

Development of the Australian National Diabetes Strategy

Questionnaire

Goal 1: Reduce the prevalence and incidence of people living with type 2 diabetes

500 word limit for each response

Question 1:

- a) Which of the areas for action described for this goal are most appropriate and why?

The National Vascular Disease Prevention Alliance (NVDPA) supports the development of a National Diabetes Prevention Program.

There is strong evidence that structured, intensive lifestyle behaviour change programs have a significant effect on reducing progression to diabetes in people at high risk.

Government should take the opportunity to leverage off programs already being delivered in states including Victoria and New South Wales and develop these into a consistent and systematic national program.

Working nationally in an evidence-based, coordinated and accountable system, would allow for the greatest impact on reducing the number of people developing type 2 diabetes.

The National Health and Medical Research Council's 2014 *Case for Action proposal: A Comprehensive Type 2 Diabetes Prevention Program* has already set out the framework for a national diabetes prevention program.

https://www.nhmrc.gov.au/files/nhmrc/file/research/research_translation_faculty/rtf_cfa_diabetes_nhmrc_150320.pdf

- b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

NVDPA believes that the development of the National Diabetes Strategy opens up an important opportunity for government to maximise chronic disease prevention by integrating the reduction of risk factors for type 2 diabetes with the reduction of risk factors for other related diseases. This could be effectively implemented in the primary care setting by introduction of the Integrated Health Check, a vascular and related disease risk assessment and prevention program.

Diabetes, heart attack, chronic kidney disease and stroke share many risk factors which can be prevented or reduced. These include overweight and obesity, high blood pressure, raised cholesterol, and raised blood glucose levels, smoking, excessive alcohol use, poor diet, and inadequate physical activity (modifiable risk factors).

It is of great concern that 90% of Australian adults have at least one modifiable risk factor, and 64% have three or more (AIHW 2011: Health determinants: The key to preventing chronic disease).

Many people at high risk of developing these diseases are unaware of their risk due to the silent nature of many symptoms. The Australian Health Survey (2011-12) (Australian Bureau of Statistics 2013) indicates that 21.5% of Australian adults have high blood pressure, 33%

have high blood cholesterol, 18% are smokers, 63% are overweight or obese and 68% are sedentary or have a low level of exercise.

NVDPA advocates for the adoption of an integrated health check to move beyond prevention and early detection of each disease individually. The integrated health check would promote the early detection and management of those at high risk of developing chronic kidney disease, type 2 diabetes, heart disease or stroke.

An integrated health check, includes the following:

- Establishment of diabetes status including use of the AUSDRISK tool and blood tests to determine risk of developing type 2 diabetes or having undiagnosed existing diabetes;
- Establishment of kidney function;
- Calculation of an absolute cardiovascular risk score for cardiovascular disease;
- Timely referral to diabetes prevention programs (high risk) or coordinated care service (existing diabetes); and
- Timely referral to cardiovascular disease prevention programs.

Any steps to reduce the prevalence of modifiable risk factors in the community therefore should include the use of an integrated health check which should be carried out by GPs and/or Aboriginal health practitioners in a clinical setting where patient confidentiality, assessment and appropriate prescribing and referral can be appropriately managed.

This assessment should be supported by government through incentive payments and primary care based quality improvement initiatives. The clinical assessment should be supported by community based health promotion initiatives that contribute to raising awareness of disease and changing people's health behaviours.

Integrated health checks should be supported by community programs such as in-pharmacy health checks, workplace health and wellbeing programs.

NVDPA believes that addressing shared risk factors will reduce and / or delay hospital admissions due to vascular diseases (diabetes, chronic kidney disease, heart attack and stroke), while improving care and will drive efficiencies within Australia's primary care sector by better identifying and treating those at risk of developing a vascular disease.

Question 2:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report, and how it may be obtained)

- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 3:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Goal 2: Promote earlier detection of diabetes

500 word limit for each response

Question 4:

- a) Which of the areas for action described for this goal are most appropriate and why?

NVDPA supports the use of AUSDRISK to assess the risk of type 2 diabetes in community settings. However, in the primary care setting, NVDPA advocates for a more comprehensive approach which can address the multiple risk factors which are common to the major chronic diseases.

In the past, general practitioners have often assessed disease risk separately for diabetes, cardiovascular disease, and kidney disease. The National Vascular Disease Prevention Alliance recommends that an integrated approach to disease prevention within general practice be introduced to improve the prevention of all these conditions.

Many deaths and much morbidity could be prevented through the implementation of a more structured and nationally supported approach to vascular and related disease risk detection and management. This approach would aim to increase the uptake of lifestyle interventions and better target earlier medical intervention to reduce the risk of vascular and related disease onset, while maximising the cost-effectiveness of the interventions by targeting those at greatest risk.

The NVDPA supports the implementation of an integrated health check (described in detail in Q1b), which includes establishment of kidney function, diabetes status, calculation of an absolute cardiovascular risk score, referral to diabetes prevention programs (high risk) or coordinated care service (existing diabetes), referral to cardiovascular disease prevention programs and treatment and management according to clinical guidelines.

This integrated approach will enable the utilisation of routinely collected data on the patient's individual risks including their age, weight, blood cholesterol level, blood pressure and kidney function to be used in an integrated health check translating them into better health outcomes. Many of these individual risks are collected to calculate an absolute risk score.

The benefits are significant:

1. An efficient approach delivering economies of scale and reducing hospitalisations and disability
2. Establishes a systematic approach to absolute risk assessment
3. Identifies those at high risk of developing costly and disabling conditions such as type 2 diabetes, chronic kidney diseases and cardiovascular disease
4. Early identification of Australians at risk of cardiovascular disease, type 2 diabetes and chronic kidney disease and timely referral to targeted prevention programs such as
 - a. for cardiovascular disease - the Heart Foundation Walking or Heart Moves programs
 - b. for type 2 diabetes – evidence based high risk prevention courses such as Diabetes Australia's Life! Program
5. Those with existing and untreated conditions are reached and appropriate treatment regimes established, potentially preventing hospitalisation, long-term disability and death.

The NVDPA believes this initiative can be funded through existing or new Medicare Benefits Scheme numbers and/or incentive payments for quality practice in primary care and supported through the development of clinical and business tools developed in consultation with stakeholders across the primary care sector. Economic modelling supports the introduction of an absolute cardiovascular disease risk approach (a component of the

integrated health check). Savings of \$5.4 billion dollars and \$7.1 billion have been identified. From this, \$93 million in savings could be delivered within the first year of full-implementation of Absolute cardiovascular disease risk.

- b) Are there any additional actions you would you like to see the governments and/or other stakeholders take and why?

Quality Practice Incentives Program - Development of a quality-focused PIP to address prevention of vascular and related diseases

The National Vascular Disease Prevention Alliance recommends the introduction of an integrated health check to detect and prevent vascular and related diseases in Australian general (medical) practice. The key feature is to move away from disease specific detection to an integrated approach which recognises the interaction between these diseases and their risk factors.

Effective prevention and management of one condition can lead to a reduction of risk of the related diseases, presenting an excellent opportunity for integration of risk managementⁱ.

The primary care sector is well placed to deliver and coordinate a vascular and related disease risk assessment and prevention program. General practice is an effective channel for prevention initiatives given that the majority of Australians visit their general practitioner at least once per yearⁱⁱ.

A new quality focussed Practice Incentive Payment (PIP) which includes detection and prevention of vascular and related diseases should require general practices to:

- Check eligible patients for vascular and related conditions through an 'integrated health check' which includes an absolute cardiovascular risk assessment, diabetes check and kidney disease check;
- Manage the overall risk profile of patients, stratify risk (high, moderate, low) and address their combined risk factors through advice about healthy eating, healthy physical activity and healthy weight, medical management and/or facilitating and coordinating access to evidence-based prevention programs;
- Maintain a patient register, with recall and reminder system for patients eligible for assessment and those who require management of risk;
- Record and report proportion of eligible patients who are checked, who have their risk managed according to the relevant practice guidelines, who have a GP management plan, and who access evidence-based prevention programs.

The quality PIP should be linked to Primary Health Networks, with the Networks charged with promoting uptake of the integrated health check through education, systems support, creating linkages with relevant prevention services in the Network, measurement, and reporting and evaluation via quality improvement audits.

The new PIP should also adopt some of the existing functions from current PIPs, noting that they share commonalities in operation and that this would also streamline both administration and operation of current PIP arrangements.

The introduction of the new PIP is a unique and important opportunity to ensure significantly greater adherence to existing evidence-based guidelines for the detection and prevention of the major vascular and related diseases in people at high risk.

The NVDPA believes many deaths and much morbidity could be prevented through the implementation of a more structured and nationally supported approach to vascular and related disease risk detection and management. Such a program would aim to increase the

uptake of lifestyle and earlier medical intervention to reduce the risk of vascular and related disease onset.

A detailed paper, *Quality Practice Incentives Program - Development of a quality-focused PIP to address prevention of vascular and related diseases* prepared by the National Vascular Disease Prevention Alliance can be provided by NVDPA.

Question 5:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)
- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 6:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Goal 3: Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

500 word limit for each response

Question 7:

- a) Which of the areas for action described for this goal are most appropriate and why?
- b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

Question 8:

Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

- a) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 9:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Goal 4: Reduce the impact of diabetes in Aboriginal and Torres Strait Islander peoples and other high risk groups

500 word limit for each response

Question 10:

- a) Which of the areas for action described for this goal are most appropriate and why?
- b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

Question 11:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)

- b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 12:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Question 13:

In relation to the impact of diabetes in Aboriginal and Torres Strait Islander peoples and high risk groups, please describe any barriers in accessing health services and/or education.

Goal 5: Strengthen prevention and care through research, evidence and data

500 word limit for each response

Question 14:

- a) Which of the areas for action described for this goal are most appropriate and why?
b) Are there any additional actions you would like to see the governments and/or other stakeholders take and why?

Question 15:

- a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why? (Please indicate if you are aware of an evaluation report and how it may be obtained)
b) Are there any existing activities, services or systems relevant to this goal that you think are not working well? (Please explain why, and discuss any barriers to their effectiveness)

Question 16:

The paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Final comments

Question 17:

1,000–2,000 word limit

Please provide any further comments you may have.

NVDPA would like to thank you for the opportunity to make a submission. NVDPA recommends that the National Diabetes Strategy be supplemented with introduction of the Integrated Health Check, an integrated approach to prevention, early detection and management of diabetes and related vascular diseases.

Although the high proportion of Australians with modifiable risk factors is of concern, the NVDPA believes this situation also presents a significant opportunity for prevention of vascular and related disease in the Australian population. Early detection of modifiable risk factors through a comprehensive assessment program can identify those people who would most benefit from targeted management through lifestyle changes and, where needed, pharmacological therapy.

Effective prevention and management of one condition can lead to a reduction of risk of the related diseases, presenting an excellent opportunity for integration of risk management across all of the related chronic diseases (AIHW 2013: Diabetes Impacts). The primary care sector is well placed to deliver and coordinate a vascular and related disease risk assessment and prevention program. General practice is an effective channel for prevention

initiatives given that the majority of Australians visit their general practitioner at least once per year.

The Integrated Health Check would help make general practice more efficient, target interventions to those who would most benefit, and support a more cost effective approach for government.

ⁱ Australian Institute of Health and Welfare. Diabetes impacts. Available from <http://www.aihw.gov.au/diabetes/impacts/#data>, accessed on 4th July 2013

ⁱⁱ Britt H, Miller GC, Charles J, Henderson J, Bayram C, Pan Y, Valenti L, Harrison C, O'Halloran J, Zhang C, Fahridin S. General practice activity in Australia 2010–11. General practice series no.29. Sydney: Sydney University Press, 2011.