

AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE



Response to the Practice Incentives Program Indigenous Health Incentive (PIP IHI) consultation

June 2019

The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to respond to this consultation. Our response focuses on support for Health Checks for Aboriginal and Torres Strait Islander people as part of the Practice Incentives Program Indigenous Health Incentive (PIP IHI).

Recommendations

1. ACDPA supports the provision of a Health Check (MBS item 715) for all PIP IHI registered patients.
2. ACDPA supports cancer screening and the assessment of absolute cardiovascular disease risk, diabetes and kidney disease as core components of a Health Check, in line with screening programs and national guidelines.

The impact of chronic disease in Aboriginal and Torres Strait Islander people

1 in 2 Australians have a chronic disease, and 1 in 4 have at least two long-term chronic conditions.

Chronic conditions are a significant contributor to mortality and ill health in Aboriginal and Torres Strait Islander people, with around 80 percent of the mortality gap between Indigenous and non-Indigenous Australians due to chronic disease.¹ Heart disease, diabetes, cancers, stroke and chronic kidney disease are all key contributors to poor health.

Chronic diseases tend to occur more often and at a younger age for Aboriginal and Torres Strait Islander people.² For example, type 2 diabetes often occurs earlier and, if undiagnosed or inadequately managed, can lead to further complications including heart disease, stroke and chronic kidney disease.

Around two-thirds of the total burden of disease for Aboriginal and Torres Strait Islander people, including fatal and non-fatal burden, is attributed to chronic conditions.³ Together, these diseases are the largest contributor to the health gap between Indigenous and non-Indigenous Australians.

Social determinants (employment, qualifications, education, housing and income), access to healthcare and health risk factors all contribute to the overall health gap.⁴ More than one-third of chronic disease burden (37 percent) in Aboriginal and Torres Strait Islander people could be prevented by addressing modifiable risk factors, including smoking, poor diet, alcohol, overweight/obesity, physical inactivity, high blood pressure, and high blood sugar.⁵ In particular, smoking is the greatest contributor to chronic disease burden.

Early risk assessment and management of risk factors through Health Checks in general practice has the potential to reduce the long-term impact of chronic conditions amongst Aboriginal and Torres Strait Islander people.

Should all PIP IHI registered patients receive a Health Check (MBS 715)?

ACDPA supports Health Checks for Aboriginal and Torres Strait Islander people as part of the PIP IHI to address inequities in Indigenous health due to chronic disease. Health Checks in general practice are an important component of care to:

- Detect existing disease and develop a management plan
- Assess chronic disease risk
- Provide support and referrals to help patients manage risk factors.

The assessment and management of risk has potential benefits at an individual level in reduced burden of disease and improved quality of life, as well as at the health system level with reduced expenditure for related hospitalisations.

Chronic conditions account for 47 percent of potentially preventable hospitalisations nationally.⁶ Amongst the Aboriginal and Torres Strait Islander population, potentially preventable hospitalisations for chronic conditions were 3.1 times higher than for non-Indigenous Australians.⁷ High rates of potentially preventable hospitalisations may reflect poor access to care and inadequate primary and preventive care. Evidence shows that strong primary care systems can improve health outcomes, reduce avoidable hospitalisations and result in significant cost savings.⁸

Assessment of absolute cardiovascular disease risk, diabetes and kidney disease

ACDPA supports the assessment of absolute cardiovascular disease risk, diabetes and kidney disease as key components of Health Checks, based on the recommended age and frequency in national guidelines⁹ and using the online *Australian absolute cardiovascular disease risk calculator*.¹⁰ These diseases cause significant burden amongst Aboriginal and Torres Strait Islander people, both with regard to mortality and long-term ill health. Aboriginal and Torres Strait Islander people have higher rates of vascular disease and guidelines recommend regular risk assessment from an earlier age than for non-Indigenous Australians.

Cancer screening

ACDPA supports cancer screening as part of Health Checks, to address lower participation in national screening programs amongst Aboriginal and Torres Strait Islander people. Cancer is a key contributor to inequities in health outcomes for Indigenous people, and early detection is important for treatment and management. Incentivising cancer screening could increase participation rates for Aboriginal and Torres Strait Islander people.

Risk factors

ACDPA supports the assessment and management of key risk factors as part of Health Checks, including smoking, nutrition, weight, alcohol, physical inactivity and blood pressure. In particular, smoking is the greatest cause of burden amongst Aboriginal and Torres Strait Islander people and smoking rates are 2.8 times higher than for non-Indigenous Australians.¹¹ Much chronic disease can be prevented, and it is essential that patients are supported to address risk factors, for example through referrals to smoking cessation and weight management programs. Smoking cessation has benefits in reducing risk of disease, as well as improving health for those already diagnosed with one or more chronic conditions.

The benefits of early risk assessment and management in primary care include lowering risk, slowing or halting disease progression, and reducing complications and unnecessary hospitalisations through improved management.

Improving Health Checks for Aboriginal and Torres Strait Islander people

Since the introduction of the Health Check MBS item for Aboriginal and Torres Strait Islander people, Health Checks have increased with a strong rise over the past decade. Almost 218,000 Health Checks were billed in 2016-17, with nearly 30 percent of the Aboriginal and Torres Strait Islander population receiving a Health Check.¹² The *National Aboriginal and Torres Strait Islander Health Plan 2013–2023* has set targets for the provision of Health Checks by 2023, ranging from 42 percent for 15-24 year-olds to 74 percent for those aged 55 years and over. A continued and consistent effort is required to work towards these Health Check targets.

Data suggest that about 80 percent of Health Checks identify health issues requiring follow-up care and management.¹³ However, a 2016 study found that one-quarter of these did not receive adequate and timely follow-up and management.¹⁴ The PIP IHI provides the structure and incentive for primary care systems to offer Health Checks for Aboriginal and Torres Strait Islander people, supported by regular assessment and management of identified conditions and risk factors.

The burden of specific chronic conditions

Cardiovascular disease (CVD)

More than four million Australians are living with CVD and there are more than 43,000 deaths per year from CVD, many of them preventable.

CVD is the leading cause of mortality amongst Aboriginal and Torres Strait Islander people.¹⁵ Aboriginal and Torres Strait Islander people are 2.1 times as likely to die from heart disease and 1.5 times as likely to die from stroke compared to non-Indigenous Australians.¹⁶

A recent study estimated that over 25 percent of Aboriginal and Torres Strait Islander Australians aged 35-74 years would be at high risk of a CVD event in the next five years, and high absolute risk of CVD is evident at younger ages compared to the general population.¹⁷

Type 2 diabetes

There are currently more than 1.1 million people with type 2 diabetes registered with the National Diabetes Services Scheme¹⁸ and there may be as many as 500,000 Australians living with silent, undiagnosed type 2 diabetes.

It is estimated that 8.2 percent of Aboriginal and Torres Strait Islander people (approximately 65,000) are living with diabetes.¹⁹ Aboriginal and Torres Strait Islander young people are much more likely to have type 2 diabetes – one Western Australian study found rates of diabetes amongst people aged 16 years or younger were 20 times higher.²⁰

Diabetes is the second leading cause of death for Aboriginal and Torres Strait Islander people.²¹ Aboriginal and Torres Strait Islanders with diabetes are 12 times more likely to die from the condition,²² seven times more likely to have end stage kidney disease²³ and nearly five times as likely to be hospitalised compared to non-Indigenous Australians.²⁴

Kidney disease

Over 1.7 million Australian adults have at least one clinical sign of chronic kidney disease, yet a large proportion of this is undiagnosed.²⁵

Kidney disease and other urinary diseases contributed seven times as much burden for Indigenous Australians compared to non-Indigenous Australians.²⁶ Aboriginal and Torres Strait Islander people are 3.7 times more likely to die from chronic kidney disease compared to non-Indigenous Australians and five times more likely to be hospitalised.²⁷

Cancer

Around 145,000 people are diagnosed with cancer each year and there are around 50,000 deaths.²⁸

Aboriginal and Torres Strait Islander people were 1.1 times more likely to be diagnosed with cancer than non-Indigenous Australians, with higher incidence rates for certain cancers including liver (2.4), lung (2.1) and cervical cancers in women (2.2).²⁹ Aboriginal and Torres Strait Islander people record lower survival rates overall and for specific cancers, including those with national screening programs: breast (74% versus 84%) and cervical (54% versus 70%).³⁰

About the Australian Chronic Disease Prevention Alliance (ACDPA)

The Australian Chronic Disease Prevention Alliance (ACDPA) incorporates the former National Vascular Disease Prevention Alliance (NVDPA) and 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 collectively advocate for prevention, integrated risk assessment and effective management of chronic disease risk.

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