

2019 Federal Election Priorities



COSA applauds and supports any commitment from the government to fund and improve cancer services for Australians with cancer.

COSA welcomes the federal Opposition's \$2.3 billion commitment to reduce cancer inequities through strengthening Medicare and the public hospital system and fast-tracking drug subsidies, and any commitment to cancer care from the current Coalition.

Following are COSA's recommended priorities for the next government to action.

- 1. Make clinical trials activity a performance indicator in Government appraisal of excellence and quality in cancer care delivery by cancer health facilities.** Making clinical trials a part of the core business of cancer care delivery emphasises their importance to institutional governing bodies and makes unit performance a measurable deliverable of quality care. Access to clinical trials can be improved through support of novel telehealth opportunities such as **implementation of the Australasian Tele-Trial Model** spearheaded by COSA.
- 2. Ensure patients being treated on clinical trials can claim for any standard treatment costs incurred whilst on the trial** (from their private health insurance). This simple step of requiring health funds to pay for standard treatment would increase certainty and potentially increase national clinical trial participation rates.
- 3. Agree and implement standards for informed financial consent for cancer treatment.** The treatment of cancer can involve multiple healthcare providers, from a mix of public and private services, each attracting a different service fee. This can lead to confusion about who pays for what service and the extent of insurance coverage, leading to unexpected out-of-pocket costs. Out-of-pocket expenses account for the largest proportion of non-government funding on healthcare, and are highest for newly diagnosed cancer patients, and people with private health insurance. Additionally, people affected by cancer often report a reduction in employment and household income, and if left unaddressed, can lead to financial hardship, the effects of which are experienced most by people of lowest socioeconomic status. Improved transparency about treatment options, charges and expected out-of-pocket costs can enable patients to be more engaged in conversations about their options with their doctors. Leading cancer charities (Cancer Council Australia, Breast Cancer Network Australia, Prostate Cancer Foundation of Australia and Canteen) have proposed a standard for informed financial consent which should be adopted.
- 4. Ensure the implementation of the MBS review recommendations does not create any payment gaps** for cancer patients, nor disadvantages to the oncology profession.

5. **The elimination of out-of-pocket expenses for cancer patients, particularly for diagnostic services and drug subsidies.**
6. **Lead a federal response to inequitable patient travel and accommodation schemes,** especially as they relate to patients on clinical trials, by working with state governments on issues such as travel subsidies for patients, needing to travel long distances to be treated on a clinical trial. Currently travel subsidies (eg IPTAS/VPTAS) are not available for patients if they are involved in a clinical trial.

Despite long-term calls for a federal plan to improve the schemes, a Senate report and recommendations from the National Health and Hospitals Reform Commission, Patient Assisted Transport Scheme (PATS) improvements have been conspicuously absent from the federal policy agenda.

7. **Ensure 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. Telehealth is a significant part of models of care across Australia and a critical part of models of care for rural patients today.

A model of care approach to telehealth to support service arrangements focusing on patient needs. Telehealth services could be built around the capacity to deliver a model of care. Centres could commit to delivering a defined model of care funded through a bundled payment arrangement, providing an incentive to support the model of care to establish telehealth as another part of their community care delivery.

8. **Coordinated care for all cancer patients.** The growing demand for cancer care, increasing complexity of cancer and its treatments, a shrinking workforce, and rising costs, present major challenges to the delivery of cancer care. In this context, effective coordination of care across different clinicians, teams and health services is essential to high quality cancer care. Coordination of care has also been identified as a critical element of person-centred care and is an important element of national safety and quality standards for health care services.
9. **Funding for dedicated exercise professionals in all major cancer centres.** Clinical research has established exercise as a safe and effective intervention to counteract many of the adverse physical and psychological effects of cancer and its treatment. Regular exercise before, during and/or following cancer treatment improved physical function, attenuates cancer-related fatigue, alleviates psychological distress and improves quality of life across multiple general health and cancer-specific domains. Exercise is also associated with reduced risk of developing new cancers and comorbid conditions such as cardiovascular disease, diabetes and osteoporosis. Being physically active provides a protective effect against cancer recurrence, cancer-specific mortality and all-cause mortality for some cancers. Accredited exercise physiologists and physiotherapists are the most appropriate health professionals to prescribe and deliver exercise programs to people with cancer, and currently very few positions or services are publicly funded.