ACE-Prevention Media launch
8 September 2010

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for ACE-Prevention research team
Australia ranks second world-wide in life expectancy

Large improvements in health in last 40 years due to:

- ↓ tobacco-related disease
- ↓ cardiovascular disease
- ↓ injuries

.. but large health gap for Indigenous Australians remains

With the support of
Health expenditure growing as % of GDP
- ageing population
- expensive new technologies
- more demanding public

Need to spend health dollars wisely
- more on services that give good value for money
- avoid spending on services that are not
Prevention better than cure?
- often
- ...but not necessarily so

ACE-Prevention provides that information for:
- 123 preventive services and 27 treatments as comparison
- largest study of its kind in the world
- holding up Australia’s reputation as a leader in prevention
- funded by National Health and Medical Research Council
Results for 123 prevention measures:

- 23 net cost saving
- 20 very cost-effective <$10,000 per healthy life year (DALY)
- 31 cost-effective $10-50,000 per DALY
- 38 not cost-effective
- 2 more harm than good; 2 for which better alternatives
- 4 insufficient evidence of effectiveness
Very **cost-effective** and **large health** impact:

- Tax alcohol, tobacco and ‘unhealthy food’
- Regulation of salt content in bread, cereals and margarine
- Treating blood pressure and cholesterol .... but doing this more efficiently than we currently do
  - using cheaper drugs
  - better targeting who needs to be treated
- Gastric banding for the very obese (but expensive!)
Very cost-effective and moderate health impact:

- Pedometers & mass media for physical activity
- Smoking cessation drugs
- Screen elderly women for osteoporosis & alendronate
- Screen diabetics for chronic kidney disease
Very cost-effective and more modest health impact:

- Fluoride drinking water
- Hepatitis B vaccination
- A range of 7 measures to prevent mental disorders or suicide
Other **cost-effective** measures:

- Increased Sunsmart effort
- HPV vaccination and Pap smear testing cervix cancer
- Screen for pre-diabetes + drug or lifestyle intervention
- Screen for chronic kidney disease + drug
- Diet and exercise for overweight people (but limited impact on weight loss)
Not recommended:

- PSA testing for prostate cancer (more harm than good)
- Weight watchers
- Drugs for losing weight
- Most fruit and veg interventions
- Aspirin to prevent cardiovascular disease
- School based drug interventions
- Vaccination for shingles
Insufficient evidence of effectiveness:

- Screening for vision loss
- Dental check-ups
Combined impact 23 cost saving prevention measures
Combined impact 23 cost saving prevention measures
Combined impact 43 very cost-effective prevention measures
Combined impact 43 very cost-effective prevention measures

$4 billion upfront investment

1 million healthy life years

Immediate cost savings in blood pressure & cholesterol

Treatment cost saved
Blue print for governments:

- good investments in prevention that are affordable
- opportunities for large health improvement
- potential to reduce wasteful spending

Governments will need strong arguments to ignore the compelling evidence
ACE-Prevention for Indigenous Health

➢ Different costs
  ▪ delivering services to remote areas
  ▪ greater cost of Aboriginal Community Controlled Health Services (ACCHS) compared to mainstream GPs
    • average cost short consultation $113 versus $31
    • average cost long consultation $156 versus $59
  ▪ **BUT** better attendance (73% v 60%) and better adherence to treatments (96% v 78%) in ACCHS

➢ Different health outcomes
  ▪ Indigenous health gap – improvements more important
  ▪ many diseases start at a much younger age
### IHSD Template service delivery component values

<table>
<thead>
<tr>
<th>Component category</th>
<th>Additional cost per patient encounter at an ACCHS</th>
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</thead>
<tbody>
<tr>
<td>Basic intervention components</td>
<td>$16.67 per short consult $31.57 per long consult</td>
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<tr>
<td>Population health activities</td>
<td>$9.28</td>
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<tr>
<td>Administrative &amp; governance structures</td>
<td>$3.87</td>
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<td>Patient transport services</td>
<td>$47.01</td>
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<tr>
<td>Remoteness adjustment</td>
<td>$5.50</td>
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</tbody>
</table>
Cost per healthy life year for selected interventions: Indigenous versus non-Indigenous

Dialysis & transplant

Value-for-money for-money?

Not value-for-money?

Screen and treat chronic kidney disease

Lifestyle interventions pre-diabetes

Cost per healthy life year

0 50,000 100,000

non-Indigenous Indigenous

With the support of
Cost per healthy life year: blood pressure and cholesterol treatments

mainstream GPs versus ACCHSs

Value-for-money ↔ Not value-for-money?

- Statins
- ACE inhibitors
- Diuretics
- Polypill $200

Cost saving

Cost per healthy life year saved

With the support of
Healthy life years saved: blood pressure and cholesterol treatments mainstream GPs versus ACCHSs
Conclusions on Indigenous health component

- The costs of ACCHSs are higher due to the comprehensive nature of these services + patient transport services
- ...but utilisation of health services, adherence and health gain are all higher for ACCHSs than for mainstream GP services
- What weight should we give to social justice considerations (‘closing the gap’): “should we be willing to pay 2, 3 ...4 times more for Indigenous health improvement”?
- Interesting work on equity weights and Indigenous concept of ‘good health’ commenced in ACE-Prevention