

Joint Submission to the Department of Health and Ageing

## **Review of funding arrangements for chemotherapy services**

**Clinical Oncological Society of Australia  
and Cancer Pharmacists Group**

**July 2013**

The **Clinical Oncological Society of Australia (COSA)** is Australia's peak multidisciplinary society for health professionals working in cancer research, treatment, rehabilitation and palliative care with over 1600 members. COSA is an advocacy organisation whose views are valued in all aspects of cancer care.

The **Cancer Pharmacists Group (CPG)** is a group of COSA comprised of pharmacists practising in a variety of settings including medical oncology, haematology, palliative care and cytotoxic preparation services. The CPG provides the only national multidisciplinary forum for pharmacists working in cancer services.

COSA and the CPG provided a joint submission to the Senate Inquiry in March 2013 into the "Supply of Chemotherapy Drugs such as Docetaxel". This submission outlined the highly specialised processes for preparing chemotherapy drugs and wide ranging ramifications of the PBS price disclosure cuts. COSA was subsequently invited to appear at the public hearing where Mr Dan Mellor, chair of the COSA Cancer Pharmacists Group, appeared as a witness.

COSA welcomes the further review of funding arrangements for chemotherapy services, which seeks specific information from the pharmacy and hospital sectors, as well as the consumer perspective in relation to the funding of chemotherapy.

As a society, COSA cannot provide the information being requested at an institutional level. We have therefore actively promoted the review of funding arrangements for chemotherapy services to our 1600 members. As they are at the coalface of cancer service delivery and supply of chemotherapy services, we have encouraged them to respond to this current review with the detailed information being sought by the Department.

COSA would however like to reinforce our concerns about the price reduction of chemotherapy drugs and the potential impact on the viability of chemotherapy services. As stated in our original submission, if there is no longer an income stream to maintain the clinical pharmacy services associated with the supply of chemotherapy, this is likely to affect the cost of care and

patient access. Centres will close or pass on the additional costs to patients in order to remain viable. Either outcome could result in increased costs to patients, the need to travel further to access chemotherapy and/or being forced onto potentially long waiting lists in the public health system. As a result, COSA continues to support our previous key recommendations:

### **Key Recommendations**

- **The federal government must ensure that, whatever the resolution, there is no disadvantage to any cancer patient in Australia in respect to cost, accessibility or safety.**
- Patients must not be disadvantaged by having to pay more for chemotherapy as a consequence of any funding changes.
- It is vital to ensure ongoing provision of regional and rural cancer services so that no cancer patient has to travel further to access chemotherapy.
- The needs of cancer patients in regional and rural locations (who already have poorer outcomes) and older patients (who are disproportionately affected by cancer) must be at the forefront of any resolution.
- Patient safety must not be compromised as an unintended consequence of any changes to the reimbursement of docetaxel or any other chemotherapy medicine in Australia.
- Every dose of cancer medicine for every cancer patient in Australia should be checked by a chemotherapy competent pharmacist to ensure that it is safe and clinically appropriate to proceed with treatment.
- These highly toxic medicines must continue to be prepared and delivered safely to patients without any additional costs to pharmacists, cancer clinics or hospitals.
- Any proposed funding model should remove the need for payment cross subsidisation (which currently underpins the system) and provide sustainable access for patients to chemotherapy services regardless of the setting.
- The funding model must acknowledge the complexity of providing treatment with chemotherapy and include reimbursement for the pharmacy clinical service component.

In particular, COSA would like to reiterate our concerns regarding any disruption or increased costs to patients and their families in regional and rural areas (i.e. **“Term of Reference 3: Rural and regional chemotherapy provision”**).

Evidence shows that the further a cancer patient lives from a metropolitan centre, the more likely they are to die within five years of diagnosis.<sup>1,2,3</sup> For some cancers, remote patients are up to 300% more likely to die within five years of diagnosis.<sup>4</sup> Cancer care is less accessible as geographical isolation increases, with survival rates correlating directly to quality and availability

of services.<sup>5</sup> Geographic isolation, shortage of healthcare providers and a higher proportion of disadvantaged groups are contributing factors.<sup>6</sup>

Capital funding for the establishment of 20 regional cancer centres across the country under the Rural Cancer Centres Initiative has the potential to reduce geographic inequity in cancer care outcomes. However, the current federal investment is capital funding only; there is no coordinated intergovernmental plan to underpin the sustainability of these and other regional cancer centres.

A national analysis published by the Clinical Oncological Society of Australia in 2006 showed that the further an individual cancer patient is located from a metropolitan or larger regional hospital, the poorer their access to chemotherapy services. The availability and sustainability of cancer pharmacy services in small regional hospitals in particular is limited, by comparison with larger centres<sup>5</sup>.

If centres in regional and rural locations were forced to close, patients would have to travel substantially further to access chemotherapy or have delayed access to treatment. Any threat to the viability of oncology pharmacy services in remote locations poses a significant threat to patient access to appropriately administered chemotherapy. Compromising access to chemotherapy would risk a further widening in the geographic gap in cancer treatment outcomes.

In conclusion, clinical pharmacy services are vital for the safe delivery of chemotherapy to cancer patients. A more appropriate and transparent funding mechanism which includes the clinical service component is needed. It is hoped that this review will maximise the benefits consumers receive from chemotherapy by ensuring efficient and effective clinical processes and appropriate funding arrangements for the preparation and supply of chemotherapy medicines.

## References

- 1 Australian Institute of Health and Welfare and Australasian Association of Cancer Registries. Cancer survival in Australia 1992–1997: geographic categories and socioeconomic status. Canberra: AIHW, 2003. (Cancer Series No. 22. AIHW Catalogue No. CAN 17).
- 2 Jong KE, Vale PJ, Armstrong BK. Rural inequalities in cancer care and outcome. *Med J Aust* 2005; 182: 13-14.
- 3 Australian Institute of Health and Welfare. Health in rural and remote Australia. Canberra: AIHW, 1998. (AIHW Cat. No. PHE 6).
- 4 Jong KE, Smith DP, Yu XQ, et al. Remoteness of residence and survival from cancer in New South Wales. *Med J Aust* 2004; 180: 618-622.
- 5 Clinical Oncological Society of Australia. Mapping regional oncology services, 2006.
- 6 Australian Institute of Health and Welfare. Health system expenditures on cancer and other neoplasms in Australia, 2000–01, 2005.