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KIDNEY HEALTH AUSTRALIA

Submission into the Review of Medicare Locals

Kidney Health Australia - December 2013

Introduction:

Kidney Health Australia welcomes the invitation to provide input into the Review of Medicare Locals, and acknowledges the aim of ensuring that funding is being spent as effectively and efficiently as possible within the health system.

Kidney Health Australia estimates that 1 in 3 Australians is at an increased risk of developing chronic kidney disease (CKD), with the risk being even higher in those most vulnerable in our community. Approximately 1.7 million Australians aged 18 years and over – a striking 1 in 10 – have at least one clinical sign of CKD. And the situation is much worse for 'at risk groups'.

Kidney disease represents a significant and growing burden to the health system. It carries a considerable cost in health expenditure and forgone productivity. Kidney-related disease kills more people a year than breast cancer, prostate cancer or even road traffic accidents.

Recent data has highlighted that 10 percent of people attending general practice have CKD, but most do not know it. Similarly, every second patient that visits their general practitioner with type 2 diabetes will also have CKD. CKD is a significant risk factor for vascular complications and for progression to kidney failure. Strikingly, among those with CKD, the risk of dying from cardiovascular events is up to 20 times greater than the risk of requiring dialysis or transplantation.

Summary of Recommendations:

Kidney Health Australia believes that the primary care sector can implement achievable policy changes to reduce and delay the onset of end stage kidney disease through more efficient, effective early detection. In turn, such early detection could result in considerable efficiencies and savings to the health system.

Early detection of CKD, supported by primary health care organisations, is critical to stemming the future tide of kidney disease. It is also the most logical, cost effective location for such an intervention - 83 percent of Australians visit their general practitioner at least once a year.

The introduction of Medicare Locals provided an opportunity to consider the way in which primary care organisation can play an important role in reducing the burden of disease. While the delineation of responsibility in this space is not able to be drawn 'in abstract', the introduction of Medicare Locals has thrown up a number of interesting possibilities regarding linkages, prevention and early detection education, coordination and oversight. These learning's should now be harnessed and built upon through the review process, by linking to nationally mandated targets.

There should be consistent national targets and indicators set to help primary health care organisations directly meet the Australian Government's health policy objectives of reducing the burden of chronic disease and avoidable hospital admissions.

As early intervention is critical, primary health care organisations need to be resourced to ensure better systems and referral processes are in place to identify patients with, or at risk of chronic disease, and ensure they are well managed and/or have access to appropriate prevention programs.

The members of the Australian Chronic Disease Prevention Alliance (ACDPA) and the National Vascular Disease Prevention Alliance (NVDPA) should be engaged into appropriate advisory structures to ensure that primary health care organisations get the best possible advice on preventing chronic disease and the causes of chronic disease, and on more effective methods of early detection and to avoid disconnection and duplication where primary care organisations do not connect with NGOs.

Therefore, noting the above context and suggested advice regarding process, Kidney Health Australia specifically recommends the Review into Medical Locals:

- *Task primary health care organisations with improving early detection of people at risk of, and with chronic disease and ensuring they are effectively managed (Recommendation 1);*
- *Task primary health care organisations with better integrating effective lifestyle modification programs with primary care providers (Recommendation 2); and*
- *Task primary health organisations with ongoing education to support improved clinical outcomes of Primary Care Health Professionals (Recommendation 3).*

Recommendation 1: Task primary health care organisations with improving early detection of people at risk of – and with – chronic disease and ensuring they are effectively managed

Too many Australians at high risk of developing chronic disease, or living with them, go unrecognised, leading to avoidable hospital admissions and premature death at significant social and economic costs to the nation.

The Australian Health Survey (2011-12) revealed that just over three million adults had measured high blood pressure[1]. In addition, 5.6m Australian adults have un-managed high blood cholesterol, and alarmingly, 90% of them are unaware of this fact. Many of these will also have other risk factors, such as overweight/obesity or high blood pressure, potentially putting them at high overall risk of having a heart attack or stroke within the next five years.

Cardiovascular disease (CVD) - principally heart attack and stroke - has a strong relationship with other significant chronic diseases, in particular type 2 diabetes and CKD. Because they share risk factors, underlying causes and disease mechanisms, these major chronic diseases often occur together. For example, it is estimated that more than 400,000 Australians have both CVD and diabetes. Importantly, effective prevention and management of one condition can lead to reduction in the risk of related diseases[2].

Early detection and ongoing management of these chronic diseases is the key to reducing the number of CVD events (such as heart attacks and stroke) occurring each year, while also reducing the incidence of diabetes and chronic kidney disease.

Primary health care organisations should be tasked - and supported - to improve uptake of the absolute risk assessment guidelines in primary care, and to ensure on-going management to reduce

[1] Australian Bureau of Statistics (2012) *Australian Health Survey: First Results*, 2011-12

[2] Australian Institute of Health and Welfare (2009) *Prevention of cardiovascular disease, diabetes and chronic kidney disease: targeting risk factors*

patients' cardiovascular risk. This could commence with the introduction of a simple indicator and target (similar to NZ's heart and diabetes check targets) and supported with appropriate incentives.

Recommendation 2: Task primary health care organisations with enhancing networks to deliver lifestyle modification programs for people at risk and with existing disease

Lifestyle modification programs play a critically important role in helping to combat chronic disease and keep people well and out of hospital. Currently, effective, evidence-based programs are not well integrated into primary health care, with poor linkages and referral pathways.

These programs need to be supported by government to (1) ensure accessibility to those most at risk, and (2) enable these programs and services to be on the frontline of our response to the growing burden of cardiovascular disease in Australia.

Recommendation 3: Ongoing education to support improved clinical outcomes of Primary Care Health Professionals

The primary care health professional education program in CKD that was commenced by Kidney Health Australia (KHA) in 2002 has been reliant on the primary care networks (in particular Medicare Locals) to connect the program to its target audience and address an area of significant need.

The basic aim of this program (called Kidney Check Australia Taskforce (KCAT)) is to improve the knowledge base and early detection rate of CKD, and to improve clinical management of detected CKD cases in general practice. Electronic records suggest suboptimal management of CKD in general practice, with a recent study reporting that 1 in 5 patients aged 50 or above do not have their kidney function recorded[3].

The program continues to be active and has increased its penetration year on year, with over 100 accredited Quality Improvement and Continuing Professional Development (QI&CPD) workshops being delivered this year in 2013 across all Australian jurisdictions. While KHA takes the lead in developing, funding and organising this education, we rely on primary care network organisations to promote and host the education as a component of their QI&CPD responsibilities.

This directly relates to a key point in the Terms of Reference of the review regarding supporting better clinical services and outcomes. Successful elements of the current arrangements which KHA feels could, and should be recognised and incorporated into the review, is the need for future primary care organisations to continue to be characterised by:

- A greater uniformity of interest in chronic disease education, including CKD
- A greater acceptance of the multidisciplinary team approach to chronic disease management – an important facet of the preferred approach to CKD management

It is essential to have a structure in place in primary care that facilitates KHA's engagement with the individual primary care health practitioners and clinical practices. Ensuring that QI&CPD remains part of the Medicare Local's Terms of Reference is pivotal to improving the early detection and management of CKD in primary care.

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Attachment: Key facts regarding kidney disease.

[3] Pilotto LSJ et al. Aust J Rural Health 2012;20:195-199.