Name: Co-Chairs Prof. Alta Schutte and Prof. Markus Schlaich, on behalf of the National Hypertension Taskforce

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Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The Taskforce draws upon extensive local and international expert consultation to inform its evidence-based approach. Aligned with key recommendations from the 2024 published Roadmap of the Taskforce, multidisciplinary team-based care is a cornerstone of the Taskforce's approach. It is essential to address the increasing burden of hypertension and related chronic diseases. We recommend evaluation and implementation of effective models that coordinate care among general practitioners, pharmacists, nurses, and other health professionals. This increased capacity can lead to improved patient follow-up, medication management, and adherence support.

Given that hypertension is the most prevalent condition managed by Australia's 37,000 general practitioners, optimising primary care processes is critical for improving health outcomes. Current data reveals that only 55% of Australians with hypertension achieve blood pressure control to the conservative target of 140/90 mmHg, highlighting significant room for improvement.

The Australian Government's decade-long primary care reform strategy emphasises consumer-centred care and enhanced team-based approaches. The implementation of MyMedicare in 2023 represents meaningful progress by incentivising care continuity, which directly benefits blood pressure management. However, existing fee-for-service models create structural barriers to effective team-based care by prioritising service volume over patient outcomes. Transitioning toward value-based care models would optimise funding allocation across multiple providers while focusing on measurable health improvements, aligning with recommendations from the 2022 Strengthening Medicare taskforce report.

2. What are the benefits of pursuing greater collaborative commissioning?

TEAM-BASED CARE: Enhanced collaborative commissioning through team-based care delivers substantial benefits by coordinating expertise among general practitioners, pharmacists, nurses, and other healthcare professionals. This approach requires seamless sharing of clinical data, laboratory results, and medication information, ultimately enabling superior patient follow-up, medication management, and adherence support.

International evidence from the United States and Canada demonstrates that multidisciplinary teams significantly improve blood pressure control rates, with emerging positive outcomes from nurse-coordinated hypertension programs in Australia. The 2022 Strengthening Medicare taskforce report acknowledges that general practitioners face increasingly complex patient demands, reinforcing the necessity of team-based care approaches.

The government's commitment to strengthening collaborative care through the Scope of Practice Review ensures healthcare professionals operate at their full potential. We recommend systematic evaluation of various team-based care models, focusing on implementing those with demonstrated effectiveness, particularly within value-based care frameworks. A shift towards value-based care would ensure optimal use of funding across multiple providers to achieve better health outcomes.

SYSTEMATIC SCREENING: The Taskforce recommends systematic blood pressure screening across primary, secondary, and tertiary care settings, engaging physicians, practice nurses, pharmacists, and allied health professionals including obstetricians, anaesthetists, audiologists, optometrists, dentists, physiotherapists, and exercise physiologists, all supported by clear referral pathways.

We strongly recommend expanding Medicare Benefits Schedule access for health assessments to include practice nurses and registered nurses, who are ideally placed to perform blood pressure measurements in GP practices. This expansion would improve financial viability for practices seeking to strengthen multidisciplinary care. Additionally, linking health assessments to MyMedicare while maintaining accessibility for non-registered patients would enhance care continuity.

BLOOD PRESSURE REGISTRY: Achieving these objectives requires integrated national database systems accessible to patients, primary care providers, and health system organisations (Pharmacies, PHNs, LHNs and ACCHOs), similar to existing cancer screening and immunisation registers, enabling safe and effective clinical data sharing.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

BLOOD PRESSURE REGISTRY: An effective hypertension control program requires the monitoring of blood pressure control at the patient, primary care and health system level. Australia's current data capture systems and national primary care infrastructure are inadequately designed for systematic national monitoring or meaningful comparisons between practices and primary health networks. These challenges stem from fragmented clinical software systems across general practice clinics, diverse clinical audit tools, and varying health informatics vendors used by primary health networks.

Currently, the Taskforce cannot effectively track national blood pressure data or monitor related medication usage through existing Pharmaceutical Benefits Scheme and Medicare Benefits Schedule services, limiting our ability to assess disease progression, hospitalisation rates, and long-term health outcomes.

In Australia, the Department of Health and Aged Care supports health care providers through other platforms, such as the Australian Immunisation Register. Similar to the need to manage raised blood pressure, the National Cancer Screening Register includes a single, integrated digital platform, facilitating electronic data capture, and supports the participation in cancer screening.

The Taskforce recommends establishing a national blood pressure surveillance system in primary care based on currently available infrastructure to optimally use data for patient monitoring and evaluation. This system should integrate standardised blood pressure data across the healthcare sector, ensure provider access to electronic health records, establish evidence-based blood pressure management protocols using comprehensive datasets rather than isolated data points, and facilitate early identification of high-risk patients.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

In Australia, raised blood pressure is the leading risk factor for preventable deaths from stroke, heart disease, kidney disease, and dementia, contributing to over 25,000 deaths annually. What's most alarming is that only 32% of Australians with hypertension have their blood pressure controlled to below 140/90 mmHg. This puts us far behind other high-income countries like Canada, where control rates have reached 68%.

As outlined in the Taskforce’s 2024 Roadmap published in the Medical Journal of Australia, population-based strategies that shift the whole distribution of risk factors would produce substantial reductions in cardiovascular disease (CVD) burden, and will

benefit children, older people, people living in rural and remote areas, culturally and linguistically diverse populations and First Nations peoples, as well as those not accessing primary care services. Such strategies would reduce the risk for people in Australia at all blood pressure levels.

Current fee-for-service models work against team-based care and prevention, as they create financial drivers to maintain the number of services rather than focus on health outcomes. Fragmented data systems also don't support systematic national monitoring or comparison between practices, across PHNs, or states.

Australia lacks a coordinated national effort and government leadership for implementing prevention context-specific strategies to target preventive actions with the greatest attributable risk for hypertension development, such as reducing sodium and increasing potassium intake (eg, using potassium-enriched salt substitutes), a nutritious food supply, a healthy bodyweight, increasing physical activity and avoiding alcohol intake.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

High blood pressure in Australia is underdiagnosed and poorly managed. One in three Australian adults (6.8 million people) have hypertension but only 32% (or 2.2 million) are treated effectively and have their blood pressure under control. Comprehensive primary and secondary prevention of cardiovascular disease through the effective detection and treatment of high blood pressure will yield the highest value care reducing Australia's leading causes of death, including stroke, coronary heart disease, dementia, and kidney disease.

Strengthening primary care in Australia will deliver optimal patient outcomes while maximising cost-effectiveness. In particular, implementation of three key strategies will yield substantial benefits; (1) incentivising annual accurate blood pressure measurements and (2) prescribing of single pill combination (SPCs) antihypertensive therapy (3) on 60 day dispensing. These prevention strategies are likely to provide the greatest value by effectively lowering blood pressure, reducing costs for both patients and government, and minimizing cardiovascular risk.

(1) PRACTICE INCENTIVE PROGRAM QUIALITY IMPROVEMENT (PIP QI PROGRAM): With 87% of people in Australia seeing a GP once a year, primary care incentives for routine systematic screening in general practice is the mostly likely route to successfully reach the 90% of people with hypertension detected, and enable their effective treatment to achieve blood pressure targets. For every $1 spent in Primary Care, there is a return of $1.60 of healthcare system benefits. Investment in Primary Care not only improves patient outcomes but also is a cost-efficient allocation of Government resources. Pathways to incentivise better monitoring include blood pressure control (%) as a quality improvement measure (QIM) in the PIP QI Program. This program is designed to improve patient outcomes by encouraging over 5,500 enrolled practices to participate in quality improvement activities related to 10 key preventative health QIMs. However, currently these is no stand-alone blood pressure QIM.

(2) SINGLE PILL COMBINATION (SPC) THERAPY: For most patients, successful treatment requires two or more medications. Currently most Australians with hypertension are only prescribed monotherapy with subsequent increase of the dose if

required. The latest research unequivocally demonstrates that it is safer and more effective to combine lower doses of different antihypertensive medicines than to increase the dose of one drug, ideally in the form of SPCs (or fixed-dose combination therapy), as this also improves patient adherence with prescribed medication due to less pill burden. SPCs therapy is also cost-saving to both the patient and government.

(3) 60-DAY DISPENSING: There is strong scientific evidence indicating that wide implementation of SPCs on 60-day dispensing will have a major impact on reducing cardiovascular outcomes across Australia.

OTHER EFFECTIVE PROGRAMS: The Taskforce's Roadmap also outlines additional examples of prevention programs and strategies. Hypertension Australia's May Measure Month (MMM) and Stroke Foundation's Australia's Biggest Blood Pressure Check (ABBPC) are further examples of successful prevention and awareness campaigns in Australia. Between 2017-2019, over 10,000 Australians were opportunistically screened for high blood pressure through MMM. In 2024, ABBPC reached 2.9 million people through digital advertising and 1.2 million Australians through traditional media – raising awareness about the risks of high blood pressure and encouraging people to go to their local GP or pharmacy to get checked. The Taskforce also supports the full implementation of MyMedicare incentivising continuity of care which is beneficial for achieving blood pressure targets.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

TEAM-BASED AND VALUE-BASED CARE MODELS: Aligned with the Taskforce's 2024 Roadmap recommendations, governments should prioritise supporting implementation of team-based and value-based care models through policy changes and funding models - rather than fee-for-service to focus on health outcomes.

PIP QI PROGRAM: With 87% of Australians see a GP annually, we also strongly recommend governments invest in systematic hypertension screening incentives by providing primary care incentives for routine health checks through the PIP QI Program. This could be included quality improvement measures like blood pressure control as part of Practice Incentives Programs. This would result in significant prevention gains.

BLOOD PRESSURE REGISTRY: Invest in economic tools to make healthy choices the most affordable ones, and creating integrated national chronic disease risk factor data systems similar to cancer screening and immunisation registers is also recommended by the Taskforce.

HEALTH LIFESTYLE COUNSELLING: Lifestyle modification is the first-line treatment for hypertension and has crosscutting benefits such as reducing the risk for cancer and diabetes. The Taskforce recommend investment in healthy lifestyle counselling delivered at the time of diagnosis delivered by the general practice team, including nurses, exercise physiologists, physiotherapists, dieticians, and community pharmacy.