



Asthma Australia Submission to the Tasmanian Government Department of Health

Consultation Paper: Our Healthcare Future

January 2021

About Asthma Australia

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962.

Asthma is an inflammatory condition of the airways which restricts airflow and can be fatal. There is no cure, but most people with asthma can experience good control of their condition.

Asthma affects one in nine Australians, or 2.7 million people. It has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood. Asthma can appear at all ages and stages of life.

Asthma Australia's purpose is to help people breathe better so they can live freely. We deliver evidence-based prevention and health strategies to more than half a million people each year. To ensure people can access effective treatments and best practice healthcare for their asthma, we work directly with people with asthma, their family and friends, health professionals, researchers, schools and governments. This way, we can ensure people with asthma are supported with education and access to high-quality information and care where they live, work and play in all stages of life.



Introduction

Asthma Australia welcomes the opportunity to engage with the Our Healthcare Future consultation process and is encouraged by the work of the Tasmanian Government to reform Tasmania's healthcare system.

Asthma Australia supports the goal of embedding prevention in the health system and recognises the work the Tasmanian Government has already done to achieve this end. Focusing on preventive health is an important response to Australia's increasing healthcare needs and is a critical element of addressing the health disparities faced by disadvantaged and vulnerable population groups.

Asthma in Tasmania

Asthma is a chronic respiratory condition affecting 66,000 Tasmanians, or more than one in eight people, the second highest prevalence of any state or territory in Australia.¹ Across local government areas in Tasmania, the Brighton municipality has the highest rates of asthma and the Launceston municipality has the highest total number of people with asthma.²

Asthma places a significant burden on Tasmanian hospitals. In 2016/17, 1,451 Tasmanians presented to emergency departments for asthma.³ In this same period, asthma was responsible for 196 hospitalisations per 100,000 people in Tasmania.⁴

In the period 2016/17, 90% of hospitalisations in Tasmania were potentially preventable, compared to the national average which was 80%.⁵ There were 1,121 potentially preventable hospitalisations for asthma in Tasmania in 2018/19.⁶

The Epidemiology Unit in the Tasmanian Department of Health provided Asthma Australia with the following data on the prevalence of asthma in Tasmania from 2015 to 2019:

- Hospitalisations in public hospitals in Tasmania doubled from 586 in 2015 to 1,149 in 2018, and then fell marginally to 1,083 in 2019.⁷
- Hospitalisations were spread evenly between the Royal Hobart Hospital and the Launceston General Hospital with 1,878 and 1,875 hospitalisations respectively.⁸ This was followed by the North West Regional Hospital (435) and the Mersey Community Hospital (209). Some other public hospitals and medical centres also had asthma hospitalisations (103).
- In 2019, readmission rates to the same hospital within one year following treatment were highest in the North West Regional Hospital at 23.5%, followed by the Royal Hobart Hospital at 20.6%.⁹
- Launceston also had the highest number of preventable hospitalisations in this period.¹⁰

Asthma caused 13 deaths in Tasmania in 2019.¹¹



Asthma Australia's presence in Tasmania

On 1 July 2020, a renewed three-year funding agreement between Asthma Australia and the Tasmanian Government commenced for Asthma Australia to provide information and support services.

The purpose of the funding is for Asthma Australia to assist Tasmanians to better manage asthma through providing information, support and resources to health professionals, people with asthma, family, carers and supporters of people with asthma. The activities undertaken by Asthma Australia include:

- Providing quality asthma management information to consumers, including through 1800 ASTHMA and the COACH Program®;
- Providing evidence-based resources, tools and education for all people who encounter asthma, such as family members, carers, GPs and other health professionals and community members;
- Promoting services and resources on air quality in Tasmania, such as the AirRater app;
- Supporting hospital emergency departments to develop best practice discharge processes for asthma, which will in turn assist in reducing asthma presentations and hospital admissions;
- Identifying partnership opportunities that will support smoking cessation programs and activities for people with asthma; and
- Collaborating with other community sector and health organisations in order to maximise outcomes that advance chronic conditions management in Tasmania.

Case Study: 1800 ASTHMA

Asthma Australia's free 1800 ASTHMA service is staffed by trained Asthma Educators to provide additional information and support to help empower people with asthma in treating their condition.

After a recent frightening episode, Tasmanian local and Asthma Champion, Toni McLean called 1800 ASTHMA for help.

"Until I spoke with an Asthma Educator, I did not realise how poorly controlled my asthma was," Ms McLean said.

"I'd been putting up with it for so long. I didn't understand my asthma, so I wasn't able to communicate my symptoms and triggers clearly with my doctor.

"After speaking to the Educator, I gained the knowledge and confidence I needed to treat my symptoms proactively, rather than letting my asthma unravel.

"I am now working closely with my doctor to create a good asthma management plan together."



Asthma Australia notes that short-term project grants dominate funding models in Australia, rather than investment into longer-term structural reforms. Sustained investment in preventive health is required in order to realise significant gains.

Many preventive health interventions are cost-effective, allowing Australians to live longer with better-quality lives and reducing the need to treat expensive diseases.¹² For example, evidence shows that for every dollar invested in selected public health interventions in high income countries, there was a \$14 return on that investment.¹³

With the rate of asthma in Tasmania higher than the national average, there is a particular need in this state for increased investment in programs directed at supporting Tasmanians with asthma and delivering preventive health measures.

Asthma Australia's work is vital to delivering evidence-based preventive health strategies, the aim of which is to improve the quality of life for people living with asthma and reduce the burden of disease, which will in turn reduce the demands on the health system.

Asthma Australia is well-placed to deliver consumer education, training and support to improve health literacy, health knowledge and self-management skills. This is necessary to achieve the goal of enabling consumers to make the best decisions about their health. In the asthma context, this means giving people the information, education, resources and tools they need to prevent, control and effectively manage asthma.

RECOMMENDATION 1: Asthma Australia recommends increased and ongoing funding for Asthma Australia's programs and activities that support self-management and deliver preventive health strategies.

A holistic approach to chronic conditions

Asthma Australia supports refocusing primary health care towards chronic disease management and preventive care that meets both the immediate and longer-term health needs of the population. According to the Australian Institute of Health and Welfare, Australians diagnosed with one or more chronic conditions often have complex health needs, die prematurely and have poorer overall quality of life.¹⁴

Asthma Australia encourages the Tasmanian Government to consider national approaches to chronic conditions as part of the Our Healthcare Future process, namely through consideration of the 2017 *National Strategic Framework for Chronic Conditions* and, more specifically, the *National Asthma Strategy 2018*.

The *National Strategic Framework for Chronic Conditions* signalled a new approach to chronic conditions, moving away from a disease-specific focus to consider shared health determinants, risk factors and multimorbidities across a broad range of chronic conditions, with the aim of delivering a more effective and coordinated national response to chronic diseases.¹⁵ Currently, the *National Strategic Framework for Chronic Conditions* provides the overarching national policy for the prevention and management of chronic conditions in Australia.



The *National Asthma Strategy 2018* focuses on improving asthma outcomes in Australia.¹⁶ As a national strategy for a specific chronic condition, the *National Asthma Strategy 2018* aligns with and supports the policy directions in the *National Strategic Framework for Chronic Conditions*.¹⁷

The goal of the *National Asthma Strategy 2018* is “[t]o reduce the health, social and economic impacts of asthma with a targeted and comprehensive approach to optimise asthma diagnosis and management”.¹⁸ As the *National Asthma Strategy 2018* notes, “State and Territory Governments have an important policy and service delivery role in support of optimal asthma care”.¹⁹ Further:

*The Strategy sets out the strategic directions and offers guidance on key actions that may be taken to support an integrated national response to asthma diagnosis and management. It is expected that jurisdictional and regional health policies to address asthma will evidence links between local policy, priorities and outcomes and the national Strategy.*²⁰

RECOMMENDATION 2: Asthma Australia recommends the Tasmanian Government develop chronic condition and asthma specific health policies in line with the 2017 *National Strategic Framework for Chronic Conditions* and the *National Asthma Strategy 2018*.

Responses to consultation questions

Reform Initiative 1 – Better Community Care

Better community care can be achieved in Tasmania by reducing health inequity and through consumer action and empowerment.

Reducing health inequity

Achieving greater equity in health implies all people have an equal opportunity to develop and maintain their health, through fair and just access to resources for health.²¹

Asthma Australia supports health reforms to address inequitable differences in asthma outcomes. We support systemic and targeted action to promote equity and support population groups that are disproportionately affected by asthma.

Areas of weakness in health practice exist in Australia, such as the health status and life expectancy of Australia’s Aboriginal and Torres Strait Islander peoples (which are much lower than the general population), and the inequitable distribution of health outcomes and risk factors across socio-economic groups.²² According to the World Health Organization (WHO), social inequalities and disadvantage are the main reason for unfair and avoidable differences in health outcomes and life expectancy across groups in society.²³

A discussion of health inequity must therefore include consideration of the rate of asthma amongst Aboriginal and Torres Strait Islander people. Asthma disproportionately affects Aboriginal and Torres Strait Islander people. In 2012–13, 18% of Aboriginal and Torres Strait Islander Australians had



asthma (an estimated 112,000 people), with a higher rate among females (20%) than males (15%). The prevalence of asthma was almost twice as high among Indigenous Australians compared with non-Indigenous Australians (a rate ratio of 1.9) after adjusting for difference in age structure.²⁴ It is important that Aboriginal and Torres Strait Islander people are recognised as a priority population due to their overrepresentation in asthma data. In identifying priority areas for health reform, the Tasmanian Government must address specific health issues relating to this cohort.

RECOMMENDATION 3: Asthma Australia recommends that Aboriginal and Torres Strait Islander people be recognised as a priority population due to their overrepresentation in asthma data. The Tasmanian Government should respond to the specific needs of this population in any actions undertaken in priority areas for health reform.

Consumer action and empowerment

Asthma Australia supports a greater focus on consumer action and empowerment, including by enhancing health literacy, empowering consumers to self-manage their condition and supporting consumers to play an active role in shaping health care systems and services.

Health literacy is the ability of individuals to gain access to, understand and use information in ways that promote and maintain good health for themselves, their families and their communities.²⁵ Regrettably, only about 40% of adults have the level of individual health literacy needed to meet the complex demands of everyday life, such as understanding and following health advice and making good health care choices.²⁶ Good health literacy and self-management is particularly important for asthma, a long-term chronic condition largely managed by medicines, administered by the person with asthma in the context of their everyday life.

Asthma practitioners and patients agree that asthma increasingly needs to be managed from the perspective of the patients' personal disease experience and their social and environmental context. We see the lack of a holistic, personalised approach as a shortfall in current healthcare practice.²⁷

1 How can we target better our current investment as well as future investments in health to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time?

The Tasmanian Government can better target current and future investments by listening to consumers and understanding the complexities of managing multiple chronic conditions and adopting a whole-of-person approach. Asthma Australia suggests co-designing a holistic policy framework with consumers. Co-design equalises power imbalances between professionals, systems stakeholders and people with lived experience. It brings people with lived experience together with their health professionals, each contributing their own knowledge and expertise to design problem-solving activities. The framework should include early intervention and prevention actions in areas of need identified by those consumers.



Asthma Australia considers that to achieve this end, the Tasmanian Government could take the following actions:

- Develop an Asthma Plan for Tasmania, in response to the *National Asthma Strategy 2018*;
- Develop a Chronic Conditions Plan for Tasmania, in response to the *National Strategic Framework for Chronic Conditions*;
- Target investments towards evidence-based preventive health interventions, including measures to increase diffusion of best practice and bridge the gap between research-based knowledge and practice, as well as addressing “upstream” factors to create environments for sustainable change into the future;
- Increase investment in Aboriginal and Torres Strait Islander, maternal, family and child health; and
- Increase the focus on populations that are disproportionately affected by chronic conditions such as asthma, particularly Aboriginal and Torres Strait Islander people.

RECOMMENDATION 4: Asthma Australia recommends the Tasmanian Government develop an asthma plan for Tasmania which targets investments towards evidence-based preventive health initiatives, particularly for priority populations.

2 How can we shift the focus from hospital-based care to better community care in the community?

A shift in focus from hospital-based care to community care can be achieved by building capacity to deliver health outcomes in the community setting. The Tasmanian Government can work towards achieving this by funding initiatives that leverage existing community connections, collectives, resources and expertise that already exist in local settings.

Asthma management is undertaken by individuals, families, community organisations, employers, private health insurers, non-government organisations, industry and different sectors and levels of government. Whole-of-system (i.e. systemic) change requires “buy in” by these stakeholders, with change occurring at different levels, including individual, family, organisation, workplace, community and societal levels.

Asthma Australia believes that people living with asthma and/or multiple chronic conditions, those close to them and surrounding community networks are a largely “untapped resource” in the management of asthma and other chronic conditions. Asthma is best addressed as part of a holistic approach to improving the health outcomes of people with asthma and other chronic conditions.

Asthma Australia therefore supports the input of the consumer in the development of any new health policy, through methodologies such as “co-design”, discussed above in response to Question 1. Co-design equalises power imbalances between professionals, systems stakeholders and people with lived experience. It brings people with lived experience together with their health professionals, each contributing their own knowledge and expertise to design problem-solving activities.



The Tasmanian Government could implement the following key actions to shift focus from hospital-based care to community care:

- Continue to develop new and leverage existing community-level health projects across multiple communities, such as the Tasmanian Anticipatory Care Project;
- Support initiatives that provide a shared translational research agenda that informs a well-integrated, people-centred and effective health system, such as the Tasmanian Collaboration for Health Improvement;
- Work in partnership with and leverage Local Government health and wellbeing initiatives that target priority populations;
- Explore health initiatives that can be delivered through existing community facilities in place, such as Neighbourhood Houses and Libraries;
- Utilise existing local health facilities such as District Hospitals and Community Health Centres to conduct regular asthma outpatient clinics;
- Support other health workers—such as pharmacy assistants, practice nurses, community nurses, Aboriginal health workers, child and family health workers—to be trained in accredited asthma management in order to leverage new parts of the existing health workforce and relieve the load on GPs and pharmacists;
- Support “peers” in the community to be trained in asthma management and education to leverage their community expertise and connections to relieve the load on the public health system;
- Improve uptake of asthma protocols and training by community groups, such as sporting and community service groups;
- Increase the number of respiratory specialists—including nurse practitioners, clinical nurse consultants and GPs—across the state, as their expertise will become more pressing as air quality is increasingly impacted by a changing climate; and
- Employ co-design to empower people with lived experience to contribute to policy discussions alongside professionals and systems stakeholders.

RECOMMENDATION 5: Asthma Australia recommends the Tasmanian Government fund initiatives that leverage existing community connections, collectives, resources and expertise in delivering health management and support services in place in the community.

Reform Initiative 2 – Modernising Tasmania’s Health System

To date, Australia’s health system has had a slow uptake of technologies.²⁸ Asthma Australia recommends greater investment in technology, including continued investment in My Health Record (to address barriers to uptake) and other digital technologies (e.g. eHealth, mHealth) to improve interdisciplinary communication and the appropriate sharing of information and care coordination between providers, services and sectors. In asthma care, for example, communication between GPs, pharmacists and consumers about asthma action plans and asthma medication is critical.

Asthma Australia considers that one of the best ways to modernise Tasmania’s health system, particularly from an asthma perspective, is to strengthen asthma prevention through research, evidence and data.



Strengthening asthma prevention and management through research, evidence and data

Chronic conditions including asthma have a significant impact on Australia's health and productivity, and research into the conditions is an important priority.

Asthma Australia supports the goal of responding to emerging issues and new science. However, it is important to recognise the gap between research-based knowledge and practice. Using information effectively can increase diffusion of best practice and bridge the gap. This includes a focus on implementation of science and health service research. Education, training and support for consumers and the workforce will also be critical to ensuring health care reflects new science.

In the asthma context, there are a number of gaps between evidence and practice, including adherence to Australia's world-leading asthma guidelines, the level of asthma control experienced by people with asthma, and the uptake of asthma action plans for adults and children. It is important to utilise science and health services research in addressing these gaps. This will achieve the greatest gains in improving patient quality of life and reducing asthma morbidity and its associated costs.

As the *National Asthma Strategy 2018* sets out:

While there is currently no cure for asthma, there are effective management strategies available to control the disease and prevent the worsening of asthma symptoms, such as uptake of asthma action plans. However, uptake of effective self-management practices is seldom reported by patients and there is evidence of health professional non-adherence to best practice treatment guidelines.

...

There is great opportunity to realise effective change for asthma, as it is a common chronic condition with clearly defined interventions that can reduce its impact on individuals and the community. Evidence-based effective strategies are available to address patient factors such as medication adherence, correct inhaler technique, use of asthma action plans and understanding asthma triggers. Similarly, health professionals need to work in partnership with patients to conduct regular reviews, prescribe appropriate medications, update asthma action plans, and assist patients to use their inhalers correctly.²⁹

RECOMMENDATION 6: Asthma Australia recommends the Tasmanian Government focus on areas where significant gaps exist between evidence and practice.

3 What information should be prioritised for addition to the My Health Record to assist clinicians in treating patients across various health settings (e.g. GP rooms, Hospital in the Home, Hospital, Specialist Outpatients)?

Asthma Australia supports greater investment in technology in order to activate self-management at scale. In respect of asthma, these investments should be designed with the asthma user in mind, including through:

- Continued investment in My Health Record to address barriers to uptake (such as health literacy and privacy concerns) in order to improve information flows to patients and improve health literacy. Access to My Health Record may help some consumers be more involved in decisions that affect their health;



- mHealth technology linked to smartphones to support people with some of the challenges of self-managing their asthma—tracking inhaler use, inhaler technique, avoiding triggers and recognising worsening symptoms; and
- Digital asthma action plans, in order to increase access to and uptake of asthma action plans, as less than one-third of people with asthma have an asthma action plan, despite the recommendation that every person with asthma have one.³⁰ This should include annual review dates for asthma plans.

RECOMMENDATION 7: Asthma Australia recommends that digital Asthma Management Plans are prioritised in My Health Record.

7 How can we use technology to empower patients with their own self-care?

A digital ecosystem should be created that provides more complete solutions for people with asthma. As one consumer told Asthma Australia, “[w]e need a focus on computer literacy and digital literacy – everyone needs the same ability to access information”.

In particular, we support the statement in the *National Asthma Strategy 2018* that:

*Innovation in digital health technology and more integrated health care systems are likely to transform asthma care and ease pressure on the healthcare system by reducing routine GP appointments and enabling people to manage their own condition.*³¹

Asthma Australia already provides a range of services that utilise technology and aim to empower people with asthma to care for themselves, such as:

- 1800 ASTHMA and the COACH Program®;
- Online information and resources on our website;
- Online webinars and education sessions;
- Social media posts with asthma management information and prompts; and
- Promoting services and resources that provide information on air quality in Tasmania, including the AirRater app.

Asthma Australia also provides funding to researchers to develop new technologies. For example, in 2017, Asthma Australia contributed funding—together with the National Health and Medical Research Council’s Centres for Research Excellence and Queensland Health—to the Menzies School of Health Research’s Child Health Division to develop an interactive mobile application targeted to Aboriginal and Torres Strait Islander families. The funding allowed the Menzies School of Health to convert a paper-based asthma flipchart to a mobile application, which includes static and interactive formats, and is available in eight Indigenous languages.

Other ways to utilise technology to empower patients with their own self-care include:

- Resourcing and promoting existing community-based technology hubs—such as libraries, online access centres, neighbourhood houses and community centres—as places where people can actively manage their health online;



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- Providing support for telehealth installations at locations in the community where those without computers at home may have a consultation with their health professional (some pharmacies already do this);
- Generating automatic reminders for annual reviews and prescriptions through practice management software;
- Supporting peer networking groups online in chatrooms, Facebook groups or similar forums such as the 'PatientsLikeMe' platform;³² and
- Generating automatic e-referrals to relevant community care on discharge from hospital.

Asthma Australia believes transitioning from paper to digital asthma management plans would be a useful development for many people with asthma. As noted above in response to Question 7, less than one-third of people with asthma have an asthma action plan, despite the recommendation that every person with asthma have one. A digital asthma management plan that can be easily shared between health providers throughout the patient care journey may increase the incidence of uptake of asthma plans.

RECOMMENDATION 8: Asthma Australia recommends that health consumers and health professionals be involved in designing innovative, patient-centred technology solutions to health management.

Reform Initiative 3 – Planning for the Future

Asthma Australia considers that in planning for the future, the Tasmanian Government should prioritise:

- Reducing health inequity;
- Addressing the social and environmental determinants of health;
- Supporting consumer action and empowerment; and
- Promoting health and reducing asthma risk.

Asthma Australia's position on reducing health inequity and consumer action and empowerment has been outlined above with respect to Reform Initiative 1.

Promoting health and reducing asthma risk

Asthma Australia supports preventive health actions that create behaviours, communities and environments that promote health and reduce asthma risk across the life course. We support investment in interventions to address the determinants of health including the shared protective factors and modifiable risk factors for asthma and other chronic conditions, and the social determinants of health.

There are many determinants of health and wellbeing and they interact to raise or lower the health status of individuals and populations. Determinants of health are often called factors (risk factors, protective factors) or underlying causes. While some determinants of health sit within the realm of the health sector, there are many that fall outside the boundaries of health. A person's health and



wellbeing is influenced by individual, societal and socioeconomic factors. They include broad features of society and environment; socioeconomic characteristics; a person's knowledge, attitudes and beliefs; health behaviours; psychological factors; safety factors; and biomedical factors. The *National Strategic Framework for Chronic Conditions* categorises determinants of health into four categories:

- Physical environment;
- Social environment;
- Economic factors; and
- Individual characteristics.³³

Case study: Culture Well

The Culture Well project was implemented jointly with One Health Organisation and World Wellness Group in three Culturally and Linguistically Diverse (CALD) South Brisbane communities (Arabic speaking, Vietnamese and Samoan). The project was based on an understanding that health and wellbeing is made up of many different, inter-connecting factors, that can be thought of as a system of a person's life and health. A new form of systems mapping was used to "map the systems" of health and wellbeing for these three CALD groups. These maps were used to identify the major barriers and enablers to health and wellbeing.

The hypothesis—that culture is a more important determinant of health and wellbeing than which chronic condition you have, and whether different determinants affect health more for different cultures—was proved in this first phase of the project.

The Arabic community was selected for the next phase of the project—a partnership to provide cultural competence training to pharmacists so they are able to deliver health education to the Arabic community about the health system in a culturally competent way. To gain the full accreditation points, the pharmacist will need to demonstrate they have interacted with the community and are going to implement a changed practice around cultural competence.

A final analysis of the project will take place at the project's conclusion.

Air quality in Tasmania

In planning for the future, the Tasmanian Government should consider the health impacts of poor air quality in Tasmania. Poor air quality is a significant risk factor all people living in Tasmania, but particularly for people with asthma.

Smoke generated by woodfire heaters is a serious concern for people with asthma and other respiratory conditions. Woodfire smoke is responsible for increased asthma prevalence and is also a trigger for asthma flareups. It contains a range of toxins including fine particulate matter which is small enough to enter the lungs and bloodstream. This particulate matter or PM2.5 can cause short and long-term health impacts such as asthma, cardiovascular problems, cancers and premature death.³⁴



In Tasmania, a recent health impact assessment estimated that woodfire heaters are responsible for 65 deaths, 7 asthma emergency visits and 43 respiratory hospitalisations annually. This equated to an estimated \$293 million dollars in health costs annually, which is significantly higher than the \$34 million attributable to landscape fire smoke.³⁵

Climate change and extreme weather events—such as thunderstorm asthma and bushfires—are also increasing Australians’ exposure to air pollution.³⁶

Asthma Australia suggests the Tasmanian Government consider the following five air quality policy priority areas in the developing the second stage of its health reform:

- Improve the collection of data and undertake research on the short and long-term health impacts of poor air quality, particularly for children;
- Manage the adverse health impacts of poor air quality through targeted support, particularly for people who are at greater risk, including people with asthma;
- Provide timely and appropriate information on air quality, including approaches to reduce the risk of adverse health impacts from exposure to poor air quality;
- Improve hazard reduction burning practices to minimise health impacts; and
- Take action to address climate change to reduce the frequency and severity of catastrophic bushfires and associated hazardous air quality.

Reform Initiative 3c – Strengthen the clinical and consumer voice in health service planning

Prevention must be embedded into routine health service delivery, including person-centred care. Within this framework, partnerships are the mobiliser of health system planning and should be nurtured. Critically, health organisations need sustained and adequate funding, so that peak health and consumer representative organisations can play their part in addressing common underlying determinants of health.

In working towards strengthening the clinical and consumer voice, consideration should also be given to co-design and consumer input, discussed above under Reform Initiative 1.

1 How could a Statewide Clinical Senate assist in providing advice to guide health planning in Tasmania.

Asthma Australia supports the establishment of a Statewide Clinical Senate. A Statewide Clinical Senate could assist in providing advice to guide health planning in Tasmania by gathering important clinical insights from relevant bodies throughout the health sector. For example, through the Statewide Clinical Senate the Tasmanian Government could consult with Asthma Australia’s Research Advisory Committee and Professional Advisory Council regarding asthma prevention and management in the context of chronic disease management in Tasmania.

RECOMMENDATION 9: Asthma Australia recommends the proposed Statewide Clinical Senate consult with Asthma Australia’s relevant advisory bodies on issues relating to asthma in Tasmania.



2 How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement?

Asthma Australia recommends the Tasmanian Government engage with the Consumer & Community Engagement Councils, the Health Council and Health Consumers Tasmania on health service planning, delivery and quality improvement through the development of chronic condition and asthma health policies.

Asthma Australia also considers that the Tasmanian Government should engage with peak consumer bodies like Asthma Australia on health service planning, delivery and quality improvement. We occupy a unique position as the leading consumer voice for asthma, and in our work we are informed by a broad network of consumers through channels such as our Consumer Advisory Council, our large social media community and regular consumer surveys. These channels allow us to understand consumer experiences, and to identify and share consumer insights in consultation processes such as this one.

The consumer voice provides powerful insights into how health services are engaged. Genuine consumer engagement through the co-design of services at the beginning of the planning process would assist in developing consumer-centric services, trust and engagement.

RECOMMENDATION 10: Asthma Australia recommends the Tasmanian Government use a co-design approach in health service planning, delivery and quality improvement. The Tasmanian Government should work with the Consumer & Community Engagement Councils, professional health industry associations and consumer representatives, including Asthma Australia.

Case study: Community of practice networks for health promotion in Tasmania

Asthma Australia is a member of the government-convened health promotion networks in the south, north and north west of Tasmania. These groups are an invaluable conduit for sourcing and distributing information from consumers and health providers in shaping how Asthma Australia can best deploy its various strategic initiatives. Importantly, these groups provide local connections to community representatives so that calls for input, feedback and comment are widely broadcast across the community to maximise engagement and ongoing participation.

3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including:

a. Personal: participation and engagement in a person's own care

Addressing the social determinants of health is critical to enhancing the ability of individuals to make decisions about their health. This requires genuine engagement with the consumer. Providing opportunities for people with chronic conditions to comment on and give their input into service development and improvement adds to their sense of control and ownership. Understanding the consumer voice through genuine engagement also serves to deliver insights to health care professionals. Health care professionals can understand what is important to the consumer, which in



turn assists them in developing a joint plan of care that addresses barriers identified by the person with lived experience.

In looking to strengthen and optimise consumer engagement and participation at the local level, Asthma Australia suggests the Tasmanian Government consider the recently published *Self-Care for health: a national policy blueprint* by the Mitchell Institute for Education and Health Policy at Victoria University. This document “presents a suite of priority policy proposals for implementation in Australia to support self-care through health policy and practice”.³⁷

Asthma Australia also notes the importance of health literacy to a discussion of strengthening the clinical and consumer voice. Health literacy was discussed above in response to Reform Initiative 1, and is also discussed further below at Question 4.

RECOMMENDATION 11: Asthma Australia recommends the Tasmanian Government consider adopting the *Self-Care for health: a national policy blueprint* as a guiding framework for person-centred care.

b. Local: participation and engagement in service improvement at a local level

Asthma Australia recognises the importance of engaging consumers in the design and delivery of preventive health interventions and services, including those disproportionately affected by asthma. This should include co-design, discussed above in response to Reform Initiative 1.

Further, Asthma Australia notes consistent evidence that place has an important and independent effect on health.³⁸ Many of the influences on health occur in the settings in which we live our day-to-day lives, such as our homes, schools, communities and workplaces. Place-based approaches utilise the setting of a local area in order to carry out preventive health interventions.

Where priority groups are already being serviced, for example by Aboriginal Community Controlled Health Organisations, the capabilities of those services should be enhanced rather than building new services. For example, with respect to asthma in the Aboriginal and Torres Strait Islander community, the development and delivery of Aboriginal and Torres Strait Islander people-led approaches that are locally responsive and culturally appropriate can reduce the disparity in health outcomes due to asthma between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

RECOMMENDATION 12: Asthma Australia recommends the Tasmanian Government support existing community-based services and advance initiatives that enhance locally-based care and ongoing support.

Case Study: the Brighton Care Collective

The Brighton Care Collective is a group of organisations which provide services in the Brighton municipality. It promotes better communication to ensure people get the right service, at the right time, in the right place. The Brighton Care Collective’s focus is on achieving better health outcomes by improving care coordination from the providers in Brighton. Brighton has the highest asthma rates in Tasmania and it is a priority area for Asthma Australia. Membership of the Brighton Care Collective has given Asthma Australia an unparalleled opportunity to connect with the population and engage in meaningful and sustainable solutions.



c. Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?

There are increasing opportunities for consumer engagement in health system design and delivery, for example, as advocates and representatives across government committees, working parties and policy roundtables. However, there is often only one consumer representative among many clinicians and other industry members, which does not adequately reflect Australia's diverse population.

In the asthma context, research has shown asthma self-management support models are framed by the clinical agenda. As mentioned earlier in response to Reform Initiative 1, asthma practitioners and patients agree that asthma increasingly needs to be managed from the perspective of the patients' personal disease experience and their social and environmental context. The lack of a holistic, personalised approach as a shortfall in current healthcare practice. Furthermore, evidence shows asthma patients and health professionals use different language to describe asthma and to judge the severity of the condition; terminology is confusing and often misunderstood.

Asthma Australia considers that true and genuine person-centred care must be embedded into routine health service delivery. This requires measures to address workforce education, training and support. Person-centred care is characterised by:

- Care that is respectful of, and responsive to, consumer preferences, needs, values and culture; and
- Partnerships between consumers (including their families, carers and other support roles) and healthcare providers, including shared decision making and self-management support.

Underpinning person-centred care are health literate consumers who are empowered to manage their health, and healthcare providers who respect and respond to patient choices, needs and values. Importantly, person-centred care goes beyond individual patients taking an active role in managing their health, to consumers as active partners and leaders in the development and design of health care systems and services.

RECOMMENDATION 13: Asthma Australia recommends that person-centred care be embedded into routine health service delivery by addressing workforce education, training and support.

4 Are there particular models of consumer engagement and participation that we should consider?

As noted throughout this submission, Asthma Australia supports greater investment in consumer education, training and support to improve health literacy, health knowledge and self-management skills. Asthma Australia works in partnership with various organisations to achieve this end, and has developed some effective models of consumer engagement and participation.

Examples of our work include the Menzies School of Health mobile application discussed above with respect to Reform Initiative 2 and our collaborative work with the University of Sydney, University of Melbourne and the Woolcock Institute of Medical Research in the development of the Kiss myAsthma application. The Kiss myAsthma application was developed with young people to create a



dynamic platform where users can track symptoms, make and update goals, and access information about asthma.

Consumer engagement and participation cannot be achieved without effective communication of information. Such information must be provided in language that is accessible and inclusive. Consumer information must speak to the person, not their difference (person-first language). Asthma Australia recommends that consumer engagement and participation reflects the WHO's six principles for effective communication:

- Accessible;
- Actionable;
- Credible and trusted;
- Relevant;
- Timely; and
- understandable.³⁹

RECOMMENDATION 14: Asthma Australia recommends greater investment by the Tasmanian Government in developing a consumer education, training and support strategy to develop health literacy across all levels of the health system.

5 How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?

Opportunities for consumers to feed back to the Tasmanian Government regarding their healthcare could be improved by:

- Promptly and genuinely listening to and valuing the patient experience;
- Seeking feedback across all health system touchpoints;
- Creating a consistent feedback system across the entire health system and promoting it widely;
- Providing access to feedback opportunities in the community setting;
- Increasing a range of feedback service models, potentially through a dedicated freecall telephone number, a digital platform, face to face meetings, focus groups, consultations and feedback forums; and
- Ensuring follow up by hospitals and health centres post patient discharge, potentially through a dedicated freecall telephone number, a digital platform, face to face meetings, consultations and feedback forums.

RECOMMENDATION 15: Asthma Australia recommends the Tasmanian Government create a whole-of-system feedback mechanism consistently apply it across all health touchpoints and within the community to gather consumer input.



6 How do we strengthen education and training for health professionals and health policy makers and planners in relation to the importance of consumer engagement and participation across all levels of healthcare?

Asthma Australia suggests the following ways in which to strengthen education and training for health professionals, and health policy makers and planners:

- Embedding and incentivising person-centred care into the health system;
- Creating opportunities for health sector forums and think tanks involving consumers, so that these consumers can share their experiences;
- Leveraging consumer reference groups like Health Consumers Tasmania to provide co-design training and advice on practice; and
- Developing collaborative projects with professional health industry associations and relevant organisations, such as Asthma Australia, to deliver consumer engagement training.

The Tasmanian Government could also draw on our existing training for health professionals, which includes person-centred care, notably the module 'Partnering with your patients', *ThinkGP Asthma Education – Asthma Australia: Practical Solutions for challenges in primary care*.⁴⁰

RECOMMENDATION 16: Asthma Australia recommends the Tasmanian Government:

- **Form education partnerships with health sector representatives and facilitate training programs led by health consumer experts on consumer engagement principles; and**
- **Draw on existing training programs.**



Summary of recommendations

RECOMMENDATION 1: Asthma Australia recommends increased and ongoing funding for Asthma Australia's programs and activities that support self-management and deliver preventive health strategies.

RECOMMENDATION 2: Asthma Australia recommends the Tasmanian Government develop chronic condition and asthma specific health policies in line with the 2017 *National Strategic Framework for Chronic Conditions* and the *National Asthma Strategy 2018*.

RECOMMENDATION 3: Asthma Australia recommends that Aboriginal and Torres Strait Islander people be recognised as a priority population due to their overrepresentation in asthma data. The Tasmanian Government should respond to the specific needs of this population in any actions undertaken in priority areas for health reform.

RECOMMENDATION 4: Asthma Australia recommends the Tasmanian Government develop an asthma plan for Tasmania which targets investments towards evidence-based preventive health initiatives, particularly for priority populations.

RECOMMENDATION 5: Asthma Australia recommends the Tasmanian Government fund initiatives that leverage existing community connections, collectives, resources and expertise in delivering health management and support services in place in the community.

RECOMMENDATION 6: Asthma Australia recommends the Tasmanian Government focus on areas where significant gaps exist between evidence and practice.

RECOMMENDATION 7: Asthma Australia recommends that digital Asthma Management Plans are prioritised in My Health Record.

RECOMMENDATION 8: Asthma Australia recommends that health consumers and health professionals be involved in designing innovative, patient-centred technology solutions to health management.

RECOMMENDATION 9: Asthma Australia recommends the proposed Statewide Clinical Senate consult with Asthma Australia's relevant advisory bodies on issues relating to asthma in Tasmania.

RECOMMENDATION 10: Asthma Australia recommends the Tasmanian Government use a co-design approach in health service planning, delivery and quality improvement. The Tasmanian Government should work with the Consumer & Community Engagement Councils, professional health industry associations and consumer representatives, including Asthma Australia.

RECOMMENDATION 11: Asthma Australia recommends the Tasmanian Government consider adopting the *Self-Care for health: a national policy blueprint* as a guiding framework for person-centred care.

RECOMMENDATION 12: Asthma Australia recommends the Tasmanian Government support existing community-based services and advance initiatives that enhance locally-based care and ongoing support.



RECOMMENDATION 13: Asthma Australia recommends that person-centred care be embedded into routine health service delivery by addressing workforce education, training and support.

RECOMMENDATION 14: Asthma Australia recommends greater investment by the Tasmanian Government in developing a consumer education, training and support strategy to develop health literacy across all levels of the health system.

RECOMMENDATION 15: Asthma Australia recommends the Tasmanian Government create a whole-of-system feedback mechanism consistently apply it across all health touchpoints and within the community to gather consumer input.

RECOMMENDATION 16: Asthma Australia recommends the Tasmanian Government:

- Form education partnerships with health sector representatives and facilitate training programs led by health consumer experts on consumer engagement principles; and
- Draw on existing training programs.

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