

2022 Federal Election Priorities



COSA applauds and supports any commitment from the government to improve and appropriately fund cancer services for Australians with or at risk of developing cancer.

The following priorities are recommended by COSA for the next government to action. These priorities are fundamentally aligned to our vision that all people with cancer have **equitable access to care and equitable outcomes from their care**, regardless of their demographics, diagnosis or geographical location.

1. **Commitment to the full development, implementation and evaluation of the Australian Cancer Plan** (as [announced](#) by the Hon Greg Hunt MP 22 April 2021).
2. **Coordinated care and navigation 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. To ensure coordinated care, access to specialist clinical nurse consultants (or other staff fulfilling this role) is essential for all people with cancer, regardless of their tumour site of origin and geography.
3. **Adoption of informed financial consent for patients with cancer.** 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, regardless of the type of care they access (i.e., public vs private), often report a reduction in employment and household income. These issues 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 and service providers. 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](#), and the government can play a vital role to ensure this is adopted nationally.

4. A federal response to ensure **equitable patient travel and accommodation schemes**, for all people with cancer, including those 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.

5. **Modifications to the retention of telehealth items numbers adopted during the COVID-19 pandemic.** Originally announced on 16 December 2021 to be effective 1 January 2022, the Department of Health made permanent some of the temporary telehealth services introduced as part of the COVID-19 measures. Restrictions for the use of phone consultations in favour of video conferencing in some instances is unfair and inappropriate for many people with cancer who are already vulnerable due to their disease and treatments. Video conferencing is not an option for many, notably older people and others with limited access to technology and reliable internet, especially those in regional and rural parts of Australia. Pleasingly Minister Hunt announced on 16 January 2022 the reversal of some of those changes to enable people with cancer access to Medicare rebates for phone calls with their specialists until 30 June 2022. Telehealth delivered by telephone should permanently remain on the MBS.

COSA is aligned with and provides medical and scientific advice to the Cancer Council Australia. COSA also endorses the Cancer Council election priorities, namely:

- Commit to skin cancer prevention
- Reduce tobacco use to below 10%
- Eliminate cervical cancer in Australia
- Screen to reduce the impact of lung cancer in Australia
- Ensure access to optimal care during COVID-19 and beyond

Approved by the COSA Board 11 March 2022.

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