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AUSTRALIAN SELF-CARE ALLIANCE

Time to make a difference: Economic and fiscal benefits of Preventive Care+, an example of self-care for health

Australian Self-Care Alliance

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Contents

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Note: All dollar figures are Australian dollars unless indicated otherwise.

Moderating health care cost growth is a major Government priority, and prevention is a primary lever to curb demand...

Growing health expenditure
16% of Federal Government expenditure goes to health as health expenditure outpaces GDP growth

Underinvestment in prevention
2.3% of health expenditure goes towards prevention, against the Government's 5% target

Preventable hospitalisations driven by chronic disease
$3.5B spent on potentially preventable hospitalisations for chronic conditions, 45% of the total

25-year health assessment gap
No structured health assessment exists between ages 50 to 75, a 25-year gap when chronic conditions first emerge

Preventive Care+ supports early detection, prevention and self-care for health

Comprehensive health assessment for those aged 55 to 59 to identify emerging issues, followed by six coaching sessions over three months

Health coaching supports sustained behaviour change, slowing disease progression, improving quality of life and reducing demand on the health system

Benefits are estimated across **four common chronic conditions**, representing a conservative lower bound

Preventive Care+ is estimated to deliver $233M in combined health system, income and fiscal benefits...

$26M
net health savings per cohort
from **$85M**
benefits and a $59M cost

$159M
additional income per cohort, equivalent to $77,500 per person

$19M
superannuation contributions per cohort, increasing retirement savings

$29M
tax receipts per cohort, broadening the tax base and funding community services

Executive summary

Moderating healthcare cost growth is a major Government priority, and prevention is a primary lever to curb demand

Containing cost growth without compromising the quality or accessibility of care is the central fiscal challenge for the Commonwealth. Health spending has consistently outpaced economic growth. Today, it accounts for 16 per cent of Government expenses.

Prevention helps delay or negate demand which relieves pressure on care services and avoids a deterioration in people's health. Despite this, Australia spends only 2.3 per cent of its health expenditure on prevention, well below its five per cent target.

Half of all Australians live with at least one chronic condition, and prevalence is projected to rise as the population ages. Already, chronic conditions are the largest contributor to preventable hospitalisations, accounting for $3.5 billion in hospital stay costs.

There is currently no structured screening program targeting Australians aged 50 to 75, a 25-year gap that spans the window when many chronic conditions first emerge. Because many chronic conditions are preventable, earlier investment in this cohort offers the highest return.

Early detection and self-care through Preventive Care+ generate $85M in benefits against a $59M investment, delivering $26M in net health system savings per cohort

Preventive Care+ is a proposed health assessment for 55–59-year-olds that is followed by health coaching to support sustained behaviour change. The 55–59 age group is a critical intervention window: many chronic health conditions begin to emerge or worsen at this stage. Addressing risk factors here can meaningfully slow disease progression.

Preventive Care+ is estimated to save the health system at least $85 million per cohort over ten years.

Against a program cost of $59 million for assessment and coaching, this yields a net saving of at least $26 million per cohort.

Our analysis covers four common chronic conditions (Type 2 diabetes, cardiovascular disease, chronic kidney disease, and osteoarthritis) and represents a conservative lower bound.

Preventive Care+ assesses all health risks, so the actual savings and benefits realised will extend well beyond this modelled estimate.

Preventive Care+ delivers at least one to three additional working years for participants, generating $159M in additional income, $19M in superannuation contributions, and $29M in tax receipts per cohort

Delayed disease progression results in more years in better health which extends working life and preserves earning capacity. This analysis estimates that Preventive Care+ participants could remain in the workforce for one to three additional years, depending on the delayed condition.

Those additional working years generate meaningful returns for individuals and the community. The analysis estimates $159 million in additional income and $19 million in additional superannuation by retirement across the cohort.

This is equivalent to $77,500 in lifetime income and $9,300 in superannuation per person who experiences delayed disease progression. Longer working lives also broaden the tax base, contributing an estimated $29 million in additional tax receipts.

The case for prevention extends beyond Preventive Care+. Earlier upstream investment across all age groups is projected to further reduce long-term system costs and improve health outcomes.

1 **Prevention is a key lever for Government to moderate demand and slow the growth in healthcare costs**

2 Preventive Care+ is projected to deliver $233M in combined health, income and fiscal benefits per cohort

3 Appendix

Health spending makes up 16 per cent of total Government expenses, growing faster than the overall economy

At 16 per cent of all government expenditure, health is the second-largest portfolio after social security and welfare, and more than twice the size of education or defence.

Current health expenditure has risen from 7.6 per cent of GDP in 2000 to 10.4 per cent in 2023, an increase of almost 3 percentage points in two decades. Health spending has consistently outpaced economic growth over this period, a trend that will strain government budgets if left unaddressed.

Total health expenditure has grown by $117B over the past decade, reaching $270B in 2023/24.[1] Rising expenditure is driven by an ageing population, higher rates of chronic disease, and more expensive medical services relative to the rest of the economy. These pressures will intensify over the coming decade as the population ages further and chronic disease becomes more prevalent.

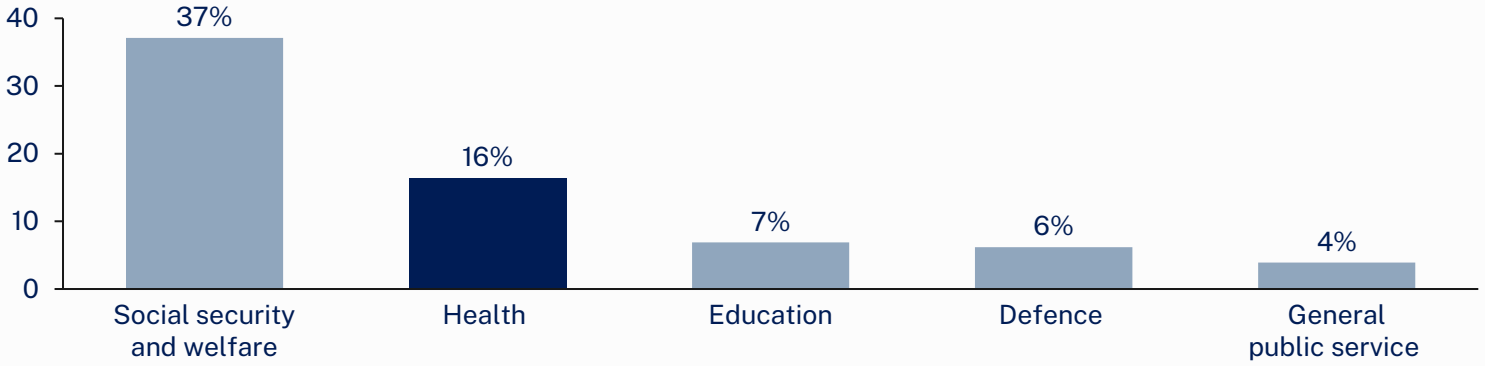
Chronic disease is already a major driver of this growth, accounting for 60 per cent of the increase in spending on disease and injury.[2] Spending on chronic conditions has grown by $47 billion, compared to $31 billion for other areas of disease and injury.[2]

The government faces a challenge of containing health spending growth without compromising the quality or accessibility of care.

Source: 1. AIHW (2025) *Health expenditure Australia 2023–24; 2.* AIHW (2025) *Health system spending on disease and injury in Australia 2023–24.*

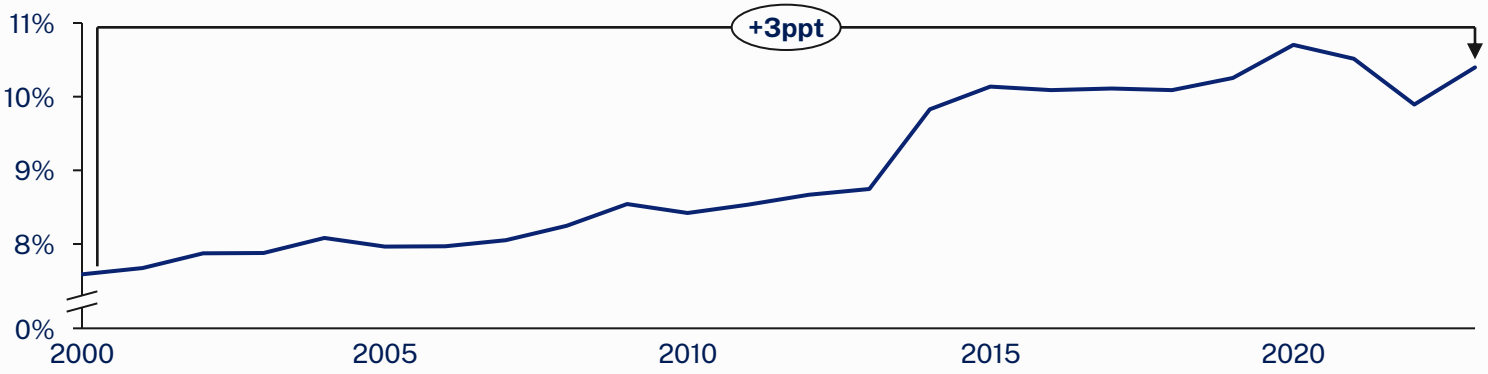
Government expenses by function

Share of public expenses, 2026/27



Current health expenditure as a percentage of GDP

Per cent of GDP, Australia

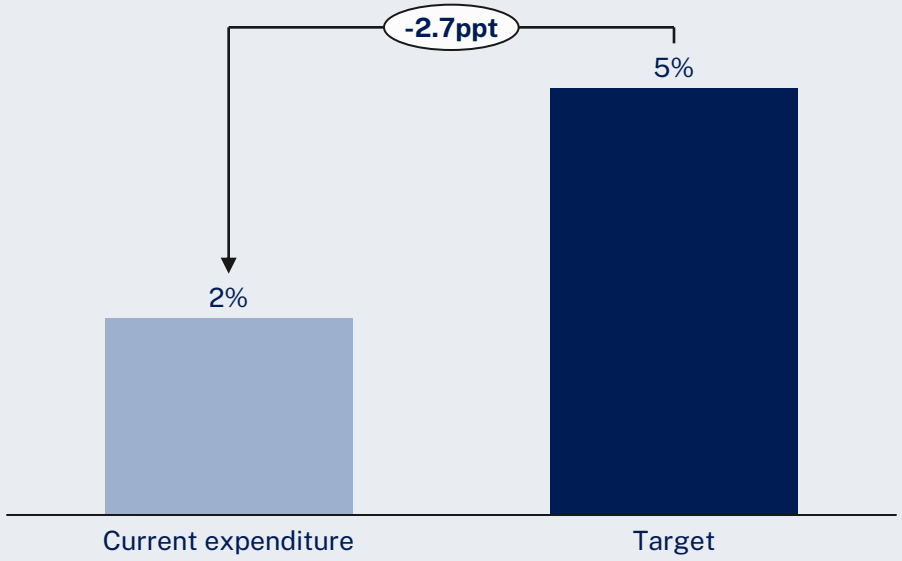


Source: Australian Government (2026) *Budget Paper No. 1 – Statement 6;* World Bank Group (2025) *Current health expenditure (% of GDP).*
Note: Government expenses include health, social protection, general public services, economic affairs, defence, education, public order and safety, environmental protection, recreation, culture and religion, and transport.

Prevention addresses health costs at their source, but Government is only halfway to its 5% expenditure target

Health budget allocated to prevention

Per cent, current and target



Despite a National Preventive Health Strategy target of five per cent, Australia currently allocates just 2.3 per cent of total health expenditure on prevention.[1,2] Closing this gap would improve individual outcomes, moderate care demand, and in turn, lower the growth of health spending.

Source: 1. Australian Government Department of Health (2021) *National Preventive Health Strategy;* 2. AMA (2025) *Health is the best investment for Australia's economy.*

Government has four levers to manage health spend, including curbing demand with preventive health

Levers to contain health spending growth in the Federal Government health portfolio

	LEVER	EXAMPLES
Demand-side	1 Moderate the number of people needing care	▪ Preventive health programs targeting chronic disease ▪ Health literacy and self-management support for people with existing chronic conditions
	2 Substituting care delivery to lower-cost settings	▪ Urgent care clinics diverting patients from EDs ▪ Home-based care models substituting for inpatient admission
Supply-side	3 Reduce the cost per episode of care	▪ AI-assisted diagnostics reducing clinician time per episode ▪ Remote patient monitoring reducing the cost of follow-up care
	4 Increase the output from existing system capacity	▪ Scope of practice reform enabling nurses and pharmacists to absorb GP and specialist caseload ▪ Multidisciplinary team models reducing specialist workloads

Source: Mandala analysis.

Preventable hospitalisation costs $7.7B each year, with chronic conditions driving the largest share with $3.5B

As the government looks to slow expenditure growth, reducing preventable conditions is one of the most direct levers available. Half of all Australians live with one or more chronic conditions, with 38 per cent managing two or more.[1]

Potentially preventable hospitalisations cost the Australian health system $7.7 billion in 2023/24. Chronic conditions are the largest contributor, accounting for $3.5 billion or 45 per cent of the total.

778,000 admissions or 6.2 per cent of all hospital episodes were classified as potentially preventable.[2]

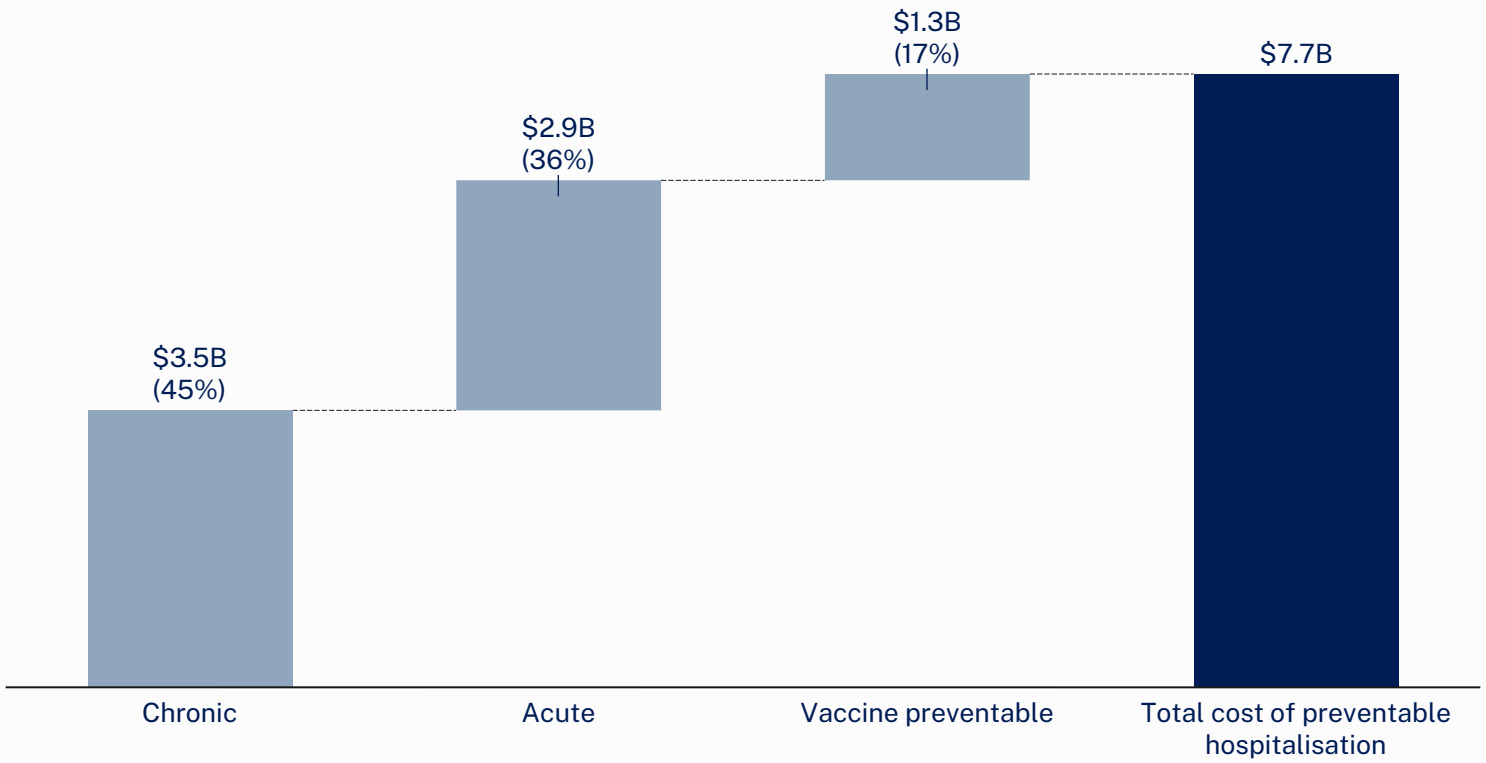
Prevalence of chronic disease is expected to rise with an ageing population. Many chronic conditions are preventable, meaning there is a significant opportunity to reduce health expenditure and avoidable hospitalisations from chronic disease through better prevention.

Much of the health system today was designed to treat acute episodes and policymakers, clinicians, and the sector at large are seeking to shift towards care models that are better at managing ongoing disease. Reorienting care toward prevention and community management would reduce avoidable admissions and slow cost growth over time.

Source: 1. ABS (2025) *Prevalence of chronic conditions; 2.* AIHW (2026) *Potentially preventable hospitalisations in Australia by small geographic areas: 2017–18 to 2023–24.*

Cost of potentially preventable hospitalisations

AUD billions, 2023/24



Chronic conditions make up the largest share of potentially preventable hospitalisations, accounting for 45% of the total cost.

Source: AIHW (2024) *Cost of potentially preventable hospitalisations in Australia, 2014–15 to 2023–24.*

There is a 25-year gap in preventive assessments between age 50 and 75, resulting in conditions going undetected and unmanaged

Chronic conditions identified early are significantly cheaper to manage and less likely to result in hospitalisation. The period between 50 and 75 years of age is when many conditions emerge or accelerate. Early intervention has the greatest impact on slowing progression and reducing system costs.

Between 50 and 75, there is no routine whole-of-population health assessment. The Chronic Disease Management Plan is only accessible once a condition is diagnosed. The system has no proactive mechanism to identify the large share of Australians developing conditions silently during midlife.

Life milestone events such as such as the Menopause and Perimenopause requiring support and symptom management, and disease screening and avoidance programs such as Health Assessment, cancer screening programs, and vaccinations target individual conditions. These programs remain an important part of the care system in Australia but there is scope for a more comprehensive assessment to capture an individual's health.

The 45 to 49 Health Check and the 75+ Health Check demonstrate that comprehensive, MBS-funded preventive assessments are both feasible and funded in principle. Extending that logic to the intervening decades would close the gap where chronic condition burden accumulates.

Preventive health practices or health assessments from age 40

Publicly funded programs

	40s	50s	60s	70s and beyond
PREVENTIVE HEALTH ASSESSMENT	**45 to 49 Health Check:** a one-off risk assessment for early signs of chronic conditions[1]	*Gap in available health assessments*	*Gap in available health assessments*	**75+ Health Check:** annual assessment covering physical health, cognitive function, medication review and social circumstances[7]
SPECIFIC EVENTS	**Menopause and Perimenopause Health Assessment:** annual assessment for women experiencing menopausal symptoms[2] **National Bowel Cancer Screening Program:** free home test every two years from age 45 to 74[3]	**National Lung Cancer Screening Program:** for high-risk individuals aged 50 to 70[4] **BreastScreen Australia:** free mammogram every two years for women over 40 and active invitations sent to women aged 50 to 74[5]	**Vaccinations:** influenza and shingles vaccines offered for free for those aged 65 and over[6]	**Continuing programs:** Bowel and breast cancer screenings and vaccinations remain available into the 70s and beyond for eligible Australians

Note: Aboriginal and Torres Strait Islander Health Assessment is a comprehensive health assessment and is available from birth across the life course.
Source: 1. Department of Health, Disability and Ageing (2024); 2. Department of Health, Disability and Ageing (2025); 3. Department of Health, Disability and Ageing (n.d.); 4. Department of Health, Disability and Ageing (n.d.) 5. Department of Health, Disability and Ageing (n.d.); 6. Department of Health, Disability and Ageing (n.d.) 7. Department of Health, Disability and Ageing (2026); Mandala analysis.

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3 Appendix

Preventive Care+ is a proposed health assessment for 55–59-year-olds, with health coaching to support behaviour change

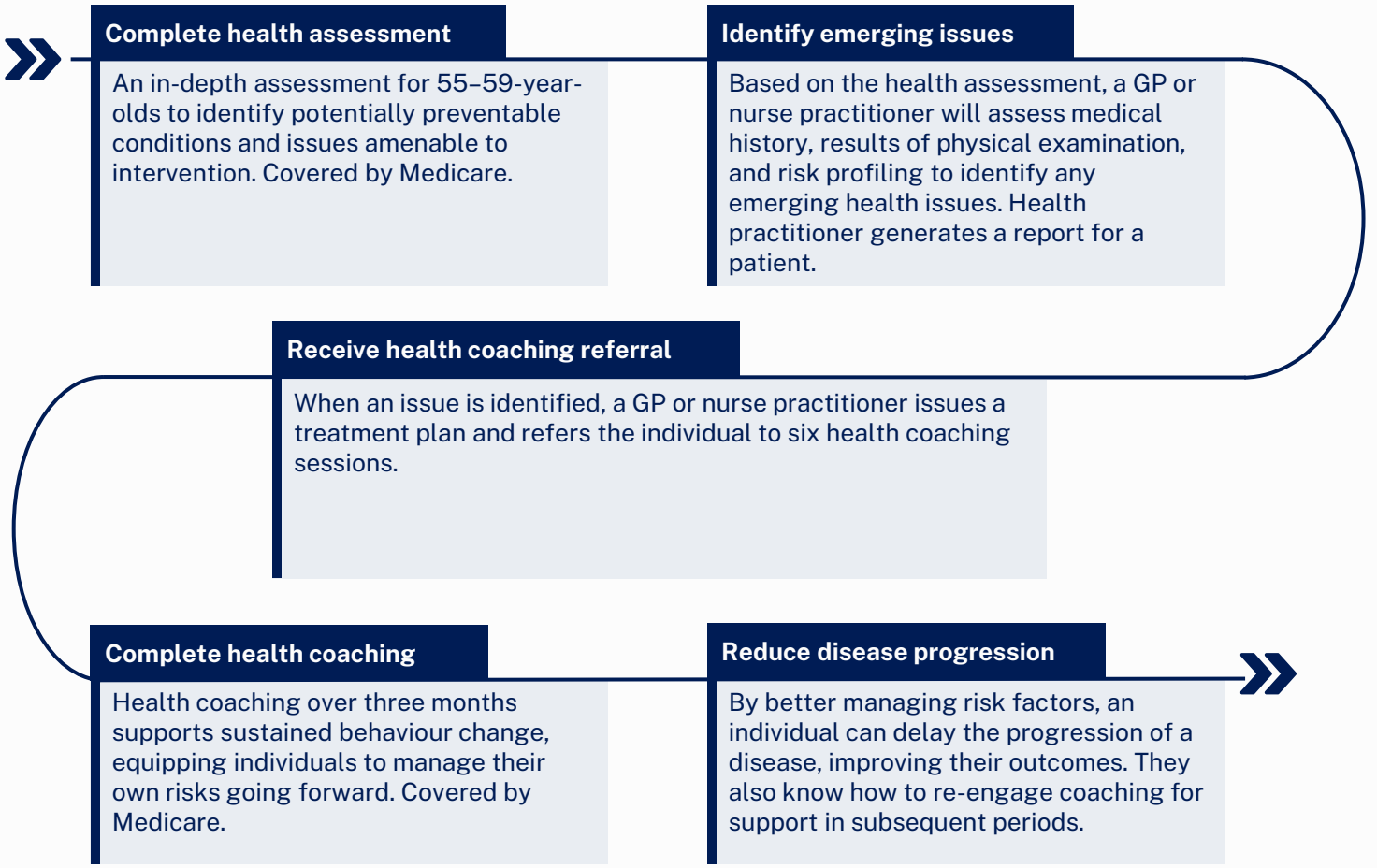
The 55–59 age group is a critical window for intervention. Changes in work status, caregiving responsibilities, and emerging functional limitations all directly influence health behaviours. This is also a time of greater awareness of the need to prevent disease and motivation to act on clinical recommendations. Many long-term conditions emerge from mid-life but can be slowed by modifying risk factors such as diet and exercise. Greater preventive health care across the entire 25-year window would provide benefit, with 55–59 as a starting point for investment.

Health coaching is a client-centred, evidence-based discipline that draws on behavioural science, positive psychology, and lifestyle medicine to support individuals to make sustained changes to their health.[1] Coaches work with individuals to clarify their values, set goals, and build motivation. The aim is to bridge the gap between clinical advice and real-world action.

A cohort-wide approach ensures all individuals are assessed and those with emerging issues are referred to coaching. This prevents patients from being lost in the system, ensures clinical advice is acted upon, and can surface conditions the individual does not yet know they have. Coaching addresses underlying behaviours rather than individual conditions, so its benefits extend across multiple risk factors simultaneously. Improvements in physical activity, for example, can be beneficial for mental health and social connectedness.

Source: 1. Health Coaches Australia & New Zealand Association (n.d.) *What is Health & Wellness Coaching?*

Illustrative Preventive Care+ journey



Source: Australian Self-Care Alliance; Mandala analysis.

This analysis estimates system savings for four common chronic conditions to establish a minimum benefit

This report evaluates the health system savings from Preventive Care+ through a use case of four chronic conditions prevalent among Australians aged 55–59: Type 2 diabetes, cardiovascular disease, chronic kidney disease, and osteoarthritis. These four conditions serve as an illustrative starting point. Preventive Care+ assesses all health risks, meaning the savings available through greater investment in prevention extend well beyond what is modelled here.

These conditions share common modifiable risk factors, including physical inactivity, poor diet, and obesity. Together these conditions represent a significant share of Australia's chronic condition burden and health system expenditure. Strong evidence supports early identification and intervention as a means of slowing disease progression and reducing costs.

The savings estimated in this report are a conservative lower bound. Preventive Care+ would cover all long-term health conditions, not just the four modelled here. Over 100 conditions are captured in the Australian Burden of Disease Study.[1]

Source: 1. AIHW (2024) *Chronic conditions.*

Chronic conditions selected for this report

CONDITION	DESCRIPTION	PREVALENCE
Type 2 diabetes	Type 2 diabetes affects the way the body processes blood sugar (glucose).	**8 per cent** of Australians aged 55–59 have T2D.[2]
Chronic kidney disease	Chronic kidney disease occurs when the kidneys are damaged and cannot filter blood effectively.	**15 per cent** of Australians aged 55–64 have CKD.[3]
Cardiovascular disease	Cardiovascular disease includes conditions affecting the heart and blood vessels, such as coronary heart disease and stroke.	**8 per cent** of Australians aged 55–64 have CVD.[4]
Osteoarthritis	Osteoarthritis is a chronic musculoskeletal condition. These conditions affect bones, muscles and joints and certain connective tissues.	**17 per cent** of Australians aged 55–64 have osteoarthritis.[5]

Source: 2. AIHW (2026) *Diabetes: Australian facts;* 3. AIHW (2026) *Chronic kidney disease: Australian facts;* 4. AIHW (2026) *Heart, stroke and vascular disease: Australian facts;* 5. AIHW (2024) *Osteoarthritis.*

Self-care keeps people in milder disease stages for longer, saving on health costs

Chronic diseases progress through stages of increasing severity, each carrying higher health system costs. Using Type 2 diabetes as an illustrative example, a lack of active self-care can result in individuals progressing to moderate and severe disease states, triggering specialist care, hospitalisation, and costly acute events. For example, a single toe amputation, a common complication of Type 2 diabetes, costs the health system $54,400. This pattern of escalating cost with disease progression holds across the chronic conditions modelled in this report.

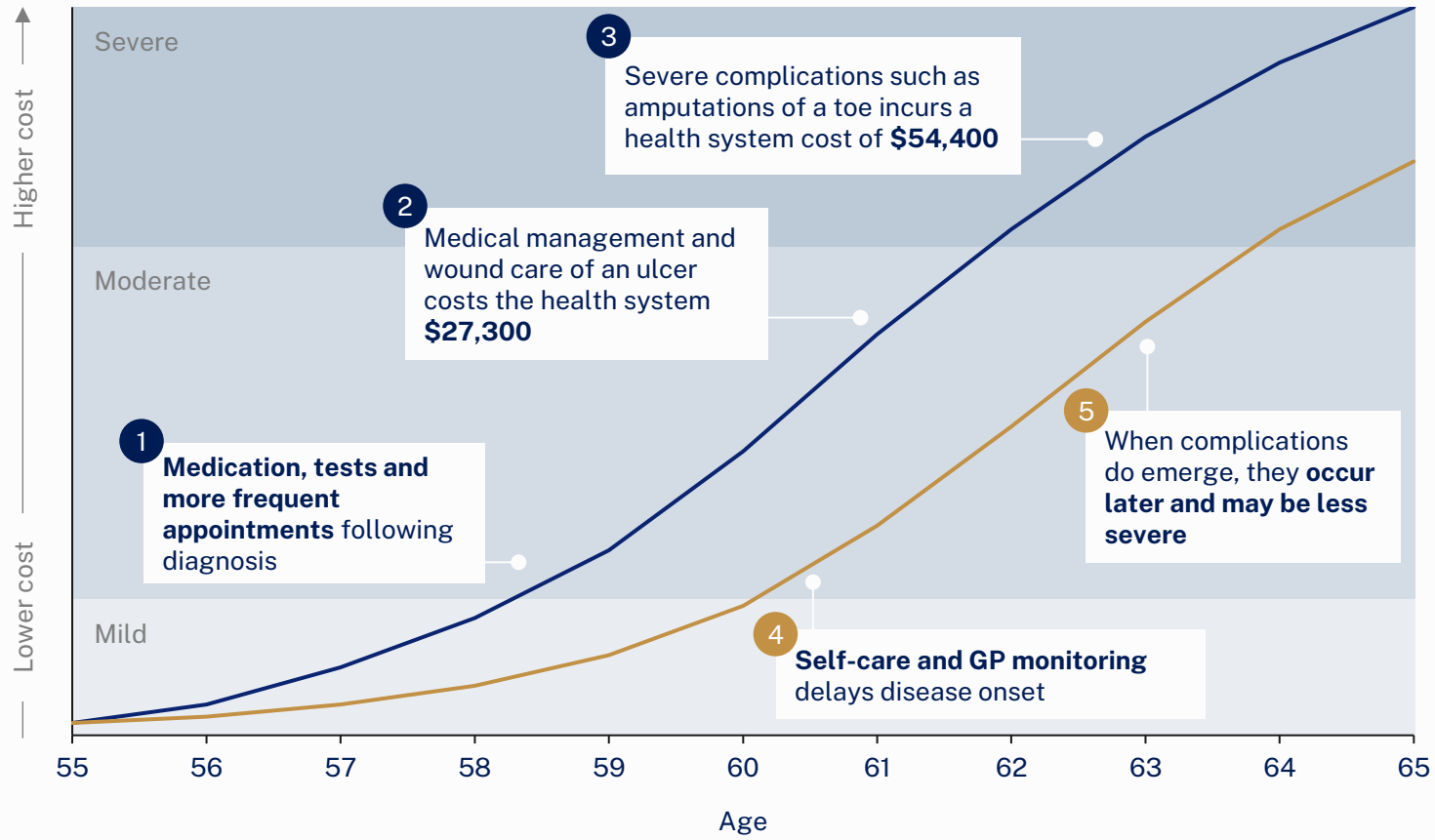
Preventive Care+ supports individuals to manage their condition through structured self-care, delaying disease progression and keeping people in milder disease states for longer. The result is a delayed accumulation of cost and a lower cost trajectory from better self-care, generating savings that accumulate across a population.

For modelling purposes, all chronic conditions are assumed to progress through three stages:

- *Mild*: managed in the community by a GP or nurse practitioner
- *Moderate*: requires specialist input, diagnostic testing, and some hospital treatment
- *Severe*: hospitalisation, acute intervention, and complex disease management

Illustrative health system cost for an individual with Type 2 diabetes, with self-care and without

Cumulative health system cost, across stages of disease, over time



Note: Admitted acute price weights – Australian Refined Diagnosis Related Groups Version 12.0 (AR-DRG V12.0) were used to estimate the cost of example acute events. *J12A Lower Limb Interventions with Ulcer or Cellulitis, major complexity* used to estimate the cost of medical management and wound care of an ulcer. *F13A Amputation, upper limb and toe, for circulatory disorders, major complexity* used to estimate the cost of amputation of a toe.
Source: IHACPA (2026) *National Efficient Price Determination 2026-27.*

Preventive Care+ delivers benefits to individuals, the Government and the broader economy

Individual benefits

Quality of life and wellbeing improves as individuals actively manage their health earlier, reducing the burden of symptoms, pain, and functional decline in daily life

One to three additional years in the workforce, from more years in good health and delayed onset of serious conditions

Improved financial position as longer working lives and lower out-of-pocket health costs increase personal wealth and retirement savings

Government benefits

$26 million in net health savings per cohort from delayed onset of four chronic diseases, based on **$85 million in avoided spending** delivered from an investment of $59 million

$29 million in additional tax receipts per cohort from longer working lives due to improved health

Health system resources are used more effectively as demand shifts away from acute care toward lower-cost preventive and primary care settings

Broader economic benefits

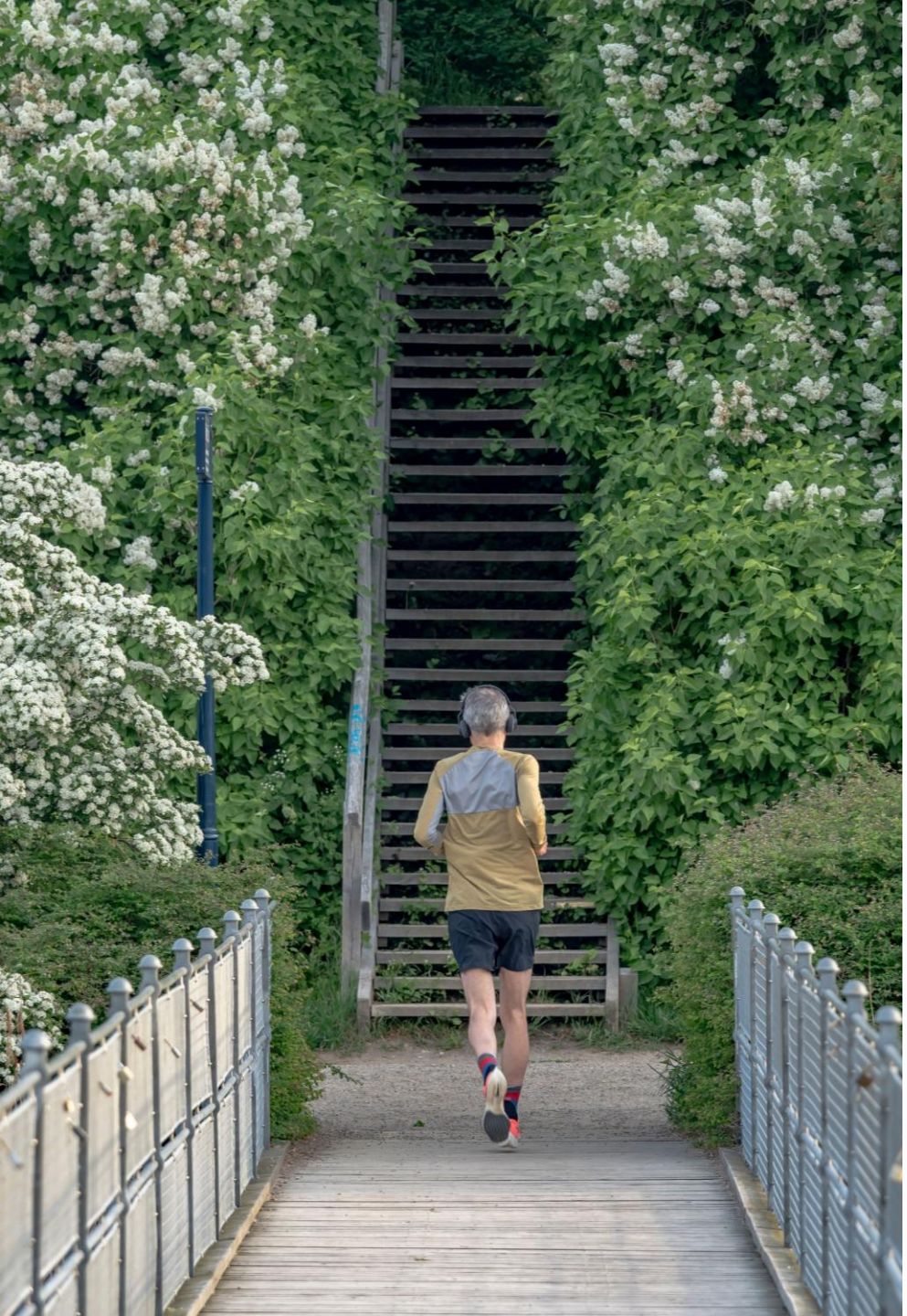
$159 million in additional income per cohort and **$19 million in additional superannuation contributions**

Skills and experience are retained that would otherwise exit the workforce from early retirement due to ill health

Greater workforce productivity from reduced pressure on informal carers, keeping more people in the workforce

Our analysis estimates at least $233 million in quantified benefits to individual, the Government and the economy at large, based on the effects of Preventive Care+ across just four common chronic conditions

Note: Cohort refers to the subset of 55-59-year-olds who take up the health assessment and are referred to health coaching within a single year. This cohort is followed over a ten-year horizon to estimate the potential benefits.



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3 Appendix

Preventive Care+ could save the health system $85M for one cohort over ten years

For a cohort of 55–59-year-olds, delayed disease progression across four chronic conditions has the potential to save the health system $85 million over ten years. Chronic kidney disease drives the largest share at $41 million, followed by cardiovascular disease ($18 million), Type 2 diabetes ($16 million), and osteoarthritis ($11 million).

These figures are the benefits for only four conditions. Preventive Care+ would cover all long-term health conditions, meaning total savings would be higher than the $85M modelled here.

Taking Type 2 diabetes as an example, if 10% of 55-59 year olds take up the health assessment, 22,800 people would have pre-diabetes identified, given 14 per cent of Australians are prediabetic.[1] 7.5 per cent of prediabetics develop diabetes each year, meaning across ten years 11,500 would develop diabetes.[2] Self-care slows the annual rate of developing diabetes by 20 per cent, which means 1,700 fewer people develop diabetes over a decade.[3] These 1,700 people avoid increased specialist attendances and hospitalisations from complications which may develop once diabetes has been diagnosed.

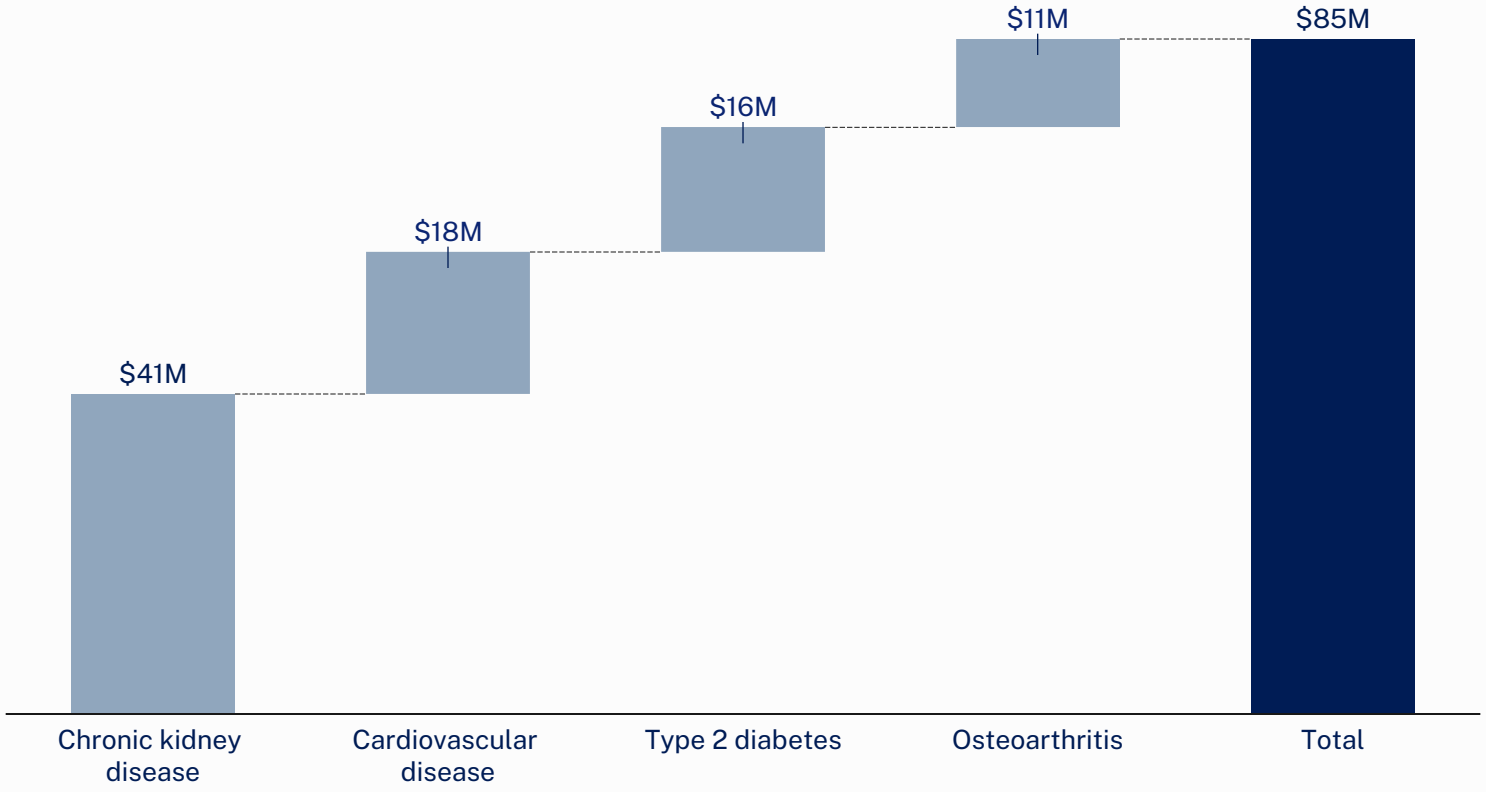
These savings understate the long-term picture. For example, reduced osteoarthritis progression could delay or prevent costly joint replacement surgeries, which may occur in an individual's 70s or 80s. These benefits are not captured in the ten-year modelling horizon.

Better management of physical health conditions can reduce rates of depression and anxiety, while interventions that encourage physical activity often foster social connection and community engagement. These spillover benefits to other conditions are not reflected in the $85 million estimate.

Source: 1. Ezinne, N (2025); 2. Tabák, A (2012); 3. Ravindrarajah, R (2023).

Savings to the health system over ten years, for one cohort of 55-to-59-year-olds

AUD millions, 2026



Note: Numbers do not add to the total due to rounding.
Source: AIHW (2026); Ezinne et al. (2025); ABS (2023); Asiamah-Asare et al. (2025); Tabák et al. (2012); Forouhi et al. (2007); Hayes et al. (2013); Ravindrarajah et al. (2023); Hamar et al. (2015); Khalid et al. (2013); AIHW (2026); Randall et al. (2024); Baek et al. (2012); Keith et al. (2004); Zhang et al. (2009); AIHW (2026); Aus CVD Risk (2026); American College of Cardiology/American Heart Association Task Force (2018); Banks et al. (2016); Nelson et al. (2024); Abebe et al. (2025); Fonarow et al. (2021); Krishnamurthi et al. (2024); Hamar et al. (2015); AIHW (2024); Nuer et al. (2025); Department of Health, Disability and Ageing (2026); Arthritis Australia (2016); AIHW (2024); Skou et al. (2015); Lu et al. (2023); Mandala analysis.

The projected health system savings of $85M yield a net saving of $26M per cohort

Delivering Preventive Care+ at scale requires health assessment for over 130,000 people and coaching for 83,000. This is estimated to cost $59 million.

The health assessment would cost $222 per person, equivalent to a 45–60-minute health assessment (MBS item 705).[1] For coaching, no dedicated preventive MBS item exists pre-diagnosis. Assuming a new program could be established, funded through the MBS at $60 per session, six coaching sessions would cost $360 per person. This would be delivered by a nurse, health coach, or allied health professional following a GP referral.

The $59 million program cost accounts for comorbidity. Individuals with two or more conditions receive a single health assessment and one referral to coaching rather than multiple.

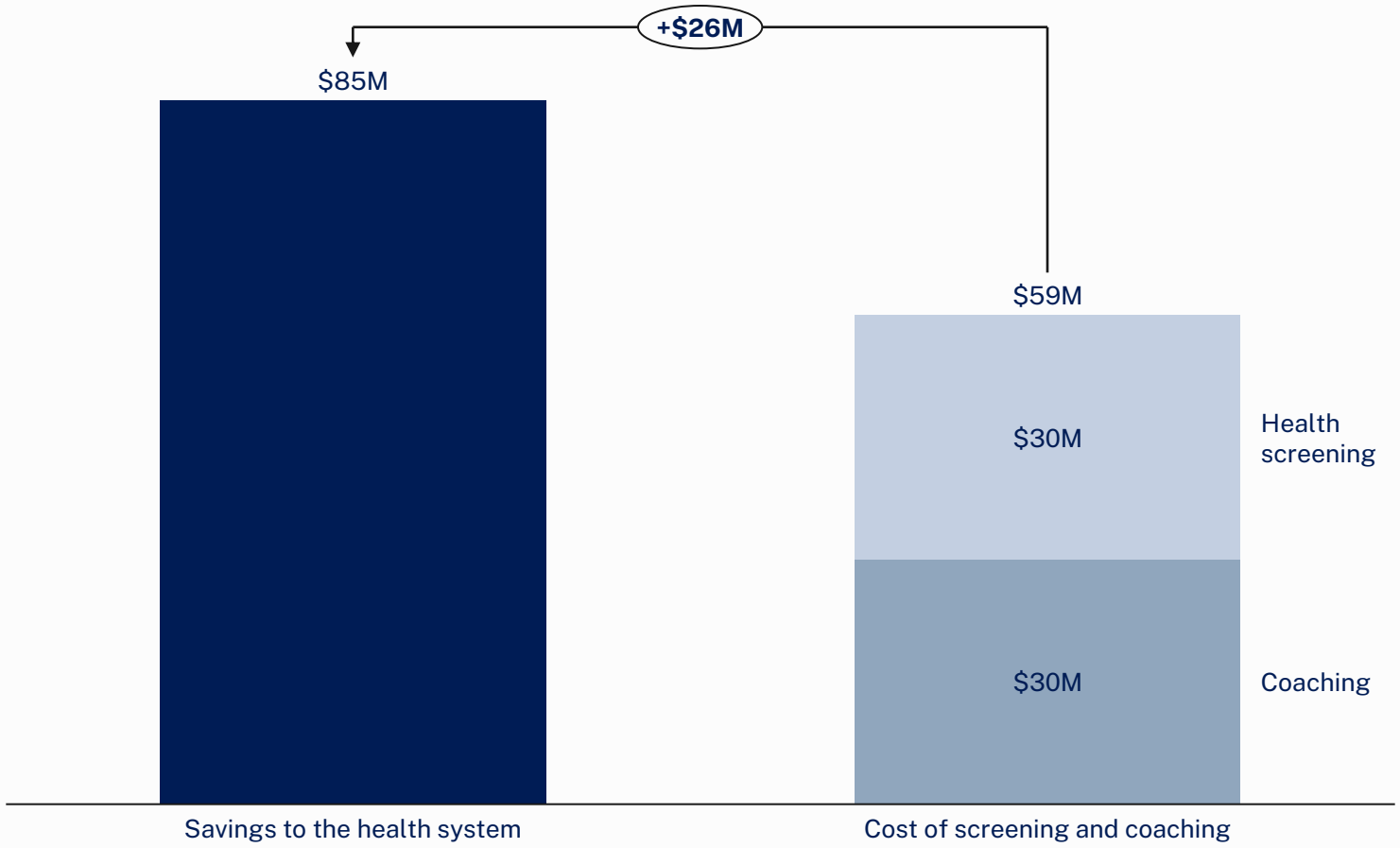
Against $85 million in projected health system savings, the $59 million program cost results in a net saving of $26 million for a single cohort of 55–59-year-olds participating in Preventive Care+ in one year.

Scaled across 10 cohorts, the program has the potential to deliver $261 million in net health system savings. This accrues by following each of the cohorts over a ten-year period.

Source: 1. Department of Health, Disability and Ageing (2025) *Medicare benefits Schedule – Item 705.*

Cost of assessment and coaching and saving to the health system from Preventive Care+

AUD millions, 2026



Note: Savings to the health system accrue over ten years for one cohort who received coaching. Potential costs of assessment and coaching is the total cost for one cohort in year one when assessment and coaching occurs. Numbers do not add to the total due to rounding.
Source: Australian Self-Care Alliance; Mandala analysis.

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3 Appendix

Chronic conditions drive premature workforce exit, costing the broader economy beyond the health budget

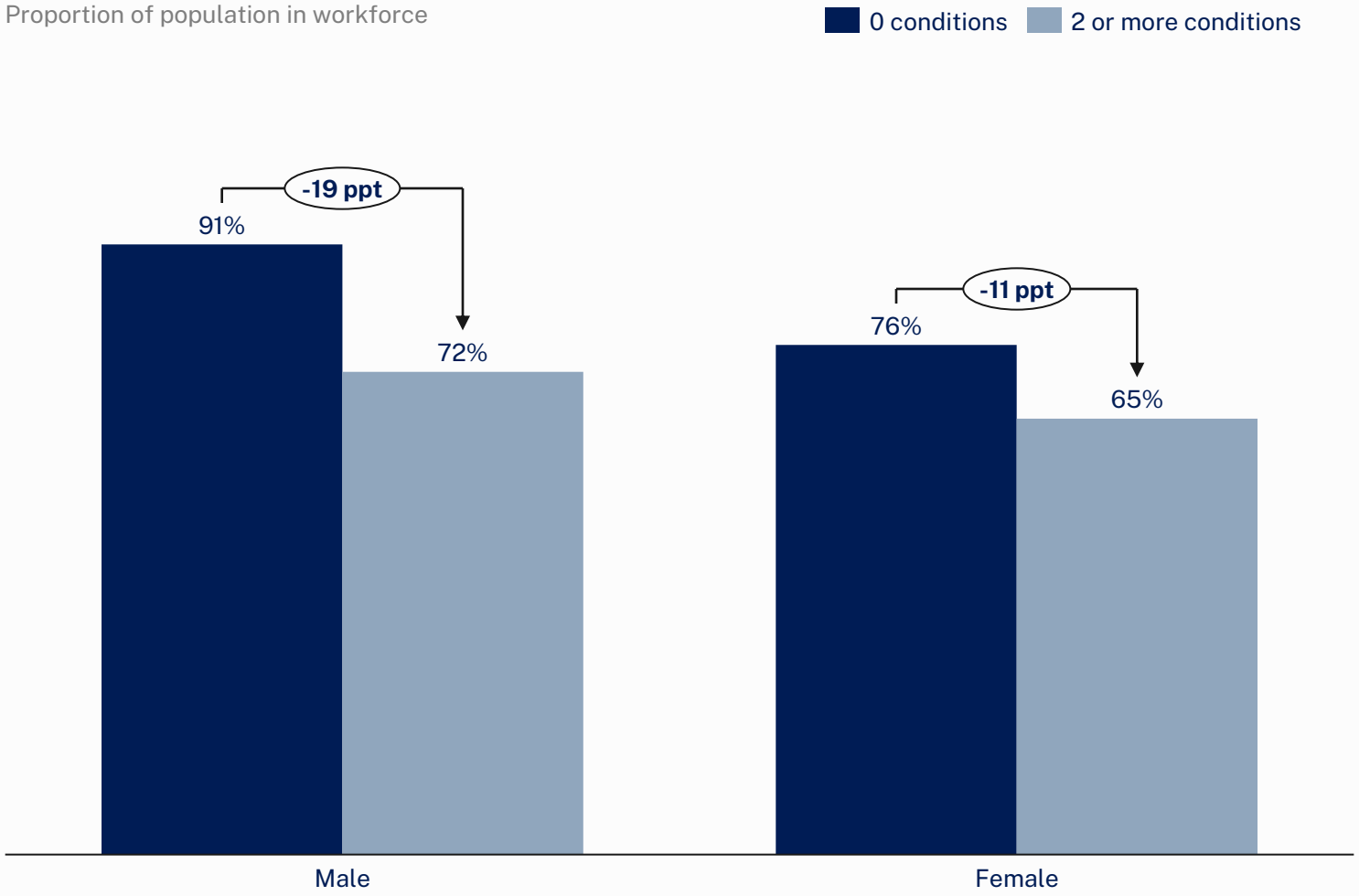
Multimorbidity, defined as two or more chronic conditions, reduces workforce participation among 45–64-year-olds by 19 percentage points for males and 11 percentage points for females, compared to those without chronic conditions.[1]

Multimorbidity can make sustained employment challenging, driving early exit from the workforce entirely. More severe conditions result in more frequent sick days and reduced productivity while at work. Australian longitudinal data find that individuals with multimorbidity experience absenteeism rates 7 per cent higher than those without serious illness and are three times more likely to experience presenteeism.[2] Even those with one condition experience a 4 per cent higher rate of absenteeism.[2]

The workforce impact extends beyond the individual. Caring for someone with a chronic condition places significant demands on families and informal carers, including time spent coordinating care, attending appointments, and providing direct support. In many cases, this impacts the workforce participation of informal carers. Australian evidence finds that assuming a caregiving role causally reduces weekly working hours, with effects falling disproportionately on women and workers aged 40–64, a cohort exposed to the dual burden of peak career demands and ageing family members.[3]

Source: 1. AIHW (2025) *Multimorbidity in Australia;* 2. Afshar Ali, M. et al. (2025) *Workplace productivity losses due to multimorbidity: findings from an Australian longitudinal population survey, 2009–21;* 3. Akyol, P & Nolan, M. (2025) *Effects of informal caring on labour market outcomes of carers: Evidence from HILDA.*

Workforce participation among 45-64-year-olds by chronic health condition status



Source: AIHW (2025) *Multimorbidity in Australia.*

Delayed disease progression could add approximately one to three years to participants' time in the workforce

Slowing disease progression keeps people in less severe disease stages for longer, extending their productive working years. For people with chronic kidney disease, health assessment, coaching and self-care delays disease progression and could enable them to continue to work for an average of three additional years. For those with osteoarthritis, Type 2 diabetes or cardiovascular disease, delayed progression could enable them to continue to work for an average of one additional year.

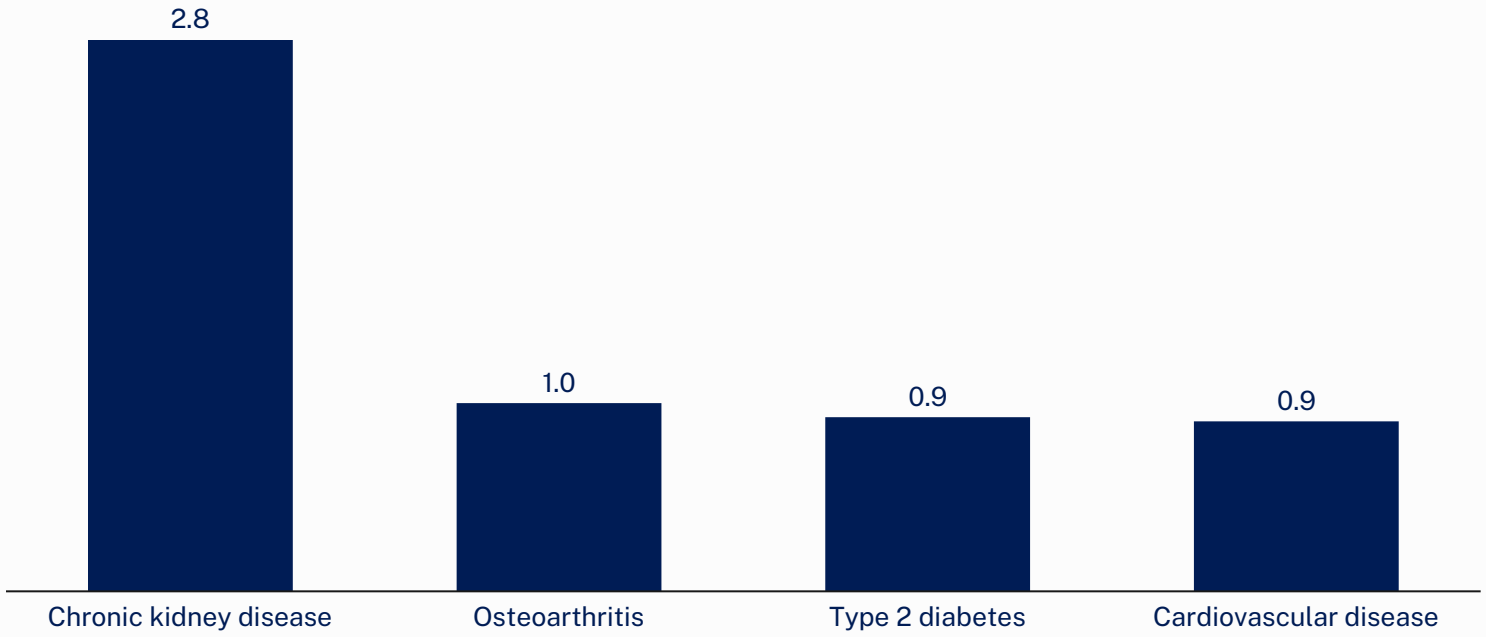
Not all chronic conditions affect work in the same way. Conditions requiring intensive ongoing care at advanced stages, such as dialysis for stage 5 chronic kidney disease, can severely disrupt working life. Such conditions may require intensive hospital-based treatment, for example, dialysis three times per week, leading to frequent absences or early workforce exit. Slowing progression to earlier stages for these conditions can therefore have a greater impact on preserving an individual's capacity to work for longer.

The impact of disease progression also depends on the physical demands of the type of work for an individual. For people in physically demanding roles, such as construction workers, moderate disease progression may disrupt working capacity earlier.

Additional working years per person for Preventive Care+ participants

Average years per person, by disease type

The additional working years are larger for chronic kidney disease than other conditions because **advanced stages of the disease impose more severe disruptions to working life.** Stage 5 chronic kidney disease often requires dialysis, typically three hospital-based sessions per week, creating care demands that result in a higher proportion of patients exiting the workforce.[1]



Note: 1. AIHW (2026) *Hospitalisations for dialysis*.
Source: Herquelot et al. (2011); Kirkeskov et al. (2026); Sayeed et al. (2021); Badley et al. (2024); AIHW (2013) via Arthritis Australia (2014); Mandala analysis.

Additional working years deliver $159M in income, $19M in superannuation and $29M in additional tax receipts per cohort

The additional working years could generate $159 million in income and $19 million in superannuation by retirement, at the 12% superannuation guarantee rate for each cohort of people who engage in Preventive Care+.

This is equivalent to an additional $77,500 in lifetime income and $9,300 in additional superannuation per person who experiences a delay in disease progression because of Preventive Care+.

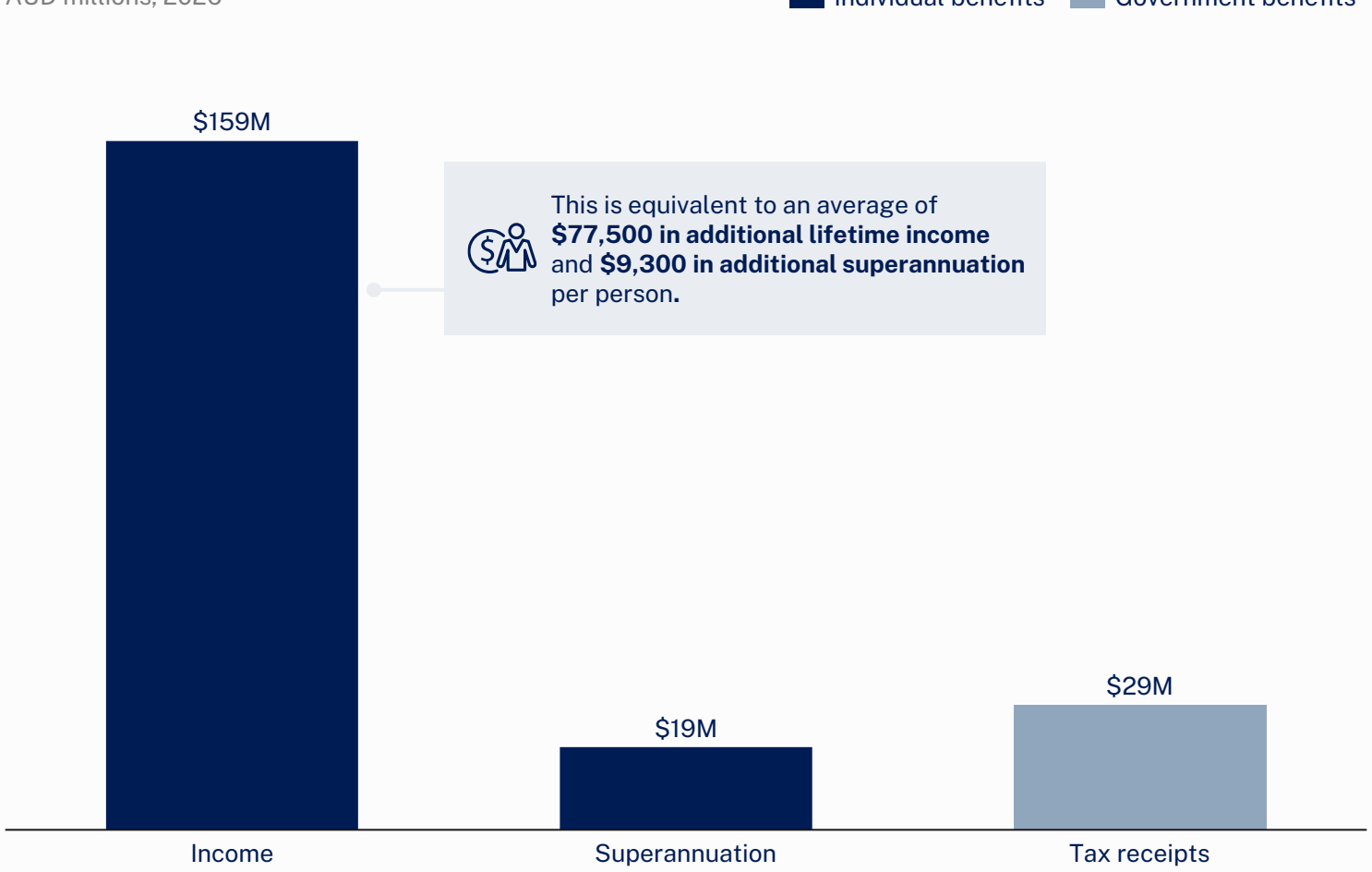
For lower-income individuals, the impact is felt most acutely. Because their total lifetime incomes are lower, each additional working year represents a greater share of their overall income. The benefits extend beyond income and superannuation. People who remain in better health typically have lower care needs, reducing demand on both informal and formal support services.

Longer productive working lives increase economic output and broaden the tax base, generating fiscal benefits for Government and the community. The additional economic contribution from additional years in the workforce is estimated to be $29 million. The Federal Government funds a range of community services through tax receipts.[1] If distributed according to the Federal Government's 2026/27 Budget spending, 37% would go towards funding for assistance to the aged, veterans, people with disabilities, families with children and other welfare programs.

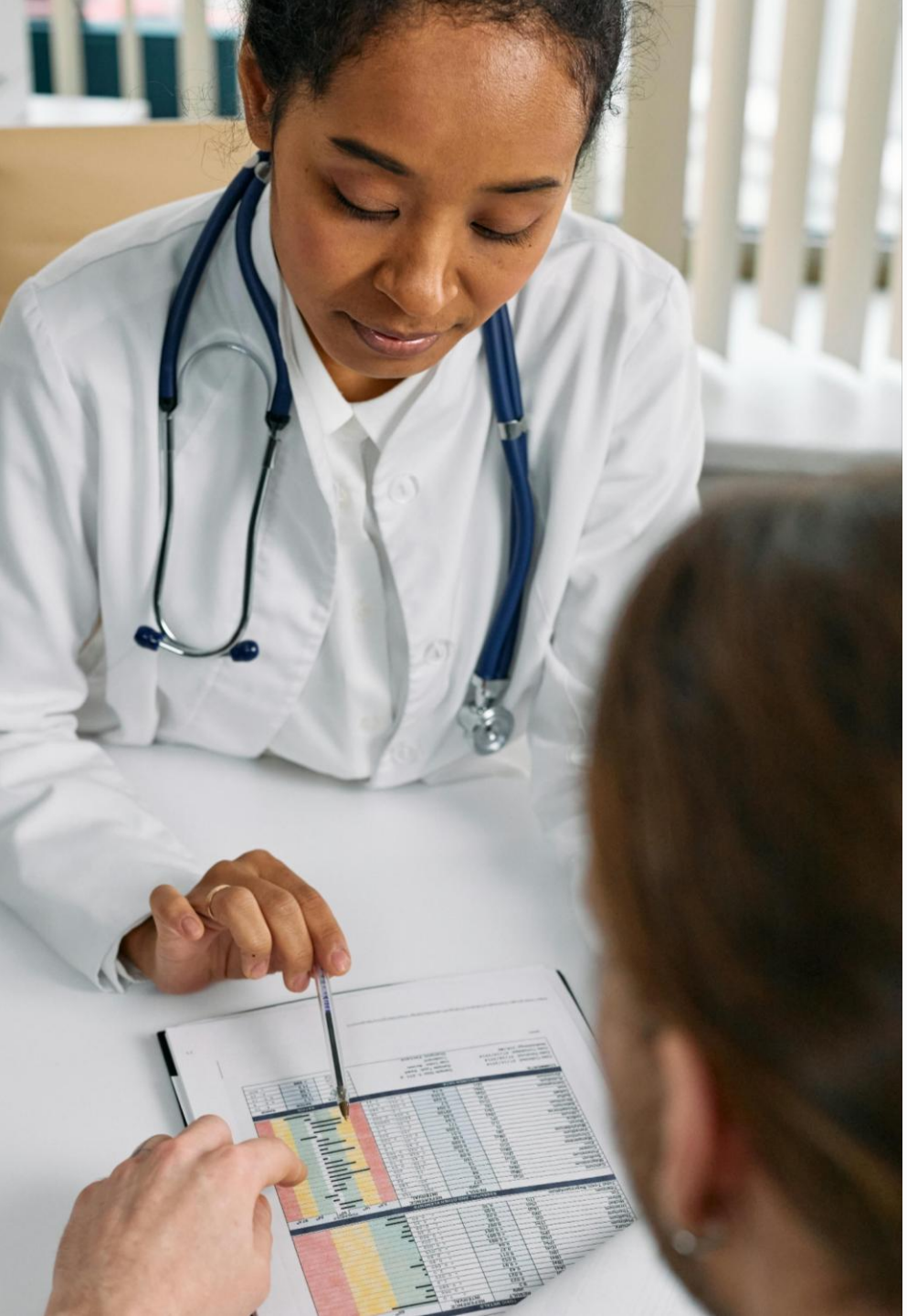
Source: 1. Parliamentary Education Office (2026) *Budget*.

Income, superannuation payments and tax receipts generated from additional working years

AUD millions, 2026



Note: Superannuation refers to the additional superannuation payments made by employers. This does not include returns accrued overtime.
Source: ABS (2026) *Labour Force: Age Groups*; ATO (2026) *Super guarantee*; ABS (2026) *Average Weekly Earnings, Australia*; ABS (2022) *Long-term health conditions*; ATO (2026) *Tax rates – Australian resident*. Mandala analysis.



1 Prevention is a key lever for Government to moderate demand and slow the growth in healthcare costs

2 Preventive Care+ delivers $233M in combined health, income and fiscal benefits per cohort

3 **Appendix**

Half of all Australians now live with at least one chronic condition, a share that is expected to rise further

Half of all Australians now live with one or more chronic conditions, with 38 per cent living with two or more conditions, making chronic conditions a central challenge facing Australia's health system.[1]

Prevalence has risen over time, driven by an ageing population and changing lifestyle factors. The share of Australians aged 65 and over grew from 12 per cent to 17 per cent between 1994 and 2024,[2] and 80 per cent of those aged 65 and over are living with at least one chronic condition, compared to 50 per cent in the overall population.[3]

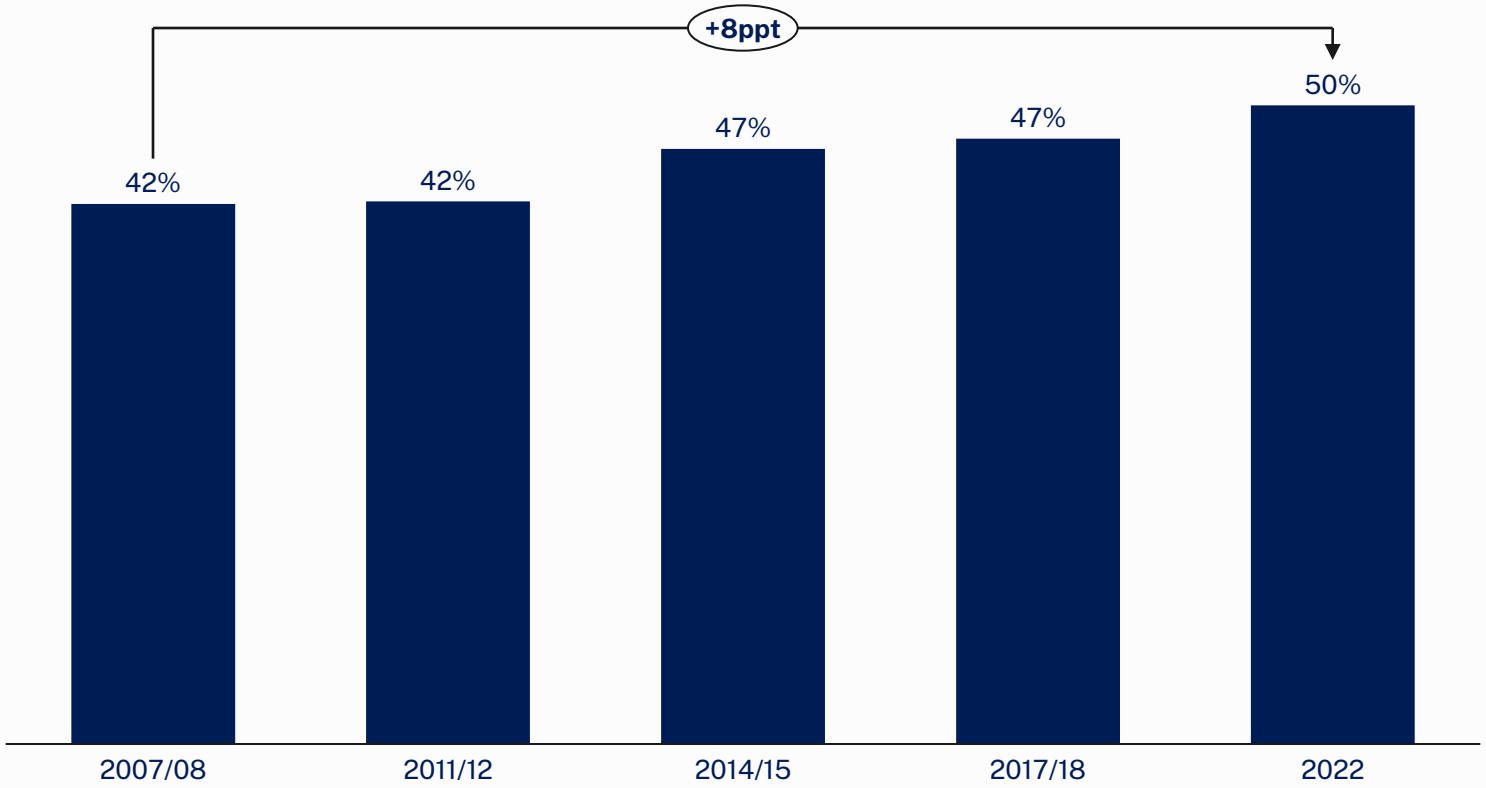
Lifestyle factors compound this. The leading modifiable risk factors contributing to chronic condition burden in Australia are overweight and obesity, tobacco use, poor diet, and high blood pressure.[4] Obesity among Australian adults has risen from 24 per cent in 2007/08 to 31 per cent in 2022/23.[5]

The forces driving this growth are structural and will persist. Australia's population aged 65 and over is projected to increase to between 25 per cent to 27 per cent by 2071.[6] The lifestyle risk factors driving chronic conditions remain prevalent and largely unaddressed at a population level.

Source: 1. ABS (2025) *Prevalence of chronic conditions;* AIHW (2025) *Multimorbidity in Australia;* 2. AIHW (2025) *Profile of Australia's population;* 3. AIHW (2024) *Older Australians;* ABS (2025) *Prevalence of chronic conditions; 4.* AIHW (2024) *Australian Burden of Disease Study 2024;* 5. Obesity Evidence Hub (2025) *The disease burden of overweight, obesity and poor diet;* 6. ABS (2023) *Population Projections, Australia.*

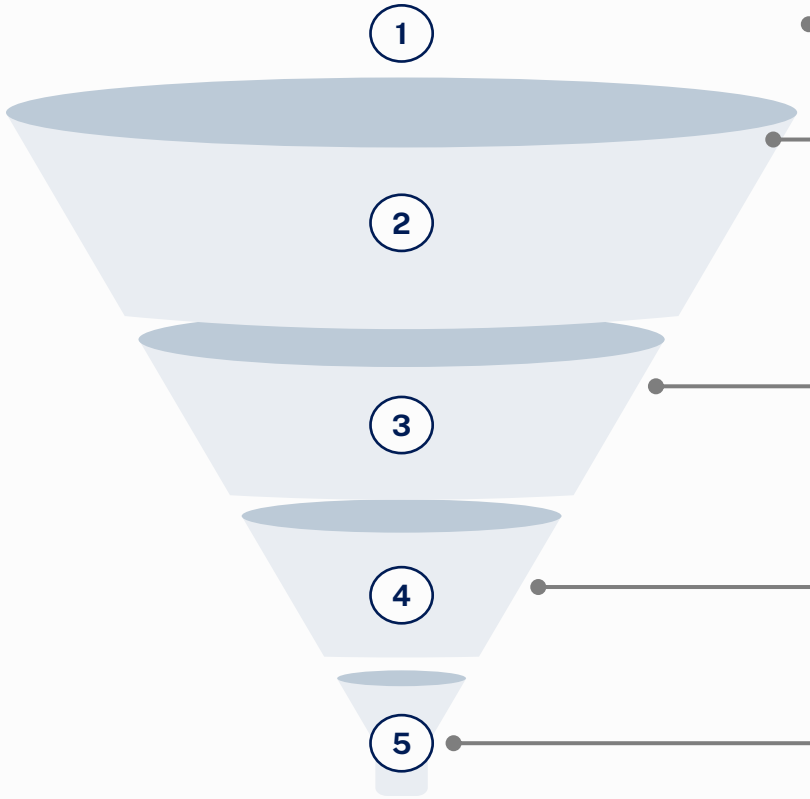
Prevalence of chronic conditions

Proportion of population with one or more chronic conditions



Source: ABS (2025) *Prevalence of chronic conditions.*

To estimate the benefit of Preventive Care+, we modelled the program reaching 133,000 people in assessment and 83,000 in coaching



Total population
- **27.7M people**[1]

55–59-year-olds
- **1.7M people** in the 55–59-year-old cohort[1]

Program uptake
- **133,000** do an assessment, under the assumption of **10% uptake among eligible people**. Within this group, GPs are likely to identify approximately **20% of this group who are sufficiently healthy** that a formal assessment adds little value, so it is assumed they would avoid assessment
- People who self-select into a preventive health program are already somewhat health-engaged, but the GP filter removes those who are objectively low-risk
- A conservative uptake compared to the National Bowel Cancer Screening Program uptake of 42%[2]

Referred to coaching
- **83,000** people would be referred to coaching, which is between 20,000 and 40,000 per disease
- 39% of males and 43% of females 55–59 have one or more long-term health conditions in 2021[3]

Effectiveness of coaching
- Slowing of disease progression is conservatively assumed to be 3% and 20% per year based on the available literature for each disease[4]
- **100 to 1,700 people** per disease experience slowed disease progression over ten years with the support of Preventive Care+

Cohort refers to the subset of 55-59-year-olds who take up the health assessment and are referred to health coaching within a single year. This cohort is followed over a ten-year horizon to estimate the potential benefits.

Note: See later slides for details on the assumed effectiveness of health coaching on disease progression across the four diseases.
Source: 1. ABS (2022) *Population Projections, Australia;* 2. AIHW (2025) *National Bowel Cancer Screening Program monitoring report;* 3. AIHW (2022) *Long-term health conditions;* 4. See subsequent slides for the assumptions for each disease.

Progressing Type 2 diabetes (T2D) leads to significant complications such as kidney disease and severe ulceration that require expensive care in hospital

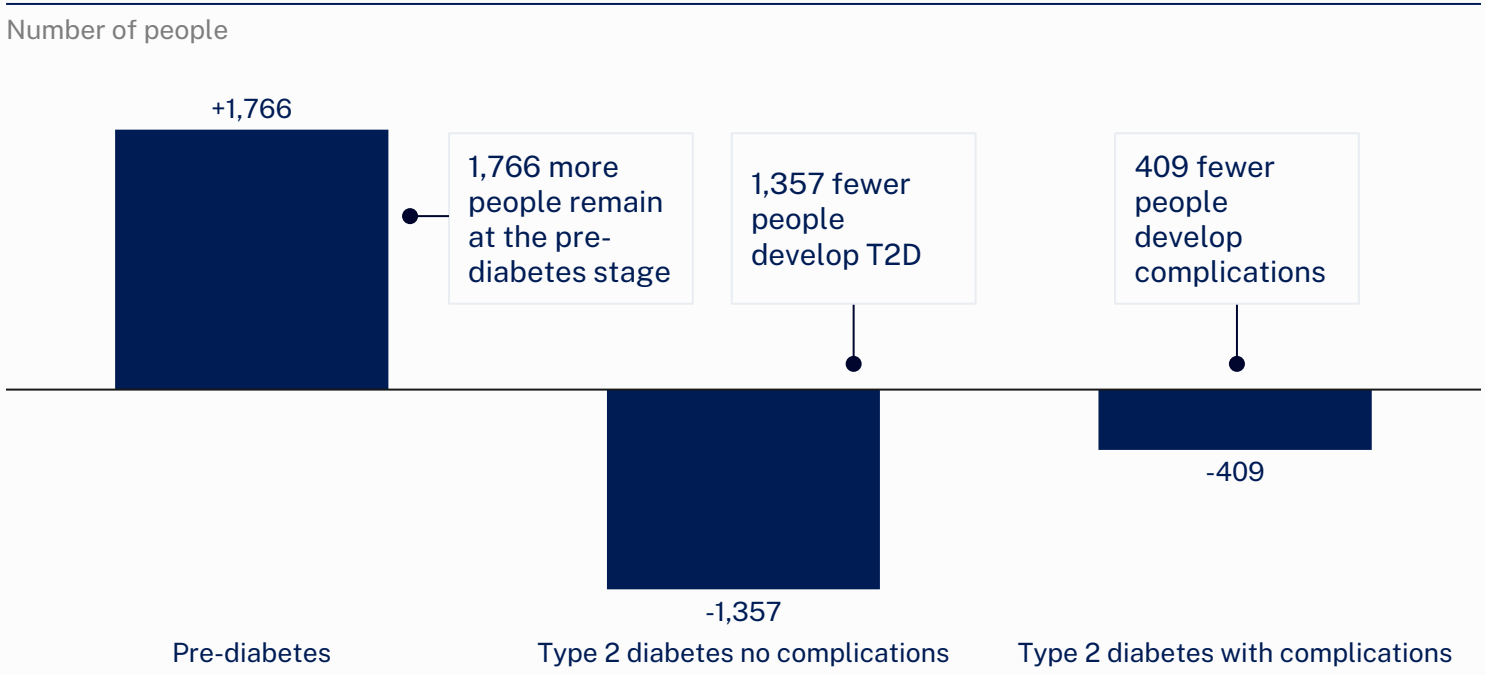
Overview and disease stages

	Pre-diabetes	T2D with no complications	T2D with complications
Definition	▪ Elevated blood glucose levels but short of diagnostic threshold for T2D	▪ Persistently elevated glucose levels with no evidence of organ damage or other complications ▪ Fasting blood glucose levels ≥7.0 mmol/L	▪ Persistently high blood glucose levels ▪ Health complications such as heart and kidney disease, vision impairment, and limb ulcers leading to amputation
Management of disease	▪ Care typically led by GP ▪ Self-care has a substantial impact on outcomes. Improved diet and exercise can significantly slow or even halt the progression to T2D ▪ High-risk patients may also be prescribed medication to manage blood sugar levels	▪ Managed through primary care (e.g. GP) and personal self-care ▪ Medication such as Metformin helps lower blood glucose levels ▪ Significant lifestyle modifications are encouraged	▪ Specialist care needed ▪ Having T2D often leads to serious complications requiring hospitalisation ▪ Wider range of medication prescribed
Number of 55–59-year-olds (% population share)	229,000 people (14%)	129,000 people (8%)	
Estimated annual cost per person	**$298**	**$1,109**	**$5,395**

Source: AIHW (2026) *Diabetes: Australian facts*; RACGP (2026) *Defining and diagnosing type 2 diabetes*; Ezinne et al. (2025) *Ethnic disparities in the prevalence of prediabetes and diabetes in Australia: a systematic review and meta-analysis*; ABS (2023) *Population projections*; Asiamah-Asare et al. (2025) *The economic impact of diabetes: Assessing incremental direct costs in Australia using linked administrative data*; Mandala analysis.

Preventive Care+ can help slow T2D progression, helping patients avoid complications

Net change in individuals per disease stage, ten years after Preventive Care+



$16M in health system savings accrue over ten years by slowing progression from pre-diabetes to T2D and complications, for a single cohort.

Key inputs

- This approach estimates the potential savings from slowing the progression of chronic conditions. Transitions back to a pre-disease stage are not modelled.
- Approximately 7.5% of patients with pre-diabetes develop T2D each year.[1]
- The transition from T2D with no complications to T2D with complications is approximately 3.6% per year, based on the longitudinal UK Prospective Diabetes Study.[2] Complications include strokes and ulcers.
- We estimate that Preventive Care+ will have a modest but real impact on slowing complications.
- The modelled effect of Preventive Care+ on T2D is based on the NHS Diabetes Prevention Programme in the UK, with the rate of progression from pre-diabetes to T2D slowing by 20% per year.[3]
- The rate of complication development for those already with T2D is estimated to slow by 3%, based on an Australian telephone support program that led to significant reductions in hospital admissions.[4]
- We estimate that the slowing of disease progression would save the health system $16M over ten years for a single cohort.

Note: 1. Tabak et al. (2012); Forouhi et al. (2007); 2. Hayes et al. (2013); 3. Ravindrarajah et al. (2023); 4. Hamar et al. (2015).
Source: AIHW (2026); Ezinne et al. (2025); Khalid et al. (2013); ABS (2023); Asiamah-Asare et al. (2025); Mandala analysis.

Stage 5 chronic kidney disease (CKD) costs an average of $68,000 per person, with prevention of severe disease progression the highest-value target

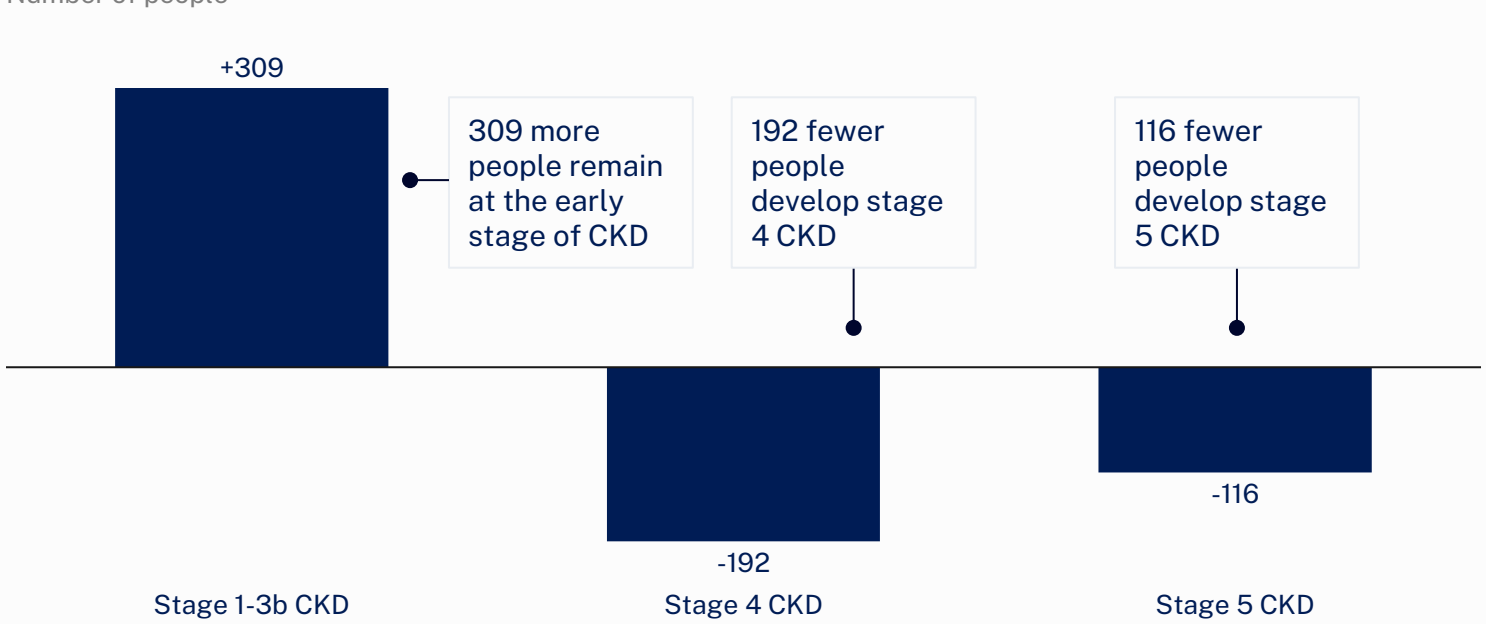
Overview and disease stages

	Stage 1 - 3b CKD	Stage 4 CKD	Stage 5 CKD
Definition	▪ Kidney function is mildly to moderately reduced, with an estimated glomerular filtration rate (eGFR) rate between 30 and 90 mL/min/1.73m^2 ▪ None or some kidney damage may be present	▪ Severely reduced kidney function where the eGFR rate is between 15 and 29 mL/min/1.73m^2 ▪ Kidney damage may be present	▪ Kidney failure, where the eGFR rate falls below 15 mL/min/1.73m^2 ▪ Kidneys are no longer able to adequately filter waste and excess fluid from the blood, which is life-threatening without treatment
Management of disease	▪ Managed through primary care (e.g. GP) and personal self-care ▪ Lifestyle modifications to diet, alcohol consumption, physical activity and smoking may slow disease progression ▪ Medication may be prescribed to manage biomedical risk factors such as high blood pressure and diabetes	▪ Managed through primary and specialist care (e.g. nephrologist) ▪ Medications to manage related conditions including high blood pressure and high fluid retention are prescribed	▪ Primary and specialist care is needed, with hospital-based management via kidney replacement therapy ▪ Kidney dialysis or a renal replacement is needed to support the filtration of blood in the body ▪ Conservative (palliative) management may also be considered
Number of 55–59-year-olds (% population share)	247,000 people (15%)		
Estimated annual cost per person	**$3,372**	**$12,054**	**$67,875**

Source: AIHW (2026) *Chronic kidney disease*; RACGP (2024) *Chronic kidney disease*; Kidney Health Australia (2025) *Treating kidney disease*; ABS (2023) *Population projections*; Randall et al. (2024) *Estimating the cost of chronic kidney disease in Australia*; Mandala analysis.

Most health system savings come from avoiding progression to stage 5 CKD, which is the most expensive to manage with kidney replacement therapy

Net change in individuals per disease stage, ten years after intervention



$41M in health system savings accrue over ten years by slowing progression from stages 1-3b of CKD to stage 4 and 5 of CKD for a single cohort.

Key inputs

- This approach estimates the potential savings from slowing the progression of chronic conditions.
- We assume that 4.4% of people with stage 1–3b CKD develop stage 4 of the disease each year, based on a South Korean study that tracked the progression of stage 3 CKD patients.[1]
- The transition to stage 5 is assumed at 4% of stage 4 patients per year, based on a US study examining the renal replacement needs of stage 4 patients. [2]
- We estimate that Preventive Care+ will have a modest impact on disease progression but result in a significant savings to the health system due to the high cost of treating CKD.
- The modelled effect of Preventive Care+ on CKD progression is a 5% annual reduction for both stage 4 and stage 5. This is based on a comparable health coaching effect on other chronic conditions, and conservative relative to a Canadian study that found a more intensive renal management clinic program significantly slowed progression.[3]
- We estimate that this slowing of disease progression would save the health system $41M over ten years for a single cohort.

Note: 1. Baek et al. (2012) *Does stage III chronic kidney disease always progress to end-stage renal disease? A ten-year follow-up study*; 2. Keith et al. (2004) *Longitudinal follow-up and outcomes among a population with chronic kidney disease in a large managed care organization*; 3. Zhang et al. (2009) *Natural history of CKD stage 4 and 5 patients following referral to renal management clinic.*
Source: AIHW (2026) *Chronic kidney disease*; ABS (2023) *Population projections*; Randall et al. (2024) *Estimating the cost of chronic kidney disease in Australia*; Mandala analysis.

Preventing cardiovascular disease (CVD) is most cost-effective, given the significantly lower average health system cost at the stage of high primary risk

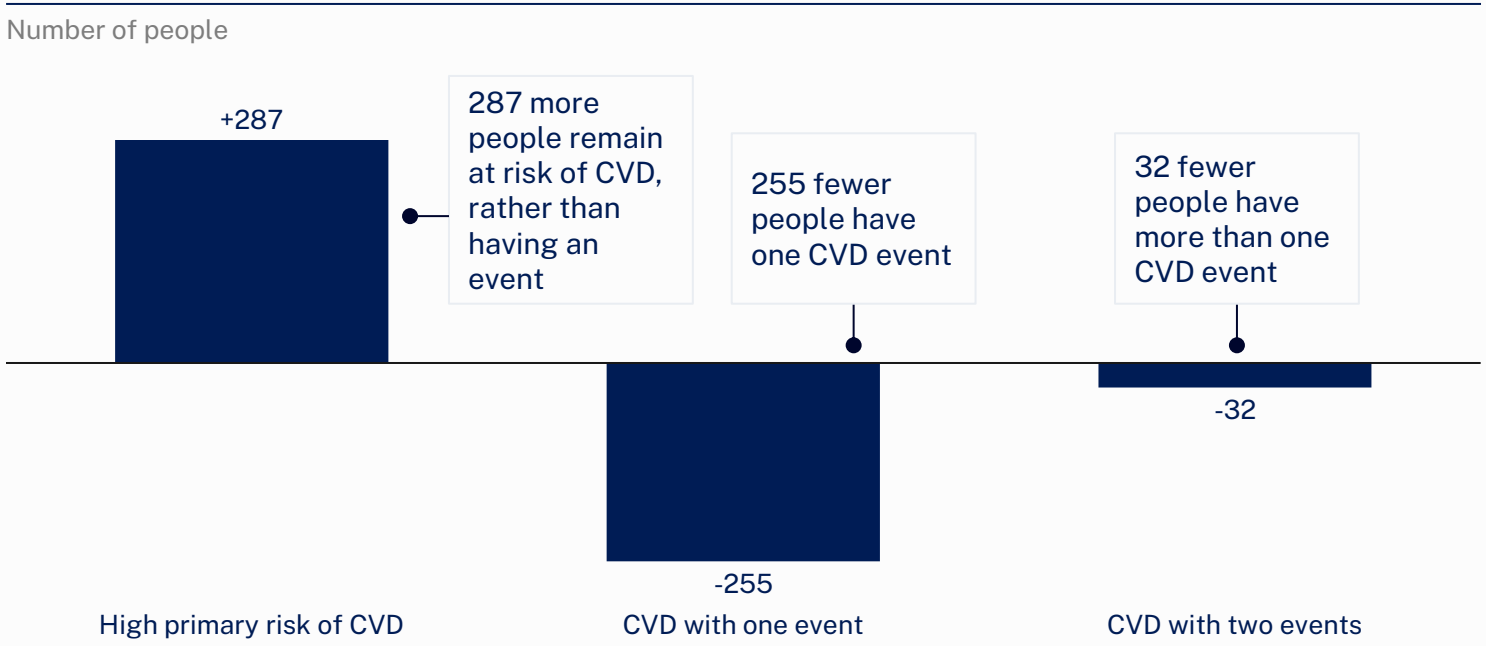
Overview of cardiovascular disease (CVD) and its disease stages

	High primary risk with no CVD	CVD history of one event	CVD history of two or more events
Definition	▪ Condition defined as having >10% risk of being hospitalised due to a major CVD event or condition in the next 5 years by the Aus CVD risk calculator ▪ Major CVD events and conditions include heart attack, stroke, peripheral vascular disease, and congestive heart failure	▪ Having one prior CVD event, with existing damage to the heart and/or blood vessels ▪ Defined as non-very high risk ASCVD, meaning they have a history of 1 major atherosclerotic event (ASCVD) event without additional high-risk conditions, under the 2018 ACC/AHA guidelines	▪ Having two or more CVD events, indicating very high or extreme CVD risk ▪ Defined as very high risk ASCVD, meaning they have a history of multiple major ASCVD events or one major event and multiple high-risk conditions, under the 2018 ACC/AHA guidelines
Management of disease	▪ Managed through primary care (e.g. GP) and personal self-care ▪ Lifestyle modifications to reduce CVD risk include changes to diet, physical activity, alcohol consumption and smoking ▪ Medication may be prescribed to manage high cholesterol and blood pressure	▪ Primary and specialist care for management of CVD is needed (e.g. cardiologist) along with hospital care for a CVD event ▪ Long-term medication is prescribed, which could include statin therapy, antiplatelet therapy, or blood pressure medication	▪ More extensive primary and specialist care for management of CVD is needed (e.g. cardiologist) along with hospital care from multiple CVD events ▪ Long-term medication is prescribed, which could include statin therapy, antiplatelet therapy, or blood pressure medication
Number of 55–59-year-olds (% population share)	170,000 people (10%)	137,000 people (8%)	
Estimated annual cost per person	**$298**	**$11,827**	**$16,031**

Source: AIHW (2026) *Heart, stroke and vascular disease; Australian facts*; Aus CVD Risk (2026) *CVD risk categories*; American College of Cardiology/American Heart Association Task Force (2018) *2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: Executive Summary;* Banks et al. (2016) *Absolute risk of cardiovascular disease events, and blood pressure-and lipid-lowering therapy in Australia*; Nelson et al. (2024) *2023 Australian guideline for assessing and managing cardiovascular disease risk;* ABS (2023) *Population projections;* Abebe et al. (2025) *Current and Future Cost Burden of Myocardial Infarction in Australia: Dynamic Multistate Markov Model*; Mandala analysis.

Most of the reductions in disease progression occur at the stage of CVD with one event, with very few reductions seen in progression to CVD with two events

Net change in individuals per disease stage, ten years after intervention



$18M in health system savings accrue over ten years by slowing progression from high primary risk of CVD to having CVD with one and two CVD events for a single cohort.

Key inputs

- This approach estimates the potential savings from slowing the progression of chronic conditions.
- We assume that 2% of people with high primary risk of CVD experience a major CVD event each year. This is derived from the definition of high primary risk as at least a 10% probability of a CVD event over five years.[1] We estimate that 0.8% of those who have CVD and have experienced one event are likely to have another CVD event in a year, based on a retrospective US study of non-very high-risk patients identified.[2]
- We estimate that Preventive Care+ will have a greater impact on slowing initial CVD development than on preventing subsequent events, given the low rate of individuals experiencing two CVD events.
- The effect of Preventive Care+ on CVD progression is modelled on an NZ study of health and wellness coaching in a high-risk CVD group, that showed an 11% annual reduction in progression to CVD.[3] The rate of CVD development with two major events is estimated to slow by 3%, based on an Australian telephone support program that led to significant reductions in hospital admissions.[4]
- We estimate that this slowing of disease progression would save the health system $18M over ten years for a single cohort.

Note: 1. Aus CVD Risk (2026); 2. Fonarow et al. (2021); 3. Krishnamurthi et al. (2024); 4. Hamar et al. (2015).
Source: AIHW (2026); Banks et al. (2016); Nelson et al. (2024); ABS (2023); Abebe et al. (2025); Mandala analysis.

Reducing progression to severe osteoarthritis (OA) is the most cost-effective, as severe OA carries substantially higher costs driven by joint replacement surgery

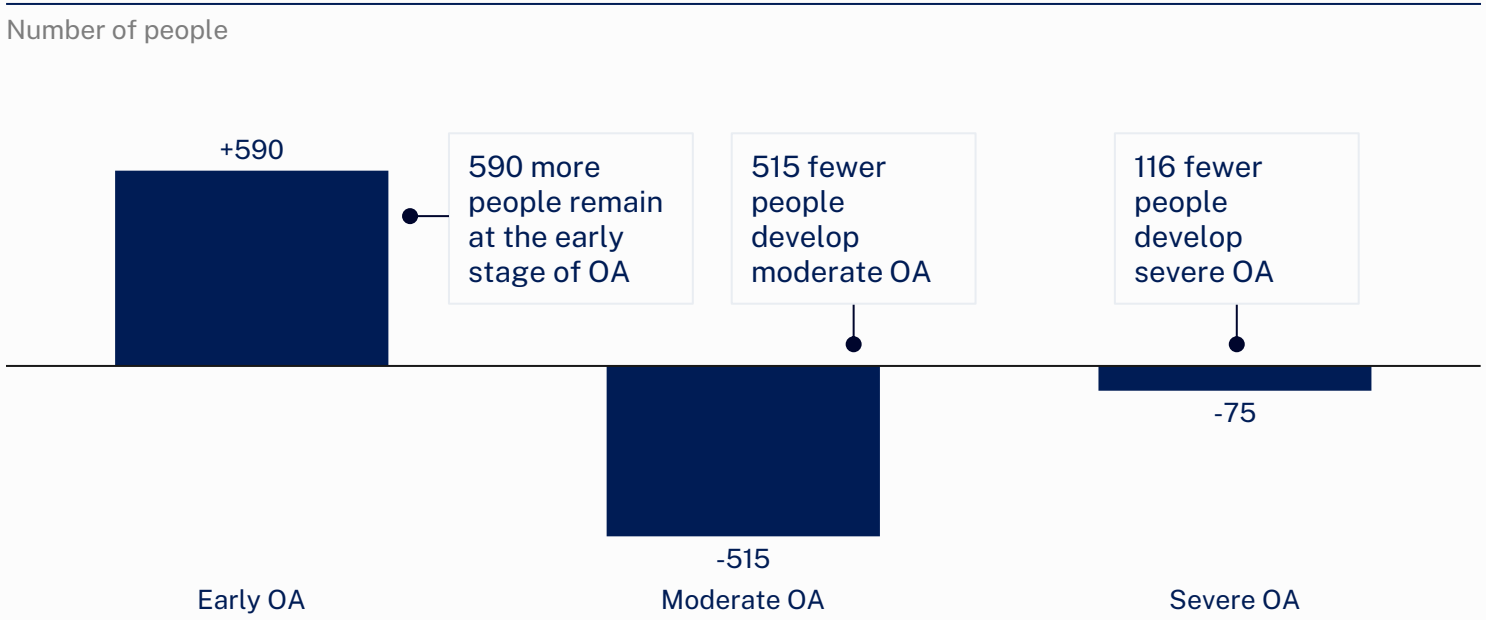
Overview of osteoarthritis (OA) and its disease stages

	Early OA	Moderate OA (Radiographic OA)	Severe OA (End-stage OA)
Definition	▪ Condition characterised by the breakdown of cartilage that overlies the ends of bones in joints, often in the knee or hip areas, with potential joint pain, stiffness and swelling ▪ Early-stage OA means that there is no structural damage yet, and can be defined as having K-L grades of 0 or 1 on X-rays	▪ More severe disease where radiographic imaging show clear structural changes which could include joint space narrowing, bone spurs and bone deformity ▪ Defined as having a K-L grade of 2 or higher on X-ray imaging but not reaching symptomatic thresholds for severe disease	▪ Significant structural damage shown by X-ray imaging, and substantial, persistent pain and disability ▪ Defined as having a K-L grade of 4 showing the most severe X-ray damage or a K-L grade of 2 or 3 combined with intense symptoms and persistent pain
Management of disease	▪ Managed through primary care (e.g. GP) and personal self-care ▪ Lifestyle modifications to reduce OA progression include exercise and weight management ▪ Medications to relieve pain and reduce inflammation may be prescribed	▪ Primary and specialist care is needed, which could include rheumatology for ongoing management ▪ Medications and corticosteroid injections may be recommended to manage pain and inflammation	▪ Primary and specialist care is needed, with more regular reviews along to manage joint pain, function and a need for surgery ▪ Surgical intervention at the hospital with a total joint replacement is a common treatment for severe OA
Number of 55–59-year-olds (% population share)	279,000 people (17%)		
Estimated annual cost per person	**$171**	**$749**	**$26,765**

Source: AIHW (2024) *Osteoarthritis*; RACGP (2013) *Guideline for the management of knee and hip osteoarthritis*; Nuer et al. (2025) *Progression and influencing factors of knee osteoarthritis based on a multi-state Markov model: Data from OAI*; Department of Health, Disability and Ageing (2026) *MBS Online*; Arthritis Australia (2016) *Counting the cost*; AIHW (2024) *Pharmaceutical Benefits Scheme prescriptions over time*; Mandala analysis.

Disease progression from moderate to severe OA is low, as efforts are made to avoid joint replacement surgery

Net change in individuals per disease stage, ten years after intervention



$11M in health system savings accrue over ten years by slowing progression from early OA to having moderate and severe OA for a single cohort.

Key inputs

- This approach estimates the potential savings from slowing the progression of chronic conditions.
- Unlike other conditions modelled, OA progression can be partially reversed. Exercise therapy and weight management have been shown to reduce pain and improve joint function sufficiently to move patients from severe to moderate disease states.
- We estimate that 5% of people with early OA develop moderate OA per year, and that the net rate of progression to severe OA is 0.2%, accounting for both progression from moderate OA and reversal from severe to moderate OA. This is based on a US study of patients with OA.[1]
- Progression to moderate OA is modelled to slow by 14% per year, based on a Danish study of a non-surgical treatment plan combining exercise, diet, and pain medication.[2] Severe OA development is estimated to slow by 30.9%, based on a retrospective US study in which a digital program of exercise therapy, education, and health coaching significantly reduced joint replacement rates.[3]
- It is estimated that this slowing of disease progression would save the health system $11M over ten years for a single cohort.

Note: 1. Nuer et al. (2025) *Progression and influencing factors of knee osteoarthritis based on a multi-state Markov model: Data from OAI*; 2. Skou et al. (2015) *The efficacy of 12 weeks non-surgical treatment for patients not eligible for total knee replacement: a randomized controlled trial with 1-year follow-up*; 3. Lu et al. (2023) *Digital Musculoskeletal Program Is Associated With Decreased Joint Replacement Rates.*
Source: AIHW (2024) *Osteoarthritis*; Department of Health, Disability and Ageing (2026) *MBS Online*; Arthritis Australia (2016) *Counting the cost*; AIHW (2024) *Pharmaceutical Benefits Scheme prescriptions over time*; Mandala analysis.

Methodology: Additional income – broader benefits (I/II)

Overview of methodology	A. Average additional workforce years per person (FTE)	✖	B. Number of unique people adjusted for multimorbidity	✖	C. Average full-time wage	=	Total additional income

Category	Key inputs and assumptions	Methodology	Sources
A. Average additional workforce years per person (FTE)	▪ 0.93 FTE additional workforce years per person	▪ Average additional workforce years per person across the four diseases modelled converted to FTE by labour force distribution of 55-59-year-olds	▪ Modelled input; ABS (2026)
B. Number of unique people adjusted for multimorbidity	▪ 2,606 sum of non-unique people	▪ Sum of people who have remained in early stages from health coaching across the four diseases	▪ Mandala analysis
	▪ 0.69 multimorbidity adjustment factor	▪ Calculated multiplier from the weighted sum of percentages of people with 1, 2, and 3 conditions or more	▪ ABS (2022)
C. Average full-time wage	▪ $106,657	▪ Average weekly earnings converted to an annual wage	▪ ABS (2026)

Note: The heath system savings reflects savings at the disease level rather than the individual level, meaning someone managing two or more conditions accrues benefits across each. This is appropriate given that the lifestyle interventions underpinning Preventive Care+, such as diet and exercise, deliver improvements across all conditions simultaneously.

Methodology: Additional superannuation and tax receipts – broader benefits (II/II)

Overview of methodology						
	Total additional income	✖	D. Super guarantee	=	Total additional superannuation

Category	Key inputs and assumptions	Methodology	Sources
D. Super guarantee	▪ 12%	▪ General super guarantee rate from 1 July 2025 onwards	▪ ATO (2026)

Overview of methodology						
	B. Number of unique people adjusted for multimorbidity	✖	E. Average personal income tax per person by average additional income	=	Total tax receipts

Category	Key inputs and assumptions	Methodology	Sources
E. Average personal income tax per person by average additional income	▪ $14,000 for an average income of $77,500	▪ Calculated using the latest resident tax rates 2025-26	▪ ATO (2026)

Self-care for health presents opportunities beyond Preventive Care+

Preventive Care+ demonstrates that targeted, evidence-based coaching delivers measurable returns to individuals, the health system and the economy. The case for health coaching extends well beyond the 55 to 59 age group. The conditions driving the greatest system burden accumulate over a lifetime. Addressing them earlier lowers the long-term cost to individuals and the system

Health coaching is a scalable, low-cost intervention that sits between clinical care and self-management. It does not require new infrastructure or large workforce expansion. It works within existing primary care settings and can be extended across the life course with relatively modest investment.

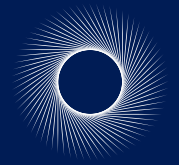
The three opportunities are not exhaustive. They illustrate a broader principle: that shifting healthcare from reactive treatment to proactive, supported self-management is a direct lever available to the Government to reduce system demand.

Broader opportunities for self-care beyond Preventive Care+

Non-exhaustive list of opportunities

1 Better supporting individuals already living with chronic conditions in early life	▪ Chronic conditions that develop early and go unmanaged escalate over the life course, driving higher long-term system costs ▪ Health coaching earlier in life could slow disease progression before it reaches the high-cost stages modelled in this report ▪ Extending Medicare-funded coaching beyond 55–59-year-olds would bring these benefits to younger cohorts
2 Early-stage investment in health literacy	▪ Health literacy is associated with improved preventive behaviours, including reduced smoking uptake and improved dietary patterns[1] ▪ Health literate populations access primary care earlier, reducing avoidable emergency and specialist presentations[1]
3 Better mental health support	▪ Unmet demand for psychologists reached 57.3% in 2025 and is projected to reach 96.6% by 2038[2] ▪ Low-intensity services in primary care such as health coaching could absorb lower-acuity demand from clinical waitlists, reserving specialist capacity for complex and severe needs[3]

Source: 1. AIHW (2018) *Australia's health 2018: Health literacy;* Australian Government Department of Health, Disability and Ageing (2026) *Psychology Supply and Demand Compendium Report;* 3. Australian Government Department of Health and Aged Care (2022) *National Mental Health Workforce Strategy 2022-23.*



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