

An election manifesto on behalf of Australian cancer patients and their families



The 'Cancer Care, No Gaps' Journey

Clinical trials – more patients, less cost

Introduction

As cancer doctors, we know the hardest words we can say to our patients are: *'you have cancer'*.

It is the hardest, most terrifying of words for a patient and their family, to hear. If the patient is a child, it is deeply traumatizing for their parents. If the patient is a parent, their first thought goes to their children and how it will affect them, who will look after them?

We know that the cancer care journey starts with those hard-to-hear words but there are also many wonderful innovative treatments now available and a community of connected and experienced specialists and nurses that work together to lessen the blow of this awful disease. With new advances in immunotherapy, targeted therapies and personalized medicine, many once fatal cancers are now being controlled. Cure rates are increasing and patients are living longer with their disease.

This is to be celebrated but what a cancer patient shouldn't be thinking is *"I can't afford this."*

The Private Cancer Physicians of Australia (PCPA) welcomes the recognition that Australians, with a diagnosis of cancer, face increasing out of pocket costs. As cancer physicians providing high quality, personalised, patient-centred care, we are acutely aware of this issue and work very hard to control the out of pocket expenses that are within our control.

It is obvious now with the 2019-20 Budget and the Budget in Reply, that cancer patients are, rightly, at the forefront of this coming election campaign.

The prospect of solving the problem of increased patient out of pocket expenses with a simple, all-encompassing Medicare Cancer Plan is a wonderful and welcomed ambition for cancer care.

Today, too many barriers exist that make achieving that aim a challenge. These initiatives are aimed at removing those barriers and build on the initiatives announced thus far.

The 'Cancer Care, No Gaps' Journey

Whilst the proposed ALP Medicare Cancer Plan is set to invest a significant amount of funding to improve the care of patients with cancer, a lot more can be done.

If adopted, as a package, these recommendations would ensure most patient out of pocket expenses are significantly reduced, if not eliminated altogether, in an equitable fashion that is acceptable to all stakeholders. It will also help reduce the stress and confusion of our sickest patients attempting to navigate such a complex health system.

We would recommend the next Government commits to establishing a 'Cancer Care, No Gaps' taskforce, that we offer to lead and the MRFF-funded Australian Health and Research Alliance (AHRA) facilitates, to create a national platform to bring along other stakeholders including cancer patient advocacy groups, consumers, other oncologists, hospitals, health care providers, medical researchers, private health insurance funds, state governments and insurance companies.

The aim would be to work together to ensure all cancer patients, and their families, can embark on their cancer care journey without the fear of financial stress.

Clinical trials – more patients, less cost

PCPA is also a champion of improving our patients' access to clinical trials regardless of where they live. The creation of the bipartisan Medical Research Future Fund was a gamechanger and we need it to continue. Australians deserve and expect improved access to cutting edge new treatments and optimal evidence-based quality care.

Together with peak organisations such as the Australian Health and Research Alliance and the Australian Clinical Trials Alliance, we have called for a commitment to a suite of initiatives to make clinical trials more accessible for all cancer patients, specialists and hospitals.

We commit the following recommendations and seek a commitment by both parties to enact them upon winning Government.

Priority #1 Enact MBS review recommendations with no gaps for patients

- MBS chemotherapy item numbers, proposed under the current MBS review, must now be enacted and be at least revenue neutral.

The MBS review must not create any gaps for cancer patients.

Reject any MBS review recommendation for a time-tiered system for specialist consultations. There is no place for time sheets in cancer care. It does not recognize the experience of the physician or the complexity of cancer care.

Priority #2 create a MBS cancer patient safety net & index rebates

- Grant patients access to the benefits of the MBS patient safety net immediately once they have a diagnosis of cancer. The Medicare item reimbursement remains the same for all clinicians.

All members of the cancer care team would be included in the safety net, which would cover an episode of care that extends across more than a single calendar year.

The cost of cancer care should not be influenced by the month of your diagnosis.

- Ensuring indexation of MBS item numbers for cancer treatment. The rebates for MBS chemotherapy items have been frozen since November 2012. Continuation of this freeze will lead to increased out of pocket expenses regardless of the existence of a proposed increased rebate for consultations.

Priority #3 Provide MBS rebates for radiotherapy

- The provision of radiotherapy in the private sector can lead to large out of pocket expenses paid by patients, potentially running to many 1000's of dollars.

Pledging to cover gaps incurred during radiotherapy - whilst not impeding access to private radiotherapy - would remove a major cause of financial toxicity for patients being treated outside public hospitals.

This outcome may be achieved by cancer specific reforms around the Safety Net.

Priority #4 Excise cancer medicines from the Special Pricing Arrangements (SPA) reforms

- Permanently excising cancer medicines out from the proposed Special Pricing Arrangements (SPA) reforms¹. 98% of the cancer care supply chain have expressed fears there may be an unintended delay in getting life-saving cancer treatments to Australia's sickest patients.

This is a particular concern for our cancer patients in regional and rural Australia. It is an accounting problem that requires an accounting solution.

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Priority #5 Remove the bill shock from the cancer care journey

- As oncologists, we know our gaps but not that of our colleagues. Given that cancer care is team-based, there is an opportunity for novel thinking around physician-led bundling of care.

In some treatment scenarios, bundled known-gap arrangements would work very effectively in settings such as the management of patients with early breast cancer. The best outcome – if gaps can't be eliminated completely - is to provide minimized, manageable and known gaps through the patient's cancer journey.

Priority #6 patient-focus facilitators

- Provide facilitators of patient-centred cancer care for those patients being treated outside public hospitals.

The provision of cancer care coordinators, patient navigators, palliative care providers and nurses for tumours other than breast and prostate cancer, will help patients to navigate the often-complex system. Given that the majority of cancer occurs in older adults, the provision of cancer care coordinators for older Australians with cancer is a huge unmet need that will help the most vulnerable of patients – and their families - navigate the system. It will also provide new career opportunities for nurses.

Priority #7 Increase access to allied health services

- Increasing access to allied health services by increasing the number of visits available on a GP chronic disease plan or by allowing oncologists to directly refer patients for allied health under a cancer-specific health care plan.

Priority #8 improve insurance support

- Consider a specific response to issues raised in the recent Hayne Banking Royal Commission in relation to multiple insurance policies held by many working Australians across multiple funds.

One fund, one policy would allow defined event cover to be available to Australians most affected by the financial toxicity of catastrophic illness and provide a mechanism to address those gaps that can never be covered by health care arrangements.

Clinical trials – improving patient access and reducing costs

#Priority 1 remove discrimination for clinical trial participants

- Removing the discrimination, within the system, for patients on clinical trials.

Ensuring patients being treated on clinical trials can claim, on their private health insurance, for any standard treatment costs incurred whilst on the trial.

This simple step would increase certainty and potentially increase national clinical trial participation rates.

- Work with the state governments on issues such as travel subsidies for patients, needing to travel long distances to be treated on a clinical trial. Currently, travel subsidies² are not available for patients if they are involved in a clinical trial.

Priority #2 Support telehealth access

- Improving access to clinical trials through the support of novel telehealth opportunities such as the TeleTrials project.

Ensuring the proposed change to the telehealth item number (ie: removal of item number 112 from the MBS) does NOT proceed. The removal of this subsidy will increase out of pocket costs for patients in telehealth consultations and, in some cases, could lead to the cessation of this important service delivery.

Consideration of telehealth should be mandated in all applications for clinical trial grant funding.

² Examples: Isolated Patients Travel and Accommodation Assistance Scheme. NSW and the Victorian Patient Transport Assistance Scheme (VPTAS)

Priority #3 Create a unified 'national doorway' to stop the fragmentation

- Create the **National Clinical Research Acceleration Platform**³, as proposed by the Australian Health and Research Alliance (AHRA), Monash Partners and Sydney Partnership for Health, Education, Research & Enterprise. It is supported by the Australian Clinical Trials Alliance (ACTA)
- PCPA supports this initiative to create a unified 'national doorway' for a co-ordinated and consistent approach to clinical trials. We agree there is a need to better integrate all current clinical research activities, government and stakeholders' efforts to overcome fragmentation and inefficiencies.

Australian children should not have to go overseas to access the latest medicines. Australians living in remote and regional areas could – with this national platform – have the same access to medicines, experienced specialists and hospital support as a cancer patient in New York without leaving their home town.

Conclusion

We stand ready to work with the next Government to identify present gaps, avoid future gaps and build models of care that do not bring financial distress into the journey for Australians with cancer.

We do believe that these proposed initiatives, which if adopted as recommended, will be transformational for cancer patients, and their families, now and in the future.

If you have any queries, or require further information, please do not hesitate to contact our Chief Executive Officer, Ms Sue Tremlett on 0438 494418.

Again, thank you for placing the cancer patient at the forefront of your policy considerations.

Warm regards



Dr Christopher Steer

President
Private Cancer Physicians Australia
The Private Cancer Physicians Australia mission, vision and values

The PCPA Mission

To promote and work towards a health system that provides high quality, fair, integrated cancer treatment that benefits patients and supports medical practitioners.

The PCPA vision

All cancer patients in Australia will receive high quality, timely and personal care from a physician of their choice.

PCPA values

- Quality care for patients
- Personal, patient centred care
- Well educated professionals
- Evidence based medicine
- Collegiality and peer support

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PROFESSIONAL EXCELLENCE**

³ https://treasury.gov.au/sites/default/files/2019-03/australian_health_research_alliance.pdf