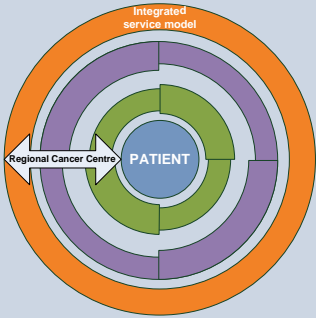


HEALTH & HUMAN SERVICES

**Model for Integrated Cancer Care in the
Grampians region
Final Report**

March 2011

GOVERNMENT ADVISORY SERVICES



Disclaimer

Inherent Limitations

This report has been prepared as outlined in the Scope Section. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, Ballarat Health Service, Grampians Integrated Cancer Service and other stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

KPMG is under no obligation in any circumstance to update this report, in either oral or written form, for events occurring after the report has been issued in final form.

The findings in this report have been formed on the above basis.

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This report has been prepared at the request of Ballarat Health Service and Grampians Integrated Cancer Service in accordance with the terms of KPMG's engagement contract dated 28 July 2010. Other than our responsibility to Ballarat Health Service and Grampians Integrated Cancer Service, neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

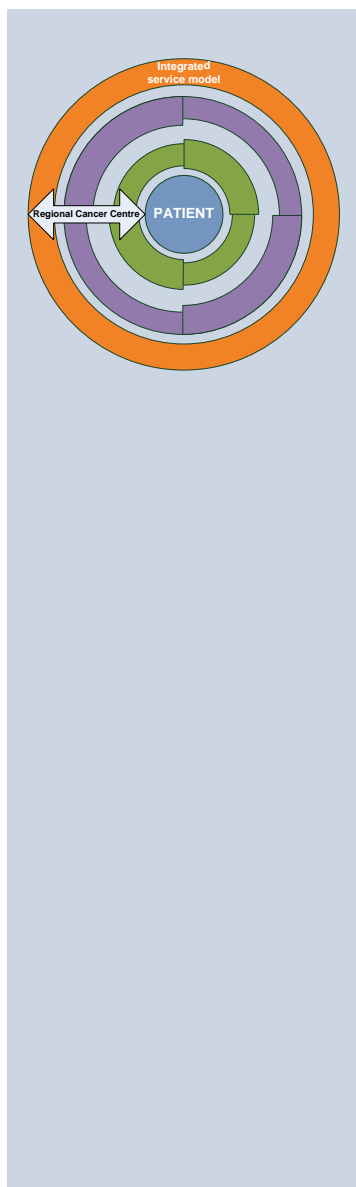
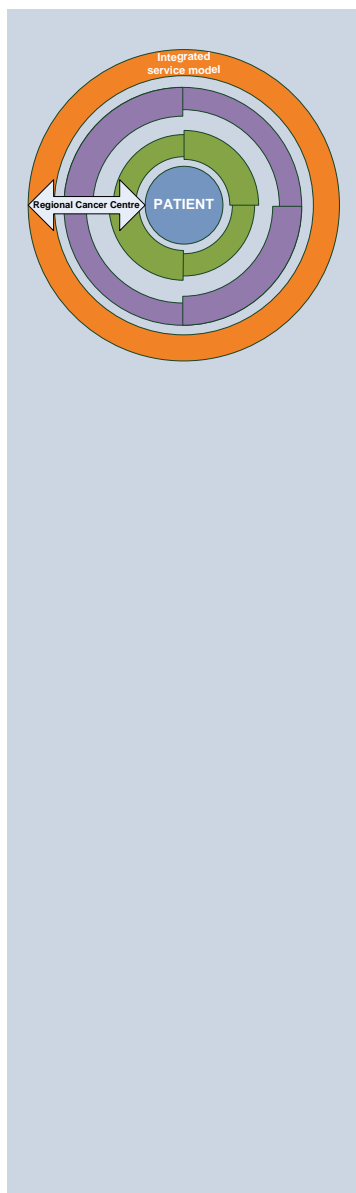


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Integrated model of care for cancer services in the Grampians

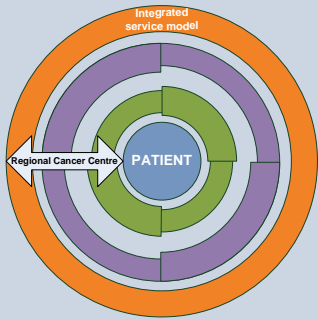


Glossary

BAROC	Ballarat Austin Radiation Oncology Centre
BOHS	Ballarat Oncology and Haematology Services
BOHS CTU	Ballarat Oncology and Haematology Services Clinical Trials Unit
BDPC	Ballarat Day Procedure Centre
BHS	Ballarat Health Service
BRICC	Ballarat Regional Integrated Cancer Centre
GICS	Grampians Integrated Cancer Services
CCO	Cancer Care Ontario
CC	Cancer Coordinators
(CSC	Cancer Support Community in the United States
CT	Computed tomography
GP	General Practitioners
IMG	International Medical Graduate

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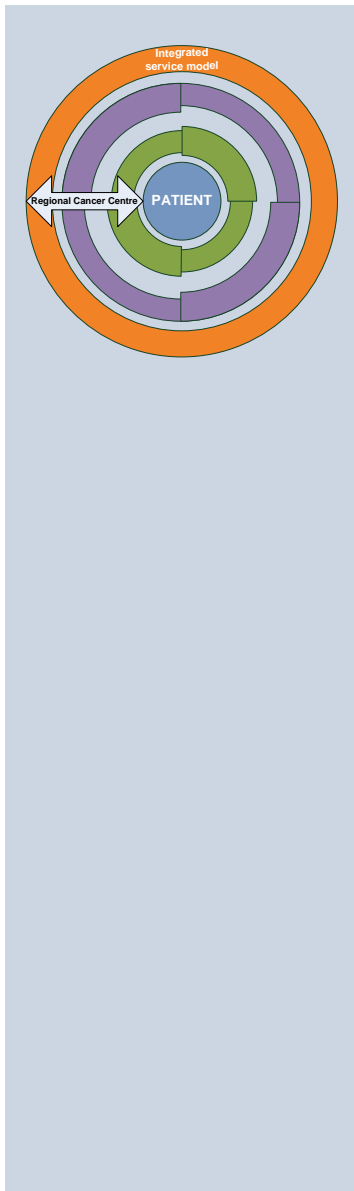
Integrated model of care for cancer services in the Grampians



IRSED	Index of Relative Socio-Economic Disadvantage
FTE	Full Time Equivalent
IT	Information Technology
LHNs	Local Hospital Networks
LINAC	Linear accelerator (machine used to deliver radiation therapy)
LHINs	Local Health Integration Networks
MBS	Medicare Benefits Scheme
MDM	Multidisciplinary Meetings
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
PACS	Picture archiving and communication system
VC	Videoconferencing
PET	Positron Emission Tomography
RCP	Regional Cancer Programs

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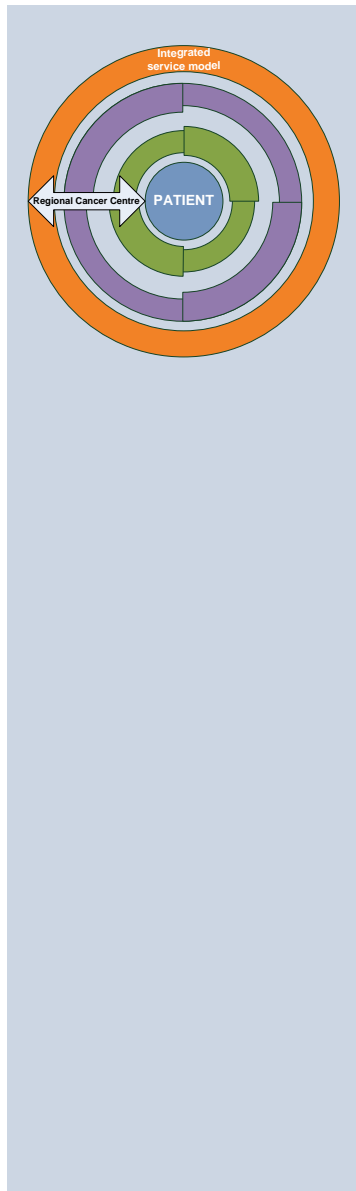
Integrated model of care for cancer services in the Grampians



BRICC	Ballarat Regional Integrated Cancer Centre
SJGHB	St John of God Hospital Ballarat
VMO	Visiting Medical Officer

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Integrated model of care for cancer services in the Grampians



Executive summary

KPMG was engaged by the Grampians Integrated Cancer Service (GICS) and Ballarat Health Services (BHS) to develop a model of integrated cancer care for the Grampians Region which acknowledged and incorporated the development of the Ballarat Regional Integrated Cancer Centre (BRICC). This final report builds on the findings of the Current State Assessment (Appendix A), the Literature Review (see Appendix B) and the consultations and other development work undertaken over the course of the project.

A model of care is a description of how care should be organised, and provides the clinical and organisational framework for the provision of r services.

The Grampians region is currently facing a number of challenges in relation to cancer service delivery. **Redefining the model of cancer care provides a chance to address these challenges** and be better positioned to maximise potential opportunities now and in the future.

These challenges include both projected population changes across the region, and increases in the incidence and prevalence of cancer. A number of opportunities are also available to the region including the significant investment of capital associated with the development of the Ballarat Integrated Cancer Centre,, emerging research around the benefits of healthcare integration and national and state health reform agendas. As a result, it is timely to review the model of care for cancer services across the Grampians region.

The findings of the current state assessment clearly indicate that **cancer care in Grampians region is generally of high quality; however there are, as is to be expected in any service, opportunities for improvement.**

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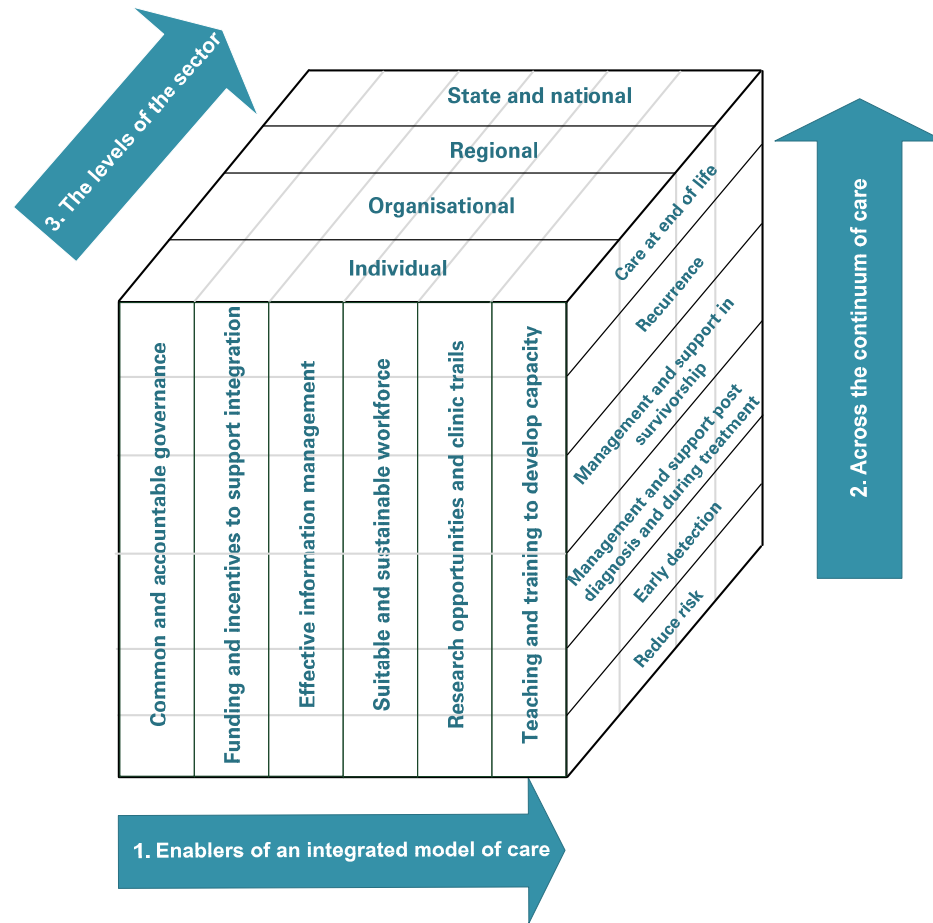
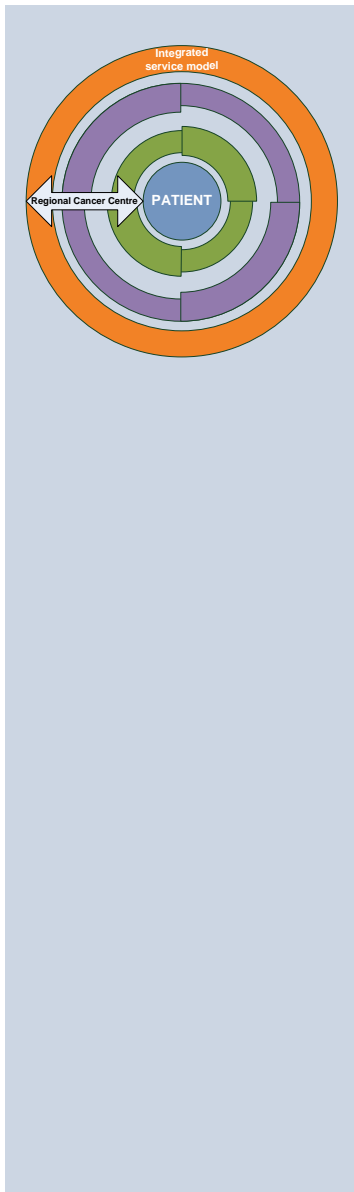


Figure i: Integration matrix designed in consultation with stakeholders in the Grampians region. Source: KPMG

A matrix model was used to develop an understanding of what integrated cancer care should look like in the Grampians region. Figure i is the matrix as it was designed and agreed with stakeholders during the consultation period. The matrix describes the enablers; continuum of care; and levels of the sector; and illustrates the various dimensions of the health care system.

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Integrated model of care for cancer services in the Grampians

A number of principles to underpin the model of care were articulated and agreed by stakeholders, these are shown in figure ii.

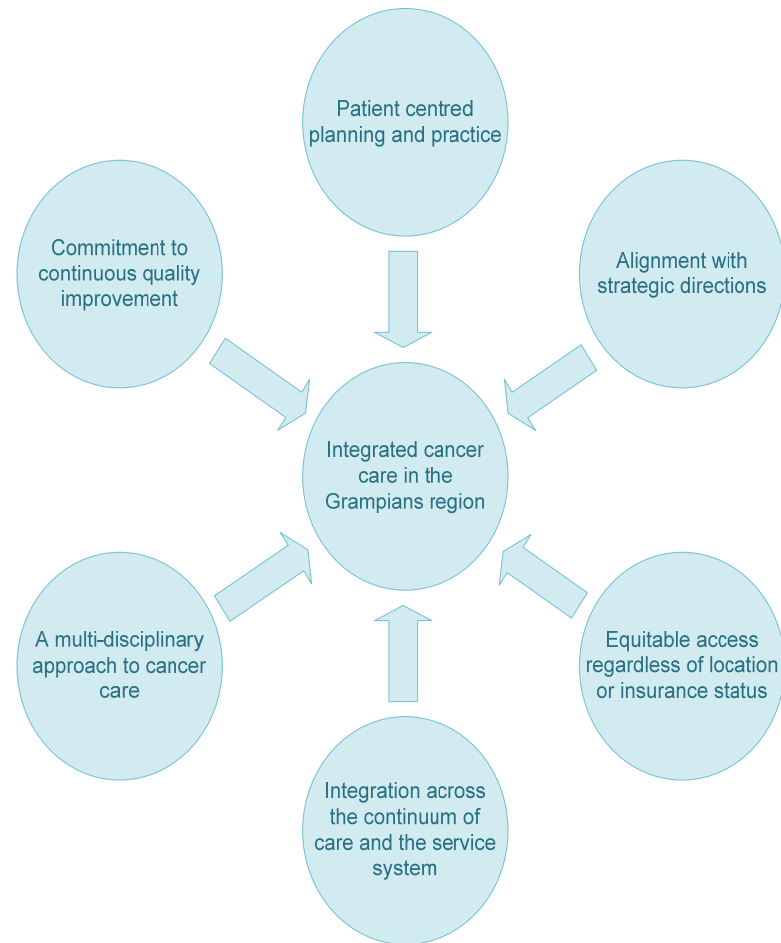
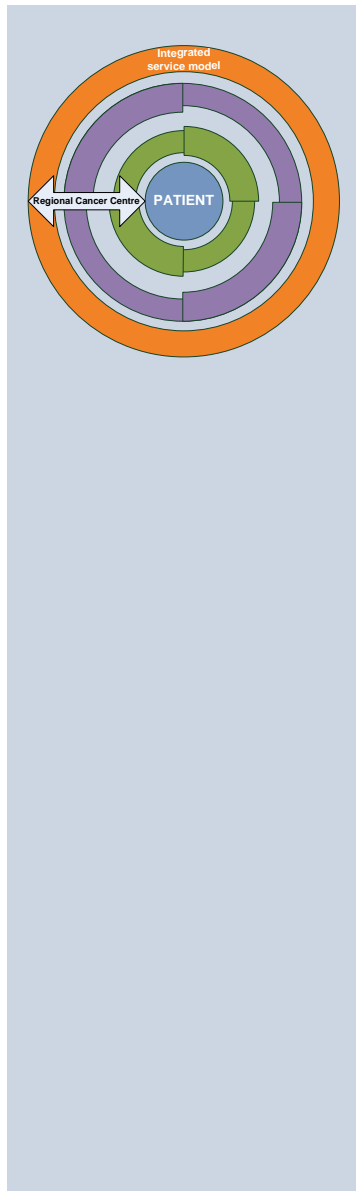
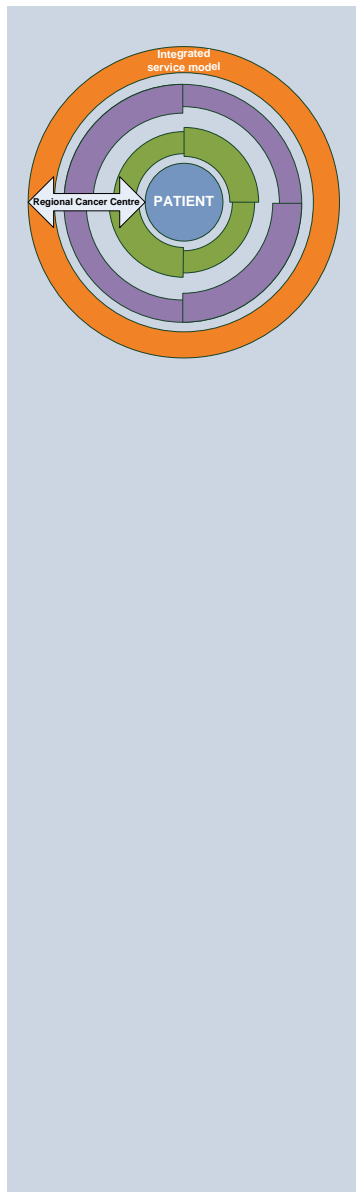


Figure ii: The principles which underpin the model of care. Source: KPMG.

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Integrated model of care for cancer services in the Grampians



The model of care proposed for the Grampians region is summarised in Figure iii below. The model emphasises **patient centred practice within a single integrated service model**. This does not mean that all cancer services are provided through one service or provider, rather it refers to achieving a consistent approach to providing services across a range of providers. Within the integrated service model partnerships, shared protocols, guidelines and care pathways and regional monitoring and review ensure consistency of care. A comprehensive service can directly improve access and use of existing resources and services as well as help reduce confusion about the service system. This is as relevant to providers as it is to the broader community. Participants and providers directly supporting the patient are their carers and family, the community, and the multidisciplinary team. Patients should have access to high quality care as close to home as is appropriate within existing constraints such as availability of equipment and resources. This might mean that people can access chemotherapy close to home while still travelling to access radiotherapy. Comprehensive screening for supportive care needs is in line with state strategic directions and is critical to ensuring holistic care for cancer patients.

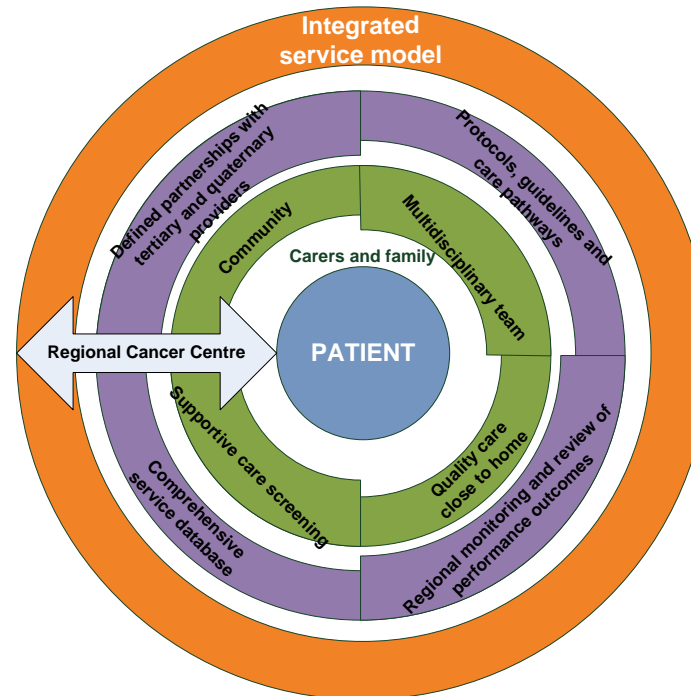
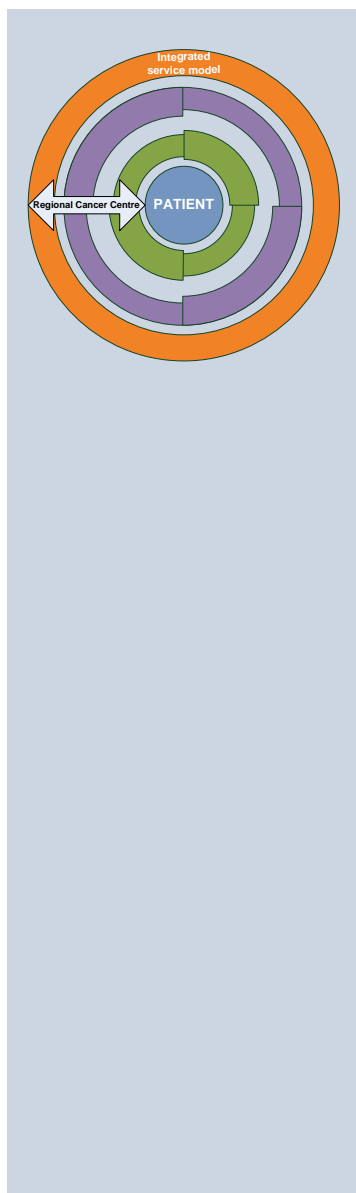


Figure iii: Model of Integrated Cancer Care for the Grampians region. Source: KPMG

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Integrated model of care for cancer services in the Grampians



Recommendations

Provision of cancer care in Grampians region was found to be generally very good as reflected by positive stakeholder and consumer consultations. The model of care project has therefore focused on developing solutions to gaps and issues identified throughout the project. Fourteen recommendations have been developed to guide the implementation of improvements to the model of care:

Recommendation 1 - Enhance care by redefining the approach to multidisciplinary collaboration. Review the MDM terms of reference, with consideration of key structural elements which aim to support improved efficiency and effectiveness of the MDMs.

Recommendation 2 - Improve the consistency of care and the patient journey across the region.

Recommendation 3 - Engage the entire region in the development of the BRICC.

Recommendation 4 - The region should position itself to capitalise on existing and new funding incentives to enhance integration.

Recommendation 5 - Improve the way information about the service system is communicated and made available to providers and the community.

Recommendation 6 - Empower patients to manage their information and become active participants in their treatment journey.

Recommendation 7 – Enhance the use of technology across the region to support integration.

Recommendation 8 - Increase collaboration and opportunities for partnership between public and private providers and between the various public providers.

Recommendation 9 – Enhance the role of Cancer Nurse Practitioners (CNPs) to support a patient centred approach to cancer care across the region and improve integration.

Recommendation 10 - Enhance the role of primary care providers in the cancer journey

Recommendation 11 – Implement a regional approach to workforce planning including recruitment, retention and basic training.

Recommendation 12 - Improve research capacity in the region.

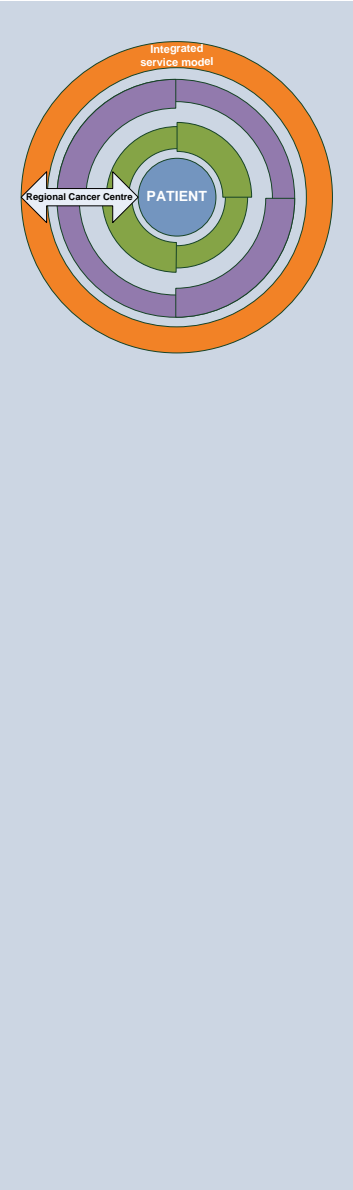
Recommendation 13 - Facilitate greater access to clinical trials across the region.

Recommendation 14 – Consider the leadership role the BRICC and GICS can take in providing consistent training and professional development across the region.

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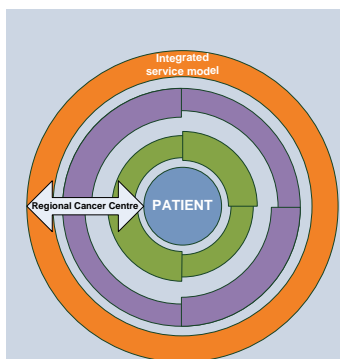
Integrated model of care for cancer services in the Grampians

For a more detailed discussion of the specific implementation actions under each of these recommendations please turn to section 3.1: Implementation - recommendations on implementing and embedding the model now and in the future on page 30.



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Model of Integrate Cancer Care in the Grampians region



1. Introduction

This section provides an overview of the development of a model of care for integrated cancer services in the Grampians region. It provides details of why a new model of care is required for the region, what the new model of care will offer, and the scope and objectives of the project to develop the new model of care.

1.1. Project overview

KPMG was engaged by the Grampians Integrated Cancer Service (GICS) and Ballarat Health Services (BHS) to develop a model of integrated cancer care for the Grampians Region, acknowledging and incorporating the development of the Ballarat Regional Integrated Cancer Centre (BRICC).

The objective of the project was to develop a model of integrated cancer care which will:

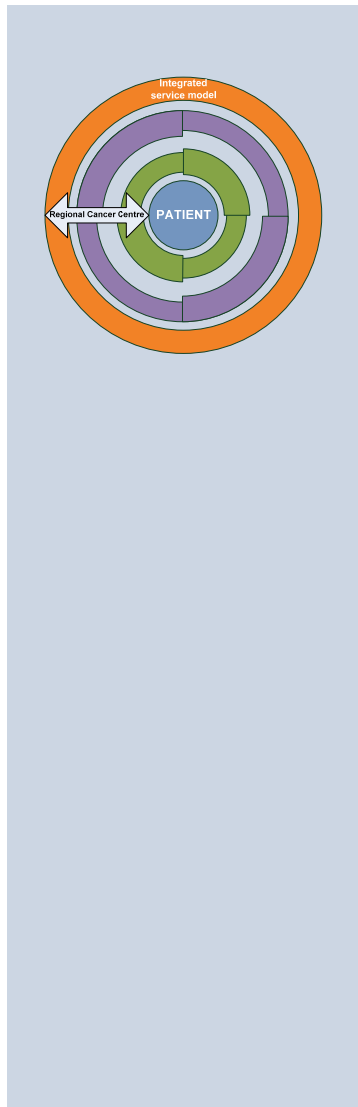
- provide a framework for delivery of integrated cancer services across the region that will assist the development of the organisational model for the proposed BRICC and other elements of the service system related to patient care;
- advise on optimal arrangements for the provision of care which will maximise timely access, safety and quality of care, efficiencies for service delivery and coordination and continuity of care associated with an integrated model;
- advise on the development of relationships/partnerships with local, specialist, tertiary and private service providers;
- advise on integrating teaching, training and research activities across service providers;
- provide an implementation plan with short, medium and long-term strategies and milestones, for moving health services and other stakeholders and service providers towards the recommended service configuration and operational model;
- recommend activities required to re-orient business related functions that support the proposed model of care; and
- undertake critical analysis of any impacts of any proposed model to cancer care providers across the region.

The project involved a five-stage approach. The five stages included:

- **Stage 1** – Project initiation: this included project initiation meeting and project plan.

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Model of Integrated Cancer Care in the Grampians region



- **Stage 2** – Current state assessment: this included discovery consultations, documentation review, projection and capacity analysis and presentation/validation workshop (Appendix A).
- **Stage 3** – Literature scan/best practice models of regional cancer care (Appendix B).
- **Stage 4** – This stage was initially planned to include an options workshop, however it was agreed with the Advisory Group that a series of focus groups followed by a workshop was more appropriate (Appendix C describes the development of the model of care).
- **Stage 5** – Final report and presentation of preferred model.

1.2. Why a new model of cancer care for the Grampians region?

The Grampians region is facing a number of potentially defining challenges and opportunities in relation to cancer care, and redefining the model to enhance integration provides a chance to meet these challenges and capitalise on opportunities as they present. Some of the key challenges include:

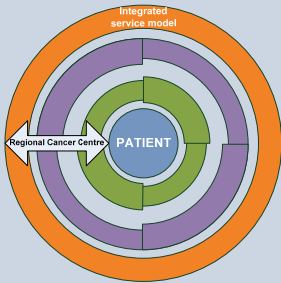
- projected population increases in some areas and population decreases in others;
- increasing incidence of cancer, in line with both population increases and the age profile of the community;
- ongoing disadvantage for many Grampians residents;
- continuing challenges in providing care to people who live a long way from services; and
- challenges associated with the ageing profile of the workforce, recruitment and retention of suitable staff, particularly in more remote areas.

Importantly there are as many opportunities as there are challenges, and an integrated model of care will provide a platform from which cancer care planners and providers can position themselves to make the most of the opportunities available, and ensure that all Grampians residents have access to the best possible cancer care now and in the future. Key opportunities include:

- the significant investment of capital associated with the development of the \$55 million Regional Integrated Cancer Centre (BRICC);
- trends and developments in clinical practice which will continue to improve the way cancer is diagnosed and treated;

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Model of Integrated Cancer Care in the Grampians region



- the large volume of international and Australian research and case studies which show that re-organising services to improve integration can provide a better experience for patients and achieve efficiencies for the entire system, the Grampians can draw on the learnings of others;
- emerging technology based solutions to improve integration and overcome the tyranny of distance;
- federal government investment in health reform and initiatives to support integration, including Local Hospital Networks (LHNs) structure, Medicare Locals, ongoing support to integrate primary and secondary providers through funding incentives; and
- opportunities associated with the state government's response to the health reform agenda.

1.3. What will the model of care offer?

A model of care is a description of how care is managed and organised, and provides the clinical and organisational framework for provision of cancer care. In practice, the objective of developing a model of care is to ensure people get the right care, at the right time, by the right team and in the right place.

Whilst providing a framework for the delivery of integrated cancer services across the region, the model of care will have to consider major factors such as workforce, facilities; population growth, teaching, training and research and new technology as well as partnership and relationships with local, specialist, tertiary and private service providers.

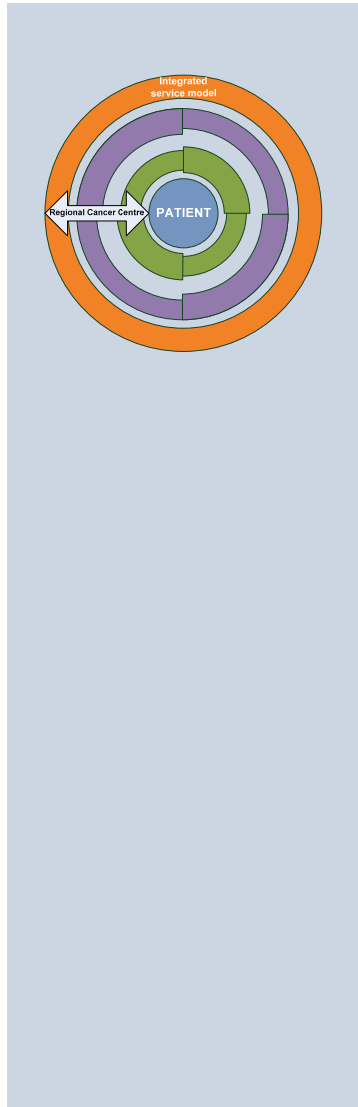
The development of an integrated model of care for cancer services in the Grampians region provides a unique opportunity to undertake a collaborative process to review and redesign how cancer services will be delivered. The model of care can articulate a shared understanding and principles to underpin:

- a whole of region approach;
- how care is provided across the full continuum of care including prevention, detection, management and support during treatment, management and support between and after treatment, care at end of life; and
- the way support services and health providers in the community, public and private health care sector can work together.

There are some aspects of cancer care which will not be directly addressed by this model of care. Prevention is an important part of cancer management, and is provided primarily through state and national public health initiatives, and by Divisions of General Practice and Primary

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Model of Integrated Cancer Care in the Grampians region



Care Partnerships in the Grampians region. Prevention will be acknowledged within the model of care, but direct recommendations will not be made. In addition, internal management of the Wellness Centre is out of scope for the purposes of this project. It is understood that assessment regionally of complementary care requirements will be taken into consideration during the Wellness Centre operational development. There are currently working groups engaged in developing service specifications for the wellness component of the BRICC, and recommendations made in this report with regard to the wellness are for the consideration of these groups.

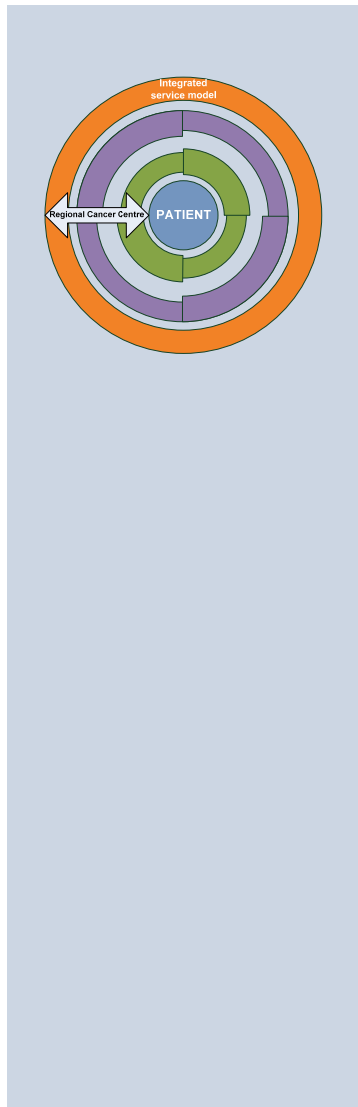
1.4. Structure of this report

This report includes the following sections:

- an executive summary
- this introduction, which includes an overview of the project, rational for the development of the model of care and a discussion of the scope;
- a description of the development of the model of care
- a description of the model of care itself including illustrative diagrams;
- advice around implementation of the recommendations, including identification of responsibility, enablers, challenges and timeframes;
- a discussion of the implications of implementing the recommendations;
- a concluding statement;
- Appendix A –Current State Assessment (including an Executive summary);
- Appendix B – Literature review (including summary); and
- Appendix C – Development of the model of care.

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Model of Integrated Cancer Care in the Grampians region



2. The model of care

This section describes the proposed model of integrated cancer care for the Grampians region. Six guiding principles are identified and explained, and the critical components of an integrated model of care are described.

2.1. Principles of a model of integrated cancer care for the Grampians region

A set of guiding principles provide direction and describe the overall aim of the model of care. The following six principles were developed through the consultation process and agreed by the GICS Executive and the project Advisory Group:

Patient centred planning and practice

Care is organised around the patient (or community) rather than around the system. Planning of new services, systems and collaborations should centre on meeting the needs of patients in the most effective and efficient way possible.

Patient centred planning and practice should occur across the continuum of care and should be a key focus at the individual, organisational and regional levels.

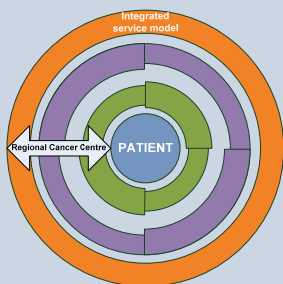
Patient centred planning requires active and ongoing consumer participation in the design, implementation and ongoing review of the way services are providing in the region. In this context all consumers and potential consumers (ie all community members) should be considered as 'patients'.

Patient centred practice is about building a partnership between the patient and the clinician, and is particularly relevant to cancer patients because of their often complex needs and the significant implications of the disease and treatment regimes. Providing patient centred care is also about empowering and enabling patients, families and providers to understand and participate in the cancer journey. Patient centred cancer care should include the following:

- two way communication to explore what the patient wants to get out of their appointment or encounter, what their central concerns are and what information they are looking for;
- seeking to understand and acknowledge the patient's perspective of their diagnosis and their needs;
- forming a shared understanding of the problem and a mutually agreeable treatment plan;

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Model of Integrated Cancer Care in the Grampians region



- incorporation of principals of prevention and health promotion at all stages to benefit the patient; and
- valuing and nurturing the relationship between the patient and clinician.¹

All of these considerations need to be balanced with an understanding of the reality of resource and time limitations, and the principal of offering equitable service to all.²

The benefits of patient centred care can include enhanced engagement in treatment and compliance and improved clinical and quality of life outcomes for patients and their carers. The current state assessment identified that patient centred planning and practice is often strong towards the end of life, and could be strengthened at the diagnosis, referral and commencement of treatment stage along the continuum of care.

Alignment with strategic directions

The model of care is consistent with strategic directions set by the Federal and Victorian governments, with particular reference to the following policies:

- ***Clinical excellence in cancer care: A model for safety and quality***
- ***Victorian Cancer Action Plan 2008-2011***
- ***Achieving best practice cancer care: A guide for implementing multidisciplinary care***
- ***Linking Cancer Care: A guide for implementing coordinated cancer care***
- ***Providing optimal cancer care: Supportive care policy***
- ***Rural directions—for a stronger healthier Victoria.***

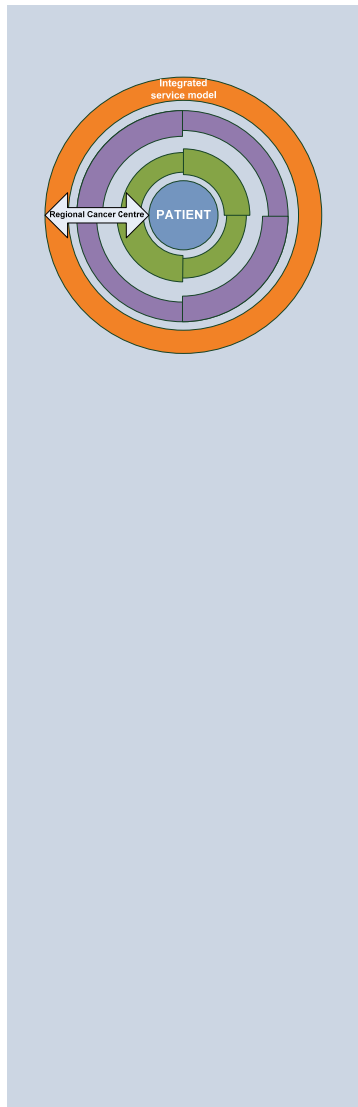
While policy directions may change over time, it is important the Grampians model of cancer care continues to be refined and implemented in a way which is consistent with national and state policy around provision of cancer care and broader health reforms. Consistency with

¹ Little P, Everitt H, Williamson I, Warner G, Moore M, Gould C, et al. Preferences of patients for patient centred approach to consultation in primary care: observational study. *BMJ* 2001; 322:468–472.

² Brown J, Stewart M, Tessier S. Assessing communication between patients and doctors: a manual for scoring patient-centred communication. London: Thames Valley Family Practice Research Unit, 1995 (Working Paper Series 95-2).

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Model of Integrated Cancer Care in the Grampians region



policy directions allows the region to leverage off learnings from other jurisdictions and funding incentives to support change in line with strategic directions.

Equitable access regardless of location or insurance status

Each provider and organisation is committed to ensuring that all Grampians residents have access to high quality integrated cancer care, regardless of where they live or their insurance status, and can move smoothly between providers.

This concept was widely identified by consumers and providers alike as a critical consideration. Ensuring equitable access and consistency of care of all patients is critical to the success of an integrated and fair model of care. Various stakeholders raised concerns around a lack of consistency of care depending on where and how people access cancer services.

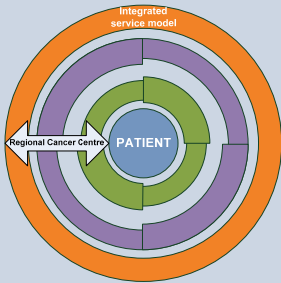
Throughout the stakeholder consultations, it was recognised that the provision of public outreach services provided to patients within the region is limited. Greater involvement by BHS in outreach service delivery was identified as one way to expand existing service levels, improve access, reduce unwonted clinical variation, minimise cost differentials across the region and improve relationships and communication between service providers (see Recommendation 2). A Nurse Practitioner model could offer location based support for outreach.

An existing barrier to BHS engaging in outreach relates to the funding of public outreach services. There are two financial models commonly used in similar service provision situations to facilitate the funding for public, outreach based chemotherapy and associated care.

- The first option involves a hub and spoke model whereby the patients receiving the care in the outreach locations are admitted under BHS, thereby providing BHS with the necessary recurrent inpatient (WIES) and outpatient (VACS) funding directly. This option would see services being delivered by BHS and utilising (renting) capacity at the local outreach sites hosting the service. BHS clinical staff would provide the clinical services and BHS would take responsibility for equipment capital associated with the provision of services.
- A second option would involve a contractual, possibly fee for service, arrangement between BHS and the local outreach provider. This would also see BHS staff providing the direct clinical services to the local patients admitted by local health services on a fee-for-service or contractual basis. In this scenario, patients would still be admitted by the local health service, which would receive all related inpatient (WIES) or outpatient (VACS) funding. Payment to BHS would be agreed on either a cost of service recovery basis or through the transfer payment of any inpatient and outpatient funding received by the local health services. The responsibility for maintaining capital infrastructure and equipment would remain with the local health service.

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Given that publically available chemotherapy is already provided at the likely host sites through a fee-for-service arrangement with BOHS the second option may be more easily implemented. Aside from funding arrangements, a number of other issues around supporting patient choice, shared care arrangements and provision of nursing and allied health would also need to be considered.

Regardless of the arrangements implemented, partnerships with tertiary and quaternary service providers should still be formalised outside of the region to improve continuity of care and support local clinicians (see Recommendation 2). A number of partnerships currently exist including between BAROC and the Austin in addition to other less formal relationships. These existing linkages can be leveraged and formalised to enhance continuity of care.

Reducing unwanted clinical variation can be achieved through development of shared protocols which are developed to guide practice where evidence exists to support decision making. Shared protocols should be developed and updated in collaboration with relevant clinician working groups and should be validated by MDMs. Making the protocols available in electronic format can ensure that all providers can access the most current protocols easily. The protocols could include guided assessment questions to provide a standard approach to assessing patient symptoms and making appropriate dispositions (see Recommendation 2).

Clinical content in the protocols should be reviewed regularly by content experts and updated simultaneously to reflect new standards and/or best practices. Providers around the region should routinely consult the GICS to ensure front-line advice is congruent with the current best practice for a particular intervention

Business and clinical processes used to refer people to regional services should be identified, documented and, where possible, standardised to ensure all staff are providing reliable and practical information.

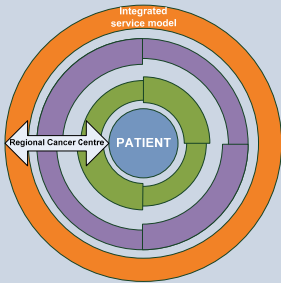
Other tools and processes used to standardise practice include common orientation to practice, common staff appraisal tools and standards, common discussion of practice innovation and operational issues, and standardised monthly and annual reporting to all stakeholders (see Recommendation 11).

Integration across the continuum of care and the service system

Cancer care is integrated across the continuum of care from prevention and health promotion to palliative care and survivorship, and across the health sectors including community, primary, secondary and tertiary care.

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Cancer treatment is often complex due to the range of different services available to support care, and the likelihood that patients will need to access more than one treatment type across surgery, medical oncology, radiation oncology, various diagnostics and so on, all provided by different groups. A patient's journey will take them to many providers along the continuum of care, but they will also move between health settings such as hospital, primary health and community care. It is not surprising that consumers report a level of confusion and distress caused by this complexity. Even small improvements to integration can make a big difference to a patient's experience and the impact of the disease on their lives.

A multi-disciplinary approach to cancer care

Cancer care is delivered through multi-disciplinary collaborations which enhance patient experiences and outcomes and which foster excellence within the regional health profession.

In line with best practice in delivering cancer care, the multidisciplinary approach to planning and provision of treatment is an important part of cancer care in the Grampians currently, and will continue to be so in the future. Bringing together a range of professionals to deliver coordinated, individualised patient care from planning through to treatment, multidisciplinary teams are a mechanism for improving integration, ensuring consistency of care and improving outcomes for patients.

Commitment to continuous quality improvement

All providers and organisations display a strong commitment to providing best practice cancer care through engaging in continuous quality improvement including peer review.

A commitment to continuous quality improvement is a hallmark of a good health care system. An active continuous quality improvement agenda ensures that patients can expect consistent care in line with best practice. While quality improvement is usually undertaken at an organisational level, in order to achieve integration across the Grampians a regional approach is needed (Recommendation 1).

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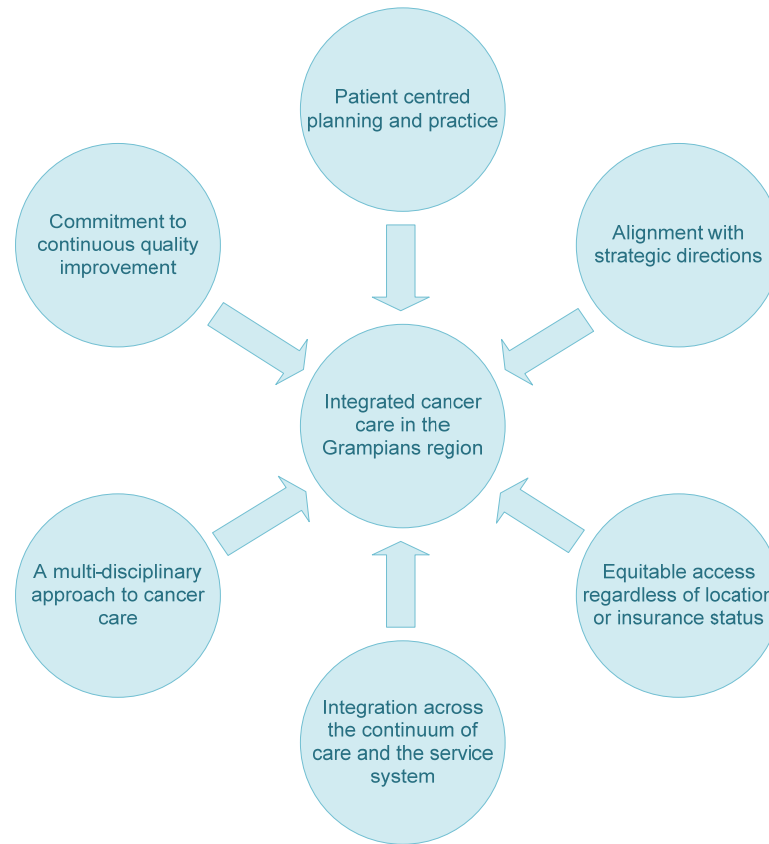
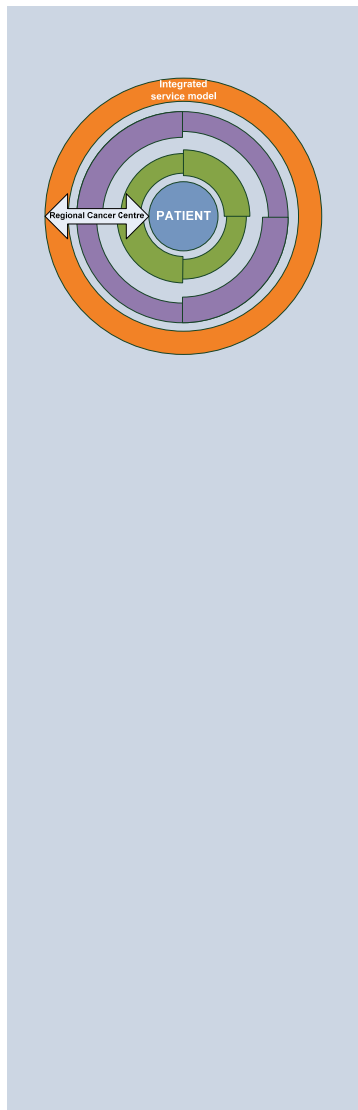
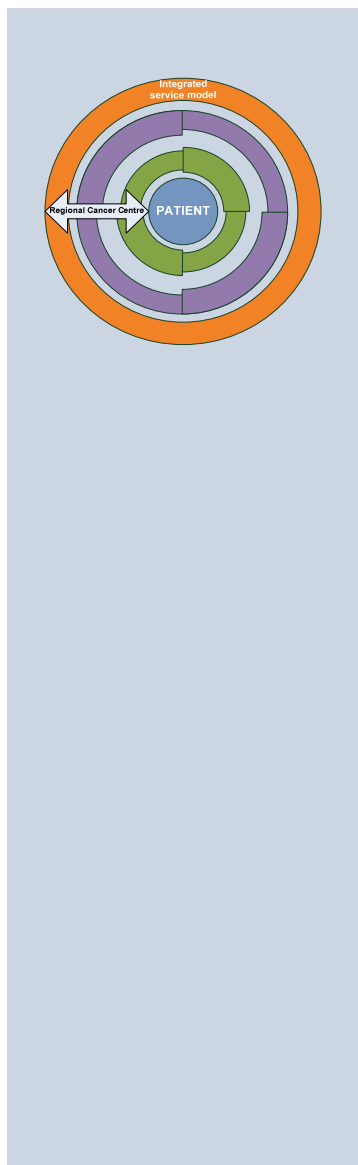


Figure 1: The guiding principles of the model of integrated cancer care for the Grampians region. Source: KPMG

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Model of Integrated Cancer Care in the Grampians region



2.2. The enablers of an integrated model of cancer care

Common and accountable governance – clinical and executive leadership

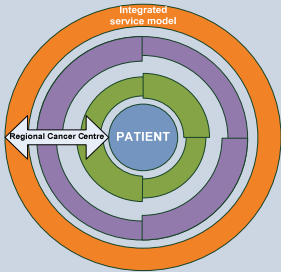
Services planned, funded and organised at the regional level will be the most likely to result in long term:

- equitable resourcing and access to services;
- provision of appropriate services to meet local needs;
- the best integration of services;
- the best basis for engagement with community; and
- accountability for performance.

Ultimately, regional governance of cancer care should extend to and interconnect with all health services, including the essential hospital, emergency and specialised services that are necessary for high quality cancer outcomes. There are several ways to achieve this, including through the creating of a new single body which shares governance responsibility across organisations and can allocate resources across the region, creation of a new body which has its own funding pool and has responsibility for areas of business overlap or through an agreement between organisations to allocate resources in a coordinated way across the region whilst maintaining independence.³ The most appropriate of these options for the Grampians region is the third option, where organisations which deliver cancer services maintain independent funding and governance structures, but come together to implement an integrated approach to providing cancer care across the region. The Integrated Cancer Service provides an existing mechanism to achieve this. Clinical governance includes the domains of continuous quality improvement, education and training, clinical audit, clinical effectiveness, research and development, openness, risk management. While this may occur effectively at an organisational level, a regional approach to clinical governance is needed to ensure consistency of care is achieved across the region. Development of shared expectations, regional accountability and mechanisms to elevate issues beyond the personal sphere are all important ways to implement a regional approach to clinical governance (see Recommendation 2).

³ Jackson C, Nicholson C, Doust J, O'Donnell J, and Cheung L, 2006. Integration, co-ordination and multidisciplinary are in Australian: Growth Via optimal governance arrangements. Australian Primary health care Research Institute, the University of Queensland.

Model of Integrated Cancer Care in the Grampians region



Funding and incentives to support integration

The way in which organisations and individual providers are funded to provide care can either be a powerful incentive or a significant barrier to improving integration. A misalignment of funding and incentives with a strategic move towards integration is likely result in a failure to fully actualise the goal of integration. Funding models have a significant impact on the viability of providing services in an integrated way, such as through providing regional outreach. However, as reflected above, a number of scenarios currently exist to bridge the financial barriers between clinical providers and local host services through either contractual or hub and spoke arrangements.

While individuals and organisations may have a willingness to collaborate and provide services in new and innovative ways, if these models are not financially viable they will not be implemented.

At the regional level funding incentives cannot be altered significantly. However, developing a clearly defined approach to integration and tracking progress to identify success and barriers may allow the region to build a business case to influence future funding directions. This type of action requires strong local leadership. Working with other regional Integrated Cancer Services (ICS) to identify funding incentives and disincentives should strengthen the capacity of individual ICS to leverage existing opportunities and influence the development of new directions.

Importantly, providers in the Grampians region must position themselves to take advantage of new and existing opportunities to access funding which supports integration as it becomes available (see Recommendations 4 and 7).

Effective information management

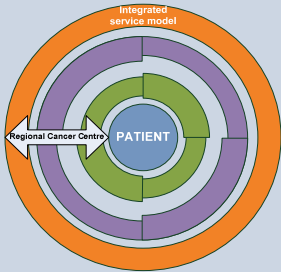
Effective management of information to support integration needs to occur at various points in the system. The availability and accessibility of information to support patient understanding and choices, is as relevant as the sharing of diagnostic results between providers across different settings to minimise the need for duplication. The collection, storage, retrieval and ownership of information are all key considerations. Effective management of information can enable integration, often through use of technology based tools to support timely access to information to support decision making.

Suitable and sustainable workforce

Maintaining a suitable and sustainable workforce involves targeted and active recruitment, providing a rewarding working environment, including professional development and opportunities for career development and effective succession planning.

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In the Grampians, different areas face different challenges to maintaining the cancer workforce. In the Wimmera the population is set to decrease in the future, and is aging rapidly. This has significant implications for the sustainability for the workforce over time. The Wimmera is sparsely populated and a long way from Melbourne, making it an unlikely destination for young professionals to relocate to. However the Central Highlands, which includes Ballarat, is experiencing population growth, and is in many ways a more desirable location to live due to the close proximity to Melbourne and the facilities and services in Ballarat itself.

A regional approach to workforce provides benefits, including a larger pool for recruitment and flex capacity when needed (see Recommendation 11).

Research opportunities and clinical trials

Maintaining a suitable and sustainable workforce is strongly linked to provision of opportunities to engage in research and other professional development opportunities. Working in a regional setting can be made much more attractive if there are at least comparable and preferably better opportunities for clinicians to engage in their own research or at to participate in research occurring in the area. The benefits of a strong research program will extend to patients, clinicians and the system more broadly (see Recommendation 12).

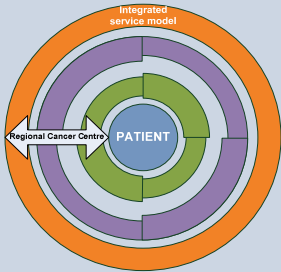
Ideally research should be conducted across the continuum of care to include the use of diagnostic technologies, medical and radiation oncology, allied health and supportive care. Access to clinical trials should be consistent and coordinated across the region in order to offer the best opportunities to patients in an equitable manner and to advance the trials themselves. Defined partnerships across settings and with tertiary and quaternary service providers outside the region can result in greater opportunities to access clinical trials (see Recommendation 11).

Teaching and training to develop capacity

Closely linked to maintaining a suitable and sustainable workforce, and to ensuring access to equitable high quality care in line with the principles outlined in section 2.1, offering comprehensive teaching and training opportunities to the medical, nursing, allied health and supportive care providers in the region is a key enabler. A regional approach to teaching and training provides opportunities to achieve economies of scale and to offer a broader and richer program to providers across the region. Furthermore, coordinated training opportunities represent an important networking opportunity and can create trust and understanding between providers, which ultimately supports integration. Defined partnerships across settings, and with tertiary and quaternary service providers outside the region allows for sharing of resources and improves access to training and research opportunities for clinicians (see Recommendation 14).

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2.3. Integration across the continuum of care

Integration across the continuum of care means that cancer patients experience the same benefits associated with integration at each stage of their cancer journey. From the patient perspective, each stage presents a different set of challenges and requires that they learn and navigate a new part of the service system. True integration across the continuum has the potential to empower patients to move confidently between services and providers. Integration across the care continuum should be supported by improved information sharing processes and single-point-of-access solutions.

A number of solutions are possible, including a shared plan of care between the primary healthcare provider and cancer care providers, which exists as part of the patient record and can promote a consistent approach to patient care (see Recommendation 2).

Electronic patient records are a powerful way to integrate across the continuum of care, however a number of challenges around privacy and integrity of information must be considered. More simple solutions, such as enabling nurses to securely fax patient clinical information from their desktop to other providers anywhere in the region when follow-up is required by another healthcare provider, can also achieve integration. This reduces the need for the client to repeat 'their story' and provides for continuity of care.

Central access could be used by patients, primary care providers and other health providers across the region as a single point-of-contact to a growing number of programs and services provided in the Grampians region. Central access not only improves continuity of care but also helps to maximize the use of resources by managing a single wait list for multiple program sites. While there are many challenges around implementing IT systems which can achieve this level of integration, people based solutions, such as Cancer Coordinators, are also viable alternatives (see Recommendation 9).

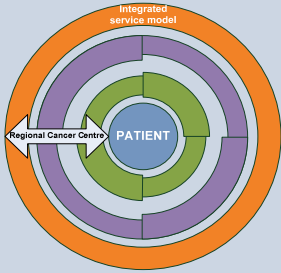
A comprehensive online database of all health and human services offered in the Grampians region could present an important tool for organising and integrating the care continuum (see Recommendation 5). Work has already been undertaken by GICS to develop a service directory. Issues around maintaining information and promote use of such a database need to be addressed to ensure the success of this initiative.

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2.4. Integration across the levels of the sector

System integration can only be achieved when all level of the sector are working towards common goals. If individuals are not committed to integration, then the actions of regional leadership or organisations are likely to fail. Similarly, the commitment of individuals or organisations can be undermined by regional or state strategic directions. Planning and sustained action across all levels is necessary to achieve true integration.



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2.5. The proposed model in summary

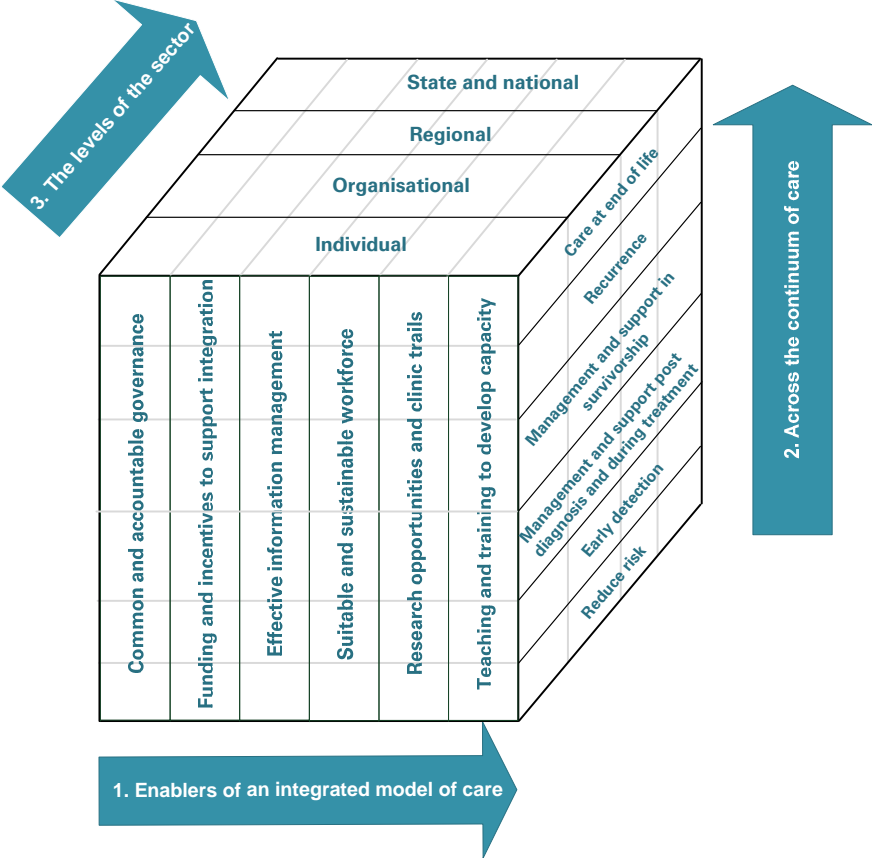
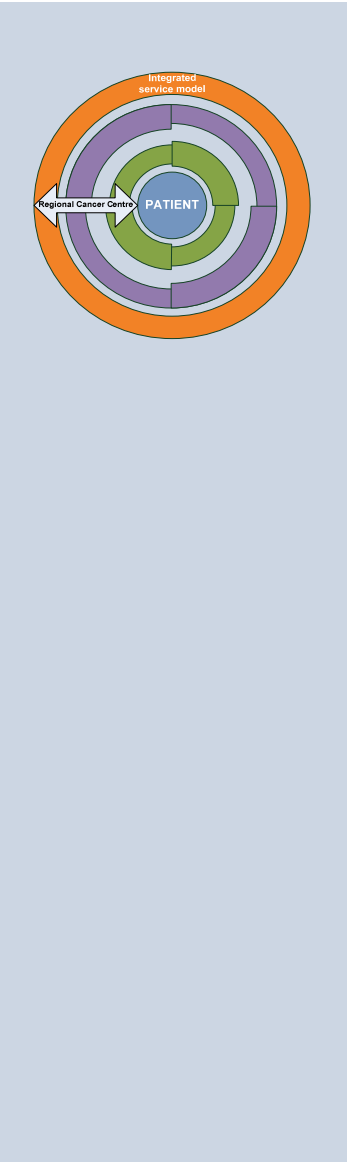


Figure 2: The components of an integrated model of cancer care. Source: KPMG

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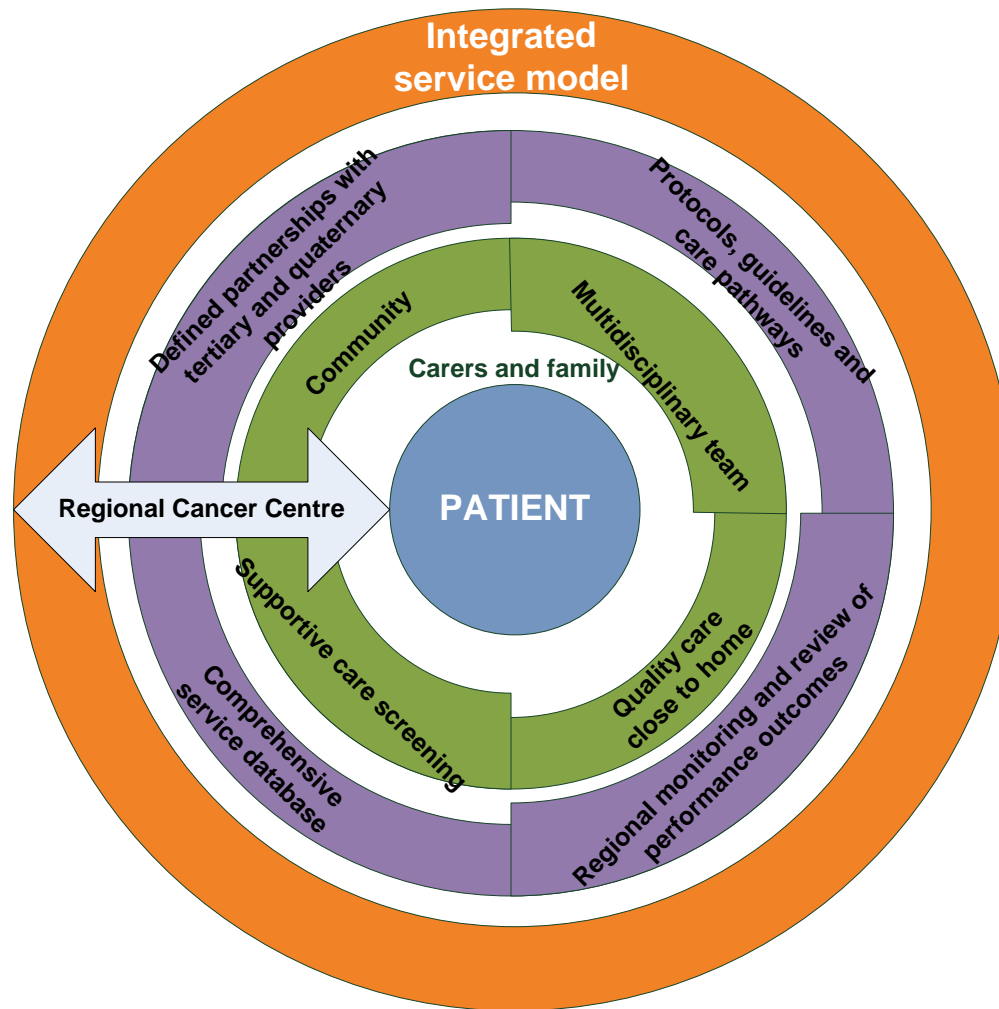
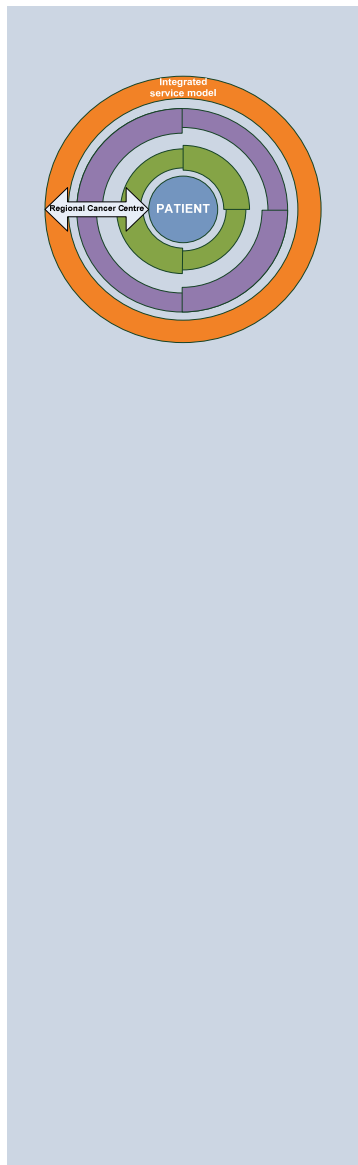


Figure 3: The model of integrated cancer care for the Grampians region in summary. Source: KPMG

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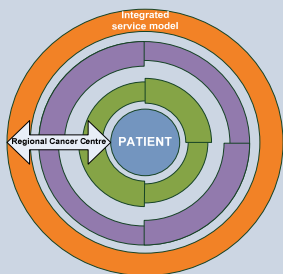
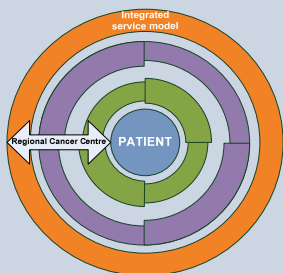


Table 1: The model of care.

Model of Care		Service Availability			Reform Priorities		
Patient Pathway		Rural	Sub Regional * (Horsham, Ararat, Stawell)	Regional (Ballarat)	Metropolitan	Priority	Example
1. At the community level, recognition of potential cancer signs or symptoms, or abnormal results from a screening test of investigation		✓	✓	✓		Care Coordination	Development of GP guidelines for investigating symptoms suspicious of cancer
2. Initial diagnosis and referral	Diagnosis	Limited. Test results communicated back to GP to communicate with pt.	✓	✓			
	Referral (based on diagnosis and complexity)	N/A	Medical Oncologist General Surgeon	(Complex) ** Medical Oncologist Radiation Oncologist Surgeon	(Highly complex) ** Medical Oncologist Radiation Oncologist	Reducing variations in care / Care coordination	Patient informed of choices and consent (Public / Private treatment) ***

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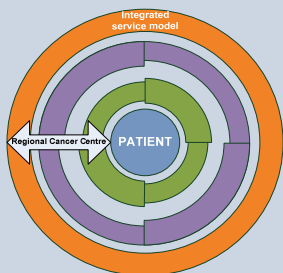
Model of Integrated Cancer Care in the Grampians region



Model of Care		Service Availability			Reform Priorities		
Patient Pathway		Rural	Sub Regional * (Horsham, Ararat, Stawell)	Regional (Ballarat)	Metropolitan	Priority	Example
					Surgeon Sub Specialist (eg BMT, paediatrics)	Supportive Care	Screening and referrals for supportive care requirements including physical, psychological, social, information and spiritual needs
3. Determination of treatment	Specialist (as per standard protocols and care plans)	N/A	As above	As above	As above	Reducing variations in care	Standard care plans and protocols
	MDM	Video conference / teleconference	Video conference / teleconference		Video conference / teleconference	Multidisciplinary Care / Reducing variations in care	Multiple health care providers sharing information and advice
4. Treatment	Surgery	N/A	General surgery	Complex	Highly Complex	Reducing variations in care	Standard care plans and protocols
	Medical Oncology	N/A		Complex (eg haematology)	Highly Complex (eg BMT)		

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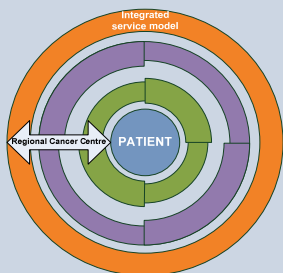
Model of Integrated Cancer Care in the Grampians region



Model of Care		Service Availability			Reform Priorities		
Patient Pathway		Rural	Sub Regional * (Horsham, Ararat, Stawell)	Regional (Ballarat)	Metropolitan	Priority	Example
	Radiation Oncology	N/A	N/A	Complex (eg head and neck)	Highly Complex (eg paediatrics)		
	Wellness **** and Supportive Care	Variable range of services with linkages to Wellness Centre	Variable range of services with linkages to Wellness Centre	✓	✓	Supportive Care	Provision of services in response to identified need
5. Follow up care (Survivorship)	GP	Test results communicated to GP who communicates results with pt.	✓	✓	Not required	Reducing unwanted variation in care / Care coordination	Development of guidelines for follow up care
	Specialist follow up	N/A	Medical Oncologist General Surgeon	(Complex) Medical Oncologist Radiation Oncologist Surgeon	(Highly complex) ** Medical Oncologist Radiation Oncologist Surgeon Sub Specialist (eg BMT, paediatrics)		

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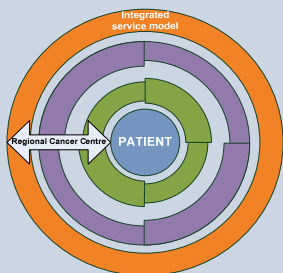
Model of Integrated Cancer Care in the Grampians region



Model of Care		Service Availability				Reform Priorities	
Patient Pathway		Rural	Sub Regional * (Horsham, Ararat, Stawell)	Regional (Ballarat)	Metropolitan	Priority	Example
	Wellness **** and Supportive Care	Variable range of services with linkages to Wellness Centre	Variable range of services with linkages to Wellness Centre	✓	✓	Supportive care	Provision of services in response to identified need
6. Determination of plan and treatment for recurrence	Specialist (as per standard protocols and care plans)	N/A	Medical Oncologist General Surgeon	(Complex) ** Medical Oncologist Radiation Oncologist Surgeon	Highly complex) ** Medical Oncologist Radiation Oncologist Surgeon Sub Specialist (eg BMT, paediatrics)	Reducing variations in care	Standard care plans and protocols
	MDT	Video conference / teleconference	Video conference / teleconference	✓	Video conference / teleconference	Multidisciplinary Care / Reducing variations in care	Multiple health care providers sharing information and advice
7. End of life care	Community Palliative Care Service	✓	✓	✓	✓	Supportive Care	Palliative care services including Palliative care consultants, respite

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Model of Care		Service Availability			Reform Priorities	
Patient Pathway	Rural	Sub Regional * (Horsham, Ararat, Stawell)	Regional (Ballarat)	Metropolitan	Priority	Example
Hospital Services	N/A	Horsham and Ararat	✓	✓		

* As per rural service plan, Horsham is a designated sub regional health service, however Ararat and Stawell are not. For the purpose of this model of care, Ararat and Stawell are included as sub regional services due to provision of chemotherapy and other diagnostic services available

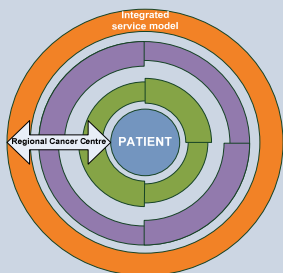
** Ballarat Health Service have capacity to deliver complex care, whilst very complex care is delivered by metropolitan services. Each service will also provide less complex services to local patients.

*** All patients should be given sufficient information prior to referral to make an informed decision on public / private status. Documented consent to particular referral pathway should be given by patient

**** Provision of wellness services across the region are still to be determined. A physical space for wellness will be available within the BRICC

***** All Patients to be referred and treated as close to home as possible based on availability of services.

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3. Future directions – implementing the model of care

This section provides some clear recommendations about how the revised model of care can be designed in the Grampians region. In developing these recommendations, an emphasis was placed on maximising existing enablers for implementation. Making changes to the provision cancer care in the region in line with the model of care will be an incremental process. Some actions can be taken in the short term, others will become part of the planning for the BRICC and others may inform longer term planning for providers and the region.

3.1. Implementation - recommendations on implementing and embedding the model now and in the future

Enabler - Common and accountable governance and clinical leadership

1. Recommendation 1 - Enhance care by redefining the approach to multidisciplinary collaboration. Review the MDM terms of reference, with consideration of key structural elements which aim to support improved efficiency and effectiveness of the MDMs.

1.1. Describe and publish a set of expectations and principals around the purpose, scope and process of MDMs and distribute to all invitees and stakeholders. Prioritisation of patients according to clinical need and complexity is critical and should be facilitated by communication between providers and MDM administrators.

1.2. Establish involvement of both private and public providers in the MDMs. All public and private patients within the region should be within the scope of the MDM relevant to their diagnosis.

1.3. Analysis should be undertaken to ascertain the extent to which individual providers attend multiple MDMs and to determine whether a more efficient structure is feasible. Should the number of separate MDMs be reduced, it would be possible to increase the frequency of the remaining MDMs to ensure a prospective focus, while still achieving time savings for some clinicians. Ongoing analysis of the MDM structure should continue to be undertaken over time, particularly if there is an increasing move towards subspecialisation in the future.

1.4. Establish structures and processes for embedding multidisciplinary input into MDMs. Although the medical focus of the MDMs should not be lost, greater input from nursing, allied health and supportive care staff could add value to MDMs.

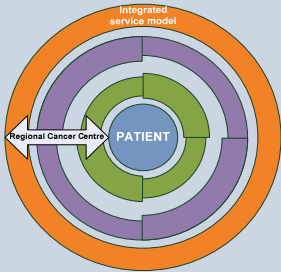
1.5. Strengthen the processes within MDMs to better support identification of patients who may be appropriate for regional and metropolitan clinical trials.

2. Recommendation 2 - Improve the consistency of care and the patient journey across the region.

2.1. Develop a standard care plan to be used by all providers across the continuum of care. The template should be flexible enough to meet the needs of all providers.

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2.2. Establish regional clinical guidelines to reduce unwanted variation in clinical practice. It is recognised that the evidence base for cancer care is somewhat limited, and care becomes more variable as the disease progresses and reoccurs. This work should provide treatment guidelines where an evidence base exists, and promote ways to seek peer input where the evidence base is less well established.

2.3. A separate body of work should focus on establishing articulated pathways for how the patient moves through the system, including appropriate referral to regional and metropolitan providers.

2.4. Develop an appropriate and sustainable model for public outreach services across the region, through developing the financial and service model for outreach services that will best support appropriate and safe care close to home. Consideration should be given to financial incentives, workforce development and patient centred practice and should support the services that exists at the subregional and local levels. Consideration should also be given to telehealth connections to support local services. In particular, if BHS were to provide clinical support for delivering outreach services in Local Health services, hub and spoke or fee for service arrangements are scenarios which have been successfully implemented in similar Victorian situations.

2.5. Build on work already being undertaken to develop a set of shared protocols which facilitate timely referral to palliative care, and enhance the role of palliative care in optimal symptom management during active treatment. Mechanisms for monitoring compliance with protocols should also be considered.

2.6. Strengthen and support comprehensive and multidisciplinary peer review through case presentation at MDMs to enhance continuous quality improvement, and to provide greater support to clinicians in their treatment decisions where the evidence base is limited.

2.7. Establish mechanisms to routinely collect, report, and store patient progress and outcome data to monitor service outcomes and processes across the region over time, including waiting times for key services such as diagnostics, radiotherapy and supportive care screening. The capacity to undertake this type of monitoring should be considered in conjunction with Recommendation 7.1.

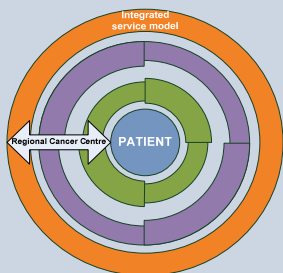
2.8. Formalise service relationships with key metropolitan providers to support improved service coordination and create opportunities for mentoring and collaborative learning.

2.9. Introduce a consistent approach to early screening for supportive care needs. Introduction of a single tool used across the region would improve consistency of care and assist in data capture and monitoring. Implementation of an electronic tool with referral prompt capabilities would further enhance the quality and consistency of supportive care to Grampians residents. Work has already commenced in this area and it is recognised that introduction of a single tool will need to be supported by a common framework and workforce development to ensure consistent application of the tool and referral pathways.

3. Recommendation 3 - Engage the entire region in the development of the BRICC.

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3.1. Develop and implement a strategy to engage the entire region in the development of the BRICC, specifically defining and developing the role the BRICC can play in cancer care leadership across the region. Development of the engagement strategy should be undertaken in collaboration with providers across the region and could initially include a series of regional workshops to generate interest and provide clear direction for ongoing regional involvement.

3.2. Utilise existing networks (including supportive care collaborations and the Consumer Advisory Group) to address how the Wellness Centre can take on a role of regional leadership in enhancing the provision of wellness and supportive care across the entire region.

Enabler - Funding and incentives to support integration

4. Recommendation 4 - The region should position itself to capitalise on existing and new funding incentives to enhance integration.

4.1. Explore the feasibility of options which support primary health integration and General Practice liaison roles, and provide incentives for General Practice/Divisions of General Practice involvement consistent with the Commonwealth National Hospital and Health Reform agenda.

4.2. Explore recent announcements around Medicare Benefits Scheme funding to support telehealth consultations.

4.3. Funding mechanisms, such as Medicare incentives for online consultations and to support GP or nurse participation in specialist consultations through telehealth, should be explored. Revenue generated through such incentives could be used to enhance IT infrastructure across the region and within the BRICC.

Enabler - Effective information management

5. Recommendation 5 - Improve the way information about the service system is communicated and made available to providers and the community.

5.1. Develop a comprehensive on-line and paper based service directory which details the type and location of clinical and support services available across the region. This should be accessible to both providers and consumers.

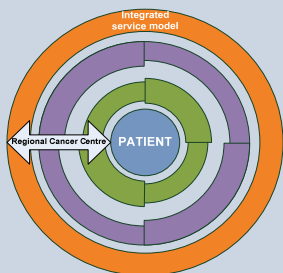
5.2. Implement a targeted communication strategy to ensure that providers understand and use the service directory to inform care including discharge planning. This will target all stakeholders in the region, including health providers and the general community.

6. Recommendation 6 - Empower patients to manage their information and become active participants in their treatment journey.

6.1. Information folders should be made available to patients early in their cancer journey and ideally upon diagnosis. These folders should contain information about the service system (refer Recommendation 5), their diagnosis (possibly through specific cancer type inserts), an

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explanation of the type of information they might want to collect in their folder and explanation of their rights and responsibilities with regard to their information. Many such resources already exist and can be accessed through the Cancer Council and other advocacy groups.

7. Recommendation 7 – Enhance the use of technology across the region to support integration.

7.1. Undertake a gap analysis of the technology available in the region to support integration, and specifically to integrate with the BRICC. It is recognised that this constitutes a complex piece of work and requires significant resources, however, the role of ICT in driving and supporting integration in regional areas cannot be underestimated. An understanding of regional access to appropriate bandwidth should form part of this work.

7.2. Information technology needs identified within this model of care and through the gap analysis should be incorporated into specifications for the IT products procured for the BRICC.

7.3. Examples of leadership in this area, such as the paperless treatment sheet implemented by BAROC, should be recognised and consideration given to how such initiatives can be supported and implemented more broadly across the service system.

Enabler - Suitable and sustainable workforce

8. Recommendation 8 - Increase collaboration and opportunities for partnership between public and private providers and between the various public providers.

8.1. Support cross appointments between public and private facilities in the region. This should include at least two oncologists appointed to both BHS and SJGHB.

8.2. Consider opportunities to implement shared appointments between public health services to strengthen the workforce.

8.3. Support ongoing and enhanced cross credentialing processes for existing oncologists and other clinical specialists to encourage greater collaboration, particularly in the provision of on call and out of hours cover.

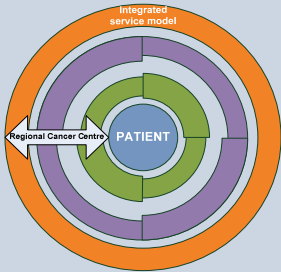
8.4. Formalise relationships between specialist cancer care providers outside of the region to improve access to opportunities for professional development, research, training and education.

9. Recommendation 9 – Enhance the role of Cancer Nurse Practitioners (CNPs) to support a patient centred approach to cancer care across the region and improve integration.

9.1. The Cancer Nurse Practitioner role could offer a significant adjunct to the current care model, particularly in the sub-regional centres where there is no permanent oncology team. This role would provide a permanent presence for patients and families, be a focal point for

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visiting practitioners and provide linkages with public outreach services as they develop. There should be strong linkages between CNPs and existing Breast Care nurses.

9.2. The CNPs must be closely linked to appropriate clinical supervision and support through a formalised relationship with the BRICC based cancer services.

9.3. The role of the CNP should be developed by the workforce working group. The role and scope of practice will need to be developed to be locally relevant and will need to consider the level of support that can be provided centrally to ensure collaborative practice as required under the legislation.

9.4. A key role of the Cancer Nurse Practitioner should include building the capacity of all providers across region.

10. Recommendation 10 - Enhance the role of primary care providers in the cancer journey

10.1. Throughout the Grampians region the ratio of GPs to patients is below the national average. Coupled with this is the high number of overseas trained doctors, many of whom have had little exposure to complex cancer care and who are likely to move on once they have completed their training requirements. GPs should play an integral part in a cancer patient's journey and more supportive systems and processes are needed to encourage greater participation of GPs in cancer care and care planning. This could be supported through the GICS in partnership with the BHS GP liaison role or may require an additional resource.

10.2. This role should include working with general practice across the region, including the relevant Divisions of General Practice, to identify training needs, provide support and capacity building to enhance the role of GPs in meeting the needs of cancer patients both during treatment and as part of follow-up, survivorship and palliative care. This should be an ongoing program to ensure that doctors new to the region are supported and receive adequate education and training and to encourage those GPs with an interest in cancer care to become more skilled and take a greater role in the cancer care team.

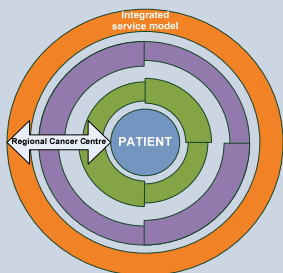
10.3. There are many primary care providers across the region including community nursing and allied health services in both the public and non-government sector. The role these providers play in supporting people with cancer in their community needs to be acknowledged and strengthened. This could be achieved through regular forums and supported by the development of a consistent approach to supportive care (see also Recommendation 2).

11. Recommendation 11 – Implement a regional approach to workforce planning including recruitment, retention and basic training.

11.1. Maintaining a viable and sustainable workforce for the future is a significant issue for the Grampians region and requires a regional effort. A working group should be formed to consider regional workforce sustainability issues. The working group should include

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representatives from across the region including Health Services (both public and private), individual clinicians as well as DH representatives and other appropriate agencies. The sustainability of the entire workforce including medical, nursing and allied health should be considered.

11.2. The working group should provide a forum through which to encourage consistency in orientation to practice, common staff appraisal tools and standards around patient centred practice, common mechanisms to address practice innovation and operational issues.

Enabler - Research opportunities and access to clinical trials

12. Recommendation 12 - Improve research capacity in the region.

12.1. The interest in health services research and clinical trials is strong across the region but could be strengthened through formalised relationships with local research bodies including the University of Ballarat and key metropolitan providers. This would significantly increase capacity and assist with attraction and retention of high quality clinicians.

13. Recommendation 13 - Facilitate greater access to clinical trials across the region.

13.1. Develop programs across the region which ensure greater access and collaboration in clinical trial activity in line with key outcomes identified in the VCAP.

13.2. Mechanisms should be developed which allow for a more centralised and secure collection, maintenance and reporting of information relevant to existing and planned clinical trials activities across the region.

13.3. Improve linkages with other clinical trial providers across the state to enhance clinical trial opportunities for the region.

Enabler - Teaching and training to develop capacity and sustainability

14. Recommendation 14 – Consider the leadership role the BRICC and GICS can take in providing consistent training and professional development across the region.

14.1. The development of the BRICC provides an ideal opportunity to provide a greater focus on workforce development across the region. Employment of a workforce development officer who could be responsible for training and development across the region would assist BHS and GICS to take a collaborative leadership role. This position may be shared between BHS and the GICS.

14.2. Create linkages with other providers of relevant training to enhance what can be offered locally within the region.

Table 2 below takes the recommendations and action items described above and identifies responsibility, enablers, challenges, the expected impact and timeframes for commencement and completion of each item. There are several action items which can be implemented provisionally in the short term and be embedded in the operating model of the BRICC once it has opened. Recommended commencement and completion dates are indicated by arrows and stars.

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Table 2: Implementation plan. Source:KPMG

Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes				
					2011	2012	2012-2019	>2019	
Common and accountable governance and clinical leadership									
1. Enhance care by redefining the approach to multidisciplinary collaboration. Review the MDM terms of reference, with consideration of key structural elements which aim to support improved efficiency and effectiveness of the MDMs.									
1.1. Describe and publish a set of expectations and principals around the purpose, scope and process of MDMs.	GICS, in consultation with providers.	Consistent with a coordinated approach to cancer communications across the region.	Within the context of change and developments in the region there may be challenges in attaining agreement in changes in scope.	Improve awareness of objectives and scope of MDMs, and ensure that participants understand expectations around behaviour.					
1.2. Establish involvement of both private and public providers in the MDMs. All public and private patients within the region should be within the scope of the MDM relevant to their diagnosis.	GICS, in consultation with providers.	Opportunity to enhance consistency, and to develop a model which builds on experience and strengths in line with recognised good practice.	Reluctance to change established arrangements. Building relationships between public/private providers.	Support uniform approach to cancer management and open case review across the region. Improve regional planning. Facilitating coordinated clinical leadership.					
1.3. Determine whether a more efficient MDM structure is	GICS, in consultation with	Recognises the context of the	Gaining agreement with all interested	Support a population					







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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
feasible.	providers.	region in which there are relatively few clinicians providing the bulk of care. Builds on examples from WA, particularly Albany and Geraldton	parties and managing different expectations.	approach to service delivery within the region and equity of care across public and private sectors. Efficient use of clinician time.				
1.4. Establish structures and processes for embedding multidisciplinary input into MDMs.	GICS, in consultation with providers.	Establishment of CCs who will be multidisciplinary and well placed to support culture change.	Ensuring adequate discussion of the full range of patient needs within acute care focus. Building a culture of multidisciplinary cancer care.	Addressing the full range of clinical and supportive care needs of patients. Improved care coordination and monitoring across the care continuum.				
1.5. Strengthen the processes within MDMs to better support identification of patients who may be appropriate for regional and metropolitan clinical trials.	GICS, in consultation with providers.	Examples in other jurisdictions, including British Columbia. Develop clinical research program in the region. Maximise opportunities to participate in	Establishing appropriate linkages with clinical trials and mechanisms for patient information sharing between public and private sectors.	Support equitable patient access to clinical trials across the region.				







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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
		metropolitan clinical trials.						
2. Improve the consistency of care and the patient journey across the region								
2.1. Develop a standard care plan to be used by all providers across the continuum of care. The template should be flexible enough to meet the needs of all providers.	Providers, with support from GICS.	Strong support from consumers and providers evidenced through consultations.	Developing a template which is suitable for all providers, and ensuring buy in from all providers across the region.	Improve consistency of patient journey, provide opportunities to standardise access to services				
2.2. Establish regional clinical guidelines to reduce unwanted variation in clinical practice.	Providers, with support from GICS.	Opportunity to enhance consistency and to develop a model which is in line with recognised good practice.	Developing pathways and protocols that are accepted by the majority of providers.	Improve compliance with evidence base where it exists. Improve consistency of care.				
2.3. A separate body of work should focus on establishing articulated pathways for how the patient moves through the system, including appropriate referral to regional and metropolitan providers.	Providers, with support from GICS.	Opportunity to enhance consistency and to develop a model which is in line with recognised good practice.	Reaching consensus around appropriate pathways and articulating pathways which are meaningful in a range of settings.	Improve consistency of care and patient journey across the region.				

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
2.4. Develop an appropriate and sustainable model for public outreach services across the region.	BHS in consultation with other public providers and supported by GICS.	Support from consumers and providers.	Reaching mutually beneficial agreements between providers around arrangements, and managing funding disincentives.	Potential to improve access and choice in the region outside of Ballarat.				
2.5. Build on work already being undertaken to develop a set of shared protocols which facilitate timely referral to palliative care, and enhance the role of palliative care in optimal symptom management during active treatment.	GICS in close consultation with palliative care providers.	The Department of Health, Victoria is developing a revised palliative care strategy which may guide efforts.	Conflicting perceptions and understanding of palliative care approach.	Improve timely access to palliative care. Support the provision of a palliative care approach consistent with best practice.				
2.6. Strengthen and support comprehensive and multidisciplinary peer review through case presentation at MDMs to enhance continuous quality improvement, and to provide greater support to clinicians in their treatment decisions where the evidence base is limited.	GICS in consultation with providers.	Opportunity to enhance consistency, and to develop a model which builds on experience and strengths in line with recognised good practice.	Potential limited provider experience with peer review.	Provides a mechanism for case presentation and diversity of professional input.				

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
2.7. Establish mechanisms to routinely collect, report, and store patient progress and outcome data to monitor service outcomes and processes across the region over time, including waiting times for key services such as diagnostics, radiotherapy and supportive care screening.	GICS in consultation with providers.	Should be supported by contractual obligations of all providers.	Privacy and security considerations are critical to this process.	Support outcomes monitoring across the region. Facilitates longitudinal research and identification of local trends.		➔	★	
2.8. Formalise service relationships with key metropolitan providers to support improved service coordination and create opportunities for mentoring and collaborative learning.	GICS in consultation with providers. DH to support GICS	Existing links with Austin health through BAROC.	Building relationships in a way which enhances coordination across the region.	Improved service through management and clinical leadership and mentoring.		➔	★	
2.9. Introduce a consistent approach to early screening for supportive care needs.	GICS in consultation with providers.	Consistent with broader Victorian focus to increase supportive care screening.	Needs to be supported by a common framework and workforce development.	Improved identification and earlier intervention can to improve patients experience and outcomes.	➔	★		
3. Engage the entire region in the development of the BRICC								
3.1. Develop and implement a strategy to engage the entire region in the development of the	GICS and BRICC implementation resources.	Existing regional representation on the GICS Executive	The development phase requires comprehensive and	Improve regional ownership of the BRICC and	➔	➔	★	

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
BRICC, specifically defining and developing the role the BRICC can play in cancer care leadership across the region.		and opportunity to implement the strategy in advance of BRICC development.	timely input to overcome pre-existing disengagement. Resource allocation.	facilitate improved cancer care across the region.				
3.2. Utilise existing networks (including supportive care collaborations and the Consumer Advisory Group) to address how the Wellness Centre can take on a role of regional leadership in enhancing the provision of wellness and supportive care across the entire region.	GICS and BRICC implementation team.	There are existing working groups engaged in developing service specifications for the Wellness component of the centre	The development phase requires comprehensive and timely input. Without this, an appropriate service model will not be implemented.	Embed a holistic and person centred approach to complementary care. Improve the provision of supportive care across the region.	➡	➡	★	
Funding and incentives to support integration								
4. The region should position itself to capitalise on existing and new funding incentives to enhance integration								
4.1. Explore the feasibility of options which support primary health integration and General Practice liaison roles, and provide incentives for General Practice/Divisions of General Practice involvement consistent with the Commonwealth National Hospital and Health Reform	GICS in consultation with Divisions of General Practice.	Commonwealth funding incentives.	Availability of details on National Hospital and Health Reform; implications for General Practice and subsequently funding incentives are not currently	Strengthened relationships with the General Practice / Divisions of General Practice, enhance input of primary health into cancer care.	➡	★		





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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
agenda.			known.					
4.2. Explore recent announcements around Medicare Benefits Scheme funding to support telehealth consultations.	GICS in consultation with Divisions of General Practice.	Commonwealth funding incentives.	Lack of clarity around implementing new initiatives.	Strengthened relationships with General Practice, enhance input of primary health into cancer care. Potential to generate income within the region.	➔	★		
4.3. Funding mechanisms, such as Medicare incentives for online consultations and to support GP or nurse participation in specialist consultations through telehealth, should be explored.	GICS in consultation with Divisions of General Practice.	Commonwealth funding incentives	Lack of clarity around implementing new initiatives.	Strengthened relationships with General Practice, enhance input of primary health into cancer care. Potential to generate income within the region.	➔	★		
Effective information management								
5. Improve the way information about the service system is communicated and made available to providers and the community								
5.1. Develop a comprehensive on-line and paper based service directory which details the type and location of clinical and support services available across	GICS	Grampians Rural Health Alliance Work already done by GICS to develop	Ongoing maintenance issues given changing service environment.	Increased patient, community and provider awareness of current services. Greater referral and	➔	★		








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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
the region. This should be accessible to both providers and consumers.		a service directory	Development and maintenance costs (for example for paper based resources)	uptake of services. Improved patient empowerment and ability to demonstrate choice of service.				
5.2. Implement a targeted communication strategy to ensure that providers understand and use the service directory to inform care including discharge planning.	GICS	Work already done by GICS to develop a service directory	Ensuring that the full breadth of stakeholders are aware of the cancer service directory.	Improved patient, community and provider awareness of cancer service directory.				
6. Empower patients to manage their information and become active participants in their treatment journey								
6.1. Information folders should be made available to patients early in their cancer journey and ideally upon diagnosis.	GICS	Consistent with broader efforts to improve community and provider awareness of cancer services within the region.	Ensuring patients are offered the information folders across all providers and sites in the region. Monitoring compliance with this process.	All patients to receive the same information folders at the earliest appropriate stage in their cancer journey. Health providers are aware that patients have a base line of understanding from diagnosis.				

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
7. Enhance the use of technology across the region to support integration.								
7.1. Undertake a gap analysis of the technology available in the region to support integration, and specifically to integrate with the BRICC.	GICS	Grampians Rural Health Alliance	Gaining a comprehensive and current understanding.	Better understanding of resources and readiness across the region.				
7.2. Information technology needs identified within this model of care and through the gap analysis should be incorporated into specifications for the IT products procured for the BRICC.	BRICC implementation team and GICS	Grampians Rural Health Alliance	Lack of clarity around implementing new initiatives.	Strengthened relationships between primary and specialist care will improve integration and efficiency of the system.				
7.3. Examples of leadership in this area, such as the paperless treatment sheet implemented by BAROC, should be recognised and consideration given to how such initiatives can be supported and implemented more broadly across the service system.	BRICC implementation team and GICS	Willingness of BAROC to share knowledge in the interests of improving regional care.		Opportunity to improve systems based on existing local strengths.				
Suitable and sustainable workforce								
8. Increase collaboration and opportunities for partnership between public and private providers and between the various public providers.								

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
8.1. Support cross appointments between public and private facilities in the region. This should include at least two oncologists appointed to both BHS and SJGHB.	BHS and SJGHB	Members of the GICS Executive and examples of cross appointments in other clinical areas.	Willingness of individuals employees, overcoming administrative issues, building trust and overcoming existing barriers.	Improved working relationships, information sharing and communication between public and private sector providers.	➡	➡	➡	
8.2. Consider opportunities to implement shared appointments between public health services to strengthen the workforce.	BHS and SJGHB	Support of GICS Executive and Department of Health	Willingness of individuals employees, overcoming administrative issues, building trust and overcoming existing barriers.	Improved working relationships, information sharing and communication between public providers.	➡	★		
8.3. Support ongoing and enhanced cross credentialing processes for existing oncologists and other clinical specialists to encourage greater collaboration, particularly in the provision of on call and out of hours cover.	Providers, supported by GICS.	Support of GICS Executive and Department of Health		Established and consistent structures for credential evaluation and review. Ensuring patients to have access to confident high quality	➡	★		

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
				services within the region.				
8.4. Formalise relationships between specialist cancer care providers outside of the region to improve access to opportunities for professional development, research, training and education.	GICS, in consultation with providers.	Existing relationships and linkages	Resource allocation to coordinate	Improved care through consistently skilled workforce and enhanced professional development opportunities for staff.	➔	★		
9. Enhance the role of Cancer Nurse Practitioners (CNPs) to support a patient centred approach to cancer care across the region and improve integration.								
9.1. The Cancer Nurse Practitioner role could offer a significant adjunct to the current care model, particularly in the sub-regional centres where there is no permanent oncology team.	BHS and other providers, supported by GICS	Examples in other jurisdictions and clinical areas might inform this process	Ensuring integration with ongoing care coordination services. Obtaining adequate funding and establishing suitable supervision and support mechanisms	Support outreach and care close to home, be a focal point for visiting practitioners and provide linkages with public outreach services as they develop.	➔	➔	★	
9.2. The CNPs must be closely linked to appropriate clinical supervision and support through a formalised relationship with the	BHS and other providers, supported by GICS	A/A	A/A	A/A	➔	★		

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Model of Integrated Cancer Care in the Grampians region

Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
BRICC based cancer services.								
9.3. The role of the CNP should be developed by the workforce working group.	BHS and other providers, supported by GICS	A/A	A/A	A/A	➡	★		
9.4. A key role of the Cancer Nurse Practitioner should include building the capacity of all providers across region.						➡	★	
10. Enhance the role of primary care providers in the cancer journey								
10.1. GPs should play an integral part in a cancer patient's journey and more supportive systems and processes are needed to encourage greater participation of GPs in cancer care and care planning. This could be supported through the GICS in partnership with the BHS GP liaison role or may require an additional resource.	GICS and BHS	Examples in other jurisdictions might inform this process.	Allocations of existing or new resources and associated funding.	Reduced workload and impact on specialists and other members of the multidisciplinary team by ensuring that other primary care are managed by General Practitioners in a timely manner. Improved patient outcomes through the appropriate management.	➡	➡	★	

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
10.2. This role should include working with general practice across the region and should be an ongoing program.	A/A	A/A	A/A	A/A	➔	➔	★	
10.3. The role of community nursing and allied health services could be acknowledged and strengthened through regular forums and supported by the development of a consistent approach to supportive care.	GICS	Recognition that cancer care should be provided across health settings to meet the needs of patients.	Resource allocation to support this initiative.	Enhanced contribution of other providers and coordination to improve integration.	➔	★		
11. Implement a regional approach to workforce planning around recruitment, retainment and basic training.								
11.1. A working group should be formed to consider regional workforce sustainability issues.	GICS.	Strong support from providers in the region.	Ensuring regional buy in.	Improve the sustainability of the workforce through implementing regional solutions.		➔	★	
11.2. The working group should provide a forum through which to encourage consistency in orientation to practice, common staff appraisal tools and standards around patient centred practice, common mechanisms to address practice innovation and operational issues.	GICS and working group.	Strong support from providers in the region.	Managing cultural change issues.	A/A		➔	★	









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Model of Integrated Cancer Care in the Grampians region

Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
Research opportunities and access to clinical trials								
12. Improve research capacity in the region.								
12.1. The interest in health services research and clinical trials is strong across the region but could be strengthened through formalised relationships with local research bodies including the University of Ballarat and key metropolitan providers.	GICS.	Department of Health and existing relationships.	Establish mechanisms for sustained engagement of metropolitan providers.	Improve access to metropolitan clinical trials and implementation of enhanced peer/mentoring opportunities.	➡	➡	★	
13. Facilitate greater access to clinical trials across the region.								
13.1. Develop programs across the region which ensure greater access and collaboration in clinical trial activity in line with key outcomes identified in the VCAP.	GICS	MDMs provide a forum for communication about access to clinical trials	Establishing consistent processes for the identification and recruitment of appropriate patients for trials. Coordinated research efforts within cancer journey.	Shared commitment to equity principles for patient recruitment for clinical trials. Patients are potentially able to access benefits resulting from participating in the trial. Improved awareness of regional research efforts.	➡	➡	★	

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
13.2. Mechanisms should be developed which allow for a more centralised and secure collection, maintenance and reporting of information relevant to existing and planned clinical trials activities across the region.	GICS	Department of Health	Establish mechanisms for sustained engagement of metropolitan providers. Lack of engagement in peer/ mentoring.	Improve access to metropolitan clinical trials and implementation of enhanced peer/ mentoring opportunities.				
13.3. Improve linkages with other clinical trial providers across the state to enhance clinical trial opportunities for the region.	GICS	Department of Health and existing relationships.	Privacy and security considerations are critical to this process.	Support outcomes monitoring across the region. Facilitates longitudinal research and identification of local trends.				
Teaching and training to develop capacity and sustainability								
14. Consider the leadership role the BRICC and GICS can take in providing consistent training and professional development across the region.								
14.1. The development of the BRICC provides an ideal opportunity to provide a greater focus on workforce development across the region. Employment of a workforce development officer who could be responsible for training and development across	GICS and BHS	Strong regional support for improved coordination in this area.	Establishing funding source (s) which are placed to appropriate recruit a development officer and sustain the role in the longer term.	Coordinated approach to training and development across the region. Ensures health providers are supported to				

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Recommendation & Implementation action	Responsibility	Enablers	Challenges	Impact	Timeframes			
					2011	2012	2012-2019	>2019
the region would assist BHS and GICS to take a collaborative leadership role. This position may be shared between BHS and the GICS.			Ensuring health providers engage and participate in activities to ensure cost effective mode.	deliver evidence based care, leading to greater benefits for patients.				
14.2. Create linkages with other providers of relevant training to enhance what can be offered locally within the region.	GICS	Strong support from providers across the region.	Establishing a culture of information sharing and sustained engagement.	Supports the establishment of training networks, sharing, and identification of best practice within the region. Identify cost efficiencies/ economies of scale in training delivery.	➡	➡	★	
Action Commencing ➡			Action completed ★					

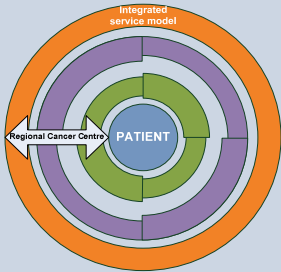
3.2. Partnerships and collaborative arrangements

Partnerships and collaborative arrangements are central to delivering integrated cancer services across the Grampians region. Within the context of increasing demand projections and constrained resources, it is evident that the consolidation of effective working relationships will impact the region's capacity to achieve the following:

- multidisciplinary care for patients;

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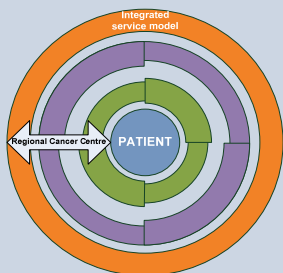
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- coordinated care close to where people live;
- high quality research;
- equity of care across the public and private sectors;
- regional cancer service delivery models; and
- General Practitioner led and patient centred care.

The transition from individual provider or site based model of care to an integrated model of care for the region needs to be supported by a broader cultural change process. The structural and organisational recommendations aim to support this transition process through documenting formalising, and communicating how cancer services will be delivered across the Grampians region. Engagement and consultation of stakeholders in recommendation implementation planning will be critical to establishing meaningful partnerships and collaboration.

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4. Implications

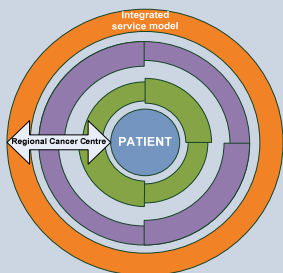
This section explores the financial, human resource and business implications of implementing the recommendations outlined in Chapter 7 of this report. The implications for the BRICC, other providers and the region are each described. Changing the model of cancer care in the Grampians region to increase integration and to move from a provider based system to a patient centred approach will require financial and human resource investment. However, it is clear that there are opportunities to achieve efficiencies through integration, in addition to less tangible benefits such as patient and provider satisfaction. This section provides a high level overview of some of the potential costs and benefits.

Table 3: Implications of implementing changes in line with the revised model of care. Source: KPMG

Recommendation Focus Area	Financial Implications	Workforce Implications	Service Implications
1 Enhance care by redefining the approach to multidisciplinary collaboration	<p>These changes will have resource implications for GICS initially but should reduce the administrative burden associated with MDMs over time.</p> <p>Reduced time commitment for clinicians through improved efficiency and effectiveness of the MDM structure. Reducing the number of MDMs should decrease time implications even if frequency is increased.</p> <p>If full public and private participation is achieved this would increase the number of patients being reviewed and</p>	<p>Maximising nursing and allied health contribution into patient case planning and management will increase the workload for these disciplines, but should decrease workload of medical staff.</p> <p>Enhanced General Practitioner capacity and greater multidisciplinary involvement will eliminate specialist medical involvement in addressing primary care and non-medical needs.</p>	<p>Need to establish administrative and technology infrastructure to support delivery of MDMs with a regional purview.</p> <p>Timely presentation of cases through MDMs will increase the rate at which patients progress through the system. This increased patient throughput may impact of service utilisation initially, but should have a positive impact on outcomes as patients receive treatment in a timelier manner, and should improve access to clinical trials.</p>

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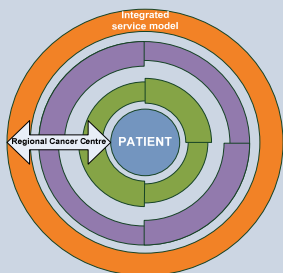
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Recommendation Focus Area	Financial Implications	Workforce Implications	Service Implications
	<p>would required thoughtful prioritisation.</p> <p>Greater involvement of nursing and allied health staff in patient care would decrease reliance on medical staff which should reduce costs in the long term.</p>		
<p>2 Improve the consistency of care and the patient journey across the region</p>	<p>The development of protocol and patient outcomes compliance monitoring will require administrative and data analysis resources.</p> <p>Providing more consistent care pathways should improve efficiency and reduce waste of critical resources.</p> <p>The implications associated with outreach will be largely dependent on the model implemented and the agreements made between health Services. Financial viability is critical to the success of any outreach arrangements.</p>	<p>Clinical pathways and protocols will serve as an aid to support clinical decision making for health providers.</p> <p>Maximising integration with palliative care will increase demand on existing providers. Consideration of ways to provide progressive care in an efficient manner may need to be explored. Improved access to palliative care should reduce the need for primary and acute care service to become involved in end of life care.</p> <p>Better use of clinical resources as a result of more efficient and effective clinical pathways.</p>	<p>Clinical pathways and protocols should be reviewed within the context of specific service implications.</p> <p>More consistent and more predictable care pathways allow greater patient involvement in their care and may increase independence and compliance.</p>
<p>3 Engage the entire region</p>	<p>Existing resources allocated to</p>	<p>This will require investment in</p>	<p>Greater regional ownership of</p>

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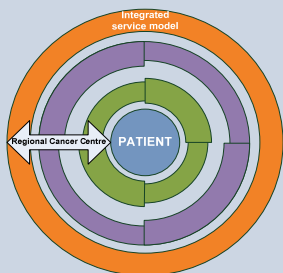
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Recommendation Focus Area	Financial Implications	Workforce Implications	Service Implications
in the development of the BRICC	development of the BRICC may need to be reallocated to support the engagement process.	human resources to support the engagement process.	the BRICC will support implementation of the model of care and greater uptake of BRICC services.
4 The region should position itself to capitalise on existing and new funding incentives to enhance integration	Individual providers may increase their access to funding. Decreased need for financial support and accommodation for patients required to travel to receive care.	Improve capacity of primary care workforce through enhanced participation in cancer care.	Allow patients to access more services closer to home, boosting satisfaction and reducing their burden.
5 Improve the way information about the service system is communicated and made available to providers and the community	The service directory will require initial resources to support development, and will require administrative and technology resources for maintenance.	Resources will need to be allocated to support health provider input into service directory.	The service directory will improve awareness of existing services and promote referral uptake. Over time, this may impact demand for services. Increased awareness of systems leads to improved integration and associated savings. For example, effective discharge planning can reduce readmission to hospital.
6 Empower patients to manage their information and become active participants in their	The production, maintenance and distribution of the information folders will require financial and human resources.	Free up valuable resources due to greater patient independence and compliance, and reduced requirement for medical	Opportunity to improve patient satisfaction. Efficiencies may be achieved due to greater patient

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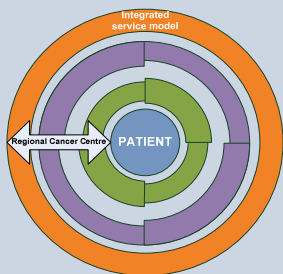
Model of Integrated Cancer Care in the Grampians region



Recommendation Focus Area	Financial Implications	Workforce Implications	Service Implications
treatment journey	Compliance monitoring of folder utilisation will also require data support.	support and management.	independence and compliance, and reduced requirement for medical support and management.
7 Enhance the use of technology across the region to support integration	<p>Create efficiencies through reducing reliance on face to face specialist appointments.</p> <p>Decreased need for financial support and accommodation for patients required to travel to receive care.</p> <p>Opportunities for individual providers to access MBS funding.</p>	Reduce burden on specialist providers and enhance the capacity of the primary care workforce to support cancer care.	Allow patients to access more services closer to home, boosting satisfaction and reducing their personal burden.
8 Increase collaboration and opportunities for partnership between public and private providers	Suggested changes to appointments relate to planned recruitment only, therefore this should be cost neutral.	The establishment of cross setting appointments and credentialing requires planning around scope of practice within the public and private sectors and associated human resource implications.	The establishment of cross setting appointments and credentialing should contribute to quality outcomes.
9 Enhance the role of Cancer Nurse Practitioners (CNPs) to support a patient centred	All new Nurse Practitioner appointments will require sustained financial support, however there will be	Support and care currently provided by medical, other nursing, allied health and administration staff may be	The establishment of Nurse Practitioner positions will minimise duplication of services and ensure use of appropriate

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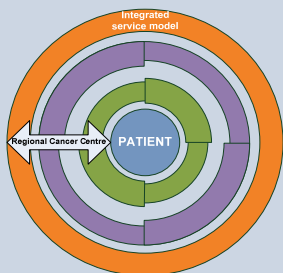
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Recommendation Focus Area	Financial Implications	Workforce Implications	Service Implications
approach to cancer care across the region and improve integration	opportunities to generate Medicare income.	more effectively provided by Nurse Practitioners better positioned to provide that support, creating efficiencies.	services across the patient journey and boost patient satisfaction.
10 Enhance the role of primary care providers in the cancer journey	Increased utilisation of the existing BHS GP liaison role will have a resource implication and may require additional funding to support another role or to support the existing resource.	Enhanced General Practitioner capacity and greater multidisciplinary involvement will eliminate specialist medical involvement in addressing primary care and non-medical needs.	Redirect patient flows to General Practice for primary care needs. This may reduce congestion and lead to patients receiving more timely care and reduce escalation of health problems.
11 Implement a regional approach to workforce planning around recruitment, retainment and basic training	Efficiencies achieved through coordinated recruitment. Efficiencies achieved through coordinated training.	Improved coordination of recruitment, training and supervision across medical, nursing and allied health practitioners. Improved retention, reduced turnover. Workforce security for the future.	Improve continuity of service delivery. Improved capacity of the existing workforce to provide high quality care.
12 Improve research capacity in the region	Increased capacity within the Grampians region to successfully apply for research funding.	Opportunity for workforce peer/mentoring through formalised research relationships. Improve incentives to recruit	Ensure ongoing quality of care. Provide opportunities to expand evidence base and improve care.

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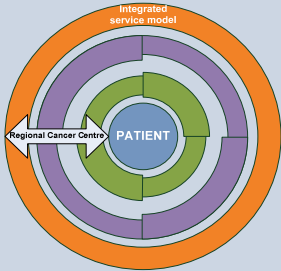
Model of Integrated Cancer Care in the Grampians region



Recommendation Focus Area	Financial Implications	Workforce Implications	Service Implications
		and retain quality staff.	
13 Facilitate greater access to clinical trials across the region.	Compliance monitoring of patient participation in clinical trials and resource distribution will require administrative support.	Greater public and provider participation in clinical research in the region will build workforce capacity.	Greater patient enrolment in clinical trials. The potential benefits of participation may positive impact on patient outcomes, which may influence clinical needs for other treatments and services.
14 Consider the leadership role the BRICC and GICS can take in providing consistent training and professional development across the region	Any dedicated training and development appointments will require sustained financial support. Coordinated training should achieve efficiencies.	Improved workforce capacity. Training and development opportunities can be designed to complement service needs.	Improved patient outcomes through compliance with best practice. Improved coordination due to development of networks and relationships through regional training opportunities.

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5. Conclusions

Integration of cancer care in the Grampians is heavily reliant on health policy developers, public and private service providers at all levels, and health disciplines to work collaboratively to develop strategies which address relevant statewide and local health issues. Implementation of the integrated cancer care system in the Grampians will require careful consideration and commitment by all health service and external agencies and must be founded on a climate of increasing maturity between the different levels of public and private providers for it to be successful.

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