

# WHY DO WE NEED MORE TREATMENT CENTRES?

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Currently there are several limits to use of radiation therapy which intersect to deliver suboptimal cancer treatment in many parts of Australia.

Australian studies show that the optimal rate of utilisation for radiation therapy is 48.3% across all cancers, although this rises to 87% for breast disease, and 58% for prostate cancer.

But the current level of utilisation continues to sit at between 35-40% across the nation.

Another way of looking at this is that 14.2% of Australian cancer patients who would benefit from access to radiation oncology currently miss out.

A primary limit on radiation treatment for cancers in Australia is a limit on the number of approved facilities. Because the Federal Government is both an infrastructure funder through the Radiation Oncology Health Program Grants Scheme, and the gatekeeper of Medicare funding through location-specific provider numbers, the sector needs approval and support to grow.

The impact of scarce clinical facilities means the choices and experience of Australians in cancer treatment is variable between and within cities, and between urban and regional areas.

We know that generally the rate of hospitalisation for all illnesses is greater for regional Australians due to the absence of local services. This is magnified in the case of cancer, because access to alternative radiation therapy requires multiple journeys and is not practical.

We know from international evidence that use of all medical services declines with distance. This is clearly true in the case of radiation therapy.

In addition to higher hospitalisation rates, regional Australians also generally have higher out-of-pocket costs, regardless of which treatment stream they choose to follow.

Meanwhile, patient choice is limited by incomplete information. There appear to be two significantly different pathways for cancer treatment in Australia:

- In many cases appropriate care is recommended through a multi-disciplinary meeting involving all specialist groups and allied health experts aiming to provide the best outcomes for all patients; but,
- In cases where there is a choice of treatments it is important patients have the opportunity and information to pursue these options. An example of this is the management of prostate cancer.

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This is a classic case of information asymmetry, which will only be addressed in the short term by education and regulation.

For many patients, proper education about their full range of treatment choices will allow them to understand comparative risks and benefits, and to understand how:

- Different treatments may have different potential side-effects; and,
- Different treatments will require different periods of recovery, and potentially economic loss.

At the same time, patients will understand that there are different overall costs of treatment available. Given the current widespread concern about out-of-pocket health costs, this may be the most significant measure to allow the patient to make an informed decision.

However, there is no merit in giving patients choice where there is an inadequate supply of treatment available. For this reason, the greater availability of radiation oncology treatment centres should be a priority, particularly in regional areas.

