



ACDPA response to AIHW potentially preventable hospitalisation indicator for general practice

The Australian Chronic Disease Prevention Alliance welcomes the opportunity to provide a submission to the consultation on an AIHW potentially preventable hospitalisation indicator for general practice.

About the Australian Chronic Disease Prevention Alliance

The Australian Chronic Disease Prevention Alliance (ACDPA) brings together Cancer Council Australia; Diabetes Australia; National Heart Foundation of Australia; Kidney Health Australia; and the Stroke Foundation. These leading Australian non-government health organisations share a commitment to reducing the growing incidence of chronic disease in Australia attributable to modifiable risk factors.

ACDPA members work together in the prevention of chronic disease, with emphasis on changes to food and physical environments to reduce risk, and changes to the health system to promote early assessment and management of chronic disease risk.

Support for proposed AIHW potentially preventable hospitalisation indicator for general practice

ACDPA supports the proposed definition of potentially preventable hospitalisation, which seeks to capture hospitalisations that may have been avoidable through general practice activity, such as screening for chronic diseases and management of chronic disease risk factors.

ACDPA supports the longer-term view of preventability, with reference to a range of chronic conditions and related complications that could be prevented through primary, secondary or tertiary interventions.

We support the proposed expansion of the list to include:

- acute myocardial infarction, ischaemic heart disease, essential (primary) hypertension and other cardiovascular conditions (Appendix B.3)
- hypertensive chronic kidney disease and other renal conditions (Appendix B.3)
- stroke (Appendix B.3)
- vaccine-preventable cancers and pre-cancers due to HPV (Appendix B.1)
- liver cancer due to chronic hepatitis C (Appendix B.3)
- separate reporting of diabetes complications to better understand the distribution of complications (Appendix B.3).

Many chronic conditions and related complications are potentially preventable, including through early risk assessment and management of risk. The AIHW Burden of Disease study reports on 29 modifiable risk factors that contribute to burden of disease, including behavioural, metabolic, dietary and environmental risk factors. For example, hypertension contributed to 4.9% of disease burden overall and was responsible for 41% of burden due to stroke and 33% of burden due to coronary heart disease in

2011. High cholesterol was responsible for 7.2% of the burden due to stroke and 28% of the burden due to coronary heart disease.¹

The National Vascular Disease Prevention Alliance *Guidelines for the Management of Absolute Cardiovascular Disease Risk* <http://www.cvdcheck.org.au/> provide evidence-based recommendations and an online tool for general practice to assess, treat and manage cardiovascular disease risk for adults aged 45 years and over (and 35 years for Aboriginal and Torres Strait Islander peoples). Combined with health checks for diabetes and chronic kidney disease, a significant proportion of vascular conditions could potentially be prevented through effective identification of risk and management of risk factors.

ACDPA supports the proposed potentially preventable hospitalisation indicator for general practice in recognition of the longer-term view of disease preventability. The indicator also provides an opportunity to monitor the effectiveness of programs and policies to reduce disease risk out of hospital, including through chronic disease health checks and risk management, and vaccination to prevent cancers and pre-cancers.

¹ AIHW 2016. <https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-death-2011/>