

Primary Health Care 10 Year Plan– Draft Recommendations from the Primary Health Reform Steering Group

**Response to consultation
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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8000 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 Primary Health Reform Steering Group (Steering Group) regarding the Draft Recommendations Discussion Paper to support the development of the Primary Health Care 10 Year Plan (10 Year Plan).

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. APDs are the qualified and credentialed food and nutrition experts with a variety of roles in primary, secondary and tertiary health. APDs guide policy and programs to support improved dietary patterns, support people with established disease to improve their food choices and lead food services in hospitals and other care settings.

This submission was prepared by Dietitians Australia staff and members with broad-ranging expertise across health care - including public health, private and community practice, and clinical (inpatient and outpatient) expertise - and academia following the [Conflict of Interest Management Policy](#) and process approved by the Board of Dietitians Australia.

Recommendations

Dietitians Australia recommends:

Ensuring a global approach to preventive health care is incorporated into the 10 Year Plan to address social determinants of health, with clear links to other government plans and strategies that impact on social determinants of health.

Inclusion of APD representatives in each phase of development and implementation of the 10 Year Plan, including reform activities related to new funding models, expanding access to allied health, digital infrastructure enhancement, workforce considerations.

Discussion

General comments

Dietitians Australia strongly supports reforms to the current healthcare system and welcomes the recommendations of the Steering Group. Improving access and equity, patient-led care, continuity of care and integration of healthcare services are essential tenets of a strong healthcare system.

Re-orienting the healthcare system to promote wellbeing, prevent illness, undertake early detection and respond with early intervention is a welcome premise of the recommendations. Re-orienting the healthcare system in this way should not be done in isolation, however. Dietitians Australia strongly supports the Steering Committee's recommendation to government to take a more global approach to healthcare that truly encompasses social determinants of health. This call to action should include the food environment, ensuring all Australians have adequate access to quality, nutritious food to underpin good health. Further, strong links between the 10 Year Plan and other government plans and strategies that impact on social determinants of health should be incorporated.

Where the recommendations call for design of new models of care, including patient education and innovative funding arrangements, allied health professions should be independently represented in

co-design. Dietitians Australia would welcome opportunities to be involved in the development of an implementation plan.

Dietitians Australia broadly supports the recommendations for the 10 Year Plan. Comments relating to specific recommendations are provided in the following section. Where comments have not been provided, the recommendations are supported as presented.

Comments on Steering Committee recommendations

Recommendation 1 – One system focus

Dietitians Australia supports this recommendation and strongly supports integrated multidisciplinary and person-led health and care. Dietitians Australia would like to see clearly defined funding commitments of each level of government to ensure there is no ambiguity and to ensure the system is appropriately streamlined.

Funding arrangements, including expansion of the current arrangements under the Medicare Benefits Schedule (MBS), need to be examined to fully support truly integrated multidisciplinary care teams. Dietitians Australia strongly supports integration of workforces from the wider health and social care systems and would welcome models of care that integrate these wider services.

Recommendation 2 – Single primary health care destination

While this novel model of care may promote better coordinated and integrated care, it may not be enough to ensure continuity of care. Voluntary registration relies on the consumer valuing the services being provided and remaining registered with one healthcare service ‘home’. If consumers choose to move between services because they are not satisfied with the service they receive at one centre, the medical history is at risk of being lost/abbreviated just as happens in the current system. Systems would need to be in place to address this risk. Further, voluntary registration would also rely on consumers agreeing to having their medical records accessible by the wider care team. The success of shared record-keeping relies on trust in electronic systems keeping sensitive data safe from misuse. Appropriate safeguards would need to be in place to secure data and to ensure safe transmissibility of records from one service provider to the next when consumers move between providers. New systems should also ensure that digital data is stored within Australia.

Recommendation 3 – Funding reform

Dietitians Australia strongly supports recommendations for funding reform. In particular, Dietitians Australia would like to see greater access to allied health practitioners, including Accredited Practising Dietitians, through the MBS and other funding models to support the provision of comprehensive, holistic care to consumers. Funding reform should identify models that ensure a truly integrated, multidisciplinary approach.

While reorienting funding from secondary and tertiary care to primary care is anticipated to result in reduced need for secondary and tertiary care in the medium to long term, safeguards need to be in place to ensure adequate services remain available at the secondary and tertiary levels of care without causing increased wait-times for consumers who need that level of care. Relating to section 3.1.4, Dietitians Australia supports calls to consider and assess the impact of any unintended consequences that primary health care funding reform may have on secondary and tertiary care – both from the consumer’s and the clinician’s perspectives. It may be that increased investment in primary health care needs to precede reorientation of funding away from secondary and tertiary care.

Recommendation 5 – Local approaches to deliver coordinated care

Dietitians Australia supports recommendation 5, particularly in relation to the creation of Rural Area Community Controlled Health Organisations (RACCHOs). Dietitians Australia makes the following recommendations for the successful development of RACCHOs under the 10 Year Plan:

RACCHOs should be initiated, developed and co-designed in close consultation and active engagement with communities (including existing health services). They should be locally led and not externally imposed on communities. RACCHO services should be flexible and responsive to local health priorities and be accessible to all members of the community. Planning should prioritise the patient journey, providing continuity of care. Models of care should strive to ensure that health professionals can work to their full scope of practice and must support a multidisciplinary team to overcome professional isolation, provide a range of services and provide continuity of care for patients.

RACCHOs should be required to meet specific criteria for eligibility including appropriate clinical and corporate governance, staffing skills and professional standards, as well as evidence of community engagement and support. RACCHOs should also demonstrate strong local governance, management and leadership, with service planning and delivery based on local need.

Dietitians Australia recommends that RACCHOs should, as part of their planning and development, promote strong linkages, and integration where appropriate, with existing local services to ensure coordination, avoid duplication and secure ongoing viability.

In terms of an employment model for RACCHOs, Dietitians Australia recommends it:

- is a structure based on secure, ongoing employment with a single or primary employer
- has the capacity to employ staff on a contractual basis where appropriate, offering long-term contracts to maximise the attractiveness of positions
- does not rely on practitioners establishing their own practices with the problems attendant with operating a financially viable, stand-alone business including managing staff and administration and compliance
- is a flexible employment model, adaptable to professional and community needs which works with existing services (hospital, multi-purpose service, GP or other health professional practices) and with scope for conjoint appointment.

Dietitians Australia also recommends that staff:

- be employed by the RACCHO as an ongoing employee.
- could also be employed on a casual basis if that is their preference or as required.
- remuneration packages be sufficient to attract and retain high quality staff acknowledging the additional professional, financial, social and personal costs of rural location and re-location.
- employment conditions recognise and support continuous professional development and specific professional accreditation requirements.
- can include general practitioners, nurse practitioners, midwives, and a range of allied health professionals including for example dietitians, physiotherapists, pharmacists, podiatrists, psychologists and paramedics.
- should include a business manager and other administrative staff to ensure administrative, compliance and reporting requirements are met to a high standard and to support clinical staff to focus on service delivery.

- employment arrangements should be flexible to provide scope for services to be delivered in RACCHOs, out-reach services, local hospitals and MPSs and RACFs where appropriate

Recommendations 6 and 7– Empowering individuals, families, carers and communities, and Comprehensive preventive care

Dietitians Australia strongly supports reorientation of the healthcare system towards prevention and wellness. Prevention activities should start long before entry into the health care system.

Recommendation 6 would be strengthened by inclusion of comprehensive public health campaigns to promote awareness, increase health literacy and facilitate health-promoting behaviours. Dietitians Australia also strongly supports 7.10 in its links to the National Preventive Health Strategy and the National Agreement for Mental Health and Suicide Prevention and its call for a *Health in All Policies* approach across sectors. In implementing this recommendation, Dietitians Australia recommends that specific current government strategies and policies that should be reviewed to align with a *Health in All Policies* approach be identified to prevent cherry-picking.

Recommendation 8 – Improved access for people with poor access or at risk of poorer health outcomes

In relation to section 8.7, Dietitians Australia recommends including the findings of the Select Committee inquiry into mental health and suicide prevention and the Royal Commission into Victoria’s mental health system in this list.

Recommendation 11 - Allied health workforce

Dietitians Australia strongly supports expansion of the role of allied health in primary health care. Expanding the role of allied health in primary health care would better respond to the demands of Australia’s ageing population and increasing rates of chronic disease while presenting opportunities for better system sustainability.

Challenges for implementing this recommendation could include inadequate representation of individual allied health professions in relevant reform committees, ensuring funding is allocated adequately and inadvertent increased costs to consumers and clinicians.

Dietitians Australia strongly supports reform in funding for allied health services. Access to allied health services under MBS is currently vastly inadequate and does not serve the best interests of the Australian population. In considering alternative funding models, Dietitians Australia recommends representation on the proposed allied health funding reform committee to include members from across all allied health professions, including dietetics. Including representatives from each profession, would ensure that the unique needs of each allied health profession is adequately represented. Dietitians Australia is not currently a member of the Allied Health Professions Association and therefore the dietetic profession needs to be independently represented. Such reform committees should also comprise of representation from across practice settings including regional, rural and remote settings.

Dietitians Australia recommends that funding reform initiatives include an examination of models that remove the requirement of GP referral to allied health services and extend access to allied health (both in number and length of consults) to support recommendation 11.1. Funding reform should explore direct billing by allied health practitioners and flexible funding arrangements that support group activities like nutrition education classes delivered in non-clinical settings.

Costs to allied health practitioners may inadvertently increase with inclusion in case conferencing. When estimating appropriate funding to facilitate inclusive case conferencing, Dietitians Australia recommends consideration be given to operational costs for clinicians like registration, insurance,

rent and other overheads. New digital infrastructure and software requirements would also need to be heavily subsidised or paid for outright to ensure allied health practices remain solvent.

In implementing this recommendation, consideration should be given to developing, implementing and evaluating effective multidisciplinary service models in primary health care that better include allied health professionals. Areas such as post-acute diabetes service, multidisciplinary team renal care, hospital in the home, exercise programs, early intervention for people with high risk of falls / functional decline, amongst other value-based care initiatives are examples of where truly integrated, multidisciplinary approaches are warranted.

Recommendation 20 – Implementation

Dietitians Australia recommends independent representation of each allied health profession to be included in the independent oversight group, other implementation bodies and implementation activities.