Position statement June 2024

Chronic disease

Chronic diseases are occurring earlier in life, and as a result many Australians are living longer with chronic diseases and more complex care needs. Individuals will increasingly find themselves in need of multiple types of care, from a range of providers, across various care sectors over extended periods of time. Changes are needed to achieve an accessible, equitable and sustainable health system that responds effectively to the needs of people living with chronic diseases.

BACKGROUND

Chronic diseases are long lasting conditions with persistent effects that negatively impact quality of life. They are also referred to as non-communicable diseases or long-term health conditions. Chronic disease remains the leading cause of illness, disability and death in Australia. Nearly half of all Australians suffer from at least one chronic condition (46.6%), with almost one in five having two or more (18.6%)[1]. In 2020, the top 10 chronic diseases contributed to 89% of deaths reported[2] .

The rising prevalence and high personal, economic and societal costs make chronic disease one of Australia's biggest health challenges. Chronic disease disproportionately affects under-served population groups, particularly Aboriginal and Torres Strait Islander Australians who experience the burden of chronic disease at 2.3 times the rate of non-Indigenous Australians[3].

A large proportion 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, abnormal blood fats (such as cholesterol) and impaired fasting blood glucose.Despite recognition of the increasing burden of chronic disease, the Australian health system has been slow to respond. This is in part due to the health system historically designed to treat acute conditions as well as inconsistent investment in preventive health, inadequate prevention and chronic disease management and fragmented care with insufficient coordination across the system.

The COVID-19 pandemic exacerbated the burden, with the prioritisation of acute and urgent services resulting in significant disruption to chronic disease management. Further, the long-term effects of COVID-19 infections and the impact on chronic conditions are not yet well understood.

The 2021-30 National Preventive Health Strategy has committed to an increase in preventive health funding of 5% of total health expenditure . Yet, sufficient funding to implement the strategy is not apparent in Government budgets.

AHHA POSITION

- Long-term investment is needed in chronic disease and preventive health programs that implement the objectives of the National Strategic Framework for Chronic Conditions. Programs must:
    - Include population-wide and targeted approaches, addressing issues of regional need and issues specific to vulnerable populations.
    - Be place-based and co-designed with local communities.
    - Be informed by evidence, and local and international experience.
    - Be culturally safe and equitable.
    - Include high-quality and transparent evaluations actively shared to support the diffusion of innovation, policy learnings and to improve programs.
- Measures of patient outcomes and costs of care must be evidence-based, fit for purpose and suitably chosen to ensure models of care drive value and are linked to desired outcomes at the level of the individual (micro), the care pathway (meso) and the population (macro).
- Investment in digital infrastructure and linkages across the health, social and other sectors is needed to address data gaps and enable real-time collaborative decision making.
- Multidisciplinary team based models of care, supported by virtual technology, will enable health professionals to work to their full scope of practice. Community connection and navigation roles will be important.
- Alternative funding models that support greater coordination and integration of services across care sectors should be trialled and implemented.
- Supported self-management must be a key objective, moving away from paternalistic approaches and providing patients and health professionals with materials and tools to set goals and preferences, improve health literacy and support shared decision-making.
- States/Territories and the Commonwealth Government should work collaboratively to address the determinants of health, coordinated by the Australian Centre for Disease Control. Funding agreements, like National Agreements and National Partnership Agreements, should embed systematic collaboration requirements tied to robust mechanisms for accountability and transparency.
- Investments to introduce social prescribing should not individualise the social determinants of health; the responsibility for addressing social determinants of health must be held by governments and societies, not placed on individuals.

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[1] Australian Bureau of Statistics. (2020-21). *Health Conditions Prevalence*. ABS. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/health-conditions-prevalence/latest-release

[2] Australian Institute of Health and Welfare. (2022). *Chronic conditions and multimorbidity.* Retrieved from https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity

[3] Australian Institute of Health and Welfare. (2022). *Indigenous health and wellbeing.* Retrieved from https://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing

[4] Australian Government, 2021, National Preventive Health Strategy, https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf

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