



# Consultation Paper on the Pricing Framework for Australian Public Hospital Services 2023–24.

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**Cancer Council Australia**

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Submission contact:

Kate Whittaker  
Manager Cancer Care Policy, Cancer Council Australia  
E: [Kate.Whittaker@cancer.org.au](mailto:Kate.Whittaker@cancer.org.au)  
T: 02 8063 4169

Submission authorised by:

Tanya Buchanan  
Chief Executive Officer, Cancer Council Australia  
E: [Tanya.Buchanan@cancer.org.au](mailto:Tanya.Buchanan@cancer.org.au)  
T: 02 8063 4100

Cancer Council is the peak, non-Government cancer control organisation in Australia. As the national body in a federation of eight state and territory member organisations, Cancer Council Australia works to make a lasting impact on cancer outcomes by: shaping and influencing policy and practice across the cancer control continuum; developing and disseminating evidence-based cancer information; convening and collaborating with cross sectorial stakeholders and consumers to set priorities; and speaking as a trusted voice on cancer control in Australia.

Cancer Council acknowledge the traditional custodians of the lands on which we live and work. We pay respect to Aboriginal and Torres Strait Islander elders past, present and emerging and extend that respect to all other Aboriginal and Torres Strait Islander people.

## IHPA's consideration of innovative models of care and services.

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Cancer Council's submission relates to Section 8, Future Funding Models, of the consultation paper.

Cancer care involves multiple procedures and healthcare providers, and people with cancer often encounter difficulty navigating multiple services options in both the public and private systems.<sup>1,2</sup> People with cancer often have their care overseen by a team of multidisciplinary health professionals, with care lasting for months or years. This requires frequent visits to cancer specialists, hospitals and diagnostic services, each often with their own out-of-pocket costs, whether for direct medical treatment, or indirect costs such as parking.

People with cancer frequently receive unexpected invoices higher than expected bills for cancer care services they have received, this is referred to as 'bill shock'.<sup>2</sup> It is not uncommon for people affected by cancer to experience financial toxicity,<sup>3</sup> and cancer health professionals report commonly needing to address financial concerns for people affected by cancer yet having few available solutions.<sup>4</sup>

The costs associated with accessing cancer care, and associated financial toxicity, can prevent people with cancer from accessing and receiving optimal cancer care, as they may need to make treatment decisions based on cost rather than the recommendation of their healthcare professional.<sup>5</sup> As such, cancer care funding models can determine whether a person with cancer accesses treatment rather than solely determining the reimbursement available for that procedure or course of treatment.

The consultation paper importantly recognises the opportunity to adopt innovative funding models to improve the quality and coordination of care for illnesses requiring frequent care, or care delivered over time, including cancer. Such models should be designed to overcome problems with fragmented care and have data collection mechanisms built in to monitor the quality of care delivered to ensure the funding model is having the desired impact.

The Centre of Research Excellence in Value-Based Payments in Cancer Care (<https://p4v.org.au/>) is currently conducting an evaluation of the Genesis Bundled Payment Pilot Program for women diagnosed with early-stage breast cancer and treated at Genesis Care in Perth, Western Australia. The bundled payment packages up a range of services for the first 12 months post diagnosis for a known maximum out-of-pocket cost. This evaluation is currently underway, and the outcomes will be useful in demonstrating the opportunity that a bundled payment provides health services and patients compared to non-bundled arrangements.

The Genesis Bundled Payment Pilot Program will demonstrate the services accessed by patients and determine the services included in the bundle by evaluating patient's outcomes, patient's experiences and the costs incurred for the insurer and patient. While this bundled care arrangement is being piloted in a private healthcare setting, the learnings have implications for the delivery of a bundled care package in public hospitals as it takes a treatment delivery perspective.

IHPA has a role in supporting, enabling, and encouraging the development and implementation of innovative payment models relevant to the Australian healthcare environment. Cancer Council would be very supportive of initiatives to enhance work to develop and trial innovative payment models, and believe that the wealth of cancer data available, coupled with the complexity of cancer treatment, makes it an excellent case example for such development work.

1. Bygrave A, Whittaker K, Paul C, Fradgley EA, Varlow M, Aranda S. Australian experiences of out-of-pocket costs and financial burden following a cancer diagnosis: A systematic review. *Int J Environ Res Public Health*. 2021;18(5):2422.
2. Desai A, Gyawali B. Financial toxicity of cancer treatment: Moving the discussion from acknowledgement of the problem to identifying solutions. *EClinicalMedicine*. 2020;20:100269.
3. Bass M, Chan RJ, Goldsbury D, Gordon L, Hobbs K, Hunt L, et al. Financial toxicity in cancer care. *Clinical Oncology Society of Australia*; 2022.
4. Gordon LG, Nabukalu D, Chan RJ, Goldsbury DE, Hobbs K, Hunt L, et al. Opinions and strategies of Australian health professionals on tackling cancer-related financial toxicity: A nationwide survey. *Asia Pac J Clin Oncol*. 2022:1- 10.
5. Paul C, Boyes A, Hall A, Bisquera A, Miller A, O'Brien L. The impact of cancer diagnosis and treatment on employment, income, treatment decisions and financial assistance and their relationship to socioeconomic and disease factors. *Support Care Cancer*. 2016;24(11):4739-46.