Dietitians Australia
The Leading Voice of Nutrition

National Digital Health Strategy

Response to consultation
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Recipient

Australian Digital Health Agency

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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.

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 an important role in providing healthcare through digital means including telehealth and data collection.

This submission was prepared following the Conflict of Interest Management Policy and process approved by the Board of Dietitians Australia. Dietitians Australia members have wide ranging expertise in areas including public health, food service, academia, clinical care, food systems and digital health delivery.

Recommendations

1. Funding and Medicare item numbers for telehealth dietetics should be made permanent, beyond 31 December 2021.
2. Create telehealth numbers specific to dietetic services to improve service delivery data.
3. Remuneration benefits under Medicare and private health funds should be increased for telephone and videoconference-delivered consultations provided by Accredited Practising Dietitians, as these are cost-effective and low cost to operate.
4. Dietetic services delivered via mHealth and eHealth should be considered eligible for Medicare or private health rebates when they are used alongside telephone or video conferencing modalities or in-person delivery.
5. Acknowledge and address barriers to digital health for people from migrant and refugee backgrounds, people with culturally and linguistically diverse backgrounds, people in regional Australia and people experiencing low income.
6. Engage allied health peak bodies regulated under NASRHP and under AHPRA in development, implementation and evaluation of the National Digital Health Strategy.
7. Improve access to conformant practice software for allied health small businesses.
8. Provide guidance for health professionals delivering digital health services.
9. Address the current use and opportunities for health promotion on social media and using other digital technologies.

Discussion

Pandemic pivot

Telehealth is a service delivery platform that dietitians have used for years, but only in the past 18 months has it become a key feature of practice for the majority of the workforce. In March 2020, Australia went into lockdown due to the COVID-19 pandemic. For the first time in the history of our health system, Medicare, the Department of Veterans' Affairs and private health funds put in place a blanket approval for funding of telehealth services. This enabled significantly greater access to telehealth for a range of people.

Dietitians and other allied health professionals had to respond quickly, updating our processes and training to ensure our workforce could meet the new demands of service delivery. Within 6 months of the pandemic being declared, almost 100% of private practice dietitians surveyed were providing telehealth services.[1]

Telehealth benefits the community

Research shows nutrition services delivered via telehealth are just as effective as traditional in-person service delivery, whether it is for weight management, chronic disease management or the treatment of malnutrition.[2]

Effective telehealth delivery methods include consultations by phone and videoconference (eg Coviu, WebEx), supported by email and text messages.[2]

Patients benefiting from greater access to dietetics via telehealth include:[1, 2]

- Aboriginal and Torres Strait Islander communities
- Rural and remote residents
- Parents and carers
- People with health conditions such as chronic fatigue, mental health conditions (eg agoraphobia, anxiety), mobility considerations (eg wheelchair users, chronic pain), NDIS participants and people who are immune compromised
- People in lockdown
- Border town residents
- People experiencing low income
- Fly-in-fly-out (FIFO) workers

There is currently no evidence indicating that telehealth dietetics is not appropriate for a particular patient group or health condition. However, extra measures must be taken to support patients who are hard of hearing, require language translation, or need assistance using technology.

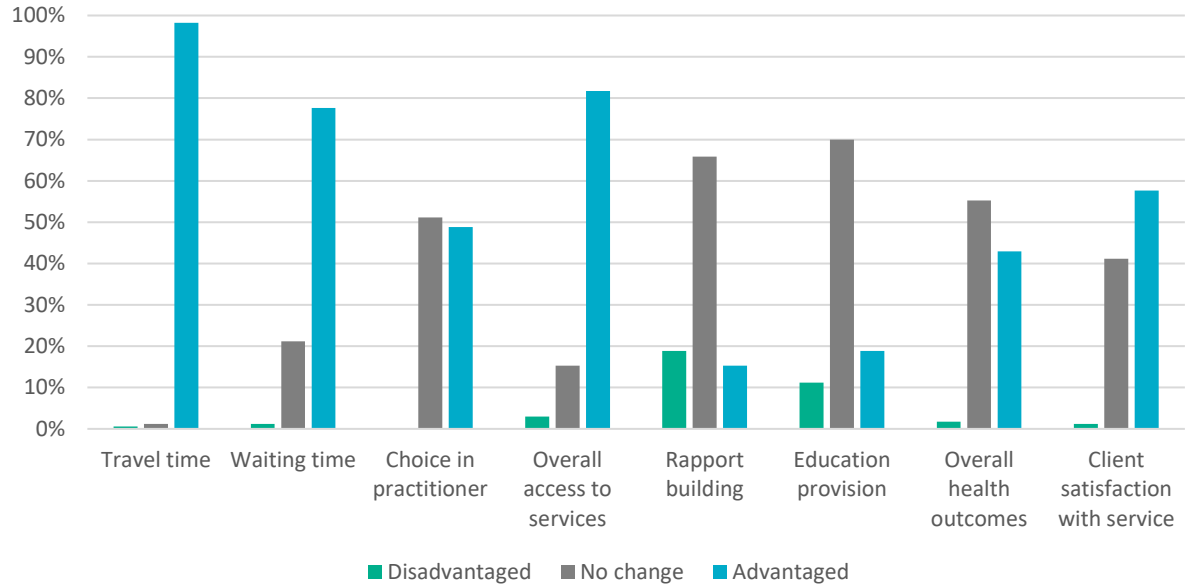
Research shows that telehealth provides several benefits to patients, including:[1, 2]

- Time saved on travel, in waiting rooms, away from work and school
- Less money spent on travel or for time off work
- Ability to show the dietitian their pantry contents or serving sizes, providing the dietitian a level of insight into the patient they might not have obtained under normal circumstances
- Reduced concerns about contracting COVID-19 when seeking healthcare
- Ability to attend appointments if feeling unwell or tasked with caring duties

- Assisting collaborative decision-making where family are located away from each other

Despite concerns telehealth may pose a barrier to establishing rapport, a survey of Dietitians Australia members in private practice (n=192) showed that most respondents reported no change (66%) or an advantage (15%) to rapport-building with clients when using telehealth (see Figure 1).[1]

Figure 1: Private practice dietitians' perceptions of the impact of telehealth on patients in August 2020 (n=192)



Challenges in digital health

While dietitians have made a quick transition to telehealth, the workforce continues to face a number of challenges in the digital health sphere.

Electronic health records

Electronic health records are commonly used by dietitians in hospital and outpatient settings, including the public health system, corporations and small businesses. Evidence suggests that electronic health records improve patient care and efficiency of dietetic services.[3] However, dietitians may not have access to electronic health records in the facility they work at, due to cost or change management issues. Electronic health records should be implemented in public health services across country to improve health workforce capacity and efficiency, and improve patient care.

Dietitians may have different access to electronic health records than their colleagues in the multidisciplinary team. In Queensland, dietitians and other self-regulated allied health professions are blocked from accessing The Viewer – a health record giving an overview of patient details key to providing optimal care.[4] Access to My Health Record is also limited, with dietitians able to upload information only if they have conformant software which is expensive and typically not designed for allied health practice.

In a private practice setting, dietitians may keep consultation notes electronically using practice software. The practice software used by dietitians is dependent on several factors including cost, telehealth compatibility, and work locations. It is common for dietitians to work for multiple

businesses and to use different practice software at each site. Not all software packages are conformant with My Health Record, so dietitians can be priced-out of this access.

Software

Early in the COVID-19 pandemic when dietitians were making the change to telehealth-dominant service, there was uncertainty in the workforce about what telehealth software was compliant with the Australian Privacy Principles and what additional legal requirements surrounded telehealth practice. There was a significant gap in government guidance on this, filled by professional associations. Dietitians Australia provided members with telehealth guidelines, a checklist and professional education webinars. The National Digital Health Strategy should provide guidance for health professionals delivering digital health services.

There is also a lack of practice software designed for allied health professionals that is conformant with access to My Health Record. This has the implication of dietitians paying more to use software designed for general practitioners, or not having access to My Health Record. The National Digital Health Strategy should consider making it easier for dietitians and other allied health to access conformant practice software, such as incentives for software companies and funding for allied health small businesses to purchase conformant software.

Client access

Some people in the community have less access to digital health than others. People from migrant and refugee backgrounds,[5] people with culturally and linguistically diverse backgrounds,[6] people in regional Australia[7] and people experiencing low income[6] may face additional barriers to digital health. These include 'poor quality internet, a lack of access to affordable technology and relatively low levels of understanding and skills in using technology for some groups.'[5] The National Digital Health Strategy must acknowledge and address these barriers.

Medicare

Until March 2020, very few dietetic telehealth consultations were funded by Medicare, DVA and private health insurers. Now, 18 months later, telehealth has become the norm and consumers expect to continue to have access to rebates for telehealth services. Minister Greg Hunt announced in December 2020 that telehealth would become a permanent feature of Medicare, but has yet to consult with allied health about making the health infrastructure fit-for-purpose. This review period is also a prime opportunity to create telehealth item numbers specific to dietetic services, separate from the catch-all telehealth numbers for different allied health services that were implemented in March 2020. Separate telehealth items numbers will support service delivery data collection and result in improvements to healthcare in Australia.

Engagement between government and peak bodies

Allied health professions in Australia are regulated in 2 main ways – though the Australian Health Practitioner Regulation Agency (AHPRA) or the National Alliance of Self Regulating Health Professions (NASRHP). Allied health bodies may also be a member of Allied Health Professions Australia (AHPA), an advocacy body. A profession's alignment with these groups is a significant factor in what information is shared with the profession. For example, Dietitians Australia is a member of NASRHP but not AHPRA or AHPA, and was missed in some early telehealth consultation work. Communication and collaboration with all allied health peak bodies must be considered by the Strategy.

Digital health innovations in nutrition and dietetics

Dietitians use a range of digital technologies to support client-centred care in acute care, food service, outpatient and community settings. In hospitals, dietitians commonly use electronic health records, depending on a facility's set up. Food service capability such as menu selection[8] and on-demand ordering[9] is often done using digital systems. In the outpatient and community settings, dietitians and clients use technology including apps, websites, text messaging and wearables. These are used not to substitute, but complement engagement with a dietitian.[10] These are used across the nutrition care process for:

- Data collection[10] – food diaries, symptom tracking, clinical marker tracking (eg blood sugar), activity tracking, mood tracking, patient-reported outcome measures
- Nutrition intervention[10] – checking foods against dietary requirements, providing healthy recipes, comparing healthiness of foods to inform swaps
- Behaviour change reinforcement[10] – text-based check ins and reminders, app prompts, peer support forums, education on social media

Broader digital disruption of the way we purchase food also needs to be considered in the National Digital Health Strategy. Online grocery shopping and food and alcohol delivery apps are becoming increasingly popular but are not subject to the same public health measures we experience when going to the grocery store or a shopfront. Online stores should be required to provide a clear image on their website with the nutrition information and price comparisons a person would see walking through a store aisle. Similarly, food and alcohol delivery apps should display the same information on the app that you would see on a menu board, including allergens and kilojoule information. Emerging evidence suggests that nutrition messaging delivered via these apps may be an effective health promotion tool.[11]

Further, the influence of social media must be considered in the National Digital Health Strategy. Social media can be a great tool for qualified health professionals to share general information to a wide audience. However, a great number of unqualified 'wellness influencers' pollute the space, giving unscientific and often dangerous health advice. The current use and opportunities for health promotion on social media must be considered in the Strategy.

Ambitions

Consumer confidence

- High quality internet and telecommunications infrastructure in rural, regional and remote Australia
- High consumer confidence in digital literacy and health literacy
- Digital health must have robust integrity and privacy – privacy issues and data breaches are a key consumer concern when engaging with digital health[12, 13]

Efficient clinical practice

- Interoperability between consumer technology (eg health tracking apps) and electronic health records[12]
- Fit-for-purpose practice software
- Implementation of electronic health records across the healthcare system

- Artificial intelligence and deep machine learning to streamline assessment and diagnosis[10] so dietitians and clients can spend more time on intervention
- High health professional confidence in digital literacy

Research and development

- Use of electronic health records to support high quality research activities
- Accessibility of digital health for people with different backgrounds

Use case

Case study 1

Client: 40-year-old man with complex type 2 diabetes requiring insulin, living in remote Far North Queensland.

Care team:

- General practitioner, diabetes educator – based in town
- Dietitian, exercise physiologist, podiatrist – based in Cairns, visit town once per month
- Endocrinologist – based in Brisbane, does not visit town

Use of digital health:

- Electronic health records – general practitioner and visiting allied health can access the same records on a central system
- My Health Record – all health team can view key health information
- Telehealth – to receive care from endocrinologist, saving patient time and money to fly to Brisbane
- App – Client can track his blood sugar without risk of losing a paper record

Case study 2

Client: 94-year-old woman with dentures and at risk of malnutrition, living in a residential aged care facility (RACF) in metropolitan Melbourne.

Care team:

- Nurses – based at RACF
- General practitioner and dentist – client travels to rooms
- Dietitian – visits RACF once per month

Use of digital health:

- Electronic health records – nurses, general practitioner, dietitian and dentist can access the same records on a central system
- My Health Record – all health team can view key health information
- Digital case conferencing – care team can liaise on care plan without being in the same physical location, saving time

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