

Dear Strengthening Medicare Taskforce team,

We note that the Strengthening Medicare Taskforce is working to provide concrete recommendations to the Australian Government. We wish to highlight relevant challenges in the system for people with obesity to access healthcare under the stated Taskforce focus of ‘improving prevention and management of ongoing and chronic conditions.’ There is a considerable opportunity to support people with obesity in the health system better. Ambition 3.1 in the National Obesity Strategy states that: “Health professionals are well placed to discuss healthy lifestyle changes with their patients and identify those at risk of unhealthy weight gain early. They can also monitor and manage weight and associated complications and provide referral to appropriate support services.”

### **Growing health impacts from obesity**

The condition of obesity can have serious impacts on people’s quality of life, their physical and mental health. The AIHW estimated that in 2018, 8.4% of the total burden of disease in Australia was due to overweight and obesity. Over the 10 years from 2007-08 to 2017-18 the number of people living with obesity more than doubled, from 2.7 million in 2007-08 to 5.8 million people. The rise in obesity prevalence over the last 30 years is mainly a biological response to modern environments that promote unhealthier foods, stress, physical inactivity, and weight gain. Unfortunately, many people, including clinicians and key decision makers, aren’t aware of these complexities and consider obesity to be a matter of personal choice, which leads to harmful stigma, bias, and discrimination.

If we do nothing more than we currently are, obesity will increasingly continue to reduce the quality of life of millions of Australians, lead to crippling costs in the health sector and drive further inequity.

### **Medicare funding considerations**

There is high demand in Australia for better support to manage weight and improve health. The recent demand for semaglutide is an indicator of this. We need better healthcare pathways, funding, and tools to support clinicians and health consumers with these conversations. There are important health system funding barriers to supporting people with obesity, including:

**Funding to support engagement with patients:** Obesity often requires ongoing support and monitoring, consistent with chronic disease management.

- Time is required for clinicians and patients to openly discuss and understand obesity; this is difficult to achieve in the standard consult times. Telling people that they need to lose weight or ‘eat less and walk more’ is neither supportive or effective intervention and can cause stigma.
- There are currently no MBS items for obesity management and there is confusion about whether GP Chronic Management Care Plans can be used for obesity in the absence of a related additional chronic disease.
- Nurses have considerable potential to support patients with weight management and health goals, however aren’t funded to do so.
- Peer workers, those who have lived experience of obesity and provide navigation and peer support, have the potential to add value in the primary care setting with non-clinical aspects of care and treatment which can often be about navigating important social determinants of health barriers (outside of the health system). There is no funding to support a sustainable approach to this.

**Funding for treatment options:** There are very limited subsidised treatment options in the health system and currently no PBS listed anti-obesity medicines. Many programs, products and services aren’t provided long term, and many require out of pocket fees. In the community, Medicare-covered allied health visits are limited to five funded visits per year, making it difficult for people with complex needs to be supported throughout the year. Based on interview insights, some GPs question the value of raising and diagnosing obesity when they don’t feel that there are affordable management options accessible to their patients.

### **Recommendation:**

We recommend that the Taskforce considers the scope and opportunities for evidence-based obesity management, including prioritising funding for primary care workers to initiate respectful, person-centred conversations around obesity; funding for chronic condition management, and referral pathways for those with more complex care needs (e.g., allied health, social support, multidisciplinary care/specialised obesity clinics). These actions will pay dividends in improvements to people’s health and quality of life and in avoided health system chronic disease costs from obesity.