



## Special Commission of Inquiry into Healthcare Funding

**Submission Number:** 31  
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**Date Received:** 30/10/2023



**30 October 2023**

## **TITLE**

The need for allocation of healthcare funding in complex cases of head and neck cancer requiring reconstruction and rehabilitation.

## **PURPOSE**

To identify our interest in the work of The Special Commission of Inquiry into Healthcare Funding within the context of complex cases of head and neck cancer (HNC), as it relates to the Terms of Reference: Section A and Section H.

## **RECOMMENDATIONS**

That the Commissioner Richard Beasley SC consider, as it relates to the Terms of Reference;

### **Section A**

- Funding of health services that support underserved communities, including regional and remote HNC patients.
- Funding of essential dental rehabilitation services in relation to complex HNC patients, where orofacial surgery to remove tumours has resulted in removal of teeth and associated structures.
- Funding of high-volume centres who manage the treatment and care of the majority of complex HNC patients.

### **Section H**

- Funding virtual surgical planning workflows for complex cases of HNC that require reconstruction and rehabilitation.
- Funding 3D printing for complex cases of HNC that require dental reconstruction and prosthetic rehabilitation.
- Funding of basic science research that supports emerging technology in reconstruction and rehabilitation for complex cases of HNC.

## **IMPACT OF RECOMMENDATIONS**

- **On Target Population:**  
Restored function (eating, breathing, and speaking) and aesthetics for social reintegration in complex HNC patients; Higher rates of, and reduced time to, rehabilitation; Better functional outcomes and quality of life (QoL).
- **On Equity:**  
Facilitating state-wide outreach clinics to treat HNC patients.
- **On Finances:**  
Supporting equitable access to treatment and rehabilitation in complex HNC cases; Reducing intensive care unit (ICU), ward stays and operating theatre time.

## **KEY ISSUES**

- I. The virtual planning process is not currently adequately reimbursed through the MBS. For public patients, the hospital is responsible for bearing the cost and this complexity is not reflected in activity-based funding.
- II. The prostheses for functional and aesthetic rehabilitation are partially covered by Australian Dental Association codes, but only available to dentists, only patients with health insurance, and only within set limits determined by the health fund (which varies for each fund and in the majority only covers a small proportion of the cost). Patients without health insurance must bear the full cost, other than Healthcare card holders are able to access prosthetics through public dental services.

- III. Complex reconstructive HNC surgery is broadly covered under MBS items for ablative surgery, reconstructive surgery, and implant placement; however, these codes do not reflect the complexity of jaw reconstruction.
- IV. High-volume centres must be supported to continue innovative approaches in patient care, develop ground-breaking treatment techniques and train the next generation of specialised clinicians, while improving outcomes for patients.

## **BACKGROUND**

In 2020, HNC was the twelfth most common cancer type in NSW, with 1,353 new cases diagnosed (Cancer Institute NSW, 2023). The term 'head and neck cancers' incorporate a number of different cancer types that start in different parts of the head and neck (e.g., mouth, throat (larynx), salivary glands etc.). Treatment for complex HNC may include surgery, chemotherapy, radiation therapy, and targeted therapies, and should be overseen by a multidisciplinary cancer care team. Many people with head and neck cancer have a combination of these treatments.

With an aging population, rise in young female without any risk factors and advances in diagnosis and treatment, the number of patients living with the effects of HNC and its treatment continue to rise. Reconstructive surgery is therefore critical to restore form and function after treatment. This is particularly important for defects of the oral cavity where essential functions of speaking, swallowing, non-verbal communication, and breathing may be compromised.

## **CONSULTATION**

- Head and Neck Cancer Australia (HANCA), Patient Advocacy Group
- The Royal Australian College of Surgeons (RACS), Specialist Professional Group
- The Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS), Specialist Professional Group

## **AUTHOR**

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## **CONFIDENTIAL**

NO

Yours Sincerely,



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