Expanding access to Accredited Practising Dietitians under Medicare

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 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 invitation from the Australian Government Treasury to make recommendations on priorities for the 2018-19 Budget.

DAA interest in this consultation

As the peak body for the dietetic profession, DAA advocates for access to the services of Accredited Practising Dietitians (APDs) to support Australians in self-care, to modify lifestyle behaviours and to address risk factors for disease.

The APD Program is the basis for self-regulation of the dietetic profession and provides an assurance of safety and quality. The APD credential is required for registration as a Medicare provider for allied health Chronic Disease Management items.

Recommendations

1. A new Medicare items should be introduced for people with mental illness, such as eating disorders, depression, anxiety or schizophrenia to consult APDs to manage physical and mental health on referral from a psychiatrist or general practitioner.

2. Rural Australians with chronic medical conditions such as diabetes, cardiovascular disease, stroke, cancer or musculoskeletal conditions managed by a General Practitioner (GP) under the Medicare Chronic Disease Management items would have better quality of life and cost the health system less by extending provisions under the Medical Benefit Schedule (MBS) to permit telehealth services as an alternative to face to face services by allied health practitioners, such as APDs under MBS Dietetics Item 10954.

3. Better outcomes for Australians with chronic medical disease would be achieved by better access to allied health practitioners, including APDs, to support self-management under the Medicare Chronic Disease Management items by
    - increasing the limit of five services per annum in total for allied health to 10 services per annum
    - introducing new items to allow for long consultations.

4. The quality of care for Australians with chronic disease would be improved by introducing case conferencing as an additional item for allied health practitioners under the MBS as an incentive for participation in multidisciplinary case conferencing, as GPs are compensated for this important activity under items 735 - 758 in the Medicare Benefits Schedule.

Background to recommendations to expand access to APDs under the MBS

Introduction

Individuals with chronic disease experience better outcomes when they have access to primary health care provided by a multidisciplinary team, including a GP and one or more allied health practitioners[1-4]. Better access to allied health interventions for those most at risk but least able to self-fund care would provide savings to the government by avoiding or delaying treatment needed for comorbidities.

Currently there is a limit of five services rebated annually under the MBS for allied health (including APDs), rebates are based on 20 minute (short) consultations, services must be delivered face to face and there is no incentive to participate in multidisciplinary case conferencing. Also, APDs are not eligible for Better Mental Health items.

New MBS item for dietitians to treat mental illness

- New MBS items are needed for APDs to treat physical and mental health as an adjunct to medical interventions for mental illness.
- People with serious mental illness experience considerable morbidity, loss of quality of life and a lower life expectancy of 20 or more years[5]. They also have far greater incidence of chronic disease, with 90% experiencing physical illness[6]. This costs individuals and their families, and impacts on the government bottom line.
- Recent Australian studies show that diet is a highly effective treatment for symptom reduction and remission of mental illness, as well as improving physical health parameters[7-11].
- Funded positions for dietitians in public hospitals and community services are not sufficient to meet community needs. Small numbers of people choose to self-fund dietetic care or use their private health insurance to consult APDs in private practice. Medicare Chronic Disease Management items offer limited access because the five items available per year are shared across all eligible allied health providers. This is not enough to meet the complex needs of people with mental illness who require more and longer consultations with APDs to be clinically effective.
- Introducing MBS items for APDs for individual and group consultations would improve equity of access to nutrition services for people with mental illness

who are most at risk of poor diet and mental illness but may have the least capacity to pay for private services.

Telehealth

- Australians living in rural and remote areas have poorer health outcomes than their metropolitan counterparts[12] and yet they have less access to allied health services to support self-management of their chronic medical conditions[13] such as diabetes, kidney disease, gastrointestinal disease or food intolerance.
- DAA records indicate 20% of APDs practice in regional, rural or remote areas, but not all geographical areas are covered. Even where APDs do offer a service, patients may not be able to afford private practice fees. There is evidence that out-of-pocket-costs can influence patient decisions about when they access health care[14]. In some cases, the patient may have specialised needs for complex nutrition care which is not within scope of the local APD.
- The Australian Department of Health states that specialist video consultations under Medicare 'provide many patients with easier access to specialists, without the time and expense involved in travelling to major cities'. 47,883 patients benefited from 120,005 services claimed by 8,823 medical specialist, general practitioners, midwives and nurse practitioners between July 2011 and December 2013[15]. Allowing telehealth consultations for allied health consultations would be consistent with a human rights approach and more equitable than the status quo.
- Dietetic services are well suited to the medium of telehealth, as demonstrated by the inclusion of telehealth in the pilot of the Coordinated Care for Diabetes reform. There is evidence that telephone counselling by a dietitian achieves dietary behaviour change[16,17] and improves metabolic parameters in individuals with metabolic syndrome[18].
- 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[19]. A US study found programs delivered by telephone had a lower cost but similar outcomes compared with face to face format[20].
- The utility of telehealth is recognised by private health funds offering telephone and online health services to members[21].
- The 2010 Telehealth for Aged Care report[22] concluded that older Australians participating in telehealth may delay entry to residential aged care.

Increase in number of allied health services

- In the 2013 – 2014 financial year, there were 324,403 consultations attracting a benefit of $17,339,797 reported for MBS Dietetics item 10954 for patients with a chronic medical condition and complex care needs. This is a small investment against the health expenditure of $22.3 billion in 2000 – 2001, and the potential benefits[23]. The Primary Health Care Advisory Group Final Report *Better Outcomes for People with Chronic and Complex Health Conditions* report noted that allied health services represent only 7.7% of services funded through Chronic Disease Management items[24].
- Effective nutrition counselling in diabetes requires sufficient consultations to introduce and reinforce complex concepts for ongoing self-management. This was demonstrated in recent Australian trials for nutrition interventions which included seven consultations to achieve improvements in depression [25].
- A number of organisations have expressed support for an increase in the number of allied health services under the MBS. This includes Diabetes Australia, the Chronic Disease Alliance, Allied Health Professions Australia, and the Australian Medical Association.
- Diabetes Australia identified that 10 services are needed to achieve acceptable outcomes in Type 1 diabetes[26].
- The Diabetes Care Project demonstrated that the limit of five allied health services is not adequate to meet the needs of people. Greater investment in allied health resulted in better outcomes measured by HbA1c, systolic blood pressure, total cholesterol, LDL, waist circumference and depression. The limited consultations currently allowed poses a barrier to change in lifestyle management.

Introduce long consultations

- The majority of Better Access items for allied health to treat mental health are long consultations consistent with the complex nature of treating mental health, the time needed to build a relationship between patient and professional, and the time needed to counsel effectively. Medical nutrition therapy would be delivered by APDs using counselling approaches, not dissimilar to other interventions delivered under Better Access items by other allied health professionals.

Case conferencing

- The quality of patient care is currently compromised by the lack of compensation for allied health practitioners to contribute to case conferencing.

- Multidisciplinary case conferencing has the potential to improve the effectiveness of health care and reduce hospital admissions[27].
- Although GPs have incentives through Medicare items 735 - 758 to participate, they do not do so because others in the health care team are not compensated to attend conferences.

Cost of recommendations

New MBS item for dietitians to treat mental illness

As an example using depressive disorders, improving symptoms has the potential to reduce admissions to hospital and shorten length of stay, and to reduce absenteeism and presenteeism. The benefits in financial terms in the context of the estimated cost of medical nutrition therapy of a mean seven sessions of $1318.05 could be exceeded by possible cost savings under plausible assumptions, given the high cost to the health sector and the economy of major depression:

- Depressive episode is the most commonly reported principal diagnosis for separations with specialised psychiatric care (17.4%) in Australian public hospitals[28]. The median cost per bed day is $1424[29]. In 2014-15 the average length of stay for mental health related patients in public acute hospitals was 15.7 days[30].
- In terms of productivity, it is estimated that an additional six days of absenteeism can be related to a moderate severity mental health condition, i.e. more than one working week. In May 2016 the Full-Time Adult Average Weekly Ordinary Time Earnings were $1,516.00[31,32].

Telehealth

- Substituting telehealth services for standard consultations covered by Medicare Item 10950 would be cost neutral for the consultation. Advice from the Department of Health is that patients accessing Chronic Disease Management items attend an average 2.5 allied health items per year. Demand from people wishing to access services by telehealth is likely to be modest, and very unlikely to approach the current limit of five items per year.
- Improved outcomes would reduce expenditure on medications and decrease hospital costs as demonstrated by the pilot of the Diabetes Care Project.
- There would be a requirement to update Department of Health and Department of Human Services processes and information related to Medicare.

Overall increase in consultations

- An increase in the number of consultations for allied health would require an increase in the health budget but more sophisticated analysis of the current pattern of usage of Chronic Disease Management items would allow modelling of potential changes in usage
- Greater investment in allied health interventions would be expected to improve health outcomes[33], reduce acute care costs, improve productivity through reduced absenteeism and reduced disability, to achieve cost savings in the longer term.

Introduction of case conference item for allied health

- This initiative would require an increase in the health budget as allied health practitioners would have an incentive to participate in multidisciplinary care
- This initiative also has the potential to save healthcare dollars by reducing hospital admissions and morbidity[33] associated with chronic disease.

Relationship to government policy

These recommendations are consistent with the Coalition government commitment to delivering a 'fair go' for regional Australia to ensure that they receive their 'fair share' of support from government on a wide range of policy programmes[34].

The recommendations are also consistent with the funding of a Centre for Research Excellence in Telehealth[35], and the objectives of the National Diabetes Strategy[36].

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