



Mr Anthony Beasley
Secretary to the Committee
Select Committee on Health Services in South Australia
Parliament House
North Terrace
Adelaide SA 5000
shealthservicesinsa@parliament.sa.gov.au

Dear Mr Beasley,

14 February 2018

**Re: Legislative Council of South Australia
Select Committee on Health Services in South Australia**

Asthma Australia thanks the Select Committee for inviting submissions about health services in South Australia (SA). While this written submission provides information on health services as they pertain to the 13% of South Australians who have asthma (220,000 people), we request the Select Committee provides Asthma Australia with the opportunity to submit oral evidence, as well as evidence from consumers. South Australia is only one of two jurisdictions where historically, there has been no government investment on health services to support people with asthma. This Select Committee has an opportunity to encourage all parties to make a start on laying the foundations for better asthma management in SA.

What follows is Asthma Australia's response to the Select Committee's Terms of Reference (ToR).

a) The opportunities to improve the quality, accessibility and affordability of health services including through an increased focus on preventative health and primary health care.

Asthma Australia will outline how this ToR applies to the almost 220,000 South Australians with asthma by explaining:

1. The nature and the scale of the asthma problem in South Australia.
2. How health services do not address the ongoing management needs of people with asthma.
3. How Asthma Australia's work for people with asthma complements the South Australian health system.
4. Steps that can be taken for preventative health with respect to asthma.
5. The historic opportunity to start building a South Australian asthma management program.

1. The burden of asthma in South Australia is significant and growing, however it is preventable

All residents of SA should have equitable access to health care, information and support that keeps them healthy and well. Breathing well is fundamental to people's very existence and to everybody's day-to-day quality of life. Asthma is a chronic respiratory condition affecting almost 220,000 people, or more than one in nine South Australians (13.0% in 2017-18).¹ This is a 24% increase compared to 2014/15,² and continues the trend of SA being the leading state for asthma prevalence.

Asthma is one of the top 20 most common reasons for Emergency Department (ED) presentations in SA; resulting in 5,754 ED presentations in 2016-17.² Asthma is responsible for approximately 145.5 hospitalisations per 100,000 people in SA, equating to almost 2,600 potentially preventable hospitalisations in 2014-15³ and caused 42 deaths in 2017.^{4,5} ED presentations and hospitalisations from asthma come at a significant cost to the SA Government. Each ED presentation for asthma costs \$443 on average, an uncomplicated hospital admission costs approximately \$2,591 (approximately 1.5 hospital days), and a complicated admission costs \$5,393 (approximately three hospital days).⁶ However, approximately 80% of hospitalisations⁷ and up to 70% of deaths due to asthma are considered preventable.⁸

The Productivity Commission's *Report on Government Services 2019* states that:

*'[W]ritten asthma action plans enable people with asthma to recognise and respond quickly and appropriately to deteriorating asthma symptoms, thereby preventing or reducing the severity of acute asthma episodes.'*⁹

In 2014-15, just over one third of South Australians with asthma (35.8%) had written Asthma Action Plans.¹⁰ Although it is commendable that two thirds of children with asthma aged 0-14 years reported having written Asthma Action Plans (68%),¹⁰ more still needs to be done to support the current generation of South Australians to better manage their asthma.

¹ <https://www.aihw.gov.au/getmedia/acee86da-d98e-4286-85a4-52840836706f/aihw-hse-201.pdf.aspx?inline=true>

² Australian Institute of Health and Welfare 2017, *Emergency Department Care: 2016-17*, <https://www.aihw.gov.au/reports/hospitals/ahs-2016-17-emergency-department-care/data>

³ <https://www.aihw.gov.au/getmedia/acee86da-d98e-4286-85a4-52840836706f/aihw-hse-201.pdf.aspx?inline=true>

⁴ Public Health Information Development Unit (PHIDU) 2018, *Asthma Atlas of Australia*. Accessed online: http://www.atlasesaustralia.com.au/asthma_aust/atlas.htm

⁵ Australia Bureau of Statistics (ABS) 2018. *Causes of Death, Australia, 2017*. Canberra: ABS. Accessed online: <http://www.abs.gov.au/ausstats/abs@.nsf/0/47E19CA15036B04BCA2577570014668B?OpenDocument>

⁶ Independent Hospital Pricing Authority, 2013-14. *National Hospital Cost Data Collection, Australian Public Hospitals Cost Report, Round 18*. Accessed online: <https://www.ihsa.gov.au/sites/g/files/net4186/f/publications/nhcdc-round18.pdf>

⁷ Australian Institute of Health and Welfare (AIHW) 2018. *Potentially preventable hospitalisations in Australia by small geographic areas*. Canberra: AIHW. Accessed online:

<https://www.aihw.gov.au/reports/primary-health-care/mhc-potentially-preventable-hospitalisations/contents/overview>

⁸ Goeman, 2013. *Asthma mortality in Australia in the 21st century: a case series analysis*. Accessed online: [://bmjopen.bmj.com/content/3/5/e002539.short](http://bmjopen.bmj.com/content/3/5/e002539.short)

⁹ <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health/primary-and-community-health/rogs-2018-part-10.pdf>

¹⁰ Australian Government Productivity Commission (AGPC) 2018, *Report on Government Services*. Accessed online: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health/primary-and-community-health>

Asthma can be a debilitating chronic health condition, but does not need to be, if managed well.

2. Health services are not designed to address ongoing management of chronic illness

As is the case for chronic illness, people with asthma need ongoing information, education and support to improve their ability to self-manage their asthma. However, health services are not designed to address these particular needs.¹¹ This issue applies across Australia and is not particularly unique to SA.

Asthma was one of the most frequent chronic conditions presented to General Practitioners in Australia in the decade spanning 2006-07 to 2015-16.¹² People with asthma receive episodic treatment which is not tailored to chronic disease management or aimed at empowering people with asthma to self-manage their condition.¹³ The current care environment does not address their information and education needs, including:

- Use of asthma devices;
- Comprehension of the written Asthma Action Plan; or
- Recognition and response to escalating symptoms;

all of which are recommended as minimum standards by the national guidelines for asthma care, the Australian Asthma Handbook.

General practices and hospitals face great difficulty in building this minimum level of best practice care into their current business models – written Asthma Action Plan ownership is low, spirometry use is low, device technique is poorly understood, and asthma health follow-up consultations are low.^{14,15,16,17,18,19} These provide an inadequate foundation to reduce the risk that asthma symptoms proceed to flareups or exacerbations that can potentially be life threatening.

¹¹ Andrews, K L, Jones, S C, Mullan, J. 2014. Asthma self management in adults: A review of current literature. *Collegian: The Australian journal of Nursing Practice, Scholarship & Research*, 21 (1), 33-41; <https://doi.org/10.1016/j.colegn.2012.12.005>; Gibson, P G, Powell, H, Wilson, A, Abramson, M J, Haywood, P, Bauman, A, Hensley M J, Walters, E H, Roberts, J J L. 2002, Self-management education and regular practitioner review for adults with asthma, *Cochrane Systematic Review – Intervention*, <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001117/abstract>; please also see note 14-19

¹² Britt H, Miller GC, Bayram C, Henderson J, Valenti L, Harrison C, et al. 2016. A decade of Australian general practice activity 2006–07 to 2015–16. *General practice series no. 41*. Sydney: Sydney University Press. <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma/contents/treatment-management>

¹³ Please see note 14-19

¹⁴ Barton C, Proudfoot J, Amoroso C et al. Management of asthma in Australian general practice: care is still not in line with *clinical practice*. *Primary Care Respiratory Journal* (2009); 18(2): 100-105;

¹⁵ Basheti.I.A, Armour.C.L, Bosnic-Anticevich. S.Z, Reddel.H.K, 2008, Evaluation of a novel educational strategy, including *inhaler-based reminder labels*, to improve asthma inhaler technique. Accessed online: <https://www.ncbi.nlm.nih.gov/pubmed/18314294>;

¹⁶ Poulos LM, Ampon RD, Reddel HK, Hime N & Marks GB, 2016. The use of lung function testing for the diagnosis and management of chronic airways disease.

¹⁷ Australian Institute of Health and Welfare. Accessed online: <https://www.aihw.gov.au/reports/chronicrespiratory-conditions/use-of-lung-function-testing-for-diagnosis/contents/table-of-contents>;

¹⁸ Australian Government Productivity Commission (AGPC) 2018, Report on Government Services. Accessed online: <https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health/primary-and-community-health>;

¹⁹ Australian Institute of Health and Welfare 2011. Asthma in Australia. Accessed online: <https://www.aihw.gov.au/getmedia/8d7e130c-876f-41e3-b581-6ba62399fb24/11774.pdf.aspx?inline=true>

These system design limitations of health services in Australia to meet the needs of people with asthma were further reflected in the 'State of Asthma in South Australia' Report (Report),²⁰ presented by Asthma Australia and launched by the Minister of Health, the Honourable Stephen Wade, in Adelaide last September. The Report outlined that:

- Many people with asthma don't receive treatment in accordance with their clinical condition;
- Of those that are prescribed a preventer medicine, approximately 90% don't use it as prescribed; and
- Of those that use preventer medicine, approximately 90% don't use their device correctly.

Two key South Australian indicators from the Report are:

- More children per capita are admitted to hospital due to asthma than any other Australian state (16% more than national rate).
- Far more people per capita (36%) are admitted to hospital due to asthma in regional areas than major cities.

[3. Asthma Australia continues to support the South Australian health system provide better pathways for asthma care](#)

For over 25 years, Asthma Australia has worked with communities in South Australia in a complementary way with the South Australian health system so that people with asthma and their carers can better self-manage this condition. Asthma Australia also works directly with health practitioners to improve their ability to provide asthma knowledge and support, as well as on projects to improve care coordination and integration between primary health care and hospitals.

Direct asthma management support for people with asthma and their carers

Asthma Australia has provided South Australians with asthma and their carers telephone information services, and the 1800 ASTHMA Helpline has operated for eight years. Since 2016, 2,458 calls to Asthma Australia's 1800 ASTHMA tele-health service were made by South Australians. From 2016, South Australians have also had access to the world-renowned COACH Program which provides personalised telephone coaching support to people with asthma.

The COACH Program service is:

- **Comprehensive:** Provides asthma information and targets lifestyle risk factors.
- **Improves asthma self-management:** Through increased use of Asthma Action Plans, and improved adherence to correct use of asthma medicines, such as relievers and preventers.

²⁰ Asthma Australia 2018, *State of Asthma in South Australia*. Accessed online:
https://www.asthmaaustralia.org.au/ArticleDocuments/1144/2018-1087_NAW%20SA%20Report%202018_WEB.pdf.aspx

- **Integrated:** With patient consent, information about the COACH session is shared with the treating healthcare professional; ensuring continuity of care.
- **Effective:** Results in better asthma control, meaning less risk of asthma flareups or emergencies, reducing risk of hospitalisation and death.
- **Accessible:** Available across the state to anyone with a phone, including providing support for those from culturally and linguistically diverse backgrounds.
- **Affordable:** Free service for consumers.

The COACH Program has been shown to significantly improve the asthma control of people who take part in the Program, often regardless of completion; reducing asthma flareups, emergencies and hospitalisations. This saves the government \$443 for every trip to ED avoided, and between \$2,500 and \$5,400 for every stay avoided.

In SA, there have been 249 people enrolled in the COACH program, utilising 723 sessions since its inception.

Over half of these people obtained clinically significant improvements in their asthma control; which means their risk of hospitalisation was lower, and their quality of life was better. This was a slightly higher percentage improvement when compared nationally.

Primary Health Care projects: Improving coordination and referral pathways

Asthma Australia works closely with both South Australian Primary Health Networks (PHN) to upskill health practitioners, build referral pathways and develop integrated models of care between general practice and pharmacies to improve client asthma management. Building referral pathways enables Asthma Australia to reach those people with asthma who have the greatest need for support, and are most likely to have asthma symptoms, flare ups and emergencies driving them to interact with primary health care and hospitals.

Asthma Australia is committed to working in partnership with research and community organisations to find answers to ongoing problems and emerging issues. Current Asthma Australia research, funded by the Fay Fuller Foundation, is investigating why hospital admissions are higher in South Australia than anywhere else in Australia.

Education and training of communities and health professionals

Asthma Australia also works with philanthropic partners to contribute to the delivery of education sessions to health professionals and communities across regional areas of SA. Culturally appropriate training and initiatives have also been delivered to Aboriginal communities, and vulnerable populations most impacted by asthma, including Asian and Indian populations.

Support has also been provided to create a safe environment in which people with asthma can live, work and play. In the last financial year, over 250 South Australian schools have participated in asthma First Aid training, with a highly successful Asthma Friendly Schools



program, available in SA since 2000, currently being reviewed for roll out for another four years.

Asthma Australia's innovations are also offered to South Australians with asthma

Asthma Australia commits to investment in innovative adjuncts and technological solutions to support communities to manage their asthma, build resilience and reduce risk. State funding from other jurisdictions have also contributed towards Asthma Australia's development of the following smartphone applications for people with asthma:

- The ASTHMA App is an all-in-one education resource tailored for use by people with asthma and health professionals which provides essential information and education material to support the education and self-education needs of people with asthma and their treating health professional.²¹
- The KISS MY ASTHMA App is co-designed with and for young people with asthma, helps track symptoms, provides individuals their Asthma Action Plan, and sets goals to improve control.²²
- The ASTHMA FIRST AID App is an education resource which steps through the 4x4x4 steps of the nationally recognised asthma First Aid plan. It can be used during actual asthma emergencies and as a training and teaching tool.²³

South Australians with asthma have also benefited from these innovations.

4. What might an increased focus on preventative health look like with respect to asthma

Along with improving self-management for South Australians with asthma, as well as developing health pathways for asthma care, Asthma Australia has undertaken research that has the potential to assist in future development of preventative health measures for pregnant women with asthma. Asthma Australia has contributed funding to the AusPollen group to develop their AusPollen App which is launching in Adelaide this year. The AusPollen App is used by people with asthma to reduce their exposure to pollen through daily pollen reports and forecasting as well as Thunderstorm Asthma risk. Pollen is known to be a significant trigger for asthma flare ups. To address this,

5. Although historically there has been no government investment in asthma management, South Australia has an opportunity to start laying the foundations

Asthma Australia is proud of our work with South Australians living with asthma, but the prevalence of asthma continues to increase in the state. We know we cannot solve the issue alone, and all of our elected leaders need to play their part in shifting the dial on asthma outcomes.

²¹ <https://www.asthmaaustralia.org.au/news/national/asthma-app>

²² <https://www.asthmaaustralia.org.au/sa/about-asthma/resources/acap-e-bulletin/term-3-2017/kissmyasthma-app-for-young-people>

²³ <https://www.asthmaaustralia.org.au/sa/about-asthma/resources/onair/2017/august/asthma-first-aid-app>



Asthma Australia urges this Select Committee, and the South Australian Parliament more broadly, to lend its commitment towards a first step towards developing a world class asthma management program.

b) The South Australian experience around health reform in the State, specifically Transforming Health, EPAS, the reactivation of the Daw Park Repatriation Hospital and other related projects and/or programs;

As noted under ToR a), no state funding commitment towards a comprehensive asthma management program by numerous SA Governments and Parliaments.

Asthma Australia's work is unique in that it is consumer and health system facing. Asthma Australia provides direct education, information and support services to people with asthma, their carers, and the community; as well asthma management initiatives linked with primary health care providers (GPs and pharmacists) and hospitals. It also invests in research and advocacy to drive system level change so that people with asthma breathe better.

This term of Parliament provides an opportunity for all parties to start addressing asthma in SA.

c) The Federal Government's funding of State Government services and the linking of other federally funded services in South Australia, such as Medicare funded GP services, and Adelaide Primary Health Network and Country Primary Health Network;

[Medicare funded GP services](#)

Spirometry is the most accurate diagnostic breathing test for asthma, however referral for its use by medical practitioners is low and so people with breathing difficulty experience delays in identifying that they potentially have asthma. The Australian Government expressed its commitment to improved diagnosis of asthma by increasing spirometry Medicare rebates. However, while this is a step is welcome, as outlined in ToR a), general practices and hospitals face great difficulty in building the minimum level of best practice care with respect to education and information needs of people with asthma into their current business and care models (written Asthma Action Plan ownership spirometry use, device technique is poorly understood, and asthma health follow-up consultations).

[Asthma Australia's work with Primary Health Networks to improve coordination and referral pathways](#)

Asthma Australia works closely with the two South Australian Primary Health Networks (PHN) in delivering the Adelaide Respiratory Health Project in two high needs areas that have high numbers of hospitalisations: Playford and Onkaparinga. This Project enables General Practitioners from four practices, and pharmacy staff from 12 associated pharmacies to be upskilled in best-practice respiratory care, whilst building referral pathways and integrated



models of care between general practice and pharmacies to improve client asthma management. Early indications show an increase of referrals between pharmacies and GPs and to Asthma Australia; increased spirometry for consumers, and more device technique education.

Asthma Australia is also a key stakeholder in the Chronic Disease Collaborative hosted by the Adelaide and Country SA PHNs. This collaboration brings together other chronic disease peak bodies to identify collective actions to improve outcomes for people in SA with chronic disease co-morbidities.

[No matching South Australian commitment with Commonwealth funding for asthma management](#)

In early 2018, the Australian Government committed funding to support Asthma Australia's asthma information, education and support services for the 2.7 million Australians with asthma.

While Asthma Australia's services in SA are partly funded by the Commonwealth, the funding mainly focuses on the infrastructure required to deliver this program i.e. software, hardware, staff training and licencing fees. Given the fact that South Australia has the highest increase in asthma prevalence, the demand from South Australia has been greater than what is funded.

Although Asthma Australia has responded by momentarily subsidising funding to meet the increased demand of services in South Australia, without a corresponding contribution from the State Government, there is a risk that services in this stage will need to be scaled back.

Furthermore, Asthma Australia's existing networks with healthcare providers and referral pathways risk being underutilised which means that more South Australians with asthma risk going without support.

d) Any related matters.

Once again, Asthma Australia thanks the Select Committee for this opportunity to provide a written submission. We hope we will be subsequently invited to provide oral evidence so that we can outline in detail how the South Australian Government and Parliament can work together to start to lay down the groundwork for a world class asthma management program for the almost 220,000 South Australians (over 13% of the population) with asthma.

Yours faithfully,

Michele Goldman
CEO
Asthma Australia