

Chronic Disease

Chronic diseases are long lasting conditions with persistent effects whose social and economic consequences impact quality of life.

The 10 major chronic conditions reported on in Australia include arthritis, asthma, back pain, cancer, cardiovascular disease, COPD, diabetes, chronic kidney disease, mental health conditions and osteoporosis.

Chronic diseases are increasingly occurring earlier in life, with many Australian's living longer and requiring more complex care. Multiple types of care, from a range of cross sector providers, over extended periods of time, are becoming the norm.

The burden of disease in Australia has shifted in recent decades from primarily infectious disease and injury, well suited to episodic models of care, to a more complex range of chronic conditions which require a focus on prevention and integrated long-term care.

Chronic disease is now the leading cause of illness, disability and death in Australia. One-half of all Australians (47%) report having at least one the 10 major chronic disease, and 23% have two or more. In 2018, the 10 major chronic diseases contributed to 9 in 10 (89%) of all Australian deaths. Health inequality further complicates this picture, with chronic disease disproportionately affecting under-served populations.

Much of the chronic disease burden is preventable through reduced exposure to modifiable risk factors including tobacco use, high body mass, high alcohol use, physical inactivity, high blood pressure and more.

In 2013, Australia endorsed the *WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020*. The plan aims to achieve a 25% reduction in chronic disease globally by 2025 through the action of member states, UN organisations and WHO.

In 2017 the Australian Health Ministers endorsed the *National Strategic Framework for Chronic Conditions* published in 2019.

2017 also saw the launch of the Health Care Homes pilot, a proven internationally effective initiative, designed to facilitate better coordinated care for patients with chronic disease. Insufficient funding and incentives for patients and providers has led to the scaling down of the program with a planned end date of 30 June 2021.

AHHA POSITION:

- ✧ Sustained investment in chronic disease and preventive health programs is needed. This will require:
 - regional needs assessments determining projected population need over 5–10 years;
 - a commitment to providing better access to preventive health and chronic disease programs that are culturally safe, effective, accessible and of high-quality. Programs should be informed by evidence, local and international experience, and co-designed with communities. Strategies should include population-wide and targeted approaches, addressing issues of regional need and issues specific to vulnerable populations;
 - greater coordination and integration of services across care sectors to ensure better service delivery, improved efficiency, better health outcomes and improved quality of life;
 - a commitment to achieve improved consumer health literacy, early detection and targeted secondary prevention;
 - comprehensive and coherent policies that share responsibility and funding across all levels of government, industry and community;
 - implementation of evidence-based mixed and alternative funding models.
- ✧ Funding for preventive health should reach 5% of total health expenditure by 2030.
- ✧ The *National Strategic Framework for Chronic Conditions* should be implemented. This will require development, monitoring and reporting of performance measures that align with the *WHO Global Action Plan*.
- ✧ Recognising that states and territories have responsibility for many areas of service delivery, National Agreements and National Partnership Agreements should include a Health Improvement Dividend component to identify roles and responsibilities, and quantify the impact on the social determinants of health and health outcomes arising from the Agreements.
- ✧ Team based models of care should be implemented, with healthcare professionals supported to work to their full scope of practice within high functioning integrated teams that practice shared care coordinated around outcomes that matter to patients.
- ✧ Investment in digital infrastructure and linkages across the hospital, social and other sectors is needed to enable real-time collaborative decision making based around the outcomes that matter to patients.