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Standing Committee on Health, Aged Care and Sport
Inquiry into Diabetes
House of Representatives
Parliament House
Canberra ACT

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AstraZeneca is a leading global science-led biopharmaceutical company

AstraZeneca is a global, science-led biopharmaceutical company that focuses on research, development, manufacture and supply of medicines for the treatment of diseases in four therapy areas – Oncology; BioPharmaceuticals; Vaccine and Immune Therapies; and Rare Disease.

At AstraZeneca Australia we have been working to push the boundaries of science to deliver life-changing medicines that aim to make a real difference to the lives of Australians for more than 60 years.

AstraZeneca Australia partners with a number of health care, medical and science organisations in diabetes, heart and kidney disease including The Australian Diabetes Society, the Cardiac Society of Australia and New Zealand, Diabetes Australia, Kidney Health Australia, Heart Foundation, and hearts4heart.

Summary recommendations of the submission

Thank you for the opportunity to make a submission to the House of Representatives Standing Committee on Health, Aged Care and Sport's Inquiry into Diabetes. AstraZeneca's submission includes observations across the following areas which address Terms of Reference 2, 3, 4 and 5:

- Importance of integrated multi-disciplinary management for people with diabetes
- Proactive kidney health checks for people with diabetes
- Improvements required in clinical guidelines
- Improvements required in data collection for estimated glomerular filtration rates (eGFR) and urine albumin-creatine ratio (UACR)
- Health equity for First Nations people, and people in rural & regional communities
- Public health awareness and prevention campaigns

This submission makes a number of recommendations informed by our partnerships with multiple stakeholders across the health system including healthcare and patient organisations, and direct discussions with clinicians in primary and specialty care. Of the recommendations made we believe there are three summary recommendations, which if adopted, would make the biggest impact for Australians living with diabetes and associated co-morbidities of chronic kidney disease (CKD) and cardiovascular diseases:

1. The Australian Government, in collaboration with states and territories should co-invest in nurse-led CKD early detection testing programs for people with diabetes including ongoing patient care and support.
2. The Australian Government should create Medicare incentives to rapidly boost kidney health checks for people with diabetes and require the collection of eGFR and UCAR.
3. The Australia Government should invest in a major national public health campaign focused on the prevention and early detection of diabetes and related diseases such as chronic kidney disease and cardiovascular diseases.

Importance of integrated multi-disciplinary management for people with diabetes

Diabetes is an interconnected chronic disease with shared risk factors and similarities with chronic kidney disease and cardiovascular diseases.[1] Some people with diabetes experience multiple and complex chronic conditions. For example, it is estimated up to 40% of people with diabetes will develop CKD in their lifetime.[2] Due to the complex nature of disease and its impact on multiple body systems, diabetes management requires an integrated multi-disciplinary approach. However the current structure of our health systems can make this challenging. Improvements are required, especially in primary care practice to diagnose these comorbidities earlier. Greater utilisation of multi-disciplinary teams is important, as well as reforms to funding models within Medicare and in state health service delivery.

There is extensive available evidence of comorbidities and multi-morbidities of diabetes, chronic kidney disease and cardiovascular diseases in primary and tertiary care.[3] The Australian Health Measures Survey data from 2011-12 estimated 2.8 million Australian adults (18%) were living with diabetes, chronic kidney disease and/or heart, stroke or vascular diseases. Of those, 860,000 had diabetes, of which: 480,000 (3.1% of adults) had diabetes only and 201,000 (1.3% of adults) had diabetes and CKD.[4] Cardiovascular disease was the most common comorbidity (8.1%), of the 1.2 million hospitalisations for diabetes in 2020–21 with CKD present in 6.3% of diabetes hospitalisations.[5]

Our health system is not always organised or coordinated to provide preventative and earlier care to patients with these complex multi-morbidities. Leadership is required from federal, state and territory governments to improve the management of the interconnections of type 2 diabetes and other diseases.

[1] Kidney Health Australia (2021), *Make the Link: Kidneys, Diabetes & Heart, Evidence Report 2021*, viewed 29 August 2023, https://kidney.org.au/uploads/resources/KHA-Report-Make-the-link-kidneys-diabetes-heart.pdf
[2] Diabetes Australia, 'Kidney damage affecting 40% of people with diabetes, new study', 17 June 2021, https://www.diabetesaustralia.com.au/blog/kidney-damage-affecting-40-of-people-with-diabetes-new-study/
[3] Australian Institute of Health and Welfare, 'Diabetes: Australian Facts', Web Report, last updated 30 June 2023, viewed 29 August 2023, https://www.aihw.gov.au/reports/diabetes/diabetes/contents/comorbidity-of-diabetes
[4] Australian Institute of Health and Welfare, 'Diabetes: Australian Facts', Web Report, last updated 30 June 2023, viewed 29 August 2023, https://www.aihw.gov.au/reports/diabetes/diabetes/contents/comorbidity-of-diabetes
[5] Australian Institute of Health and Welfare, 'Diabetes: Australian Facts', Web Report, last updated 30 June 2023, viewed 29 August 2023, https://www.aihw.gov.au/reports/diabetes/diabetes/contents/comorbidity-of-diabetes

Recommendations:

1. The Australian Government should support medical education in primary care to follow evidence-based guidelines to improve the early detection and prevention of diabetes-related co-morbidities including CKD and cardiovascular diseases.
2. The Australian Government should coordinate with states and territories a national strategy to improve diabetes comorbidity management in primary care to avoid hospital presentations, and improve post-discharge follow up.

Proactive kidney health checks for people with diabetes

The health system does not proactively or systematically test people at risk of developing complications from diabetes which results in a significant national public health burden. There is no specific Medicare Benefit Schedule reimbursement for kidney health checks. The lack of proactive and systematic kidney health checks could be a contributor to the very low diagnosis rate of CKD in Australia (which is only 6.1%)[6], despite an estimated two million Australians having bio-markers for CKD.[7]

The National Diabetes Strategy includes recommendations for integrated chronic disease testing.[8] Kidney Health Australia provides guidance for how kidney health checks can be undertaken and how at-risk people should be tested.[9] A kidney health check includes a urine test, a blood test, and a blood-pressure check. Diabetes Australia and Kidney Health Australia have both advocated for accelerated uptake of kidney health checks.

Nurse-led detection and recall programs can be effective in diagnosing CKD earlier. AstraZeneca partners with medical organisation DKSH Australia for a nurse DETECT program, which operates in primary care to identify, recall and test/diagnose patients at risk of CKD. AstraZeneca has also partnered with Kidney Health Australia to support clinical audit programs in primary care. There is benefit in these programs being supported by governments. The Australian Government and states and territories should invest in nurse-led detection programs for the earlier detection of diabetes-related disease, such as chronic kidney disease.

Recommendations:

3. The Australian Government should create MBS incentives to rapidly accelerate kidney health checks for at-risk groups, including people with diabetes.

[6] Australian Institute of Health and Welfare, 'Chronic Kidney Disease: Australian Facts', last updated 30 June 2023, viewed 30 August 2023, https://www.aihw.gov.au/reports/chronic-kidney-disease/chronic-kidney-disease/contents/summary

[7] Kidney Health Australia and Deloitte Access Economics, *Changing the chronic kidney disease landscape: The economic benefits of early detection and treatment*, February 2023, p vii https://kidney.org.au/get-involved/advocacy/deloittereport

[8] Australian Government, *National Diabetes Strategy: 2021-2030*, p 16, viewed 28 August 2023, https://www.health.gov.au/sites/default/files/documents/2021/11/australian-national-diabetes-strategy-2021-2030_0.pdf

[9] Kidney Health Australia, 'Chronic Disease Management', https://kidney.org.au/health-professionals/ckd-management-handbook

4. The Australian Government, in collaboration with states and territories should co-invest in nurse-led CKD early detection testing programs for people with diabetes, including ongoing patient care and support.
5. The Australia Government should work with and support non-government health organisations, such as Kidney Health Australia, Diabetes Australia, the Heart Foundation and NACCHO, to design programs for the early-detection of diabetes-related chronic diseases like CKD and cardiovascular diseases.

Improvements required in clinical guidelines

Australian clinical guidelines cannot always keep up to date, in a timely way, with new evidence generation and gold-standard international guidelines. Clinical guidelines in Australia are maintained by peak national medical and scientific bodies including the Australian Diabetes Society, Cardiac Society of Australia and New Zealand, and Kidney Health Australia.[10] These groups require additional support from government to ensure all Australians may access the latest evidence-based practice as soon as practicable.

Recommendation:

6. The Australian Government should provide greater support to clinical societies to ensure timely scientific updates to local guidelines and promote guideline-directed medical therapy and evidence-based practice.

[10] See Kidney Health Australia, https://kidney.org.au/health-professionals/ckd-management-handbook

Improvements required in data collection for estimated glomerular filtration rates (eGFR) and urine albumin-creatine ratio (UACR)

Administrative data in primary care, and incentive-based quality improvement programs do not currently incentivise the collection of key clinical measures, such as estimated glomerular filtration rates (eGFR) and urine albumin-creatine ratio (UACR), which can indicate risk of CKD. The current 10 outcomes measures of the Quality Improvement Practice Incentive Program (QI PIP) for patients with diabetes currently requires a HbA1c result and blood pressure result, but not UACR and eGFR.[11] This should be amended to enable the monitoring of CKD risks for people with diabetes.

Recommendation:

7. The Australian Government should amend the Quality Improvement Practice Incentive Outcome Measures to include collection and reporting of UACR and eGFR.

Health equity for First Nations people and people in regional & rural communities

First Nations people, and people living in rural and regional communities, face significant risks of developing diabetes and other diseases, and barriers to access care.

In 2021, the prevalence of diabetes was highest in remote and very remote areas where people were 1.3 times as likely to be living with diabetes as those in major cities.[12] Indigenous Australians (64,100) are almost three times as likely to be living with diabetes as their non-indigenous Australians according to self-reported data from the ABS 2018-19 National Aboriginal and Torres Strait Islander Health Survey.[13]

Kidney Health Australia's *Make the Link* evidence report explains more than one-third of Aboriginal and Torres Strait Islander Australians have one or more of diabetes, chronic kidney disease, or cardiovascular diseases, and they appear at a younger age and progress faster compared with non-indigenous people. Of Aboriginal and Torres Strait Islander adults with diabetes, 56% have comorbid CKD compared to 32% of non-indigenous Australians.[14]

Feedback from indigenous elders and community groups is that they require more primary prevention materials and aids to assist health literacy within their families and communities. Improved health responses are more effective when in partnership with elders, communities, and Aboriginal

[11] Department of Health, PIP QI Incentive Guidance, viewed 29 August 2023, https://www1.health.gov.au/internet/main/publishing.nsf/Content/PIP-QI_Incentive_guidance
[12] Australian Institute of Health and Welfare, 'Diabetes: Australian Facts', 30 June 2023, viewed 30 August 2023, https://www.aihw.gov.au/reports/diabetes/diabetes/contents/total-diabetes/total-diabetes
[13] Australian Institute of Health and Welfare, 'Diabetes: Australian Facts', 30 June 2023, viewed 30 August 2023, https://www.aihw.gov.au/reports/diabetes/diabetes/contents/total-diabetes/total-diabetes
[14] Kidney Health Australia (2021), *Make the Link: Kidneys, Diabetes & Heart, Evidence Report 2021*, viewed 29 August 2023, https://kidney.org.au/uploads/resources/KHA-Report-Make-the-link-kidneys-diabetes-heart.pdf

community-controlled health organisations. Health promotion programs like Deadly Choices is a good example of positive ways to engage First Nations communities in primary prevention.[15]

Recommendation:

8. The Australian Government should work with elders, NACCHO and other expert health organisations to support better prevention and management of diabetes in First Nations communities, and community-controlled responses for early detection of diabetes-related diseases including chronic kidney disease.

Public health awareness and prevention campaigns

Diabetes and related diseases require greater attention through large-scale and sustained national public health campaigns. Peak health organisations, such as Diabetes Australia and Kidney Health Australia, are active in fundraising, raising awareness and driving health promotion campaigns online and in the community. However, they need government support to reach a broader audience and have a greater impact, including to educate patients and communities on how to manage risk and understand care pathways. Better coordination and leadership from all governments will improve access to evidence-based public health information for individuals and communities.

Recommendation:

9. The Australia Government should invest in a major national public health campaign focused on the prevention and early detection of diabetes and related diseases such as chronic kidney disease and cardiovascular diseases.

[15] See Deadly Choices, led by the Institute for Urban Indigenous Health, https://deadlychoices.com.au/about/what-is-deadly-choices/