Outcome 3

ACCESS TO MEDICAL SERVICES

Access to cost-effective medical, practice nursing and allied health services, including through Medicare subsidies for clinically relevant services

Outcome Strategy

The Australian Government, through Outcome 3, provides access for eligible people to high quality and clinically relevant medical, dental and associated services. This access is provided through the Medicare system. The Government also aims to ensure that Medicare services are safe and cost-effective.

In 2012-13, an estimated 336 million medical and associated services, or an average of 14.4 services per capita, will be funded through Medicare.[1]

The Government is seeking to maintain the sustainability of Medicare in the face of rising costs and demand for medical services. To respond to this challenge, funding decisions will be based on the best available evidence, ensuring that taxpayers share in the savings from the use of more efficient technologies and improved medical practice.

The quality and effective use of diagnostic imaging, pathology and radiation oncology services is an essential part of any contemporary health system. The Government will continue to support these services through improvements to accreditation processes, increased stakeholder engagement and funding for procedures and infrastructure.

Outcome 3 is the responsibility of Medical Benefits Division, Acute Care Division, and Mental Health and Drug Treatment Division.

Programs Contributing to Outcome 3

Program 3.1: Medicare services

Program 3.2: Targeted assistance – medical

Program 3.3: Diagnostic imaging services

Program 3.4: Pathology services

Program 3.5: Chronic disease – radiation oncology

[1] Medicare Benefits Schedule service volumes: projected figures as at Additional Estimates (AEs). ERP: ABS 32010 Table 9 (released December 2010). Projected ERP: ABS 3222.0 Table 9 Series 'B' (released September 2008).

Outcome 3 Budgeted Expenses and Resources

Table 3.1 provides an overview of the total expenses for Outcome 3 by Program.

Table 3.1: Budgeted Expenses and Resources for Outcome 3

	2011-12 Estimated actual $'000	2012-13 Estimated expenses $'000
Program 3.1: Medicare services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,090	4,170
Special appropriations		
Dental Benefits Act 2008	75,602	83,087
Health Insurance Act 1973 - medical benefits	17,523,515	17,762,805
Departmental expenses		
Departmental appropriation[1]	31,325	30,963
Expenses not requiring appropriation in the budget year[2]	1,476	1,035
Total for Program 3.1	**17,636,008**	**17,882,060**
Program 3.2: Targeted assistance - medical		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	23,392	31,292
Departmental expenses		
Departmental appropriation[1]	940	886
Expenses not requiring appropriation in the budget year[2]	44	31
Total for Program 3.2	**24,376**	**32,209**
Program 3.3: Diagnostic imaging services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,189	3,349
Departmental expenses		
Departmental appropriation[1]	2,255	2,127
Expenses not requiring appropriation in the budget year[2]	105	73
Total for Program 3.3	**6,549**	**5,549**
Program 3.4: Pathology services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	4,347	4,738
Departmental expenses		
Departmental appropriation[1]	2,856	2,694
Expenses not requiring appropriation in the budget year[2]	133	93
Total for Program 3.4	**7,336**	**7,525**

Table 3.1: Budgeted Expenses and Resources for Outcome 3 (Cont.)

	2011-12 Estimated actual $'000	2012-13 Estimated expenses $'000
Program 3.5: Chronic disease - radiation oncology[3]		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	70,856	71,622
Departmental expenses		
Departmental appropriation[1]	2,668	2,516
Expenses not requiring appropriation in the budget year[2]	125	87
Total for Program 3.5	**73,649**	**74,225**
Outcome 3 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	106,874	115,171
Special appropriations	17,599,117	17,845,892
Departmental expenses		
Departmental appropriation[1]	40,044	39,186
Expenses not requiring appropriation in the budget year[2]	1,883	1,319
Total expenses for Outcome 3	**17,747,918**	**18,001,568**

	2011-12	2012-13
Average staffing level (number)	252	235

1 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".

2 "Expenses not requiring appropriation in the budget year" is made up of depreciation expense, amortisation expense, makegood expense and audit fees.

3 This program includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each program. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury Portfolio Budget Statements.

Program 3.1: Medicare services

Program Objectives

Improve access to evidence-based, best-practice medical services

The Australian Government, through the Department, aims to ensure that all Australians have access to free or low-cost medical, optometrical and hospital care and in special circumstances allied health services. Medicare provides access to free treatment as a public patient in a public hospital and free or subsidised treatment by practitioners such as doctors (including specialists), participating optometrists and dentists (specified services only).

The Australian Government is committed to building a comprehensive management framework for the Medicare Benefits Schedule (MBS) to ensure the MBS supports cost-effective, evidence-based best practice care. In 2012-13, the Department will further progress 14 reviews which began in 2011-12 and commence a further two specialty reviews to ensure that items listed on the MBS remain clinically relevant and consistent with best practice. The Department will also review MBS fees to ensure that fees for new items reflect the costs involved in providing the services.

To support these activities, the Australian Government will continue to seek independent expert advice from the Medical Services Advisory Committee (MSAC) on the circumstances under which public funds should be used to support new medical services.

Improve access to specialist medical services through telehealth

Patients in remote, regional and outer metropolitan areas are now able to videoconference with specialists in cities or major regional centres on referral from a medical practitioner as part of the Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations initiative. MBS rebates are available for specialists and practitioners who may accompany the patient during the consultation. Online consultations provide patients in isolated areas with access to specialists sooner and without the time and expense involved in travelling to inner metropolitan areas. Recognising that telehealth aims to address geographical barriers to care, a 15km minimum distance between specialist and patient location will be introduced from 1 November 2012. Minimum distance requirements will not apply to residents of aged care facilities and patients of Aboriginal Medical Services. The MBS rebates are complemented by the incentive payments available under Program 3.2.

Improve access to clinically relevant dental services

The Australian Government aims to improve the dental health of Australian teenagers by increasing access to preventive dental checks. The Government provides a voucher to eligible teenagers, once each calendar year, for this check. The voucher provides up to $163.05 per eligible teenager between 12-17 years of age to help them develop lifetime good oral health habits.

The Australian Government has announced its intention to close the Medicare Chronic Disease Dental Scheme. However, the Senate has twice blocked the subordinate legislation necessary to close the scheme.

CappingExtended Medicare Safety Net Benefits

From 1 November 2012, there will be a cap (80% of the MBS fee) on Medicare Benefits payable under the Extended Medicare Safety Net (EMSN) for a small number of items where excessive fees are charged by some doctors for out of hospital services. In addition, an upper limit (300% of the MBS fee up to $500) on the amount of EMSN benefits payable for consultations will be introduced. This will address excessive fee charging behaviour by some providers and ensure the continued sustainability of the EMSN.

Program 3.1 is linked as follows:

- The Department of Human Services (Medicare Australia and Centrelink – Program 1.1) for administering Medicare services and benefits payments, including telehealth services, veterans treatment accounts, MBS online claims, electronic claim lodgement and information processing service environment and the Medicare Teen Dental Plan.

Program 3.1 Expenses

Table 3.2 Program Expenses

	2011-12 Estimated actual	2012-13 Budget	2013-14 Forward year 1	2014-15 Forward year 2	2015-16 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	4,090	4,170	351	543	553
Special appropriations					
Dental Benefits Act 2008	75,602	83,087	90,333	97,741	106,538
Health Insurance Act 1973 - medical benefits	17,523,515	17,762,805	18,599,458	19,925,086	21,227,389
Program support	32,801	31,998	29,193	29,049	29,275
Total Program 3.1 expenses	**17,636,008**	**17,882,060**	**18,719,335**	**20,052,419**	**21,363,755**

Program 3.1: Deliverables[2]

Table 3.3: Quantitative Deliverables for Program 3.1

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Improve access to evidence-based, best-practice medical services					
Number of reviews of existing MBS items commenced[3]:					
• rapid reviews	11	0	N/A	N/A	N/A
• specialty reviews	3	2	N/A	N/A	N/A
Number of appraisals of new items, or amendments to items, commenced[4]	28	32	32	32	32
Improve access to specialist medical services through the use of telehealth					
MBS rebates paid for specialist telehealth consultations[5]	$30.5m	$56.1m	$102.4m	$156.8m	$209.5m
Improve access to clinically relevant dental services					
Number of vouchers provided to eligible teenagers[6]	2012 1.3m	2013 1.2m	2014 1.2m	2015 1.2m	2016 1.2m

2 In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

3 Funding for this initiative ends in 2012-13. Targets were revised as some reviews commenced earlier than expected. The numbers in this PB Statements reflect actual as opposed to estimated reviews.

4 Forward year estimates for number of appraisals is estimated at 32 based on an assumption than applications for new and amendments to existing MBS items will continue at this rate.

5 Medicare is a demand-driven program and deliverables may be impacted by changes in patient and provider behaviour.

6 The Medicare Teen Dental Plan operates on a calendar year basis. As such, estimates are for vouchers provided in the relevant calendar year. Estimates have been revised since the 2011-12 Portfolio Budget Statements.

Program 3.1: Key Performance Indicators

Table 3.4: Quantitative Key Performance Indicators for Program 3.1

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Improve access to evidence-based, best-practice medical services					
Number of services delivered through Medicare by providing rebates for items listed on the MBS[7]	328m	336m	351m	367m	382m
Improve access to clinically relevant dental services					
Percentage uptake of preventative dental checks by eligible teenagers[8]	2012 36%	2013 39%	2014 42%	2015 45%	2016 48%

7 Estimates updated from those published in 2011-12 based on current trend projections.

8 The Medicare Teen Dental Plan operates on a calendar year basis. As such, estimates are for vouchers provided in the relevant calendar year.

Program 3.2: Targeted assistance – medical

Program Objective

Provide medical assistance to Australians overseas

The Government provides health care assistance to eligible victims of specific overseas disasters resulting from acts of terrorism, civil disturbances or natural disasters. The Department provides ex-gratia payments to eligible victims to cover out-of-pocket expenses for health care delivered in Australia for ill health or injury which has arisen as a result of such disasters. In recent years, these have included events such as the Bali bombings and the Asian tsunami.

The Australian Government has signed Reciprocal Health Care Agreements with certain countries to provide reciprocal access to public health facilities for Australian residents travelling overseas. The Department takes a lead role in the negotiation of any new agreement, in collaboration with the Department of Foreign Affairs and Trade.

Improve access to specialist medical services through the use of telehealth

Under the Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations initiative, patients in remote, regional and outer metropolitan areas are able to videoconference with specialists in cities or major regional centres on referral from a medical practitioner. The Department encourages eligible practitioners and facilities to provide these services through incentive payments to support the uptake of Medicare rebates for online video consultations. Telehealth incentives will be restructured so that the 'on board' incentive is paid in two instalments (1/3 following the first and 2/3 following the tenth services) and all incentive payments will cease from 30 June 2014. This aims to encourage early adoption and embed telehealth into normal practice.

Support access to necessary medical services not available through mainstream mechanisms

The Australian Government funds a range of targeted services supporting groups with special needs, such as the homeless, the disadvantaged and the visually impaired, who have difficulty accessing services through mainstream mechanisms. In 2012-13, the Department will fund organisations through health program grants to help individuals overcome barriers to accessing services such as: primary health care; intervention counselling; optometry and orthoptic consultations; and scientific aids, assisted technology and adaptive living aids for low vision. The Department will monitor funded organisations to ensure the needs of the target audience are being met.

The Government, through the Medical Treatment Overseas Program, also provides financial assistance for Australians with a life-threatening medical condition to receive treatments which are not available in Australia. Applicants must meet four mandatory medical eligibility criteria before assistance can be provided, including that the life-saving medical treatment is accepted as standard treatment by the Australian medical profession, and will not be available in Australia in time to benefit the patient. In 2012-13, the Department will continue to assess applications for financial assistance under this program.

Program 3.2 is linked as follows:

- The Department of Human Services (Medicare Australia – Program 1.1) for administering breast cancer external prostheses reimbursements, telehealth financial incentive payments, and ex-gratia payments for the Disaster Health Care Assistance Schemes.

Program 3.2 Expenses

Table 3.5: Program Expenses

	2011-12 Estimated actual	2012-13 Budget	2013-14 Forward year 1	2014-15 Forward year 2	2015-16 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	23,392	31,292	41,403	11,554	11,590
Program support	984	917	921	918	925
Total Program 3.2 expenses	**24,376**	**32,209**	**42,324**	**12,472**	**12,515**

Program 3.2: Deliverables[9]

Table 3.6: Qualitative Deliverables for Program 3.2

Qualitative Deliverables	2012-13 Reference Point or Target
Provide medical assistance to Australians overseas	
Provide health care assistance to eligible Australians overseas in the event of overseas disasters	Assistance is provided in a timely manner
Support access to necessary medical services not available through mainstream mechanisms	
Regular review of gaps in service provision to improve individuals' access to medical services	Timely and responsive review process

[9] In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

Program 3.2: Key Performance Indicators

Table 3.7: Quantitative Key Performance Indicators for Program 3.2

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Provide medical assistance to Australians overseas					
Percentage of claims by eligible women under the national External Breast Prostheses Reimbursement Program processed within ten days of lodgement	90%	90%	90%	90%	90%
Support access to necessary medical services not be available through mainstream mechanisms					
Number of health services provided to eligible Australian residents, such as the homeless, the disadvantaged and the visually impaired that could not be provided through Medicare, due to patient access barriers	36,600	36,800	37,000	37,200	37,400

Program 3.3: Diagnostic imaging services

Program Objective

Magnetic resonance imaging

The Australian Government will ensure ongoing, affordable, and convenient diagnostic imaging services for patients by expanding patient access to Medicare-eligible magnetic resonance imaging (MRI) services.

The Department will continue to implement reforms arising out of the 2011 *Review of Funding for Diagnostic Imaging* to ensure that more Australians have access to affordable diagnostic imaging and benefit from faster diagnosis and early detection.

From November 2012, the Government will provide patients greater access to more Medicare rebateable MRI scans by increasing the number of Medicare-supported MRI units in Australia. This includes the extension of full Medicare eligibility for MRI units operating in regional areas prior to May 2011. GPs will also be able to request MRIs for patients under 16 years of age so that young Australians have more direct access to Medicare-eligible MRI services and are less likely to be exposed to radiation from alternative imaging modalities such as computed tomography (CT).

Medicare eligibility will be extended for MRI items listed in the Medical Benefits Scheme (MBS) for the initial staging of rectal and cervical cancer, and the screening of breast cancer in women under 50 years of age for all Medicare-ineligible MRI units operating in major cities. The Government will also grant Medicare eligibility for an additional 12 MRI units in areas of need between 2012 and 2015. These diagnostic imaging reforms mean more Australians will have access to affordable diagnostic imaging and benefit from faster diagnosis and early detection of disease.

Strengthening the provision of quality diagnostic radiology services

From November 2012, the Government will strengthen the provision of quality Medicare funded diagnostic radiology services by requiring those performing the actual diagnostic imaging procedure to hold minimum qualifications for all X-ray, angiography and fluoroscopy services. This will address quality and safety concerns about minimum qualification levels of practitioners and technicians performing diagnostic imaging procedures that arose from the recently completed *Review of Funding for Diagnostic Imaging Services*.

Encourage more effective use of diagnostic imaging

In 2012-13, through the Diagnostic Imaging Quality Program, the Government will fund projects that meet identified priority areas in diagnostic imaging such as safety, communication, appropriateness, efficiency and the consumer experience. These will contribute to the improved cost-effectiveness and clinical relevance of diagnostic imaging services.

Diagnostic Imaging Accreditation Scheme

All diagnostic imaging sites that wish to provide MBS eligible services must first be accredited through the Diagnostic Imaging Accreditation Scheme, to ensure that patients receive high quality and safe services. The scheme allows practices to move incrementally from a minimum entry level standard to full accreditation. In 2012-13, the Department will continue to manage the scheme and examine the impact of the scheme on diagnostic imaging providers. This research commenced in April 2011 and the results are expected to be published in 2013-14.

Program 3.3 Expenses

Table 3.8: Program Expenses

	2011-12 Estimated actual	2012-13 Budget	2013-14 Forward year 1	2014-15 Forward year 2	2015-16 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	4,189	3,349	3,373	3,438	3,503
Program support	2,360	2,200	2,199	2,191	2,208
Total Program 3.3 expenses	**6,549**	**5,549**	**5,572**	**5,629**	**5,711**

Program 3.3: Deliverables[10]

Table 3.9: Qualitative Deliverables for Program 3.3

Qualitative Deliverables	2012-13 Reference Point or Target
Encourage more effective use of diagnostic imaging	
Fund activities to improve the quality of diagnostic imaging services	Funding agreements with successful applicants to the Diagnostic Imaging Quality Program will be in place with monitoring activities conducted in 2012-13

[10] In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

Table 3.10: Quantitative Deliverables for Program 3.3

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Magnetic resonance imaging					
Number of additional MRI units in areas of need given Medicare eligibility[11]	N/A	2	2	4	4

Program 3.3: Key Performance Indicators

Table 3.11: Quantitative Key Performance Indicators for Program 3.3

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Diagnostic Imaging Accreditation Scheme					
Number of practices participating in the Diagnostic Imaging Accreditation Scheme	4,200	4,300	4,400	4,500	4,600

[11] There are no estimates for 2011-12 as Medicare eligibility under the area of need process commences from 1 November 2012.

Program 3.4: Pathology services

Program Objectives

Assurance of quality and accessibility of services

The Australian Government aims to ensure access to high quality, clinically relevant and cost-effective pathology services. The Government requires all pathology service providers accessing MBS rebates to be accredited through the National Pathology Accreditation program to ensure the safety and quality of services.

In addition, the Department manages the Quality Use of Pathology program to support innovative approaches to improve the quality of pathology services. Through the program, the Department collaborates with consumer representatives and professionals representing pathologists, scientists and other health and medical practitioners to identify where improvements to pathology services can be made.

Pathology Funding Agreement

The Pathology Funding Agreement between the Australian Government and the pathology sector, which came into effect on 1 July 2011, ensures that patients have access to quality and affordable pathology services and that taxpayers receive value for money. The agreement runs until 2016 and provides for growth in pathology MBS expenditure of around 5% per year. While the agreement is primarily a mechanism to manage pathology expenditure it also provides for the introduction of many other initiatives including: the development of a National Pathology Framework to ensure pathology maintains its existing level of quality, affordability and accessibility; the implementation of electronic requesting and reporting of pathology; the development of a national funding approach for genetic services; work towards including pathology results on the Personally Controlled Electronic Health Record; and work towards the development of better decision support for pathology requesting.

Program 3.4 Expenses

Table 3.12: Program Expenses

	2011-12 Estimated actual	2012-13 Budget	2013-14 Forward year 1	2014-15 Forward year 2	2015-16 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	4,347	4,738	4,289	5,334	43,381
Program support	2,989	2,787	2,835	2,823	2,778
Total Program 3.4 expenses	**7,336**	**7,525**	**7,124**	**8,157**	**46,159**

Program 3.4: Deliverables[12]

Table 3.13: Qualitative Deliverables for Program 3.4

Qualitative Deliverables	2012-13 Reference Point or Target
Pathology Funding Agreement	
Work with The National E-Health Transition Authority (NEHTA) to develop national standards for electronic reporting of pathology results	Introduce national standards by 30 June 2013
Develop an approach to genetic testing	Review of current genetic testing arrangements and options for reform to be finalised by 30 December 2012

Table 3.14: Quantitative Deliverables for Program 3.4

Quantitative Deliverables	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Assurance of quality and accessibility of services					
Number of new and/or revised national accreditation standards produced for pathology laboratories	4	4	4	4	4

12 In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

Program 3.4: Key Performance Indicators

Table 3.15: Quantitative Key Performance Indicators for Program 3.4

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Assurance of quality and accessibility of services					
Percentage of Medicare-eligible laboratories meeting pathology accreditation standards	100%	100%	100%	100%	100%
Percentage of pathology services that are bulk-billed	86%	86%	86%	86%	86%
Pathology Funding Agreement					
Annual growth rate in MBS pathology expenditure[13]	4.875%	4.875%	4.900%	4.950%	5.200%

[13] These figures are as per the Pathology Funding Agreement between the Australian Government and the pathology sector.

Program 3.5: Chronic disease – radiation oncology

Program Objective

Improve access to quality radiation oncology services

The Australian Government aims to improve access to high quality radiation oncology services by funding approved equipment, quality programs and initiatives to increase the number of trained radiotherapy professionals.

In conjunction with the specialty reviews conducted under Program 3.1, the Department will undertake a review of the current Radiation Oncology MBS Items in 2012-13. As part of this review, the Department will consult with relevant professions to ensure that Medicare reimbursement is aligned with evidence-based, cost-effective, best clinical practice.

In 2012-13, the Department will continue to provide Radiation Oncology Health Program Grants. These grants gradually reimburse service providers for the cost of approved equipment used to provide treatment services, helping to ensure that equipment is replaced regularly and that patients are treated using current techniques and technologies. The grants complement the Medicare benefits payable for radiation oncology services under Program 3.1.

The Australian Government will also fund approved workforce activities to increase training capacity, improve the efficiency of the existing workforce and attract staff to areas of need.[14]

Program 3.5 is linked as follows:

- This Program includes National Partnership Payments for the
  - *Tasmanian health package - Radiation Oncology Services in North/North West Tasmania*

  These Partnership Payments are paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Program 1.10 of the Treasury's Portfolio Budget Statements.

[14] For further information on the Government's workforce initiatives, refer to Outcome 12 in these Portfolio Budget Statements.

Program 3.5 Expenses

Table 3.16: Program Expenses

	2011-12 Estimated actual	2012-13 Budget	2013-14 Forward year 1	2014-15 Forward year 2	2015-16 Forward year 3
	$'000	$'000	$'000	$'000	$'000
Annual administered expenses					
Ordinary annual services	70,856	71,622	73,055	74,523	76,015
Program support	2,793	2,603	2,617	2,607	2,627
Total Program 3.5 expenses	**73,649**	**74,225**	**75,672**	**77,130**	**78,642**

Program 3.5: Deliverables[15]

Table 3.17: Qualitative Deliverables for Program 3.5

Qualitative Deliverables	2012-13 Reference Point or Target
Improve access to quality radiation oncology services	
Develop a framework to improve patient safety and clinical outcomes from radiation treatment	Options for assessment against new radiation oncology practice standards are developed and costed with the professions

15 In 2012-13, all deliverables and key performance indicators have been reviewed and updated to ensure targeted performance reporting.

Program 3.5: Key Performance Indicators

Table 3.18: Qualitative Key Performance Indicators for Program 3.5

Qualitative Indicator	2012-13 Reference Point or Target
Improve access to quality radiation oncology services	
Projects are undertaken to increase radiation oncology workforce capacity, both through increased training capacity and enhanced capability of the existing workforce	Strategies and initiatives to increase workforce capacity are adopted by key stakeholders
Radiation oncology services are safe and of high quality	Radiation oncology practice standards are promoted by the professions as a guide to good practice

Table 3.19: Quantitative Key Performance Indicators for Program 3.5

Quantitative Indicators	2011-12 Revised Budget	2012-13 Budget Target	2013-14 Forward Year 1	2014-15 Forward Year 2	2015-16 Forward Year 3
Improve access to quality radiation oncology services					
The number of sites delivering radiation oncology[16]	65	66	68	71	74

[16] Targets reduced from 2011-12 Portfolio Budget Statement as a private facility proposed to be established in 2011-12 did not proceed to construction.