Priorities for the 2021-22 Federal Budget

January 2021

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Dietitians Australia interest in this consultation

Dietitians Australia is the leading organisation of nutrition and dietetic professionals in Australia, with over 7500 members. Dietitians Australia actively advocates for funding through the Federal Budget to promote, improve and protect the nutritional health and wellbeing of all Australians. Accredited Practising Dietitians are the qualified and credentialled professionals in nutrition and dietetics. Accredited Practising Dietitians work across a wide range of areas including clinical (hospitals, public health and private practice), community, industry, research and academia, and have an important role to play in the health and wellbeing of all Australians.

This submission was prepared by Dietitians Australia staff in consultation with members, following the Conflict of Interest Management Policy and process approved by the Board of Dietitians Australia. This policy can be viewed on the Dietitians Australia website.

Recommendations

Medicare Benefits Schedule

1. Make telehealth dietetics a permanent fixture of Medicare, for all Australians.
2. Support access to and quality of care by increasing allied health service limits from 5 to 10 consultations per annum.
3. Acknowledge the complexity of dietary intervention and support quality of care by creating and funding Medicare items for dietetic consultations where duration is 50 minutes or longer.
4. Support quality of care and communication in the multidisciplinary team by creating and funding Medicare items for allied health professionals to prepare reports for the referring practitioner.
5. Include Accredited Practising Dietitians in the definition of mental health practitioners enabling patients to access 10 or more dietetic services under Better Access arrangements.
6. Include Accredited Practising Dietitians in allied health teams for autism, pervasive developmental disorder and disability (M10) and provided with their own unique 820** number for the dietary treatment of people with these disabilities.

Australian Dietary Guidelines review

7. Additional funding to develop Dietary Guidelines for Older Australians, within scope of the Australian Dietary Guidelines review.
8. Fund successful public education, implementation and evaluation of the reviewed Australian Dietary Guidelines.

Health policy

9. Include funding for food and nutrition actions (including program development, implementation and evaluation) as a core feature of the National Obesity Strategy and National Preventive Health Strategy.
10. Provide block funding for the delivery of allied health services within group homes, through the National Disability Insurance Scheme (NDIS).

Aged care

11. Fund the implementation and evaluation of routine malnutrition screening and food-first management in residential aged care facilities.
12. Provide funding to approved providers of residential aged care, adding to the base amount for the ‘Basic Daily Fee’ by $10 per resident per day.

Regional, rural and remote health care

13. Ensure regional communications infrastructure can support telehealth for greater healthcare access.
14. Reintroduce scholarships for allied health students studying in accredited education programs to complete placements in regional, rural and remote areas.

Discussion

Medicare Benefits Schedule

Recommendation 1: Make telehealth dietetics a permanent fixture of Medicare, for all Australians.

COST

- No extra cost per telehealth service as these attract same Medicare benefit as in-person services
- $1.5 million per year, based on increased use of services (Table 1)

BENEFITS

- Telehealth dietetics services are highly cost effective, with cost per Quality Adjusted Life Years (QALY) gained ranging from 0.4% to 62.5% of GDP per capita.[1]
- Increased access to allied health services will reduce expenditure on medications and decrease hospital costs, as demonstrated by pilot projects.[2]
- Reduced long-term health spend due to uptake in preventive and early-intervention care.

BACKGROUND

Patients can receive high quality and effective dietetic services via telehealth. Outcomes of telehealth dietetics are as effective as in-person services and do not require training beyond graduate level. Telehealth services improve access to effective nutrition services, help to address health inequalities and support Australians to optimise their health and well-being, regardless of location, income or literacy level.[3]

Since the implementation of COVID-19 telehealth items in March 2020, Aboriginal and Torres Strait Islander health check dietetic follow-ups (items 81230, 93048, 93061) have almost doubled per capita and eating disorders dietetic consultations have more than tripled (Table 1), demonstrating that telehealth has a significant and tangible positive impact on access to health services.

Table 1: Increase in access to dietetic care since telehealth implementation

Service	MBS item numbers	Time period	Number of services		Benefit	
			per 100,000 population[4]	increase	per 100,000 population[4]	increase
Aboriginal and Torres Strait Islander health check, dietetics follow up	81230 93048 93061	Mar 2019 to Nov 2019	13	170%	$703	180%
		Mar 2020 to Nov 2020	35		$1977	
Eating disorder dietetics counselling	82350 93074 93108	Nov 2019 to Feb 2020	14	307%	$912	369%
		Aug 2020 to Nov 2020	57		$4273	
Chronic disease management	10954 93000 93013	Mar 2019 to Nov 2019	1368	13%	$74,127	16%
		Mar 2020 to Nov 2020	1546		$85,707	

Recommendation 2: Support access to and quality of care by increasing allied health service limits from 5 to 10 consultations per annum.

COST

- $420 million

BENEFITS

- Increased utilisation of early-intervention and preventive allied health care to reduce future and ongoing health costs.[5]
- Better continuity and quality of care for patients with complex needs, who require ongoing consultations and support to enable long-term changes.

BACKGROUND

Outcomes for Australians with chronic health conditions can be improved by better access to allied health practitioners, including Accredited Practising Dietitians,[5] to support self-management under the Medicare Chronic Disease Management items (10954, 93000, 93013) and Aboriginal and Torres Strait Islander allied health follow-up items (81230, 93048, 93061). This can be achieved by increasing the number of consultations attracting Medicare benefits, and introducing new items for longer consultations.[6]

Under the current system, patients with a Chronic Disease Management plan or Aboriginal and Torres Strait Islander Health plan may access up to 5 sessions from their whole allied health team, including their dietitian.[7] This is 5 services each year, split across 12 allied health professions. Five sessions or fewer does not meet best practice guidelines for dietetic care[8, 9] and is insufficient to support sustainable long-term health behaviour changes necessary to improve health outcomes.[6, 10]

Changes under the Howard Government in 2006 recognised that the allowance of 5 services across 12 allied health professions was insufficient to provide support and enable health behaviour change for patients requiring mental health services, and established the Better Access Initiative.[11] Further, the 2019 implementation of the Treatment Cycle Initiative allows 12 or more consultations per allied health profession per year for eligible veterans.[12] Similar initiatives to support dietetics services under Medicare should be implemented.

Increasing the limit to 10 allied health consultations per year will enable patients to access the allied health care and support needed to manage their chronic health conditions, and prevent further complications and costs associated with ill health.[6, 13]

Recommendation 3: Acknowledge the complexity of dietary intervention and support quality of care by creating and funding Medicare items for dietetic consultations where duration is 50 minutes or longer.

COST

- Additional benefit of $54.60 per 50-minute dietetics consultation
  (total $109.20 per consultation, ie double the benefit for 20-minute consultation for dietetic items for chronic disease, eating disorders and Aboriginal and Torres Strait Islander health check follow-ups)

BENEFITS

- Increased utilisation of early-intervention and preventive allied health care to reduce future and ongoing health costs.
- Improved incentive for dietitians to provide bulk-billed and low-gap services.[6]

BACKGROUND

Outcomes for Australians with chronic health conditions can be improved by better access to allied health practitioners, including Accredited Practising Dietitians, to support self-management under the Eating Disorder Treatment items (82350, 93074, 93108), Medicare Chronic Disease Management items (10954, 93000, 93013) and Aboriginal and Torres Strait Islander allied health follow-up items (81230, 93048, 93061). This can be achieved by increasing the number of consultations attracting Medicare rebates, and introducing new rebates for longer consultations.

Dietetics in the ambulatory and community setting is largely a counselling-based therapy, backed by evidence-based practice. Effective counselling in a patient-centred approach requires time to build rapport and develop and individualised nutrition care plan.[14] An Australian longitudinal study of 20 dietitians and 176 consults under the Medicare Chronic Disease Management program found that the mean time spent on an initial consultation was 55 minutes and for a review 36 minutes.[15] Other counselling professions (eg psychologists, social workers, occupational therapists) have item numbers for consultations of 50 minutes or longer to reflect the time that is needed to support patients. The Department of Veterans' Affairs also recognises the need for longer consultations with a higher benefit.[16] Increasing the benefit for longer consultations will help ensure that providers are able to undertake an effective assessment of the patient and quite a high quality service.[6, 10, 17]

Recommendation 4: Support quality of care and communication in the multidisciplinary team by creating and funding Medicare items for allied health professionals to prepare reports for the referring practitioner.

COST

- $54.60 per report (equivalent to benefit for 20-minute consultation)

BENEFITS

- Support communication in the multidisciplinary team.
- Improved incentive for dietitians to provide bulk-billed and low-gap services.[6]

BACKGROUND

Nutrition and dietetics services provided under a Medicare rebated plan (Chronic Disease Management Plan, Team Care Arrangements, Eating Disorders Management Plan, Aboriginal and Torres Strait Islander follow-up) attract a high administrative workload. Requirements for dietitians providing services under these plans include ensuring the referral form is valid and accurate, providing a consultation for at least 20 minutes, and providing a written report to the referring GP after the first and last consultation.[6, 18] Checking referrals and providing reports takes dietitians as long as 45 minutes on top on patient-facing time, depending on the presentation of the referral and complexity of care the patient requires.[6] Many dietitians complete these reports in their own time, without renumeration, or charge a gap to cover the time required. The Department of Veterans' Affairs recognises this and offers a benefit for reporting.[16] Renumerating dietitians for this time will improve incentives for dietitians to provide bulk-billed and low-gap services, and support communication in the multidisciplinary team.

Recommendation 5: Include Accredited Practising Dietitians in the definition of mental health practitioners enabling patients to access 10 or more dietetic services under Better Access arrangements.

COST

- $87.45 benefit per consultation lasting 30 to 49 minutes
- $128.40 benefit per consultation lasting 50 minutes or longer

BENEFITS

- Improved management of mental health conditions, improved quality of life and reduced spending on health and income support payments.
- Reduced future costs of comorbid chronic physical health conditions commonly associated with mental illness, including overweight, obesity, diabetes, cardiometabolic conditions, malnutrition and disordered eating.

BACKGROUND

Dietary interventions for mental health are low cost, safe and effective.[19] The SMILES trial, an Australian randomised controlled trial exploring the use of diet to treat people with depression, found good outcomes for mental health were achieved following a recommended series of seven longer duration sessions (~60 minutes) with a dietitian.[20, 21] Two Australian economic evaluations published in 2018 found that the dietary interventions in the SMILES and HELFIMED trial were cost effective when compared to social support as treatments for depression.[22, 23] Specifically, the cost-utility analysis undertaken in one of the studies found that a Mediterranean diet as a treatment for depression was highly cost-effective ($2773/QALY) compared to listing of prescription medications on the Pharmaceutical Benefits Scheme ($42,000/QALY).[22]

Currently, people living with mental illness can access dietetic services as privately paying patients, or under Medicare as part of 5 allocated sessions shared between 12 allied health professions. This is due to the lack of inclusion of Accredited Practising Dietitians as mental health practitioners under the Better Access initiative. Given the growing evidence supporting the direct role of nutrition in mental health and its physical comorbidities, the Better Access initiative needs to be expanded to provide access for people living with mental illness to sufficient dietetic services. Australian studies indicate that 7 or more sessions of ~60 minutes each is an effective and cost-effective intervention for mental health, when compared to psychosocial interventions,[20, 21, 23] and has further benefits for physical health.

Recommendation 6: Include Accredited Practising Dietitians in allied health teams for autism, pervasive developmental disorder and disability (M10) and provided with their own unique 820 number for the dietary treatment of people with these disabilities.**

COST

- $77.10 benefit per consultation (equal to other allied health M10 items)

BENEFITS

- Reduced health care spending related to malnutrition or overweight or obesity affecting people with disability.
- Improved quality of life and ability to participate in society for people with autism, pervasive developmental disorder and disability.

BACKGROUND

There is a growing body of evidence on the nutrition issues experienced by people with a disability, with dietitians able to play an integral role in managing these issues.[24] A 2013 review and meta-analysis found that children with Autism Spectrum Disorder have significantly more feeding disorders than their peers.[25] There are a range of nutrition issues experienced by children with autism spectrum disorder and other intellectual and development disabilities such as restricted and repetitive food behaviours, gastrointestinal problems, nutritional inadequacies, feeding difficulties including issues with chewing and swallowing, weight management concerns and food allergies and intolerances.[26, 27] Accredited Practising Dietitians can support people with disability to manage nutrition-related factors such as weight, food behaviours, malnutrition, nutrition imbalances, gastrointestinal issues and food preparation skills.[28]

Australian Dietary Guidelines review

Recommendation 7: Additional funding to develop Dietary Guidelines for Older Australians within scope of the Australian Dietary Guidelines review.

COST

- $2.5 million

BENEFITS

- Dietary Guidelines for Older Australians will inform food systems and menu planning in aged care.
- Dietary Guidelines for Older Australians will provide clear and consistent guidance to aged care providers on healthy and enjoyable foods to provide aged care consumers.
- Support residential aged care providers to meet the Aged Care Quality Standards, all of which relate to food, nutrition and the mealtime experience in aged care.
- Support healthy ageing for older adults in the community, delaying entry into residential aged care facilities, reducing preventable hospital admissions, improving quality of life and reducing long-term health spending.

BACKGROUND

The Morrison Government's announcement of $2.5 million in funding for the review of the Australian Dietary Guidelines was welcomed by Dietitians Australia as an important step in promoting the health of all Australians. Along with this funding of the Guideline development, funding is needed to provide advice specific to older adults (70+ years), who have different nutrition needs to the rest of the population.

Nutrition needs change as people enter different stages of life. On a physiological level, older adults need more protein to maintain protective muscle mass, calcium to maintain bone strength and adequate energy (calories/kilojoules) to prevent unintentional weight loss when a person has a reduced appetite. On a social level, loneliness and lack of the social aspects of eating can reduce the amount of food an older adult eats, leading to poor health.[29, 30] Failure to meet these needs leads to the serious consequences of malnutrition and associated poor health, as demonstrated by the preliminary findings of the Royal Commission into Aged Care Quality and Safety.[31]

The current Australian Dietary Guidelines and the planned review do not account for the unique needs of older adults, instead providing guidelines for the generally well adult population.[32] Older adults who follow the Australian Dietary Guidelines are at risk of becoming malnourished and impacting their quality of life. A clear, consistent evidence-based document at a national level would provide aged care facilities, hospitals, respite centres, rehabilitation facilities and carers the information they need to help older Australians to age well and maintain their quality of life.

Recommendation 8: Fund successful public education, implementation and evaluation of the reviewed Australian Dietary Guidelines.

COST

- $2.5 million per year for public health campaigns, community support programs and systems level initiatives promoting healthy eating and other health behaviours
- $2 million for evaluation of the Australian Dietary Guidelines, including dietary guidelines for older adults

BENEFITS

- Adherence to dietary guidelines may reduce prevalence and impact of diseases such as cancer, type 2 diabetes, obesity and other diet-related diseases, thus reducing overall health spending and additional indirect costs of these diseases.
- Evaluation of nutrition programs, initiatives and other actions supports cost effectiveness and efficacy of future programs.

BACKGROUND

The Morrison Government's announcement of $2.5 million in funding for the review of the Australian Dietary Guidelines was welcomed by Dietitians Australia as an important step in promoting the health of all Australians. Along with this funding of the Guideline development, funding is needed to provide advice specific to older adults, who have different nutrition needs to the rest of the population, and to support the implementation and evaluation of the Guidelines.

With less than 4% of the population eating a diet consistent with the Australian Dietary Guidelines,[32, 33] it is crucial that the time and effort put into the reviewed Guidelines is translated into real action to support healthy diets. A comprehensive implementation plans may include effective strategies such as mass media campaigns,[34-36] community support programs and systems level actions.[37, 38] Campaigns, programs, initiatives and other actions must be evaluated to indicate the returns of Government investments in terms of population health, community wellbeing and financial implications.[39-41]

Health policy

Recommendation 9: Include funding for food and nutrition actions (including program development, implementation and evaluation) as a core feature of the National Obesity Strategy and National Preventive Health Strategy.

COST

- Scoping needed

BENEFITS

Embedding nutrition as a core component of health strategies such as the National Preventive Health Strategy and National Obesity Strategy will:

- Address the high cost and increasing rates of diet-related chronic diseases, including coronary heart disease, stroke, hypertension, atherosclerosis, obesity, some forms of cancer, type 2 diabetes, osteoporosis, some forms of arthritis, dental caries, gall bladder disease, dementia and nutritional anaemias
- Provide food and nutrition security for all Australians
- Promote sustainable diets which have low environmental impact
- Support food labelling, advertising and relevant taxes
- Provide opportunities for agriculture and trade

BACKGROUND

Overweight and obesity are major public health issues in Australia, affecting two-thirds of adults and one-quarter of children and adolescents.[42] Overweight and obesity increases risk of type 2 diabetes mellitus, cardiovascular diseases, some forms of cancer, and is associated with other diet-related diseases. Overweight and obesity costs Australia an estimated $8.3 to $21 billion per year.[42-44] PwC estimates that obesity will cost Australia a further $87.7 billion by 2025.[45] These costs and the effect on the quality of life of Australians must be addressed through a coordinated, whole-of-government approach.[42-44] The approach must be equitable, accessible to Australians of different cultural, socio-economic and educational backgrounds, and include dietitians as the only qualified professionals in nutrition to provide individualised support,[46] and develop, implement and evaluate preventive health promotion initiatives.

Recommendation 10: Provide block funding for the delivery of allied health services within group homes, through the National Disability Insurance Scheme (NDIS).

COST

- Scoping needed

BENEFITS

- Reduce avoidable deaths of people with disability.
- Improve capacity of disability sector workers to appropriately support food, fluid and nutrition care needs for people with disability.

BACKGROUND

People with disability are more likely to experience diet-related disease and have unique food, fluid and nutrition requirements related to their disability.[47, 48] For example, untreated dysphagia (swallowing disorder) may lead to malnutrition, dehydration, aspiration pneumonia and choking.[6] People with disability experience higher rates of avoidable deaths, compared to people without disability in Australia, with many of these attributable to inappropriate management of their food, fluid and nutrition care needs.[49, 50] A key way to prevent these avoidable deaths is clear information and training for workers in the disability sector, particularly those working in group homes.[24]

Most funding provided through the NDIS is individualised, to support people with disability to exercise choice and control over the supports and services they wish to use. However, there are circumstances where this model does not support the delivery of key services including capacity-building activities for individuals and communities living within the group home setting. Addressing the complex food and nutrition issues experienced by people with disability living in group homes often requires activities such as education of other residents and support workers, to address issues within the food environment. The current model of individualised funding does not address this need. Block funding to support capacity building activities within the group home setting is needed to enable the effective delivery of these services.

Aged Care

Recommendation 11: Fund the implementation and evaluation of routine malnutrition screening and food-first management in residential aged care facilities.

COST

- Implementation and evaluation of routine malnutrition screening would be equivalent in cost to the implementation and evaluation of Aged Care Quality Indicator 3 (unplanned weight loss)
- $140 million on dietitian consultations and nourishing food

BENEFITS

- $224 million saved in oral nutrition supplements, wound care and hospital admissions[51]
- Further savings in quality of life for residents

BACKGROUND

The delivery of high-quality aged care for older Australians is a priority.[52] With more older adults using home care[53] and residential aged care services,[54] identifying those who are malnourished and in need of enhanced nutritional care remains a challenge. 22% to 50% of Australians in residential aged care are malnourished,[51] and a further 43% of older adults receiving home care in Victoria are malnourished or at risk of malnutrition.[55]

Malnutrition increases the risk of falls, pressure injuries, hospital admissions and mortality. As a result, costs increase across the aged care sector and the broader healthcare system. Barriers to identifying and treating malnutrition in aged care include lack of knowledge and awareness, the inability of care staff to identify malnutrition, and eating environments that are rushed and task-focused.[56]

It vital for malnutrition screening to become embedded in the admission process for aged care services, and for this to be supported by adequate funding. Results of quarterly re-screens of nutrition status must become the mandatory nutrition criteria and replace mandatory reporting on unintentional weight loss. Mandatory malnutrition screening with nutrition management by Accredited Practising Dietitians using a food-first approach (ie food before nutrition supplement powders and liquids) will improve the quality of life for aged care consumers and could provide more than $80 million in savings.[51]

Recommendation 12: Provide funding to approved providers of residential aged care, adding to the base amount for the 'Basic Daily Fee' by $10 per resident per day.

COST

- $2.07 million for 207,000 consumers

BENEFIT

- $224 million saved in oral nutrition supplements, wound care and hospital admissions[51]
- Further savings in quality of life for residents

BACKGROUND

Access to adequate food is a human right[57] and is essential for the physical, mental, social and emotional wellbeing of older Australians. Inadequate government and organisational support are contributing to an unacceptably high prevalence of malnutrition amongst older Australians. The current average spend of $6.08 per aged care resident per day,[58] is grossly insufficient to meet the dietary needs of elderly consumers. The lack of enjoyable nutritious food in a social environment is a key factor in poor intake, leading to malnutrition, which is indicative of elder abuse by neglect or omission. Increasing the Basic Daily Fee by $10 per resident per day will support residential aged care facilities to provide enjoyable nutritious food in an enjoyable environment, so older Australians can experience a good quality of life.

Regional, rural and remote health care

Recommendation 13: Ensure regional communications infrastructure can support telehealth for greater healthcare access.

COST

- Scoping needed

BENEFITS

- Improved access to health services via telehealth, for people living in regional, rural and remote Australia.[59, 60]
- Increased utilisation of early-intervention and preventive allied health care to reduce future and ongoing health costs.
- Better health outcomes for people living in regional, rural and remote Australia.[61, 62]

BACKGROUND

Tenuous access to healthcare in regional, rural and remote Australia has been a sore reality given a spotlight during the COVID-19 pandemic. Restrictions on movement of health professionals and people seeking care has placed great strains on regional health care and impacted the wellbeing of thousands of Australians. Telehealth has been a crucial lifeline in these times, giving Australians access to health care that is lacking in their region. However, rural and remote Australians face barriers to even telehealth access, that city-dwellers often do not.[61]

Rural and remote Australians face barriers related to service suitability, reliability and affordability,[61] and are more reliant on out-dated telecommunications technology such as landline services delivered through the copper wire network.[63] This can negatively impact telehealth services like video calls (eg Zoom, Coviu, WebEx) and secure voice calls (eg WhatsApp, Telegram). Initiatives in the United States and United Kingdom demonstrate that investment in telecommunications infrastructure in rural and remote areas improves access to health care.[59, 60]

Recommendation 14: Reintroduce scholarships for allied health students studying in accredited education programs to complete placements in regional, rural and remote areas.

COST

- $4 million per year

BENEFITS

- Address Recommendations 1, 2 and 3 of the National Rural Health Commissioner's Allied Health Report.[64]
- Greater workforce in regional, rural and remote Australia.
- Increased access to services and better health outcomes for people living in regional, rural and remote Australia.

BACKGROUND

The evidence shows that students with exposure to rural and remote practice are more likely to take up positions outside urban areas after graduation. However, many students struggle to undertake placements in regional areas due to financial burden of paying for accommodation, travel, and lost income from place of usual work. This has the implication of fewer students undertaking placements in these areas, and in turn fewer graduates providing services to these communities. This was identified as a key workforce issue in the National Rural Health Commissioner's Allied Health Report.[64]

The Australian Government supports students to undertake education and training in the Indo-Pacific through the New Colombo Plan.[65] This initiative builds Australia's relationships with international communities, establish study in these regions as a rite of passage, and increase the number of work-ready Australian graduates with regional experience.[65] Until 2017, a similar scholarship program was available for allied health students undertaking undergraduate education and training in regional, rural and remote Australia. This program was administered by Services for Australian Rural and Remote Allied Health (SARRAH), allocated approximately $4 million per year for undergraduate and clinical placement scholarships.[66] The program was highly successful, with 60% of scholarship recipients practising in regional, rural or remote areas after graduation.[67] Reviving the SARRAH-administered undergraduate scholarships or developing an innovative undergraduate scholarship schemed would increase student engagement in rural Australia and develop a stronger health workforce for Australia's future.

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