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To the Chair of the Standing Committee on Health,

**Re: Inquiry on Chronic Disease Prevention and Management in Primary Health Care**

This letter stands as a submission to the Inquiry on Chronic Disease Prevention and Management in Primary Health Care. I believe this inquiry is critically important, not only to improve access to quality healthcare for Australians who need it, but also to develop an innovative healthcare system which is dedicated to the prevention of chronic disease.

This letter specifically advocates for the need for obesity to be recognised as a chronic condition within the Chronic Disease Management (CDM) program and the Practice Incentives Program (PIP), in order for Australians affected by obesity to be able to access appropriate healthcare services to reduce weight and markedly reduce their risk of developing further associated chronic diseases. Currently, over 35% of adult Australians are overweight and more than 27% are obese, totalling almost 63% of the population.<sup>1, 2</sup> The proportion of Australians who are overweight and obese is rapidly increasing,<sup>1</sup> and obesity became a National Health Priority area in 2008.<sup>3</sup> One estimate placed the direct cost of overweight and obesity at \$21 billion to Australia in 2005.<sup>4</sup> Preventive methods of dealing with chronic disease can cost very little, often less than retrospective methods.<sup>5</sup> However, obesity prevention interventions are few and are often unsuccessful in producing significant results,<sup>6</sup> thus there is a need for effective strategies to combat obesity retrospectively.

Chronic conditions are typically non-communicable,<sup>7</sup> developed primarily through lifestyle, environmental and genetic factors.<sup>8</sup> They can be characterised by a complex causality with multiple risk factors, long latency, a long course of illness and/or functional impairment or disability.<sup>9</sup> As such, there is clear scope for obesity to be classified as a chronic condition for the purpose of weight management in Australia's healthcare system.

The following are responses which relate directly to three of the terms of reference to be addressed in the inquiry:

*1. Examples of best practice in chronic disease prevention and management, both in Australia and internationally*

The Dietitians Association of Australia (DAA)<sup>10</sup> and the National Health and Medical Research Council (NHMRC)<sup>4</sup> have developed best-practice clinical guidelines for the management of obesity in primary care. Both sets of guidelines recommend health professionals (predominantly general practitioners (GPs), practice nurses and dietitians) have regular, frequent consultations (weekly or fortnightly) with overweight or obese patients for at least the first three months, as well as long-term monitoring and support of two years or more, to achieve best results.<sup>4, 10</sup>

The prevalence of obesity is higher among low socio-economic groups than high socio-economic groups,<sup>11</sup> and it has been observed that cost of treatment is a limiting factor in patients being referred to, or accessing, appropriate care.<sup>12</sup> Medicare currently does not recognise obesity as a chronic condition within the current CDM program.<sup>13</sup> Consequently there is no available funding, in the absence of other chronic conditions, for health professionals to provide appropriate care without passing on the cost to the patient. The lack of funding provided by the current CDM program for obesity management in primary care is prohibitive to those who most need to utilise the services recommended in the aforementioned guidelines.

*2. Opportunities for the Medicare payment system to reward and encourage best practice and quality improvement in chronic disease prevention and management*

The CDM program currently compensates GPs for the management chronic conditions, especially those which require multidisciplinary, team-based care.<sup>14</sup> GPs are able to claim a rebate for developing and co-ordinating a care plan (GP Management Plan) which allows a patient with a chronic disease to access up to 5 consultations with certain health care providers in a single year. A second system to reward general practice is the PIP, where a general practice is able to claim financial incentives for continuing improvements, quality care, enhanced capacity, and improved access and health outcomes for patients.<sup>15</sup>

One recent literature review indicated that GPs who claim incentives are more likely to adhere to all requirements than those who did not claim incentives.<sup>16</sup> Currently obesity is not a condition recognised by either the CDM program or the PIP,<sup>13, 15</sup> thus primary health professionals are unable to access funding to provide the care suggested by best-practice guidelines. It could be assumed that if obesity were considered a chronic condition in the CDM program and the PIP, GPs would be supported to adhere to best-practice guidelines more closely and patients would be able to access the care they required to achieve their weight loss goals.

*7. Best practice of Multidisciplinary teams chronic disease management in primary health care and hospitals*

The NHMRC's guidelines for obesity management in primary care recommend a multidisciplinary approach to patient care, acknowledging that multi-component care delivered by multidisciplinary teams often returns more effective results than those delivered by individual health professionals.<sup>4</sup> It is recognised that weight management care is most effective when delivered regularly and

frequently for at least the first three months.<sup>4, 10</sup> The current CDM program is unable to support the use of a multidisciplinary team approach for weight management in the absence of other chronic co-morbidities. If the CDM program were to include obesity as a chronic condition, patients could then access up to five consultations with allied health professionals, while having their care overseen by their GP.

Thank you for the opportunity to provide a submission into the Inquiry on Chronic Disease Prevention and Management in Primary Health Care.

Yours sincerely,

**Sarah Jansen,**

On behalf of the nutrition in primary care researchers at Griffith University:

**Associate Professor Ben Desbrow, PhD, APD**

**Dr Lauren Ball, PhD, APD**

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