RACGP

Healthy Profession.
Healthy Australia.

22 June 2016

Australian Government, Department of Health
ChronicConditionsFramework@health.gov.au

To Whom It May Concern,

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to provide comment on the public consultation of the *National Strategic Framework for Chronic Conditions* (the Framework).

The RACGP has provided a detailed survey response submitted through the public consultation portal and a summary of feedback below for your consideration.

Part 1: Setting the Scene

Setting the scene relates to pages 5-12 of the Framework.

Survey statement: Setting the Scene provides adequate context and background for the Framework.

The RACGP agrees.

The RACGP mostly agrees, however, the Framework lacks mention of relevant reforms e.g. Primary Health Networks and their alignment with Local Hospital Networks. These reforms are an important part of any strategy to implement the Framework.

Part 2: The Framework

1. Vision

> "**All Australians live healthier lives through effective prevention and management of chronic conditions."** (page 14 of the Framework)

Survey statement: The Vision reflects the intent of the Framework and its Objectives.

The RACGP agrees.

The RACGP generally agrees but offers the following feedback:

Whilst a multi-stakeholder approach is important, effective change management requires a shared purpose. The Vision may resonate more with employers and consumers if the words 'more productive' were included. For example: All Australians live healthier and *more productive* lives through effective prevention and management of chronic conditions.

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

2. Principles

Eight governing principles have been identified as the foundational tenets that enable the successful prevention and management of chronic conditions for all Australians (page 14 of the Framework).

The Principles are:

1. **Equity** – all Australians receive safe, high quality health care irrespective of background or personal circumstance.
2. **Collaboration and Partnerships** – identify linkages and act upon opportunities to cooperate and partner responsibly to achieve greater impacts than can occur in isolation.
3. **Access** – high standard, appropriate support and services are available, accessible and affordable for all Australians.
4. **Evidence-based** – rigorous, relevant and current evidence informs best practice and strengthens the knowledge-base to effectively prevent and manage chronic conditions.
5. **Person-centred approaches** – the health system is shaped to recognise and value the needs of individuals, their carers and their families, to provide holistic care and support.
6. **Sustainability** - strategic planning and responsible management of resources delivers long-term improved health outcomes.
7. **Accountability and Transparency** – decisions and responsibilities are clear and accountable, and achieve best value with public resources.
8. **Shared Responsibility** – all parties understand, accept and fulfil their roles and responsibilities to ensure enhanced health outcomes for all Australians.

Survey statement: The Principles of the Framework are appropriate and comprehensive.

The RACGP agrees.

The RACGP mostly agrees, but offers the following suggestions:

With regard to comprehensiveness, detail is required on the processes for achieving change. Clarity around identification of all stakeholders including the 'health workforce', and their roles in achieving the Vision, is needed. In particular, the role of Primary Health Networks (PHNs) as system level change agents. PHNs will have an important role in facilitating clinical leadership and improvement at a number of levels.

Missing is any acknowledgement that chronic diseases are progressive, and that death is often preceded by a prolonged period of advanced disease with disability. Chronic disease management therefore requires continuous care along the whole illness trajectory. The Framework currently focuses on treatment and looks 'upstream' to address the causes. It is essential to also look 'downstream' and address the consequences of progressive advanced disease. Advance care planning is one such initiative that merits greater support to ensure patient preferences for care are known.

The RACGP suggests altering **Principle 5** to read: "..the health system is shaped to recognise and value the needs of individuals, their carers and their families, to provide holistic and *continuous* care and support".

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

3. Enablers

Six Enablers have been identified that will assist in achieving the Vision of this Framework (page 14 of the Framework). The Enablers comprise:

- **Governance and Leadership** – supports evidence-based shared decision-making and encourages collaboration to enhance health system performance.
- **Health Workforce** – a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change.
- **Research** – quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes.
- **Data and Information** – the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes.
- **Technology** – supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives.
- **Resources** – adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term.

Survey statement: The Framework identifies the key Enablers to assist in achieving the Vision of the Framework.

The RACGP agrees.

Whilst the RACGP mostly agrees, it suggests inclusion of **Effective Change Management**. Translation of research into practice takes time and has a number of fundamental steps that need to be managed effectively at all levels.

The composition of the **Health Workforce** needs to be identified more specifically. In particular, the central role of general practice in the management of people with chronic conditions. The vast majority of health workforce recommendations in the Framework are core to general practice. If general practice is to be an effective enabler, appropriate funding models are needed to support all of the tasks required of GPs in chronic disease management. I refer you to the *RACGP's Vision for general practice and a sustainable healthcare system*: www.racgp.org.au/support/advocacy/vision/

The Framework also includes the following Partners in the prevention and management of chronic conditions:

- Individuals, families and carers
- Communities
- The public health sector
- All levels of government
- Non-government organisations.
- The private sector, including private health providers, industry and private health insurers.
- Researchers and academics.

The RACGP recommends that **Employer** is added this list. From a consumer's perspective, work is an important element. Any strategy on chronic illness needs to also have alignment between employment practices and policies.

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

4. Objectives

The Vision is supported by the following three (3) Objectives (page 16 of the Framework):

1. Focus on prevention for a healthier Australia.
2. Provide effective and appropriate care to support people with chronic conditions and optimise quality of life.
3. Target priority populations.

Survey statement: Overall, the three Objectives of the Framework appropriately identify the key areas for action to address chronic conditions in Australia.

The RACGP agrees.

The RACGP mostly agrees, but suggests including an overarching indicator as a measure of progress as an aspirational objective. The document acknowledges the complexities of having a single indicator for measuring the impact of the Framework. A single patient-reported outcome measure, like that used by the NHS Outcomes Framework, on Quality of Life could be included as an overarching indicator for people with long-term chronic conditions.

An accompanying document which focusses on measurement, purpose of measurement, which level (macro, meso, micro), types (structural, input, process, outcome, balancing) and using values-based approaches which incorporate both effectiveness and efficiency, would be useful as a tactical guide to data collection. For a reference on value-based approaches: Oliver-Baxter et al., 2016 Aust. Health Review http://dx.doi.org/10.1071/AH15104

5. Strategic Priority Areas – Objective 1 Focus on prevention for a healthier Australia

Strategic Priority Areas have been identified under Objective 1 (relates to pages 18-24 of the Framework).

Strategic Priority Area 1.1 Risk reduction

Strategic Priority Area 1.2 Partnerships for health

Strategic Priority Area 1.3 Critical early life stages

Strategic Priority Area 1.4 Timely and appropriate detection

Survey statement: The information provided in Objective 1 and its Strategic Priority Areas adequately addresses the key issues relating to the prevention of chronic conditions.

The RACGP agrees but would like to suggest the following addition:

Strategic priority area 1.3 – Critical Early Life Stages

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

Strategic priority area 1.3 notes the importance of breastfeeding, nutrition, weight gain and socioeconomic factors on physical and mental development throughout infancy and childhood.

Given the significance of the maternal influence on health determinants on infants and into adolescence, the RACGP suggest adding a subheading to recognise and support the role of mothers, at home and in the workplace, in raising children.

Mothers are predominantly the primary carers of children. Work life balance with increasing cost of living and need for dual incomes impacts greatly on mothers who also do 80% of domestic chores and child rearing. Single parents are also most often women. (See www.abs.gov.au/ausstats/abs@.nsf/Products/6224.0.55.001~Jun 2012~Chapter~one Parent Families).

Such an inclusion would acknowledge the important role of mothers in the critical early life stages in health prevention.

6. Outcomes for Objective 1

Outcomes for Objective 1 are described in detail from pages 18-24.

What success will look like in 2025:

1. Fewer Australians live with chronic conditions or associated risk factors.
2. Australians with chronic conditions, or associated risk factors, develop them later in life and receive timely interventions to achieve optimal health outcomes.

Survey statement: The phased and Aspirational Outcomes identified in each of the four Strategic Priority Areas will contribute to achieving Objective 1 (pages 18-24 of the Framework)

The RACGP agrees.

Whilst the RACGP agrees it suggests that 'Active Engagement' (Strategic Priority Areas 2.1) is a necessary part of the prevention agenda, restricting it to Objective 2 alone is a missed opportunity. The RACGP suggests extending **Active Engagement** to be included in Objective 1.

7. Strategic Priority Areas – Objective 2

Strategic Priority Areas have been identified under Objective 2 (relates to pages 25-34 of the Framework).

Objective 2: Provide effective and appropriate care to support people with chronic conditions and optimise quality of life

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

Strategic Priority Area 2.1	Active engagement
Strategic Priority Area 2.2	Continuity of care
Strategic Priority Area 2.3	Accessible health services
Strategic Priority Area 2.4	Information sharing
Strategic Priority Area 2.5	Supportive systems

Survey statement: Objective 2 and its Strategic Priority Areas adequately address the key issues relating to the provision of effective and appropriate care to support people with chronic conditions, and optimise quality of life.

The RACGP agrees, but identifies the following key issue.

A key issue not addressed under Objective 2 is supporting people with chronic conditions as their disease progresses to advanced stages. Whilst people with chronic conditions are surviving longer, about half of the extra years of life involve significant disability and life-limiting illness where decision-making about future care preferences are often impaired. As a consequence, many people currently receive inappropriate and unwanted medical interventions at the end of life. [1, 2].

The RACGP suggest that a strategic priority area should be added to address **advance care planning -** supporting patients with advanced disease and at the severe end of the illness trajectory or terminal illness.

Given the focus on patient-centred care and quality of care, it is important that these issues are raised early with patients before severe illness occurs, maximising patient input in decisions about their future care life [3].

Inclusion of these issues into the Framework would facilitate earlier ACP conversations between patients, their families and health practitioners; has the potential to improve team care coordination and is applicable in all health service settings across the pathway of care, namely general practice, primary health care, residential aged care, specialist rooms, hospital and palliative care [3].

Inclusion of this as a strategic priority highlights the necessity for a palliative phase of chronic disease management in the Framework.

Survey statement: With regard to the five Strategic Priority Areas in Objective 2, is anything missing or what should change?

RACGP response:

Strategic Priority Area 2.1: Active Engagement

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

Active engagement is a critical factor that influences the success of treatment and prevention strategies. Measurement of patient engagement / activation is not routinely carried out. Clinicians should be given tools to support the measurement of patient activation [4] just as they would biomedical metrics. The level of activation can be used to guide the tailoring of care plans.

Strategic Priority Area 2.2: Continuity of care

The concept of continuity of care should be expanded to include: relationship; informational; and management continuity. All aspects of continuity of care are critical and the relational aspect is very well aligned with the RACGP's Medical Home concept. It is recommended to broaden the continuity of care concept and highlight the Medical Home as a vehicle for all three types of continuity.

Strategic Priority Area 2.4: Information sharing

Currently this section distinguishes between data collection for either accountability or quality improvement. There needs to also be a focus on good quality data (particularly process data) to actually deliver care and is part of the care process. It is recommended to add emphasis on the utility of data to support care delivery processes as well as to monitor progress.

Strategic Priority Area 2.5: Supportive systems

Within Supportive Systems, 'funding strategy' (Framework, p32) is an important component in care however, many community support services have been defunded or had funding significantly reduced over the last 10 years. This critical component has not been addressed in the Framework.

To add to 2.5 is the concept of **social prescribing**, which is a way of linking patients in primary care with sources of support within the community. It highlights and offers an example of innovation. It is critical to note that while innovation should be encouraged, evaluation must also take place to ensure an evidence based approach. **Consider including social prescribing as an example of mobilising community resources.**

8. Outcomes for Objective 2

Outcomes for Objective 2 are described in detail from pages (p 25-34)

What success will look like in 2025:

1. Australians with chronic conditions receive coordinated, person-centred and appropriate care.
2. Australians experience fewer complications or multimorbidities associated with chronic conditions.
3. Fewer Australians die prematurely due to specific chronic conditions (deaths in people aged under 75 years).

Survey statement: The Phased and Aspirational Outcomes identified in each of the five Strategic Priority Areas will contribute to achieving Objective 2.

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

The RACGP agrees.

The RACGP recognise the need to include explicitly the need for safe care and prevention of harm from the care process itself in the outcomes for Objective 2.

The outcome statement "**Australians experience fewer complications or multimorbidities associated with chronic conditions**" (Framework p. 25) should clarify that this also applies to the possible harms associated with the care process. It should include complications of the condition itself and from the treatment of the condition i.e. iatrogenic harms. It currently reads as if it is only in relation to complications of the condition itself.

9. Final Comments

There has been no comment on the relationship between states and federal systems which in terms of access, continuity and support systems are at the heart of the problem for people with chronic conditions not receiving optimal care.

Generally, the Framework contains a lot of motherhood statements, outcomes, measures of success, but no implementation plans. What is also needed is a 'road map' of how we get there, which includes both achievable time frames and the strategies involved.

The capability of general practice is currently being greatly undermined by the frozen Medicare rebate. The RACGP believes a quantum shift in the resourcing of general practice is required to enable GPs to provide, coordinate and facilitate care of people with chronic conditions (e.g. including improved IT, communication systems, and data requirements).

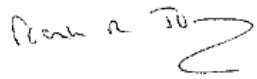
Summary of Recommendations:

1. **Vision** -Include "more productive" in the Vision statement
2. **Principles -**
    a. Articulate the processes for addressing change
    b. Add 'continuous' care to Principle 5.
3. **Enablers –**
    a. Add "Effective Change Management" as an Enabler
    b. Add "Employer" as a Partner
    c. Identify the key stakeholders comprising the Health Workforce
4. **Overall Objectives -** Include an overarching indicator as a measure of progress
5. **Objective 1 /Strategic Priority Area 1.3: Critical early life stages** - add provision for mothers and working women raising children
6. **Objective 1 Outcomes -** extend Active Engagement to be included as an outcome

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807

7. **Objective 2 /Strategic Priority Area 2.1:** Active engagement – include a focus on measuring patient activation levels and provide clinicians with appropriate tools to measure this concept within the context of every day clinical practice
8. **Strategic Priority Area 2.2:** Continuity of care – expand to include relationship, informational and management continuity
9. **Strategic Priority Area 2.4:** Information sharing – include a focus on the use of data to support care delivery processes
10. **Strategic Priority Area 2.5:** Supportive systems – consider including social prescribing as a way of mobilising community resources; include information or strategies on how community service will be funded in order to achieve the Vision.
11. **Objective 2 Outcomes** - Include explicitly the need for **safe care** and **prevention of harm** from the care process itself as an outcome
12. **An additional Strategic Priority** area under Objective 2 addressing the management of people advanced chronic disease.

Yours sincerely



Dr Frank R Jones
President

References:

1. Walling AM, et al., *The quality of care provided to patients at the end of life.* Arch Intern Med, 2010. **170**: p. 1057-1063.
2. Marck CH, et al., *Care of the dying cancer patient in the emergency department: findings from a National survey of Australian emergency department clinicians.* Intern Med J, 2014. **44**(4): p. 362-368.
3. Ruth D, *Partnerships for implementing Advance Care Planning in routine health care across western Victoria: Consultancy report to West Vic Primary Health Network*. 2016, WVPHN Regional ACP Strategy.
4. Hibbard J and Gilburt H, *Supporting people to manage their health: An introduction to patient activation*. 2014, The Kings Fund.

The Royal Australian College of General Practitioners
100 Wellington Parade, East Melbourne, Victoria 3002 Tel +61 3 8699 0414 Fax +61 3 8699 0400
www.racgp.org.au ACN 000 223 807 ABN 34 000 223 807