

Medicare Benefits Schedule Health Assessment Items Review Consultation

**Lung Foundation Australia
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Executive summary

Lung Foundation Australia welcomes the opportunity to provide feedback on changes to the existing Medicare Benefits Schedule (MBS) health assessment items. These services are intended to support preventive care and education and can also offer a pathway to timely diagnosis and intervention. For chronic lung conditions, this is an area which requires immediate attention.

Lung disease and lung cancer are leading causes of disease burden in Australia. Despite free availability of evidence-based clinical practice guidelines for chronic lung conditions, such as chronic obstructive pulmonary disease (COPD), funding for implementation is limited and delayed diagnosis and misdiagnosis persists with disastrous consequences for consumers and the healthcare system supporting them. There is also limited recognition for the range of risk factors and symptoms associated with lung disease development. Health assessments in primary care provide an opportunity to improve prevention, early detection, and early intervention of chronic lung conditions in Australia. However, given the low use of health assessments among the intended target populations, consideration must also be given to the barriers and enablers to health assessments and structured preventive care more broadly.

In recognition of these issues, Lung Foundation Australia put forward recommendations in the following key areas, informed by published evidence and guidelines, stakeholder engagement, and consumer experience:

1. Strengthen lung health assessment to improve prevention, early diagnosis, and early intervention

- a. Recognise chronic lung conditions in the supporting information of chronic disease risk assessments
- b. Strengthen the assessment of lung health risk factors as part of chronic disease risk assessments
- c. Update patient cohorts and frequency for chronic disease risk assessments
- d. Enable evidence-based diagnostic pathways and interventions based on findings from chronic disease risk assessments
- e. Considerations for Aboriginal and Torres Strait Islander people health assessments

2. Other recommendations to support successful implementation and uptake of health assessments in primary care including, but not limited to, approaches to reduce complexity and promote whole-person care, education and awareness, and implementation support for primary care.

Yours sincerely,



Mark Brooke
Chief Executive Officer
Lung Foundation Australia

About Lung Foundation Australia

Lung Foundation Australia is Australia's peak lung health body and national charity. Founded in 1990, we are the trusted point-of-call for the 1 in 3 Australians living with a lung disease. Lung Foundation Australia works to improve lung health and reduce the impact of lung disease and lung cancer. To do this, we deliver information and telehealth support, facilitate access to exercise maintenance and peer support programs, coordinate education for health professionals, provide research grants, and advocate for policy change.

In partnership with consumers, health professionals, researchers, and like-minded organisations, we advocate for:

- reducing risk factors and improving early diagnosis,
- equitable access to best-practice treatment and care,
- strengthened government policy, programs, and strategy, and
- improved research investment and data infrastructure.

Recommendations to the Medicare Benefits Schedule Health Assessment Items Review

Lung Foundation Australia are proud to represent the views and perspectives of those living with or impacted by the more than 30 different types of lung conditions. For this submission, we focus predominantly on COPD and bronchiectasis, recognising the critical role of primary care in promoting the prevention and early detection of these conditions. For clarity, it should be noted that COPD is an umbrella term for a group of progressive lung conditions, including emphysema, chronic bronchitis, and chronic asthma that is not reversible. With respect to lung cancer, Lung Foundation Australia would like to offer our recognition and support for the submission made by Cancer Council Australia. In particular, we would like to reiterate:

- Prevention is essential to Australia's future health. MBS-subsidised health assessments are an important opportunity for general practitioners (GPs) and primary care professionals to discuss risk factors for cancer and other chronic diseases and make people aware of their risk so they can act for prevention and early intervention.
- MBS-subsidised health assessments can only help support preventive care if individuals and healthcare providers are aware of and engage in these services. Related to this, Lung Foundation Australia bring attention to the stigmatisation of smoking and the impact this has on people being diagnosed with and treated for lung cancer. Any activities to increase awareness and engagement in health assessments must carefully consider strategies that will equitably increase health assessment participation and effectiveness for people with a smoking history.

1. Strengthen lung health assessment to improve prevention, early diagnosis, and early intervention

Chronic obstructive pulmonary disease is a leading cause of disease burden in Australia. It is the fifth leading cause of premature mortality¹ and costs the healthcare system over \$800 million per year². An analysis by the Australian Institute of Health and Welfare in 2018-19 estimated that nearly three-quarters of healthcare spending on COPD may be attributed to potentially avoidable risk factors including tobacco use, air pollution, and occupational exposures and hazards³. Whilst there are limited national health data available to quantify the burden of bronchiectasis, Australian-based research, including that undertaken as part of the Australian Bronchiectasis Registry led by Lung

Foundation Australia, indicates that its prevalence and impact on individuals is increasing⁴. Bronchiectasis is also known to disproportionately affect Aboriginal adults, with precursors such as protracted bacterial bronchitis (PBB) and chronic suppurative lung disease (CSLD) often commencing in early childhood presenting as chronic wet cough⁵. In later life, COPD, asthma, and bronchiectasis may present together and again, First Nations populations are disproportionately affected by this co-morbidity⁶.

Earlier this year, Lung Foundation Australia commissioned research to better understand the lived experiences of people with a lung condition and those caring for someone with a lung condition. Findings from this research emphasise the significant gap in awareness and understanding of the risk factors and symptoms associated with lung disease, at many different levels. Delays in diagnosis were especially frustrating and stressful for patients and carers. **Alarmingly, nearly half of people (45%) with bronchiectasis and almost one-third of people (29%) with COPD had presented to their GP with symptoms more than five times before being diagnosed.** These diagnostic delays are extremely concerning as this means treatment is also delayed, which can accelerate lung function decline and contribute to a range of poor health and wellbeing outcomes^{7,8}. Despite free availability of evidence-based clinical practice guidelines for chronic lung conditions, funding for implementation is limited and delayed diagnosis and misdiagnosis persists, with disastrous consequences for consumers and the healthcare system supporting them.

There is a critical need to improve prevention, early detection, and early intervention of chronic lung conditions to reduce the health, economic and societal burden of these conditions. In support of this, Lung Foundation Australia recommend making the following changes to existing health assessments.

a. Recognise chronic lung conditions in the supporting information of chronic disease risk assessments

The descriptors and explanatory notes supporting the MBS health assessment items can offer critical guidance to health professionals. In the explanatory notes supporting the chronic disease risk assessment⁹, there is no mention of chronic lung conditions like COPD or bronchiectasis despite the substantial number of people with debilitating symptoms who remain undiagnosed. Lung Foundation Australia strongly recommend that there be greater representation of chronic lung conditions in the information supporting a chronic disease risk assessment to prompt a proactive approach to identifying people at risk of developing these conditions, or who may be undiagnosed.

b. Strengthen the assessment of lung health risk factors as part of chronic disease risk assessments

Tobacco smoking is still the most important risk factor for developing COPD and must remain an essential part of chronic disease risk assessments¹⁰. However, many other risk factors may contribute to COPD, as demonstrated by the fact that up to 40% of people with COPD have never smoked tobacco¹¹. Other risk factors may include, but are not limited to, occupational exposures, environmental exposures, and early life factors¹². Assessing for symptoms such as breathlessness and persistent (chronic) cough is also a crucial, but often overlooked, aspect of identifying and assessing risk for chronic lung conditions.

To further prompt appropriate risk assessment for chronic lung conditions like COPD or bronchiectasis, it may be helpful to expand on the risk factors mentioned in the explanatory notes for the chronic disease risk assessment. The risk factors listed are offered as examples that may encourage a GP or prescribed medical practitioner to perform a risk assessment. For example, it may be beneficial to include risk factors such as occupational or environmental exposures. Similarly, findings from Lung Foundation Australia's recent lived experience research demonstrate that symptoms like breathlessness and chronic cough are very commonly overlooked as a sign of lung disease risk or an

undiagnosed condition. Including these symptoms as part of the information supporting a chronic disease risk assessment may also help to raise awareness of the link between these symptoms and chronic disease risk, encouraging appropriate assessment and investigation. Ensuring symptoms are believed, heard, and investigated is essential to improving the lived experience and outcomes of people impacted by lung disease.

Further consideration must also be given to strategies that will encourage appropriate risk assessment and intervention once a risk factor or symptom has been identified. Lung Foundation Australia are supportive of linking to risk assessment tools and guidelines that provide clear and evidence-based diagnostic pathways and promote a stepwise approach to pharmaceutical and non-pharmaceutical management of chronic lung conditions^{13,14,15}. These links will need to be actively monitored and maintained in line with emerging evidence. We note that an evaluation of a validated COPD risk prediction model that could be used as part of health assessments is currently underway¹⁶. In addition to this strategy, further education, awareness, and support may be required to promote effective lung health risk assessment in practice (discussed further in section 2).

c. Update patient cohorts and frequency for chronic disease risk assessments

Lung Foundation Australia are supportive of the recommendation by the MBS Review Taskforce to expand the age cohort that are eligible for chronic disease risk assessment¹⁷ as this aligns with current evidence-based guidance for chronic lung conditions. For example, evidence-based guidelines for COPD¹⁸ encourage the performance of spirometry in adults aged 35 years or older where the person presents with one of more risk factors, such as current or former smoking history, occupational exposures (dust, gas or fumes), or symptoms such as new, persistent or changed cough. To encourage prevention and early detection of chronic lung conditions, health assessments must be performed when targeted prevention strategies, such as risk modification and close monitoring, can be implemented. Lung Foundation Australia are also supportive of service frequency being increased where this leads to ongoing preventive care and monitoring that benefits individuals, providers, and the healthcare system.

d. Enable evidence-based diagnostic pathways and interventions based on findings from chronic disease risk assessments

There is substantial underdiagnosis and misdiagnosis of chronic lung conditions in Australia^{19,20}. There are many different factors that contribute to this, an important one being the underutilisation of diagnostic procedures that are required to accurately detect and differentiate chronic lung diseases. Well-performed spirometry is required for a COPD diagnosis²¹ and a computed tomography (CT) scan is required to diagnose bronchiectasis²². Spirometry may be conducted in point-of-care settings like a general practice, or patients may be referred to a respiratory laboratory, respiratory physician, or pathology collection centre. There are known, long-standing barriers to spirometry use in general practice, such as equipment costs, insufficient remuneration²³, and inadequate training and support to ensure accurate results²⁴. Even where spirometry or CT scans are performed outside of the general practice setting, substantial GP time is still required to review and act on the findings of the investigation, which can be an important barrier. Improved chronic disease risk assessments offer a pathway to early diagnosis and intervention for chronic lung conditions in Australia, but these assessments must be complemented by strategies that will enable diagnostic behaviours in line with current clinical guidance. General practices should be adequately remunerated for conducting or facilitating (e.g., through referral) the investigations required to accurately diagnose chronic lung conditions, and for subsequently reviewing and acting on findings.

e. Considerations for Aboriginal and Torres Strait Islander people health assessments

Respiratory diseases collectively are the fifth leading cause of fatal burden and the third leading cause of non-fatal burden among First Nations people²⁵. The mortality rate from COPD is 3.3 times higher for First Nations people compared to non-Indigenous Australians²⁶. Similarly, it has been estimated that First Nations people with bronchiectasis may die more than 20 years earlier than non-Indigenous Australians with the condition, at least in some regions²⁷. Bronchiectasis and its precursors are particularly burdensome among First Nations children²⁸. Preventive activities are critical to reducing the burden of COPD and bronchiectasis among First Nations people, as documented in national evidence-based guidelines²⁹. Timely, comprehensive, and regular health assessments provide a pathway to delivering this care. The Aboriginal and Torres Strait Islander child health assessment includes the assessment of several lung health risk factors as well as a respiratory examination if indicated³⁰. For the adult health assessment, less recognition is given, especially for respiratory symptoms³¹. As previously stated, Lung Foundation Australia advocate strongly for respiratory symptoms to be acknowledged as part of health assessments, as these symptoms are commonly overlooked.

2. Other recommendations to support successful implementation and uptake of health assessments in primary care

As documented in the Discussion Paper for this consultation, there has been limited use of health assessments among the intended target populations. There may be a range of factors contributing to this low uptake. Based on feedback received by Lung Foundation Australia, some of these factors may include limited availability of appointments, competing and more urgent clinical issues, patients not aware of or not able to commit time to appointments, lack of perceivable benefits for patients, and inadequate remuneration. Lung Foundation Australia are supportive of health assessments as a pathway to structured preventive care and timely diagnosis for chronic lung conditions. However, due consideration must be given to the barriers and enablers to providing this care in practice and strategies for addressing these, as acknowledged in the National Preventive Health Strategy³². Lung Foundation Australia put forward the following suggestions that may support successful implementation and uptake of health assessments in primary care.

a. Consider other approaches to reduce complexity and promote whole-person care

An increasing number of people in Australia are living with multiple chronic health conditions³³. In this context, it is important that whole-person approaches to health and health care are promoted and incentivised. Lung Foundation Australia believe that it may not be sustainable or in the best interests of individuals to promote different risk assessments for different chronic conditions. In the short-term, there may be value in combining the chronic conditions risk assessments to reduce complexity and encourage a more holistic approach to chronic disease prevention. The advantages and limitations of this approach require further consideration, especially from the individual perspective. Lung Foundation Australia note, however, that there has been a lack of recognition for chronic lung conditions as part of the existing non-specific chronic disease risk assessment, so there would need to be mechanisms to ensure lung disease is not lost as part of a more holistic assessment (in line with recommendations in section 1). In the longer term, a more significant restructuring may be required to most effectively support structured chronic disease prevention and timely intervention in primary care.

b. Remuneration and scope of practice considerations

Clinical experts engaged with Lung Foundation Australia emphasised that rebates for health assessments must be adequate and incentivise the completion of these assessments, ensuring that individuals are not impacted by costs. Experts also encouraged relevant co-claiming with appropriate

documentation, and appropriate recognition and remuneration for other health professionals involved in health assessments. Related to this, Lung Foundation Australia are supportive of changes that enable health professionals to work to their full scope of practice for the betterment of consumers and the healthcare system more broadly. Expanding the health professionals who can complete health assessments would address some of the key barriers to uptake mentioned previously. Further consideration should be given to strategies that will discourage care fragmentation and encourage buy-in from all relevant care providers.

c. Awareness and education in the community

As stated in the National Preventive Health Strategy, people should have access to high quality, evidence-based information about appropriate preventive activities to improve their health and wellbeing³⁴. Prevention in general, and the role of health assessments as part of this, should be promoted using evidence-based dissemination strategies, with suitable tailoring to ensure information is culturally appropriate and accessible³⁵. Messages that are positive and actionable are especially important for lung health promotion³⁶. As mentioned previously, Lung Foundation Australia bring attention to the stigmatisation of smoking and the importance of strategies that equitably increase health assessment participation and effectiveness for people with a smoking history.

d. Education, training, and implementation support for healthcare providers

Engagement and implementation support in primary care is also crucial to successful execution and uptake of health assessments. Analysis of MBS health assessment data shows that less than 5% of providers are delivering nearly one third of all time-tiered services. Attention must be given to the strategies that will successfully enable and engage other providers to deliver these services effectively to promote equitable access to quality care. Education, training, and support should be tailored to the needs and context of specific practices and providers.

e. Further research

Further research must seek to understand the effectiveness of holistic, multicomponent health assessments for chronic disease prevention, including any unintended consequences. There must also be greater understanding of the characteristics associated with effective health assessments of this kind in different contexts, as well as the implementation strategies that are most effective or ineffective in these contexts.

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