



Understanding the financial impacts of cancer treatment on regional cancer patients: A rationale for reforming the Patient Travel Subsidy Scheme

Each year, 37% of people diagnosed with cancer in Queensland, more than 8,100 people, live more than 30 minutes from a facility where radiation therapy services are provided. Each year 62% of Queenslanders who die from cancer, more than 4,600 people, live in these areas. Many of these deaths can be prevented by improving access to cancer services through reform of Queensland Health's Patient Travel Subsidy Scheme. This proposal calls on all State Election candidates to commit to an increase of the accommodation and travel subsidy rates for regional patients, in order to prevent cancer deaths and improve survival rates for regional cancer patients.

The facts about access to cancer treatment

- Approximately 37% of people diagnosed with cancer in Queensland each year, more than 8,100 people, live more than 30 minutes from a facility where radiation therapy services are provided.
- Annually, an estimated 60% of these cancer patients, more than 4,800 people, will be required to travel at least one hour to access radiation therapy for cancer treatment, with more than 1,150 patients required to travel between four to six hours and over 800 patients required to travel more than six hours to access radiation therapy treatment.
- More than 3,650 Queenslanders who are diagnosed with cancer each year live at least two hours from their nearest radiation treatment centre.¹
- More than 1,650 Queenslanders who are diagnosed with cancer each year live at least four hours from their nearest radiation treatment centre.²
- Research suggests that people living in regional and rural areas of Queensland access cancer diagnostic and treatment services less than people from urban areas³ and that cost is a major barrier deterring regional people from accessing health services.
- A recent Queensland study demonstrated that mortality risks for people diagnosed with rectal cancer in Queensland increase on average by six per cent for every 100 km in distance a person lives from the closest radiotherapy facility.⁴
- Regional cancer patients who require radiation treatment in urban treatment centres are burdened by considerable costs associated with treatment, including income disruption, out of pocket medical expenses, accommodation and transport bills, and general expenses incurred while living away from home for significant periods.
- Evidence suggests that the perception of significant out-of-pocket costs can contribute to sub-optimal treatment decisions and/or non-compliance with medical recommendations⁵



and that financial distress has a significant influence on patients' decisions about treatment and recovery.⁶

- International studies have found that patients who are faced with high out-of-pocket cancer-related expenditures may restrict their use of effective prescription medications, raising questions whether regional and low income patients might forgo potentially beneficial treatments owing to concerns over the high expense of these treatments.⁷
- In Australia, there is growing evidence to suggest that financial concerns may cause some patients to entirely opt out of recommended treatments, potentially contributing to and partially explaining the poorer survival outcomes for rural cancer patients.⁸

The facts about regional cancer deaths

- Estimates suggest that about 9% of regional cancer-related deaths could be prevented if regional cancer survival rates were equal to the Queensland average. This means that an estimated 122 regional Queenslanders die of cancer each year because they live outside urban centres.⁹
- The risk of death within five years of diagnosis for Queensland men from remote areas is 37% greater than the risk of death for men who live in urban areas.¹⁰ The risk of death within five years of diagnosis for Queensland women from remote areas is 24% greater than the risk of death for women who live in urban areas.¹¹
- While there is some variation within areas, research shows that women diagnosed with breast cancer while living in outer regional areas of Queensland are about 33% more likely to die from their cancer within five years than those in South East Queensland. The survival gap for women living in remote areas of the state is even greater, at nearly 66%.
- In summary, Queenslanders who live outside South East Queensland or in disadvantaged areas are less likely to be alive five years after a cancer diagnosis.

The facts on cancer in Queensland

- Cancer is the largest cause of total burden of disease in Queensland, accounting for 18.4% of total burden.¹²
- Each year, more than 21,000 Queenslanders are diagnosed with cancer and more than 7,500 die of the disease.
- According to the *Queensland Statewide Cancer Treatment Services Plan 2008-2017*, Queensland's population has been increasing annually by 2.6 per cent, while the number of new cancer cases has been increasing by 3.5 per cent.¹³
- The incidence of new cancer cases in Queensland is expected to increase by at least 40% over the period 2006 to 2016. By 2016, it is projected that approximately 540 Queenslanders will be diagnosed with cancer each week, compared to 367 in 2004.¹⁴
- The rates of growth in cancer incidence, and survival rates, vary across cancer types and Health Service Districts. While the Southern Health Service District will retain the largest share of new cancer cases, the rate of increase is greater in the Central Area. It is expected that the Northern Area's share of new cancer cases will continue to account

for 13 per cent of the total, due to slower population growth and a younger population age profile.¹⁵

- In terms of the disparity in survival rate, there is a seven per cent difference between survival rates in Far North Queensland and South East Queensland, with five-year relative survival of 60% in Far North Queensland, compared to 68% for those in South-East Queensland.¹⁶
- According to 2007 statistics, there are an estimated 160,000 Queenslanders alive in Queensland who have been diagnosed with cancer since 1982.¹⁷
- More than 4,300 Queenslanders living in Outer Regional and Remote areas of the state are diagnosed with cancer each year, and more than 1,600 will die of the disease.¹⁸
- For some cancers, such as lung, oesophageal and cervical cancer, incidence is higher in more remote and disadvantaged areas of Queensland.¹⁹

The facts about inadequacy of support

- Funding provisions under Queensland Health's existing Patient Travel Subsidy Scheme have not increased since 1986, with the exception of one increase in the reimbursement for mileage, from 10 cents to 15 cents per kilometre. Over the same period, the cost of fuel has increased from about 45 cents per litre to about \$1.30 per litre.
- The Queensland Health Patient Travel Subsidy Scheme currently provides limited assistance to patients and approved carers of up to \$30.00 per person per night for commercial accommodation, for concession card holders. For non-card holders, patients and approved carers must meet the costs of the first four nights of accommodation in a financial year and are then eligible for assistance up to \$30.00 per person per night for accommodation.
- Evidence shows that the personal costs of a cancer diagnosis are significantly greater for regional Queenslanders, and more than 35% of regional cancer patients are also likely to experience clinically significant distress as an outcome of their cancer diagnosis.²⁰
- An Access Economics report published in 2007 found that on average, households could expect to forego \$47,200 if a member of the household was diagnosed with cancer.²¹ For regional patients, the costs are significantly higher.
- Based on the current average cost of accommodation in Queensland per night, patients undergoing eight weeks of radiation therapy away from home can expect to pay more than \$8,200 just for accommodation.²²
- Regional applications to Cancer Council Queensland's financial assistance program have more than doubled in recent years, suggesting that regional cancer patients are increasingly facing financial hardship as a direct consequence of cancer diagnosis and treatment.

- Evidence has also found that some eligible patients do not claim the subsidies they are entitled to because they are either not sufficiently aware of the scheme's existence or because the administration process is onerous for patients, many of whom are exhausted by cancer treatment and their dislocation from home.²³
- Studies of similar patient travel assistance schemes in other Australian states have found that only about 40% of regional patients receive the financial assistance they are entitled to and about 20% of these patients have difficulty claiming subsidies they are eligible for.²⁴
- The Federal Government's *National Service Improvement Framework for Cancer*²⁵ refers to a study of 192 patients who travelled for treatment, with one quarter of those surveyed identifying that they had never heard of the local assistance scheme. Scheme awareness was also identified as a major impediment to access in the Federal Government's *Radiation Oncology Jurisdictional Implementation Group Final Report*.²⁶
- Many cancers can be effectively treated if detected in early stages, making it imperative to improve access to health services for regional communities.

The facts about increasing access and cost barriers to all health care

- Out-of-pocket health care costs are reported to be the highest in Australia for any of the OECD countries, on a par with Greece and other countries that have less advanced health systems.²⁷
- Recent research conducted by Newspoll for *The Australian* newspaper found that more than one in five Australians (21%) describe the time they have to wait for GP treatment as unreasonable, a slight rise in the dissatisfaction levels reported in recent similar research.²⁸
- *The Australian* also found more than one-third of the representative sample of 1,207 adults interviewed said the time they had to wait has become worse instead of better in the past five years.²⁹
- According to *The Australian* 'A linked issue that also hinders access to care is cost, which emerges from the findings as another pressing concern'.³⁰
- Nearly one in five surveyed, or 19%, had delayed or avoided buying a non-prescription drug to save money.³¹
- 14% had delayed or avoided a recommended medical test, while 13% had put off seeing a doctor, and 13% put off buying a prescription drug, due to cost concerns.³²
- Nearly half the sample, 45%, had avoided at least one of these things in the previous 12 months to save money.³³

The facts about costs on the Queensland economy

- Beyond the tragic toll that preventable regional cancer deaths have on Queensland families and communities, the economic costs of poor regional cancer survival are high, including lost productivity, diminished general revenue, and inflated health system expenditure.
- Beyond the cost of cancer deaths, late diagnosis of cancer also carries a significant cost burden, requiring more extensive and complex treatment and follow-up care.
- Queensland's population growth and ageing, coupled with the significant increase expected in new cancer cases, make it imperative to improve access to cancer treatment services in order to control the burden of disease and protect community health.
- Increasing the travel and accommodation subsidy rates for regional patients would contain the economic costs, improve survival rates and treatment outcomes, and enhance the health and wellbeing of regional communities more broadly.

Fair subsidy rates

- Queensland Health's Patient Travel Subsidy Scheme must be reformed to improve access to cancer-related diagnostic and treatment services for regional patients.
- Subsidy rates for regional patients should be increased to reflect costs of living and the additional and substantial financial burden faced by regional patients:
 - The subsidy for accommodation should be increased from \$30 to \$60 per night for regional patients and their carers or escorts.
 - The subsidy for fuel costs should be increased from 15 cents per kilometre travelled to 30 cents per kilometre travelled.
- While these increases will not cover the full costs of accommodation and travel incurred by regional patients, the increase will ensure regional Queenslanders have improved access to appropriate treatment, safe and sustainable delivery of care, and efficient health services.

A call for reform

- Cancer Council Queensland calls on all State Election candidates to commit to reforming the Patient Travel Subsidy Scheme by increasing the subsidy rates in order to prevent cancer deaths and improve survival rates for regional cancer patients.
- Furthermore, increased subsidy rates must go hand-in-hand with a renewed capital works public funding commitment of \$21 million over four years towards the cost of establishing regional patient accommodation facilities in Brisbane.
- Cancer Council Queensland offers its full support to Members of a newly elected Queensland Parliament to enable the adoption of this proposal.



- ¹ According to figures provided by the Queensland Cancer Registry, in 2007 1,221 patients were diagnosed with cancer when living between one and two hours from a treatment centre, 1,617 patients were two to four hours from treatment, 2,094 patients between four to six hours from treatment and 912 patients live six or more hours from a treatment centre.
- ² According to figures provided by the Queensland Cancer Registry, in 2007 1,221 patients were diagnosed with cancer when living between one and two hours from a treatment centre, 1,617 patients were two to four hours from treatment, 2,094 patients between four to six hours from treatment and 912 patients live six or more hours from a treatment centre.
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