


**Cancer Research
& Primary Health Care**


The Way Forward

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Objectives

- To present and discuss the research issues emerging from the NCCI's scoping exercise
- To identify priority areas/issues
- To develop appropriate research questions/projects




Anticipated Outcomes

- Informed discussion of research issues and opportunities arising from the NCCI's scoping exercise
- Development of a primary health care cancer research agenda



Program

- Research on APHCRI and PHC RED priorities
 - strategy and work plan
 - funding opportunities in PHC research
- Presentation on NCCI and results of scoping exercise
 - strategic objectives
 - primary care perspective on cancer project
 - scoping exercise
- Discussion and brainstorming
- Break
- Group work
- Plenary –conclusions and next steps

NCCI – Core Purpose

The National Cancer Control Initiative is a key expert reference body providing timely advice, identifying appropriate initiatives and making specific recommendations to the Commonwealth Government and other key groups regarding the prevention, detection, treatment and palliation of cancer for all Australians


Key Strategies

- To monitor and evaluate cancer control outcomes in Australia
- To identify emerging issues and new strategies for cancer control
- To develop and assess strategies to translate research outcomes into improved public health and clinical practice
- To identify gaps between current and best practice
- To develop and maintain the capacity to respond to issues in cancer control within the strategic priorities



National Cancer Control Initiative

- Established 1997
- Offices located in Melbourne
- Director Professor Mark Elwood, Deputy Director Professor Brian McAvooy
- Staff: full time (n = 8), part time (n = 4)
- Funded as a contract between The Cancer Council Australia and the Department of Health and Ageing



A national approach to cancer control

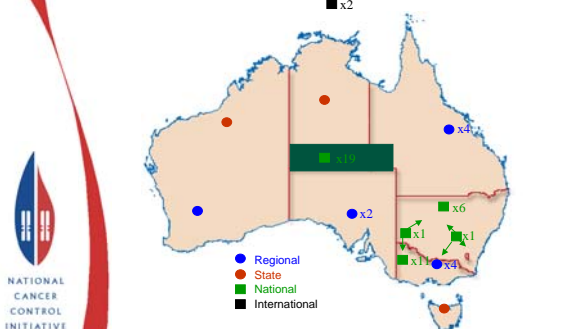
Central role: effective management of a range of projects funded by the Commonwealth

Projects:

- designed to foster evidence-based and cost-effective practices in cancer control
- focus on issues of national interest
- consistent with emerging national cancer strategy
- often involve strategic partnerships (government, cancer councils, health care professionals, consumers)




National, state and regional projects



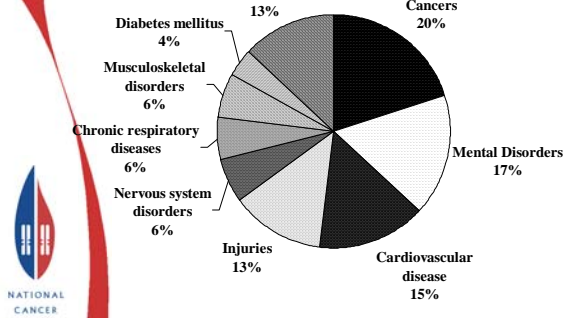
Background

- Cancer is the commonest cause of premature death and disability
- Cancer affects 1 in 3 men and 1 in 4 women before 75
- Number of newly diagnosed cancers is increasing
- Health care costs of nearly \$2 billion per year


Optimising Cancer Care in Australia, 2003



Main causes of disease burden (DALYs) in adults aged 25-64 years, Australia, 1996




Mathers, Vos and Stevenson, 1999



Cancer in Australia

- 459,231 new cancers per year
- 374,000 non-melanocytic skin cancers (non-registrable)
- 85,231 serious cancers (registrable)




GP Experience of Serious Cancers

On average over one year a GP will see:

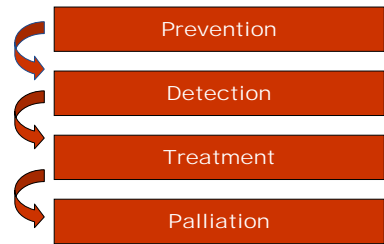
- 4 new serious cancer patients
- 1.5 cancer deaths

On average a GP will have about 16 patients with cancer under his or her care at any one time

Robert Burton, personal communication



GP Spectrum of Cancer Care




Prevention

Detection


Treatment

Palliation




GP Spectrum of Cancer Care

Majority of the cancer patient's 'journey' takes place in the community, with medical and psychosocial care being provided by GPs and nurses



Primary Care Perspective on Cancer

- **Aim:** to develop a primary care perspective on cancer, enabling GPs, nurses and other primary care professionals (PCPs) to:
 - Optimise their contribution to the full spectrum of cancer control, from prevention to palliation
 - Contribute to improving the quality of cancer care for patients and carers
- **Improvements in patient care:**
 - Improved access
 - Improved outcomes
 - Improved experiences
 - Improved certainty and choice





Primary Care Perspective on Cancer

Incremental program over 3 years

Phase I – Establishment of a Steering Group that will:


- Provide essential contacts with those involved in primary care across Australia
- Act as a forum for discussion, refinement and prioritisation of issues relating to primary care and cancer control
- Develop, oversee and monitor the program of work
- Liaise with and provide relevant input to the Cancer NSIF Expert Panel, the Cancer Strategies Group and other stakeholders.






Primary Care Perspective on Cancer

Phase II – Scoping exercise to identify priorities, existing resources, and needs and gaps in support for PCPs on cancer issues



Primary Care Perspective on Cancer


Phase III – Development of locally relevant resources/guidelines for GPs, emphasising initial investigations and referral options for patients with cancer or suspected cancer



Primary Care Perspective on Cancer


Phase IV – Investigation and consolidation of ongoing training and professional development needs of GPs and other PCPs

This final phase will also include an overall evaluation of the initiative.



Scoping exercise


- **Stage 1 (January – February 2004)**
 - expressions of interest
 - preliminary questionnaire (electronic)
- **Stage 2 (March – May 2004)**
 - detailed questionnaire (postal)



Scoping exercise


Stage 1 – 137 organisations and individuals

- general practitioners, nurses, allied health professionals, hospital specialists
- consumers
- peak bodies, Colleges
- ATSI groups
- rural and remote groups
- palliative care groups
- Cancer Councils
- Federal, State and Territory health departments
- cancer hospitals and units




Main Questionnaire

- **72 items**
- **6 sections**
 - demographics
 - opinions on role and importance of PHC in cancer
 - services and support for primary care professionals
 - training and education for primary care professionals
 - research
 - policy and system issues



Main Questionnaire


- 101 respondents
- 59% individuals, 46% organisations
- 66% health care providers
- good spread geographically and across disciplines/backgrounds
- only 3% researchers



What role should the PHC sector take in the following cancer issues or areas?

Research

- 48% moderate role
- 30% major role
- 20% minor role
- 2% no role



How important are the following cancer issues to PHC?


Research

- 38% very important
- 35% somewhat important
- 17% neither important or unimportant
- 8% somewhat unimportant
- 2% unimportant



5 cancer areas most important to PHC sector


1. Prevention
2. Diagnosis
3. Screening
4. Referral, timeliness of access to specialist care, treatment
5. Coordination of care



How well resourced in terms of capacity are the following cancer areas in PHC?

Research

- 56% poorly resourced
- 17% adequately resourced
- 10% not resourced
- 3% well resourced
- 1% over resourced
- 12% no opinion



Barriers and Changes

Barriers to research in PHC

- Funding
- Insufficient workforce

Changes which would facilitate research in PHC

- Funding
- Improved equity and access in rural areas
- Changes in primary care research practice
- Improved support for primary care research

What research questions relevant to PHC would you like to be addressed?

- >100 responses

- 12 themes

- Prevention
- Screening
- Models of care/service delivery
- Support/palliative care
- Psychosocial care
- Communication/decision support
- Complementary therapies
- Multidisciplinary care
- Implementation/research into practice
- Funding issues/cost effectiveness
- Rural and remote issues
- Quality of life issues

