AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE
SUBMISSION TO REVIEW OF MEDICARE LOCALS
December 2013

About ACDPA

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity. This submission supports and complements submissions from individual members of ACDPA.

KEY POINTS

- Australia needs a robust system of primary health care organisations that can help tackle the prevention of chronic disease and address key risk factors, including overweight/obesity, poor nutrition, physical inactivity, and smoking.
- There should be consistent national targets and indicators set to help primary health care organisations directly meet the Australian Government's health policy objectives of reducing the burden of chronic disease and avoidable hospital admissions.
- As early intervention is critical, primary health care organisations need to be resourced to ensure better systems and referral processes are in place to identify patients with, or at risk of chronic disease, and ensure they are well managed and/or have access to appropriate prevention programs.
- The ACDPA should be engaged into appropriate advisory structures to ensure that primary health care organisations get the best possible advice on preventing chronic disease and the causes of chronic disease and to avoid disconnection and duplication where primary care organisations do not connect with NGOs.

Introduction

ACDPA welcomes the opportunity to provide comments to the review of Medical Locals.
Our alliance was formed to focus on chronic disease prevention using a broad public health approach to address the common risk factors for type 2 diabetes, heart disease and stroke, kidney disease and cancer. Together, these diseases account for nearly 45% of the total burden of disease and injury in Australia[1].

Overweight and obesity can be attributed to 54.7% of the diabetes disease burden, 19.5% of the cardiovascular disease burden and 3.9% of the cancer disease burden[1]. Australia's adult obesity rate is the fifth highest amongst OECD countries[2]. In 2008, obesity was estimated to cost $58.2 billion, with 3.7 million Australians classified as obese. Obesity alone (excluding overweight) accounts for an estimated:

- 242,033 Australians with type 2 diabetes;
- 344,843 Australians with cardiovascular disease;
- 30,127 Australians with cancer[3].

Projections for both overweight and obesity indicate that over 10 million Australians were overweight or obese in 2005 and that this figure is likely to increase to a staggering 16.9 million by 2025[4].

Excessive alcohol consumption is a major contributor to both social and health-related costs in Australia. In 2004-05 the total costs of alcohol to Australia, including loss of life, lost productivity, health care costs, road accident-related costs and crime-related costs were estimated at $15.3 billion[5]. Alcohol was also responsible for the greatest amount of burden in males under the age of 45[1].

In Australia, 56% of men and 64% of women do not get enough physical activity. This inactivity has been shown to account for 7% of Australia's disease burden and 10% of all deaths, mostly due to cardiovascular disease and diabetes[1]. It places a substantial burden on the Australian economy through the costs of treatment for physical activity-related disease and injury, lost productivity and diminished quality of life[6].

The development of type 2 diabetes, cardiovascular disease, kidney disease and cancer is the result of complex interplay between societal, environmental, socioeconomic, biological and lifestyle factors. In the majority of cases, these diseases develop over several decades of underlying progression at the physiological level. This complexity and slow development provide multiple opportunities for preventative actions that can slow or stop the progression of these diseases. Interventions at the whole of community level, such as taxation and legislation, large scale intervention to identify and intervene early for high risk populations; or targeted or individual-level services, such as screening and clinical treatment, have been demonstrated to reduce the burden of disease and lead to significant cost savings [7,8,9].

The role of Medicare Locals (ML) and their performance against stated objectives

MLs were originally promoted as a centrepiece for preventative health initiatives. Early objectives such as better coordination of care between primary health professionals, identification and addressing of service gaps for local communities and support for primary care providers to meet quality standards have not been fully realised. The strong focus on governance and administration which accompanied implementation of MLs diverted these organisations from action on large scale programs. Some MLs have only recently been established and are still focussed on formative work.

However, MLs provide government with a structure for addressing public health issues at a local level in a coordinated and multidisciplinary way. Resourcing MLs to support the development of improved systems and referral processes to identify patients at risk of chronic disease would have a significant impact on the health of Australians. MLs have begun the work of facilitating the formation of strong multidisciplinary care pathways to ensure that people receive appropriate and timely care and advice and this can be built upon. Providing appropriate resourcing for prevention programs will ensure that people have adequate access to support for lifestyle modification.

A further reason for lack of achievement of preventive health outcomes has been due to the absence of a consistent set of preventive health objectives across the 61 MLs. We believe it is inefficient and ineffective for each ML to develop its own set of objectives and programs within artificially set boundaries. MLs are however, well situated to translate nationally consistent priorities and plans into preventive health and health promotion programs at the local level. This review provides government with the opportunity to develop nationally consistent preventive health targets and indicators that can provide a framework to support MLs to deliver innovative services which directly meet the government's health policy objectives.

These targets should be developed in consultation with public health NGOs to ensure consistency, reduce duplication and focus initiatives on priority areas. ACDPA should be engaged in these discussions and included in advisory structures to ensure expert and evidence-based advice on the most effective chronic disease prevention initiatives informs this process.

We believe that reorienting the entire health system towards chronic disease prevention will provide significant economic benefits and result in less demand for hospital and other acute services due to a reduction in chronic diseases. We strongly support a nationally consistent and coordinated preventative health approach to reducing the burden of chronic diseases caused by unhealthy diets, physical inactivity, overweight and obesity, excessive alcohol consumption and tobacco smoking.

Yours Sincerely

Professor Greg Johnson
Chair

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