2026-27 Budget Submission

Australian Self-Care Alliance Ltd

www.selfcarealliance.org.au

30 January 2026

Executive Summary

The Australian Self-Care Alliance (the Alliance) brings together healthcare consumers, healthcare professionals, health promotion organisations, policy experts and industry partners with a shared objective: to embed self-care as a core part of Australia's health policy and practice. Self-care is an evidence-based, low-cost and high-impact approach that empowers people, strengthens preventive health, improves population resilience and directly supports the Government's commitment to a stronger and more sustainable Medicare.

Independent reform advice supports a Preventive Care+ pilot. The Productivity Commission recommends a National Prevention and Early Intervention Framework led by Treasury, with an independent advisory board, standardised assessment, and a whole-of-government actuarial microsimulation model to quantify long-term, cross-portfolio benefits. The Commission estimates that $1.5 billion invested over five years would return ~$2.7 billion to governments over ten years, and that the net present value of total benefits is ~$5.4 billion—affirming the economic case for targeted prevention investments that reduce downstream acute demand.[1]

Embedding collaboration and outcomes-based funding. The Commission recommends stronger collaborative commissioning between PHNs and LHNs, with dedicated outcomes-based funding designed by IHACPA. It estimates that system-wide adoption could reduce potentially preventable hospitalisations by 5% and emergency department presentations by 4% (~$600 million per year)—consistent with the pilot's aim to "bend the cost curve" via early risk detection and behaviour-change support.[2]

Why a pilot-first approach is fiscally prudent. Recent PBO costings of screening expansions (e.g., the NBCSP extension) highlight demand-driven uncertainties—participation rates, false positives, follow-up capacity, registry scaling—and therefore the need for staged implementation with robust evaluation. Our pilot responds by generating Australian evidence on uptake, clinical outcomes and cost-effectiveness over 18–24 months before wider reform.[3]

Recognising benefits beyond the four-year Budget window. The PBO notes that broader system effects are generally excluded from forward estimates due to uncertainty (e.g., PHI rebate costing). The Commission's framework is designed to validate long-term, cross-portfolio benefits of prevention so they can inform Budget decisions. Our pilot is structured to provide the kind of high-quality data and evaluation the framework would rely on.[4,5]

Australia's health system is facing sustained financial pressure. In 2021–22, real health spending grew by 6 per cent[6], while GDP growth has remained modest, including a forecast annual rate of 1.3 per cent for 2024–25[7]. Total national health expenditure now exceeds $270 billion a year and continues to rise faster than government revenue.[8] Without stronger preventive action, healthcare costs will continue to increase, and the sustainability of Australia's world-leading healthcare system will be put at risk. And as recent Parliamentary Budget Office

[1] **Productivity Commission** (2025). Delivering quality care more efficiently. Inquiry report No. 112, 10 December 2025. Available at Inquiry report - Delivering quality care more efficiently | Productivity Commission

[2] **Ibid.**

[3] **Productivity Commission** (2025). PBO-ECR-2025-3748-Private health insurance rebates (election commitment costing, 2025).

[4] **Ibid.**

[5] **Productivity Commission** (2025). Delivering quality care more efficiently. Inquiry report No. 112, 10 December 2025. Available at Inquiry report - Delivering quality care more efficiently | Productivity Commission

[6] **Australian Institute of Health and Welfare (AIHW)**. Health Expenditure Australia 2021–22: Summary. AIHW, Canberra, 2023. Available at: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2021-22/contents/summary

[7] **Australian Bureau of Statistics (ABS).** *Australian National Accounts: National Income, Expenditure and Product*. ABS, 2024. Available at: https://www.abs.gov.au/statistics/economy/national-accounts/australian-national-accounts-national-income-expenditure-and-product

[8] **Australian Institute of Health and Welfare (AIHW)**. *Health Expenditure Australia 2023–24: Overview*, AIHW, Canberra, 2024, accessed 2025. Available at: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2023-24

analysis shows,[9] preventative health investments require clear, evidence-based costings and a focus on long-term system sustainability. The Alliance's proposal delvers both, offering a practical, affordable pilot to address a critical gap in preventive care for Australians aged 55 – 59.

There is a clear public interest case for acting now. Australians with low self-care capability use more health services and contribute to higher system costs. Economic modelling shows that improved self-care can save between $1,300 and $7,515 per hospital patient each year and reduce avoidable readmissions[10]. Evidence also demonstrates that up to 80 per cent of heart disease, stroke and type 2 diabetes, and over one-third of cancers, can be prevented through healthier behaviours[11]. If self-care had been properly embedded in health policy, an estimated 29,300 Australian lives could have been saved between 2018 and 2025, as well as hundreds of millions of dollars in healthcare costs.[12]

Self-care is not something individuals can do in isolation. People's ability to manage their health depends on a system that provides clear information, practical tools and ongoing support. A national approach that strengthens both individual capability and system-level infrastructure is essential if the Government is to manage rising demand and improve long-term fiscal sustainability.

To support this, the Alliance proposes a modest and low-risk Commonwealth investment of $1.55 to $2.9 million to pilot Preventive Care+, a practical preventive health reform that complements recent Commonwealth investments in cancer screening and aligns with the National Preventive Health Strategy, MyMedicare continuity of care and the Government's digital health agenda.

Importantly, a **Preventive Care+** pilot addresses a significant gap in the Medicare preventive assessment schedule by introducing an Extended Preventive Health Assessment for Australians aged 55 to 59. This closes the 25-year gap between the current 45-49 assessment and the next assessment at age 75. When risk is detected, participants will receive six structured health-coaching sessions prescribed by GPs or Nurse Practitioners and delivered by nurses, trained coaches or allied health professionals. International experience, including in NHS England, shows that this combined approach leads to stronger behaviour change, improved health outcomes and reduced long-term healthcare use, helping to "bend the cost curve" on healthcare expenditures.

Delivered across urban, regional and remote Primary Health Networks over 18 to 24 months, the pilot will collect robust data on clinical outcomes and the economic benefits of prevention. It is designed with rigorous evaluation measures and acknowledges uncertainties in uptake and outcomes, ensuring future scaling is guided by real-world evidence and best practice policy costing.

This proposal gives the Commonwealth a practical, affordable and politically achievable opportunity to lead meaningful reform in preventive health. It supports a stronger Medicare, reduces long-term pressure on hospitals, empowers Australians to take control of their health and positions the Government as a leader in building a more resilient and fiscally sustainable health system.

[9] **Parliamentary Budget Office (2025).** Extension of the National Bowel Cancer Screening Program (FED). Policy costing, 16 December 2025. Available at https://www.pbo.gov.au/for-parliamentarians/how-we-analyse/pbo-rounding-rules

[10] **Australian Commission on Safety and Quality in Health Care (ACSQHC)**. Literature Review: Medication Safety in Australia. Sydney: Australian Commission on Safety and Quality in Health Care, 2013. Available at: https://www.safetyandquality.gov.au/sites/default/files/migrated/Literature-Review-Medication-Safety-in-Australia-2013.pdf

[11] **World Health Organization**. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Available at: https://www.who.int/publications/i/item/9789241506236

[12] **World Health Organization**. Noncommunicable Diseases (Ncd) Country Profiles 2018: Australia 2018. https://www.who.int/nmh/countries/2018/aus_en.pdf?ua=1

Australian Self-Care Alliance's Budget Recommendations

1. **Preventive Care +: Invest $1.55 to $2.9 million over two years to pilot an extended preventive health assessment and GP/NP-prescribed coaching.**

   The proposal seeks modest Commonwealth funding to pilot an additional extended preventive health assessment for Australians aged 55–59, paired with GP or nurse practitioner–prescribed health-coaching sessions to support behaviour change and reduce chronic disease risk. By filling a 25-year gap in current Medicare preventive assessments and adding structured coaching, the pilot aims to improve health outcomes, strengthen continuity of care and generate evidence for the current MBS review. Benefits include earlier risk detection, better self-management, reduced long-term pressure on hospitals and primary care, and strong alignment with government priorities. It also aligns with the National Health Agreement, which puts prevention, early intervention and partnership in care at its core.

About the Australian Self-Care Alliance

The Australian Self-Care Alliance (the Alliance) is a collaboration between healthcare consumers, healthcare professionals, health promotion charities, policy experts and industry partners that promotes the adoption of self-care and its implementation as a core element of all aspects of physical and mental health services and policies for Australia. The Alliance is Australia's only peak self-care organisation for health and is registered as a Health Promotion Charity.

In 2023, the Alliance released Australia's first Self-Care Charter endorsed by 34 leading health bodies. The Charter outlines the resources and supports Australians want and need to live well and achieve better health outcomes for themselves and their families.

As a health policy collaboration, the Alliance serves as an advisor, mediator, and advocate for systemic changes in the delivery of health services to promote greater self-care. While the term 'self-care' implies individual responsibility, it cannot be reduced to a matter of personal choice. Individuals' potential to be informed and to undertake self-care of their health depends on underlying environmental and external factors beyond the individual.

The Alliance actively supports the pre-budget proposals of our members and partners to advance self-care for health. In particular, we recommend the submission of CFEP Surveys to Treasury. While we do not endorse any specific measurement tool, the Alliance recognises the value of measurement in supporting improvement and evaluation and encourages a range of self-care approaches and training initiatives.

Self-care needs to be an accessible option for all Australians – regardless of health status, age or gender.

The Alliance seeks to ensure that self-care policy is person-focused, healthcare-focused, and system-focused. We engage with national, state and territory peak consumer and carer organisations, health promotion charities, policy experts, professional and industry associations, commercial organisations, all levels of government and other key stakeholders.

Aligned with the World Health Organisation's *Ottawa Charter for Health Promotion*,[13] we seek to influence positive outcomes in public policy; enable environments for self-care; foster community action for self-care; build personal self-care skills; and drive innovation at the highest level to improve health service delivery.

[13] **World Health Organisation**. WHO's Ottawa Charter for Health Promotion. Available at: https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

Supporting Members

The Australian Self-Care Alliance (ASCA) has a diverse membership including healthcare consumer groups, peak bodies representing healthcare professionals, health promotion charities and industry groups. While we work together as an alliance to embed self-care in health into national health and care policy, each member also pursues their own self-care goals and projects.

We support our members and the various self-care policy proposals they have included in their respective pre-budget submissions, including:

- **CFEP Survey's** proposal to embed patient activation measures into policy and funding. ASCA believes this proposal has the potential to generate savings which can help address rising healthcare costs. the Alliance does not endorse any single measurement tool, we recognise the role of measurement in supporting evaluation and continuous improvement, and encourage the use of a range of self-care approaches and training initiatives.
- **Painaustralia**'s proposal to deliver an updated national Cost of Pain report. Contemporary data on the prevalence, economic burden and consumer impact of chronic pain is critical to informed government decision-making, long-term planning and targeted policy responses aligned with the National Preventive Health Strategy and the National Medicines Policy.
- **Patients Australia**'s proposal to implement and evaluate Self-Accredited Australian Telehealth Safety and Quality Standards. A nationally consistent, patient-led framework can help build trust, safety and accountability in virtual care, while supporting quality improvement without imposing unnecessary regulatory burden.
- **Arthritis Australia**'s proposals to shift care earlier in the pathway through evidence-based, lower-cost interventions and a reduction in avoidable surgery. This includes targeted osteoarthritis programs, stronger community-based supports, expanded access to allied health services and culturally informed initiatives to improve outcomes, reduce system costs and promote equitable access.

Budget Recommendations:

Preventive Care+: Invest $1.55 to $2.9 million over two years to pilot an extended preventive health assessment and GP/NP-prescribed coaching.

The Alliance seeks to establish a national pilot for **Preventive Care+** that would extend Australia's preventive assessment framework and strengthen the link between early risk identification and behaviour change. The pilot would introduce an additional Extended Preventive Health Assessment for adults aged 55 to 59 and pair it with six structured coaching sessions for individuals at risk. This approach is designed to improve health outcomes, build self-management capability and generate credible evidence to inform future MBS reform.

Why do we need Preventive Care+?

The current Medicare structure creates a long gap between preventive assessment points. The 45 to 49 assessment is only available when a GP determines a patient is at risk, and the next assessment does not occur until age 75[14]. This results in a gap of more than 25 years in which chronic disease risk often rises without systematic monitoring.

This gap occurs during the life stage when chronic disease risk accelerates. National data show that more than one-third of Australians are living with two or more chronic conditions, and almost half of people with chronic illness in the workforce are aged between 45 and 64[15]. People living with mental illness are disproportionately represented among chronic disease patient groups with four-in-five having a co-existing physical illness and significantly higher premature mortality – largely from preventable conditions such as cardiovascular and respiratory diseases.[16,17] This strengthens the case for an integrated preventative approach that links risk assessment with structured health-coaching and follow-up.

It also aligns with the National Mental Health and Suicide Prevention Agreement's emphasis on prevention and integrated care, the Commission's Equally Well priorities, and the Commonwealth's Medicare Mental Health Centre model—making this pilot a practical way to close a well-recognised equity gap.[18,19,20,21]

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[14] **Department of Health and Aged Care.** *Medicare Benefits Schedule: Health Assessment for People Aged 45 to 49 Years Who Are at Risk of Developing Chronic Disease (MBS Items 701, 703, 705 and 707)*. Available at: https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MedicareHealthAssessments

[15] **Australian Institute of Health and Welfare.** *Multimorbidity in Australia 2022.* AIHW, Canberra, 2025. Available at: https://www.aihw.gov.au/reports/chronic-disease/multimorbidity-in-australia/contents/summary

[16] **Australian Institute of Health and Welfare.** *Physical health of people with mental illness.* AIHW, Canberra, 2025. Available at: https://www.aihw.gov.au/mental-health/topic-areas/health-wellbeing/physical-health

[17] **National Mental Health Commission**. *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia.* Sydney NMHC, 2016. Available at: https://www.mentalhealthcommission.gov.au/publications/equally-well-consensus-statement

[18] **Australian Government.** *National Mental Health and Suicide Prevention Agreement.* Commonwealth of Australia, 2022. Available at: https://federalfinancialrelations.gov.au/agreements/mental-health-suicide-prevention-agreement

[19] **National Mental Health Commission.** *National Mental Health and Suicide Prevention Agreement: Annual National Progress Report 2022–2023 — Summary.* NMHC, Sydney, 2024. Available at: https://www.mentalhealthcommission.gov.au/sites/default/files/2024-12/national-mental-health-and-suicide-prevention-agreement-2022-2023-annual-national-progress-report-summary.pdf

[20] **National Mental Health Commission.** *Equally Well: Improving the physical health and wellbeing of people living with mental illness in Australia.* NMHC, Sydney, 2023. Available at: https://www.mentalhealthcommission.gov.au/lived-experience/contributing-lives,-thriving-communities/equally-well

[21] **Brisbane South Primary Health Network.** *Head to Health Centres to rebrand as Medicare Mental Health Centres.* Brisbane South PHN, 2025. Available at: https://bsphn.org.au/news/name-change-head-to-health-becomes-medicare-mental-health-centres

Chronic conditions are responsible for the clear majority of Australia's disease burden and account for a substantial share of health system spending.[22]. At the same time, the Commonwealth Budget is under sustained pressure, with total health expenditure reaching approximately $270.5 billion in 2023–24, or around 10 per cent of GDP, and continuing to grow faster than revenue.[23] Without stronger preventive measures, demand on hospitals, general practice, aged care, and the NDIS will continue to rise faster than the system can absorb.

Existing research indicates that assessment alone is insufficient to change health trajectories meaningfully. International programs, including those in the United Kingdom, show clear benefits when preventive assessments are combined with structured health coaching.[24] Health coaching is an approach that involves working with consumers to guide, empower and motivate them to change behaviour.[25] It is used in chronic disease management by a range of healthcare professionals, including trained health coaches, primary care nurses and allied health professionals.

A **Preventive Care+** pilot aligns directly with the Government's priorities, including strengthening Medicare, improving preventive health, supporting MyMedicare, improving continuity of care and reducing pressure on acute services.[26] It also aligns with the Department of Health and Aged Care's 2024 review of health-assessment items, which highlighted the opportunity to expand preventive cohorts.[27]

What will a pilot of Preventive Care+ look like?

A **Preventive Care+** pilot will be delivered across three to four Primary Health Networks selected to represent urban, regional and remote settings. It will run for 18 to 24 months and involve between 450-600 participants aged 55 to 59.

The central feature of the pilot is an additional Extended Preventive Health Assessment, delivered through existing MBS items (701, 703, 705 and 707)[28]. The assessment will include clinical history, examination, risk profiling and the development of a preventive health plan.

Where risk is identified, GPs or Nurse Practitioners will prescribe six structured coaching sessions delivered over six to nine months. Coaching will focus on goal-setting, lifestyle modification, medication adherence, self-monitoring and relapse prevention.

Primary Health Networks will oversee commissioning, service integration and reporting. General practices will conduct assessments and manage referrals. Coaching providers will deliver behaviour-change support. An independent evaluator will assess clinical, behavioural and economic impacts.

All assessment outcomes and coaching results will be uploaded to MyHealth Record to support continuity of care.

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[22] **Australian Institute of Health and Welfare**. *Health system spending on disease and injury in Australia 2023–24*, AIHW, Canberra, 2025. Available at: http://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-disease-injury-aus-20

[23] **Australian Institute of Health and Welfare.** *Health Expenditure Australia 2023–24.* AIHW, Canberra, 2025. Available at: http://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2023-24

[24] **NHS England.** *NHS Diabetes Prevention Programme: Early Lessons and Impact*. NHS England, London, 2020. Available at: https://www.england.nhs.uk/diabetes/diabetes-prevention/

[25] **NSW Agency for Clinical Innovation.** *Consumer Enablement Guide.* NSW Health, Sydney, 2026. Available at: https://aci.health.nsw.gov.au/projects/consumer-enablement/how-to-support/health-coaching

[26] **Australian Department of Health and Aged Care.** *Strengthening Medicare – Increasing access to primary care*. Available at: http://www.health.gov.au/our-work/strengthening-medicare-measures/increasing-access-to-primary-care

[27] **Australian Department of Health and Aged Care**. *Discussion Paper — Review of MBS Health Assessment Items*. Available at: http://www.health.gov.au/our-work/medicare-reviews-unit/mbs-health-assessment-items-review-consultation/discussion-paper-mbs-health-assessment-review

[28] **Department of Health and Aged Care.** *Medicare Benefits Schedule: Health Assessment for People Aged 45 to 49 Years Who Are at Risk of Developing Chronic Disease (MBS Items 701, 703, 705 and 707)*. Available at: https://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-MedicareHealthAssessments

A **Preventive Care+** pilot prioritises equitable access by including diverse PHN regions and tailoring coaching to cultural and linguistic needs. Integration with MyHealth Record supports continuity and aligns with the Government's digital health agenda.

Funding Request

The total estimated cost of the pilot is $1.55 million to $2.9 million over two years. This includes:

- Primary Health Network commissioning
- Training and workforce preparation
- Data and digital integration
- Independent evaluation
- Contingency funding

Coaching packages are the main pilot cost at approximately $350 to $500 per participant. All assessments are funded through existing MBS items.

Category	Description	Unit Cost	Volume Estimate	Total Estimate
Assessments	MBS Items	MBS Schedule	450-600 assessments	MBS Funded
Coaching packages	Six-session bundles	$900 per package	200-300 patients	$180-288K
PHN Commissioning	Commissioning	Set allocation per PHN	3-4 PHNs	$450K - $1M
Training	Coaching frameworks, onboarding, competencies	$100-150K	Pilot-wide	$100 - $150K
Data and IT Integration	Support for MyHealth record data and reports	$100 – 150K	Pilot-wide	$100-150K
Evaluation	Health economics and outcome evaluation	$400 - $700K	Single national evaluation	$400-700K
Program management	University	$135-265K	Pilot-wide	$135-265K
Coordination	Stakeholder management, promotion, communication	$65-135K	Pilot-wide	$65-135K
Contingency	10% for risks, uptake variability	$143-268K	Pilot-wide	$1.573

Category	Description	Unit Cost	Volume Estimate	Total Estimate
Estimated Total Cost				**$1.55-2.9M**

The proposed investment is proportionate to the potential long-term benefit. Earlier detection and structured support for behaviour change can reduce avoidable hospital admissions and improve chronic disease management.

Evaluation and Evidence

The evaluation will assess uptake of the Extending Preventive Health Assessment, risk-detection rates, completion of coaching sessions and changes in behaviour, including physical activity, diet and medication adherence. Depending on the identified chronic conditions, clinical indicators such as blood pressure, BMI, lipid profiles, and metabolic markers will also be measured. Changes in hospital and GP utilisation will be monitored. Importantly, we propose to conduct an extensive economic analysis of the potential of this dual intervention to reduce lifetime healthcare costs.

Results will be compared with international prevention benchmarks, including those used by NHS England. This evaluation framework is consistent with recommendations from the Productivity Commission and Parliamentary Budget Office, ensuring the pilot generates the high-quality, independent evidence needed to inform future budget and policy decisions.[29,30] Independent evaluation will provide robust evidence for scaling, including cost-effectiveness and health equity impacts.

The evaluation also aligns with government priorities for strengthening Medicare, supporting MyMedicare, and advancing the National Preventive Health Strategy, as highlighted in earlier sections.

Conclusion

Extending preventive health assessments and introducing structured coaching offers the Commonwealth a targeted, low-risk, and fiscally responsible reform at a time when national health expenditure exceeds $270 billion a year and is rising faster than GDP. By focusing on the chronic conditions that drive the majority of health spending, A **Preventive Care+** pilot uses a modest investment to test interventions that international evidence shows can improve behaviour, delay disease onset and reduce avoidable hospital use.

Economic modelling indicates that stronger self-care can save between $1,300 and $7,515 per hospital patient each year, meaning even small shifts in early detection and behaviour change can generate substantial long-term Budget savings. By closing the 25-year gap in preventive assessments and supporting Australians to manage their health better, this pilot provides the Government with an affordable, evidence-based mechanism to reduce long-term demand on hospitals, general practice, aged care and the NDIS.

This approach is supported by the Productivity Commission and Parliamentary Budget Office, whose recommendations for staged, evidence-driven reform and robust evaluation underpin the pilot's design and

[29] Productivity Commission. (2025). *Delivering Quality Care More Efficiently: Inquiry Report*. Canberra: Commonwealth of Australia.
[30] Parliamentary Budget Office. (2025). *Extension of the National Bowel Cancer Screening Program: Costing Advice*. Canberra: Parliament of Australia.

fiscal prudence.[31,32] A **Preventive Care+** pilot is policy-ready, aligns with Medicare Strengthening and MyMedicare, delivers measurable system benefits, and advances the Government's objective of improving health outcomes while supporting long-term fiscal sustainability.

[31] Productivity Commission. (2025). *Delivering Quality Care More Efficiently: Inquiry Report*. Canberra: Commonwealth of Australia.
[32] Parliamentary Budget Office. (2025). *Extension of the National Bowel Cancer Screening Program: Costing Advice*. Canberra: Parliament of Australia.

Australian Self-Care Alliance Members:

apna
Supporting nurses in primary health care

Arthritis AUSTRALIA

ausEE Inc.
a charity dedicated to improving lives affected by an eosinophilic disease

Australian Patients Association

Beyond Blue

CFEP SURVEYS

Consumer Healthcare Products Australia

genetic alliance australia

HCF

Health Coaches AUSTRALIA & NEW ZEALAND ASSOCIATION

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Lived Experience AUSTRALIA

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PEOPLE & PARKS foundation

Pharmaceutical Society of Australia

Roses in the Ocean
stemming the tide of suicide

MTAA Medical Technology ASSOCIATION OF AUSTRALIA