

# Cancer Care, No Gaps

Protecting Australian cancer patients, and their families, from financial toxicity

Pre Budget Submission  
2022-23



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# Foreward

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

As a patient and a family, 'cancer' is one the most terrifying of words 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?

These words are even harder to digest when it is compounded with the worry and stress triggered by this terrible pandemic. For the past two years, thousands of sick Australians were, and are, so fearful of contracting COVID-19 that they ignored their cancer symptoms and delayed seeing a doctor.

This has been exacerbated by the worry over the financial impact of such a diagnosis, coming at a time of deep economic uncertainty,

7000 Australians may have gone undiagnosed or had a late diagnosis during 2020<sup>1</sup>. According to the latest report '[Cancer in Australia 2021](#)', the Australian Institute of Health and Welfare points out that COVID-19 restrictions appear to have had an impact on Australians seeking a suspected cancer diagnosis. For example: the number of people having MBS-subsidised colonoscopies was down 11% last year.<sup>2</sup>

We know that as Australia finally emerges out from under this terrible pandemic and the fear factor eases; there will be a surge of patients into our clinics and, for that, we are grateful as cancer does not wait.

And whilst a delayed diagnosis can make the start of the cancer journey even more stressful than usual, we know there are 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."*



1. <https://www.canceraustralia.gov.au/about-us/news/cancer-wont-wait-during-covid-19-pandemic>
2. AIHW. Cancer in Australia 2021

The Private Cancer Physicians of Australia (PCPA) and Rare Cancers Australia (RCA) are collaborating on this vitally important challenge because we know that more now than ever, Australian cancer patients, and their families are doing it very tough indeed.

As cancer physicians providing high quality, personalised, patient-centred care, we are acutely aware of this issue and we work very hard to control the out-of-pocket expenses that are within our control.

Like so many grassroots patient support groups, RCA very often steps in to financially assist patients struggling with mounting medical bills. Sadly, COVID-19 has ruthlessly stripped that cupboard bare for all patient support groups.

The problem of severe financial toxicity, experienced by cancer patients and their families can, and must, be addressed now.

We also spent the last days of 2021 and first days of 2022, working furiously to pause an unexpected decision (provided with eight working days' notice) to axe Medicare rebates for specialist phone consults.

Whilst we applaud the announcement to make Telehealth permanent, the decision to suddenly remove the option of subsidised phone consults was to ignore the reality of patients who are frail, elderly, without adequate internet, anyone who lives in regional and remote Australia and for those without access to video technology. The only option available to this cohort of cancer patients, many of whom are immunosuppressed, was to face greater-out-of-pocket costs or to travel (often at great distances) to see their specialist at a high-risk hospital setting where COVID-19 may be rampant.

After PCPA, Rare Cancers, Pink Hope, Breast Cancer Network Australia and our colleagues at Clinical Oncology Group of Australia (COSA) and the Medical Oncology Group of Australia (MOGA) rallied to demonstrate the potentially devastating, and unintended consequences, for our most vulnerable of Australians, the Government did indeed pause the reforms, and reinstate the Telehealth phone consults, at least for six months.

Whilst as cancer specialists, we will always prefer to consult our patients in person or via video, phone consults are often unavoidable for reasons beyond our control. For this reason, we seek this MBS-supported phone consult option to be restored permanently.

All of these carefully thought-out, cost-effective initiatives have been developed by some of the nation's most experienced and respected oncologists, supported by Australia's leading patient advocacy groups.

We are all on the frontline of cancer care every day and always have the patient's best interests at heart.

We commit this pre-budget submission to the Government for consideration and we look forward to continuing to work with it to ensure the best outcomes for all Australian cancer patients and their families.



**Assoc Professor Christopher Steer**  
Medical Oncologist  
PCPA President



**Mr Richard Vines**  
Chairman and Founder  
Rare Cancers Australia

# Executive Summary

Australia has a world class health system and it has been sorely tested over the past two years.

The Australian Government must be applauded for listening to its medical experts and adopting an evidence-based approach to mitigating the worst of the health and economic impacts of this global pandemic.

But even without the additional pressures of COVID-19, our health system is very complex – sometimes overwhelmingly so.

This rings especially true for the nation's sickest patients facing the fight of their lives, as they are often overwhelmed by the financial toxicity that arrives alongside a devastating cancer diagnosis.

Our collective core mission is the delivery of the best treatment and advocacy for patients with cancer, regardless of where they might live, or what their socioeconomic circumstances. We strive, each day, to rid the scourge of cancer from our patients and provide comfort and support to them and their families.

As a result, PCPA and RCA are acutely aware, and deeply concerned, at the overwhelming and often, unexpected financial costs that come with the diagnosis of cancer.

We are all very focused on insulating a patient against “bill shock” and often crippling out-of-pocket expenses gathered along the way. Undergoing treatment for cancer is fraught enough, and financial stress serves only to diverting focus and energy away from treatment.

As cancer physicians providing high quality, personalised, patient-centred care, we work very hard to control the out-of-pocket expenses that are within our control. As patient advocacy leaders, we see first-hand the often-extreme choices some patients feel they must make. Sell the house or have treatment? Retain childcare services or have treatment? Keep working or take the much-needed time off to recover?

Cancer treatment should never come with a question mark over whether the patient can afford it or not.

The PCPA and RCA is delivering to the Government a comprehensive ‘Cancer Care, No Gaps’ policy paper. In this Pre Budget-Submission, we focus on the low cost and high impact measures that, if adopted, can and will have an immediate positive effect in the lives of Australian cancer patients and their families.

## Recommendations

We know our recommendations will go a long way to help cancer patients, and their families, right now and for the medium to long term. These include:

- introducing an MBS and PBS ‘Cancer Patient Safety Net’ that allows the benefit of both schemes to flow immediately to the patient, upon the clear diagnosis of cancer;
- providing support for cancer patient facilitators to help patients to navigate the often complex system;
- the creation of a technology-driven ‘financial concierge’ system to ensure all bills (regardless of what, and where, that provider is) can be seen and centred in one place to reduce the ‘bill shock’;
- permanent patient access to subsidised specialist phone consults;
- permanent return of the 50% loading for video consultations for regional and remote patients; and
- Commonwealth support for a pilot program to financially enable people living with cancer in rural and regional Australia to access investigator-led clinical trials away from home. Co-ordinated by the RCA, the Rural Care Travel Project will provide financial assistance to cancer patients accessing such trials in both the private and public health setting.

# The size of the problem

Right now there are more than a million Australians living with (or have lived with) cancer, with more than 151,000 expected to have been diagnosed in 2021<sup>3</sup>. This is an increase of 67% from the previous year (in 2020, according to the Australian Institute of Health and Welfare, there were 90,000 cases of cancer). By 2030, it is expected 185,000 more Australians will be diagnosed with cancer.

However, according to a recent report by Cancer Australia, there were 150,000 fewer cancer-related medical services and procedures for breast, colorectal, lung and prostate cancers undertaken in Australia, in January to September 2020.

The updated 'Cancer in Australia 2021' report, by the AIHW, paints an even grimmer picture with 163,595 fewer cancer-related diagnostic procedures and 14,600 fewer (than expected) therapeutic services provided.

This is deeply troubling and we hope those patients listen to their symptoms and seek the treatment they need now, if they haven't already.

Delayed diagnosis too often leads to poor outcomes for cancer sufferers and we applaud the Government for launching its Cancer Won't Wait video campaign to encourage cancer sufferers to see their doctor.

With or without a pandemic, one in two Australian men and women will be diagnosed with cancer by the age of 85 and around 1.7 million cases of cancer will be diagnosed over the next 10 years.

These sobering statistics are equalled only by the pain inflicted by rising out-of-pocket expenses inflicted by cancer. Delayed diagnosis may mean even more financial hardship as many patients would have already been doing it tough, as our economy struggles under the weight of the global health crisis.

Their worry about out-of-pocket costs may have added to their decision to delay treatment or, indeed, to continue with it.

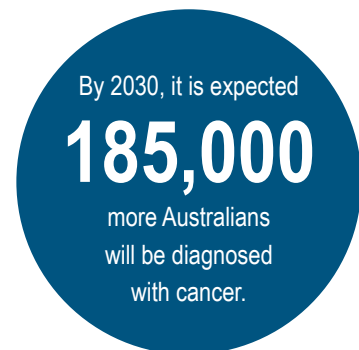
In some cases, it is estimated patients will be paying up to \$22,000 from their own pocket during their cancer treatment.

The median out-of-pocket costs [in 2018 across five cancers studied] were largest for therapeutic procedures (\$670), professional attendances (\$414) and medications (\$288).<sup>4</sup>

Medical costs for patients with some types of cancer are also high. The consequences can be devastating for patients experiencing financial hardship, including serious impacts such as delays of or non-adherence to therapy and increased morbidity.<sup>5</sup>

These figures underscore the harsh reality for many of the nation's sickest and most vulnerable patients.

The good news is that there are simple and cost-effective practical policy solutions that can make a real and lasting difference.



3. AIHW Cancer in Australia 2021

4&5. <https://www.hospitalhealth.com.au/content/facility-admin/news/cancer-patients-out-of-pocket-up-to-22-000-1260388335#axzz68VlgZbIW>

# The solutions

## Cancer Care Patient Safety Net

Cancer patients should be granted access to the MBS and PBS patient safety net programs immediately they have a diagnosis of cancer.

Under this proposal, the Medicare item reimbursement would remain the same for all clinicians.

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 diagnosis and our proposed measure of a 'Cancer Care Patient Safety Net', would eliminate the discrimination patients face if diagnosed later in the year. (The current patient safety net resets every January).



### Benefit to patients

The benefits to the patient, and their families, of having the Patient Safety Net (for both MBS and PBS) accessible immediately once cancer is diagnosed cannot be underestimated. This is particularly so during, and as we emerge out from under, this pandemic. Cancer patients need all the help (financially and otherwise) that we, as a society, can offer them.

It would mark the first important step of taking control over the many financial burdens that are incurred along any cancer journey.

We know, as cancer doctors and as patient advocates, the negative impact that concerns over the cost of healthcare can have on the decisions our patients make. Stress is not conducive to early recovery. We need those who are on the cancer journey to focus on their health not their bank balance.

We know that this one simple measure will provide enormous positive relief to both patients and their families.

It will also have a significant flow on effect to organisations, such as Rare Cancers Australia, who step in to financially 'plug the gaps' for thousands of Australians each year who simply can't afford their treatment and ongoing monitoring.

Knowing these important grassroot organisations can focus on supporting the cancer patient and their families with other practical and logistical support measures, rather than with money, will remove an immense cost pressure from these overwhelmed not-for-profit services.

## **Benefit to taxpayers**

The return on investment to taxpayers cannot be underestimated. Apart from being the decent thing to do for our most vulnerable, it will encourage cancer patients to continue their treatment without fear of the financial impact on their families or foregoing potentially lifesaving treatment.

The cost to Government of this simple but critically important measure is relatively small, compared to the size of the problem that is the financial toxicity and bill shock to our most vulnerable Australians.

### ***MBS Cancer Care Patient Safety Net***

If the full benefits of the MBS safety net (currently set at a \$2133 threshold<sup>6</sup>) were applied immediately upon diagnosis, the cost to Government would be minimal.

Taking the conservative assumption that one third (50,000) of cancer patients will need active treatment each year, this initiative aims to subsidise their anticipated out of pocket costs (on average \$1084 p/a) immediately upon diagnosis.

We estimate this to be \$54m per year (aligned with the number of Australians diagnosed with cancer).

### ***PBS Cancer Care Patient Safety Net***

If the benefits of the existing PBS safety net (currently \$1542.10 for general patients, excluding concessions<sup>7</sup>), were applied immediately upon diagnosis, the cost to Government would be approximately \$22m for 22-23 and increasingly incrementally with the number of patients diagnosed each year.

This modelling is based on nearly half (or 70,000) Australians diagnosed with cancer each year, needing active cancer treatment.

**The total cost for this combined practical policy solution would be approximately \$76m for 2022-23.**

It would and then be aligned with the number of patients being diagnosed with cancer.

This policy initiative is implementable, scalable, cost effective.

6. [http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MSNThresholds\\_1Jan2019](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MSNThresholds_1Jan2019)

7. <https://www.humanservices.gov.au/individuals/services/medicare/pharmaceutical-benefits-scheme/when-you-spend-lot-pbs-medicines/pbs-safety-net-thresholds>



## Transparency and governance

If the Cancer Care Patient Safety Net is to be triggered the moment cancer diagnosis is made and the benefits followed the patient (not the providers), there should be no change in fees or any increase in financial benefit to the providers.

This issue is being addressed with the Department of Health and PCPA to co-design a model of payment that is transparent and accountable. We support the Government on its determination that all specialists are demonstrably fiscally responsible.

The PCPA and RCA stand ready to help develop a scheme that brings all of the key stakeholders including patient advocacy groups, leading medical, radiation and surgical oncologists, Specialist Colleges, GPs, private and public hospitals, researchers, private health insurance funds, state governments and insurance companies to the table.

There already exists the National Oncology Alliance (NOA) with more than 100 members in four pillars: patients, patient groups, clinicians and the pharmaceutical industry. These committed professionals and patients stand ready to support this scheme.

We have already recommended a working group be established involving all key stakeholders and the Department of Health.

The first priority will be securing an agreement that the benefits of a modified patient safety net must be reaped by the patient and not by the service provider or specialist.

There should be an agreed annual review or audit mechanism to ensure service provider fees are not unduly increased over time.

We are exploring with the Department of Health, other options to lock in assurances that the specialist or GP won't seek to exploit the situation. We know it is a situation we can absolutely resolve to the benefit of Government, patients and taxpayers.

Indeed, the PCPA has held very positive preliminary discussions with the Department of Health and the then Chief Medical Officer, Professor Brendan Murphy and his colleagues, to discuss the issue of a 'Cancer Care' patient safety net.

We have also discussed the formation of a taskforce to address out-of-pocket expenses and understand such a taskforce needs Ministerial direction.

We believe the concept of an immediate safety net for cancer patients was received very favourably.

## Patient navigators

As cancer physicians we work closely with our medical and allied health colleagues to ensure our patients receive world class treatments at the right time, as close to their homes as possible.

We also appreciate that our most vulnerable patients often need practical, as well as medical advice, throughout their journey and we see the benefits of targeted care coordination.

This is why we recommend the policy measures in this submission to soften the worst of the blows delivered by cancer, by delivering support for patient-focused facilitators in the private sector.

Crucially, support for facilitators of patient-centred cancer care for those patients being treated outside public hospitals is needed. More than half of all Australians, with cancer, are treated within the private health sector and yet – despite its efficiencies – does not have the same level of staff or funding as the public sector, particularly funding for these patient support initiatives.

This is particularly important right now when many patients are confused and worried about how to safely access vital health services.

As mentioned earlier, the hidden crisis is the huge numbers of Australians now delaying their cancer diagnoses or simply not continuing with their treatment, out of concern of contracting COVID-19.

With these trusted and knowledgeable guides available to the private sector, patients can be better supported, and engaged, through their cancer care journey. This would also encourage patients to remain with their Private Health Insurance and stay within the private health system and not transfer to an already overburdened public health system.

Already, RCA undertakes this role of patient navigator - in small way - through its patient care team. The challenge with rare and less common cancers (RLC) is that navigators need to more flexible and knowledgeable of hurdles than those dealing with cancers that have accessible established standards of care. To meet these challenges, funding for specific training and education of patient navigators is required.

## Benefit to patients

The provision of cancer care coordinators, patient navigators, palliative care providers and nurses for all patients with cancer will help patients to navigate the often-complex system. The great work done by the McGrath Foundation for patients with breast cancer and the Prostate Cancer Foundation for men with this diagnosis should be applied to all patients regardless of the site of origin of their cancer. Indeed, RLC cancers are a bigger and more complex problem than both prostate and breast cancers.

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 and create other employment opportunities within the healthcare system.

## Benefit to Government and taxpayers`

Having very unwell patients in the wrong parts of the health system or being seen multiple times by GPs just to ask questions about what the next steps are in their cancer care journey – are both unnecessarily costly to the Government and ineffective for the patient and those who are there to care for them medically.

Ensuring that our most vulnerable patients and their families are being escorted efficiently, and with compassion, through the complexities of our private health care systems, marks a significant return on investment.

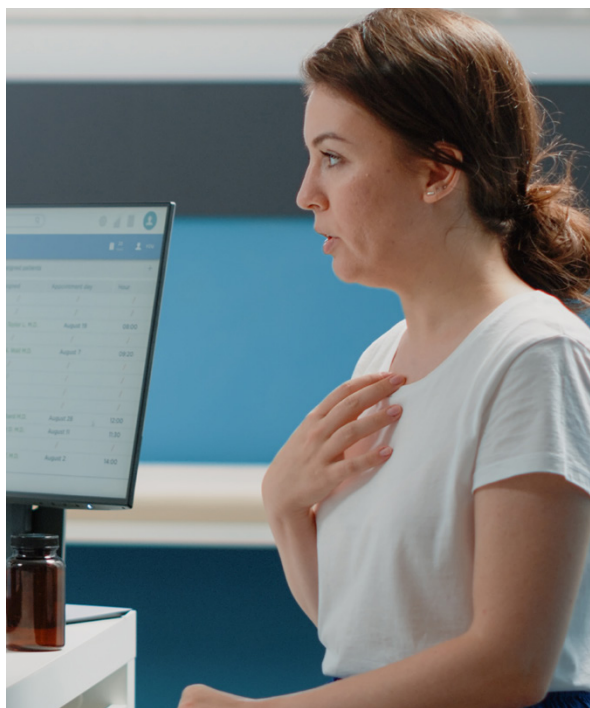
The Government has recognised this and provided funding for a 'navigator' for Australians requiring palliative care, breast cancer or prostate treatment.

The Government knows this application of funding is both a sound investment and the cost benefit returns to the nation are demonstrable.

Having qualified patient navigators available to patients may also remove some of the burden on specialists (and reduce the cost to Telehealth) of managing queries from their patients on non-treatment issues, such treatment timetables, as which MRI facilities are MBS-subsidised, Telehealth access options, pathology services and access to allied health support.

The cost to provide patient navigators across the spectrum of cancer care in the private health system has not been intimately modelled.

The PCPA and RCA believes similar funding to the \$8.6 million provided to support and facilitate patient navigators in palliative care is an appropriate guide.



## Removing ‘bill shock’

We know how bills can mount quickly for all patients but ‘bill shock’ can be particularly distressing for those with cancer.

Significant out of pocket costs can hit without warning or with our patients having little, if any say in what, and how, their money is spent or prioritised. Often, patients, and their families, are blindsided by significant out of pocket costs and have had little time to prepare for, or accommodate, those expenses.

We believe this ‘bill shock’ can be negated with a form of ‘clinician-controlled bundling’ of fees and the creation of technology-driven ‘financial concierge’ system to ensure all bills (regardless of what, and where, that provider is) can be seen and centred in one account.

The PCPA and RCA applauds Prime Minister Scott Morrison’s recent statement that innovation and technology should be utilised in far greater capacity and circumstance, to provide solutions to existing health problems.

We believe that using Artificial Intelligence technology to assist in reducing financial toxicity on Australian cancer patients is indeed in line with the Government’s innovative health agenda.

We would look to partner with Monash Partners, who are already developing data-driven health care improvements and clinical trial platforms to help develop this Australian-first initiative.

## Benefit to patients

The benefits are immense and demonstrable. Tourists in resorts can expect their expenses (at different outlets) to be consolidated in one transparent account and yet those with mounting, and often unexpected, costs whilst also dealing with a potentially fatal health diagnosis have no visibility of the costs, they will incur on their cancer journey.

As medical oncologists, we can control our own cost impact but our patients should be able to know and pre-empt all costs incurred by other specialists and GPs. We believe this certainty will allow our patients to focus on the one thing that is most important to them and their families – to get better.

## Benefit to taxpayers and government

Allowing cancer patients to know beforehand, or as they are undertaking treatment, will also ensure efficiency in an often-inefficient system.

With privacy rules firmly in place, data harnessed from the AI-driven ‘concierng’ of the out-of-pocket expenses, will allow governments (Federal and State) to plan and fund appropriate services and to ensure that excessive charging and unnecessary over-servicing by health providers can be reigned-in. It will ensure a fully accountable health system.

The data can also be leveraged to further streamline Australian public and private health services and ensure the patient and the taxpayer receive the best value for their tax dollar as well as an informed blueprint for future health care innovations and policy development.

We believe that partnering with Monash Partners and other research leaders, will allow this initiative to be developed quickly and effectively, upscaled and potentially exported as an Australian-owned healthcare initiative.

## Equity of access to Telehealth phone consults

Our cancer patients are already among our most vulnerable of Australians. They are, very often, immunosuppressed. They are, often, financially, under enormous pressure.

Many have lost income. Often their carer (a partner, a parent, a friend) must also take time from work to care for them, especially during their chemotherapy treatments.

This seemingly relentless pandemic has heightened all of our concerns about the physical and mental health and financial wellbeing of Australians with cancer. Being able to safely treat our patients in their own homes, through the adaption of subsidised phone and video consults has been a great relief.

Telehealth has allowed us to better protect our patients whilst not compromising on their treatment or care. We need our patients to not be unnecessarily exposed to a public setting, such as a hospital, where COVID-19 may be rife.

But beyond the pandemic, it must be remembered that all patients must have equity of affordable access to their specialist – whether that is through a phone consult, video or an in-person consultation.

Our priority is to ensure the treatment is the absolute best it can be and that our patients are not burdened with greater out of pocket costs or risks to their already compromised health.

### *Impact on patients*

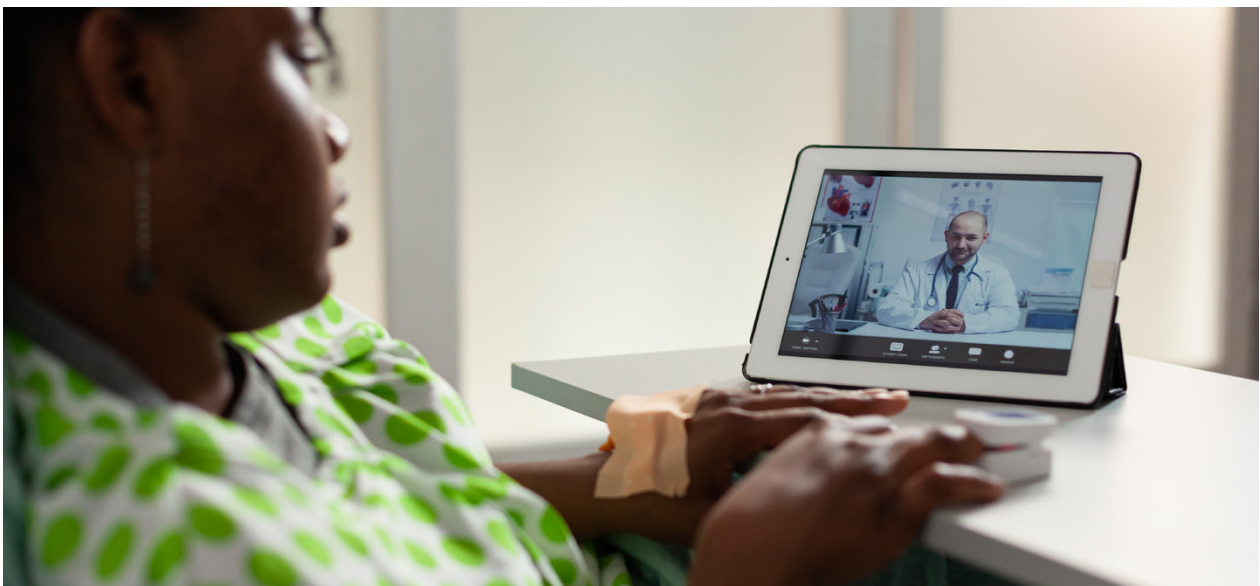
We appreciate the Government moved quickly to reverse its unexpected decision, made over Christmas -New Year, to axe Medicare rebates (eg: item number 91835) for phone consults.

PCPA and RCA (amongst others) actively advocated for, and received, a six month pause on this particular reform. We welcome this decision but we also believe the availability of subsidised specialist phone consults should now be permanent.

Those patients who must have ongoing access to subsidised phone consults are the elderly, regional and rural patients, those without stable internet, those without the right technology and any one simply unable to manage video calls.

We also believe the same consideration should be extended to the return of the 50% loading for video consultations for regional and rural patients.

These Telehealth MBS items have enabled many regional and remote cancer patients to be bulk billed.





## Benefit to patients

The availability of subsidised phone calls for patients who can't (for reasons beyond their control or that of their specialist) be seen in person or via video, will further protect patients against significantly increased out-of-pocket cost.

These patients will either be forced to pay additional out of pocket costs for the phone consult or face additional expenses – and health risks - as they are forced to travel to see their specialist in person.

Either way, these additional costs can quickly culminate as many patients, and their families, are already struggling with the financial toxicity of their cancer journey.

## Benefit to Government and taxpayers`

At a time of surging pandemic, we need our immunocompromised vulnerable Australians to stay at home and not be forced to travel into public areas where COVID-19 may be rampant.

Patients diagnosed with cancer (less than two years ago) are at an increased risk of severe COVID-19, death and early death within 7 days of diagnosis.<sup>8</sup>

Apart from the loss of life and the impact on loved ones; this poses an additional burden for our overwhelmed hospital system.

If patients can't be treated at home with oral therapies, they will need to come into the hospital setting for intravenous chemotherapy – again a financial burden to the system.

8. <https://www.nature.com/articles/s41416-021-01500-z>

# Clinical trials – equity of affordable access for regional and rural patients

PCPA and RCA are strong advocates 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.

We need to ensure no patient is disadvantaged simply because of where they live or what their socioeconomic background is.

People living with cancer in regional and rural areas have poorer survival rates than those living in major cities, and the further from a major city, patients with cancer live, the more likely they are to die within five years of diagnosis<sup>9</sup>.

For prostate and cervical cancers, patients in remote NSW were up to three times more likely to die within five years of diagnosis than those living in more accessible areas.<sup>10</sup>

We support the continuance of the use of telehealth in clinical trials but in some cases, patients in regional and rural Australia must travel to the metropolitan area for treatment as part of that clinical trial.

We support the RCA's own initiative, the Rural Care Travel Project: a pilot program to better financially support people living with cancer in rural and regional Australia to access investigator-led clinical trials away from home. We advocate Commonwealth support for this program should be extended to all cancer patients including those accessing investigator-led clinical trials in the private health sector.

We wholeheartedly agree with the RCA. It is vital that regardless of their financial position, location, and personal situation, rural and regional Australians with cancer should be able to participate in investigator-led clinical trials. Cost should not be a barrier. More about this pilot program can be found in the RCA's own Pre Budget-Submission 2022-23.

These trials represent the best and last chance for many Australians living with cancer.

We need to ensure no patient is disadvantaged simply because of where they live or what their socioeconomic background is.



10. <https://ruralhealth.org.au/sites/default/files/publications/fact-sheet-08-cancer-rural-australia.pdf>

11. Jong, Vale and Armstrong MJA 2004

## Recommendations

On behalf of all of Australian cancer patients and their families; we ask the Government to commit to the following policy recommendations:

1

That the Australian Government supports cancer patients by creating a special MBS and PBS “Cancer Patient Safety Net” category that is triggered the moment a cancer diagnosis is made.

***Estimated cost: \$76m p/a<sup>11</sup>***

2

That the Government supports the cancer patient journey with patient-focused navigators in the private health system.

***Estimated cost: \$10 million p/a***

3

That the Australian Government support the creation of a technology-driven ‘financial concierge’ system to ensure all cancer treatment bills are centred in one place to reduce the ‘bill shock’.

***Estimated cost: \$5m initially to scope and develop a prototype software platform that can then be scaled up and exported internationally***

4

That the Government commits to permanently subsidising (via Telehealth) specialist phone consults.

5

The Government better supports regional and rural cancer patients to access bulk billing by reinstating the 50% MBS loading for video consultations for regional and rural patients.

6

The Commonwealth to support the RCA's the Rural Care Travel Project: a pilot program to better financially support people living with cancer in rural and regional Australia to access investigator-led clinical trials away from home. These are to be available to patients in the private and public health systems.

11. Aligned to the number patients diagnosed with cancer each year

# Who we are

## The Private Cancer Physicians of Australia (PCPA)

The Private Cancer Physicians of Australia (PCPA) Limited is a not-for-profit organisation dedicated to the improvement of the health system for all cancer patients, but particularly for private cancer patients in Australia.

Although the majority of cancer patients are treated in the private system, there are many anomalies in funding and regulation that disadvantage private patients. Private cancer physicians also face issues in accessing drugs for their patients and sometimes beds. Barriers also exist to the participation of private physicians in research and training. The PCPA has been established to address these issues.

Established in 2007 the PCPA is a membership organisation for medical oncologists and clinical haematologists in private practice in Australia. The PCPA has a pivotal role in the Australian community for the implementation, delivery and planning of improved cancer services in the Private Health Sector. The PCPA welcomes the interest of politicians, policy makers, funding bodies, health providers, other professionals, professional organisations and, of course, patients themselves.



### Our Mission

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

### Our Vision

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

### Our Values

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

## Rare Cancers of Australia

Rare Cancers Australia Ltd (RCA) is a charity whose purpose is to improve the lives and health outcomes of Australians living with rare and less common (RLC) cancers. In Australia in 2017, an estimated 52,000 people were diagnosed with RLC cancers, and 25,000 died from them, according to Cancer in Australia 2017 estimates.

As distinct from common cancers (breast, prostate, bowel, lung and melanoma) there is very little patient support offered to RLC cancer patients. RCA works tirelessly to ensure that this cancer group will never be forgotten or ignored again.





# Contact



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