
The Parliament of the Commonwealth of Australia

Inquiry into Chronic Disease Prevention and Management in Primary Health Care

House of Representatives Standing Committee on Health

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Contents

Chair's Foreword	ix
Committee Membership	xiii
Terms of Reference.....	xv
Abbreviations.....	xvii
Recommendations	xxiii

REPORT

1 Introduction	1
About the Inquiry	2
Objectives and Scope	2
Inquiry Conduct.....	3
Senate Inquiry into Tick-Borne Disease.....	4
'Healthier Medicare' Chronic Disease Announcement	5
Report Structure.....	5
2 Chronic Disease and the Australian Health Care System	7
Introduction	7
What is Chronic Disease?	7
Arthritis and Musculoskeletal Conditions.....	10
Asthma and Chronic Respiratory Conditions.....	10
Cardiovascular Disease	12
Chronic Kidney Disease.....	12
Diabetes.....	13
Multi-Morbidity and Concurrent Conditions (Comorbidity).....	14
Wider Burden of Diseases	16
Other Chronic Diseases.....	16

AIDS.....	17
Cancer	17
Chronic Pain.....	18
Haemochromatosis	19
Lymphoedema	20
Mental Health and Dementia (including Alzheimer's Disease).....	20
Multiple Sclerosis	22
Myalgic Encephalomyelitis (Chronic Fatigue Syndrome)	23
Oral Health.....	24
Speech Conditions	24
Tick-Borne and Lyme-Like Diseases.....	25
Vision Conditions	26
Rare Diseases.....	26
Chronic Disease Prevention.....	27
Risk Factors	28
Health Literacy	28
Chronic Disease Management	30
Social and Economic Costs	31
Concluding Comment.....	34
3 Provision of Primary Health Care for Chronic Disease	37
Introduction	37
Responsibilities – Role of Commonwealth and States	38
Patient Transition – Tertiary to Primary Care	41
Role of Primary Health Networks.....	42
Primary Health Network Programs.....	46
Role of Other Health Care Providers	46
Allied Health.....	46
Nursing.....	49
Role of Private Health Insurers	50
Case Study – Private Health Insurance in the Netherlands.....	56
Regulation of Private Health Insurers in Chronic Disease Management.....	57
Pilot Programs.....	60
Care Coordination.....	62

	Filling Treatment Gaps	64
	Concluding Comment.....	66
	Recommendations	68
4	Best Practice, Multidisciplinary Teams and Education	71
	Introduction	71
	Best Practice in Prevention – National and International	71
	National Prevention and Screening Programs.....	73
	International Prevention and Screening Programs	78
	The 5As – Framework for Chronic Disease Prevention	79
	Integrated Health Checks.....	82
	Best Practice in Treatment – Practical and Theoretical.....	85
	Self-Management of Chronic Disease.....	85
	Case Study – Flinders Program in New Zealand	87
	Wagner Chronic Care Model.....	90
	Case Study – England’s House of Care Model	93
	Patient-Centred Medical Home	95
	Preventing Multi-morbidity.....	98
	Can Best Practice be ‘One Size Fits All’?	99
	Rural, Regional and Remote Services	99
	Aboriginal and Torres Strait Islander Health Services.....	100
	Telehealth and eHealth Support.....	102
	Case Study – Diabetes Telehealth.....	102
	Data Registries and eHealth Records.....	104
	eHealth Records	104
	Datasets and Registries	105
	Privacy Concerns.....	108
	Concluding Comment.....	109
	Recommendations	111
5	Funding Models	113
	Introduction	113
	Fee for Service Models	113
	Medicare and the Medicare Benefits Schedule – Building Flexibility.....	116

MBS Rebate Indexation Freeze	118
Practice Incentive Payments	119
Overview of the Practice Incentive Program	119
The Role of the Practice Incentive Program.....	121
Other Funding Models	123
International Experiences of Alternative Funding	125
The Netherlands.....	126
Other European Countries	128
Canada	128
United Kingdom of Great Britain.....	129
United States of America	131
New Zealand.....	132
Concluding Comment	133
Health Care Homes.....	134
Moving into the Future	135
Recommendations	136

APPENDICES

Appendix A - Case Study on Tick-Borne and Lyme-Like Diseases	139
Background.....	139
Defining Tick-Borne or Lyme-Like Diseases	140
Current Australian Research.....	141
Incidence.....	142
Diagnosis	143
Co-infections	144
Treatment.....	144
Living With Tick-Borne or Lyme-Like Disease.....	147
Concluding Comment	149
Recommendation	151
Appendix B – Submissions	153
Appendix C – Exhibits	163

Appendix D – Hearings and Witnesses169

FIGURES

Figure 4.1 RACGP use of the 5As for the SNAP guide 81

Figure 4.2 Wagner Chronic Care Model 92

Figure 4.3 Health Care Home Model 97



Chair's Foreword

Chronic disease is not a unique problem to Australia; it is a global health concern. Chronic disease is placing a heavy burden on Australia's health care system and more broadly on Australian society. Recent societal and lifestyle changes have had profound effects on the illnesses that beset the population. While medical advances have served to increase life expectancy and decrease mortality rates, the increase in sedentary workplaces and lifestyle factors such as diet, exercise and habitual behaviour such as smoking and excess alcohol consumption has seen the incidence of chronic disease skyrocket, both domestically and internationally.

According to the World Health Organization non-communicable chronic diseases are responsible for 70 per cent of mortality rates worldwide and 90 per cent of mortality rates in Australia. The vast majority of these diseases, such as type 2 diabetes and most chronic respiratory conditions, are primarily caused by lifestyle. The primary health care system is ideally the mechanism for addressing this rise in chronic disease, however the fragmented nature of the current care model challenges the system's ability to deliver the best patient outcomes.

The fluid and open definition of chronic disease can also complicate prevention and management programs, as any condition with persistent symptoms and duration can be classified as a chronic disease. Many specific conditions were highlighted during this inquiry, however many illnesses and conditions not mentioned in this report are just as relevant for consideration as those that are mentioned.

Prevention is a crucial approach required to combat the rising incidence and impact of chronic disease in Australia. There are a number of local and national programs that aim to educate and support people to adopt healthier lifestyles and avoid risk factors that can contribute to the onset or worsening of chronic disease. The federal, state and territory governments, as well as private health insurers and individual providers and peak bodies all have a role in preventing chronic disease, although more could be done to coordinate the programs that exist, as well as widening the scope of screening activities that can identify the earliest signs of chronic disease. Chronic disease prevention should be ongoing. This can be evidenced from the gains from tobacco programs in Australia, many of which stem from initial programs commenced forty years ago.

The coordinated care and multidisciplinary approach to improved chronic disease management is evident in the examples that show best practice in Australia and internationally. The Wagner Chronic Care Model, Patient Centred Medical Homes and supported self-management of chronic disease are evident in health care systems from the United Kingdom, the USA, Canada, across Europe, to here in Australia and New Zealand. These models can help inform the development of chronic disease care into the future, the first steps of which will be made with the 'Healthier Medicare' introduction of Health Care Home trials in 2017. These improvements are welcomed by all Australians, though the positive impact they can have on care outcomes for low socioeconomic status, rural and regional and Aboriginal and Torres Strait Islander populations may be profound.

The submissions and evidence received during this inquiry have indicated that the groundwork to improve the primary health care system to better prevent and manage chronic disease already exists, across all providers and interested parties. It is clear, however, that this cannot occur without cooperation, coordination, evaluation and adequate data and records to support Primary Health Networks in fulfilling their important role as coordinators of care.

Performance measurements, expansion of chronic disease items, improved referral and rebate claiming processes and encouraging private health insurers to manage their members in cooperation with the primary health care system is a clear goal.

The current regulatory and legislative framework that governs private health insurance in Australia is complex, but there are small areas of improvement that could be made to the *Private Health Insurance (Health Insurance Business) Rules 2015* regarding expanding the providers that can be used in a chronic disease management plan.

Preventive health promotion as well as expanded health checks will help to provide the awareness and early detection required to help combat these diseases. The Health Care Home trials which are expected to commence in 2017 will help to improve this outcome, and with appropriate funding, privacy considerations, capture and consolidation of data, and a focus on research and improvement, the cooperative care goals required to improve chronic disease primary care can become a reality.

The Committee appreciates the efforts and honesty of the large number of organisations and individuals that provided submissions and evidence to this inquiry. The breadth of chronic disease prevention, management and research in the Australian community is clearly evident and the desire to improve the system was the overwhelming message received. The recommendations made in this report, as well as the implementation of the current 'Healthier Medicare', reforms will help to achieve the first steps required in that improvement journey.

I thank all those who contributed to this inquiry. I also thank the Committee Members for their participation and contribution to this important and wide-ranging inquiry.

Steve Irons MP
Chair



Committee Membership

Chair Mr Steve Irons MP

Deputy Chair Mr Tony Zappia MP (From 19.10.2015)

Mr Tim Watts MP (Until 19.10.2015)

Members Ms Lisa Chesters MP

Mr Andrew Laming MP

Dr David Gillespie MP (From 9.09.2015)

Mrs Karen McNamara MP (From 19.10.2015)

Ms Jill Hall MP

Dr Andrew Southcott MP

Ms Sarah Henderson MP (Until 9.09.2015)

Mrs Ann Sudmalis MP (Until 13.02.2016)

Mr Stephen Jones MP

Mr Ken Wyatt AM, MP (Until 12.10.2015)

Committee Secretariat

Secretary Ms Stephanie Mikac

Inquiry Secretary Mr Jeff Norris (from 25. 11. 2015)

Mr Shane Armstrong (until 6. 10. 2015)

Research Officer Mr Daniel Simon

Administrative Officer Ms Carissa Skinner



Terms of Reference

The Standing Committee on Health will inquire into and report on best practice in chronic disease prevention and management in primary health care, specifically:

1. Examples of best practice in chronic disease prevention and management, both in Australia and internationally;
2. Opportunities for the Medicare payment system to reward and encourage best practice and quality improvement in chronic disease prevention and management;
3. Opportunities for the Primary Health Networks to coordinate and support chronic disease prevention and management in primary health care;
4. The role of private health insurers in chronic disease prevention and management;
5. The role of State and Territory Governments in chronic disease prevention and management;
6. Innovative models which incentivise access, quality and efficiency in chronic disease prevention and management.
7. Best practice of Multidisciplinary teams chronic disease management in primary health care and Hospitals; and
8. Models of chronic disease prevention and management in primary health care which improve outcomes for high end frequent users of medical and health services.



Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
ACCHS	Aboriginal Controlled Community Health Services
ACMHN	Australian College of Mental Health Nurses
ACN	Australian College of Nursing
ADA	Australian Dental Association
AHP	Allied Health Professions Australia
AHPA	Australian Health Promotion Association
AHSA	Australian Health Service Alliance
AIDS	Acquired Immune Deficiency Syndrome
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMS	Aboriginal Medical Services
AMSANT	Aboriginal Medical Services Alliance NT
ANMF	Australian Nursing and Midwifery Federation
ANPHA	Australian National Preventive Health Agency
APCC	Australian Primary Care Collectives
APMA	Australian Pain Management Association

APNA	Australian Primary Health Care Nurses Association
ASID	Australasian Society for Infectious Diseases
ATSI	Aboriginal and Torres Strait Islander
BHC	Broader Health Cover
CACLD	Clinical Advisory Committee on Lyme Disease
CATSINaM	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
CCSVI	Chronic Cerebrospinal Venous Insufficiency
CDC	Centers for Disease Control and Prevention (US)
CDM	Chronic Disease Management
CDMP	Chronic Disease Management Plan
CEO	Chief Executive Officer
CFS	Chronic Fatigue Syndrome
CHD	Coronary Heart Disease
CHN	Community Health Nurse
CKD	Chronic Kidney Disease
COAG	Council of Australian Governments
COPD	Chronic Obstructive Pulmonary Disease
COSA	Clinical Oncology Society of Australia
CVC	Coordinated Veterans' Care
CVD	Cardiovascular Disease
CWA	Country Women's Association
DALY	Disability-Adjusted Life Year
DHAA	Dental Hygienists Association of Australia

DHHS	Department of Health and Human Services Victoria
DNA	Deoxyribonucleic Acid
ED	Emergency Department
ELISA	Enzyme-linked Immunosorbent Assay
GDP	Gross Domestic Product
GP	General Practitioner
HARP	Hospital Admission Risks Program
IDSA	Infectious Disease Society of America
ILADS	International Lyme and Associated Diseases Society
HIV	Human Immunodeficiency Virus
KMF	Mark McManus Foundation
LDAA	Lyme Disease Association of Australia
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LFA	Lung Foundation of Australia
LWwPP	Living Well with Persistent Pain
MBS	Medicare Benefits Schedule
MCaFHNA	Maternal, Child and Family Health Nurses Australia
ME	Myalgic Encephalomyelitis
MS	Multiple Sclerosis
NeHTA	National Electronic Health Transition Authority
NHMRC	National Health and Medical Research Council
NHS	National Health Service
NSW	New South Wales
NT	Northern Territory

NVDPA	National Vascular Disease Prevention Alliance
OECD	Organisation for Economic Co-operation and Development
OPAL	Obesity Prevention and Lifestyle
PBS	Pharmaceutical Benefits Scheme
PCEHR	Personally Controlled Electronic Health Record
PCMH	Patient-Centred Medical Home
PCR	Polymerase Chain Reaction
PHA	Private Healthcare Australia
PHC	Primary Health Care
PHCAG	Primary Health Care Advisory Group
PHI	Private Health Insurer
PHN	Primary Health Network
Qld	Queensland
RACGP	Royal Australian College of General Practitioners
RD	Rare Disease
RFDS	Royal Flying Doctor Service
RPBS	Repatriation Pharmaceutical Benefits Scheme
RVA	Rare Voices Australia
SA	South Australia
SARRAH	Services for Rural & Remote Allied Health
SES	Socioeconomic Status
Tas	Tasmania
TROG	Trans-Tasman Radiation Oncology Group
UK	United Kingdom

UoW	University of Wollongong
USA	United States of America
VCOSS	Victorian Council of Social Services
Vic	Victoria
WA	Western Australia
WHO	World Health Organization



Recommendations

3 Provision of Primary Health Care for Chronic Disease

Recommendation 1

The Committee recommends that the Australian Government undertake an independent review of the privacy restrictions governing medical practitioner access to patient records.

Recommendation 2

The Committee recommends that the Highlight Performance Indicators for Primary Health Networks be expanded in future cycles to include the specific data capture of the:

- incidence of chronic disease in Primary Health Network catchments and the number of people with comorbid or multi-morbid conditions;
- range of services that these people access and how often they utilise different forms of treatment (general practice, allied health, hospital); and
- that this data be prioritised for research to inform targeted service provision to chronic disease populations and the expansion of Health Care Home trials and programs.

Recommendation 3

The Committee recommends that the Australian Government investigate expanding the number of allied health treatments that can attract a Medicare Benefits Schedule rebate (MBS items 10950 to 10970) within a year, on the proviso that the patient has the relevant General Practitioner Management Plan and Team Care Arrangements in place.

Recommendation 4

The Committee recommends that the Australian Government examine the process for a chronic disease patient to be referred for initial specialist assessment by a Medicare Benefits Schedule registered allied health professional without the need to get a referral from their general practitioner, only when:

- the patient was originally referred to the allied health professional by their general practitioner; and
- the original referral indicates that specialist assessment may be warranted if the allied health professional agrees it is warranted.

Recommendation 5

The Committee recommends the Australian Government explore ways to expand and better utilise the role of nurses in the provision and coordination of care for chronic disease management within a general practitioner-led care system.

4 Best Practice, Multidisciplinary Teams and Education**Recommendation 6**

The Committee recommends that the Australian Government examine the inclusion of an integrated health assessment check for cardiovascular, kidney disease risk and diabetes as per that developed by the National Vascular Disease Prevention Alliance, where a patient does not already qualify for an existing assessment and the treating practitioner suspects they are at risk of these chronic diseases.

Recommendation 7

The Committee recommends a review of the self-identification process for accessing health checks and the like.

Recommendation 8

The Committee recommends that the development and implementation of the Health Care Home trials, as part of Healthier Medicare, be prioritised and continue to be developed in consultation with relevant expert panels; and

That the outcomes of the trials be evaluated as they occur to inform further coordinated care developments for chronic disease patients and the wider Australian community.

Recommendation 9

The Committee recommends that the Australian Government examine reforms to the Medicare Benefit Schedule to allow for a practitioner to

claim a rebate for a chronic disease management consultation and a general consultation benefit, for the same person on the same day.

Recommendation 10

The Committee recommends that the Australian Government examine the feasibility of linking relevant Medicare Benefits Schedule, Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data, with applicable hospital patient data, to create a unified patient dataset, or to consider this link when developing the National Minimum Data Set for Healthier Medicare purposes.

5 Funding Models

Recommendation 11

The Committee recommends that the Australian Government commit to providing consistent support and funding for the establishment of Primary Health Networks or similar into the future, to enable consistent development and support for chronic disease prevention and management.

Recommendation 12

The Committee recommends that the Australian Government examine the current Practice Incentives Program with the aim that it be expanded to include programs for breast, bowel and skin cancer screening, as well as the Integrated Health Check developed by the National Vascular Disease Prevention Alliance; and

That these programs, as well as the existing Practice Incentive Programs, be evaluated and measured to identify improvements to management of chronic disease.

Recommendation 13

The Committee recommends that the Australian Government continue to prioritise funding of the evolution and expansion of the My Health Record to support improvements in the prevention and management of chronic disease, as well as the wellness of all Australians.

Appendix A - Case Study

Recommendation 14

The Committee recommends that the Australian Government consider:

- developing a case definition for tick-borne and Lyme-like illnesses for addition to the national notifiable disease register;

- developing protocols of diagnosis and treatment for tick-borne and Lyme-like diseases; and
- continuing to prioritise the research areas identified by the Clinical Advisory Committee on Lyme Disease.

