

## **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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## **Inquiry into the provision of primary, allied and private health care, aged care and National Disability Insurance Scheme (NDIS) care services and its impact on the Queensland public health system**

Lung Foundation Australia welcomes the opportunity to provide input 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 (the **inquiry**). We welcome this inquiry as an important opportunity to reflect on the pressures impacting Queensland's public health system and identify opportunities for greater coordination to improve the health and wellbeing of Queenslanders over the long term.

Lung Foundation Australia (LFA) is the only national charity and leading peak-body dedicated to supporting anyone with a lung disease including lung cancer. For over 31 years we have been the trusted national point-of-call for patients, their families, carers, health professionals and the general community on lung health. There are over 30 different types of lung disease currently impacting 1 in 3 Australians.

Our mission is to improve lung health and reduce the impact of lung disease for all Australians. We will continue working to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change and research investment, raising awareness about the symptoms and prevalence of lung disease and championing equitable access to treatment and care. As a patient representative charity, we have partnered with patients, health professionals, researchers, medical organisations and the Australian community to drive reform in the delivery of health services in Australia to benefit more than 7 million Australians impacted by lung disease and lung cancer.

LFA supported the development of the National Strategic Action Plan for Lung Conditions (NSAPLC), and this is a key national action plan and is reflective of the current gaps and opportunities in ensuring the best outcomes for Australians with lung disease<sup>1</sup>. This key strategic document outlines a range of actions, which include priorities for preventing disease, what is needed in primary care and allied care, what is needed by the public health sector, among others.

Lung Foundation Australia reaffirms our support for the recommendations made in our joint submission alongside other key health NGOs which focuses on prevention, equity, and collaboration, and wish to provide an additional submission to expand on further areas of need for Queenslanders living with a lung disease. We will focus on:

- Diagnosis, Management and Care
- Self-management
- Equitable Access

## Diagnosis, Management and Care

Australia has an outstanding reputation internationally for applying scientific rigor and evidence to achieve improved patient outcomes. However, many health systems are failing patients and leading to poorer outcomes. It is important to prioritise the generation of evidence to strengthen the basis and delivery of appropriate, sustainable, efficient and best quality care.

### Case study: COPD

Chronic obstructive pulmonary disease (COPD) is the second leading cause of avoidable hospital admissions. COPD is a common lung condition affecting both men and women. Around 1 in 7 Australians aged 40 years and over have some form of COPD however around half of these people living with COPD symptoms do not know they have the condition. Indigenous Australians are 2.5 times more likely to have COPD than non-Indigenous Australians. COPD is not a contagious disease, and smoking is responsible for 72% of COPD cases nationally.

In Australia, early and correct diagnosis is an issue for some lung conditions including lung cancer and Chronic Obstructive Pulmonary Disease (COPD). It is estimated that more than 50% of COPD cases where the patient has symptoms are undiagnosed, and the majority of diagnoses occur in hospital after the person with a lung condition presents with an exacerbation. Late diagnosis, under-diagnosis and misdiagnosis can have a large impact on health outcomes including quality and length of life and health care efficiency. Early presentation and correct diagnosis of lung conditions is a priority.

In 2017-2018, 164,000 Queenslanders self-reported to be living with COPD. This is likely to be an underestimate of the true incidence.

Several different health professionals are involved in the care of people with lung conditions and often a range of health professionals work together in Multidisciplinary Teams (MDTs) to deliver comprehensive patient care.

To diagnose lung conditions correctly and provide the best care possible, health professionals need ongoing education on lung conditions. This is particularly important for primary care professionals, including those in regional, rural and remote areas where the greatest variation in care exists and poorer health outcomes are evident. Health professionals also need access to relevant clinical guidance in a form that is easy for them to use. Evidence-based clinical practice guidelines and optimal care pathways for lung conditions support health professionals to provide best-practice care. Training for all health professionals in the content and use of evidence-based guidelines and tools will also help them to provide nationally consistent advice and care.

### Outcomes

Action to translate science into quality diagnosis, management and care of lung conditions will contribute to the overarching outcomes by delivering:

- Suitably trained health professionals in primary care
- Evidence-based diagnosis, management and care for people with lung conditions, including early and correct diagnosis
- Reduced disparity in lung health outcomes between people living in regional, rural and remote areas and metropolitan areas
- Improved quality improvement systems in primary care.

## Self-management

The important role of self-management for those with chronic conditions is well established, however in practice, people with lung conditions are not consistently receiving appropriate education, information or referrals to support their self-management.

Supporting people with lung conditions to increase knowledge, confidence and skills for effective self-management practices will empower them to play an active role in their own health care, better manage their condition, and lead more active and productive lives. Access to community-based support for effective self-management practices is important for people with lung conditions and will complement and work in partnership with support provided through their medical management and care. Evidence-based tools, information and support services that support shared decision making between people with lung conditions and health professionals are critical. Innovative technologies and strategies to support patients to be actively involved in their lung health are required.

### Health Literacy including Aboriginal and Torres Strait Islander cultural competencies

Keeping Queenslanders well is also about supporting and empowering patients to build their understanding and knowledge of health, how to stay well, what their condition may be, and how to manage their disease. This will lead to improved engagement with treatment and enhanced outcomes – ultimately leading to a reduction in the strain on the health system.

Health literacy is a fundamental enabler for patient-centred care, and we know that higher levels of health literacy are associated with increased patient involvement in shared decision making.

Advances in treatments and therapies, whilst welcome, create further challenges for consumer health literacy.

In a recent Lung Foundation Australia survey, only **69%** of survey respondents nationally felt all their treatment options and medications were explained to them, and only **60%** felt they had sufficient understanding of their treatment and medicines.

Health literacy must be considered. Support must be provided to consumers to find, evaluate and use health information effectively and the system must support health professionals in delivering health-literacy responsive services.

### Outcomes

Action to support effective self-management practices will contribute to the overarching outcomes by delivering:

- Improved knowledge of lung conditions and self-management amongst those affected and their health professional advisors
- People with lung conditions actively involved in their lung health
- Shared decision making between people with lung conditions and their health professionals
- New approaches, tools and knowledge for supporting effective self-management.

## Equitable Access

The importance equitable access cannot be understated. The Queensland Government must ensure equitable and timely access to evidence-based diagnosis and management of lung conditions. There is a particular need for improvements for priority populations that experience barriers to accessing care and poorer health outcomes, including Aboriginal and Torres Strait Islander people, regional, rural and remote communities, and socioeconomically disadvantaged people.

*“Access is really important in remote and rural areas, where there are often limited or no services or support for patients and families. People often have to leave their community and support network to access services or care, this is of concern particularly for Aboriginal and Torres Islanders who have to leave family, country and cultural support.”*

Regional and rural disparities

### Pulmonary Rehabilitation

Research shows that pulmonary rehabilitation is one of the best things patients can do to improve their breathing and wellbeing.[1] The Pulmonary Rehabilitation program has been shown to help people breathe easier, improve their quality of life and stay out of hospital. It reduces breathlessness, fatigue, anxiety and depression, improves exercise capacity, emotional function and enhances patients’ sense of control over their condition.

Pulmonary Rehabilitation is the first step in consumers exercise rehabilitation pathway. Hosted in a hospital environment by health professionals, Pulmonary Rehabilitation provides newly diagnosed consumers with a safe, evidence-based exercise program to help manage their condition.

Queensland has the highest incidence of COPD of all Australian jurisdictions, around 164,000 Queenslanders in 2017-2018.<sup>ii</sup> Currently there are 44 pulmonary rehabilitation services in Queensland listed on our database and when comparing with Australian Bureau of Statistics data, Queensland has the lowest number of pulmonary rehab services per 1000 of the population with COPD, at nearly half the number compared to NSW, and close to one quarter of number compared to the Northern Territory. As Queensland has a very diverse population and is geographically spread, more pulmonary rehabilitation services are needed.

Expanding service delivery of pulmonary rehabilitation is action 5.1 in the NSAPLC.

*“I don’t know what I would be like if I hadn’t done pulmonary rehabilitation. Pulmonary rehabilitation gives you the tools that you need to be as fit as you can be. Fit to fight – maintaining fitness is critical and the effects of exercise make you feel so much better overall.”*

### The importance of digital health

Convenience and safety in treatment can be enhanced through effective use of digital technology. This can include the My Health Record and e-Prescribing, telehealth etc.

COVID-19 has drastically changed the way we access health professionals, and it is vital to ensure appropriate monitoring and reporting of telehealth and other current technologies as it plays an important role in care. In an October 2021 survey Lung Foundation Australia found that nearly 80% of survey respondents who used digital technologies reported a positive experience.

*“You can now have a telehealth appointment with your doctor, who can give you a prescription via a QR code that is sent directly to your phone, that can be added to the Chemist app. So you can put in an order for your prescription immediately, then go pick it up or have it delivered without having to go into your doctors office to pick up a paper prescription, then go to the chemist and wait for it to be dispensed. This is great to minimise time in the community during covid out breaks, and the chemist*

*notifies you if they do not have your medication in stock and need to order it in for you so you don't come in and have to come back the next day.”*

## Summary

Lung Foundation Australia would like to again reaffirm our support for the recommendations made in our joint submission alongside other key health NGOs which focuses on prevention, equity, and collaboration. Through this additional submission we hope to have provided additional information specific to lung disease in Queensland, with a focus on the importance of improved diagnosis, management and care of lung disease, increased support and tools to self-manage disease, and ensuring equitable access for all. Queensland, and our extraordinary health professionals, have tackled the COVID-19 pandemic with the purpose of saving lives and protecting health (including lung health), and we hope that the Queensland Government continues in this trajectory and ensures that the hundreds of thousands of Queenslanders living with lung disease are better supported.

<sup>i</sup> Australian Government Department of Health, 2019. *National Strategic Action Plan for Lung Conditions*. Available at: <https://www.health.gov.au/resources/publications/national-strategic-action-plan-for-lung-conditions>

<sup>ii</sup> Australian Bureau of Statistics, 2018. *National Health Survey: First Results 2017-2018*. Available at: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/latest-release>