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Department of Health and Aged Care
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Sent via email: MBSHealthAssessmentReview@health.gov.au

Dear Sir/Madam

Re: Review of MBS Health Assessment items

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, fostering new thinking and innovations in treatment, facilitating research, and supporting survivors of stroke, their families and carers.

Chronic health conditions such as stroke are the leading cause of illness, disability and death in Australia. An estimated 45,785 Australians experienced stroke in 2023,[1] and there are more than 440,000 survivors of stroke living in our community.[1] Unless action is taken, it is estimated by 2050, Australians will experience almost 72,000 strokes annually.[1]

We know that more than 80 percent of strokes can be prevented by addressing key modifiable risk factors,[2] and that effective primary stroke prevention remains the best means for reducing the impact of stroke in Australia.

It is our view that Australians receiving a preventative health check is an integral part of preventing stroke and strongly encourage the government to continue to invest in prevention initiatives and support Australians to identify risk factors early and help them to receive the treatment they need before stroke happens.

In responding to the review, we believe there are six key items that need to be addressed:

1. General practitioners (GPs) are a critical part of the prevention solution, and the Medicare Benefits Schedule (MBS) is the key funding mechanism to support this.
2. Lack of awareness amongst Australians to the health checks has impacted uptake.
3. Building support amongst GPs and health professionals to proactively promote the check is important.
4. Cost-of-living pressures are making it harder for Australians to go to their GP and get a preventative check, and these checks provide a solution to this.
5. Rural and regional Australians are at higher risk of having a stroke, and the GP workforce shortages in these communities may be impacting this.
6. First Nations people are at greater risk of stroke and remain a priority community for health assessment; they must remain a target community.

Primary Care is a critical part of the solution

Australian and international evidence shows strengthening primary care systems produce better health outcomes, lower rates of avoidable hospitalisations, and significant cost savings.[3] For a chronic disease such as stroke, a comprehensive and integrated primary care system is critical to reducing behavioural risk factors such as smoking and managing physiological risk factors such as hypertension, diabetes and obesity.

An assessment of an individual's risk of chronic disease, including stroke, is critical to identifying patients in need of early intervention, halting disease progression, preventing avoidable complications, and providing treatment at an earlier stage, resulting in better health outcomes. Therefore, it is essential that chronic disease risk assessment is firmly embedded in the health system.

Strengthening the effectiveness of health assessment items under the MBS, which support preventative care and early intervention, will help to ensure these items continue to address the needs of patients and reflect current clinical practice.

Stroke Foundation is committed to reducing the number of preventable strokes, and as the voice of stroke in Australia, welcomes the Australian Government's review of MBS Health Assessment items.

GPs are fundamental to the health advice and support given to all Australians, and as such we are concerned that changes to health assessments may leave Australians without a mechanism to get a check with their GP that ensures follow up support and action that may prevent stroke in the first place.

Lack of awareness of the assessments amongst Australians

Anecdotal evidence from primary healthcare providers suggests that awareness of the various MBS health assessment items among health professionals is variable, with a segment of GPs using these items routinely in their practice. This assertion is supported by data on provider uptake included in the Discussion Paper,[4] indicating that the majority (80 to 88 percent) of all health assessment services are delivered by between 20 and 33 percent of providers.

Similarly, anecdotal evidence from both patients and primary healthcare providers suggests that awareness of the various MBS health assessment items in the broader community is poor. This is reflected in the low uptake and utilisation of many of these items among eligible patients.[4]

A number of these health assessment items are undertaken to evaluate an individual's risk of developing disease, and to prompt health promotion and disease prevention interventions. As such, Australian Government investment in initiatives aimed at increasing the awareness and understanding of these health assessments, as well as the benefits of prevention and early detection more broadly, in both primary healthcare providers and eligible patient groups, could improve uptake of these items.

Health professional opinions regarding utility may have impacted access

There is a proportion of GPs who would argue that having dedicated health assessment items on the MBS is not necessary, as they routinely assess their patients' disease risk as part of good preventative care and are able to utilise general attendance items to do this.

Anecdotal evidence from primary healthcare providers suggests that where they are aware of MBS health assessment items, they may avoid using these items for a variety of reasons. For example, for some health assessments the schedule fee is considered inadequate given the complexity of the item and the amount of time required to deliver the service, and a GP may choose to use a longer general attendance item to undertake an assessment instead. The Australian Government must ensure that when updating the clinical requirements of a health assessment item to better align with current clinical evidence and guidelines, the schedule fee should reflect the complexity of the item, and the time required to deliver the service.

Importantly, MBS health assessment items are viewed as mechanism to engage hard-to-reach patients, who may rarely visit a practice, but who may have a family history of chronic disease or behavioural risk factors. For these patients, health assessment items provide GPs and practices with a reason to reach out and can help facilitate improved continuity of care.

Workforce availability is impacting access

Regional Australians are 17 percent more likely to suffer a stroke than those in metropolitan areas.[5] Hospitalisation rates for stroke are 1.2 times higher in people from remote and very remote areas compared with major cities.[6] Importantly however, despite the greater impact chronic disease in these communities, Australians living in regional and remote and very remote areas are more likely than those living in major cities to report barriers to receiving health care.

Many Australians are struggling to access GPs due to demand outstripping supply, particularly in outer metro and rural and regional locations and growth corridors, where 20 to 30 percent more GPs are needed to service the needs of these communities.[7]

We note that currently, MBS health assessment services can only be undertaken by GPs; however, they may be assisted by nurse practitioners, Aboriginal health workers and Aboriginal and Torres Strait Islander health practitioners in performing the assessment. As such, Stroke Foundation would support expanding nurse, Aboriginal health worker/health practitioner and allied health practitioner roles in supporting health assessments, including introducing health assessment items for Nurse Practitioners, to facilitate greater uptake of health assessments in the community.

Importantly, while expanding the role of other primary care health professionals in supporting health assessments may improve uptake in well-resourced practices, in many of the settings, including in many regional, rural and remote communities, where there are significant shortages of GPs, similar shortages of nurse practitioners, Aboriginal health workers and practitioners and allied health practitioners also exist. Australian Government reforms and long-term planning are critical to addressing these critical health workforce shortages.

Out of pocket costs are impacting Australians seeing their doctor

Importantly, the current primary care system in Australia continues to be oriented toward treating illness and disease, rather than prevention or wellness. There needs to be shift in how the public perceives the role of primary care, and people should be encouraged to engage with primary care services not only when unwell, but as a means of maintaining good health. MBS health assessment items have a role to play in this shift; however, as Australia's cost of living crisis worsens, there is evidence that more people are delaying visits to the GP due to out-of-pocket costs.

Data from the Australian Bureau of Statistics has shown that the number of people who delayed or did not see a GP when they needed due to cost, increased from 3.5 percent in 2021-22, to 7 percent in 2022-23.[8] Those that were most impacted included younger people and people living in areas of greater socioeconomic disadvantage.[8] We know from consultations with the stroke community that out-of-pocket costs are a barrier to accessing primary care services for survivors of stroke, their families and carers. This is happening at a time when fewer than one in four clinics (23.6 percent) now bulk bill all their patients, which is an all-time low.[9]

Stroke Foundation strongly supports the Australian Government's tripling of bulk billing incentives which has helped more GPs bulk bill specific groups, including children,

pensioners, and healthcare card holders; however, more needs to be done to ensure primary care services are affordable for the rest of the community.

Aboriginal and Torres Strait Islander health assessments critical

In Australia, stroke disproportionately impacts First Nations people, who are 1.7 times more likely to be hospitalised for stroke, and 1.6 times more likely to die from stroke, as non-First Nations people.[6] A study of residents admitted to the Alice Springs Hospital with stroke (in a remote region of Australia where a high proportion First Nations people reside), has shown that the median age of onset of first-ever stroke in First Nations people (54 years), was 17 years younger than in non-First Nations people.[10]

Importantly, despite the significant impact of chronic disease on First Nations people, they access primary care services less frequently than their non-First Nations counterparts.[11] MBS health assessment items for First Nations people were first introduced in 1999, and while the use of these items has increased over time, in 2022-23 about 75 percent of the eligible population did not access an Aboriginal and Torres Strait Islander health assessment.[4] This presents a significant opportunity to prevent future stroke by increasing the number of Aboriginal and Torres Strait Islander health assessments performed. Therefore, Stroke Foundation strongly supports continued funding of the Aboriginal and Torres Strait Islander health assessment by the Australian Government.

The cultural appropriateness of health services and paucity of Indigenous staff have been identified as access barriers to primary care for Indigenous Australians.[12] What is needed is ongoing development and embedding of cultural competence in mainstream health services. Cultural competence includes the set of behaviours, attitudes and policies that come together to enable professionals to work effectively in cross-cultural situations.[13] Importantly however, there is a lack of conclusive evidence in the Australian context about what strategies are most effective for improving the delivery of culturally competent health services to Indigenous Australians. More work is needed to determine a coherent, national approach to this issue.[13]

Aboriginal Community Controlled Health Services (ACCHSs) are primary healthcare services initiated and operated by local Aboriginal communities in urban, regional and remote areas of Australia. ACCHSs have not only led the way in providing culturally appropriate healthcare for Aboriginal and Torres Strait Islander patients but have also been leaders in chronic disease management through their use of continuous quality improvement, monitored and informed by key performance indicators.

Increased Australian Government investment in ACCHS, including the expansion of the Aboriginal and Torres Strait Islander health workforce, will help to address the inequality of access to primary care services that First Nations people currently experience.

Government's options for change – Moderate Approach preferred

Stroke Foundation strongly believes that all Australians should receive healthcare based on the best available evidence. Therefore, of the three options for change that have been proposed by the Department to strengthen the effectiveness of MBS health assessment items, Stroke Foundation believes that the '**Moderate Approach'**, would be the most appropriate. This approach will ensure that the clinical requirements of these items, as well as the eligible patient cohorts and frequency of assessment, are updated to better align with current clinical evidence and guidelines.

One of the changes that has been proposed in the Discussion Paper[4] as part of this 'Moderate Approach' option, involves combining the chronic conditions health assessments

(chronic disease, type 2 diabetes, and heart health) into a single health assessment with relevant assessments, patient cohorts, and frequency of assessment.

The MBS Heart Health Assessment (items 699 and 177), known as the Heart Health Check, was introduced in April 2019. This preventative health assessment is focused on determining an individual's cardiovascular disease (CVD) risk, which is the probability that they will have a CVD-related event, including a stroke or heart attack, within the next five years. Importantly, there may be opportunities to strengthen the effectiveness of this health assessment, including the consideration of an atrial fibrillation assessment in this check (in consultation with GPs).

In addition to cardiovascular diseases such as stroke and heart disease, many Australians are impacted by other chronic diseases including type 2 diabetes and chronic kidney disease. Importantly, all these diseases share common risk factors and often have common treatment approaches, such as the management of high blood pressure. Therefore, expanding the current Heart Health Assessment to a comprehensive chronic disease risk assessment, which could include a determination of type 2 diabetes and chronic kidney disease risk, in addition to CVD risk, could be considered, and Stroke Foundation would support a review of the current MBS Heart Health Assessment.

In addition, anecdotal evidence from our stroke community suggests that many do not realise the Heart Health Assessment includes a determination of stroke risk. **Therefore, changing the name of the assessment to either a 'Heart and Stroke Health Assessment' or a 'Cardiovascular Disease Health Assessment' could be considered.**

If MBS health assessments are to improve health outcomes for Australians, it is critical the health issues identified during these assessments are appropriately followed-up and managed. For example, limited published data has shown that about 80 percent of Indigenous health checks identify health problems that require follow-up treatment or referral.[14] A 2016 study assessed all Indigenous health checks performed at an Aboriginal Medical Service over a two-year period and recorded initial actions, management and follow-up six months after the health check.[11] This study showed newly identified health issues were documented in 84 percent of cases. It also showed six months following the health check, 25 percent of cases with newly identified health issues had received no follow-up.[11] **Therefore, it is vital there are systems in place to ensure health problems uncovered because of health assessments are appropriately addressed in a timely fashion and individuals are supported to change behaviours and address risk factors.**

When individuals are identified as high risk for chronic diseases such as stroke, it is important that there are proven, effective lifestyle modification programs, underpinned by validated behaviour change models, that address the shared modifiable risk factors for many chronic conditions, that GPs can refer them to. **One such example is the My health for life program, an evidence-based, free, Queensland Government-funded behaviour modification program, for people at high-risk of developing a chronic disease. My health for life has been developed using the validated Health Action Process Approach (HAPA) model for behaviour change.** Stroke Foundation is partnering with the Healthier Queensland Alliance and the Queensland Government to deliver this program, which enables chronic disease to be detected early, helping participants to reduce their risk of developing stroke, heart disease and type 2 diabetes, and avoid unnecessary hospital admissions, delivering savings to the health system. To date, more than 30,000 Queenslanders have enrolled in the program, and participants have demonstrated improvements in healthy behaviours, such as increased consumption of vegetables, and meeting alcohol consumption and physical activity guidelines.

Thank you for the opportunity to provide input into this consultation.

Stroke Foundation and the stroke community are fiercely committed to preventing stroke in the first place, as we know 80% of strokes are preventable.

We appreciate the opportunity to work with the government and should you require further information or wish to discuss this submission further, please do not hesitate to contact me.

Yours sincerely

Dr Lisa Murphy
Chief Executive Officer
Stroke Foundation

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