

SUBMISSION

Friday, 26 April 2024

Submission to DoHAC Public Consultation on the refresh of the National Strategic Framework for Chronic Conditions

Submitted via NSFCC.consultation@health.gov.au

Introduction

The life expectancy of Australians is still rising, however the increased prevalence of chronic conditions and co- and multi-morbidities is placing an increased strain on the healthcare system through increased costs and potentially preventable hospital admissions. The AMA has long recognised the need for more efficient arrangements to support the provision of well-coordinated multidisciplinary care to patients with chronic and complex disease. The AMA has consistently advocated for the improvement of patient access to coordinated multidisciplinary care. GPs are highly trained professionals who are accountable to their patients and work within established codes of professional conduct. GPs are the highest trained general health professional and assess/manage patients according to their overall health needs and not in relation to a single disease. The Vision of the Framework (Vision) is: "All Australians live healthier lives through effective prevention and management of chronic conditions".

The rates of chronic conditions and overall poorer health are higher in priority populations such as Aboriginal and Torres Strait Islander peoples, those experiencing socio-economic disadvantage, people living in rural and remote communities, and people from culturally and linguistically diverse backgrounds. The National Strategic Framework for Chronic Conditions is underpinned by at least 38 Australian Government policies, strategies and plans (Appendix 1) and further demonstrates a systems approach to management. This refresh is an opportunity to look at the Framework, as overarching policy for chronic conditions in Australia, that provides guidance for the development and implementation of relevant policies, strategies, actions, and services as they relate to chronic conditions. The AMA looks forward to seeing the refreshed Framework and contributing to ways to better prevent and manage chronic conditions.

1. Which stakeholder group best describes you? Please tick all that apply.

National private non-government organisation *(Note: This is a drop-down option only)*

2. Have you engaged with and used the Framework and if so, how?

My organisation has shared this document with our members/consumers *(Note: This is a drop-down option only)*

3. To what extent do you agree the Vision is still relevant? Please provide further comments about your response, including any suggested amendments to the Vision.

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

The AMA believes that the broad vision for the Framework is still appropriate, however the promotion and implementation of the Framework must be improved. This will be expanded over the following questions of this submission.

4. There are 7 enablers to achieving the Vision included in the Framework. Each of these enablers are shown below. Please provide a score from 0-10 to demonstrate how important you think each of the enablers are (with 0 being not at all important and 10 being very important).

Enabler	Score out of 10
Governance and leadership — supports evidence-based shared decision-making and encourages collaboration to enhance health system performance.	10
Health workforce — a suitably trained, resourced and distributed workforce is supported to work to its full scope of practice and is responsive to change.	10
Health literacy — people are supported to understand information about health and health care and appropriate health care settings, to apply that information to their lives and to use it to make decisions and take actions relating to their health.	10
Research — quality health research accompanied by the translation of research into practice and knowledge exchange strengthens the evidence base and improves health outcomes.	10
Data and information — the use of consistent, quality data and real-time data sharing enables monitoring and quality improvement to achieve better health outcomes.	10
Technology — supports more effective and accessible prevention and management strategies and offers avenues for new and improved technologically driven initiatives.	10
Resources — adequate allocation, appropriate distribution and efficient use of resources, including funding, to address identified health needs over the long-term.	10

Are there any other enablers you think should be included in the Framework?

The AMA believes access to culturally safe healthcare should be considered as an enabler to achieving the Vision. Cultural safety is central to Aboriginal and Torres Strait Islander peoples and their interaction with the health system. It describes a state, where people feel enabled to access health care that is appropriate to their needs; expect to receive effective, high-quality care; have trust in the service, and challenge personal or institutional racism when it is encountered. This includes access to healthcare to effectively prevent and manage chronic conditions. Aboriginal and Torres Strait Islander governance and representation must be present in the structures for all the enablers under the Framework, this is in line with the Closing the Gap Priority Reforms. The AMA asserts that Aboriginal and Torres Strait Islander peoples have a right to access appropriate, affordable, evidence-based, accessible and responsive health care, where they feel respected and culturally safe.

The AMA also recommends that specific mention is made in the research enabler, on the importance of developing evidence-based and innovative models of care. This is a way to ensure effective prevention and management of chronic conditions, with models of care keeping in line with ever-evolving best practice approaches.

Regarding the governance and leadership enabler, the importance of health stewardship and change management should be specifically included. Collaboration with all other health professionals in an effective and safe team-based environment, is a key driver of positive health outcomes for those managing chronic conditions. Doctors have an ethical and professional responsibility to serve as stewards of healthcare resources. This involves caring for the resources available to improve health, avoiding wasteful expenditure and enhancing the safety and quality of the care to protect patients from harm while considering the resources that will be required to provide care into the future. Stewardship must take into consideration fairness, equity, cultural safety and must not add further to health inequalities. This is especially prevalent in chronic condition management.

5. The Framework identifies determinants of health that influence the prevention, treatment, and management of chronic conditions. Several are listed below. These are commonly referred to as the social, cultural, environmental, and economic or commercial determinants of health.

- Employment
- Income level
- Living in a rural/regional/remote location
- Education
- Language and writing skills.
- Refugee or migration status
- Housing
- Living with a disability
- Promotion of unhealthy products
- Social connection
- Racism and discrimination
- Air and water quality
- Climate change
- Opportunities to take part in physical activity.
- Weight related stigma
- Access to safe, nutritious, and culturally appropriate food.

Please discuss which, if any, of the above determinants of health impact have most significantly impacted you or the work of your organisation. Additionally, are there any other determinants of health that you think the Framework should focus on? If yes, please note them.

Answer:

The AMA supports the Framework's inclusion of determinants of health, which must include political determinants of health. We support using an equity and access lens, to consider that not all communities and individuals are able to access and understand health care at the same rate — for a range of reasons. The AMA has long advocated that to achieve health equity, there must be a focus not only on treating disease and modifying risk factors, but also on the underlying social determinants of health that influence population health and wellbeing. All the above-mentioned determinants have an influence on the cumulative effects of chronic conditions in Australia.

The AMA recognise that the National Preventive Health Strategy (2021) acknowledges the underlying social, economic, environmental, and cultural determinants of health, which means prevention efforts need to be widely targeted and not focused only on individual behaviour change. The National Preventive Health Strategy and National Obesity Strategy have not been appropriately resourced and implemented to date, with their recommended processes being directly linked to prevention of chronic conditions. This points to another determinant of health that is absent from this list, political determinants of health. The political determinants of health involve the systematic process of structuring relationships, distributing resources, and administering power, operating simultaneously in ways that mutually reinforce or influence one another to shape opportunities that either advance health equity or exacerbate health inequities (*Daniel E. Dawes (2020), The Political Determinants of Health, Johns Hopkins University Press*).

The AMA wishes to highlight health literacy as a determinant of health and note the problematic interaction between health misinformation and chronic condition management. The AMA maintains that all forms of media have the potential to distribute helpful and constructive information around health and wellbeing, however this is not always the case. Regarding chronic conditions, misinformation leads vulnerable patients to spend large amounts of money on treatments that are not evidence-based, refusing gold standard treatments, or delaying presenting to a GP. This is problematic from a health literacy perspective as it has the potential to harm health and obstruct well-informed decision making about seeking health care

The AMA also suggests that caring responsibilities are given consideration in these determinants of health that impact the patient and their support networks. We note carers are included in the priority populations but note that caring responsibilities should also be considered as a determinant of health. Carers must be culturally and LGBTQIASB+ appropriate and supported to assist with the diverse needs of those they are caring for.

Carers play an important and integral role in working with the health care team to support the patient's health care needs; however, caregiving itself can result in physical, emotional, and financial strain that compromises the carer's own health and well-being. Carers should be supported within the community to provide appropriate care to the patient through services such as:

- improved access to timely in-home support (including services, personal care, equipment, information, education, training and resources)
- expanded access to planned and emergency respite care services (in-home or centre-based)
- early identification of carers' financial, emotional, and physical health needs, including during bereavement.

(Palliative Care Australia. Consumers Health Forum of Australia. Carers Australia. *Consensus Statement. Carer and Consumer Engagement in Palliative Care and End-of-Life Care*. 2018).

6. One of the aspirational outcomes of Objective 2 of the Framework is that people with chronic conditions have equitable access to quality health care. Pages 35-36 of the Framework discuss this in further detail.

To what extent do you agree with the following statements?

a. Australians with chronic conditions can easily access primary care services, including regular care with a GP and/or allied health providers.

- Agree
- Somewhat agree**
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

b. Australians with chronic conditions can easily access specialty healthcare services when required.

- Agree
- Somewhat agree**
- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

(Optional): Please provide further comments about any of your responses to the previous statements.

The AMA advocates that patient care should be integrated and well-coordinated by supporting general practices to build multidisciplinary healthcare teams to meet their patients' needs. These GP-coordinated teams will be better placed to manage and reduce the risk of patient comorbidities and reduce adverse medication events through increased access to a broad range of health expertise ([AMA 10-Year Framework for Primary Care Reform](#)).

The Workforce Incentive Program (WIP) cap must be increased (and preferably removed altogether) and appropriately indexed. This will support access to multidisciplinary care as part of a GP-led and coordinated team and provide incentives for GPs to work in rural areas.

General practitioners are the only clinicians appropriate to chair the primary care team, bringing experience and training in whole patient, multi-system continuous care. GPs are the only primary care health professionals who can take responsibility for diagnosing, treating, and managing care. The AMA supports integrated, collaborative care models that better incentivise access to GP led multidisciplinary team-based care.

The AMA has received many reports from its members citing instances where patient care has been compromised where a health practitioner has gone beyond their scope of practice and/or has bypassed collaborative care arrangements/failed to report back to the referring practitioner. We need also to consider that the health workforce in general is maldistributed, and that safety and equity are key considerations in team care arrangements moving forward.

The AMA supports processes underway to remodel Medicare Benefits Scheme: Chronic Disease Management (MBS CDM) items to simplify and streamline items to better support longitudinal care while reducing the administrative burdens of requirements that are either repetitive or out of alignment with clinical workflows. We also advocate for more scope in enabling greater support from the health care team in meeting the requirements of planning items. The AMA would also like to see reforms to the standard GP consultation items, so MBS rebates support longer consultations spent with patients requiring chronic or complex care.

7. Another of the aspirational outcomes of Objective 2 of the Framework is effective sharing of information and data. Pages 37-38 of the Framework discuss this in further detail. To what extent do you agree with the following statement?

I have access to health information and data and use this to help make decisions regarding the prevention, diagnosis, treatment, and management of chronic conditions.

- Agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree**
- Not applicable

Please provide further comments about your response, and if appropriate, provide examples of ways you have or have not used information and data.

Answer:

Information Sharing Opportunity

The AMA notes the opportunity of the Framework to help share better information on the prevention and management of chronic conditions. However, the development of information and data-sharing content must be conducted in collaboration with health professionals to capture meaningful datasets and maintaining the protection of patient confidentiality and data sovereignty principles, which must include Indigenous Data Sovereignty. One outlet for this suggested by the Productivity Commission regarding the Priority Reforms on Closing the Gap, was the establishment of a Bureau of Indigenous Data (action 2.2) to support governments to embed Indigenous peoples and knowledge into their data systems and practices, invest in the data capability of Aboriginal and Torres Strait Islander organisations and communities, and consolidate and oversee the data development work under the CTG Agreement.

Broader health workforce data and planning needs

The effectiveness and efficiency of healthcare services are intrinsically linked to the availability of a workforce that can meet the evolving needs of communities. In Australia, there are many regions where access to the appropriate healthcare professionals remains a challenge due to the maldistribution of healthcare professionals. The consequences of this maldistributed or insufficient workforce include prolonged wait times for appointments, delayed diagnosis, and a backlog in care, which ultimately impacts patient health outcomes.

The AMA is calling for the establishment and funding of an independent national health workforce planning agency to collate, analyse, and utilise health workforce data to inform evidence-based policies and strategies, enabling us to proactively and efficiently adapt to changing healthcare demands and ensure that all Australians have access to high-quality healthcare. It should also use this data to produce evidence-based national supply and demand projections for various health professions based on a range of alternative planning scenarios. This will ensure that Australia has a health workforce — with the right skills and in the right locations — to meet community needs and demand. Given the

focus on the medical workforce with the National Medical Workforce Strategy 2021–2031, priority should be given to medical workforce planning in the first instance.

Delivering value to GPs and patients through improved digital health solutions. Digital health solutions in general practice must reduce and simplify the administrative burden on GPs and their clinical staff when providing care for their patients. The current clinical digital systems used in general practice are complicated to use, often requiring logins into multiple systems, manual searches and uploads and downloads from systems which do not link with each other. Addressing this would support GPs to provide immediate care to a patient with the aid of their full clinical history and all relevant diagnostic information. The current clinical information systems and MBS rebate design make this impractical. Better designed clinical systems will support efficiency and at the same time be effective in enabling whole-of-person care, and must include flexibility and the opportunity to be regularly updated.

Interoperable digital health solutions must be based on enforceable standards, co-designed with patients, GPs and other clinicians. To ensure seamless access to and transfer of data between primary, secondary, and tertiary care, it is essential that practice management software and other digital health systems can exchange data and display it in real time. This will require harmonisation of interoperability standards and other records-related requirements across jurisdictions, stronger action to ensure compliance by software developers, and where necessary, funding support to enable them to do so. Interoperable systems must be co-designed with GPs, patients, and other clinicians.

- See also:

[AMA 10 Minimum Standards for Advancing Digital Health in General Practice](#)

[AMA Position Statement on Health System Interoperability](#)

8. The Framework aims to act as a broad overarching guidance document that is inclusive of the full spectrum of chronic conditions.

To what extent do you agree with the following statements?

1. Australians living with chronic conditions, including myself, friends/family, patients, or members of the organisation I represent if applicable, are recognised in the Framework.
 - Agree
 - Somewhat agree**
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Not applicable
2. The Framework is representative of the diversity of population groups in Australia.
 - Agree
 - Somewhat agree**
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Not applicable
3. The Framework recognises the individual needs of the many different groups in Australia.
 - Agree
 - Somewhat agree**
 - Neither agree nor disagree
 - Somewhat disagree
 - Disagree
 - Not applicable
4. The Framework provides guidance about how the prevention and management of chronic conditions can be tailored to the needs of different population groups.
 - Agree

○ **Somewhat agree**

- Neither agree nor disagree
- Somewhat disagree
- Disagree
- Not applicable

(Optional): Please provide further comments about any of your responses to the previous statements.

Answer:

The AMA supports the efforts the Framework makes to recognise and provide guidance about chronic disease management that meets the needs of different population groups in Australia. We suggest that these different population groups continue to be appropriately consulted via the Framework's refreshing process and is constantly revised as the evidence-base is updated around chronic disease management for different populations and their diverse needs.

9. The Framework includes the following list of priority populations, but notes this list is not exhaustive.

- Aboriginal and Torres Strait Islander people
- People from culturally and linguistically diverse backgrounds
- Older Australians
- Carers of people with chronic conditions
- People experiencing socio-economic disadvantage
- People living in remote, or rural and regional locations
- People with disability
- People with mental illness
- People who are, or have been incarcerated

Please provide information known to you on the experiences of people with chronic conditions in the above, or additional, priority population groups including any challenges and barriers in accessing prevention and/or treatment services that you think may be of relevance to the refresh of the Framework.

The AMA notes the importance of consulting on the current relevance and improvement of the Framework with members of the above priority reform groups. Absent from the list is children, adolescents, and young adults. Particularly at risk are those with mental illness, those in custodial settings and those under the Guardianship of the Minister. Children need to be provided with a continuity of care as they transition through life stages from adolescence into adulthood. The transition to adult services is not a positive experience for many adolescents and their carers. Transition services remain poorly resourced and, as a result, a significant proportion of young people fall through the cracks, resulting in lack of surveillance and support at a critical time in their development. These gaps in transitional care place young people at risk of suboptimal control of their chronic illness, resulting in consequent increased reliance on acute health services such as emergency department presentations and hospital admissions. Mental health support needs to be considered whilst managing chronic conditions for this priority population.

The AMA also notes the lack of reference to chronic conditions and the workplace. It is imperative that those with chronic conditions are supported to continue working in their line of employment if appropriate, and the National Chronic Conditions Strategic framework should look at the best supports to make this possible, recognising this group as a priority population.

The AMA also recognises that better partnerships are needed between government sectors and community sectors to support the health care needs of those in custodial settings. The incidence of communicable disease and mental illness is high in this population group and access to a range of coordinated and cross-sector support services is vital in the management of their health from both an individual perspective and from a community perspective. The AMA continues to advocate for those in custody to gain full MBS and PBS access, which would be of benefit to prevention and management of chronic conditions. Providing care for those in custodial settings is complex, and continuity of care must be prioritised, especially for those transitioning out of custodial settings. It is also important to note that the incidence of Fetal Alcohol Spectrum Disorder (FASD) in custodial settings for young people is high. This is a preventable disorder which puts the young person at risk of significant neurodevelopmental disability, but the AMA notes that FASD management is resource intensive.

10. Potential barriers for people with chronic conditions are shown below. Which of these barriers do you believe significantly impact Australians living with chronic conditions (including yourself if applicable)? Please select all that apply

Difficulty in finding an appropriate healthcare provider or facility	YES
Long wait lists	YES
Lack of coordinated care and communication between health professionals	YES
Lack of information sharing and exchange between healthcare providers	YES
Financial cost of healthcare	YES
Limited awareness and understanding of chronic conditions and/or prevention by patients and/or carers	YES
Limited understanding of the healthcare system by patients and/or carers	YES
Limited knowledge of some chronic conditions by healthcare professionals	YES
Stigma associated with chronic conditions and risk factors	YES
Stigma of accessing healthcare	YES
Not being able to attend appointments due to geographical location/transport	YES
Difficulty using technology to receive or navigate healthcare services	YES
Lack of health promotion education and prevention activities	YES
Low English proficiency and other language challenges	YES
Limited availability of publicly funded health programs	YES
Lack of access to research and data	YES
Lack of culturally safe healthcare	YES

Are there any other barriers that you would like to draw attention to?

The AMA acknowledges that recognising and supporting GPs or usual general practices as the central coordinator of patient care with appropriate funding provided to support coordination is essential to support a collaborative approach to care, with the GP maintaining overall responsibility for the care of the patient. Adequate funding for practices and GPs is essential to support the referral pathway and ongoing care of pathway participants. Models where public hospitals develop secondary support for GPs to call for advice could also be considered.

Continuity of care is a key tenet of quality care and positive patient experience. Key to continuity of care between GPs and hospitals is comprehensive, accurate and timely two-way communication regarding the admission process, the in-patient treatment and the patients' on-going care needs once discharged from hospital. The [AMA Guide 10 Minimum Standards for Communication between Health Services and General Practitioners and Other Treating Doctors](#) outlines ten minimum standards that should apply for communication between health services, GPs and other treating doctors.

The [AMA Submission on Australia's Primary Health Care 10 Year Plan 2022-32 Consultation](#) supported the action to empower people to stay healthy and manage their own health care and specified that "general practices will need resourced access to validated tools, integrated into their clinical software, for health literacy and patient activation assessment, behaviour guidance, and improvement monitoring. PHNs for example could be resourced to work with practices and software providers to make such tools available to practices with their use funded via incentive payments. Funding must also support GP or team care interventions with the patient aimed at improving activation levels".

Women have a longer life expectancy when compared to men, however the incidence of chronic conditions is higher, resulting in reduced quality of life. A concerted change in the management of women needs to occur. The onset of perimenopause has been identified as a significant time for GP-led management of cancer-screening programs, heart checks and bone density scans with a concerted goal of prevention.

11. As part of the refresh of the Framework, condition-specific Action Plans and Strategies will be reviewed to ensure that the documents are complementary to, and build on, the Framework. Do you support this description of the inter-relationship between the Framework and condition specific Action Plans and Strategies?

- Yes**
- No
- Not applicable

12. The condition-specific Action Plans and Strategies include a number of commonalities in priorities and actions. It is proposed to embed these common priorities and actions in the refreshed Framework. Therefore, any condition-specific guidance would be focussed on tailored actions for that condition, where the need exists. Do you support this approach?

- Yes**
- No
- Not applicable

13. Many common issues and challenges can be found in the prevention, treatment and management of different chronic conditions. Several of these issues are listed below.

- Multi-disciplinary care
- Managing multimorbidity
- Continuity of care across life stages
- Transitions of care as a patient moves across and through the health system
- Enhanced and targeted support for priority populations
- Health promotion and education
- Self-management
- Life stage transitions
- Embedding prevention in the continuum of care

Do you believe a focus on these common issues is relevant, accurate and appropriate for Australians living with a chronic condition?

- Yes**
- No
- Not applicable

Please elaborate on your response and/or include any other common issues across chronic conditions that you would like to note.

The AMA also suggests that the following issues are added to this list:

- Fragmentation of care across the primary care sector due to scope of practice overlap
- Confusion in the community around professional scope and expertise.

14. A large number of resources, training modules, tools and guidelines have been developed to support the prevention, treatment and management of chronic

conditions. There is an opportunity for digitisation to reduce duplication, improve effectiveness of support and enhance impact. Use of emerging digital technologies provide opportunities for enhanced chronic conditions management into the future. This will be a key consideration for the refresh of the Framework. Please provide information on any opportunities for digitisation to enhance the prevention, treatment and management of chronic conditions.

The AMA recognises digital health as an emerging clinical specialty. In future years digital health knowledge will be a core component of medical training and a recognised clinical specialty. Technology can enable healthcare that is safe, high quality and patient-centred, and can improve and advance our healthcare system, and the health of all Australians.

- An overarching vision for digital health is needed so we can work towards a connected, consumer centred healthcare system.
- A healthcare system:
 - (a) with seamless communication between different healthcare providers and different healthcare settings
 - (b) with quality care co-ordination
 - (c) with enhanced management of complex and chronic disease
 - (d) where prevention is at the foundation of healthcare planning and design
 - (e) with patient-centred data governance
 - (f) with an emphasis on key environmental, social and moral determinants of health
 - (g) where digital health and assistive technologies enable individuals to receive quality care at home and enable care to be delivered in circumstances that are not currently possible
 - (h) where data governance is patient-centred, and data use supports quality improvement and research
 - (i) training of healthcare profession in digital health technology
 - (j) inclusion of clinicians in the development of technological solutions.

The AMA advocates for new healthcare technologies to be designed in close consultation with medical practitioners and patients. Co-design, usability, standardisation, accessibility, human factors and intuitive design must be at the core of all interfaces. Technology implementation must also be performed in close consultation with medical practitioners and patients, with ongoing quality improvement and system review. Healthcare leadership must include medical practitioners who have expertise in digital health, as change management within Australian healthcare requires a deep understanding of existing practice and workforce limitations.

Technological change may create unforeseen consequences not just for safety, quality, and privacy, but for the healthcare workforce and the medical profession. There is rapid change in educational requirements, training delivery, examination practices, workforce management, research, and the practice of medicine. By working together, the AMA believes a technologically advanced healthcare system can be built that has at its heart the collective aim for Australia to become the healthiest country in the world. The AMA can see benefit to chronic condition prevention and management being beneficiaries of advancement in digital health technology, so long as the aforementioned concerns are taken into consideration.

15. COVID-19 has had significant impacts on the Australian healthcare system, including the prevention, treatment and management of chronic conditions. Please describe any impacts (positive or negative) of COVID-19 that you would like to highlight.

The AMA's submission into the Covid-19 inquiry highlights the value in governments across Australia listening to the advice of the medical and scientific community, particularly in the first eighteen months of the response. The AMA engaged strongly in the development of policy and the response at all levels and assisted with communication to clinicians. As we learn from the successes and missteps of our COVID-19 response, it is essential that this engagement with experts is built into responses consistently at all levels of government, including the development of the Chronic Conditions Framework refresh, and other condition specific strategies and action plans.

It is also important to note the role that ACCHOS play in providing culturally safe healthcare to Aboriginal and Torres Strait Islander communities. This role was particularly demonstrated during the COVID-19 pandemic. Self-

determination and Indigenous governance around vaccination programs, led to strong vaccination rates and maintained culturally appropriate, community-led healthcare during the COVID-19 pandemic period.

As the AMA reported in our Health is the Best Investment [report](#), while access to healthcare services has been an issue in Australia for many years, COVID-19 has exacerbated this issue, with delays in appointments and procedures creating a significant backlog of care. Australia’s inability to address this issue in a timely way has created missed opportunities for prevention and early intervention, resulting in patients presenting with more advanced disease and comorbidities that are a direct result of delayed care, ultimately making it more challenging and more costly to deliver care.

The view that health is a cost to be managed, as opposed to an investment to be made, has resulted in a healthcare system that responds to poor health outcomes rather than actively preventing them — a ‘sickcare’ system rather than a holistic healthcare system that tackles both existing health issues and prioritises prevention. Australia is facing major health workforce shortages, increased demand, the aftermath of COVID-19 including delayed care and long COVID, and rising costs of providing healthcare. Additionally, the ability for Australia to maintain high workforce participation — and therefore high economic output — will be challenging in light of an ageing population with increased chronic disease. COVID-19 has highlighted the importance of preventing chronic conditions, and the importance of properly funding and supporting the broader healthcare system.

**16. Which of the following statements are most important to you in terms of how the Australian Government enhances and uses the Framework in the future?
Please select up to 5 options.**

Options (Highlighted most important)
Greater promotion of the Framework to peak bodies to increase awareness
Greater promotion of the Framework to health professionals and researchers to increase awareness
Greater promotion of the Framework to consumers and the general public to increase awareness
Increased focus on how organisations can work together to improve the management of chronic conditions
Improve the collaboration between state and territory governments and the federal government
Refresh the content of the Framework to be better aligned with other state and territory, national and international policies, strategies and plans
Refresh the content of the Framework to focus on emerging risks and issues (e.g., the use of e-cigarettes)
Refresh the content of the Framework so it reflects the post COVID-19 health landscape
Increased focus on the importance of lived experience in the Framework
Greater emphasis on the needs of priority populations

17. In 1000 words (6000 characters) or less, please provide any additional feedback on the Framework including any other opportunities to improve the Framework.

Lack of Awareness for Framework

The AMA believes that there is little to no awareness of the current Framework amongst practitioners and patients, and therefore it is having minimal impact on incidence of chronic illness in Australia. We suggest that the purpose of the Framework must now centre around driving resources and support to GP-led multidisciplinary care which will deliver the best outcomes for patients. The Framework and associated outcomes outlined in the Framework, should be used to report on efforts at Commonwealth and at a jurisdictional level, with research and data being a major concern at holding accountable, the National Strategic Framework for Chronic Conditions, and the broader suite of conditions focused strategies and action plans.

MyMedicare

The AMA also wants to highlight the excellent opportunity that MyMedicare presents, as the government's voluntary patient enrolment model, implementing proposed reforms that seek to better link patients with their usual GP and providing a mechanism for additional funding to flow to GPs and practices over and above the MBS arrangements. There is opportunity for the MyMedicare model to help streamline care, and to improve the management of patients with chronic conditions. Focussing the MyMedicare model on patients in their first 2000 days is a good place to start as this would foster multidisciplinary GP-led care for the child, and support for their guardians, whilst also focusing on prevention of chronic conditions from an early age. The AMA looks forward to engaging and providing advice into the work to follow regarding MyMedicare.

Better Investment in the Health System

More broadly, the AMA is advocating on the greater need for investment in the work between hospitals and primary care. Chronic underfunding at both state and territory and Commonwealth levels has led to declining performance. In the last few years, we have increasingly heard reports of people deteriorating and dying while waiting to be seen in public hospitals that are operating at breaking point, patients waiting years for essential surgery, and ambulances ramping outside hospitals because there are not enough beds and staff to cope with demand. We note recent budget commitments, such as \$99.1 million in new funding for GP consultations that last for sixty minutes or longer will help those patients with very complex health care needs and support GPs to spend more time with these patients. These have been positive first steps, in addressing the crisis in the Australian public hospital system. However more must be committed financially from state and federal governments to support the management and prevention of chronic conditions, as one element of the broader health system and health workforce in need of greater support.

Consideration of the NFRA and Improved Continuity of Care Between Jurisdictions

Improved management and care for patients with chronic conditions must stem from adequate funding and responsibility agreements between states and territories and the Commonwealth.

The AMA is generally supportive of the principles and objectives that underpin the National Health Reform Agreement (NHRA) 2020-25 Addendum. However, the AMA and other health peak bodies have argued that the aims of the current Addendum has not been achieved under the current funding and structural arrangements, and this is impacting chronic condition prevention and management. Years of reduction in capacity and available public hospital beds per population, inadequate funding of healthcare (both public hospitals and primary care) and the absence of a framework for performance and accountability enshrined in the Addendum are the key factors that impact the deteriorating performance of our public health system.

The AMA notes the disconnect between jurisdictions when it comes to chronic condition prevention and management. In 2023, the AMA made a submission into the review of the NHRA 2020-25 Addendum, which included suggestions on how to improve future agreements, in a bid to improve the discontinuity of care standards from one jurisdiction compared to another. We suggested that the following actions would help with monitoring health system process, and ensuring a standard of care that is consistent nationally:

- reinstating national standards to drive improved performance across the health system
- reintroducing the Performance and Accountability Framework as per the NHRA 2011 model
- considering the reestablishment of the National Health Performance Authority that would implement regular assessments against the standards.

The National Strategic Framework must become a priority for all Governments in Australia. Chronic disease is on the rise and a concerted and coordinated effort is required to prevent premature death and improved life quality.

Contact

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