-driven Collaborative Cancer Research Scheme which brings together government and non-government organisations as funding partners. Philanthropic support for cancer research also has been strong in Australia. There are a number of tumour-specific Foundations, and together with the Cancer Councils and other charities, they have very generously funded innovative cancer research for many years. Continued investment in cancer research, however, will be critical to improving cancer outcomes into the future.

Prevention of cancer

About one third of all cancers may be preventable, with tobacco being the largest preventable cause. Other risk factors include being overweight or obese, insufficient physical activity, poor nutrition, alcohol consumption, infectious diseases (e.g. the Human Papilloma Virus), exposure to ultraviolet radiation, other carcinogens, and genetic susceptibility.

In 2005, over 11% of new cancer cases and nearly 21% of cancer deaths could be attributed to smoking and 3% of new cancer cases and 3.5% of cancer deaths attributed to excessive alcohol consumption. Obesity levels, which are a key risk factor for cancer, are very high with over 60% of the adult Australian population being overweight or obese. The risk of many cancers can therefore be modified by lifestyle changes, with considerable impact also on other chronic health conditions.

All governments and many non-government organisations have made a sustained effort and considerable investment in promoting prevention programs and interventions to reduce preventable chronic diseases, including cancer. Among other measures, the National Partnership Agreement on Preventive Health provides for interventions in schools, workplaces and communities to support physical activity, improved diets, healthy weight, and increased quit smoking programs.

Australia has had a long, very successful and sustained anti-tobacco focus resulting in decreasing national smoking rates, now at a very low level of 16.6%. There has been a range of national tobacco control measures including legislation, quit smoking programs, advertising controls and measures to influence normative behaviour. Current Commonwealth activities include social marketing campaigns and internet advertising controls. Indigenous communities (with high prevalence smoking rates at 45%) have been specifically targeted with innovative tobacco cessation programs. Equally, state and territory governments have strongly funded comprehensive anti-tobacco measures including reductions in point of sale displays and banning smoking in pubs and clubs with strong results of decreasing prevalence.

While much successful work has been done in cancer prevention, continued effort is needed. The new Australian National Preventive Health Agency will aid by providing further focus on tobacco addiction, obesity, physical activity, alcohol and other drug abuse. The Agency will also support all health ministers to provide cohesion to the work of Australian governments in their prevention work.

Screening, early detection and accurate diagnosis of cancer

A nationally coordinated and focused approach to improving evidence-based screening, early detection and accurate diagnosis of cancer offers the opportunity to significantly reduce the number of cancer deaths and to provide a better quality of life for those people affected by cancer and their families.

Australia has three funded national population screening programs: for breast cancer, for cervical cancer and for bowel cancer. BreastScreen Australia provides free mammography screening to well women in the target group of 50-69 years of age. Women aged 40-49 years of age and over 70 are also eligible to attend, however they are not specifically targeted for screening. The National Cervical Screening Program promotes two-yearly Pap smears for women between the ages of 20 and 69 years. Screening is provided by general practices and state-based health services. The current phase of the National Bowel Cancer Screening Program offers people turning 50, 55 and 65 years of age between 1 January 2011 and 31 December 2014, free bowel cancer screening using a faecal occult blood test.

Most cancers, however, are detected by people presenting to health professionals with suspicious symptoms. Primary care services play an essential role in the early assessment of symptoms, effective diagnostic work-up and the appropriate referral of patients with suspected cancer. Very busy GPs and allied health practitioners need to be supported with the appropriate and most cost-effective use of diagnostic imaging and knowledge of the best referral pathways to optimal cancer care. Many jurisdictions have sought to involve primary care as part of their cancer plans and this work is ongoing. The best possible cancer patient journey relies on effective linkages and networks across many disciplines and cancer services.

Better consumer health literacy about cancer is also needed, especially in relation to cancer symptoms that require early and appropriate assessment. Consumer advice and involvement in developing information and educational tools is essential for improved outcomes. The Cancer Councils and other non government organisations have long been engaged in producing effective and well received consumer resources and educational information. Cancer Australia has also produced evidence-based advice and resources for consumers.

Improved pathways of care from initial suspicious symptoms of cancer through to assessment and accurate diagnosis would assist both health professionals and patients. Practical navigational aids and better psychosocial support is also much needed for people affected by cancer.

Effective treatment and management of cancer

The best opportunity for improvement in the management of cancer is by the standard application of evidence-based treatments. Consistent implementation of best-practice cancer care has been shown internationally to make a 10-15% difference in cancer outcomes.

Cancer is a complex disease often requiring multiple treatments and services. Cancer treatment is provided in many different locations across both the public and private sector. People affected by cancer and their families have a right to expect consistent, evidence-based, medical and supportive cancer care, which is critical for further improving survival and quality of life. Regardless of where they live, their background or type of tumour, everyone needs effective access to services that can provide best-practice diagnosis, assessment, treatment and follow-up care in the right place at the right time, provided by the right people.

There are two key areas that require focused attention: better multi-disciplinary cancer care and the implementation of best-practice cancer treatment and management through effective service delivery.

Multi-disciplinary cancer care is a team-based approach that ensures that all relevant treatment options are considered in the development of an individual treatment plan. International and Australian evidence demonstrates that cancer patients whose care is considered by a multi-disciplinary team receive higher quality care in line with best-practice standards and improved documentation of cancer stage. Multi-disciplinary cancer care is incorporated into all jurisdictional cancer plans and recommended as best-practice in cancer clinical practice guidelines. However, a national audit showed that only a third of cancer-treating hospitals have an established multi-disciplinary team and rural hospitals were less likely to have such teams. The provision of equitable and efficiently delivered multi-disciplinary care across all of Australia is a major challenge. Among the many complexities of delivering optimal multi-disciplinary cancer care is the need to involve both the public and private sector and the high level of cancer expertise required outside the major teaching hospitals.

An essential component of good multi-disciplinary care is the effective communication between team members, which includes specialist and allied health care providers. Establishing dedicated multi-disciplinary team meetings is often a particular barrier in rural and regional areas. Nevertheless, many cancer specialist teams are already making good use of tele-health facilities where they exist and the introduction of the National Broadband Network should increase access to virtual team-based care. The coordinated and programmatic introduction of the E-health patient record will also be a critical enabler for best-practice, coordinated cancer care and effective data collection.

Evidence demonstrates a significant relationship between patient outcomes and clinician sub-specialised expertise, clinician caseload and hospital volume, particularly for some uncommon and complex cancers. Among many other initiatives around the nation, Cancer Australia has established a good platform for incremental improvement with their CanNET services initiative piloted in all jurisdictions to improve vertical integration, supported by agreed cancer treatment protocols to enhance access to multi-disciplinary teams and achieve better consistent outcomes.

The establishment of regional cancer centres will help to address the poorer outcomes experienced by some cancer patients and provide better support for people affected by cancer and their families living in rural, regional and remote communities. Services will align with state and territory cancer plans and focus on identified patient treatment gaps through a collaborative network of linked private and public services – both locally and nationally – to provide quality multi-disciplinary care for patients. Links between regional cancer centres and designated specialised metropolitan care with clearly defined standards of care will ensure that cancer treatment is given at the most appropriate location, depending on the type and complexity of the tumour, the available specialist skills and specific circumstances. Strong links with regional and metropolitan cancer services and timely discharge summaries will help health professionals provide support and information to aid patients, their families and carers.

In a constrained fiscal environment, the best use of current health resources will also be optimised by the consistent application of best-practice cancer care, agreed national referral protocols, cancer management guidelines, agreed standards and key performance outcome indicators.

Cancer data monitoring and performance reporting

Australia is fortunate to have excellent cancer data registries that collect information on all new cancers (except non-melanoma skin cancers). The Australian Institute of Health and Welfare (AIHW) Cancer Monitoring Centre provides regular national information, including on: cancer incidence; prevalence; mortality; and survival, with analyses over time by tumour type and many socio-demographic features.

The scope of reporting is currently limited by the lack of systems to enable data capture across both the public and private sector throughout the patient journey. Jurisdictions are largely unable to determine the extent and nature of care occurring in private inpatient settings, or on an outpatient basis where the majority of cancer care is now delivered. Better data linkage systems with the appropriate checks and balances would assist to identify critical gaps in care and aid service delivery planning.

Currently in Australia, there are no national data or comparable international information on the standard of care being provided, cancer treatments and outcomes. Work is being done in this area, however, by most jurisdictions and many clinician groups to develop better monitoring and information systems. In addition, the AIHW, Cancer Australia, the Cancer Institute NSW and the Cancer Council Victoria are all working together to improve the collection of consistent and standardised quality data.

Cancer specialist workforce

Cancer service capabilities in Australia are constrained by many features, but diverse geography and the inherent challenge of attracting and retaining a sufficient skilled workforce is often an important limitation. Rural and regional areas have had particular difficulty in attracting and retaining sufficient specialist cancer health professionals. Cancer treatment requires highly technical and specialised health professionals.

Cancer care is most effectively delivered by a skilled cancer workforce able to deliver multi-disciplinary team care in a range of settings, with effective role delineation and coordinated treatment. Effective use of the whole spectrum of required health professionals across the various stages of the cancer journey is essential for optimal outcomes, good support for people affected by cancer and their families, as well as the effective use of a sparse workforce.

At a national level, there has been workforce analysis and planning only for radiation oncology services, but not yet for other cancer specialist areas. Many jurisdictions have workforce plans and novel strategies to meet the growing cancer need. Effective workforce strategies, however, have a long lead time and require considerable planning and investment. These strategies will necessarily need to address not only absolute workforce numbers, but also appropriate investigation of the workforce composition, new models of care and role delineation.

The recently established national Health Workforce Agency is well positioned to assist with this work and under the direction of Health Ministers, it is now beginning a comprehensive review of the cancer workforce that will include a profile of the current workforce, identification of future requirements including scope of practice, and consideration of innovative models of care to address pressures.

Future challenges

Despite the fact that Australia has a strong record of successful cancer control, there are substantial future challenges to maintain and improve current outcomes. These include, but are not limited to: the prevention of cancer, which will require more effective management of lifestyle-related risk factors; an ageing population and increasing cancer incidence rates; and pressure for access to affordable new drugs and therapies, including genomics and genetic testing for risk assessment and targeted therapies. While genetics and other treatment options may offer significant benefits to people affected by cancer, the financial, insurance, psychological, social and family impacts need to be appropriately managed.

Managing efficient follow-up care and effective survivorship will be a major future challenge to achieving optimal cancer outcomes and maintaining a healthy and productive population. Currently, about three per cent of the population is now either living with cancer or in remission with ongoing chronic health needs. Much of the responsibility for effective follow-up care will be with primary health care professionals as cancer management is increasingly dealt with in the community setting. Effective care will demand better vertical integration of services and more coordinated care across sectors.

All of these future challenges are additional to the range of current barriers to patients receiving timely, optimal cancer treatment and supportive care already outlined in this paper.

National action to improve cancer outcomes

The opportunity now exists to achieve better cancer care for all Australians. This will involve a nationally coordinated approach to improving cancer outcomes, with a strategic focus on where there is potential to make significant national gain, accompanied by international benchmarking and review.

Effective control of this burden of disease is achievable with an agreed *National Cancer Work Plan* that leverages the existing work of the jurisdictional cancer plans and Commonwealth investments in infrastructure and programs.

The various enablers that might overcome current difficulties include, but are not limited to, the following best-practice elements:

- Service capability frameworks for cancer centres with agreed role delineation;
- Formally linked networks of cancer services across and within jurisdictions;
- Effective investigation of symptoms and the development of a treatment plan in consultation with people affected by cancer and their families;
- Better decision aids and case conferencing, including use of tele-health technology;
- Agreed, accessible, known clinical pathways, and defined protocols for all cancer patients;
- Effective vertical integration between the primary, tertiary, public and private sectors;
- Utilisation of all health professionals (multi-disciplinary care) where appropriate;
- Enhanced coordination of care with practical patient navigational aids and support;
- Improved patient and family support, including appropriate follow-up care; and
- Better, more timely cancer data linked to treatment outcomes with key performance indicators.

The *National Cancer Work Plan* consists of a suite of initiatives, focused on providing appropriate, efficient and well coordinated care for people affected by cancer and their families, from diagnosis through treatment and support to the management of follow-up care and survivorship. The *Implementation Framework* is at Attachment B