

## Australia's Primary Health Care 10 Year Plan 2022-2032

FINAL ACDPA response – 9 November 2021

### Questions 1-7

Organisational details

8. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

**ACDPA recommends that ongoing access to MBS-subsidised telehealth be explicitly included as an action in the Primary Health Care 10-Year Plan to facilitate access for Australians across the nation.**

We supported the introduction of MBS-subsidised telehealth during the pandemic to facilitate safe access to care, including for people with chronic conditions who need to continue managing their health but are at increased risk of COVID-related complications. Access to primary care and allied health professionals with MBS subsidies via telehealth also has the potential to reduce disparities and enable access for people in rural and remote communities, including for care and rehabilitation after treatment.

We support training to upskill health professionals in using this technology, building the evidence base, and developing national standards of practice, including guiding principles, to support the provision of quality care via telehealth.

9. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

No response

10. Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

No response

11. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

**ACDPA recommends that funding reform strengthens the provision of health assessments to better align with preventive health guidelines.**

Currently the MBS health assessment items for chronic disease do not align with the recommended target age group and frequency of assessment for a range of chronic conditions, including type 2 diabetes and chronic kidney disease.

We support the explicit recognition of MBS health assessments, alongside chronic disease management plans, in the Primary Care 10 Year Plan and the potential for VPR to facilitate continuity of care between health providers and patients, including for the assessment and communication of risk.

We support the intent to incentivise preventive care with a focus on outcomes to keep people well in the community. Evidence from international studies supports the use of incentives for to systematically identify and recall patients at high risk of developing cardiovascular or other chronic diseases, to enable earlier detection and appropriate screening.

We support the inclusion of 'lowered prevalence of chronic conditions' and 'reduced progression of chronic diseases' as targets for the Future state in 7-10 years. **ACDPA recommends that this section also includes management of risk factors for chronic disease (beyond frailty) and earlier detection of chronic conditions to improve outcomes.**

There are around 1.7 million Australians living with signs of kidney disease and around 500,000 Australians living with silent type 2 diabetes. Both conditions interact to increase risk and outcomes can be improved if detected early, by halting or slowing the progress of disease and preventing complications. Cancer screening programs and activities in primary care have demonstrated the benefits of early detection in improving treatment options and cancer outcomes.

12. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

We support models of care that have a 'whole of person' focus and consider health beyond a single condition. A multidisciplinary approach to chronic disease enables healthcare teams to complement one another to achieve optimal health for patients.

We support promising models of care, including recognition of nurse-led preventive health care in general practice. The New Zealand 'More Heart and Diabetes Checks' program relied on practice nurses to assess risk of chronic conditions for the eligible population. The program's stretch target of 90 percent of the eligible population was achieved in part, through upskilling the nurse workforce to provide health checks and communicate risk to patients.

Reference – <https://www.health.govt.nz/publication/more-heart-and-diabetes-checks-evaluation>

We also support workforce training, education programs and software that builds on up-to-date models of care, such as absolute cardiovascular disease risk assessment which is recommended in clinical practice guidelines and recognises the interaction between risk factors that increase risk of cardiovascular disease.

13. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

We strongly support recommendations to Close the Gap and reduce the unacceptable life expectancy gap between Aboriginal and Torres Strait Islander peoples and other Australians.

We support increasing Indigenous Health Checks, noting the existing disparities in chronic disease risk factors, access to care, and outcomes for Aboriginal and Torres Strait Islander peoples compared to the non-Indigenous population. We support the specific recognition of certain conditions that adversely affect the Aboriginal and Torres Strait Islander population, including kidney disease, and highlight the shared risk factors and interaction between kidney disease, type 2 diabetes, and cardiovascular disease.

Reference - <https://kidney.org.au/get-involved/advocacy/make-the-link-kidneys-diabetes-and-heart>

We also highlight the importance of co-design to ensure the Aboriginal and Torres Strait Islander community is consulted and involved from the beginning of any initiatives.

14. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

**ACDPA recommends that the Primary Health Care Plan actions consider the current Senate Committee inquiry into general practitioner and primary health services for outer metropolitan, rural and regional Australians.**

We support the focus on improving access to care for people in rural and regional areas and note this should also focus on access to preventive care and management of risk factors, alongside access to diagnosis, treatment, supportive care and rehabilitation. There are ongoing inequities for people in rural and regional populations with regard to chronic disease risk factors, access, and outcomes, and we support MBS-subsidised telehealth to facilitate access.

15. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

**ACDPA recommends that the Primary Health Care Plan actions consider the current Senate Committee inquiry into general practitioner and primary health services for outer metropolitan, rural and regional Australians.**

We support the focus on improving access to care for people at risk of poorer outcomes, including people in socioeconomic areas of disadvantage and some outer metropolitan areas.

We support the recognition of health literacy under this action area and highlight the need to increase awareness of chronic disease prevention and provide support to reduce risk factors, such as overweight and obesity, poor diets, physical inactivity, smoking, alcohol consumption, high cholesterol, and high blood pressure. Work on health literacy should tie in with the Health Literacy Strategy and National Preventive Health Strategy.

16. Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

**ACDPA recommends that this action area be changed to ‘Empower and support people to understand and manage their health and wellbeing.’ We recommend this action area includes a greater focus on ‘support’ to complement ‘empowerment’.**

It is crucial that people are supported to understand more about their health and risk of disease, as a large amount of chronic disease burden could be prevented, and many Australians are unaware they are living with a high risk of disease. It is equally important to support people to manage their health through access to allied health professionals, primary prevention programs, cancer screening, and accessible health information. This is not the same as ‘managing their own health care,’ rather it is facilitating support for people to manage their health and wellbeing. We support the Primary Health Care 10 Year Plan linking back to the Health Literacy Strategy and National Preventive Health Strategy to increase health literacy and approaches to support prevention.

Similarly, we recommend removing the emphasis on ‘staying healthy’ and focusing instead of supporting people to manage their health and wellbeing. There are many Australians who have existing risk factors for disease, who could be supported to lead healthier lives, as well as many Australians who have existing conditions, who could be supported to reduce their risk of a secondary event through behaviour change programs and ongoing management.

**ACDPA recommends expanding the action for evidence-based cost-effective health monitoring technologies to incorporate other evidence-based cost-effective approaches to prevent and control chronic disease.**

There are evidence-based approaches to prevent and control chronic disease that are modelled to be feasible and cost-effective, including absolute cardiovascular disease risk assessment and screening high-risk patients for chronic kidney disease to support early detection and reduce health system costs associated with late diagnosis and dialysis.

References - <https://apps.who.int/iris/handle/10665/259232>

[https://public-health.uq.edu.au/files/571/ACE-Prevention\\_final\\_report.pdf](https://public-health.uq.edu.au/files/571/ACE-Prevention_final_report.pdf)

17. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

We support the development for chronic conditions pathways and note this should include risk assessment and management of risk for chronic conditions, as well as outlining diagnosis, treatment, and supportive care.

18. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

We support investment in prevention and primary care research and importantly, investment in translation of research to address gaps, build the evidence base, and integrate research findings into practice to improve the health system.

19. Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

We support cross-sectoral leadership to achieve improvements in the primary health care system, with communication, collaboration, evaluation, and research translation to enable change.

20. Please provide any additional comments you have on the draft plan (1000 word limit)

### **About ACDPA**

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of Cancer Council Australia, Diabetes Australia, Heart Foundation, Kidney Health Australia, and Stroke Foundation. Members work together to collectively promote prevention, integrated risk assessment and effective management of chronic disease risk.

### **Support for the Plan**

We strongly support the Plan's ambitions for the health care system, including shifting towards a wellbeing system and shifting to focus on health promotion and prevention. Both shifts will require funding reform and education to reorient the system and change expectations of health professionals and the community.

We strongly support prevention and management of chronic conditions as a foundation for primary health care reform. One in two Australians have a chronic condition and one in five have multiple conditions. It is essential that the health system cater for people with existing chronic disease, while reorienting towards a health and wellbeing system.

We support the recognition of chronic conditions in the Plan through powerful statistics that demonstrate the burden of these conditions on the community and the health system, and through references to health assessments alongside chronic disease management plans.

We strongly support the implementation detail for the Plan including the Oversight Group, development of an implementation plan and evaluation framework within one year, and evaluations at three-year intervals over the Plan's 10-year timeframe. ACDPA requests involvement in the Oversight Group as the Implementation Plan is developed to represent the needs of people affected by, or at high risk of, chronic conditions and to provide evidence-based advice on prevention, risk assessment and early detection. We recognise the potential of primary care reform to reduce the burden of chronic disease in the community and on the health system.

### **Recommendations for the Plan**

**ACDPA recommends that the Primary Care Plan explicitly identifies the role of primary care to assess and manage risk factors for chronic disease.**

Risk factors for chronic disease are barely mentioned in the Plan. However, nearly 40 percent of chronic disease burden could be prevented by addressing risk factors like overweight and obesity, unhealthy diets, physical inactivity, alcohol, tobacco, high cholesterol, and high blood pressure. Primary care has enormous potential to support people to understand and manage their risk of disease, through risk assessments and referrals to allied health and primary prevention programs. The Primary Care Plan should complement the Preventive Health Strategy, which provides population-based approaches to address modifiable risk factors like unhealthy diets, physical inactivity, smoking, and alcohol consumption.

The Primary Care Plan should articulate the role of primary care to assess risk factors and support change through behaviour change programs, referrals and/or medication, including for biomedical risk factors like high blood pressure, high blood sugar, and high cholesterol – which are not addressed in the Preventive Health Strategy actions. For example, an estimated 80 percent of cardiovascular disease events are preventable by intervening to reduce risk. Yet, only one-quarter of Australians at high risk of a first-time cardiovascular disease event are receiving basic best-practice preventive therapies.

References:

Chiuve SE, Fung TT, et al. Adherence to a low-risk, healthy lifestyle and risk of sudden cardiac death among women. *JAMA*. 2011;306(1):62-9. PubMed PMID: PMC3210472.

Chiuve SE, McCullough ML, et al. Healthy lifestyle factors in the primary prevention of coronary heart disease among men: benefits among users and nonusers of lipid-lowering and antihypertensive medications. *Circ*. 2006 Jul 11;114(2):160-7. PubMed PMID: 16818808. Epub 2006/07/05.

Banks E, Crouch SR, et al. Absolute risk of cardiovascular disease events, and blood pressure- and lipid-lowering therapy in Australia. *MJA*. 2016 May 02;204(8):320. PubMed PMID: 27125809. Epub 2016/04/30.

**ACDPA recommends the explicit inclusion of funding reform to align health assessments and preventive care with primary care prevention guidelines and increase the early detection of chronic conditions.**

The Primary Care Plan explicitly recognises the need to update and implement primary care prevention guidelines, however this must be complemented by funding for preventive activities in primary care to incentivise and support patient identification and recall for health assessments by GPs and/or practice nurses. The current MBS health assessment items are not aligned with existing guidelines in terms of age groups and frequency for disease-based risk assessments, limiting the usefulness of MBS health assessment items in their current form.

Around 1.4 million Australians have a high chance of having a heart attack or stroke in the next five years and many are unaware of this risk. At the same time, around 1.5 million Australians are unaware they are living with signs of chronic kidney disease and around 500,000 have undiagnosed type 2 diabetes. Risk assessment and early detection are important for these conditions to halt, slow or prevent disease progression, improve treatment options and outcomes, and reduce avoidable complications.

Funding reform is necessary to provide structures and incentives that support general practices to proactively engage with patients around prevention, and ultimately move towards a system that promotes health, wellbeing, and whole person prevention and care. Evidence shows spending on prevention would save lives, improve population health, and create economic and health returns on investment.

References - World Health Organization 2018. Saving lives, spending less: a strategic response to noncommunicable diseases.

Assessing Cost-effectiveness in prevention. ACE-Prevention. 2010.