Asthma Australia Submission to the Australian Government Department of Health

Primary Health Care 10 Year Plan

March 2021

ABOUT ASTHMA AUSTRALIA

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962.

Asthma is an inflammatory condition of the airways, which restricts airflow and can be fatal. There is no cure, but most people with asthma can experience good control of their condition.

Asthma affects one in nine Australians, or 2.7 million people. It has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood. Asthma can appear at all ages and stages of life.

Asthma Australia's purpose is to help people breathe better so they can live freely. We deliver evidence-based prevention and health strategies to more than half a million people each year. To ensure people can access effective treatments and best practice healthcare for their asthma, we work directly with people with asthma, their family and friends, health professionals, researchers, schools and governments. This way, we can ensure people with asthma are supported with education and access to high-quality information and care where they live, work and play in all stages of life.

Asthma in Australia

Asthma is one of the most common chronic conditions in Australia, with high prevalence rates by international comparison. Around 2.7 million Australians (11% of the total population) have asthma.[1] Asthma affects people of all ages.

People with asthma experience poorer health outcomes and quality of life.[2] People with asthma may live for a long period of time with its associated disability, and experience reduced participation in the workforce, school, childcare, sports and social events. Asthma is the 10th leading contributor to the overall burden of disease in Australia, and is the leading cause of burden of disease for people aged 5–14 years.[3]

In 2019, there were 436 deaths due to asthma in Australia.[4] Approximately 400 people die each year due to asthma.[5] Asthma mortality[6] and hospitalisations[7] in Australia are high by international standards. Hospitalisations due to asthma are costly; each emergency department 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).[8] The estimated cost of asthma in Australia in 2015 was $28 billion.[9] This equates to $11,740 per person with asthma and includes $24.7 billion attributed to disability and premature death.[10]

Introduction

Asthma Australia welcomes the opportunity to provide its input to the Australian Government Department of Health on its Primary Health Care 10-Year Plan.

Asthma Australia supports the fundamental premise of primary health care, that everyone deserves access to the right care, at the right place, at the right time.[11] Reform of Australia's primary health care system is important because demand for primary health care is increasing. Accessible high-quality primary health care improves population health, and reform to the primary health care system will address the long-standing challenges that are currently undermining population health and wellbeing. Investment in primary health care also promotes social justice and equity, which in turn protects and enhances the public's health and contributes to social and economic development.[12]

Reforming Australia's primary health care system to create a strong and modern system will also improve asthma outcomes. Australia has high rates of hospital presentations for chronic conditions, including asthma. Asthma is common, and places a large burden on the community, especially children; and current asthma outcomes are sub-optimal.

The Primary Health Care 10-Year Plan

The Primary Health Care 10-Year Plan should enable and build on current health plans and strategies. The Primary Health Care 10-Year Plan should also be flexible and capable of responding to developing and emerging health plans and strategies. This includes plans and strategies at the jurisdictional, national and international level, including the *National Asthma Strategy 2018*.

To ensure high-quality primary health care in Australia, it is important that the Primary Health Care 10-Year Plan:

- Is developed collaboratively by all levels of Australian Governments, to foster national unity with flexibility for regional innovation and adaptation in response to local community needs; and
- Secures sustained non-partisan political commitment and cooperation, to provide certainty for longer-term planning.

Recommendation 1: Asthma Australia recommends the Primary Health Care 10-Year Plan:

- **Enables and builds on health plans and strategies that are integral to improving outcomes for people with asthma and other chronic conditions; and**
- **Is developed collaboratively by all levels of Australian Governments and secures non-partisan political commitment and cooperation.**

Asthma Australia's submission will focus on the following six areas for reform that we believe need to be addressed in the Primary Health Care 10-Year Plan:

1. Significant and enduring reform to the primary health care sector
2. Person-centred care
3. Integrated care
4. Accessible and affordable care
5. Equitable care
6. Strengthening primary health care through research, evidence and data

Significant and enduring reform to the primary health care sector

Primary health care is an efficient and effective way to achieve health for all because it is about how best to provide health care and services to everyone, everywhere.[13]

Asthma Australia is concerned that the health system is under increasing strain from the ageing population and growing burden of chronic disease.[14] We also note there are also more presentations to General Practitioners (GPs) from patients in lower socioeconomic areas,[15] but fewer GPs working in regional/ remote areas.[16] Furthermore, an increased demand for health care and continued increases in health care expenditure are expected.[17]

Significant and enduring reform to the health sector is therefore required.

Co-design of the Primary Health Care 10-year Plan

> *"Our approach should be developed with consumers and reflect the lived experience of living with a chronic condition. It needs to do it in a meaningful way, not just ticking the box."*
> Person with asthma

Co-design equalises power imbalances between professionals, systems stakeholders and people with lived experience. It brings people with lived experience together with their health professionals, each contributing their own knowledge and expertise to design problem-solving activities.

Asthma Australia believes the Primary Health Care 10-Year Plan should be co-designed with consumers and guided by an Expert Steering Committee that includes an expert in chronic conditions such as asthma, airways disease and/or respiratory and lung health.

Recommendation 2: Asthma Australia recommends the Primary Health Care 10-Year Plan is co-designed with consumers.

Resourcing of the Primary Health Care 10-year Plan

> *"Since value depends on results, not inputs, value in health care is measured by the outcomes achieved, not the volume of services delivered, and shifting focus from volume to value is a central challenge."*[18]

Adequate and sustainable funding is required to support a high-quality health system.

Currently in Australia, funding and governance systems reward activity and output, not outcomes.[19] There is also a dominance of short-term project grants in funding models, rather than investment into longer-term structural reforms.[20]

We recommend sustained investment and the allocation of funding in ways that reward health outcomes and promote equity.

Recommendation 3: Asthma Australia recommends the Primary Health Care 10-Year Plan is appropriately and adequately resourced to support a high-quality health system.

Person-centred care, chronic disease management and preventive care

Australia has a fragmented health care system that is designed and funded to focus on the treatment of acute illness (reactive care) rather than disease prevention or health promotion (planned and systematic care).[21] A well-organised primary health care system puts emphasis on health promotion and prevention, and on educating patients about self-management of chronic disease.[22]

Australians diagnosed with one or more chronic conditions often have complex health needs, die prematurely and have poorer overall quality of life.[23] People with asthma often have other chronic diseases and long-term conditions. The chance of developing chronic conditions increases with age, and since asthma often starts early in life, people with asthma are likely to develop another chronic condition during their lifespan.[24]

The Primary Health Care 10-Year Plan should operate so as to reorientate primary health care towards chronic disease management and preventive care. This will require a raft of initiatives, including systemic and structural changes and incentives.

Recommendation 4: Asthma Australia recommends primary health care reorientate toward person-centred care and refocus towards chronic disease management and preventive care.

The social determinants of health

> *"The solutions to our health problems lie not principally in hospitals and doctors' offices but in our homes, our schools, our workplaces, our playgrounds and parks, our supermarkets, pavements and streets, in the air we breathe and the water we drink."*[25]

Although accessible, high-quality health care is crucial, a healthy population cannot be achieved solely through reforms to the health care system. Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. It is important to look beyond health care to other factors that can improve the health of people living in Australia.

A focus on the social determinants of health moves away from a focus on personal responsibility which has tended to treat health as an outcome of individual choices and behaviours. Most experts agree that broader determinants of health and social factors are more important than health care in ensuring a healthy population.[26] The impact of health care is estimated at approximately 15–43%, while social and other factors is 45–57%.[27]

Given the multiple social determinants of health, efforts to improve population health and wellbeing and achieve health equity requires cross-government and multi-sector partnerships. It also requires action that extends beyond the health sector into sectors that influence health and wellbeing such as housing, education and employment**.**

Asthma Australia recommends that the Primary Health Care 10-Year Plan consider action outside the health care sector, and action within the primary health care system to address non-medical, social determinants of health, including:

- Whole-of-government approaches to achieving greater equity in health, including by embracing a Health in All Policies approach
- The provision of incentives to health services for actions that prioritise attention to the social determinants of health
- Building cross-sector partnerships and multi-sectoral policy and action to address the broader determinants of health[28]
- Broadening the mission of health care providers beyond medical treatment;[29] and
- Addressing the non-medical social needs of people, such as social prescriptions.

Recommendation 5: Asthma Australia recommends a focus by Commonwealth, State and Territory Governments on action to address the social determinants of health.

Rebalancing health expenditure

Asthma Australia believes primary health care funding in Australia is too focused on the treatment of acute illness (reactive care) rather than disease prevention or health promotion (planned and systematic care).[30] We recommend a rebalancing of health expenditure from treatment to prevention. Preventive health is cost-effective and increasing expenditure on preventive health in Australia will result in significant health, social and economic benefits over time.[31]

Investment in prevention generates dividends now and in the future

Prevention is key to improving the health of all Australians, reducing health related expenditure and ensuring a sustainable health system. Focusing on preventive health is an important response to Australia's increasing healthcare needs and critical in addressing the health disparities faced by disadvantaged and vulnerable population groups.[32]

Prevention can:

- Reduce the personal, family and community burden of disease, injury and disability
- Allow better use of health system resources
- Generate substantial economic benefits, which although not immediate are tangible and significant over time; and
- Produce a healthier workforce, which in turn boosts economic performance and productivity.[33]

Prevention is better than cure

Treating chronic disease costs the Australian community an estimated $27 billion annually, accounting for more than a third of the national health budget. Yet Australia currently spends just over $2 billion on preventive health each year, or around $89 per person. At just 1.34% of Australian healthcare expenditure, or 0.13% of gross domestic product, Australia is ranked 16th out of the 31 countries of the Organisation for Economic Co-operation and Development (OECD) by per capita expenditure.[34]

Many preventive health interventions are cost-effective, allowing Australians to live longer and better quality lives and reducing the need to treat expensive diseases.[35] Cost-effectiveness data on preventive health interventions is growing.[36] For example, evidence shows for every dollar invested in selected public health interventions in high income countries, there was a $14 return on that investment.[37]

Currently in Australia, a number of reputable public health and consumer stakeholders are advocating for the Australian Government to jointly commit to a target of 5% of health expenditure to prevention and public health measures.[38] Health economists have suggested that, from a cost-effectiveness perspective, Australia could and probably should spend more on preventive health.[39]

Recommendation 6: Asthma Australia recommends a rebalancing of health expenditure from treatment to prevention.

Person-centred care

The Productivity Commission's appraisal of Australia's health care system in 2017 concluded that Australia is too supplier-centric and "has not moved sufficiently to a patient-centred model".[40]

Asthma Australia notes that person-centred care is widely recognised as a foundation of safe, high quality healthcare.[41] A person-centred approach provides demonstrable personal, clinical and organisational benefits. It also satisfies an ethical imperative, involving patients in their own care and in the planning and governance of the health system is the right thing to do.[42] Person-centred approaches to care lead to improvements in safety, quality and cost effectiveness, as well as

improvements in patient and staff satisfaction.[43] Within primary health care, person-centred care has been associated with a reduction in the number of diagnostic test orders and other referrals,[44] better adherence to treatment regimes,[45] greater patient satisfaction,[46] and greater patient enablement.[47]

Although consumer engagement is becoming more embedded in the health system, there is limited measurement and evaluation of consumer experiences in primary health care in Australia.[48] Some aspects are included in commonly used measurement processes such as patient experience surveys, however, there has not been a systematic approach to measuring and evaluating consumer engagement and partnerships.[49]

A person-centred approach is currently supported in Australia by:

- The Australian Charter of Healthcare Rights
- The Australian Safety and Quality Framework for Health Care
- The National Safety and Quality Health Service Standards
- Primary Health Networks (PHNs) guidelines which require PNHs to have, as a minimum, a community advisory committee as a mechanism to get the community to have input into decisions about primary health care services;[50] and
- The joint National Health and Medical Research Council and the Consumers Health Forum of Australia (CHF) Statement on Consumer and Community Involvement in Health and Medical Research, which promotes and supports consumer and community involvement across all types and levels of health and medical research.[51]

Embedding person-centred care into the health care system

The health care system should be redesigned so as to operate in such a way that embeds person-centred care into the system by empowering people to make decisions about their own lives, and increasing their control over and involvement in decision-making and planning of health services. The health care system should measure this type of care.

Asthma Australia supports person-centred care that:

- Embraces a holistic view of health which includes physical, mental and social wellbeing, care and support
- Treats each person respectfully as an individual human being and addresses all chronic conditions and concerns in a holistic manner, rather than disease-specific care
- Is respectful of, and responsive to, consumer preferences, needs and values, and focused on meeting peoples' multidisciplinary health needs across their lives
- Involves consumers (including their families, carers and other support roles) and healthcare providers working together in partnership to share decisions and plan care
- Engages consumers as active partners and leaders in the development and design of health care systems and services; and
- Addresses not only individual and family health needs, but also the broader issue of public health and the needs of defined populations.

Embedding person-centred care into the Australian health system will require a raft of initiatives that incentivise consumer-centred health care and quality outcomes and integrate person-centred care into performance and funding mechanisms, strategic and other policy documentation.

We recommend an increased focus on measuring and evaluating consumer outcomes and experiences in primary health care using patient-reported data, such as:

- Ensuring a person-centred approach is supported by the Australian Health Performance Framework (a tool for reporting on the health of Australians)
- Including 'Improving patient care experience' as an indicator of quality and reflected in healthcare reporting and funding models
- Financial incentives that require the use of patient experience measures
- Developing of a core set of evidence-based, nationally endorsed patient survey questions to facilitate collation and comparison of patient care experience data in key primary health care settings. The questions may draw on established ways of assessing patients' experiences through Patient Reported Experience and Outcome
- Implementing initiatives to improve complaints processes and support mechanisms that encourage the use of complaints feedback as a tool to improve services; and
- Publicly reporting on performance data.

Recommendation 7: Asthma Australia recommends redesigning the health care system to embed and measure person-centred care.

Consumer education, training and support

> *"Information needs to be understood, accessed and used. We need to look at different ways of communicating – not always in words. One size doesn't fit all."* Person with asthma
>
> *"We need a focus on health literacy, computer literacy and digital literacy – everyone needs the same ability to access information."* Person with asthma

Consumer education, training and support are critical to improving health literacy and self-management skills. Asthma Australia recommends that consumer education, training and support reflects the World Health Organization (WHO)'s six principles for effective communication:

- Accessible
- Actionable
- Credible and trusted
- Relevant
- Timely; and
- Understandable.[52]

In order to be accessible for all Australians and cater for different population groups and their needs, particularly those at risk of poor health outcomes and groups disproportionately affected by asthma and other chronic conditions, we recommend that consumer education, training and support is:

- Provided in Plain English, to reduce the health literacy demands on people
- Provided in different languages for people from culturally and linguistically diverse backgrounds

- Culturally safe and appropriate; and
- Available in different formats (such as in-person, telephone, paper, web, digital).

In the asthma context, Asthma Australia calls for greater investment in consumer education, training and support to ensure people with asthma can prevent, control and effectively manage asthma. This is particularly important at the point of asthma diagnosis, to enable consumers to self-manage their condition and positively impact the broader community with their knowledge. Consumer education, training and support should focus on:

- The seriousness of asthma
- Effective self-management practices and shared decision-making
- Asthma medications and inhaler technique
- Asthma symptoms and triggers; and
- The potential to control asthma through good management, including the role of asthma action plans.

Recommendation 8: Asthma Australia recommends greater investment in consumer education, training and support.

Greater investment in technology

> *"We need a focus on computer literacy and digital literacy – everyone needs the same ability to access information."* Person with asthma

To date, Australia's health system has had a slow uptake of technologies.[53] We recommend greater investment in technology, designed with the user in mind. In the asthma context, this can help activate self-management at scale, including:

- Digital asthma action plans, in order to increase access to and uptake of asthma actions plans, as less than one-third (31%) of people with asthma have an asthma action plan, despite the recommendation that every person with asthma have one[54]
- mHealth technology linked to smartphones to support people with some of the challenges of self-managing their asthma: tracking inhaler use, inhaler technique, avoiding triggers and recognising worsening symptoms
- Continued investment in My Health Record to address barriers to uptake (such as health literacy and privacy concerns) in order to improve information flows to patients, improve health literacy, and involve people in decisions that affect their health; and
- Technologies (such as mHealth) that assist with giving greater weight to patient convenience. This could include better use of digital technologies and waiting rooms as a place for community health initiatives about risks.[55]

Recommendation 9: Asthma Australia recommends greater investment in technology to help activate self-management at scale, including digital asthma action plans.

Active consumer engagement

Health literate consumers who are empowered to influence health systems and services are essential to person-centred care.

There is growing evidence of consumer engagement in the health system, including consumer involvement as advocates and representatives across government committees. Consumers have most impact when they are partners in designing, implementing and evaluating meaningful reforms.[56] However, there is often only one consumer representative and this fails to reflect Australia's diverse population.

Asthma Australia recommends active consumer engagement in the development and design of health care systems and services. This requires building the capacity of consumers and strengthening systems to include the voice of consumers in decision making. We encourage the use of mechanisms that support effective consumer engagement, such as:

- Education, training and support to equip consumers to act with impact and influence across a range of settings and various roles. The CHF identify a number of potential roles for consumers, including: change agents, policy influencers, community mobilisers, co-designers, research collaborators and educators.[57] Engaging consumers as collaborators in prevention research and knowledge production may help to create more inclusive, acceptable and appropriate policies and programs[58]
- Valuing and remunerating consumer expertise in the same manner as clinical or research expertise
- Reviewing and changing current decision-making processes to realise the many and varied ways that consumers can contribute to shaping health care
- Proactively engaging consumers in the development and design of health care systems and services, particularly those who are disproportionately affected by chronic conditions such as asthma
- Investing in organised networks, communities of interest, and social media-enabled platforms that garner consumer sentiments and insights to inform decisions;[59] and
- Considering the use of 'peer researchers' and co-design methodologies to facilitate the engagement of consumers to inform the development and design of health services to increase their relevance and effectiveness.[60]

Recommendation 10: Asthma Australia recommends active consumer engagement in the development and design of health care systems and services.

Greater investment to support healthcare providers

> *"The medical field put[s] you in a box without looking at your separate issues [all together], we [my husband and I] find that very frustrating … you are put in a box and that's what's wrong with you. When you have multiple comorbidities, doctors don't know what to do with you—too hard for them."* Person with asthma[61]

Workforce education, training and support are critical to improve the capacity of healthcare providers to provide holistic, person-centred care that respects and responds to patient choices, needs and values.

The Primary Health Care 10-Year Plan should focus on greater investment in workforce education, training and support. At a general level, this could include:

- Ensuring person-centred care is a component of undergraduate and postgraduate education and training programs for all health professionals, by for example, engaging patients and families as teachers and collaborators in education programs, rather than solely as cases to be studied
- Using the various professional bodies to disseminate information on person-centred care and build an understanding of the issues among health professionals; and
- Exploring clinical champions opportunities that engage health care professionals as agents of change, not just targets of change, in order to harness peer influence, peer support and peer pressure to bring about desired changes in practice.[62]

In respect of asthma, greater investment in workforce education, training and support could include:

- Education, support and training for GPs, primary health care nurses, pharmacists, asthma and respiratory educators, generalist physicians and nurses, and Aboriginal Health Workers and practitioners in remote, regional and metro Australia. Opportunities to train whole teams, not just individuals, should be explored to help foster collective responsibility for implementation and strengthen peer support and mutual learning;[63] and
- Education, training and support for health professionals to focus on (as identified in the *National Asthma Strategy 2018*):
    - The needs of people with asthma and the challenges of living with a chronic condition
    - Shared decision-making
    - Self-management support
    - Interpersonal communications
    - Risk communication
    - Culturally safe and appropriate communication and counselling techniques[64]
    - Asthma management and lung function testing
    - Investigating the type of airway inflammation (beyond asthma) and the right (precise) treatment for patients[65]
    - Promoting discussion of medicines and costs between doctor and patients.[66]

Recommendation 11: Asthma Australia recommends greater investment in workforce education, training and support to healthcare providers to enable them to provide holistic, person-centred care.

Integrated care

An integrated approach to health care is a partnership that brings together different health providers including State and Territory-based Local Hospital Networks (or their equivalent) and encourages greater collaboration to create a more holistic system of care. The Institute for Healthcare Improvement articulates a quadruple aim of integrated care: improving the health of populations, enhancing the experience of care for individuals, reducing the per capita cost of health care, and elevating health equity and joy in work.[67]

Currently, a patient's journey through the health system often involves accessing a number of different services within the community, through a hospital or clinic, and these services may not easily connect with each other. Reasons include that they may be funded by different levels of government or by non-government organisations, or have limited data sharing ability. Integrated care is designed to overcome the challenges of navigating Australia's often fragmented health system.[68]

Service coordination and integration for people with chronic disease has become the dominant direction of health policy internationally.[69] In Australia, the recent focus of primary care reform has been on the need to improve service integration and continuity of care for those with chronic and complex conditions.[70]

Aboriginal Community Controlled Health Services (ACCHS) are a leading model of comprehensive primary health care in Australia.[71] They have demonstrated strong performance in several areas, including multidisciplinary work, community participation, cultural respect and accessibility strategies, preventive and promotive work, and advocacy and intersectoral collaboration on social determinants of health.[72] ACCHS have demonstrated delivery of best-practice care and superior health outcomes for Indigenous people compared to mainstream services.[73]

International and Australian data shows that integrated care results in:

- Improved healthy life expectancy
- Effective management of disease
- Good patient outcomes from interventions
- Empowerment and good patient experiences
- Effective prevention; and
- Value for money.[74]

Cooperation across different areas of the health system

Asthma Australia supports governance structures, policy frameworks and performance and funding mechanisms that increase cooperation across different levels of the Australian health system, including primary health care. This includes mechanisms that build partnerships within and across sectors to support cooperation across different levels, including between:

- Primary health care providers and services
- Primary health care and secondary and tertiary care; and
- Health and other sectors, to facilitate multi-sector action to address the determinants of health.[75]

In the asthma context, current uptake of incentive payments for asthma are low. Low participation rates can either mean that recommended care is not being provided, or that barriers such as regulation discourage or prevent GPs from claiming the benefit in circumstances where recommended care is being provided.[76]

We support the introduction of financial incentives to reward and enable systematic, integrated service delivery or coordination between providers.

Recommendation 12: Asthma Australia supports governance structures, policy frameworks and performance and funding mechanisms that increase cooperation across different levels of the Australian health system, including primary health care.

Greater investment in digital technology

Digital health is an important component of health service integration, making it easier to communicate, integrate, and appropriately share information. To date, Australia's health system has had a slow uptake of technologies.[77]

Asthma Australia recommends greater investment in digital technology, including continued investment in My Health Record (to address barriers to uptake) and other digital technologies (such as eHealth and mHealth) to improve interdisciplinary communication and the appropriate sharing of information and care coordination between providers, services and sectors.

In the asthma context, communication between GPs, pharmacists and consumers about asthma action plans and asthma medication is critical. This communication can be more effectively achieved through the use of digital technology.

Recommendation 13: Asthma Australia recommends greater investment in digital technology to support interdisciplinary communication and care coordination.

Social prescribing

Estimates suggest that around 20% of patients consult their GP for advice or support with what are primarily social problems.[78]

Social prescribing is a means by which GPs, nurses and allied healthcare professionals refer patients who have a range of social, emotional or practical needs to community services or activities that address these issues. This kind of 'social prescription' is currently gaining recognition internationally, particularly in the United Kingdom (UK).[79]

Social prescribing strengthens link between primary health care, often an individual's first point of contact with the health system, and other local community services, activities and support, and is based on the premise that the health system can play a greater part in health promotion and disease prevention, in addition to providing care and treatment for those who are ill.

Asthma Australia supports the introduction of social prescriptions to strengthen links between primary health care and community services and support.

Recommendation 14: Asthma Australia supports the introduction of social prescriptions to strengthen links between primary health care and community services and support.

Accessible and affordable care

In Australia, access to primary care varies and is affected by a number of factors, including geographic location, cost, which acts as a barrier and impacts on health service use,[80] and the social determinants of health, such as housing, education, employment, infrastructure and transport.[81]

Such variation has resulted in some parts of Australia having very high rates of potentially preventable hospital admissions.[82]

In the asthma context, those people who live in areas of lower socioeconomic status or remote areas are more at risk for cost-related underuse ('non-adherence') of their medication.[83] A recent cross-sectional survey of adults and parents of children 5–17 years with asthma in Australia found that "[c]ost-related underuse was reported by 52.9% adults and 34.3% parents, predominantly decreasing or skipping doses to make medicines last longer".[84] This is particularly concerning, because underuse of cost-effective preventive treatments by people with asthma increases their morbidity and mortality. Other situation-dependent factors also influence patient adherence to asthma management. These include convenience, efficacy, perception/knowledge of the severity of a person's condition.[85]

Increasing accessibility and affordability of primary health care

> *"Asthma medication is expensive. GPs need to understand the financial barriers for consumers– ensuring accessible and affordable medicine is important. It should be everyone's right to breathe freely, and this shouldn't be impacted by whether or not we can afford the medication. There are many additional costs beyond the cost of the drug."* Person with asthma

It is important that consumers can easily access care when they need it.[86] Achieving accessible and affordable care in the Australian health system, including primary health care, will require a raft of initiatives designed to incentivise and reward accessibility and affordability of primary health care.

The accessibility of care could be increased by the implementing:

- Innovative and flexible service provision options (such as eHealth and mHealth technologies) as a means of delivering information and services, particularly for those in rural and remote areas where access to services can be problematic
- Policies, pathways and processes that reduce the complexity and health literacy demands involved in accessing information and navigating the health system including across sectors and settings; and
- Initiatives to prevent the primary health care system from re-traumatising people and to create experiences that contribute to the healing of trauma.

The affordability of care could be increased by the introduction of strategies to improve access to affordable medication, including:

- Targeted interventions to promote discussion of medicines and costs between doctor and patients, particularly young adult males;[87] support cost-effective prescribing of asthma medications; and, support patients to make informed decisions about their asthma medication that take into account medication expenses and their capacity to fund treatment[88]
- Decreasing co-payments, and fund asthma related equipment and devices (such as spacers) through the Pharmaceutical Benefits Scheme or via Primary Health Networks; and
- Ensuring that the cost of asthma medications is visible at the point of prescription, to enable patients to discuss medication expenses and their capacity to fund treatment.[89]

The affordability of care could also be increased by:

- Targeted interventions to give people a greater capacity for making choices between alternative suppliers, underpinned by transparent measures of prices and performance[90]
- Research to generate up-to-date economic data on the direct and indirect costs of chronic conditions including asthma; and
- Regulation of pharmaceutical companies that promote costly combination medications.[91]

Recommendation 15: Asthma Australia supports governance structures, policy frameworks and performance and funding mechanisms that increase accessibility and affordability of primary health care for people who experience barriers to health care.

Maintaining and strengthening universal access

Out-of-pocket costs for patients can be a barrier to accessing health care and can affect the ability of patients to get the care they need, when they need it. Out-of-pocket health care costs comprise a considerable portion of health spending in Australia, compared with other OECD countries, accounting for 20% of expenditure on health care in Australia, slightly higher than the OECD average of 19%.[92] By contrast, out-of-pocket costs account for only 10% of health spending in the UK, 13% in New Zealand and 14% in Canada, all of which have similar government funded health systems.

Additional personal expenses may also be incurred when accessing health care, such as taxes, travel, and private health insurance premiums. The costs and patients' experiences of cost barriers vary according to a number of factors including remoteness and socioeconomic status, highlighting gaps in access to affordable health services.[93]

Patients' out-of-pocket spending on Medicare services in 2016–17 illustrate that the costs to consumers are substantial and a barrier to accessing care. More specifically:

- Half of all patients, 10.9 million people, incurred out-of-pocket costs for non-hospital Medicare services[94]
- For the patients with costs, the median amount spent in the year was $142 per patient[95]
- 8% of people aged 15 years and over, or an estimated 1.3 million people, said the cost of services was the reason that they delayed or did not seek health care services when they needed them;[96] and
- Over two thirds of people (68%) had received a prescription for medication from a GP in the last 12 months. Of all people who received a prescription for medication, 7% delayed or decided against filling a prescription due to cost.[97]

Asthma Australia supports a Primary Health Care 10-Year Plan that enables universal access to health care, which is designed to be equitable in access and outcomes and helps to improve health and reduce health inequities.[98]Access to health care cannot be universal if the cost of health care is a barrier to this access.

Recommendation 16: Asthma Australia recommends maintaining and strengthening universal access through Medicare, with a particular focus on health equity.

Ongoing monitoring and evaluation of telehealth

Asthma Australia welcomes the introduction of MBS-subsidised telehealth during the COVID-19 pandemic. It has increased access to Medicare and to flexible, comprehensive care, particularly for those in rural and remote areas where geography is a barrier to accessing health care, and for people who have difficulty leaving their home, such as older people or those with disabilities. There are, however, also barriers to using telehealth services, namely access to required technology, unreliable internet access and non-awareness of the option.[99]

A recent survey found that more than 80% of those who were offered telehealth services used it, and a similar proportion viewed the service as excellent or good quality.[100]

Asthma Australia therefore welcomes the Australian Government's recent announcement that universal whole-of-population telehealth will now be permanent. However, a number of issues need to be addressed in order to ensure a high standard of healthcare is maintained where consumers opt to use telehealth services in place of face-to-face services, including:

- The above-mentioned barriers to accessing the service
- Monitoring and evaluating the impact on access and health outcomes
- Identifying factors that improve telehealth outcomes; and
- Understanding the circumstances in which telehealth isn't suitable or preferable.

Recommendation 17: Asthma Australia recommends addressing current barriers to, and ongoing monitoring and evaluation of, MBS-subsidised telehealth.

Equitable care

According to the WHO, social inequalities and disadvantage are the main reason for unfair and avoidable differences in health outcomes and life expectancy across groups in society.[101] Achieving greater equity in health means all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health.[102]

Australia is a global leader in many areas of preventive health practice, such as the multi-faceted response to tobacco control. Yet, inequitable differences in care exist,[103] such as the health status and life expectancy of Australia's Aboriginal and Torres Strait Islander people, and the inequitable distribution of health outcomes and risk factors across socio-economic groups.[104]

Primary health care (in contrast to speciality care) is also associated with a more equitable distribution of health in populations.[105] Investment in primary health is needed to promote social justice and equity and contribute to social and economic development.[106]

Equity in health

Achieving equitable care in the Australian health system, including primary health care, requires a raft of initiatives designed to incentivise and reward equity in access to services, health outcomes and to support population groups that are disproportionately affected by asthma.

Asthma Australia supports the introduction of strategic and coordinated whole-of-government approaches to achieving greater equity in health. This could include conducting Health Impact Assessments and embracing a Health in All Policies (HiAP) approach to health care.

A HiAP approach to health care "is a way of working across government to better achieve public policy outcomes and simultaneously improve population health and wellbeing outcomes".[107] HiAP is built on the understanding that health policy "needs to engage with and mobilise agencies that have the policy levers and programs to influence action" in relation to social, economic, political, cultural and environmental determinants of health.[108] HiAP has been embraced locally in South Australia and globally through the Sustainable Development Goals.[109]

Recommendation 18: Asthma Australia supports the introduction of strategic and coordinated whole-of-government approaches to achieving greater equity in health.

Equitable allocation of resources

The Primary Health Care 10-Year Plan should include initiatives that enable resources to be mobilised and allocated in ways that promote equity,[110] including distribution of resources to areas of need, regional and rural areas, and disadvantaged groups.[111]

In Australia, the most disadvantaged and vulnerable suffer the most health-related harm. For example, the burden of disease far is greater for certain population groups, including those living in remote locations or experiencing socio-economic disadvantage.[112] The prevalence of chronic conditions is also higher in Aboriginal and Torres Strait Islander people, with 13.1% having two chronic conditions compared with 11.5% of non-Indigenous people, and 36.2% having three or more chronic conditions compared with 8.7% of non-Indigenous people.[113] It is estimated that closing the health gap between the most and least disadvantaged Australians would spare around half a million people from chronic illness.[114]

Demand for primary health care is increasing and high service users (such as high and frequent GP attenders) have specific needs. Asthma Australia supports tailored interventions for high service users to discover the reasons for their high use in order to develop targeted early interventions to improve their health status and reduce their use of services.[115]

A number of groups are disproportionately affected by asthma, including Aboriginal and Torres Strait Islander people, people living in areas of lower socioeconomic status and people living in rural and remote areas.[116]

Recommendation 19: Asthma Australia recommends that resources are allocated in ways that rewards, enables and promotes equity including distribution of resources to areas of need, including by:

- **Focusing on populations that are disproportionately affected by asthma; and**
- **Engaging priority population groups that are disproportionately affected by asthma in the design and delivery of primary health care.**

Aboriginal and Torres Strait Islander people-led health approaches

Asthma Australia recommends the development and delivery of Aboriginal and Torres Strait Islander people-led approaches that are locally responsive and culturally appropriate, to reduce the disparity

in health outcomes due to asthma between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

All services delivering primary health care at the local, regional and state levels should seek to optimise their engagement and involvement with Aboriginal and Torres Strait Islander people to improve health outcomes.[117]

Recommendation 20: Asthma Australia recommends the development and delivery of Aboriginal and Torres Strait Islander people-led approaches that are locally responsive and culturally appropriate.

Strengthening primary health care through research, evidence and data

Chronic conditions including asthma have a significant impact on Australia's health and productivity, and research into these conditions is an important priority. Asthma Australia recommends strengthening the evidence base for chronic conditions, such as asthma, through research and data.

Increased investment in primary health care research

Around half of Australians have one or more chronic conditions[118] and the cost of treating chronic disease accounts for more than a third of the national health budget. In the 2019 OECD report *Health at a Glance*, Australia ranked in the bottom three performing economies for asthma-related hospital presentations.[119]

Asthma Australia recommends increased investment in primary health care research in Australia, including chronic disease prevention. Research into chronic conditions, including asthma, should be a priority for the Australian Government. Without such investment, there will not be a significant reduction in asthma-related hospital presentations and the cost of treating chronic disease will continue to be a burden on the Budget.

Investment in primary health care research should include data collection[120] and the establishment of a national minimum data set for patients with chronic and complex conditions.[121] This investment will require education, training and support for consumers and the workforce.

Recommendation 21: Asthma Australia recommends increased investment in primary health care research in Australia.

Prioritisation of equity-focused research

Asthma Australia recommends the prioritisation of equity-focused research. Australia must prioritise equity-focused research, and systematically pay attention to inequities and how to overcome them in prevention policy and practice, in order to reduce and not magnify inequities.[122]

Recommendation 22: Asthma Australia recommends prioritisation of equity-focused research.

Summary of recommendations

Recommendation 1: Asthma Australia recommends the Primary Health Care 10-Year Plan:

- **Enables and builds on health plans and strategies that are integral to improving outcomes for people with asthma and other chronic conditions; and**
- **Is developed collaboratively by all levels of Australian Governments and secures non-partisan political commitment and cooperation.**

Recommendation 2: Asthma Australia recommends the Primary Health Care 10-Year Plan is co-designed with consumers.

Recommendation 3: Asthma Australia recommends the Primary Health Care 10-Year Plan is appropriately and adequately resourced to support a high-quality health system.

Recommendation 4: Asthma Australia recommends primary health care reorientate toward person-centred care and refocus towards chronic disease management and preventive care.

Recommendation 5: Asthma Australia recommends a focus by Commonwealth, State and Territory Governments on action to address the social determinants of health.

Recommendation 6: Asthma Australia recommends a rebalancing of health expenditure from treatment to prevention.

Recommendation 7: Asthma Australia recommends redesigning the health care system to embed and measure person-centred care.

Recommendation 8: Asthma Australia recommends greater investment in consumer education, training and support.

Recommendation 9: Asthma Australia recommends greater investment in technology to help activate self-management at scale, including digital asthma action plans.

Recommendation 10: Asthma Australia recommends active consumer engagement in the development and design of health care systems and services.

Recommendation 11: Asthma Australia recommends greater investment in workforce education, training and support to healthcare providers to enable them to provide holistic, person-centred care.

Recommendation 12: Asthma Australia supports governance structures, policy frameworks and performance and funding mechanisms that increase cooperation across different levels of the Australian health system, including primary health care.

Recommendation 13: Asthma Australia recommends greater investment in digital technology to support interdisciplinary communication and care coordination.

Recommendation 14: Asthma Australia supports the introduction of social prescriptions to strengthen links between primary health care and community services and support.

Recommendation 15: Asthma Australia supports governance structures, policy frameworks and performance and funding mechanisms that increase accessibility and affordability of primary health care for people who experience barriers to health care.

Recommendation 16: Asthma Australia recommends maintaining and strengthening universal access through Medicare, with a particular focus on health equity.

Recommendation 17: Asthma Australia recommends addressing current barriers to, and ongoing monitoring and evaluation of, MBS-subsidised telehealth.

Recommendation 18: Asthma Australia supports the introduction of strategic and coordinated whole-of-government approaches to achieving greater equity in health.

Recommendation 19: Asthma Australia recommends that resources are allocated in ways that rewards, enables and promotes equity including distribution of resources to areas of need, including by:

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Recommendation 21: Asthma Australia recommends increased investment in primary health care research in Australia.

Recommendation 22: Asthma Australia recommends prioritisation of equity-focused research.

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