

# Development of cancer control plans in Australia

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# Overview

- Cancer in Australia
- Historical background
- Structure and organisation
- Key reports
- The way ahead



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POT-SHOTS NO. 571

Ashleigh  
Brilliant

ONE POSSIBLE REASON  
WHY THINGS  
AREN'T GOING  
ACCORDING  
TO PLAN



IS THAT  
THERE NEVER  
WAS A PLAN.

© BRILLIANT ENTERPRISES 1974



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# Cancer in Australia (2000)

- 85, 231 new cancers diagnosed
- 35, 466 deaths
- 28% of all deaths
- 1 in 3 men and 1 in 4 women will develop a major cancer before the age of 75

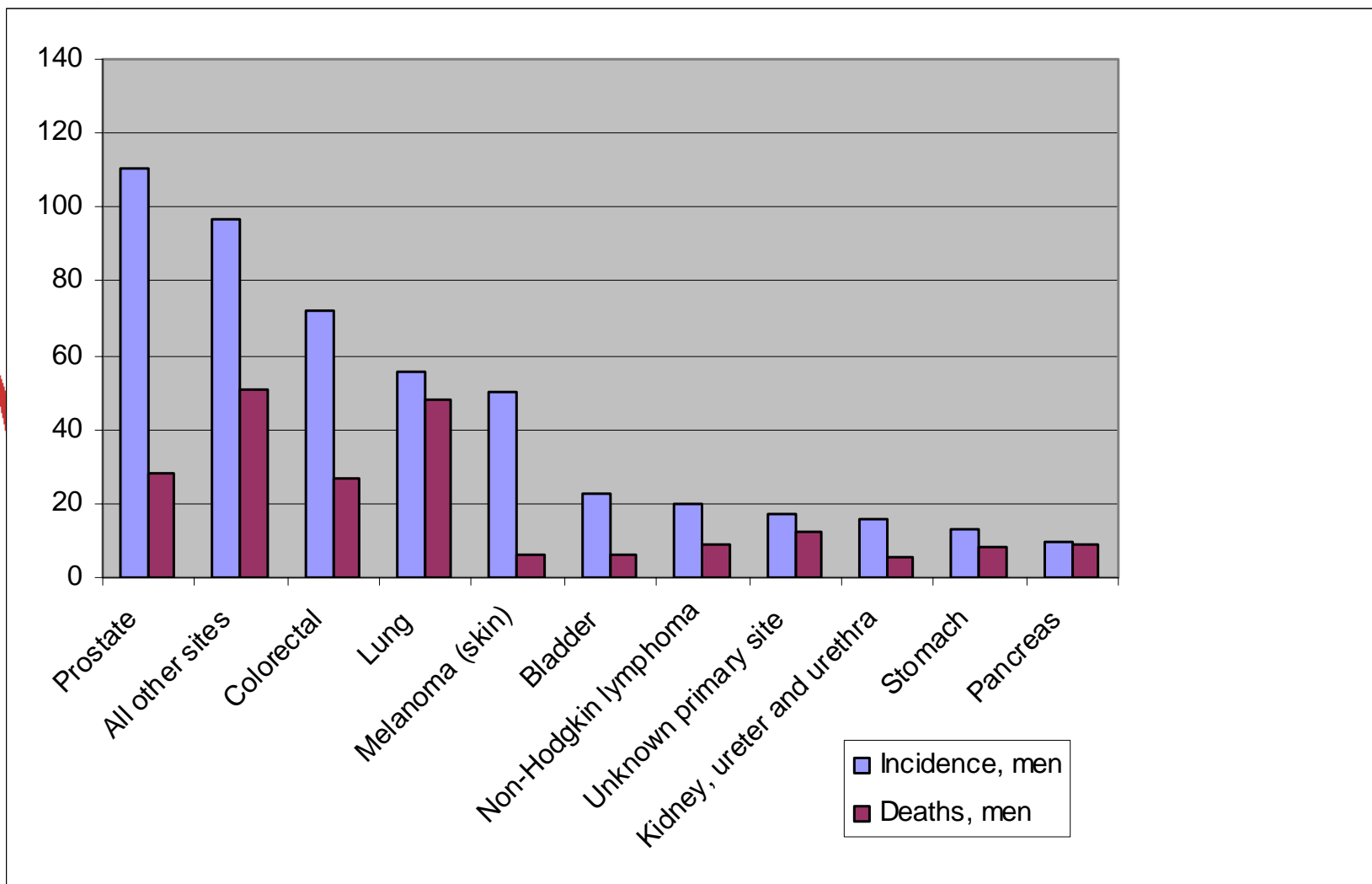


# Cancer in Australia

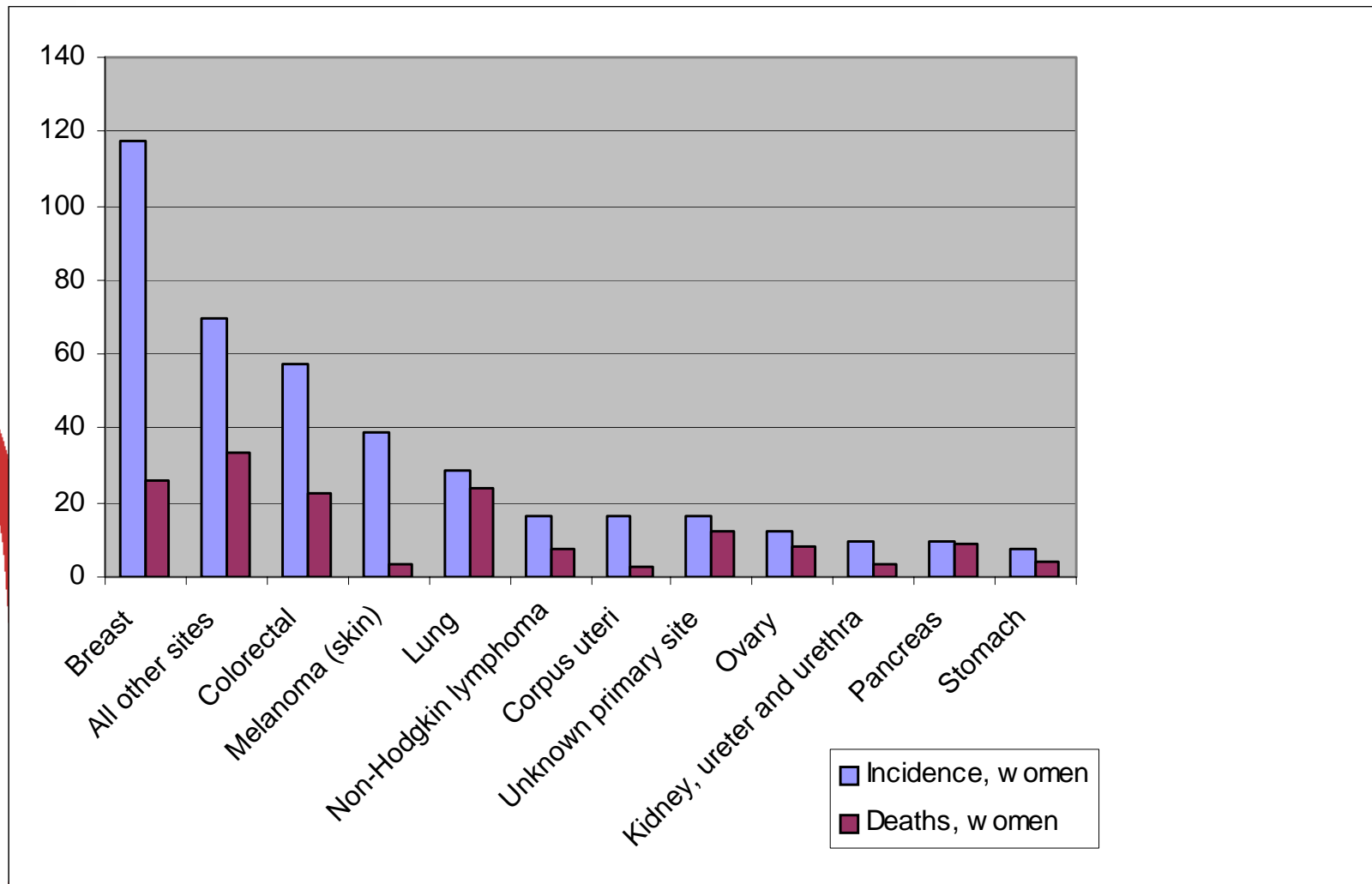
- 36% increase in numbers of new cases of cancer from 1990 to 2000 –  $\frac{3}{4}$  due to population growth and population ageing
- Between 1995 and 2000 cancer mortality rates decreased in both men and women; cancer incidence fell in men and was stable for women
- Commonest cancers after non-melanoma skin cancer are colorectal, breast, prostate, melanoma and lung cancer



## Annual number of new cases and deaths in men, per 100,000 men; Australia 2000



## Annual number of new cases and deaths in women, per 100,000 women; Australia 2000

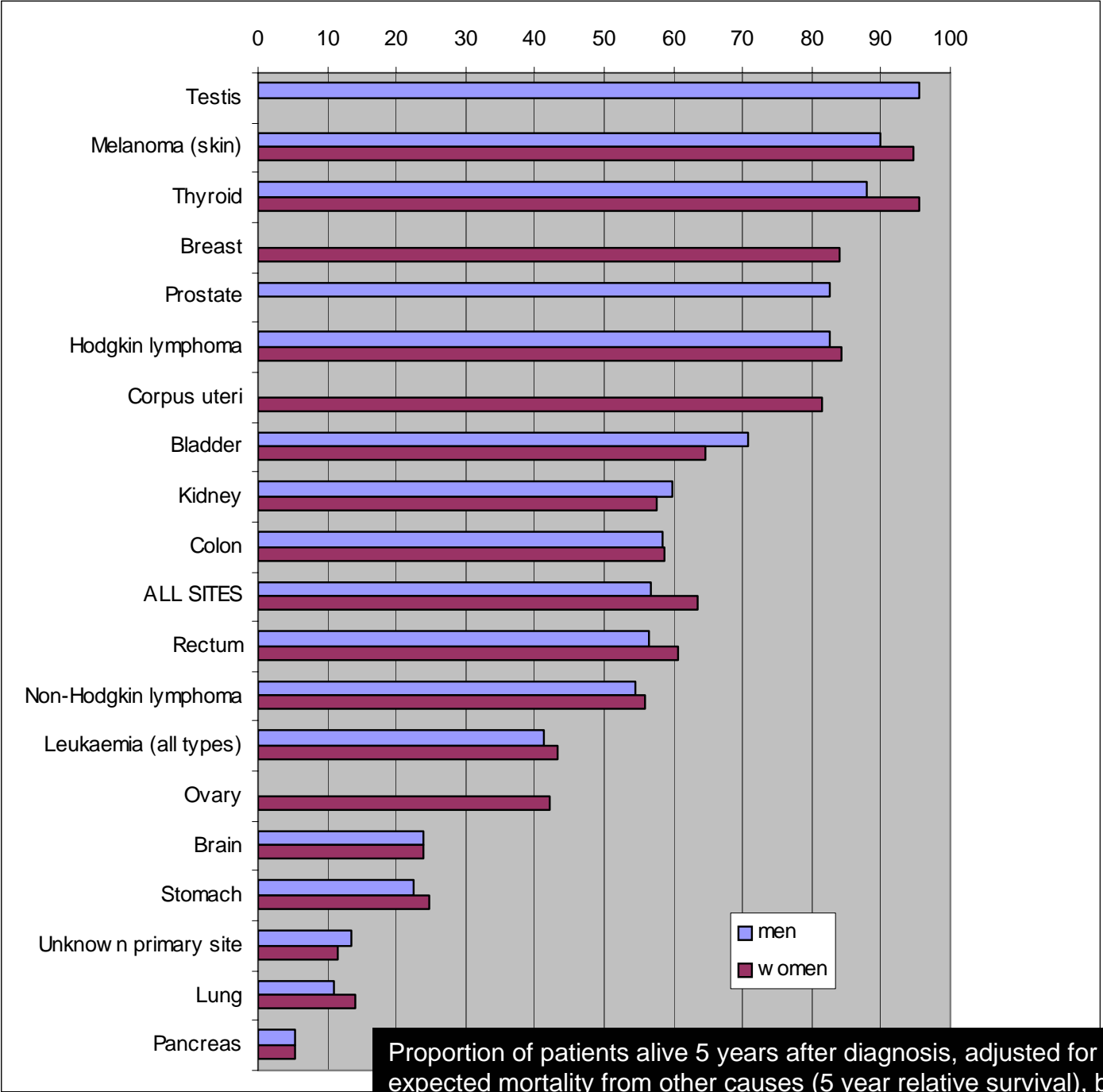


# Cancer in Australia

- Overall survival rate at five years after diagnosis from cancer is about 60%, and is increasing
- Survival rates very similar to those in USA and better than those in Europe
- Direct health care costs of cancer almost \$2 billion in 1993-1994, 6% of total health care expenditure
- General population screening of women aged 50-69 for breast cancer, and aged 20-69 for cervical cancer is recommended. Screening for colorectal cancer for adults aged 55-74 will be phased in by 2008.







Proportion of patients alive 5 years after diagnosis, adjusted for expected mortality from other causes (5 year relative survival), by type of cancer, per cent.

# Historical background

- 1995** – National Breast Cancer Centre established
- 1997** – National Cancer Control Initiative established
- 1999** – Cancer Control Towards 2002
- 2001** – Priorities for Action in Cancer Control 2001-2003
- 2004** – National Service Improvement Framework for Cancer
- 2004** – Strengthening Cancer Care



# Structure and organisations

- **Federal and State governments and DoH**
- **Cancer Strategies Group, National Health Priority Action Council, Australian Screening Advisory Committee**
- **NCCI and NBCC**
- **The Cancer Council Australia and State Cancer Councils**
- **Clinical Oncological Society of Australia**
- **Australian Cancer Network**



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# Context

- National Cancer Prevention Policy 2004-2006
- National Palliative Care Strategy
- National Chronic Disease Strategy
- Clinical Practice Guidelines
- Clinical management surveys
- Radiation Oncology Inquiry (Baume Report)
- NSW Cancer Plan and Victorian Cancer Services Framework



# National Health Priority Area (NHPA) Cancers

- Melanoma
- Non-melanocytic skin cancer
- Cervical cancer
- Breast cancer
- Colorectal cancer
- Prostate cancer
- Lung cancer
- Non-Hodgkins lymphoma



# Criteria for selecting priority cancers

- Burden of illness
- Preventability and early detection
- Person years of life lost
- Increasing incidence
- Changing management practices



# Cancer control

The reduction of the burden of cancer (incidence, morbidity, mortality and cost) in individuals and in the community by effective, efficient, equitable and acceptable interventions based on good evidence and evaluated in practice.



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# The 1997 NCCI consultation

**36 topic areas**

**36 working parties  
276 actions proposed**

**146 actions selected  
survey of 667 stakeholders**

**30 actions selected  
workshops in each state/terr.**

**21 actions proposed  
13 highest priority**



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# Priority actions

## Primary prevention

- Preventing tobacco-related cancers

## Population-based screening & early detection

- Population-based colorectal cancer screening using FOBT
- Rationalising PSA testing
- Improving skin cancer diagnostic skills



# Priority actions

## Treatment

- A national approach to guidelines
- Evaluation and facilitation of multidisciplinary care
- Filling gaps in palliative care
- Dealing with treatment uncertainties in prostate cancer
- Defining, implementing and monitoring psychosocial care



# Priority actions

## General

- Promoting GP participation in cancer control
- Continuing the national commitment to research
- Organising education and resources for familial cancers
- Meeting urgent national needs in data collection



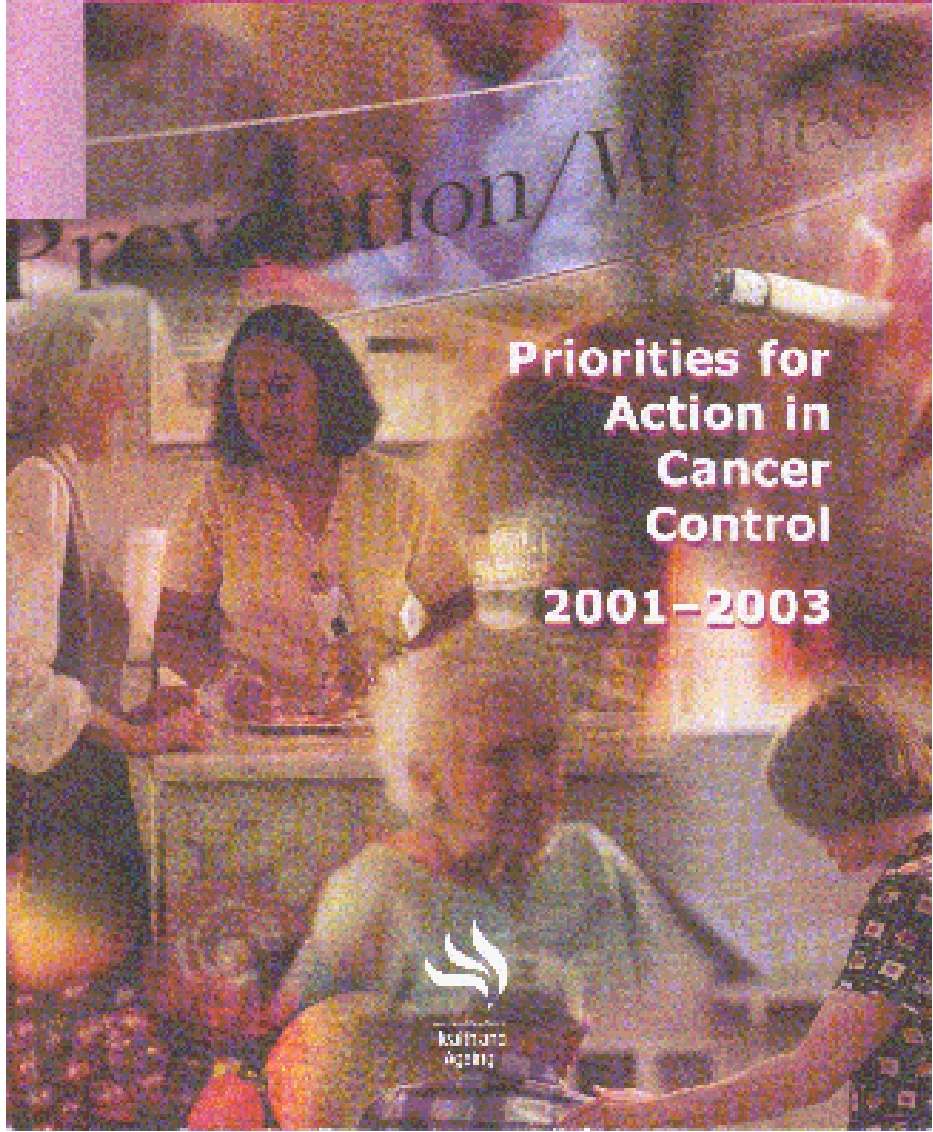
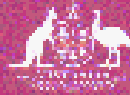
# Cancer Strategies Group

A sub-committee of the National Health Priority Action Council (NHPAC) which provides advice to the Australian Health Ministers' Advisory Committee (AHMAC) and Health Ministers.

Aims are to develop a National Cancer Strategy that will provide the framework for coordinated action across all levels of government in partnership with non-government stakeholders and professional colleges.



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**Priorities for  
Action in  
Cancer  
Control  
2001-2003**



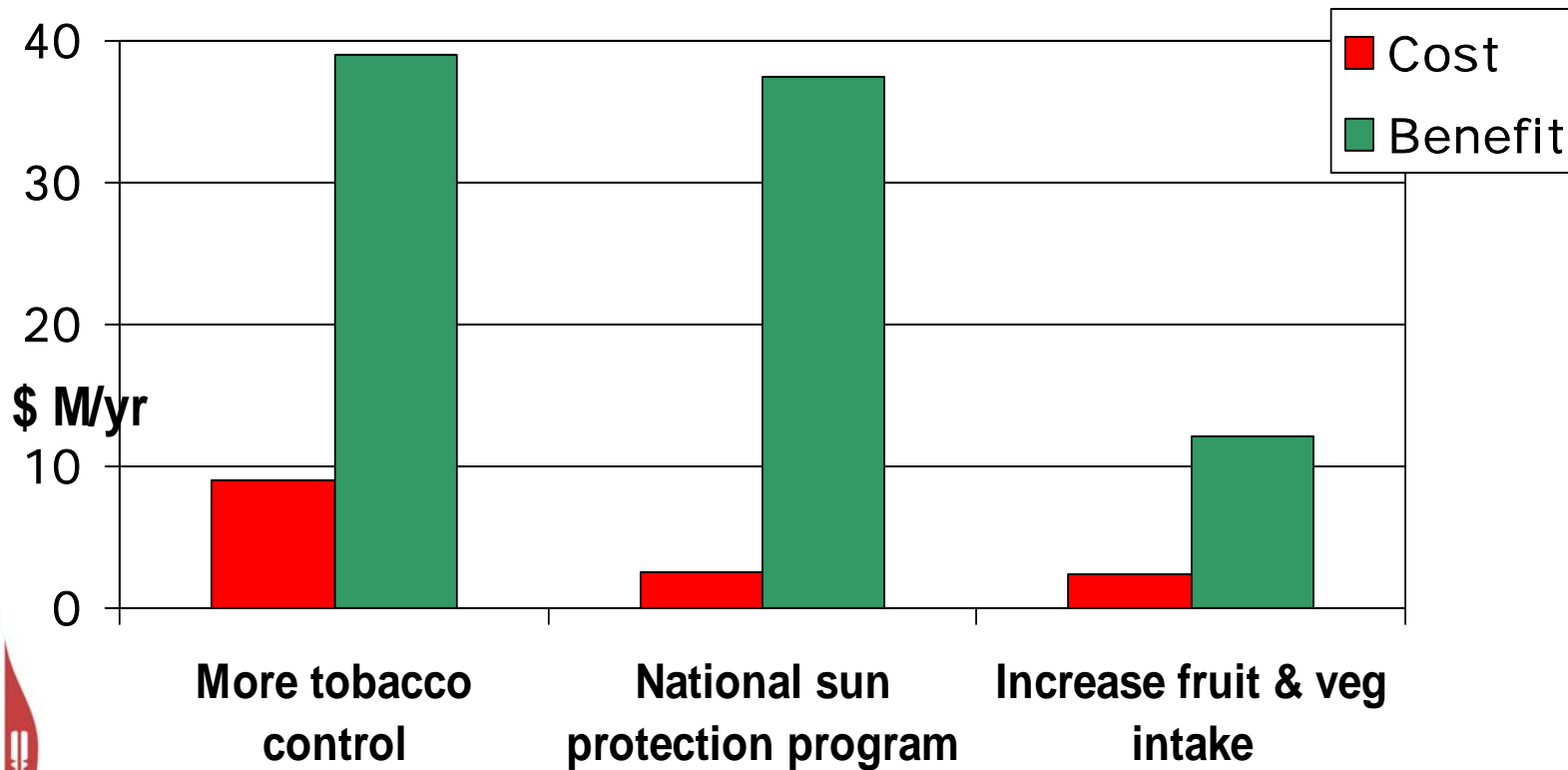
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# Program Budgeting Marginal Analysis

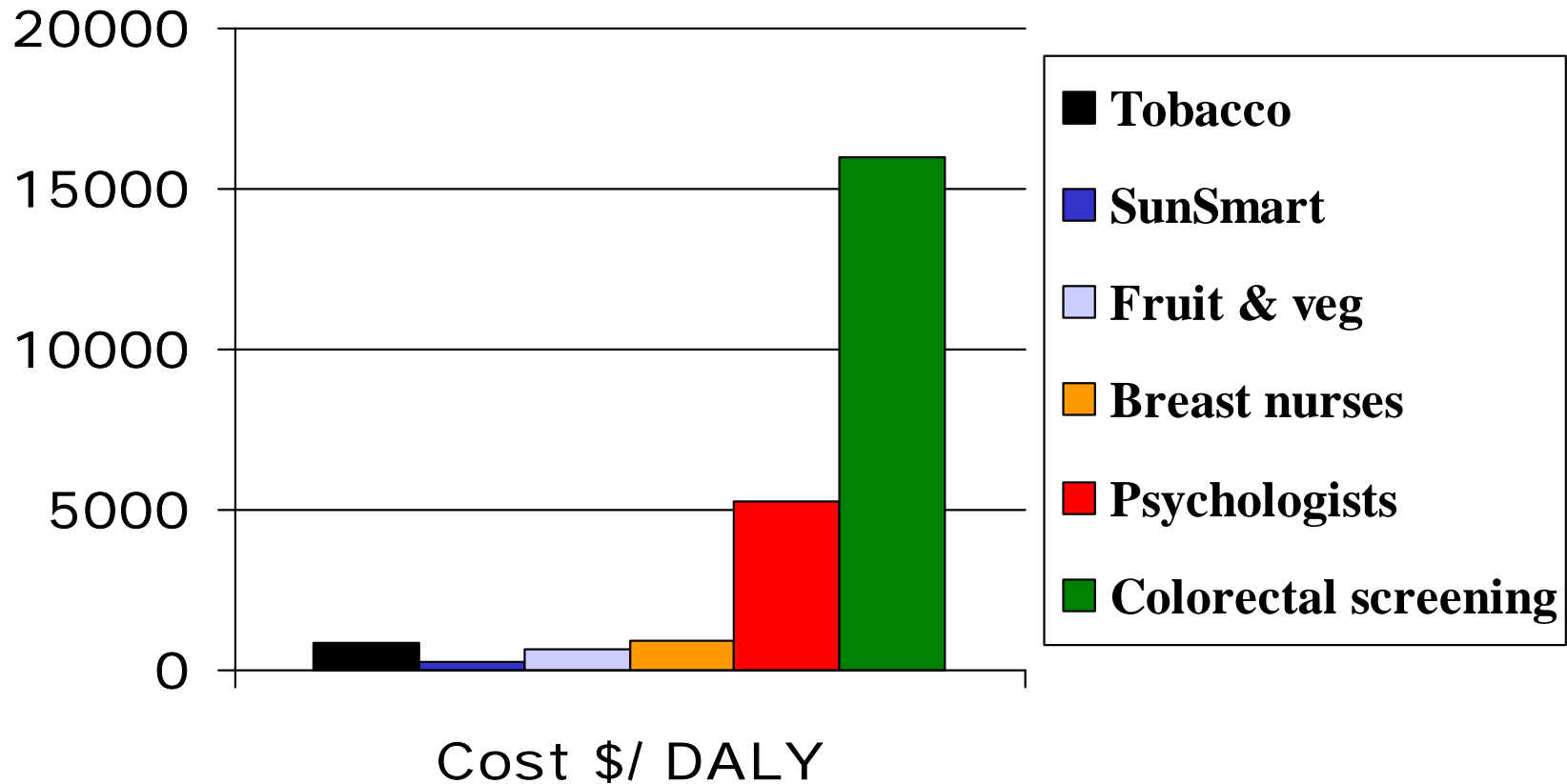
- Assesses specific innovations based on good scientific evidence
- Compares health system costs with benefits in disability adjusted life years (DALYs)
- Looks at marginal effects of change
- Incorporates equity and feasibility issues



# PBMA analysis of preventive actions



# Some innovations: mean gross cost \$/DALY





# OPTIMISING CANCER CARE IN AUSTRALIA

A consultative report prepared by the  
Clinical Oncological Society of Australia,  
The Cancer Council Australia and the  
National Cancer Control Initiative



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# Optimising Cancer Care in Australia

- Consultative report prepared by the Clinical Oncological Society of Australia (COSA), The Cancer Council Australia (TCCA) and the National Cancer Control Initiative (NCCI)
- Steering Committee, Consultative Committee interviews and Stakeholders' workshop
- 3 stages
  - data collection and interviews
  - identification and development of key issues (workshop)
  - reporting (interactive process)



# Optimising Cancer Care in Australia

- **There is much to be proud of in relation to provision of cancer services in Australia. However, from the point of view of cancer patients and their loved ones, all is not well. Stories abound of frustrations caused by the inability to access appropriate and timely care, fragmented management and lack of ongoing support along the cancer journey.**
- **There is a strong conviction held by consumers and cancer care providers that Australian cancer services can be, and must be, improved substantially.**



# Consumers' top priorities

- Patient-focused, coordinated, multidisciplinary care
- An end to the “cancer care referral lottery”
- Reasonable access to evidence-based quality care including clinical trials
- Support throughout the cancer journey



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# Optimising Cancer Care in Australia

- Key areas for change
  - models of cancer care
  - improving the quality of cancer care
  - resource issues in cancer care
- 12 key recommendations addressing quality, access and resources plus a proposed strategy for implementation
- 19 action items that need to be addressed but are of lesser magnitude or urgency



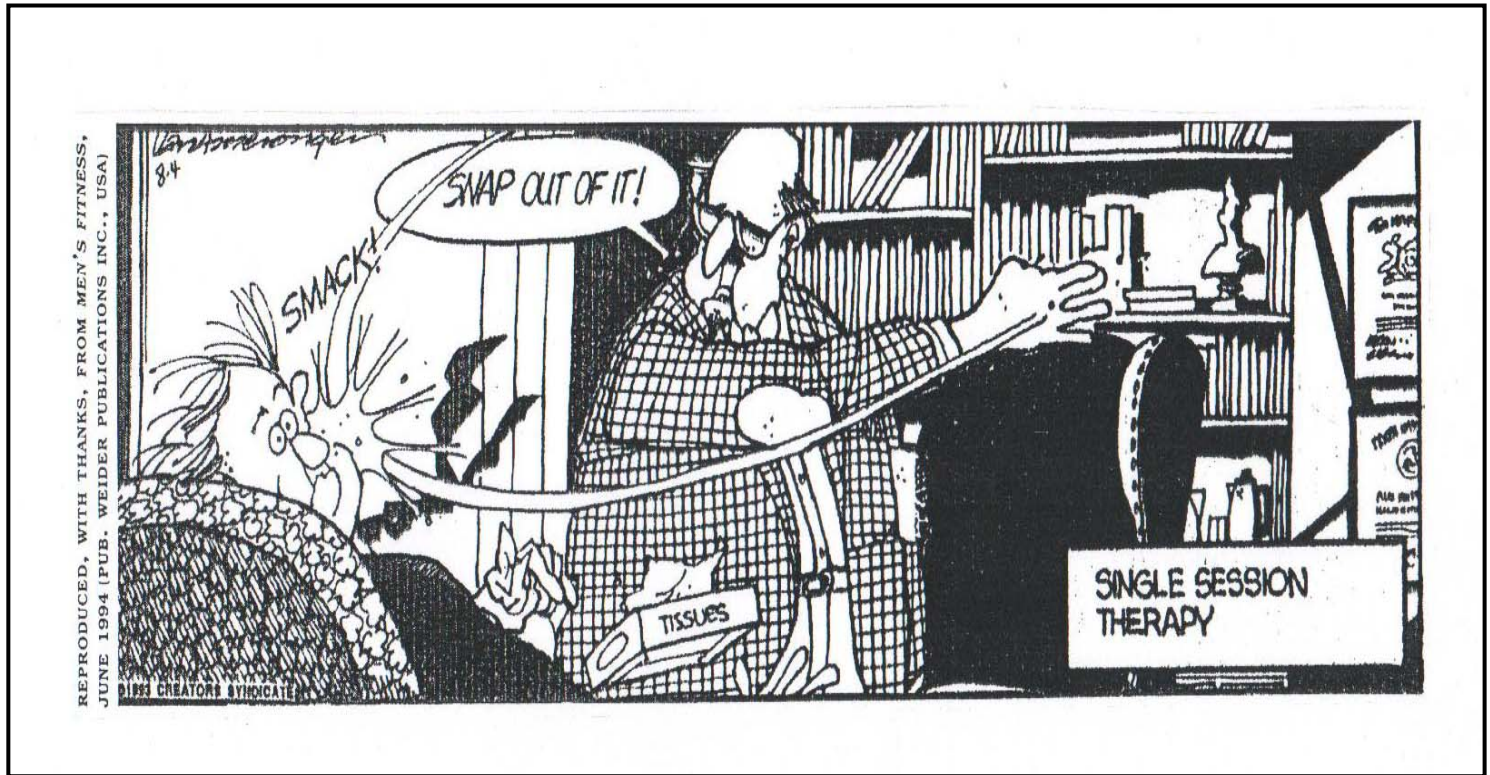
# Key recommendations

- Integrated multidisciplinary care
- Improving the cancer journey
- Voluntary accreditation of cancer centres
- Access to clinical trials
- Workplace issues
- Development of psycho-oncology
- Access to radiation oncology
- Access to pharmaceuticals
- Access to travel support
- Equity of access





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# National Service Improvement Frameworks

- Approved by Australian Health Ministers' Advisory Council in October 2002
- Purpose is to drive improvements in health services to achieve better outcomes in the NHPAs
- Address responsibilities across all jurisdictions
- Draw upon existing and new State models
- Cancer the first test case





# National Service Improvement Frameworks

- Provide clarity about what the evidence suggests about timely and effective care across the continuum
- Provide national consensus about aspects of care by focusing on critical service intervention points across the care continuum, which offer greatest potential to improve outcomes for patients



# NATIONAL SERVICE IMPROVEMENT FRAMEWORKS

NOT	Instead
Provider focussed	Patient centred
Comprehensive	High level guide
Guidelines/Pathways	Translating evidence into practice
Goals and Targets	Critical service intervention points
Prescriptive for States & Territories	Agreement at AHMAC with jurisdictions

# Organising Framework for Cancer Service Improvements

	Well Community (some of whom are more at risk than others)				Cancer Patients	
AIM: People will be able to:	Reduce risk	Find cancer before signs if possible	Find early signs of cancer if possible	Have the right diagnosis and referral	Have the best treatment and support depending on their cancer and their needs	Have the right care at the end of life
<b>WHAT ARE THE IDEAL PERSON or PATIENT-CENTRED CANCER SERVICES?</b>						
People's needs	← The needs of people who have, or at risk of, cancer				→	
Ideal Service	← Based on Evidence of Effectiveness				→	
<b>WHAT IS HAPPENING NOW?</b>						
Current practice in meeting consumer needs and providing ideal service	← Gaps in Current Care				→	
<b>WHAT ARE PRIORITIES FOR IMPROVING CARE (critical intervention points)?</b>						
Generic intervention points across all cancers						
Cancer Specific Intervention Points	← Where do the gaps between ideal and actual practice matter? →					
<b>WHAT IS NEEDED FOR CHANGE TO OCCUR? (ie, at system level)</b>						
<b>HOW CAN NATIONAL ACTIONS ENCOURAGE CHANGE?</b>						

Making change from



The needs of individuals



Through services



To Systems Change

# Some critical interventions points

- **Prevention**

- Smoking reduction (target groups)
- Skin protection
- Improved nutrition and increased physical activity

- **Screening and Early Detection**

- High risk/low uptake in population screening programs (breast and cervical)
- Colorectal – pilot results/readiness
- GP support and information (eg Prostate Specific Antigen testing)
- Referral patterns for cancer signs and symptoms



# Some critical interventions points

- **Treatment**

- Multidisciplinary care (National Breast Cancer Centre report)
- Accreditation of cancer services and credentialing of providers
- Clinical trial participation
- Care coordinators
- Supportive care (generalised from breast cancer nurses)
- Monitoring and reporting

- **Palliative Care**

- Integration into multidisciplinary care team early in journey
- Access to domiciliary services



# Strengthening Cancer Care

- Coalition Government's commitment to cancer care
- \$137.1 million over the next 4 years
  - supporting Australians living with cancer and the professionals who care for them (\$60.6 million)
  - cancer prevention and early detection (\$34.5 million)
  - cancer care coordination and cancer research (\$42 million)



# Supporting Australians living with cancer

- Diagnosis & treatment – multidisciplinary teams
- Supporting providers of cancer care services – radiation therapy undergraduates, cancer nurses, counsellors and general practitioners
- Mentoring regional cancer services
- Strengthening palliative care services
- Building cancer support groups
- National Breast Cancer Centre
- Children's cancer support



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# Cancer prevention and early detection

- Prevention of bowel cancer – national screening program
- Quitting smoking during pregnancy
- Skin cancer – national awareness program



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# Cancer care coordination and cancer research

- Cancer Australia - \$10 million over 4 years
- Cancer research – additional \$4 million/year for 3 years
- National Research Centre in Asbestos Related Diseases - \$5 million
- Clinical trials - \$15 million over 3 years



# Conclusion

- Cancer control plans in Australia have developed incrementally but steadily
- Combination of economically rigorous, evidence-based and qualitative, consultative approaches
- Consumer-focused, strategic and integrated
- Driven by consistent policy informed by clinicians, consumers, academics and managers





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