

# Private health insurance reforms – second wave

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Dietitians Australia is the national association of the dietetic profession with over 7500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. Dietitians Australia appreciates the opportunity to provide feedback to the Department of Health regarding private health insurance reforms.


Contact Person: Julia Schindlmayr  
Position: Policy Officer  
Organisation: Dietitians Australia  
Address: 1/8 Phipps Close, Deakin ACT 2600  
Telephone: 02 6189 1200  
Email: [policy@dietitiansaustralia.org.au](mailto:policy@dietitiansaustralia.org.au)

**A** 1/8 Phipps Close, Deakin ACT 2600 | **T** 02 6189 1200

**E** [info@dietitiansaustralia.org.au](mailto:info@dietitiansaustralia.org.au)

**W** [dietitiansaustralia.org.au](http://dietitiansaustralia.org.au) | **ABN** 34 008 521 480

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## Dietitians Australia interest in this consultation

As the leading organisation of nutrition and dietetic professionals in Australia, Dietitians Australia supports reforms to private health insurance that promote the health of Australians.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have a critical role to play in general health as well as disability and mental health for consumers of all ages.

This submission was prepared by the 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

Dietitians Australia recommends that private health insurers:

1. fund ongoing access to telehealth as part of the provision of dietetic services provided by Accredited Practising Dietitians
2. increase the age of dependents and people with a disability to maintain private health insurance, and
  - a. remove the distinction between student and non-student dependents
  - b. extend eligibility to dependents with partners
  - c. use a standardised definition and classification system for disability together with a mechanism for review and/or appeal
3. expand home and community-based rehabilitation care including expanded access to Accredited Practising Dietitians as service providers under this proposal, and
  - a. use malnutrition screening tools to assist medical practitioners to identify appropriate home or community-based care
  - b. fund participation in prevention programs
4. fund out of hospital mental health services and include access to Accredited Practising Dietitians as service providers under this proposal, and
  - a. ensure that only Accredited Practising Dietitians are funded to provide nutrition and dietetic services
  - b. ensure that eligibility criteria for access to out of hospital mental health services are developed in collaboration with Dietitians Australia
  - c. fund expanded access to Accredited Practising Dietitians for all nutrition-related health conditions.

## Discussion

Dietitians Australia strongly recommends that consumers have access to the dietetic services of Accredited Practising Dietitians both through in-person face-to-face consultations and via telehealth. 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 inequities and support Australians to optimise their health and wellbeing, regardless of location, income or literacy level.(1)

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

### **Consultation 1: Increasing the age of dependents to encourage younger people and people with a disability to maintain private health insurance.**

Dietitians Australia supports raising the maximum age for child dependents to 31 or when Lifetime Health Cover loading typically applies (i.e. 1 July following an individual's 31st birthday). Eligibility of a dependent should not be limited to people without a partner. Age ranges and conditions of dependence of different categories of child dependents should be standardised for all private health insurers. These measures would help to simplify application processes and assist consumers to navigate the various policy options.

The definition of 'dependent child' should be simplified. To this end, Dietitians Australia supports the option to increase the allowable age of infant dependents to 31 and removing student and non-student dependent categories. Terminology should be clear and consistent.

The distinction between non-student and student dependents makes assumptions about income, living expenses and practical support networks, which may be inaccurate. This also applies to dependents with a partner. Dietitians Australia recommends that this distinction not be retained. All dependents should be treated equally.

The current 10 insured groups could be rationalised by removing groups not being used by insurers if removal of any group does not negatively impact already marginalised sections of the population or preclude them from cover. Changes to this effect would need to be specifically for the purpose of simplifying processes and not limiting access to cover for any group.

Dietitians Australia recommends the use of a standardised definition and classification system for disability as part of the criteria and mechanism for determining eligibility of people with a disability. The criteria and mechanism applied should be consistent with national and international definitions and classification systems such as the International Classification of Functioning, Disability and Health (ICF)(2) and the Convention on the Rights of Persons with Disabilities(3). Further, recognising that even the most encompassing current definitions leave room for unintentional exclusion, Dietitians Australia strongly recommends that a mechanism for review and/or appeal also be incorporated. To ensure that no eligible individuals are unintentionally excluded, this process should allow for consideration of the unique needs these individuals might have.

Standardised arrangements for determining eligibility of people with a disability should be used to ensure consistent and equitable access to services; and eligibility should not be limited to people with a partner.

Appropriate metrics for measuring the impact of this proposal should include, but not be limited to, the following:

- Total number and percent of total insurers who adopt the recommended policy changes
- Percent change in uptake and use of cover; participation measures and comparisons of before and after adoption
- Evaluation of eligibility criteria to ensure that all those who should be eligible are able to access cover
- Participant demographics trends
- Speed of execution by insurers
- Ease of access to new cover, rebates and to services; time spent changing/updating/applying for cover/accessing services
- Participant satisfaction ratings
- Cost

## Consultation 2: Expanding home and community-based rehabilitation care

Dietitians Australia supports expanding home and community-based rehabilitation care, as well as telehealth where clinically appropriate. Extension of home-based care is particularly relevant where clients are non-ambulatory or have difficulty with mobility or accessing hospital or community care sites.

Nutrition status at admission is a critical predictive factor for recovery, post-operative complications and can impact hospital length-of-stay.(4-6) Nutrition interventions both pre- and post-operatively have been associated with more rapid recovery and better outcomes after orthopaedic and other surgeries.(7-10) As a result, Dietitians Australia strongly recommends expanding access to Accredited Practising Dietitian services in home and community-based rehabilitation settings to enhance recovery and to reduce post-surgical complications and readmission rates. Nutrition interventions are associated with increased cost benefit.(8)

Evidence-based clinical dietetic practice guidelines exist for conditions requiring rehabilitation care after hospital discharge, including myocardial infarction, stroke, cancer. Access to effective dietary interventions, both in person and via telehealth, during rehabilitation should therefore be promoted.

Rehabilitation plans should be made available to all members of the multidisciplinary healthcare team, including Accredited Practising Dietitians. Rehabilitation plans should accompany hospital discharge advice that clearly communicates what rehabilitation care is required, including dietary intervention follow-up instructions. Dietitians Australia recommends the use of malnutrition screening tools to assist medical practitioners to identify appropriate home or community-based care. The value and cost savings of malnutrition screening tools and dietetic interventions are discussed in more detail in Dietitians Australia's [Malnutrition in Aged Care position statement](#).

In the rehabilitation setting, effective nutrition interventions that Accredited Practising Dietitians provide include prevention or treatment of:

- Malnutrition
- Pressure ulcers
- Wound care, trauma, amputation, major surgery

and management of:

- Nutrition status impacts of chemotherapy and radiation

- Diabetes
- Stroke, heart attack and other cardiovascular conditions
- Chronic obstructive pulmonary disease and other chronic lung diseases
- Enteral nutrition

Accredited Practising Dietitians can also provide education and training for families and carers to help provide in-home support. Education and training would include, for example, guidance on menu planning and preparing meals, buying supplements and how to thicken fluids.

Dietitians Australia also strongly recommends that insurers fund participation in multidisciplinary prevention programs like the upcoming [GLA:D Australia](#) and other similar strategies. The GLA:D program aims to reduce hip and knee replacements and combines physiotherapy and dietetic services. The program has already demonstrated effectiveness.(11)

### Consultation 3: Out of hospital mental health services

Access to Accredited Practising Dietitians should be funded to provide dietetic services to mental health service consumers, both in person and via telehealth.

Eighty percent of people living with mental illness have comorbid physical illnesses. These illnesses include obesity, cardiovascular disease, respiratory disease, metabolic disease, diabetes, osteoporosis, and dental problems.(12) These conditions have established effective dietary interventions, as evidenced in their respective best practice clinical guidelines, when delivered by dietitians. Early intervention prevents progression and enhances the management of these illnesses for which dietary intervention is fundamental. Early intervention, together with collaborative care, can mitigate costs to the economy, reduce the burden of disease and minimise the impact of physical illnesses.(13-18)

Cardiovascular and respiratory diseases are the leading causes of death in people living with severe mental illness. These people are 6 times more likely to die from cardiovascular disease and 4 times more likely to die from respiratory disease than the rest of the population.(12) Diagnosis of these conditions in people with severe mental illness should automatically trigger referral to a dietitian. Accredited Practising Dietitians can help reduce this burden of disease.

Eating disorders and disordered eating affect 16% of the Australian population (about 4 million people) with the most common forms being binge eating disorders (6% or 1.5 million people) and other specified feeding or eating disorders (5% or 1.25 million people). Mortality rates in people with eating disorders and disordered eating are higher than the rest of the population. For anorexia nervosa it is 5 times higher. Risk factors stem from problematic food and health beliefs, attitudes and behaviours, including dieting, weight and shape concerns, low self-esteem, parental, peer and social norms, media exposure and weight stigma.(19) Accredited Practising Dietitians play a critical role in prevention, treatment and management of eating disorders.

The need for greater access to Accredited Practising Dietitians for people living with mental illness is discussed in more detail in Dietitians Australia's [Mental Health Briefing Paper](#).

Dietitians Australia strongly recommends that insurers only fund the dietetic services of credentialed dietetic practitioners, Accredited Practising Dietitians. Accredited Practising Dietitians are the only nutrition professionals recognised by the Australian Government, Medicare, Department of Veterans Affairs and most private health insurers. The Accredited Practising Dietitian credentialing program run by Dietitians Australia sets rigorous standards, often exceeding the standards set by the Australian Health Practitioner Regulation Agency, to ensure evidence-based, safe, quality practice. Eligible dietetic services should not be provided by other health professionals whose nutrition credentials cannot guarantee the same safe standard of practice.

Eligibility for nutrition services should be based on diagnosis of a mental health condition, including but not limited to depression, other mood disorders and severe mental illness as well as any nutrition-related chronic health condition. Prescription of antipsychotics and other psychotropic medications where there are known metabolic side effects should trigger immediate referral to an Accredited Practising Dietitian.

GPs and psychiatrists in collaboration with Dietitians Australia should identify the patient cohort and set the criteria for which patients (who have private insurance) would be eligible, including the criteria outlined above. The Royal Australian College of General Practitioners and the Royal Australian & New Zealand College of Psychiatrists may be appropriate bodies to determine the criteria in collaboration with Dietitians Australia. Criteria should be consistent and not differ across the different private health insurance providers.

Dietitians Australia further recommends that an expanded list of allied health services available for direct private health insurance benefits as part of a Chronic Disease Management Plan should not be limited to mental health conditions. Access to Accredited Practising Dietitians should be provided for all nutrition-related health conditions supported by evidence-based clinical practice guidelines.

Dietitians Australia recommends that alternative therapies that are not underpinned by a strong evidence-base should not be funded by insurers.

Appropriate metrics for measuring the impact of this proposal should include, but not be limited to, the following:

- Total number and percent of total insurers who adopt the recommended policy changes
- Percent change in uptake and use of cover; participation measures and comparisons of before and after adoption
- Evaluation of eligibility criteria to ensure that all those who should be eligible are able to access cover
- Participant demographics trends
- Speed of execution by insurers
- Ease of access to new cover, rebates and to services; time spent changing/updating/applying for cover/accessing services
- Participant satisfaction ratings
- Public health measures, including effects on health of extended cover
- Cost

Under this proposal, Accredited Practising Dietitians would provide evidence-based nutrition services, including medical nutrition therapy, to manage symptoms of mental illness and reduce the risk of or manage/treat associated chronic physical health conditions. Therapy would include reducing the risk of weight gain often associated with mental illness and the prescribed medications.

## References

1. Kelly JT, Allman-Farinelli M, Chen J, Partridge SR, Collins C, Rollo M, et al. Dietitians Australia position statement on telehealth. *Nutrition & Dietetics*. 2020;77(4):406-15.
2. World Health Organisation. *International classification of functioning, disability, and health : ICF*. Geneva: World Health Organization; 2001.
3. United Nations General Assembly. *Convention on the Rights of Persons with Disabilities*. New York: United Nations; 2007.

4. Tsantes A, Papadopoulos D, Lytras T, Tsantes A, Mavrogenis A, Korompilias A, et al. Association of malnutrition with periprosthetic joint and surgical site infections after total joint arthroplasty: a systematic review and meta-analysis. *Journal of Hospital Infection*. 2019;103(1):69-77.
5. Gu A, Malahias M-A, Strigelli V, Nocon AA, Sculco TP, Sculco PK. Preoperative malnutrition negatively correlates with postoperative wound complications and infection after total joint arthroplasty: a systematic review and meta-analysis. *The Journal of arthroplasty*. 2019;34(5):1013-24.
6. Garcia GH, Fu MC, Dines DM, Craig EV, Gulotta LV. Malnutrition: a marker for increased complications, mortality, and length of stay after total shoulder arthroplasty. *Journal of shoulder and elbow surgery*. 2016;25(2):193-200.
7. Briguglio M, Gianola S, Aguirre M-FI, Sirtori P, Perazzo P, Pennestri F, et al. Nutritional support for enhanced recovery programs in orthopedics: Future perspectives for implementing clinical practice. *Nutrition clinique et métabolisme*. 2019;33(3):190-8.
8. Lawson R, Doshi M, Barton J, Cobden I. The effect of unselected post-operative nutritional supplementation on nutritional status and clinical outcome of orthopaedic patients. *Clinical Nutrition*. 2003;22(1):39-46.
9. Soffin EM. Enhanced Recovery After Surgery (ERAS) Protocols in Orthopedic Patients. *Perioperative Care of the Orthopedic Patient*: Springer; 2020. p. 143-50.
10. Weimann A, Braga M, Carli F, Higashiguchi T, Hübner M, Klek S, et al. ESPEN guideline: clinical nutrition in surgery. *Clinical nutrition*. 2017;36(3):623-50.
11. GLA:D Australia. GLA:D Australia 2021 [Available from: <https://gladaustralia.com.au/>].
12. National Mental Health Commission. Equally Well Consensus Statement: improving the physical health and wellness of people living with mental illness in Australia. Sydney NMHC 2016.
13. Meenan RT, Stumbo SP, Yarborough MT, Leo MC, Yarborough BJH, Green CA. An economic evaluation of a weight loss intervention program for people with serious mental illnesses taking antipsychotic medications. *Administration and Policy in Mental Health and Mental Health Services Research*. 2016;43(4):604-15.
14. Osborn D, Burton A, Hunter R, Marston L, Atkins L, Barnes T, et al. Clinical and cost-effectiveness of an intervention for reducing cholesterol and cardiovascular risk for people with severe mental illness in English primary care: a cluster randomised controlled trial. *The Lancet Psychiatry*. 2018;5(2):145-54.
15. Chatterton ML, Mihalopoulos C, O'Neil A, Itsiopoulos C, Opie R, Castle D, et al. Economic evaluation of a dietary intervention for adults with major depression (the "SMILES" trial). *BMC Public Health*. 2018;18(1):1-11.
16. Holt RI, Hind D, Gossage-Worrall R, Bradburn MJ, Saxon D, McCrone P, et al. Structured lifestyle education to support weight loss for people with schizophrenia, schizoaffective disorder and first episode psychosis: the STEPWISE RCT. *Health Technology Assessment (Winchester, England)*. 2018;22(65):1.
17. Segal L, Twizeyemariya A, Zarnowiecki D, Niyonsenga T, Bogomolova S, Wilson A, et al. Cost effectiveness and cost-utility analysis of a group-based diet intervention for treating major depression—the HELFIMED trial. *Nutritional neuroscience*. 2020;23(10):770-8.
18. Verhaeghe N, De Smedt D, De Maeseneer J, Maes L, Van Heeringen C, Annemans L. Cost-effectiveness of health promotion targeting physical activity and healthy eating in mental health care. *BMC Public Health*. 2014;14(1):1-9.

19. National Eating Disorders Collaboration. National Eating Disorders Collaboration [Available from: <https://nedc.com.au/>].