Background
Although outcomes for Australian cancer patients have seen dramatic improvements over the past 20 years there remains an unacceptable variation in cancer outcomes for certain communities. These include those from an Aboriginal and Torres Strait Islander community, those from a rural area and those from a lower socioeconomic group. (1)

Around 32% of the Australian population live outside state capital cities (2). Patients with cancer from rural and remote areas are diagnosed later than those in the city, and are more likely to die from cancers such as lung, cervical and ovarian cancer than the further live from major cities (3).

There are clear deficiencies in cancer service availability in regional and rural Australia (4, 5). The increasing lack of specialist cancer services and expertise with increasing remoteness (4) correlates with the patterns for cancer morbidity and mortality. This raises the challenge of overcoming the unique issues in delivery of oncology services in regional Australia.

Cancer treatment in rural areas has often been fragmented and involved long travel between services and time away from home, work and loved ones for patients receiving treatment. The integrated cancer service model aims to address these issues.

About Hume RICS
The Hume RICS was established in 2004 as one of nine Victorian integrated cancer services funded by the department of health to assist with the implementation of the Victorian governments cancer reform agenda. In 2008 the Hume RICS formed ten clinical networks – the West Hume and Border/East Hume Cancer networks (6).

The ICS are formal partnerships between health services that aim to improve the planning and delivery of cancer care so that it is coordinated appropriate and effective. The model of care in the Border/East Hume RICS has had to overcome issues of division across boundaries including professional, state borders and the public and private systems. It has worked to implement linked cancer networks focused on the needs of the patient and their families. Hume RICS works closely with the NSW Murrumbidgee Local Health District in the planning and provision of cross border cancer services, including the management of cancer care coordinators (employed by the Cancer Institute NSW).

The system has benefits for practitioners, making it easier for them to work with and refer between different services and time away from home, work and loved ones for patients receiving treatment. The integrated cancer service model aims to address these issues.

The Cancer Care Coordinators
An integral part of the integrated cancer service model are the cancer care coordinators. They act as a point of contact and advocate for the patient guiding them through the complex and often overwhelming process of cancer treatment.

The care coordinators are typically registered nurses with training in cancer care. As such they have an in-depth knowledge of what the treatment involves and challenges that patients might face along the way.

The coordinators are able to assist patients in receiving assistance for costs such as travel accommodation and sometimes treatment expenses through schemes such as the Victorian patient transport and accommodation assistance scheme or through charities like the cancer council.

The coordinators communicate with the multi-disciplinary team members, allowing them to work around the patient seamlessly and provide supportive care.

Benefits of the Integrated Cancer Service Model
- The service aims to give equal access to services and clinical trials to all its patients regardless of their geographic or economic situation.
- Each patient completes a screening outpatient clinic with a medical oncologist and a cancer care coordinator. This gives patients a point of contact while they are dealing with their diagnosis and treatment.
- Reduces fragmentation of care between sites and services.
- Database and regular meetings allow the Multi-Disciplinary Team deliver high quality care without an overwhelming number of consultations.

The Border RICS in Action: Case Example
Mrs S is a 68 year old woman who has been urgently referred from her GP with a diagnosis of early stage Small Cell Lung cancer. This aggressive form of lung cancer requires urgent treatment if cure is to be possible. Treatment will involve chemotherapy and radiotherapy.

The initial meeting with Care coordinator at Border Medical Oncology Walong, Monday.
• Mrs S meets with the cancer care coordinator initially. In this consultation it is discovered that Mrs S is very fit and has had her first line chemotherapy.

• The cancer care coordinator reassures Mrs S, and talks about the immediate future ahead.

The significant financial burden of treatment as well as the practicalities of travelling to appointments at different sites amongst her busy schedule might hold for Mrs S.

Mrs S is then admitted for chemotherapy which involves long travel between services and time away from home, work and loved ones for patients receiving treatment. The integrated cancer service model aims to address these issues.

Supportive Care Meeting, Albury Wodonga Health, Albury Campus, Tuesday.
• Medical oncology, radiation oncological, chemotherapy nurse, social worker, dietitian, and cancer care coordinator meet to discuss the week’s new patients and their requirements.

• Mrs S’s weight loss, financial situation, dependent son and reluctance to undergo treatment are all discussed and coordinated to ensure that she is attended to by the hospital for her first round of chemotherapy tomorrow morning.

• Mrs S arrives for her first chemotherapy treatment. After education from the chemotherapy nurses she begins treatment.

• With Mrs S in receiving treatment she is reviewed by the dietitian to assess her weight loss and diet and by the social worker to assess her need for any financial supports, assistance programs or counseling needs.

Cycle 1 of Chemotherapy, Albury Wodonga Health, Albury Campus, Wednesday.

• Mrs S is available for her first chemotherapy treatment. After education from the chemotherapy nurses she begins treatment.

• Cycle 1 of chemotherapy is received by Mrs S. She is then able to continue her treatment and is aware of supports available.

Series 2 of Chemotherapy, Albury Wodonga Health, Albury Campus, Thursday.

• Mrs S is able to continue her treatment and is aware of supports available.

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References:

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