Issues Paper

phn GIPPSLAND
An Australian Government Initiative

Chronic disease

Chronic diseases are becoming more common and are responsible for the greatest burden of ill health in Australia

Chronic diseases are long lasting conditions that can significantly impact an individual's health and wellbeing over time. Their physical, social and economic consequences can impact on quality of life.

There are 10 major chronic condition groups which pose significant health problems to Australians.

National data

1 in 2 people
have at least one chronic condition

Top three chronic conditions are:

26.1% mental health and behavioural conditions

15.7% back problems

14.5% arthritis

Multimorbidity is the presence of two or more chronic conditions at the same time. It is more common for people aged **65+ years and people experiencing higher disadvantage**

People in the most disadvantaged communities are more than twice as likely to live with diabetes than the most advantaged

Burden of disease:

In 2023, the total burden of disease in Australia was 5.6 million years
=
the years of healthy life lost due to living with ill health **(non-fatal burden)**
+
the years of life lost due to dying prematurely **(fatal burden)**

Top five disease groups causing burden in 2023:

17% cancer

15% mental health and substance use

13% musculoskeletal

12% cardiovascular

8% neurological

Gippsland data

In 2022-23, the top five chronic conditions leading to potentially avoidable hospital admissions were related to:

1,508 diabetes complications

1,450 iron deficiency anaemia

1,049 congestive heart failure

1,178 chronic obstructive pulmonary disease

542 angina

It is estimated that **24.3%** of adults have two or more chronic diseases (Victoria 20.5%).

Prevalence estimates of common chronic diseases in Gippsland are higher than the Victorian average

12.3% arthritis (Vic 8.0%)

9.8% asthma (Vic 8.4%)

5.8% diabetes (Vic 4.7%)

5.7% heart disease (Vic 3.7%)

3.8% cancer (Vic 2.8%)

3.0% Chronic Obstructive Pulmonary Disease (or other lung condition) (Vic 1.5%)

7.8% of adults in Gippsland **are registered with the National Diabetes Services Scheme (NDSS) with type 2 diabetes** (Vic 6.4%)

Highest rates in:

9.9% Moe /Newborough /Morwell

8.9% Churchill

8.5% Sale

8.3% Wonthaggi /Inverloch

8.3% Longford - Loch Sport/Yarram

23.4% of men and **18.1%** of women aged **75+ years** (Vic men 22.6% and women 17.3%)

Several risk factors for chronic disease are common in Gippsland:

Alcohol consumption
65% of adults consume alcohol at levels likely to cause increased risk of lifetime harm (Victoria 59%)

Smoking
19% of adults are current smokers (Victoria 16%)

Obesity
around 29% of adults in Gippsland are obese (Victoria 21%)

Physical activity
around 40% of people did not meet physical activity guidelines (Victoria 44%)

Diet
around 5.5% of people met dietary guidelines for vegetable consumption (Victoria 5.4%)

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Community perspective

Lung health is important, with older people and Indigenous people rating it as a top health issue.

Heart health was identified as one of the most important health issues, especially by older people. Cardiologists were mentioned as a service gap.

> *Some charge some bulk bill and you have no choice - you go where you are sent*

Diabetes service gaps were noted and diabetes educators / nurses were mentioned as a valuable resource to help the community manage the condition.

Community members reported instances where chronic disease was not well managed by professionals

There is a willingness to self-manage through a healthier lifestyle

> *Lack of trust, have been misdiagnosed, not believed, abused....*

Community members told us about what would improve their health:

Improved access to a regular GP in their local area

Affordable care including allied health, pain management and specialists, all communicating well with their GP

> *Having access to allied health services and specialists and not have to travel so far or wait so long for appointments.*

Good quality emergency care locally

Access to specialists between appointments

> *Cost and availability in my local area. I am working poor!*

Professional perspective

Chronic disease is a key issue with chronic obstructive pulmonary disease, cardiovascular diseases and diabetes the most frequent health conditions in general practice

Service gaps for chronic respiratory disease exist and there is a need for respiratory specialists (doctors and nurses)

Service gaps related to diabetes include diabetes education, care coordination and lack of endocrinologists

Gippsland allied health stakeholders identified diabetes as a key issue among their clients

Obesity is common in the community and impacts referral pathways (considered higher risk and may not be able to access local services)

What can we do to improve?

> *Early intervention rather than later and addressing the too hard basket...*
>
> - Community member

The **Australian Healthcare & Hospitals Association (AHHA)** has called for regional action against the increased burden of disease due to chronic conditions co-designed with local people.

Focus on prevention of chronic disease by working with **local government**, **state government** and other organisations.

Address **social determinants of health**

Implement value based health care to focus on outcomes that matter to people

Implement **MyMedicare**, to improve health outcomes by:

- consolidating the GP role as the primary provider
- strengthening patient relationships with the extended primary care and multidisciplinary teams
- improving equitable access for priority population groups
- providing a range of incentives to support continuity of care

A **Latrobe Valley Chronic Disease Action Plan** has been designed to promote a coordinated, whole-of-system approach to bring relevant stakeholders and initiatives together

Services and support

Gippsland Pathways for primary care professionals

Integrated Team Care program and resources for Aboriginal and Torres Strait Islander people

Priority Primary Care Centres for conditions that require urgent attention but not an emergency response

Remote Patient Monitoring

Training and Events to keep up to date

Chronic disease GP Management Plans and Team Care Arrangements

Preventive healthcare for Aboriginal and Torres Strait Islander people

Australian Indigenous HealthInfoNet resources to help close the gap