Category	Barriers/Facilitators	
Financing	System-level	• Resource allocation (e.g., grant funded services) • Lack of funding (e.g., federal vs state, state by state differences, private vs public system) • Activity based funding (ABF) in hospitals • MBS item billing (CDMP) • No clear funding pathway • Costs for common cancers vs rare cancers
	Patient-level	• Out of pocket costs for patient/patient finances
Service Delivery	System-level	• Infrequent and inconsistent screening practices by health professionals • Lack of advocacy for scope of practice • Inadequate use of guidelines and standards for measures and output • Lack of evaluation of data for Care MDT • Implementation of Optimal Care Pathways • Ad-hoc referrals (relies on patient knowledge re services) • Insufficient access to allied health support (i.e., 5 sessions per year) • Cost barriers • Geographic barriers • Lack of tumor specific streams in certain services
Information	System-level	• Lack of communication pathways between health professionals and patients across settings. • Lack of accreditation standards for outpatient/community compared to inpatients • Limited access to medical records for private providers • Lack of security of information within the hospital (e.g., patient concerns about privacy/confidentiality of information)
	Provider-level	• Lack of training and CPD • Conflict role identity of health professionals • Lack of awareness of resources/services. • Level of experience regarding knowledge of whether patient needs physiotherapist or exercise physiotherapist • Lack of community expertise for regional health
	Patient-level	• Lack of awareness of resources/services. • Lack of digital and health literacy • Trust and reliability of information for patients
Leadership/Governance	System-level	• Fragmented leadership/responsibilities involving peak bodies and accredited bodies such as APA, ESSA, DA, COSA, Nutrition Australia, Fitness Australia, cancer councils, care providers, GPs, LHNs, leadership mentoring systems • Lack of involvement of all stakeholders from the beginning resulting in a fragmented system • Lack of pathway/chain (e.g., Cancer Australia plan can be implemented into services) • Barriers in care coordination (e.g., My Health record is poorly used). • Lack of guidance for current clinical system • Lack of structure for cancer type differences
Technologies	System-level	• Technology limitations (e.g., data breaches) • Lack of connection between information systems • Technologies not supported by healthcare system/connectivity issues
Health Workforce	System-level	• Limited staff capacity/services • Lack of personnel to manage quality and safety • Resource allocation to different cancer types (some cancers get allocated more resources than others) • Lack of work-from-home resources

		• Limited services available at some hospitals • Leveraging existing resources such as my health record
	Provider-level	• Time constraints • Reluctance to refer patients from acute care due to reduced trust • Reluctance to own care • Risk-adverse • Lack of commitment • Contribution of students during their placements
	Patient-level	• Patient demand