

## **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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## HEALTH AND ENVIRONMENT COMMITTEE OF THE QUEENSLAND PARLIAMENT

Health and Wellbeing Queensland (HWQld) welcomes the opportunity to provide a submission to the 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

HWQld was established on 1 July 2019 as a statutory health promotion agency under the Health and Wellbeing Queensland Act 2019 to reduce the burden of chronic diseases and reduce health inequity.

We are a prevention agency and our role is to make healthy happen for Queensland. Our focus is obesity prevention, so we are targeting three key areas: nutrition, physical activity and wellbeing. Together, we drive change so all Queenslanders have the best chance to live a healthier life, no matter who they are, or where they live.

Reducing obesity and chronic disease in Queensland will require a sustained, multifaceted and systems wide approach. The Queensland Government has committed to bringing about a better balance between efficient treatment and effective prevention to our health system. There are many opportunities to transform our partially fractured health service to operate as an integrated health systems network, placing our communities at the center, and sharing resources, funding and information, relevant to the population and local environment.

HWQld supports prioritisation of the following key areas with regards to service provision in the primary, allied and private health care, aged care and NDIS care services to take pressure off the Queensland public health system:

1. Balancing treatment and prevention
2. Reducing inequities
3. Driving clinical prevention and health system partnerships

### 1. Balancing treatment and prevention

Health expenditure is currently spent primarily on the treatment of illness and disease. Investment in prevention needs to be enhanced to achieve a better balance between treatment and prevention in Queensland.

Chronic diseases are the biggest contributor to premature death and disability in Australia.<sup>1</sup> Obesity and dietary risks are the second and third largest contributors to loss of health in Queensland, respectively.<sup>2</sup> One-third of the disease burden in Australia is preventable.<sup>3</sup>

If Australians lived in a healthy weight range, diabetes would be reduced by 53 per cent, coronary heart disease by 25 per cent and stroke by 22 per cent.<sup>4</sup> A total of 114,400 episodes of care and 305,000 patient days among Queensland hospitalisations were associated with overweight and obesity in 2015–16. Queensland's rate of potentially preventable hospitalisation rate is 22% higher than the national average.

In Queensland, it is estimated that obesity-related illness cost the Queensland healthcare system \$756 million in 2015. The total financial impact of overweight and obesity on the Queensland economy was estimated to be \$11.2 billion.<sup>2</sup> Studies have shown that for every dollar invested in preventive health interventions, there is a median return on investment of \$14.<sup>5</sup>

Queensland funding of preventive health initiatives has historically been inconsistent limiting long term, sustained population health impact strategies. The latest Australian Institute of Health and Welfare Health Expenditure Australia 2016-2017 report showed that Queensland spent significantly less than nearly all other Australian jurisdictions on preventive health.<sup>6</sup>

Prevention is key because it works. Preventive actions, when implemented well, are more effective, less expensive and have a greater population impact than treating and managing chronic disease, such as obesity.

A large part of the improvements in the health of Queenslanders over recent decades can be attributed to success in reducing risk factors such as smoking, high blood pressure and physical inactivity. In Queensland, 90 per cent of the decline in all-cause death rates (meaning the overall population death rates) over the past decade was associated with declining rates of lifestyle-related chronic diseases.<sup>7</sup>

**To take pressure off the health system, it is recommended that investment in preventive health is increased to be 5% of total health expenditure across Commonwealth, state and territory governments by 2030, in accordance with the National Preventive Health Strategy 2021-2030**

## 2. Reducing inequities

Equity is about the absence of unjust and avoidable disparities in life outcomes within a population. Inequity has a range of upstream causes, many of which fall outside of health, including income, education, employment and housing. These drivers are complex, intertwined and beyond the remit of health actors to address.

HWQld is leading collaborative cross-government efforts to reduce inequitable life outcomes for those most in need, through the development of a **Queensland Equity Framework**.

The Framework will be designed to strengthen Queensland's recovery, growth, and resilience by guiding policy, practice and value-based investment that enhances equity and removes system barriers that contribute to disparities in life outcomes. This requires addressing the social determinants such as housing, transport options, access to educational and job opportunities.

Application of the Queensland Equity Framework will provide identification of the right support, at the right time, to the right people and communities. Use of Queensland-specific data will be central to informing decisions and identifying equity-related indicators for tracking and impact measurement.

Enhancing equity and removing system barriers can result in savings by reducing the economic costs associated with inequity in health and other quality of life outcomes. In health specifically, the aim is to reduce hospitalisations, minimize investment waste, improve the precision of interventions and ensure maximum engagement by consumers.

Making Tracks Together, Queensland's Aboriginal and Torres Strait Islander Health Equity Framework, co-designed in partnership with the Queensland Aboriginal and Islander Health Council, is the Queensland Government's commitment to addressing the health inequities apparent in the health system for First Nations peoples in Queensland.

The Framework seeks to drive health equity, eliminate institutional racism across the public health system and achieve life expectancy parity for First Nations peoples by 2031. In a national first, structural enablers for long term success in addressing this inequity have been established, through the passing of new public health system legislation. This new legislation requires Hospital and Health Services (HHSs) to prioritise First Nations equity and mandates the participation of Aboriginal and Torres Strait Islander peoples in the design, delivery, monitoring and review of health care services.

HWQld is proud to be part of this renewed and shared agenda for First Nations health equity reform and is a prescribed stakeholder in supporting Hospital and Health Services in the development and implementation of their Health Equity Strategies. These strategies aim to improve health outcomes, experiences, and access to care for First Nations Queenslanders across the health system, based on

their needs and seek to achieve an equitable future and long and healthy lives for the generations of First Nations Queenslanders to come. HWQld will work closely in collaboration with the HHSs and First Nations communities and other prescribed stakeholders on the priorities identified and help address those preventable conditions and hospitalisations, many of which are caused by social and economic drivers of inequity. The inaugural three-year (2022-2025) Health Equity Strategies will be released in April 2022.

Making Tracks Together provides one example of what could be rolled out across multiple systems and sectors under a Queensland Equity Framework.

**It is recommended that the Health and Environment Committee support the development of the Queensland Equity Framework to inform decisions that enhance equity and remove system barriers in primary, allied and private health care, aged care and NDIS care services.**

### 3. Driving clinical prevention and health system partnerships

The whole health system has a role to play in tackling obesity and chronic disease. Every day, thousands of Queenslanders connect with the health care system. Health professionals are well placed to discuss healthy lifestyle changes with their patients and identify those at risk of unhealthy lifestyle behaviours. Every connection is an opportunity to refer their patients to appropriate prevention programs and support.

There is significant division between healthcare sectors limited by fractured funding arrangements, lack of integrative data systems and a siloed approach to service planning. A coordinated, integrated approach to health care is needed to deliver the right care, in the right setting at the right time; responsive to consumer needs informed by evidence. An approach which bridges the jurisdictional and healthcare sector divide to healthcare planning and delivery is required to leverage sector strengths and reduce service duplication.

HWQld is leading a new **clinical prevention** agenda to focus on obesity prevention and its economic benefits for the health system. Using a systems approach, HWQld is examining how health service structures, policy, service delivery boundaries, processes and perspectives impact on changing models of care to inform our clinical prevention strategy. As Queensland's prevention agency, HWQld is empowering clinicians to integrate prevention into their practice through alternative models of care, digital integration, education and training as demonstrated in examples below.

- **Clinicians Hub:** A digital ecosystem of initiatives, resources and tools for multi-disciplinary health professionals to support best-practice prevention, identification, treatment and management of overweight or obesity.
- **Project ECHO®:** HWQld's Project ECHO® Learning Series bring together experts and participants on a free web-based platform to share evidence-based knowledge, discuss cases or scenarios, and develop new skills in the areas of health and wellbeing.
- **Quality Improvement Toolkit for General Practice – Childhood Obesity Prevention:** HWQld has partnered with Brisbane South Primary Health Network (BS PHN) to create a Paediatric Obesity Prevention and Management Toolkit, as well as a series of engagement activities, webinars and coaching to support general practices to adopt the necessary changes to achieve best practice recommendations. This is an opportunity to establish an evidence-based, scalable model of general practice quality improvement to be translated across Queensland through all PHNs and enable HWQld to build prevention capacity of primary health care professionals statewide.
- **Paediatric Obesity Health Transformers Committee:** HWQld leads the Paediatric Obesity Health Transformers, a statewide committee of 80 health professionals, to implement the Model of Care Towards Healthy Growth and Weight in Queensland children. The committee provides statewide

advocacy and leadership for the strategic and coordinated approach to prevention and management activities for childhood overweight and obesity.

Targeted **models of care** informed by data and evidence, maximizing engagement and utilisation is needed. This requires a systems approach to population strategies developed with and by communities, acknowledging people as the experts in their own health and supports those people to stay well. If people don't engage in services offered, services will fail due to the significant amount of waste within the current health care system as services do not reach those with greatest need. The literature reports over 30% of the services provided through current healthcare models is waste. Communities need to own their own health solutions and outcomes need to be impactful. This means a more precise, data informed, and contextualized service development model is required.

The Commonwealth Scientific and Industrial Research Organisation report 'A Healthy Horizon' highlights that the future of healthcare in Queensland should transform towards a health-networked hub where the management of population health in Queensland becomes a cross-sectoral and cross-government coordinated effort.<sup>8</sup> Consumers want to see greater integration between healthcare services, similar to how services are linked in a hospital setting. This includes improving integration between different HHSs and between public, private and community healthcare providers.

Establishing **Health Hubs** will enable greater cross-sectoral integration between primary, community, hospital and social care, strengthening the prevention workforce capacity and capability, and partnering with the communities in addressing cultural, social and economic factors contributing to social and health inequalities. Within a Hubs Model, cross-departmental partnerships are expected to empower communities to address the social determinants of health, reducing the burden of chronic illness and improving outcomes. In addition, enhanced integration between primary, secondary and tertiary care settings will create a seamless healthcare system supporting Queensland families to navigate with ease, reducing consumer burden and healthcare costs.

HWQld has partnered with UQ Health Care to develop and trial a Health Hub model in Logan – **Logan Health Living**. A comprehensive Lifestyle Management Program is delivered by a student-infused allied health workforce in an environment of teaching and research at the Logan Healthcare Centre. Metro South HHS, Griffith University, UQ Health Care, The University of Queensland and the BS PHN have formed an alliance to develop a model of integrated chronic disease care, which leverages the expertise and resources of a range of partners while recognising that successful prevention and management of chronic disease requires a collaborative approach. Developing and trialing new models of care for the prevention and management of chronic disease is a strategic investment to support innovation with the intention of reducing pressure on the tertiary health care system.

Joint planning and **funding** across state and commonwealth systems at a local level is needed to support a Health Hub model. The current Australian Government, Department of Health funded chronic disease management plan inadequately supports those living with chronic conditions and does not support those at risk of developing a chronic condition. Allied Health led models of care provide a cost-effective approach to increasing health service demands. The Medicare rebated chronic disease management plan does not adequately reimburse allied health care providers to provide sustainable business revenue. Providers are often required to charge a gap fee for financial viability thereby limiting access for low socioeconomic population groups. The eligibility criteria for chronic disease management plans are not clearly defined contributing to inconsistent application across primary health care providers.

The health system's workforce is critical to its ability to implement change with every contact with a health professional offering an opportunity to reinforce healthy lifestyle behaviours. Primary healthcare professionals are uniquely positioned to engage in routine, evidence-based primary and secondary prevention strategies. **Building capability and capacity** of the current and emerging workforce in prevention, with shared responsibility with HHSs and PHNs is crucial to taking pressure off the health system.

**It is recommended that Clinical Prevention become a focus across the health system to support health professionals to integrate prevention into daily practice through integrated models of care, digital integration, education and training.**

**It is recommended partnerships are established across primary, community, hospital and social care settings, to create a seamless healthcare system supporting Queensland families to navigate with ease, reducing consumer burden and healthcare costs.**

**Funding reform is recommended to support integrated prevention focused models of care informed by data and evidence, maximizing engagement and utilisation.**

## References

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