Review of DVA dental and allied health arrangements

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the *Review of dental and allied health arrangements* by the Australian Government Department of Veterans' Affairs.

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DAA interest in this consultation

As the peak professional body for the dietetic profession, the Dietitians Association of Australia (DAA) is concerned about the nutrition, health and wellbeing of returned service men and women and other people eligible to receive allied health services through the Department of Veterans' Affairs (DVA).

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality, and is the basis for self-regulation of the dietetic profession in Australia. APDs provide medical nutrition therapy to DVA clients in a variety of practice settings.

Recommendations

1. All items in the Dietitians Schedule of Fees should be reviewed and increases in fees made consistent with market rates to ensure access to dietetic services for DVA clients to achieve their personal health goals.
2. The pause in indexation on allied health services should be lifted immediately.
3. Data collection and analysis systems should be improved as the foundation for quality improvement in DVA services. Allied health data should be reported unbundled by single discipline.
4. Telehealth should be permitted in addition to face to face consultations where access to allied health practitioners is difficult because of distance from the professional or because the DVA client has mobility or other issues which pose a barrier to face to face consultation.
5. Group services delivered by allied health professionals should be permitted.
6. APDs should be permitted to directly order enteral nutrition formula and oral nutrition supplements.

1. Background

Purpose of review

DAA understands that the purpose of the Review is to ensure the items on the DVA dental and allied schedules continue to provide quality, effective, appropriate services to meet the current and future needs of the veteran community. The Dietitians Schedule of Fees lists 32 Items within the series DT01 – DT99.

Current dietetic services to DVA clients

APDs have an excellent record of supporting DVA clients who are Gold card or White card holders with various health and nutrition problems. Common clinical indications for referral

of DVA clients to APDs include diabetes, obesity, cardiovascular disease, wound care and malnutrition. Many older DVA clients present with a number of co-morbidities.

Ongoing need for dietetic services

DAA anticipates that there will be a continuing need for dietetic services to meet the needs of the 45,000 Australians who have seen operational service overseas since 1999[1]. The Australian government acknowledges the unique mental health issues which are experienced by veterans and it has taken steps to improve access to mental health services. The National Mental Health Commission reported that the physical health of people living with a mental health difficulty is worse than the general community. The contributing factors of lifestyle, genetic makeup and medications prescribed for mental illness[2,3] are just as relevant to the physical health of veterans living in the community with mental illness.

There is increasing recognition of the importance of nutrition in mental health directly i.e. the foods that reduce a person's risk of cardiovascular disease and cancer, also reduce the risk of mental illness[4,5]. The undesirable metabolic effects of pharmaceuticals used to treat mental illness are well known[6] but studies show that diet can improve physical health in this context[7]. It is important that DVA assist veterans to manage both physical and mental health through access to APDs and other allied health professionals.

2. Scope and process of review

The review of DVAs dental and allied health schedules will

- consider current DVA fees, business rules, service utilisation and trends including prior approval arrangements
- Consider contemporary trends in the delivery of dental and allied health services in Australia
- Consider opportunities to streamline provider interactions with DVA and identify options to reduce red-tape for health care providers.

Fees

The last major review of DVA's fees was carried out in 2006 when DVA allied health provider fees were aligned with the MBS. DAA notes that DVA scheduled fees are higher than the Medicare fee but observes that both DVA and MBS are well below market rates. A pause on the indexation for DVA dental and allied health arrangements was implemented from 1 July 2014 until 1 July 2018.

The scheduled fees, for example Item DT01 Initial consultation $88.40 and DT10 Initial consultation Extended $110.50, do not fairly compensate practitioners for providing high quality evidence-based services to meet the needs of DVA clients, especially given there is a requirement that no gap is paid by the DVA client. APDs who do choose to accept DVA clients report that the DVA fees are significantly below market rates in the order of $40.00 to $60.00. As well as being remunerated for their professional time APDs must pay for premises, reception staff, insurances, professional development and other costs. DAA would like to work with DVA to negotiate fairer scheduled fees.

Acknowledging complex presentations

The difference in fee between Item DT20 Subsequent Consultation, Normal Presentations $63.30 and DT30 subsequent Consultation, Extended Presentations $66.25 is not sufficient to compensate for the additional professional time and expertise needed to review complex clients. DAA would like the scheduled fees to reflect the additional time and professional expertise required to meet the needs of complex clients.

Indexation

Continuation of the pause on indexation is unacceptable, particularly given the scheduled fees are below market rates and no gap can be charged by allied health practitioners. Unlike general practitioners, allied health professionals do not receive practice incentives or subsidies etc. and have been hit hard by the pause on indexation.

Out of Rooms loading

The current out of office loading is $22.05 and no travel fee is applicable for distances of less than 10km. In city areas the time taken to travel relatively short distances may be considerable. The Out of Rooms loading should compensate for the professional time and other costs involved in providing a service away from the office. DAA would like to negotiate a more appropriate loading for Out of Office services, or alternatively conditions for claiming travel costs.

Monitoring of service utilisation and trends

DAA is supportive of efficient and effective arrangements for DVA clients. To meet this aim DAA would like to see better monitoring systems for data collection about service provision and product usage. Review of this data jointly by DVA staff and allied health practitioners would support process re-engineering for quality improvement.

Recent enquiries by DAA indicates that DVA collects limited data, or, if it is collected, data cannot be reported related to dietetic service provision, or issuing of enteral nutrition formula or oral nutrition supplements to DVA clients. Despite a number of requests over time to DVA, DAA has not been able to obtain data to review ordering patterns of APDs to inform improvements to ensure that DVA clients receive the products they need in a timely fashion, that health practitioners spend the least time necessary to meet the needs of their clients and that the Australian Government sees value in expenditure.

Improved monitoring systems would also enable analysis within allied health groupings which are currently reported in a bundled fashion. Better data would enable interrogation to identify geographical areas which lack access to allied health practitioners because there are simply no practitioners in some disciplines in that area or is because practitioners choose not to take DVA clients on the basis of inadequate remuneration.

While data collection should not impose additional burdens on practitioners, DAA would be pleased to contribute to quality programs with DVA to ensure administrative processes meet the needs of providers and clients, and providers comply with DVA requirements.

Prior approval arrangements

Some APDs report problems with DVA administrative processes, while others experience no problems. One member wrote "I have had plenty of problems with White Card holders and getting prior approval to help treat their conditions, on some occasions it has taken almost a month to get any response from DVA".

Contemporary trends - telehealth

Allowing APDs to deliver services using telehealth would improve access for DVA clients in rural and remote areas. It would also be useful for city dwelling clients who have mobility issues which make attendance at appointments outside the home difficult.

Dietetic services are well suited to the medium of telehealth, as demonstrated by the inclusion of telehealth in the Diabetes Care Project[8]. There is evidence that telephone counselling by a dietitian achieves dietary behaviour change[9,10] and improves metabolic parameters in individuals with metabolic syndrome[11]. An Australian review of allied health video consultation services found clinical outcomes have generally been similar to outcomes of face-to-face consultations, with relatively high levels of patient satisfaction[12]. A recent US study found programs delivered by telephone had a lower cost but similar outcomes compared with face to face format[13].

Contemporary trends – group sessions

Allied health services have demonstrated benefits to clients and efficiencies in service delivery by providing group multidisciplinary services for suitable clients under Medicare for diabetes items. DAA would like to see group programs being available for DVA clients, for diabetes, pre-diabetes and other conditions.

Reduce red tape for providers

DAA would like to see changes to the ordering of enteral formula and oral nutrition supplements to reduce red-tape for APDs and general practitioners, to improve service to DVA clients and to reduce costs to the Australian government.

DAA has made representations to DVA and the Minister for Veterans' Affairs previously to permit APDs to directly order enteral formula and oral nutrition supplements for DVA clients. At present general practitioners order products according to a *Request for Nutritional Supplementation* form[14] completed by an APD. This is because APDs are not authorised to prescribe under the PBS, even though the products in question are foods not medicines. APDs report problems in the flow of paperwork which delays dispensing of products and puts vulnerable DVA clients at risk of harm. For clients who cannot eat, enteral nutrition is their sole source of nutrition. There is also an unwarranted cost to the Australian Government through unnecessary consultations with general practitioners. Other models

are possible, such as that implemented in New Zealand in 2010 whereby dietitians can be authorised prescribers for the provision of nutrition products in the community. The model has proved successful and is now being extended[15].

3. DVA arrangements

The Australian Government provides more than $5 billion in funding for health treatment, services and support to veterans and their families every year. DVA utilises a health care system as the basis for enabling convenient access to health and other care services for veterans, war widows, and eligible dependent. The DVA health card allows card holders a streamlined administrative process.

Lifestyle intervention to save pharmaceutical costs

A considerable proportion of the $5 billion is spent on pharmaceuticals for chronic disease. DAA argues that investment in diet and physical activity through APDs, exercise physiologists and other allied health practitioners may reduce spending on pharmaceuticals. Evidence of efficacy is available, such as the study of a comparison of lifestyle intervention or metformin in diabetes development and microvascular complications over 15 years where diabetes incidence was reduced by 27% in the lifestyle intervention group and by 18% in the metformin group compared with the placebo group.[16,17]

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