



Chapter 3

Chronic conditions

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Introduction

Chronic conditions are the leading cause of illness, disability and death in Australia. Nationally, they are responsible for 85% of burden of disease, 90% of deaths and 55% of hospitalisations (1). These conditions generally have long lasting and persistent effects, impacting the everyday lives of those diagnosed.

This priority area focuses on the effect of chronic conditions in the PHN of the ACT across the lifespan. Estimates of chronic condition prevalence can vary due to the number of conditions included in the analysis and the data source (1). A particular focus will be given to the 12 chronic conditions groups identified and regularly reported on by the AIHW, which are selected because they are common, pose significant health problems and action can be taken to prevent their occurrence (2). These chronic conditions are arthritis, asthma, back pain, cancer, cardiovascular disease, chronic obstructive pulmonary disease, dementia, diabetes, endometriosis, chronic kidney disease, mental health conditions and osteoporosis.

Most chronic conditions' care is provided in the primary health care system. As the PHN for the ACT, CHN aims to improve the quality and experience of care delivered to those living with chronic conditions. By focusing on system-based solutions, CHN tries to identify targets and actions which will lead to better health outcomes downstream for individuals in the ACT.

Health needs

Chronic conditions prevalence

Prevalence

In 2022, approximately 233,000 people living in the ACT had a chronic condition, equating to over half (51.6%) of the total population (2). The ABS Census provided information around long term health conditions for the first time in 2021. While total numbers for some conditions may be underreported, it shows the distribution of chronic conditions across the regions. The SA3 regions with the largest *total number* of people reporting at least one chronic condition were Belconnen, Tuggeranong, and Gungahlin. In contrast, the regions with the *highest proportion* of residents affected by chronic conditions were Tuggeranong, Weston Creek, and Belconnen (3).

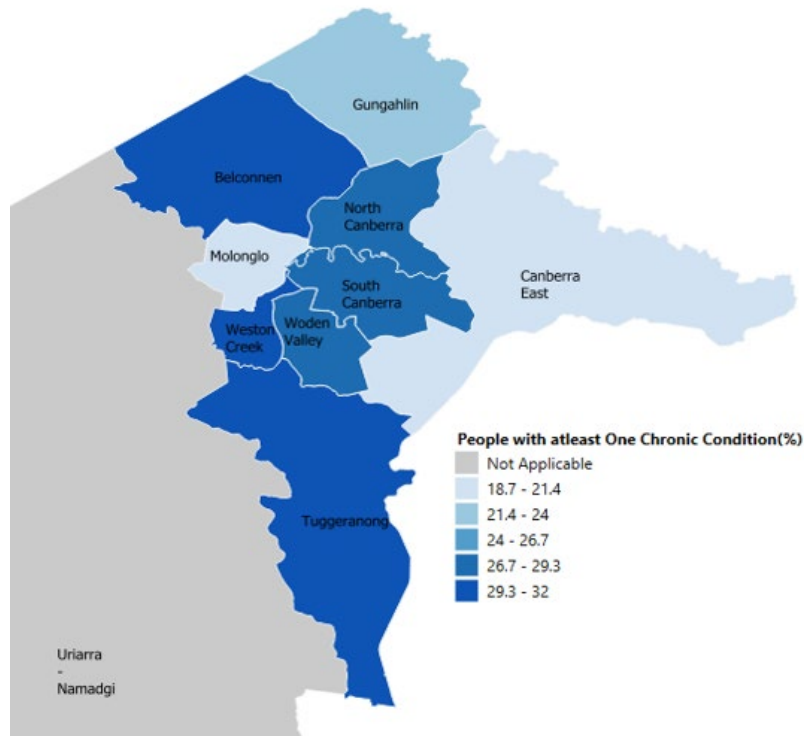
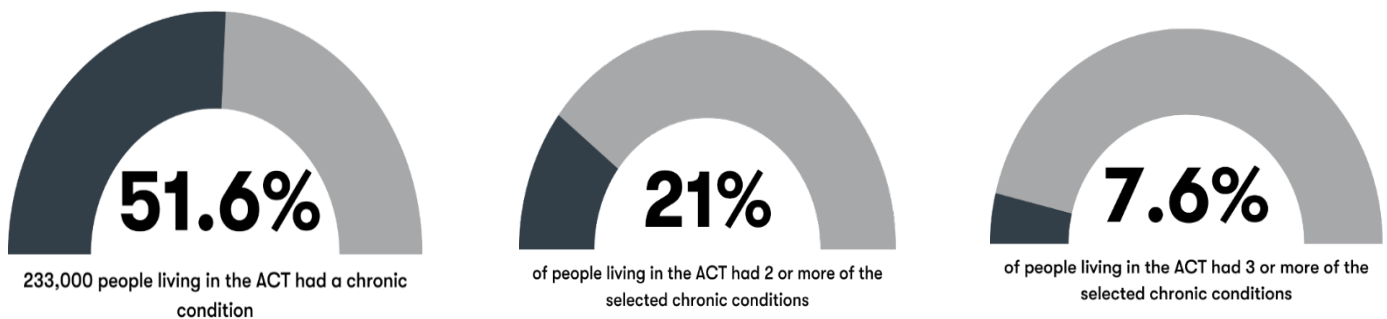


Figure 27: Proportion of population with at least one chronic condition by SA3 region, 2021 (ABS Census)

Multimorbidity

Much of the population also experience multiple chronic conditions concurrently, or multimorbidity, with an estimated 9.7 million people in Australia affected (4). The 2022 National Health Survey (NHS) estimated approximately 96,300 people (21%) living in the ACT had two or more of the selected chronic conditions, while over 35,300 (7.6%) had three or more (2).



People with multimorbidity often have complex health needs and a poorer overall quality of life (4), while studies have shown that the number of GP visits increases with the number of a person's chronic conditions (5). Greater rates of multimorbidity will place a greater strain on the healthcare system, with increasing needs for GP, allied health and specialist services. The importance of integration of care, collaboration between services and coordinating person-centred care is paramount, so that people receive the highest quality care for all conditions.

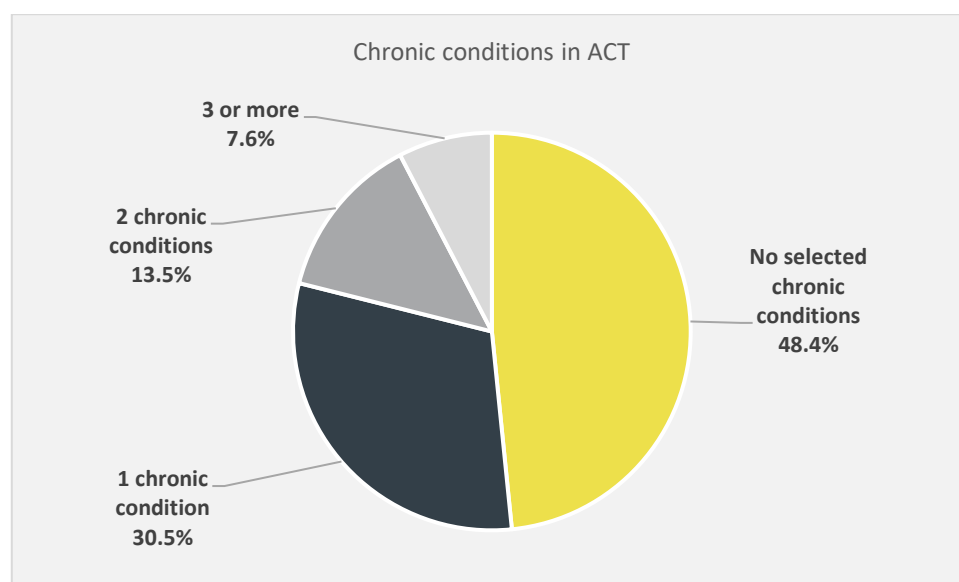


Figure 28 – Prevalence of chronic conditions and multimorbidity in ACT, 2022 (ABS National Health Survey)

Burden of disease

Chronic conditions impact everyday function and reduce people's quality of life, as evidenced by their contribution to the burden of disease. In 2023, chronic conditions contributed 84.9% of the total burden of disease in Australia (6). The leading disease groups that contributed the highest of burden of disease were cancer (17% of total disease burden), mental health and substance use (15%), musculoskeletal conditions (13%), cardiovascular diseases (12%) and neurological conditions (8%) (6). These disease groups are largely made up of chronic conditions, and together contributed over two thirds of the total disease burden in Australia.

In terms of specific conditions, the top five leading causes of disease burden in 2023 were chronic conditions (1). These were:

- Coronary heart disease
- dementia
- back pain
- anxiety disorders
- chronic obstructive pulmonary disease (COPD).

These figures highlight the impact chronic conditions have on the Australian population, highlighting the importance of a primary health care system that is well equipped and resourced to support people to manage their chronic conditions.

Risk factors

There are many modifiable risk factors associated with developing some chronic conditions. These health behaviours may increase the likelihood of developing certain diseases, as well as the severity of disease (7). Therefore, modifying behaviours at an individual and population level may alter the risk, rates and severity of chronic conditions, affecting the health and service needs in the ACT.

Smoking and alcohol consumption

As discussed further in the AOD section, risky consumption of alcohol and tobacco smoking have detrimental effects on the health and wellbeing of consumers and community.

In 2022-23, over 1 in 4 people aged 14+ years (26.8%) consumed alcohol at levels that posed a risk to their health (8). There are declining numbers of smokers in the ACT, with 4.8% of adults in 2023 reporting they smoked every day (8).

Diet

Eating a balanced, nutritious diet is recommended in the Australian Dietary Guidelines to promote overall health and wellbeing and reduce the risk of developing chronic conditions, including diet-related conditions such as obesity and high blood pressure.

The Australian Dietary Guidelines recommend adults eat at least two serves of fruit and five serves of vegetables daily as part of a balanced diet. According to the NHS in 2022, only 4.6% of adults in the ACT met the recommended guidelines for both fruit and vegetable consumption (2). People were more likely to eat the recommended daily consumption of fruit (41.4%) than vegetables (7.7%). The ACT General Health Survey had similar findings, also noting that females were slightly more likely to meet the recommended guidelines of both fruit and vegetable consumption than males (9).

Physical activity

Engaging in regular physical activity is important for physical health, improving strength, balance and cardiovascular fitness. The National Physical Activity Guidelines (NPAG) outline recommendations to complete 150 minutes physical activity weekly and limit sedentary behaviour to maintain good physical and mental health.

In 2022, around 1 in 5 (20.3%) of those aged 15+ years living in ACT met the recommended level of physical activity, slightly lower than the national average (23.9%) (2). Older people aged 65+ years were more likely to meet the physical activity guidelines, with 27.4% of people in this cohort (2).

The ACT General Health survey in 2022 asked about sedentary behaviours, specifically whether people spend most of their day sitting, standing or walking/completing labour. Almost two thirds (64%) of adults in the ACT reported they spent the majority of their day sitting (10).

Obesity

Overweight and obesity is the second leading modifiable risk factor for some chronic conditions. Maintaining a healthy body weight reduces a person's risk of developing heart disease, diabetes and some cancers (11).

As measured by Body Mass Index (BMI), approximately one third (33.9%) of adults in ACT are a healthy body weight (2). Of the remaining population, around one third are considered overweight (33.8%), while just under one third are considered obese (29.8%). The remaining 1.8% of the population were underweight, as measured by their BMI. Almost 2 in 3 people in ACT are at risk of developing chronic disease due to their body weight. This trend seems to increase with age, with a lower proportion of 18-24 year olds being overweight or obese (38.2%) and a higher proportion of those aged 65+ years (71.4%) (2).

Specific conditions

When looking at conditions from the NHS that are most prevalent, hay fever and mental health conditions affect the most people in ACT. ACT has the highest age standardised rates of hay fever (33.9%) and hypertension (11.7%) of all states and territories, but the lowest rates of cancer (0.9%), diabetes (3.3%) and heart, stroke and vascular disease (3.3%) (2). The prevalence of the selected chronic conditions from the NHS are shown in Figure 29.

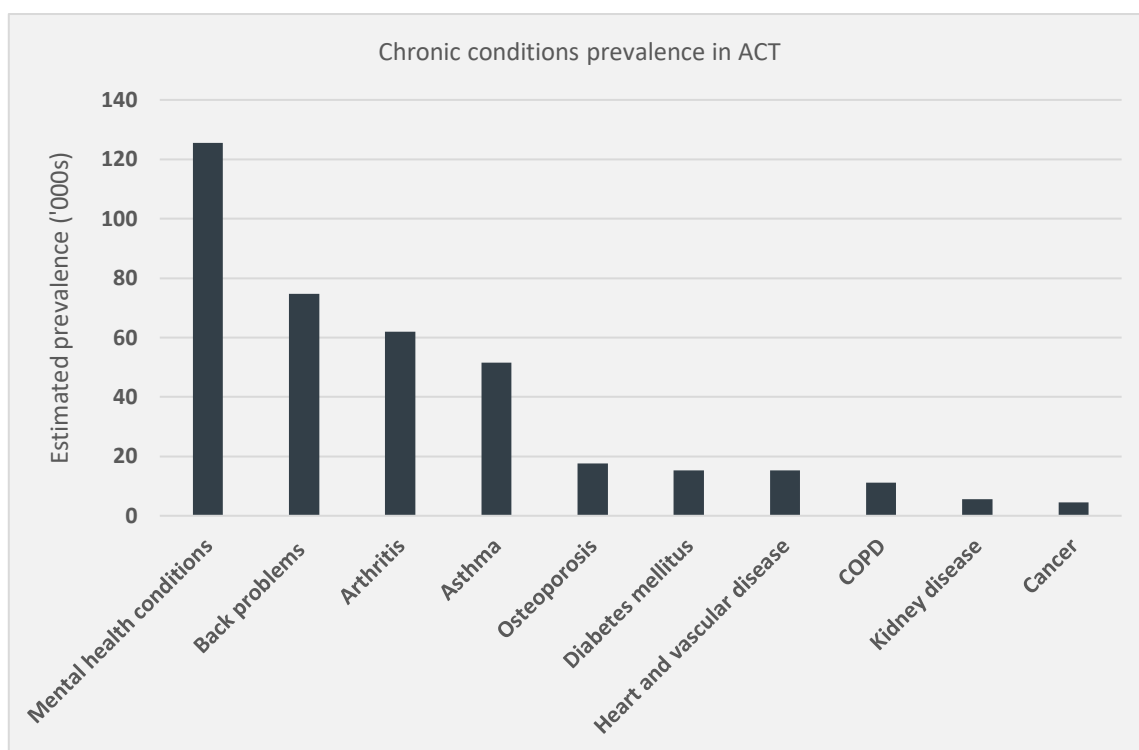


Figure29: Prevalence of chronic conditions in ACT, 2022 (ABS National Health Survey)

Service needs

Primary care services

Role of the GP

In Australia, most care for people with chronic conditions is delivered in a primary care setting. Primary care is the front line of the healthcare system and is often people's first point of contact with health professionals. Effective primary care can support consumers to manage their chronic conditions, managing symptoms, reducing burden of disease and improving their health and wellbeing. This, in turn, reduces the burden on hospitals and specialists to manage chronic conditions. (12)

GPs are the foundation of primary care, often coordinating and managing the care delivered. Nurses, allied health professionals and pharmacists also provide primary care. In 2022-23, there were 197 million Medicare-subsidised primary care services delivered in Australia, of which 166 million were for GP attendances (13).

While the exact proportion is unknown, it is thought that many of these GP attendances are related to managing the health and wellbeing of people with chronic conditions. There are specific Chronic Disease Management (CDM) Medicare items that GPs can claim to manage chronic conditions in primary care, such as GP Management Plans (GPMP), Team Care Arrangements (TCA), and GP Mental Health Treatment Plans (MHTP).

Other services, such as standard GP consultations, which often include routine mental health care, may also be used to manage chronic conditions. Many GPs reported that mental health is among the top three conditions they address, meaning it is often part of their routine work rather than a separate or specific service (14). However, certain services like GP Health Assessments and Aboriginal and Torres Strait Islander Health Checks are primarily used to identify risk factors or detect chronic conditions early, rather than manage them. Therefore, it is not possible to estimate the exact number of GP services used specifically for chronic condition management in the ACT.

Chronic disease management (CDM)

In the ACT in 2022-23, there were 56,937 Chronic Disease Management items claimed through Medicare (15). Most of these services were GPMPs and TCAs. Nationally, there were just under 6 million CDM items delivered, equating to approximately 3% of Medicare claims (15). Many people receiving CDM services were older adults aged 65+ years, in line with the distribution of chronic conditions.

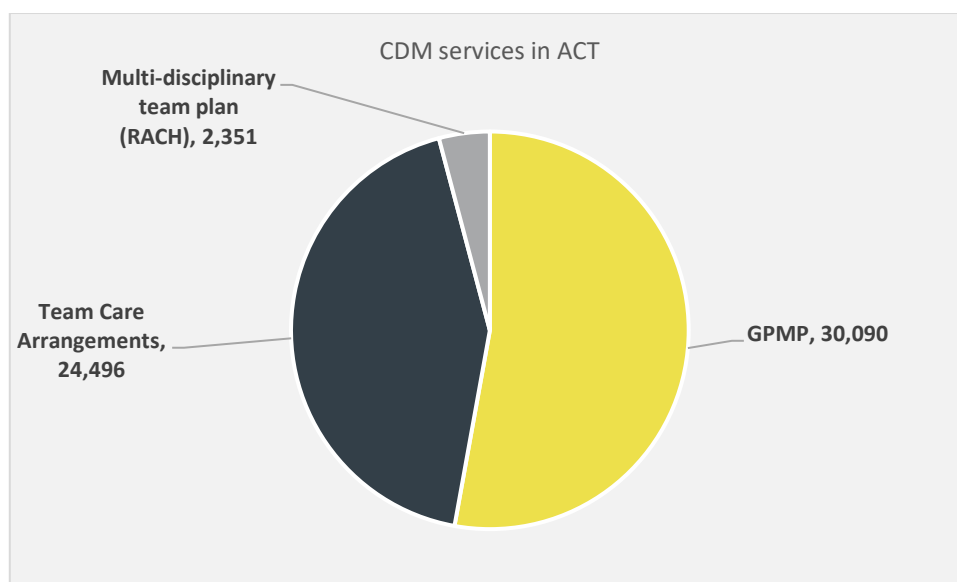


Figure 30: Chronic disease management (CDM) services in ACT, 2023-24. (AIHW – Use of chronic disease management and allied health Medicare services)

Analysis of older CDM data from 2019 showed that ACT had the lowest age standardised rates of GPMP (63 per 1,000 population) and TCA (51 per 1,000 population) usage of all 31 PHNs (16). Further analysis showed lowest rates were in the southern regions of Canberra, with South Canberra, Woden Valley and Weston Creek the SA3 regions with lowest GPMP service usage rates.

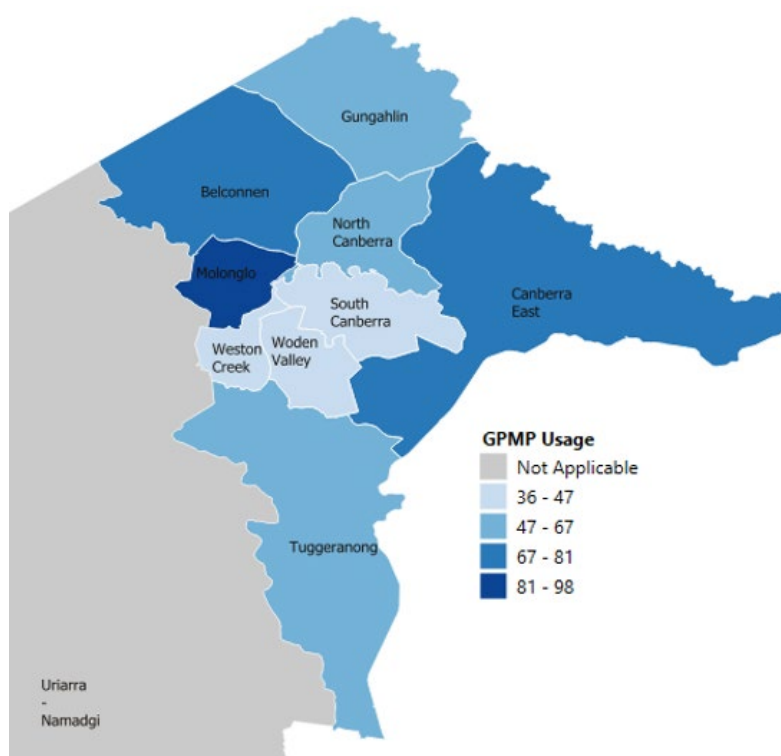


Figure 31: Rates of GPMP usage by SA3 region, 2019 (AIHW)

Allied.health

Allied health professionals, including physiotherapists, occupational therapists, pharmacists, podiatrists and psychologists, offer services to help people manage chronic conditions and maintain their function, health and wellbeing. Consumers can receive Medicare subsidised allied health services. However, this requires a referral from a GP as part of a CDM plan.

The Medicare subsidy usually does not cover the full cost of consultations with allied health professionals, so out-of-pocket expenses for consumers are typical. People can also access services through private health insurance or by paying for services privately. There is no national service usage data available outside of Medicare or private health insurance (17), so the reported service usage figures underrepresent total allied health usage.

In 2022-23, 35% of people in ACT used a Medicare subsidised allied health service (17). This was the fourth lowest proportion for all PHNs, and the lowest of all metropolitan PHNs. Nationally, the most commonly used allied health services include optometry (32% of population had received service), psychologist (4.7%), podiatrist (4.6%), physiotherapist (3.7%) and dietitian (0.9%).

Increasing accessibility and use of allied health services across the ACT would help manage the population impact of chronic conditions and reduce the risk for many of developing those conditions. While these services are accessible to people who can afford to pay out of pocket costs, it can be a barrier for many in the ACT. Improving integration, resources and coordination of care to help people access allied health services as part of a multidisciplinary care team would enable greater care for people with chronic conditions.

Hospital services

Hospitalisations

While one of the goals of primary care is to prevent progression of disease, limit flare ups and reduce the impact chronic conditions have on daily functions, people with chronic conditions often need hospital based services. In 2021-22, there were 6.4 million hospitalisations across Australia associated with chronic conditions, representing 55% of total hospitalisations (1). Analysis of the National Hospital Morbidity Database showed chronic conditions accounted for almost three quarters (74%) of hospital patient days. Over the past 10 years, there has been a gradual increase in the rate of hospitalisations for chronic conditions.

Potentially preventable hospitalisations

Potentially preventable hospitalisations (PPH) are hospitalisations that may have been avoided by providing timely, preventive care. They can be used to indicate the effectiveness of primary care services providing preventive care and early intervention.

In 2020-21, there were 3,025 potentially preventable hospitalisations for chronic conditions in the ACT, at an age standardised rate of 788.9 hospitalisations per 100,000 people (18). This was the lowest of all states and territories in this period, and well below the ASR for Australia (1,035.9 per 100,000). Comparatively, this indicates that providing care for chronic conditions is relatively effective in the ACT.

PPH rates at SA3 level indicate that, while all regions in Canberra had lower than national rates, there were differences by geography. The greatest number of PPHs for chronic conditions were in Belconnen (872), Tuggeranong (675) and Gungahlin (457), coinciding with the regions with the highest age standardised rates (19).

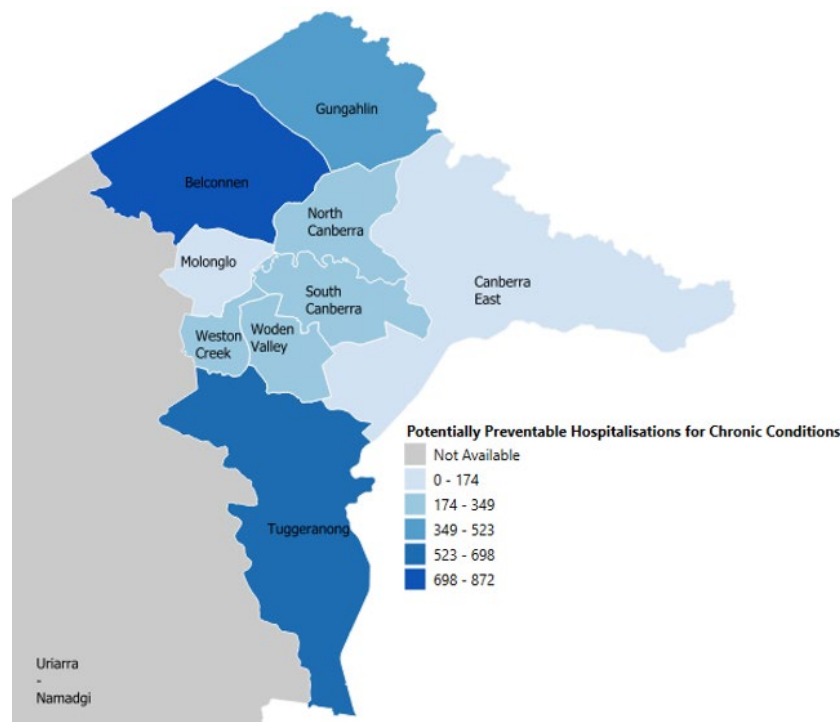


Figure 32: number of PPH for chronic conditions by SA3 region, 2020-21 (PHIDU)

Cancer screening

Cancer screening programs are offered throughout Australia to detect the presence of certain cancers or pre-cancerous changes and allow for early intervention, reducing the impact of illness and death from these cancers. There are national screening programs for breast cancer, bowel cancer and cervical cancer, with data collected to determine their uptake. Most recent data outlining the number of people who have had screening tests in the ACT is below in Table 5, with participation rates showing the proportion of the invited target population who have been screened.

	Participants	Participation rates (%)
Breast cancer screening (2021-22)	29,340	53%
Bowel cancer screening (2020-21)	41,768	44%
Cervical screening (2018-22)	87,394	70.9%

Table 5: Cancer screening participation in ACT, (AIHW)

While the screening rates for selected cancers are higher in the ACT than national rates, increased participation could increase detection of pre-cancerous changes or cancers at an early stage, continuing to reduce their burden and impact on the community. Ongoing efforts to improve access and raise these participation rates in the ACT would benefit primary and secondary health care providers.

Immunisation and vaccination

Immunisation is an effective way for an individual to protect against potentially harmful diseases, and to limit the spread of these diseases across a population. Historically, the rates and impact of many vaccine preventable diseases have been markedly reduced through immunisation programs.

Childhood vaccinations

Childhood vaccination rates in the ACT are slightly higher than national rates, with the proportion of fully immunised children at 1, 2 and 5 years of age greater in the ACT. As demonstrated in Table, childhood vaccination coverage is high across the country.

	ACT(%)	Aus (%)
1 year	96.6	94
2 years	95	92.2
5 years	95.7	94.1

Table 6: Childhood vaccination rates in ACT and Australia. (AIHW)

Influenza and COVID-19

Vaccinations for common respiratory diseases, such as influenza and COVID-19, reduce the risk of transmission and spread among the community and the risk of people acquiring and developing severe symptoms.

Local data suggests that, in 2023-24 just under 100,000 influenza vaccines were administered in the ACT, meaning approximately one in five of the population were immunised. Data for immunisations suggest that approximately one in four people living in the ACT have had two COVID-19 immunisations in a primary care setting, with approximately 27,000 people receiving a vaccine across 2023-24.

These figures may underrepresent the total number of influenza and COVID-19 vaccinations across the ACT, as they consider only those delivered through primary care settings. People may also access those vaccinations in other settings, including hospitals, pharmacies and workplace programs, which are not captured in this data.

Stakeholder perspectives

Across CHN stakeholder interactions, several recurring themes related to chronic conditions care were prominent. Perspectives and opinions shared by stakeholders have been analysed and grouped into common ideas, with key themes summarised below.

Accessibility of services

The ability to readily access health care services is important for people with chronic conditions. Stakeholders pointed to difficulties in obtaining a timely appointment with their GP as a regular challenge, with similar accessibility issues associated with allied health services and specialists. Long wait times for allied health services and outpatient services were reported across the ACT, with access to occupational therapists particularly challenging.

- **Eligibility criteria barriers:**
Eligibility criteria for some services, particularly those in the community setting, also posed barriers for many people with chronic conditions in the ACT. Inclusion and exclusion criteria for services often prevented people from accessing care for chronic conditions, particularly people with multimorbidity.
- **Cross-border access issues:**
Cross-border access to services in the ACT can also be limited by eligibility criteria, with many stakeholders reporting challenges for those living across the border in NSW. These barriers may prevent individuals from accessing necessary care that may reduce the impact their chronic conditions have on their function and quality of life.

System integration

A major concern for many stakeholders was integration of existing services within the health care system, as well as integration with community and social services in the ACT. HCCA's 2023 report *Integrated Care in the ACT: Conversations with Service Providers*, outlined five key elements that allow care to be integrated:

1. Partnerships and collaboration
2. Communication
3. Navigation, access, and choice
4. Trust and safety
5. Access and capacity of resources.

Challenges related to each of these five elements were consistently raised throughout CHN's stakeholder interactions.

- **Partnerships and collaboration:**

Partnerships, collaboration, and communication were highlighted as vital across all levels of health care, to ensure that services are working hand in hand with each other. This is important across all professions and levels of health care, to ensure that services are working to provide multidisciplinary, person-centred care. Collaboration between GPs, allied health professionals, specialists, community programs, social services, and hospital services were all suggested to ensure a smooth individual patient journey. Lack of collaboration created confusion and stagnancy of treatment, hindered referrals between services, reduced quality of handovers, and ultimately impeded the ability to provide effective, efficient healthcare.

- **Communication and transitions of care:**

Communication is particularly important at transitions of care and an area where stakeholders felt improvements in the ACT were needed to reduce poor health outcomes. Transitions can occur between different types of care (for example, GP to allied health) or between different professionals (for example, handover from one physiotherapist to another). Stakeholders reported that there is often a lack of cohesion at these transition points, leading to clunky, inefficient care.

- **Integration with the community ecosystem:**

Stakeholders recognised the importance of relationships between the medical services and 'the community ecosystem' which surrounds each person. People with chronic conditions often rely on a support network including family, friends, and carers, as well as social and community supports. The importance of healthcare services working together with all these supports is integral for person-centred care. It was felt that often this is an overlooked aspect of chronic conditions care in the ACT.

Cost and affordability

Cost to access health care services is a primary barrier for many people with chronic conditions in the ACT. GPs are often the first point of contact when managing chronic conditions, providing ongoing support and linking people with other services such as specialists and allied health. The lack of bulk billing GP services across the ACT placed a strain on people with chronic conditions, creating extra out-of-pocket costs.

- **Rising costs:**

Stakeholders reported growing costs for allied health services, increasing gap payments and out-of-pocket costs for consumers and families.

- **Secondary costs:**

Stakeholders also pointed to the secondary costs associated with managing chronic conditions. Services to receive a diagnosis, services with multiple care providers, travel to appointments, medicines, and other associated factors due to administrative burden, all add to the cost to the consumer. This is particularly relevant for people with multiple chronic conditions who may require care for multiple complaints.

- **Recommendations/insights:**

Efforts to ensure the cost to the consumer remains as low as possible would benefit people with chronic conditions, allowing them greater opportunities to receive the care they need.

Patient experiences

Feedback was received around improvements that could be made to enhance the experience of care for those with chronic conditions.

- **Repetition of patient histories:**

Closely related to the integration of care, a major frustration for many is the experience of having to tell their story multiple times to different providers.

- **Feeling heard and respected:**

Some consumers reported experiences of feeling that they are not being heard or respected when recounting their journey. Promoting self-advocacy is a focus for many organisations working with consumers.

- **Stigma and delayed care:**

Stakeholders also felt people with chronic conditions there can be a stigma for across the ACT. This can manifest in avoiding care and delaying necessary treatment, potentially worsening symptoms and prognosis. The importance of care providers showing empathy, understanding, and respect is paramount to consumers. This is particularly important for consumers who may be at greater risk of poor outcomes, such as First Nations people or people from a CALD background.

Complexity of the health care system

Stakeholders felt that much of the difficulty faced by people living with chronic conditions can be attributed to the complexity of the healthcare system.

- **Navigating the system:**

The healthcare system in the ACT has many components, and people with chronic conditions often interact with multiple components. While integrating care is important, some stakeholders felt that the system is overcomplicated and leads to a lack of understanding for both consumers and providers. There is a sense that many consumers in the ACT are not well informed of the services they can access, and that providers in the ACT are also not always up to date with available services.

- **Poor referrals and stagnant care:**

This lack of understanding can lead to poor referrals, stagnant or interrupted care, or people not receiving the correct services. Proposed solutions include simplifying pathways for consumers, as well as programs to improve health literacy and care navigation services.

- **GP specialisation:**

Another aspect of complexity raised is that people with chronic conditions find it difficult to access GPs who have further training or interest in certain chronic conditions. Many people with chronic conditions would prefer to consult a GP who they know is adept and well trained to provide treatment and advice for their specific condition, but report being unable to find this information. Removing this layer would reduce the complexity and enable a better experience of care for these consumers.

Data and information sharing

A common challenge facing services, organisations, and the community related to the difficulty in obtaining and sharing data.

- **Data gaps for chronic conditions:**

Stakeholders across the ACT felt there is a lack of high-quality data for the ACT population to guide clinical, policy, and public decision making. It can be difficult for organisations to know exactly how many people in the ACT are living with specific chronic conditions and, therefore, allocate their time, effort, and resources adequately.

- **Information sharing across organisations:**

Information and data sharing across organisations is also proposed as an area for improvement. Ensuring all members of a multidisciplinary team have up-to-date, accurate medical and personal details is necessary to provide effective care. While digital health tools, such as Digital Health Record (DHR), aim to streamline this process, work to improve data sharing is ongoing. DHR primarily records services within the public health system and does not extend to many private and community-based services, such as general practitioners, who play a vital role in managing chronic conditions.

Workforce challenges

Recruiting and retaining qualified staff to provide services for people with chronic conditions is a problem for many health care service providers. Many stakeholders reported experiencing shortages in staff across all sectors.

- **Staff shortages and retention issues:**

Retaining staff was challenging, with low wages and burnout cited as key factors. There were often delays in filling vacancies for many organisations, creating greater workloads and exacerbating stressors that impact retention. Allied health staff was highlighted as an area where greater challenges are being experienced in the ACT.

- **Impact on service capacity and health outcomes:**

Staffing shortages will likely lead to reduced capacity to provide services and result in poorer health outcomes for people with chronic conditions.

Identified needs

Priority.7

- Improve support for people with multimorbidity in ACT, including education, awareness and integration of primary care services.
- Achieve greater integration between services in ACT providing for people with chronic conditions, including supports for care coordination.
- Improve care navigation within the ACT so people with chronic conditions can access the right care when needed.
- Improve data collection, quality and sharing of information related to chronic conditions.
- Reduce workforce challenges being faced by service providers in ACT, including upskilling health professionals and supporting multidisciplinary care to assist primary care providers.

Priority.8

- Improve usage rates of Medicare subsidised allied health services to support people with chronic conditions in ACT, addressing affordability barriers and promoting preventive care.

Priority.9

- Improve usage rates of chronic disease management Medicare items (GPMPs and TCAs) to support people with chronic conditions in ACT.
- Improve access to affordable health care for people with chronic conditions.

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