

National Optimal Cancer Care Pathways Framework

Online survey response

Submission by the **Australian Physiotherapy Association**

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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1. Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback on Cancer Australia's consultation on the National Optimal Care Pathways (OCP) Framework (the Framework), which is essential to standardising the approach to developing, updating, adapting, evaluating, and embedding OCPs into cancer care.

The APA welcomes further opportunity to contribute to this critical program of reform and every facet of the Framework, including the opportunity to join and contribute to the Cancer Australia's multidisciplinary Expert Working Group.

The APA supports the Framework and welcomes its prioritisation under the groundbreaking Australian Cancer Plan. It is fundamental to improving multidisciplinary, person-centred care and the patient experience, particularly for population groups with poorer health outcomes.

The APA supports the focus on priority populations in the first instance, however believe the priority population groups identified are too narrow. We recommend broadening the population groups to include those impacted by clear biases and barriers:

- Women – to help address medical misogyny and gaslighting, power imbalances and marginalisation imposed by primary caregiving roles, race, culture, age and gender;
- patients from lower socio-economic backgrounds – whose health outcomes are impacted by factors that may include drug and alcohol use, smoking, poor nutrition and lower access to care; and
- patients living in rural and remote areas – impacted by geographic barriers and lack of access to the full suite of cancer services accessible to those in metropolitan areas.

The OCPs are yet to be embedded in practice despite their critical role in ensuring consistent, safe, high-quality and evidence-based care throughout the cancer continuum. It is widely acknowledged that there are significant barriers to accessing high quality cancer care including inconsistency of approaches, lack of referral pathways and lack of funding across sectors.

Addressing the complex needs of people living with cancer exceeds the scope of any one health profession and clear and easily accessed pathways are vital to a collaborative approach.

It is imperative that the OCPs and Framework deliverables, including the national standards, acknowledge and make specific reference to individual healthcare professions such as physiotherapy, where appropriate, to better guide clinicians and consumers. To optimise care pathways and enable accurate data capture, the use of standalone generic terminology such as allied health should be avoided where it can be narrowed to specific professions or services.

Physiotherapists are highly qualified and Ahpra-regulated clinicians with diagnostic and clinical reasoning skills, well placed across the cancer continuum from prevention, prehabilitation and treatment to survivorship and end of life.

Significant investment is required in education of the health sector and consumers about the scope and skills of healthcare practitioners, and the services provided, and in supports for clinicians to effectively adopt the OCPs.

We support the development of digital tools for timely and appropriate referrals and effective multidisciplinary care. These tools must integrate with existing digital systems, including EMR in hospitals, myGov and My Health Record, to avoid overburdening clinicians and ensure continuity of care.

Critically, comprehensive and accessible education must be delivered to those living with cancer to assist in informed decision-making and foster confidence in their care throughout their cancer journey.

A more prescriptive skills focus supporting advanced scope roles that can facilitate multi-disciplinary, team-based approaches to enable high quality care is also required.

The document captures APA's responses to the consultation survey questions.

2. Physiotherapy and cancer

Physiotherapists play a key role in providing safe, individualised exercise prescription before, during and after cancer treatment. They are highly qualified to assess, treat and manage complex chronic co-morbidities.

Physiotherapists use a wide range of treatment techniques including strength, aerobic and balance training, hydrotherapy, Pilates for core and bone strengthening, lymphatic and pain massage and stretching.

Physiotherapists identify changes in a person's disease progression, management and care requirements, and provide timely support and referral to other members of the multidisciplinary care team. They work with people with cancer and their carers and families to optimise resilience, comfort and recovery, and foster a sense of control and purpose. Physiotherapists are also involved in prospective surveillance models of care for cancer survivors such as early detections and interventions with lymphoedema.

Despite exercise being identified as part of cancer care in Australia since 2020, access to cancer physiotherapy is still poor due to lack of and inconsistent funding and lack of integration of services. There is extensive research to support physiotherapy cancer rehabilitation and physiotherapists must be strongly supported in professional development and training to boost the cancer physiotherapy workforce.

3. Recommendations

The APA has identified a number of recommendations to support the implementation of the Framework:

Recommendation 1	Broaden the priority population groups to include those impacted by clear and specific biases and barriers – women, patients from lower socio-economic backgrounds, and those living in rural and remote areas.
Recommendation 2	Fund development of integrated and easily navigated digital tools to help embed the OCPs in practice.
Recommendation 3	Fund easy to understand and navigate educational resources to support informed decision-making by those living with cancer.
Recommendation 4	Invest in education of the health sector and consumers about the scope and skills of each healthcare profession and services
Recommendation 5	Support clinicians to embed the OCPs in their practice.
Recommendation 6	Embed multidisciplinary team-based care throughout all stages of cancer care.

4. APA's response to the consultation questions

Q1. Which elements of the draft OCP Framework do you think will make the most difference on cancer care and outcomes? Please select the top 3.

- National standards to develop and update OCPs
- Prioritisation for future OCP development
- National endorsement of OCPs
- Improving accessibility of OCPs for patients, carers and community stakeholders
- Improving functionality of the OCPs for clinicians
- Using data to evaluate OCP uptake and alignment with cancer experiences and outcomes
- Evaluation
- Governance arrangements

Why do you think these elements will make the most difference? See question above.

National standards to develop and update OCPs: This will ensure a consistent, time-critical and regulated approach at national level and ensure existing OCPs are reviewed and updated accordingly to a framework that aligns with the Australian Cancer Plan.

Improving functionality of the OCPs: OCPs have been developed over the last few years but an ongoing issue voiced by users of OCPs include the functionality of OCPs, with OCPs being an additional document or pathway for medical professionals to refer to and a process that adds time, administration and effort to existing workloads. OCPs are also not easily accessible and awareness of OCPs remains limited or poor.

Using data to evaluate OCP uptake and cancer experiences and outcomes: Creation of systems and minimum dataset collection is crucial in order to evaluate and improve current strategies to increase OCP uptake and investigate the impact of OCP uptake on overall cancer experiences and outcomes.

Q2. The draft OCP framework includes national standards so that OCPs are developed and updated in a consistent way (See - Section 5.1 of draft National OCP Framework). What other standards should guide the development and update of OCPs?

OCP standards should align with Australian Commission on Quality and Safety in Healthcare standards¹ wherever possible with regard to consistency and minimising duplication.

<https://www.safetyandquality.gov.au/standards>

Q 3. The draft OCP framework provides criteria to prioritise the future development and update of OCPs (See - Section 5.1 of the draft National OCP Framework). Are these criteria suitable? Are there additional criteria that should be included?

The APA believes the criteria are suitable and do not require further inclusions.

Q4 Governance of new and updated OCPs will include (See - Section 7 of draft National OCP Framework). Are there any other governance considerations to include in the OCP Framework?
Nil

Q5 The draft OCP framework includes ways to improve the functionality of the OCPs for clinicians (See - Section 5.2 of the draft National OCP Framework). Considering functionality, how can OCPs be embedded into clinical practice?

OCPs need to be embedded across all healthcare organisations delivering cancer care at any stage of the cancer continuum from hospital settings to community, home and residential aged care services.

OCPs can be embedded through electronic systems (EMR in hospitals) at specific time points of patient care (e.g. three month, six month, one-year review) or through patient's health records/care plan.

This also needs to be provided to patients, e.g. cancer record book that patient can bring to all appointments or access electronically through myGov coordinating various healthcare professionals that are involved in care.

Q6 What would be the best national quality indicators for OCPs?

1. Uptake of OCPs across all tumour streams and priority populations;
 2. Clinician Reported Experience Measures.
 3. Patient Reported Experience Measures and Patient Reported Outcome Measures
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Q7 Are you aware of any datasets that currently collect these indicators?

No.

Q8 What policy levers can be used to support OCP implementation?

The APA believes there must be a significant investment in the development of digital tools that embed OCP pathways into practice and integrate with existing software programs used in each setting including hospitals, by GPs and other clinicians to assist in referrals and multi-disciplinary approaches.

There is also a critical need for patient education to understand the role of individual healthcare professions and the services and care options available to them to ensure informed decision-making and enhance treatment.

Q9 Are there any other comments you would like to make?

The APA welcomes the opportunity to contribute further to this critical work.

¹ <https://www.safetyandquality.gov.au/standards>