



Clinical  
Oncological  
Society of  
Australia

# LESSONS LEARNT: GAPS IDENTIFIED

# LESSONS LEARNT: GAPS IDENTIFIED

---

- COSA report
- Border Cancer Collaboration



Clinical  
Oncological  
Society of  
Australia

# Mapping Rural & Regional Oncology Services in Australia

March 2006

[www.cosa.org.au](http://www.cosa.org.au)

In press Journal of Rural Health

MJA 2006; 185 (9): 479-480

# Overview

---

- Rural and remote Australians have a poorer survival after a diagnosis of cancer
- Little information existed on existing cancer services in rural and regional Australia
- **Is there a link between outcomes and access to services?**

# Overview

---

- To gain a comprehensive picture of regional and rural oncology services, a mapping exercise was undertaken.
- The aim of the mapping survey was two-fold:
  - Map existing cancer services in rural and regional Australia
  - Compare these services with two metropolitan tertiary centres (Royal Prince Alfred and Peter MacCallum Cancer Centre) and one large regional centre (Mater Hospital Newcastle).
- A first step toward identifying and addressing gaps in the oncology services in rural and regional Australia.

# Methodology 1

---

- A survey instrument was developed and piloted at one regional centre.
- During 2005, all rural/regional hospitals administering chemotherapy (RHAC) in the public and private sector were identified. (n=157)
- At each RHAC a chemotherapy nurse or oncologist was identified, telephoned by a project officer and invited to complete the survey instrument or to seek the assistance of other personnel at the RHAC to complete the survey.

# Methodology 2

---

- Detailed questions were asked regarding
  - the remoteness of the RHAC,
  - the population served,
  - the level of resident and visiting medical oncology, haematology, radiation oncology, palliative care, allied health, surgical oncology, psycho-oncology support services
  - the availability of multi-disciplinary clinics.
  - availability of certified and uncertified oncology nurses, and chemotherapy prescribing practices.

# CONCLUSIONS

---

- This survey provided a snapshot of regional cancer services in Australia.
- Across a range of quantitative and qualitative measures, access to services was poor compared to metropolitan services
- Absence of clinical data systems made data collection difficult; compliance rates in completing the survey were very high.
- Variations in care exists between states and between the regional sites and the metropolitan sites benchmarked.

# RECOMMENDATIONS

---

- Formal recognition of the problem and a collaborative government response.
- Guidelines for minimum standards for facilities and the provision of resources to bridge gaps
- Investment in clinical data systems, training, quality assurance, psychosocial support, distant education, innovative models of care, travel and accommodation
- Planning, facilitation and support for Regional Cancer Centres of Excellence (RCCE)
  - where an adequate regional population exists.
  - Such centres could be linked to/mentored by larger metropolitan centres, and would be able to provide better intraregional cancer care.

# COSA Mapping Report 2006

---

- RCCE
  - a fulcrum for improvement in cancer outcomes in large parts of regional Australia.
  - provide better multidisciplinary care and support to patients across their region, including support for smaller centres.
  - a platform for health services and clinical research and the introduction of new technologies such as PET
  - linked with and mentored by larger metropolitan services for the care of low volume cancers and for continuing professional development and support of regional specialists

[www.cosa.org.au](http://www.cosa.org.au)

# Thanks

---

- COSA
- Dr. David Goldstein
- Rebecca Bartel
- Helen Snodgrass
- Patsy Yates
- Professor Kate White
- Tish Lancaster
- Stephen Begbie
- Will Cairns
- Kathy Jong
- Mayne Pharma – Oncology

Proudly supported by

# MEDICAL ONCOLOGY

- Albury-Wodonga
  - 90,000+ urban
  - 250,000+ ref pop
  - 60% Vic
  - 40% NSW



# WHAT WE HAD 10 YEARS AGO

- outreach clinic
  - q2 weeks, consultant and registrar from Royal Melbourne Hospital
  - approx 150 new pts per year
  - 2 oncology trained nurses
  - general physicians/GP managing day to day problems
- general surgery

# WHAT WE HAVE NOW

- 4 full-time medical oncologists
  - honorary appointment RMH; conjoint appointments UNSW
- Accredited med onc training position
- 800+ new pts per year, large increase in chemo day treatments
- outreach clinics to Deniliquin and Wangaratta
- multidisciplinary clinics
  - General, breast, GI, GU
  - Haematology, lung via web conference

## WHAT WE HAVE NOW (2)

- 4+ FTE onc nurses (x2 ABH, x2 MVPH)
- Clinical trials unit
  - 4.0 FTE research nurse, administrator, regulatory affairs, assistant
  - About 10% of new pts per year enter (phase 2/3) clinical trials
- dedicated oncology pharmacist
- 2 machine radiotherapy service, 1.5 FTE radiation oncologist (MVPH)
- some surgeons sub-specialising

# WHAT WE DON'T DO

- Don't treat certain tumour types
  - sarcoma, acute leukaemia, bone marrow transplantation, paediatric oncology
- Don't perform certain surgical oncology
  - thoracic surgery, neurosurgery, gynaecology oncology, breast reconstructions

refer to specialist unit in city for management plan; give components of care regionally

# BARRIERS FACED

- access to allied health
  - physio, dieticians, social worker
  - Based in hospital; 95% work is outpatient
- access to psychosocial support
  - psychologists, breast care nurses, “Living with Cancer” program,
- “Fragmentation” across private/public acute/community and across states

# Border Cancer Care Coordination Project (2005-2006)

Providing support for **all** cancer types regardless of address,  
insurance, jurisdiction

- Cancer Care Coordination
- Multidisciplinary case conferencing
- Communication
- Collecting data
- Improve QOL for patients/carers and assist clinicians in providing better care
- Reflects the principles of
  - National Service Framework for Cancer
  - NSW Cancer Plan
  - Victorian Cancer Services Framework
- Local multidisciplinary and cross border steering committee
- External advisory group

# Border Cancer Care Coordination Project

- External Review (CCORE/Michael Barton)
  - The major achievements of BCCCP were
    - Improved patient care and experience
    - Establishment of care coordination in a regional centre
    - Successful trialing of non-nursing CCCs
    - A model of cross-border care coordination
  - “BCCCP appears to have been an excellent implementation of cancer care coordination in a regional setting. The final report accurately portrays the aims, methods and results. It may take years to measure full benefits and assess sustainability”
- **?prototype regional cancer centre post NHHRC**

## Border Cancer Collaboration

Supporting cancer patients and their families in the Albury & Wodonga regions



- Transitioned to Border Cancer Collaboration
- Now transitioned to Border/East Hume Clinical Cancer Network (Hume RICS)

[www.bordercc.com](http://www.bordercc.com)

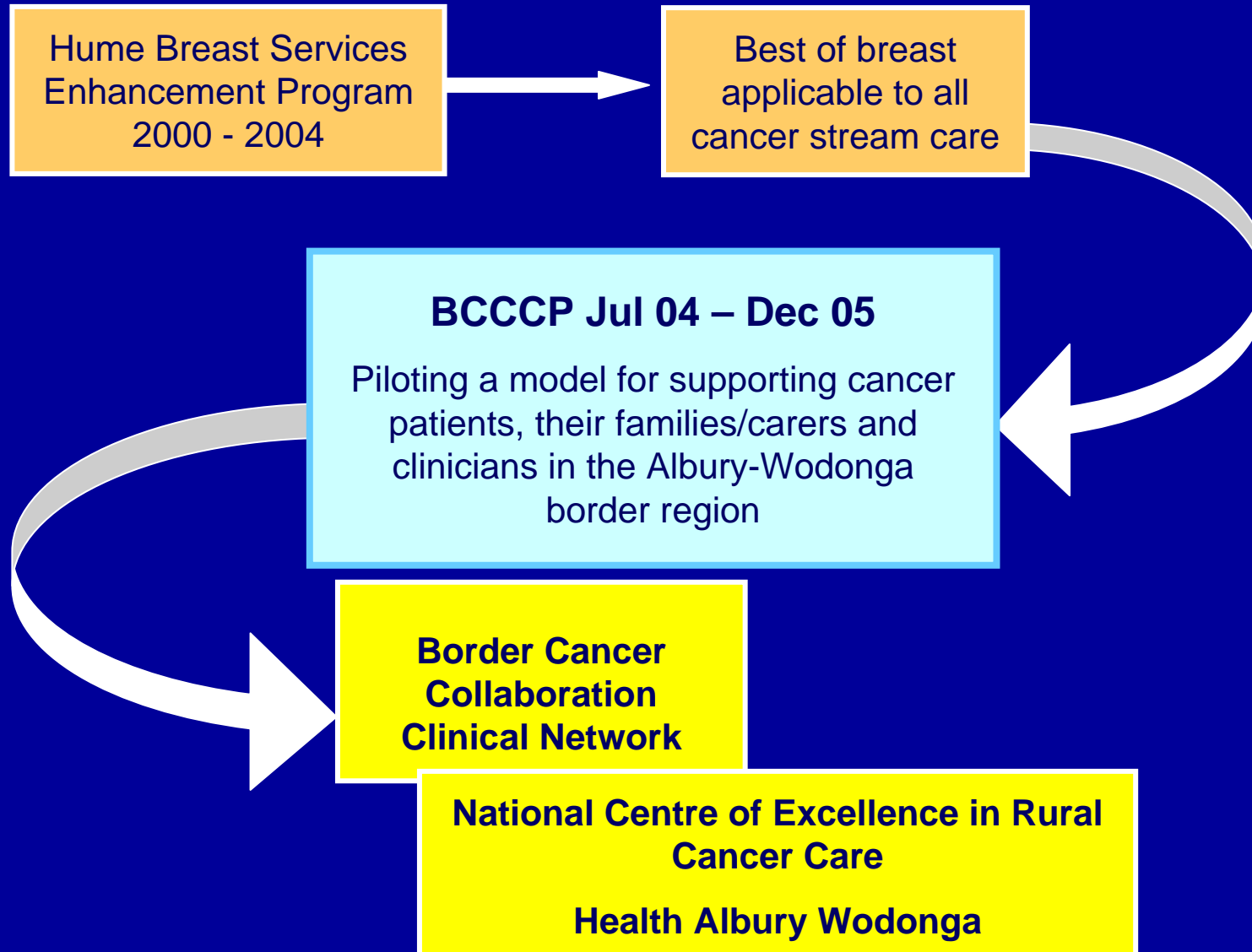
## Border Cancer Collaboration

Supporting cancer patients and their families in the Albury & Wodonga regions



- Why did it work?
  - Working across jurisdictions
    - Maintaining a patient focus including consumer participation
    - Active involvement at executive level
    - Risk taking/letting go
    - understanding of benefits to all (consumers, clinicians, health system)
  - Building on previous successes; having a vision of where you want to go

# Border Cancer Collaboration



# Other local successes

- Data project, CHARMS project, technology & MDT enhancement grants, MMHM project, Biogrid
- Participation in CanNET
- Communication workshop, CPD activities
- Increased research capacity: Research nurse, regulatory affairs officer, equipment, CTA

# Ongoing Challenges

- Regional vs. metro disparities
- different problems and different solutions
- Services in various sites (buildings)
- Programs v projects (recurrent funding)
- Private v public (different models)
- Clinical data systems
- Working across borders
- Sustainable CPD
- Effective consumer engagement

# TAKE HOME MESSAGES?

- None of this has happened overnight
  - Focus on quality of care
  - Knowing where you want to go (being the best regional centre we could be) and building on a platform
  - Collaborations: local, state and national level

# Thank you

- members of local committees: CFG, BCCCP/BCC SC and EAG, GSAHS CSEC
- Funding bodies
  - clinical: Commonwealth (Cancer Australia), CI NSW, DHS/CPU (Vic), Hume RICS
  - Research: CI NSW, VCA, CCA
- Cancer Services Development Manager: Chris Packer  
Hume RICS manager : Peter Batters/Robyn Haack  
BCC manager : Kathryn Josselyn
- Partners, clinicians, patients and community