Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

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Committee Secretary
Health and Environment Committee
Parliament House
George Street
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Via email: hec@parliament.qld.gov.au

16 December 2021

Dear Health and Environment Committee,

Re: Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

About Us:
Hepatitis Queensland is a community based, non-government organisation and registered charity. For 26 years we have represented the interests of people affected by, or at risk of viral hepatitis and liver disease in Queensland. We want all Queenslanders to enjoy the benefits of a healthy liver and ensure everyone has access to appropriate medical treatment, up to date and accurate health information and opportunities to learn and understand how to manage their own wellbeing. We achieve this through conducting health promotion campaigns, providing information for the general public and health professionals, delivering clinical services and advocating for systems change.

Between 2008 to 2016, there was a 62% rise in the number of Queenslanders admitted to hospital due to their liver disease (2,701 to 4,367)[1]. Advanced liver disease is predicted to increase up to 85% by 2030, as are deaths from non-alcoholic fatty liver disease[2]. As at 2012, liver disease was estimated to cost the Australian economy $4.2 billion per year[3]. Approximately 63,000 Queenslanders are living with hepatitis B or hepatitis C, a leading cause of liver cancer[4]. Liver cancer is the fastest growing cause of cancer death in Australia[5].Up to 70% of liver cancer is preventable[6]. A cure is available for hepatitis C, and vaccination and treatment available for hepatitis B. Identifying patients with liver disease early and engaging them in prevention programs can reduce the need for hospitalisation[7].

Hepatitis Queensland has identified three main issues in the provision of liver healthcare between the primary and tertiary care settings. There are three main issues:

1. Low rates of diagnosis, assessment and management of liver disease in primary care
2. Poor quality of referrals to liver specialists in tertiary care, increasing waiting lists, wait list time and preventable hospitalisations;
3. Socio-economic disparities in health outcomes in liver disease.

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1. Low rates of diagnosis, assessment and management of liver disease in primary care

Solutions:

1.1 Integrate outreach models of liver care in community health settings. Novel models of partnership between tertiary and primary care settings will improve patient access to speciality care and health outcomes. There are multiple models of integration possible including shared care, telehealth support from specialists or physical co-location. Care delivered in partnership is better able to meet the complex needs of patients as well as provide treatment to patients who could not access care in a tertiary setting[8].

Example: Inala Indigenous Health Centre of Excellence

Since 2012, a regular hepatology clinic has been offered at the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care in Inala. In this model, patients are triaged by primary care providers during the month, then patients who need specialist review or care are booked into the clinic. Since the COVID pandemic, the hepatology specialist attends the clinic by telehealth, while a nurse or GP co-consults and performs non-invasive liver fibrosis assessments on site.

The strengths of this model are well integrated and intuitive integration into primary care, strong community support; holistic patient-centred care and well-formed GP-specialist partnerships[9].

Example: ATSICHS Brisbane

The Princess Alexandra Hospital has been providing outreach cardiology services (including echocardiography) to ATSICHS Brisbane for the past 3 years. In this model the hospital retains the Medicare billings from the service while the community-controlled service provides in kind contributions (consult room fees, allied health services, managing patient bookings and records etc.). This model is another example of sustainably integrating specialists services with primary care services that the community is comfortable in accessing to improve patient outcomes.

1.2 Supporting and remunerating nursing and allied health providers (including Aboriginal and Torres Strait Islander health workers) to be part of the treating team. This change is especially important for patients at risk or living with liver disease, as “lifestyle” interventions delivered by nursing and allied health providers are the most cost-effective way to improve future health outcomes. Ensuring affordable and equitable access to these providers, including mental health providers is key to success.

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2. Poor referral quality causing long waiting lists for inappropriately referred patients

Powell et al (2020) found that 75% of referrals to gastroenterology specialty care for non-alcoholic fatty liver disease had a low risk of advanced fibrosis and were able to be managed by primary care providers through "lifestyle" interventions[10]. Of the referrals received, only 11% included an assessment of liver disease severity, a key factor in determining health outcomes and management of the condition.

Solution:
2.1 Investment to improve the quality of referrals from primary care will reduce waiting lists and the duplication of work between primary and tertiary care. To improve the quality of liver related referrals from primary care:

- Improve access to investigation techniques (such as Transient Elastography)
- Improve education and resources to assist liver disease assessment in primary care
- Develop clear and appropriate guidelines for managing common liver health conditions, to reduce unnecessary referrals to tertiary care for patients who can be managed appropriately in primary care

3. Socioeconomic disparities in health outcomes for people with hepatitis

People living in areas of more socio-economic disadvantage are more likely to defer or delay seeing a health professional or go without prescription medication due to cost[11]. People with lower socio-economic status often have lower health literacy and require health information messaging that is targeted and appropriate to be effective[12].

Solutions
3.1 Targeting communities at most risk with appropriate health information.
During the COVID-19 pandemic, Hepatitis Queensland was able to leverage our existing relationships with Queensland Corrective Services to enhance our provision of health promotion information to people in prison who are at very high risk of contracting hepatitis C. Recognising that COVID isolation protocols meant that people in prison were spending extended periods in isolation, Hepatitis Queensland developed an activity book packed with health promotion messaging alongside exercise tips, better mental health strategies and mindfulness exercises such as colouring in. This complemented our existing suite of health promotion materials for people in prison. NGOs like Hepatitis Queensland have strong connections with priority communities which allows us to quickly pivot our operations and services when new needs arise. Investment in community organisations represents value for money as we are able to target at risk communities effectively and efficiently due to our ongoing relationships.

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Example: Targeted resources in Queensland Correctional Centres

Hepatitis Queensland has been central in supplying both people in prison and correctional officers with a range of targeted viral hepatitis information across Queensland Correctional Centres.

Resources include:

- Playing cards – this resource was developed with simple health messaging and referral services to educate people in prison about viral hepatitis. The playing cards are included in the prison packs which are sent to people in prison upon request. This resource remains as the most highly requested resource from the organisation distributing over 500 prison packs annually.
- Easy to test, Easy to treat, Easy to cure – Internal System TV project. To support prisoner education regarding prevention, testing and treatment for hepatitis C, Hepatitis Queensland produced a series of three digital animations for the correctional center internal television system. The animations were designed to address potential low literacy and understanding. The project was later expanded to produce a series of complimentary resources in the form of flyers and posters that were distributed to people in prison.

3.2 Significant reform to bulk billing is needed to reduce out of pocket costs for consumers and improve health outcomes:

- The low rate of MBS reimbursement does not currently support quality care when bulk billing, incentivising fee for service appointment turnover over quality of care and patient outcomes.
- The current president of the RACGP is advocating for practices to abandon universal bulk billing because it is not sustainable and does not promote quality care[13].
- MBS remuneration for nurse practitioners and allied health practitioners is generally inadequate to encourage bulk billing which creates significant inequity of access of early intervention management strategies.
- While recognising MBS schedule reform is a Commonwealth responsibility, the Queensland Government should consider innovative remuneration models for primary health care practitioners to be involved in the prevention and management of hepatitis and liver disease. These could be tied to Hospital and Health Service District funding providing “care packages” to co-manage patients in the community, reducing demand in primary care while also allowing more streamlined access to supporting specialist services when required.

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Example: Health services in Community Corrections

Community Corrections is responsible for the management and supervision of offenders in the community. These individuals may be serving court-imposed orders either as an alternative to imprisonment or as a condition of their release on parole. Hepatitis Queensland has been providing hepatitis C testing and treatment services in selected Community Corrections offices since August 2020. 1 in 5 (22%) clients are found to be HCV positive, a higher rate than observed in many Correctional Centres in Queensland[14]. This model has clearly allowed a synergy between reaching a group of clients at high risk with poor access to and an opportunistic engagement in potentially life-saving healthcare.

This model of providing healthcare on-site to Community Corrections clients who experience intersecting disadvantage and poor access to preventive healthcare could be expanded to provide more general health services (including COVID vaccination). However, because this health service is provided in a Queensland Government funded facility, Medicare rebates cannot be accessed. To make this model sustainable and scaleable, support from both the Commonwealth and State Government is required.

The treatment of uncomplicated hepatitis C can now be delivered by primary care. In Queensland, over 50% of all HCV treatments since 2016 have been delivered by general practitioners, above the national average of 45%[15]. The movement of hepatitis C treatment from tertiary to primary care has expanded access to treatment and reduced waiting lists at tertiary centres. Some tertiary services have created refer back programs which support and mentor primary care providers to prescribe hepatitis C treatment within their services. This transition is an example of where investment by the Commonwealth in listing hepatitis C treatments on the PBS has resulted in improved access to treatment for patients and reduced hospital waiting lists.

In summary, there are many opportunities to improve the screening and management of liver disease and viral hepatitis in primary care, and further reduce waiting lists in tertiary care through greater collaboration with primary care providers. Ultimately, both systems must work effectively together to provide the right care in the right place at the right time for their patients to improve the liver health of all Queenslanders.

Yours sincerely,

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