



Asthma Australia Submission to Special Commission of Inquiry into Healthcare Funding

November 2023

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 1 in 9 people in Australia, or 2.7 million people¹. 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 Australia's Strategy

Asthma Australia has a 5-year plan to drive person-centered approaches and influence systems change. People living with the burden of asthma are best placed to help define the problems that need to be solved, and to co-design solutions more likely to be effective in reducing the burden. This isn't a one-size fits all approach, as it is a disease that impacts people differently, with a range of triggers and treatments.

Our strategic goals are to:

- *Engage and Empower Consumers*: Expand insights to adapt and scale our services, achieving deeper engagement and improvements in asthma and wellbeing outcomes.
- *Partner with the Community to Act on Unmet Needs*: Understand local needs and take collaborative action to reduce the impact of asthma on communities where the unmet needs are greatest.
- *Influence Systems Change*: Influence priority policies, systems and service models to drive demonstrable and enduring change.

Asthma in New South Wales

Asthma is a chronic respiratory condition affecting 10.6% of the population in NSW, or more than 829,000 people.² Asthma prevalence is higher in regional NSW (12.4%) compared with the Greater Sydney Region (9.2%).³

Asthma places a significant burden on the NSW hospital system. There were 13,729 hospital admissions for asthma in NSW in 2016–17.⁴ An uncomplicated hospital admission costs approximately \$2,591 (approximately 1.5 hospital days) and a complicated admission costs \$5,393 (approximately three hospital days).⁵

In 2018-19 there were 22,971 asthma-like illness presentations to 84 emergency departments in NSW.⁶ Each Emergency Department presentation for asthma costs \$443 on average,⁷ and repeated asthma-related presentation to Emergency Department increased the risk of hospitalisation.⁸ For 2021-22 there were 77,150 emergency department presentations for asthma recorded across Australia, of which 40% were admitted to hospital and less than 1% were triaged as non-urgent.⁹ At least 80% of hospitalisations due to asthma are preventable.¹⁰

Asthma prevalence in Australia is increasing. In 2022 Asthma was the 8th leading contributor to the overall burden of disease in Australia, having risen from 9th place in 2018 and 10th place in 2011. Asthma can both be caused and exacerbated by conditions related to the warming climate, which means asthma outcomes

will worsen as climate change impacts increase. Asthma is the leading cause of burden of disease for people aged 5–14 years.¹¹

We know that these figures don't need to be the future of asthma and that asthma burden can be reduced and effectively managed in primary and community care.

Asthma Australia's work seeks to deliver savings for the health system, by addressing ways in which we can improve asthma management and the environment in which people live. Asthma Australia's goal is to halve avoidable asthma hospitalisations by 2030. This means people living with asthma in NSW can avoid unnecessary hospital visits, stay healthy and have productive lives. Asthma Australia has a proven track record of delivering services in the community and we look forward to being an ongoing part of health service delivery for people with asthma in NSW.

Asthma Australia submission to the Special Commission of Inquiry into Healthcare Funding

Asthma Australia's submissions will address the Terms of Reference (TOR) for the Special Commission of Inquiry into Healthcare Funding (the Inquiry), focusing on the following TOR:

- b) The existing governance and accountability structure of NSW Health; the way NSW Health funds health services delivered in public hospitals and community settings;
- c) The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW; and
- f) The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services.

TOR a) 'The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future', is addressed through overarching points in Asthma Australia's submission. That is addressing how health services can be delivered in the community and providing examples of Asthma Australia's work in community-based settings; and on reducing asthma hospitalisations and the impact this has on the health system.

The existing governance and accountability structure of NSW Health.

In Asthma Australia's experience, the current and historically siloed and fragmented nature of government departments and related governance structures, including NSW Health, hinders the provision of integrated care and support to people with asthma and prevents integrated responses asthma risk factors and triggers such as climate change, air quality and housing. This also includes how NSW Health and all parts of the NSW Government work with other departments.

To optimise support to people with asthma, approaches are required that codesign with consumers localised models of care that are long-term. Implementing a health in all policies approach, which considers the health and social implications of policy across all levels of government, can drive integrated and consistent decision-making across departments.

Models of care that connect people to the services they need rather than siloed divisions and departments are required. Different parts of NSW Health and different departments co-investing in services, programs and projects is a smarter way of investing funding when there are pressures on NSW Government budgets and services.

This issue of silos isn't a new one. This Inquiry has the opportunity to address this issue as a part of the TOR examining governance and accountability structures, by putting in place mechanisms that create the environment for cross-department work.

Example from Asthma Australia

AirSmart Public Education Campaign

An example of this for Asthma Australia is the AirSmart public education campaign.

Asthma Australia's AirSmart public education campaign and proposal on air quality monitoring focuses on empowering the community to access information about air quality to understand how it impacts their health. There is a gap in Australian public health messaging around the impacts of air pollution which disproportionately affects the health and wellbeing of people with asthma. Asthma Australia has taken the lead on developing and piloting a public education campaign and air quality app called 'AirSmart'.

AirSmart fills the need for community education and guidance around air quality which was revealed by the 2019–2020 bushfire smoke crisis. This need was recognised by the Royal Commission into National Natural Disaster Arrangements and the Final Report of the NSW Bushfire Inquiry following the 2019–20 bushfires. The need for access to air quality information and guidance will only increase as climate change continues to increase the frequency and severity of events causing poor air quality.

AirSmart was developed with the guidance of a panel of environmental and public health experts, including from the University of Sydney and the NSW Department of Planning and Environment. AirSmart was piloted in communities across southern NSW, ACT, and regional Victoria over a six-week period in July and August 2022. The pilot was evaluated and showed strong indications that Australians want access to local, responsive air quality information and tools. Engagement in the campaign, as shown by over 16,000 app downloads and 23,000 website views in just six weeks, suggests that air quality is an important issue for many Australians.

AirSmart includes an air quality public health campaign which raises awareness about air quality and promotes the AirSmart app as a source of air quality information:

1. **The public health campaign** aims to raise community awareness about poor air quality and how to interpret health advice so people can protect themselves against exposure to air pollution and the associated health impacts. This evidence-based educational initiative is an Australian-first, using a mix of traditional and digital media channels to reach the full community. The creative process behind the AirSmart campaign included consumer research and was guided by environmental, public health and social marketing experts. The campaign includes 15 and 30 second television commercials, a radio commercial, social and digital assets, a website, billboards, and an app.
2. **The AirSmart app** is a consumer tool for accessing local, real-time air quality information and related health advice. Asthma Australia used human-centred design principles to design the AirSmart app. The AirSmart app provides consumers with localised 'real-time' air quality, and strategies to avoid or minimise poor air quality exposure. The app also provides personalised notifications and health advice at specific air quality levels to provide consumers with specific daily advice about the most effective protection.

Asthma Australia has been engaged in productive and supportive discussions with different parts of NSW Health regarding funding for AirSmart. The challenge we have experienced is that as AirSmart is an initiative addressing interconnected environmental and health related issues, it does not fit neatly into one NSW Health or other government department. As noted, this initiative and need has been recommended in multiple inquiries. However, due to the tendency for departments to operate with policy and program focus areas rather than cross-department and government approaches, initiatives that cross over more than one area and portfolio tend to fall through the cracks.

The way NSW Health funds services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW.

As already emphasised in this submission, asthma places a significant burden on the NSW hospital system and community. However, the rates of asthma hospital admissions and emergency presentations can be reduced by providing appropriate responses in primary and community care.

Asthma Australia has achieved outstanding outcomes working directly with thousands of people with asthma through one-on-one support, including telephone support. This service has been able to reach larger numbers of people living with asthma that is not well controlled and who are at risk of presenting to hospital. Asthma Australia has leveraged technology to deliver a personalised self-management service at scale. The telephone service is not only a more efficient use of limited resources, enabling the reduction in cost per consumer, but offers the ability to support people at the earlier stages of their asthma journey to empower them with the knowledge, skills, tools and confidence to self-manage their condition to stay well and out of hospital.

The NSW Government should invest in healthcare models, like the Asthma Educator telephone service, which enables access to the right supports at the right time and in community settings. These models should be supported by better referral pathways into primary care to reduce representations and readmissions to hospital, and to incentivise people to follow up when they leave hospital to break the cycle of representations.

Asthma Australia Child and Youth Engagement Strategy

As noted in this submission, Asthma Australia has the goal of halving avoidable asthma hospitalisations by 2030. To address significant issues such as this, Asthma Australia has developed a Child and Youth Engagement Strategy (the Strategy), with asthma being the leading cause of burden of disease for people aged 5–14 years. The Strategy has a vision to deliver a Guided Asthma Self Support Service for young people with asthma, which reaches, engages and empowers the young person and/or carer/s in their asthma management.

To develop the Strategy, Asthma Australia worked directly with children, young people and their carers to understand the pain points and moments that matter in relation to their asthma management journey. We are focusing on six key ‘pain points’ that are contributing to poorer health outcomes and potentially avoidable hospitalisations. These include:

- Reliever reliance
- GP appointments
- Asthma Action Plans
- Sub-optimal adherence
- Entrenched habits
- Poor advice / adrift loop

Most of these pain points are directly related to the care and support children and young people receive in the primary health system and where we know improvements in asthma management can occur. In addition to directly engaging with children, young people and their carers, we are developing approaches to engage with GPs and schools, and deepening our understanding about the barriers in place at a systems level.

Examples from Asthma Australia

The following examples of Asthma Australia's work demonstrate how community engagement and co-design can ensure funding is invested in approaches that resonate with the community and deliver optimal outcomes.

Wollongong Children's Project

Asthma Australia has a legacy of working in the Wollongong and Illawarra Shoalhaven areas. With dedicated funding from the Pearl Shepherd Fund, we are developing and implementing projects in the area over the next 3-5 years that aim to address systemic issues that impact children's asthma management and reduce avoidable hospitalisations.

The Wollongong Children's Project focuses on children aged 5-9 years as the burden of disease is especially high in this group. With Asthma Australia's goal to halve avoidable hospitalisations by 2030, we are working with this cohort to align with the aims of the Pearl Shepherd funding to support children with asthma in the Greater Wollongong area.

We have learnt that to achieve systems change we need to work with communities and take person-centred approaches that authentically engage with people with lived experience of asthma, their families and carers, health practitioners and their broader communities. The project is keeping to the principle of person-centred approaches, to authentically codesign with the community a project that meets their needs. This codesign process will be an important part of the discovery and design phases of the project.

The overall aim of the project is to understand and test how to reduce preventable, asthma-related hospital admissions by creating communities that support multiple chronic condition management and enabling people living with these conditions to be partners in their own care. The objectives are to:

- Create an environment that supports asthma self-care and management - an 'Asthma Smart Community';
- Improve asthma outcomes for children aged 5-9 years old; and
- Work collaboratively to reduce systemic problems that are barriers to best care.

Asthma Australia is currently engaging with the community and key organisations to understand the specific circumstances and needs in the Wollongong community, and what they would change and how this impacts the lives of people with asthma.

Western Sydney schools project

Asthma Australia partnered with Social Equity Works to conduct consultations with parents of children with asthma from Arabic speaking backgrounds in Western Sydney. This project was funded by NSW Health and focused on the Arabic speaking community. As part of the project, we connected with five local organisations to speak with a total of 24 women from Arabic speaking backgrounds with at least one child living with asthma.

The consultations asked the parents to talk about their experience with having a child living with asthma and their understanding of their children's experiences living with asthma. The sessions reflected on their needs and needs of their children, what was working well and what could be improved to help them to better manage their children's asthma.

Based on the experiences shared by this community, Asthma Australia has committed to the following activities in the next year:

- Work directly with young children from Arabic speaking backgrounds living with asthma to learn more about their personal experiences.
- Partner with community service providers to deliver culturally appropriate asthma education programs to parents from Arabic speaking communities.

- Distribute Arabic language asthma resources to community organisations, general practices and pharmacies working with Arabic communities in Western Sydney.
- Continue Asthma Australia’s work with schools to support asthma management in schools with families through the Schools Asthma Health Check tool and staff emergency asthma management training programs.

Based on the feedback and data associated with the Western Sydney schools project, it is evident that engaging with the people and services that support young people living with asthma can lead to better outcomes in their asthma management as demonstrated in the testimony below.

Jaala’s Story

I have had asthma since I was a toddler and am now a mum of three kids with asthma. I was admitted to hospital in 2021 after a serious asthma attack. It caught me by surprise because the triggers and presentation of symptoms were different than usual. At the hospital they recommended I speak to Asthma Australia and sent a referral. I spoke to the asthma educators at Asthma Australia and had one or two follow-up calls as well. I wasn’t aware of all the new medications that had come onto the market in the last 30 years. It made me aware that having it your whole life doesn’t mean you necessarily know everything. The phone calls reminded me of the importance of taking care of my own asthma, and the risk of becoming complacent with my management.

I haven’t had any repeat attacks since that one in December, my asthma still isn’t perfect, but I feel like it is much more under control.

The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet the future demands and deliver efficient, equitable and effective health services.

As this submission emphasises, there must be a re-orienting of the NSW healthcare system to focus on system sustainability, efficiency and effectiveness which to deliver better outcomes for the health care system and people. If referral pathways function well and the services in the community deliver evidence-based care and effective self-management support, then people's health is better maintained and the need for hospitalisation reduced.

Key to NSW Health workforce capacity and capability for people with asthma are:

- optimising scope of practice,
- providing appropriate learning and development and
- supporting consumers to self-manage their condition.

Scope of Practice

Consumers are the stakeholder group who stand to gain the most from health care professionals working to their full scope of practice. Asthma is an example of where many people experience disadvantage from the

limitations within the available workforce to support the ongoing healthcare needs of asthma, which is a lifelong chronic health condition for most people.

We know that many people with asthma are currently not benefiting from the full range of interventions and medicines that are proven to work to help control their asthma and avoid escalated symptoms and healthcare needs.

There is significant potential for the system to provide better care and support to people with asthma by addressing these issues, and this can in part be achieved through optimising the scope of practice of some healthcare professionals. For example, pharmacists – who are well trusted and frequently accessed by consumers – have significant scope to provide education on, and review, inhaler techniques, provide education about and monitor medicine use to achieve asthma control and provide guidance on asthma action plans and when to see a GP. For example, the sale of drugs to quickly relieve shortness of breath or wheezing, presenting an opportunity for education on using preventer medications for asthma.

Nurse practitioners and nurse-led services have significant potential to provide education and support to people with asthma to improve asthma control.

Optimising the scope of practice of healthcare professionals can help support GPs in the community, who for many consumers can be hard to access due to waiting times, location and associated costs.

Developing the health professional workforce

Asthma Australia has invested significantly in the development of health care professionals through various means including our partnership with Reed Medical Education to develop and launch the 'Advanced Learning Module *Asthma in Australia: Practical Solutions for challenges in primary care*'. This online accredited training is free of charge for health professionals including General Practitioners, nurses, pharmacists and allied health professionals. Over the past 3 ½ years 2,265 health professionals from NSW have enrolled in the online course, with a consistent rating of close to 90% stating their learning needs were met.

The ongoing development of the health professional workforce is an important strategy in managing asthma and improving the health and wellbeing of people with asthma. Having well controlled asthma has the potential to reduce avoidable hospitalisations, reduce emergency department presentations, improve the efficiency and effectiveness of asthma medications and improve the health and wellbeing of people with asthma. Effective use of medications is a key strategy to managing asthma, and simple changes to device technique can have profound effects.

A 2012 survey of nearly 2,700 Australians aged 16 years and older with current asthma found:

- Asthma was not well-controlled in 45% of people with current asthma
- 34% of these people did not use any preventer, and 23% used it less than 5 days/week
- nearly 40% only used a blue reliever puffer, treating their symptoms but not the cause. 1 in 4 of these people needed urgent treatment for their condition in the previous year.
- Only half (50.5%) of the participants saw their general practitioner for a non-urgent asthma review during the previous year
- 29% of participants needed urgent health care (GP or emergency department) for their asthma during the previous year
- preventer adherence was poor: overall, 43% of preventer medication users reported taking it less than 5 days a week, and 31% used it less than weekly.¹²

It is important that there is continued investment in developing the health care professional workforce. This includes the better use of evidence-based guidelines, promotion of new practices, engaging and supporting

health care professionals around changes to scope of practice and identifying and understanding the patient asthma journey and their pain points associated with interactions with health care services.

New medications and approaches to asthma are continually being developed and the health care professional workforce is at risk of continuing outdated practices unless developmental opportunities are continued, consistent and delivered by organisations with credibility and resources. The connection between the person with asthma, their treating health care professional and Asthma Australia is an effective mechanism in creating trust and change.

Example from Asthma Australia

Support effective self-management practices

Despite best practice guidelines recommending that all people with asthma have a written Asthma Action Plan, only around 34% of people with asthma do. People with asthma rate their health more poorly than the general population, yet when managed well, people with asthma can lead a full and active life.¹³ There is clearly much work to be done in supporting people with asthma to better manage their health.

Currently 30 per cent of callers to Asthma Australia's 1800 phone line service are from NSW. This phone line is supported by asthma educators who deliver person-centred, evidence-based self-management information and support across the entire state. We are now evolving our support services using a Customer Experience model. This includes developing a more sophisticated multi-channel customised approach utilising telephone, videochat, email, newsletters, SMS and webchat to encourage a deeper ongoing sustainable engagement with people with asthma and their carers.

By customising the client journey, participants are empowered to be more self-directed and focused on the issues impacting their health. As our system learns patterns and behaviours, future journeys become more customised and the approach to information and support more diverse. This leads to a more cost-effective model of care, with less dependency on direct person contact.

Conclusion

Asthma provides an example of a chronic condition where improved care in the community and a focus on reducing hospital admissions offers potential benefits for consumers and the health system. As emphasised in this submission, asthma places a significant burden on the NSW hospital system and community. However, the rates of asthma hospital admissions and emergency presentations can be reduced. People living with asthma should have their condition effectively managed in primary and community care.

There must be a re-orienting of the NSW healthcare system to focus on system sustainability, efficiency and effectiveness which to deliver better outcomes for the health care system and people. If referral pathways function well and the services in the community deliver evidence-based care and effective self-management support, then people's health is better maintained and the need for hospitalisation reduced.

Models of care that connect people to the services they need and not siloed divisions and departments are required. Different parts of NSW Health and different departments co-investing in services, programs and projects is a smarter way of investing funding when there are pressures on NSW Government budgets and services.

Better referral pathways into primary care are needed to reduce representations and readmissions to hospital, and to incentivize people to follow up when they leave hospital to break the cycle of representations.

In order for the NSW Health workforce to meet the current needs of patients and staff, and meet the future demands and deliver efficient, equitable and effective health services, issues around scope of practice must

be addressed. It is also about better using the workforce through engaging and empowering consumers to better self-manage their asthma through evidenced-base care and information that is informed by the health workforce.

People living with the burden of asthma are best placed to help define the problems that need to be solved, and to co-design solutions more likely to be effective in reducing the burden. This includes understanding local needs and taking collaborative action to reduce the impact of asthma on communities where unmet needs are greatest.

This submission addresses how health services can be delivered in the community and provides examples of Asthma Australia's work in community-based settings. We would welcome the opportunity to expand on the information addressed in this submission at future hearings for the Inquiry and engage in further consultation.

¹ Asthma, 2020-21 financial year, Australian Bureau of Statistics, [Asthma, 2020-21 financial year | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/australians-and-australia/asthma)

² ABS, 2018. *National Health Survey: First Results 2017-18*, ABS Cat no. 4364.0.55.001.

³ Public Health Information Development Unit (PHIDU), 2019. *Asthma Atlas of Australia*.

⁴ Ibid

⁵ Independent Hospital Pricing Authority, 2013-14. *National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2013-14 Round 18*, available online: https://www.ihoa.gov.au/sites/default/files/publications/nhcdc-round18.pdf?acsf_files_redirect.

⁶ HealthStats NSW, NSW Government, http://www.drinkingwaterdb.nsw.gov.au/Indicator/res_asted/res_asted (Accessed 3 January 2023)

⁷ Independent Hospital Pricing Authority, 2013-14.

⁸ Giangio, S. et al., 2020. 'Emergency department visit count: a practical tool to predict asthma hospitalisation in children', *Journal of Asthma*, vol 57(10).

⁹ Australian Government, Australian Institute of Health and Welfare, Emergency department care 2021-22: Australian hospital statistics

¹⁰ Australian Institute of Health and Welfare 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18. 14 Nov 2019 update. Cat. no. HPF 36. Canberra: AIHW.

¹¹ AIHW, 2022. *Australian Burden of Disease Study 2022*. Canberra: AIHW.

¹² Reddel HK, Sawyer SM, Everett PW, Flood PV, Peters MJ 2015. Asthma control in Australia: a cross-sectional web-based survey in a nationally representative population. *Medical Journal of Australia* 202:492–7

¹³ Australian Institute of Health and Welfare. Asthma [Internet]. Canberra: Australian Institute of Health and Welfare, 2023 [cited 2023 Aug. 17]. Available from: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma-1>