The new Australian National Diabetes Strategy – APNA submission

29 May 2015

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the Australian Government's consultation on the new Australian National Diabetes Strategy. We are providing this submission on behalf of our membership, Australian primary health care nurses.

APNA Submission

GOAL 1 - Reduce the prevalence and incidence of people living with type 2 diabetes

1 a) Which of the areas for action described for this goal are most appropriate and why?

The three target areas in this goal are equally appropriate.

It is critical to provide significant interventions to high risk groups before they develop diabetes. Lifestyle interventions in the pre diabetes group can significantly change the outcome of the disease.

Supporting an appropriate population-based approach for identifying those at risk of developing diabetes and having a structured and targeted follow up or intervention would lead to significant reduction in the prevalence and incidence of people living with type 2 diabetes.

1 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

Primary health care nurses could be better utilised to target the at-risk population who are yet to get diabetes. The government could consider the 'general practice at risk' group program, where high risk clients can access eight group education visits, and allow a key nurse educator located in General Practice run the group (similar to the existing type 2 diabetes Group program). In conjunction with this, the descriptor for chronic disease could be expanded or an 'at risk' descriptor could be added so that those at risk can be managed similarly and have access to services and coordinated care.

The government could take steps to provide consumers with enhanced knowledge about food labelling, particularly high/low sugar options as this is has a direct impact on the increased incidence of diabetes

Steps could be taken to improve patients' and clinicians' access to resources such as health coaching and motivational interview techniques. These have been shown to help increase positive behaviour change and help with up-skilling patient and clinicians as it increases awareness of self care. Health coaching to help

create self empowerment is the preferred alternative to patients pursuing 'fad' diets that do not work long term.

The government could take steps to reduce consumption of highly processed foods. For example, a tax could be applied to processed foods which could help subsidise fresh produce, particularly in remote indigenous communities.

Cooking programs could be introduced in all schools (promoting health foods and healthy eating habits) as well as promotion of other small group cooking initiatives.

Consideration could be given to providing Nurses working in General Practice with financial incentives to provide small group lifestyle education programs in practices. General practice nurses could use these incentives to initiate programmes for the high risk demographic and for patients with a chronic disease and to deliver group education monitoring and support.

There could be greater focus during shared Maternity Care on the health of parents, as this ultimately impacts on the health of the child. Changing habits and improving lifestyle at this point significantly impacts on the incidence of diabetes.

Many of those involved in Family planning (i.e. pre conception/ conception/ pregnancy and confinement) already educate and target lifestyle changes with patients. Consideration could be given to nurses working in primary health care providing this as a service (although not at any financial disadvantage to the practice).

Women of childbearing age could be provided with healthy eating and lifestyle programs with very strong incentive to attend before pregnancy and definitely at conception to encourage better health outcomes, even in those with no gestational diabetes.

2 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why?

The 'community kitchen' program run by Barwon Health (http://www.barwonhealth.org.au/community-kitchens) works well.

There should be continued funding of the LIFE Programs. Currently all participants are offered a telephone health coaching program. This is a diabetes Australia initiative and it is an excellent resource for clients with pre diabetes. A greater focus could be given to encouraging more referrals to central community groups (for example, community health) to deliver elements of the LIFE Programs. Additionally, consideration could be given to providing GPs with a better financial incentive to identify these clients and make these referrals.

Primary health care nurses working in general practice can play a very large role in many of the suggested interventions. They are well positioned to make interventions.

There should be continued funding of work health checks. This is a very good intervention and may be more cost-effective than getting GPs to perform a health assessment.

3 The Paper outlines some potential ways to measure Australia's progress towards this goal. What do you think would be the most appropriate ways to measure this goal and why?

Greater use could be made of the National Diabetes Services Scheme (NDSS) to record diabetes rates, and consider moving visiting non-residents to an alternative NDSS sub registration in order to keep data 'clean'.

GPs could be encouraged to sign up people at diagnosis to NDSS and certainly to place it on a recurring checklist (such as diabetes cycle of care) to ensure all patients are enrolled into NDSS.

The idea of broadening the age for AUSDRISK is strongly supported but it should be followed up with appropriate lifestyle programs e.g.: Life!

GOAL 2 - Promote earlier detection of diabetes

4 a) Which of the areas for action described for this goal are most appropriate and why?

Improve detection in primary care for type 2 diabetes.

Screening for early T2D diagnosis is important, however, it is more important to capture the demographic which is pre diabetes. T1D is far less common than T2D.

4 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

There could be better transitional care between juvenile and adult care settings with perhaps NDSS following up with education snippets and a reminder to have regular checks with a diabetes nurse educator.

Steps could be taken to promote much better care of persons with Type 1 diabetes throughout their lifespan.

There should be steps taken to align with international standards of practice for screening of diabetes in all population groups. It is important to allow Hba1c to be a screening tool not as a post diagnosis tool, as many countries are using HbA1c as part of the screening for diabetes not only the ongoing monitoring of it. As it

stands, GTT or FG doesn't accurately portray people's health as these are just a snapshot in time as opposed to the HbA1c which show what's been going on over a period of three months. Also on the opposite end, as Medicare currently counts anyone who's had an Hba1c recorded as being diabetic, this may put some

GPs off from doing an hba1c for fearing it will increase their practices' diabetic population, making it harder to claim the PIP diabetic payment as they may end up with patients who according to Medicare have diabetes, but in reality do not.

The AUSDRISK tool could be reused and applied as part of current 45-49 health checks (possibly even expanding the age range for screening from 45-49 to 39-60 to capture people who are at risk) and pay for screening of this population rather than only those who are considered high risk.

The government could create a general preventative health screening assessment tool for primary health care nurses to apply to all patients and which would attract a rebate. This could result in identifying patients with diabetes far more effectively than at present.

5 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why?

Continue to fund the LIFE Programs. Currently all participants are involved in a telephone health coaching program. This is a diabetes Australia initiative and it is excellent for clients with pre diabetes.

Continue to fund work health checks.

GOAL 3 - Reduce the occurrence of diabetes-related complications and improve quality of life among people with diabetes

7 a) Which of the areas for action described for this goal are most appropriate and why?

7 b) Are there any additional actions you would you like to see governments and/or other stakeholders take and why?

Steps could be taken to add a dental health review and start another dental subsidy program for those with diabetes.

Steps could be taken to increase capacity for education to all people with diabetes through primary health care nurses and CDEs. It is important at new diagnosis, change in medications, complications etc., but if people have access to ongoing refresher education (e.g.: via TCA or Group Diabetes Allied Health referrals) they are less likely to develop complications with better health outcomes.

Workforce capacity could be improved through encouraging teamwork between general practices and CDEs in Community Health or Hospitals to help general practice nurses better assist patients in their care and refer early to CDEs rather than wait for complications.

There should be clear referral pathways and options for care at all stages of disease.

Consideration could be given to funding more allied health assistants in Community Health and increase CDEs and Exercise Physiologists. Consideration could also be given to providing more funding for reception to support programs. This combination would allow lifestyle programs to be kept running and gives great referral opportunities to general practices. Funding for allied health assistants and reception assistance allows practitioners to provide a greater number of better quality programs to assist the increasing number of persons with diabetes; their better health outcomes as a result will give them better life quality and quantity and result in significant health cost savings.

Consideration could be given to supporting primary health care nurses working in general practice to engage in eHealth promotion, generate PCEHRs and upload SHS. The new primary health networks are in a perfect position to facilitate delivering this education. The population would benefit from greater uptake of eHealth.

Incentives could be applied to GPs via the Practice Incentives Programme (PIP) program including remuneration for achieving improved targets. Clinical Audit tools can deliver reports to enhance the monitoring of the practice's progress in achieving this.

The government could introduce PIP funding for general practice to employ diabetes educators based on number of FTEs.

8 a) Please describe any existing programmes, initiatives or activities relevant to this goal that you think are working well and why?

8 b) Are there any existing activities, services or systems relevant to this goal that you think are not working well?

One issue relates to requests from patients with a diagnosis of diabetes for Chronic Disease Management (CDM)/Enhanced Primary Care (EPC) funded visits for podiatry, often for basic needs such as the cutting of nails. In many instances these patients have low foot risk, but because of obesity they are unable to cut their own nails. The government could investigate the use of an alternative provider for this basic service which would free up important podiatry appointments for those who are at high risk and allow the use of an appropriately educated provider such as a 'podiatry assistant' to perform this role.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care including general practice. APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities. APNA strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

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