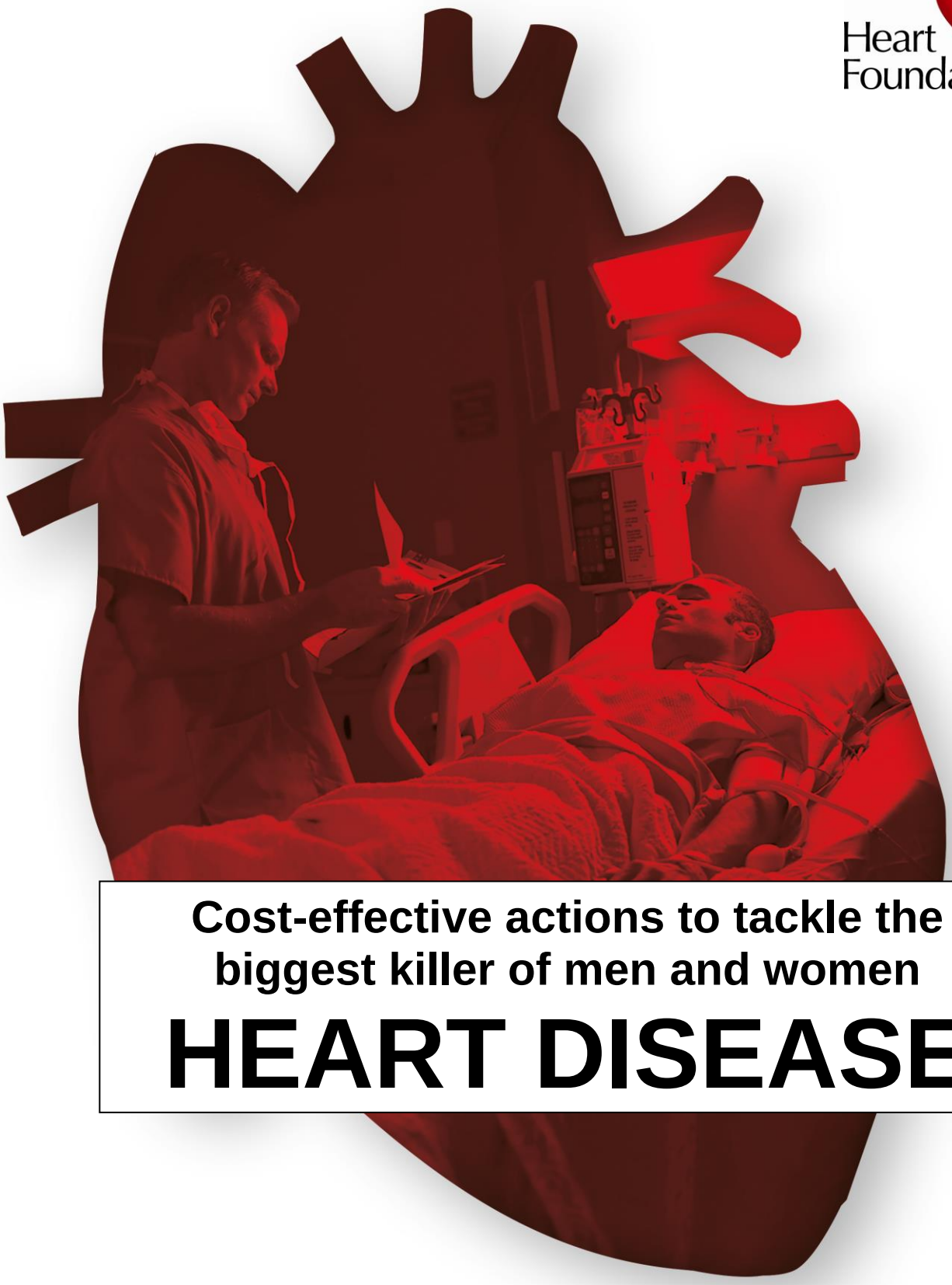
Heart Foundation



## Cost-effective actions to tackle the biggest killer of men and women

# HEART DISEASE

**Submission on the 2018-19 ACT Budget from the Heart Foundation ACT**

# The Challenge

This submission identifies cost-effective measures that will:

- help Canberrans lead longer, healthier, more productive lives;
- reduce avoidable hospital admissions; and
- ensure more efficient and effective health care expenditure for government.

# The Facts

- Heart Disease is the leading single cause of death in the ACT. One in every nine deaths in 2015/16 was as a result of heart disease (212 deaths as a result of heart disease from total deaths of 1,839 – 4 deaths a week).
- Cardiovascular disease (CVD) accounted for 24% of all deaths in the Australian Capital Territory in 2016.
- CVD is a major cause of avoidable hospital admissions and affects almost one in four people (aged 18 and over) in the ACT.
- High blood pressure and high cholesterol are significant clinical risk factors for CVD. More than one in three people have high blood pressure and close to one in three have high cholesterol in the ACT.
- Belconnen has the highest heart attack (18.6, ASR) and unstable angina (12.4, ASR) hospital admission rates and second highest heart failure (19.8, ASR) admission rates with South Canberra having the highest heart failure admission rates at 22.0, ASR per 10,000 people.
- Rates of death due heart disease are considerably higher in South Canberra and North Canberra (78.4, ASR and 72.3, ASR per 100,000 people respectively) compared with all other ACT regions – Tuggeranong (59.2), Weston Creek (57.3), Belconnen (56.9) and Woden (50.9).
- Tuggeranong has the highest estimated obesity prevalence (28.2, ASR) closely followed by Belconnen (25.7, ASR) with Woden and South Canberra having the lowest rates with 19.9 and 17.7, ASR per 100 people respectively.
- CVD is largely preventable.

# Our Budget proposals align with ACT Government priorities.

**Comprehensive plan for healthcare**

Person and family-centred, safe and effective care, with appropriate health infrastructure to meet the future health needs of the ACT and surrounding region through the development of the **Territory-wide Health Services Framework**. The Framework will underpin the development of new clinical Centres, which will group specialty services through Centre Services Plans and Speciality Services Plans. People will be at the heart of health care delivery with a system designed for them, to make it easier to navigate and receive the care they need; whether it be preventative care, community based care or care in the hospital. A new Health Quality Framework and Preventative Health Strategy will be developed alongside this Framework strengthening the delivery of services to keep Canberrans as healthy as they can be.

*Territory-Wide Health Services Framework 2017-2027, 18 September 2017*

**Commitment to chronic disease prevention**

Reduce the incidence of preventable health conditions including heart disease, through new clinical Centres where specialty services are integrated across the continuum of care (including prevention in the community) as well as the development of a comprehensive Preventative Health Strategy.

*Territory-Wide Health Services Framework 2017-2027, 18 September 2017*

Raise the profile of the Active Travel Office, and through the Office coordinate the rollout of $30 million in additional priority footpath maintenance, cycling and walking route upgrades, and age-friendly suburb improvements in our shopping centres and existing suburbs.

*Parliamentary Agreement for the 9th Legislative Assembly for the Australian Capital Territory 30 October 2016*

**Early detection and management of chronic conditions**

Increase early detection of chronic conditions and reduce the incidence of preventable hospital admissions through individualised Speciality Service Plans and appropriate Models of Care to support patients across the continuum of care, enabling coordination of patient care through all phases from prevention, early detection, treatment and follow up care.

*Territory-Wide Health Services Framework 2017-2027, 18 September 2017*

## *Cost-effective actions to tackle heart disease*

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| **PREVENT** | |
| **1.** Establish sustainable financing for prevention in the ACT through allocation of 5% of the health budget. | 5% of the health budget |
| **2.** Continue funding support for the *Active Living* program to ensure better research, education and promotional opportunities for active lifestyles. | $0.6m x 2 years |
| **DETECT** | |
| **3.** Fund a public education campaign to encourage adults over 45 years to 'Know your risk' by visiting their doctor for an Absolute Cardiovascular Risk Assessment. | $0.8m x 3 years |
| **TREAT** | |
| **4.** Develop and implement a Cardiac Speciality Service Plan under the Territory-Wide Health Services Framework. | existing ACT Health budget |

# PREVENT

**Recommended action:** Establish sustainable financing for prevention in the ACT through allocation of 5% of the health budget.

The Heart Foundation has completed a comprehensive analysis of the value of health promotion and prevention in reducing the devastating toll of Australia's leading killer, heart disease. *Prevention First* builds on overwhelming global consensus regarding the importance of prevention in saving lives and reducing hospitalisations. *Prevention First* details the magnitude of the problem and the key risk factors that drive burden, as well as the opportunities and best buys for prevention. It describes the interventions which when applied at scale, and in a comprehensive manner, will reduce the impact of heart disease across the population or in a specific sub-population.

There is significant public support for increased investment in prevention. A September 2016 Roy Morgan Research poll shows that 76% of Australians rank preventive health investment among the top 10 priorities for the Australian Government. This is not surprising given that 83% of Australians indicated that they were trying to lose weight and/or improve their fitness. The poll also showed that 90% of Australians view looking after and/or improving our health as very or extremely important.

The Australian Institute of Health and Welfare report *Australia's Health 2016* states emphatically that: "A fundamental aim of any health system is to prevent disease and reduce ill health so that people remain as healthy as possible for as long as possible". It notes that spending on public health activities, including prevention, protection and promotion, has been falling steadily for the past decade from 2.2% in 2007-08 to 1.4% in 2013-14. Australia's overall funding for prevention and health promotion is woefully low by OECD standards, well behind New Zealand (7%), Canada (6.5%) and Slovakia (5%).

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|  | • **Establish sustainable financing for prevention in the ACT through allocation of 5% of the health budget.** |
|  | **All ACT residents will benefit from reducing their risk of having a heart attack, some cancers, stroke, type-2 diabetes, kidney disease and other vascular conditions. This will save lives, reduce avoidable hospital admissions and save money.** |
|  | **5% of health budget** |

**Recommended action:** Continue funding support for the *Active Living* program to ensure better research, education and promotional opportunities for active lifestyles.

Physical inactivity is a key chronic disease risk factor and is responsible for 21% of the Australian burden of cardiovascular disease. The physical activity behaviours that Canberra's adults and children are most likely to undertake are walking and cycling.

Recent evidence published in *The Lancet* reported on modelling that had been conducted of the impacts of changing the cities of Melbourne, Boston and London to match European cities that had prioritised walking, cycling, public transport and healthy urban design. In the case of Melbourne, a striking finding was a reduction in the burden of heart disease by 19%. The high rates of cardiovascular disease within the ACT (18.5%) are not evenly spread through the population with higher rates within less walkable suburbs.

To increase walking, cycling and use of public transport a collaborative approach is needed across a range of directorates including health, planning, transport and education. This will facilitate delivery of a multitude of benefits including better health, improved educational outcomes, cleaner air and reduction in traffic congestion.

The Active Living program aims to address overweight and obesity in ACT adults, and improve the urban structure of Canberra. The program is aligned with the ACT Government's proposed Preventative Health Strategy.

The Active Living program has been instrumental in the initiation of legislative change through Draft Variation 348 (DV348), Incorporating Active Living Principles into the Territory Plan, propelling the ACT to the forefront of implementing healthy built environments. It has increased knowledge and understanding of the link between health and the built environment amongst professionals and the community through the comprehensive and successful education package delivered to both ACT Government practitioners and the private sector, as well as the first phase of a community awareness campaign.

Future funding would allow the continuation and expansion of the awareness campaign as well as ensuring the implementation of the changes proposed in the DV348. The expanded campaign would include a broader consumer-focused public awareness campaign based on the previously successful LiveLighter campaign and would include:

- Promoting the ACT Government's Building an Integrated Transport Network and the role of Capital Metro, in supporting Canberrans to be more active;
- Promoting and supporting the implementation of DV348; and
- Promoting the existing and planned infrastructure, programs and tools available in the ACT to support Canberrans to incorporate active living into their everyday routine.

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|  | • **Continue funding for the Heart Foundation's award winning *Active Living* program to ensure better research, education and promotional opportunities for active lifestyles.**<br>• **Develop and fund a Territory-wide walking and cycling plan for implementation across health, planning, transport and education.**<br>• **Continue a public education campaign to support the introduction of Draft Variation 348 of the Territory Plan.** |
|  | **All people across the ACT will benefit from being more physically active, reducing obesity levels and risk of cardiovascular disease, improved mental health and increased educational attainment, through improved urban design outcomes.** |
|  | **$0.6 million x 2 years.** |

# DETECT

**Recommended action:** Fund a public education campaign to encourage adults over 45 years to 'Know your risk' by visiting their doctor for an Absolute Cardiovascular Risk Assessment.

An important activity to prevent avoidable hospital admissions is early detection of those at risk of heart attack and other chronic diseases. While the prevalence of the key heart disease risk factors is high (blood cholesterol, blood pressure, obesity, physical inactivity and smoking) public awareness of the risks is low. Many Canberrans with high blood pressure, high blood cholesterol and high absolute risk of heart disease are not aware that they are at risk.

As the most costly disease group in Australia, with an estimated expenditure of $7.6 billion in 2008-09, cardiovascular disease contributed to 12% of the total allocated healthcare expenditure. This equates to approximately $190 million of the total healthcare expenditure in the ACT. It has been estimated that appropriate prescription of blood pressure and lipid lowering medication using the absolute risk approach would save $5.4 billion for the Australian Government over the lifetime of the population aged 35-84 years in 2008.

With approximately one fifth of the Australian population (about 23,000 individuals in the ACT) aged 45-74 years being estimated to have a high absolute risk of a future cardiovascular event, and about 70% of these individuals (approx. 16,000 in ACT) not receiving the currently recommended combination blood pressure and lipid lowering therapy, there is substantial potential for health gains and cost savings by implementing routine absolute cardiovascular risk assessment and treatment.

We propose a twin push-pull strategy that will:

- Increase uptake in primary care of Absolute Cardiovascular Risk Assessments; and
- Increase patient awareness and motivation to go to their doctor for an adult heart health check through a public education campaign.

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|  | • **Fund a public education campaign to encourage adults over 45 years to 'Know your risk' by visiting their doctor for an Absolute Cardiovascular Risk Assessment.**<br>• **Promote the delivery of Absolute Cardiovascular Risk Assessment in primary care.** |
|  | **Detect and better manage those at high risk of having a heart attack, stroke and other vascular conditions will reduce avoidable hospital admissions and cut health care costs.** |
|  | **$0.8 million x 3 years** |

# TREAT

**Recommended action:** Develop and implement a Cardiac Speciality Service Plan under the Territory-wide Health Services Framework.

The development of the Territory-wide Health Services Framework provides an opportunity for the ACT Government to ensure it has a comprehensive and integrated approach to the major chronic disease groups, especially the large groups such as cardiovascular disease. 74,200 people in the ACT have long term cardiovascular disease, it is the single leading cause of death (24%) and accounts for 18.5% of the total burden of disease in the ACT. Cardiac related conditions are costly to the health care system accounting for a large portion of the burden of disease and preventable hospitalisation. The ACT has an ageing population, as people age there is a significant increase in the likelihood they will be hospitalised for chronic disease—including cardiovascular disease.

In 2012/2013 ACT public hospitals saw:

- 4,296 separations due to cardiovascular disease;
- 758 separations due to acute myocardial infarction;
- 303 separations due to angina;
- 430 separations due to heart failure; and
- 363 separations due to atrial fibrillation and flutter.

As the population ages, all of these figures are expected to rise.

A large proportion of heart disease related hospitalisations and deaths can be reduced, delayed or prevented by modifying lifestyle-related risk factors, implementing chronic disease management strategies in general practice, accessing timely evidence-based interventions, and improving access to secondary prevention programs. The likelihood of repeat heart attack, the cost on the community and the cost to the health system can be significantly reduced by increasing completion rates in programs such as cardiac rehabilitation.

With a small geographic spread, a relatively small number of service providers, and state-of-the art Cardiac Catheterisation Laboratory and Coronary Care Unit at The Canberra Hospital, the ACT is well situated to provide the highest quality of cardiac care. However:

- There is a lack of Territory wide data around quality standards for cardiovascular disease making it difficult to benchmark and compare ACT to similar health systems and to ensure equitable high-quality care.

- 1/3 of heart attacks are repeat events, costing the system a minimum of $1.6 million based on the comparable cost of care at $6,500 per episode.
- Only 30-40% of people experiencing a cardiac event attend a secondary prevention or rehabilitation program after a cardiac event.
- 50% of all preventable hospitalisations are due to chronic disease including cardiovascular disease.

One of the benefits will be a long-term, sustainable decrease in direct cost to the health care system. Recent assessments by Ernst & Young for the Heart Foundation, Australia show that cardiac rehabilitation not only saves lives, but save lives and the Territory between $3.4 and $6.2 million over a 10-year period.

A Cardiac Specialty Service Plan in the ACT would provide a framework for system level change to the delivery of public cardiology services across the continuum of care. The Service Plan should include further investment in implementing the piloted Heart Failure – Model of Care Project, which should include funding for a Heart Failure register, increased Heart Failure nursing staff and an investment in a patient self-management program.

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|  | • **ACT Health should develop and implement a full Cardiac Speciality Services Plan spanning the continuum of care from prevention to palliative care and linked to other ACT Health funded prevention and speciality services.** |
|  | **Expected benefits to the 74,200 people with cardiovascular disease in the ACT and to the health care system: better patient outcomes, better health system outcomes and a reduction in costs to the health care budget** |
|  | **Within existing ACT Health budget** |

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