

Draft Primary Health Care 10 Year Plan

**Response to consultation
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Recipient


Primary Health Care Reform Taskforce
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About Dietitians Australia

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.

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 following the [Conflict of Interest Management Policy](#) and process approved by the Board of Dietitians Australia. Contributors have wide ranging expertise in areas including public health, clinical nutrition, academia and primary care.

Recommendations

Dietitians Australia recommends:

1. Inclusion of Dietitians Australia in the Primary Health Care 10 Year Plan Implementation Oversight Group
2. Ensuring the Implementation Oversight Group develops measurable targets as part of a monitoring and evaluation framework, including an examination of improvements in equity
3. Ensuring a global approach to preventive health care is incorporated into the Primary Health Care 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
4. Providing permanent access to telehealth under Medicare for primary health care, including access to telehealth dietetics, ensuring this action is implemented in the immediate term
5. Ensuring quality improvement activities using VPR data consider missed population groups to prevent further disadvantage
6. Engagement of Dietitians Australia and other allied health peak or regulating bodies when developing professional education modules
7. Supporting more training places for dietitians and other allied health, particularly in rural, regional and remote Australia
8. Including Accredited Practising Dietitians as eligible providers of MBS items for people with mental illness and for people with autism, pervasive developmental disorder and disability
9. Consultation with Dietitians Australia to support the implementation of the National Roadmap on Improving the Health of People with Intellectual Disability and the National Centre of Excellence in Intellectual Disability Health
10. Ensuring that allied health research is recognised as integral in primary care research funding and is not deprioritised in favour of medical research
11. Incorporating specific actions to address food literacy into the strategy to help empower people to manage their own health

12. Funding of preventative health measures should be prioritised to support people to stay healthy
13. Funding of comprehensive public health campaigns to promote awareness, increase health literacy and facilitate health-promoting behaviours

Discussion

Responses to consultation questions

8. Reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care.

Dietitians Australia strongly supports permanent access to telehealth dietetic services through Medicare. Outcomes of telehealth dietetics are as effective as in-person services and do not require training beyond graduate level.[1] Telehealth services improve access to effective nutrition services, help address health inequalities and support Australians to optimise their health, regardless of location, income or literacy level.[1]

We strongly support coordination between federal, state and territory jurisdictions to ensure appropriate infrastructure is in place. This must include internet facilities to support telehealth delivery.

The timeline indicated in the Draft Plan must be expedited. Telehealth has been a feature of Medicare since 2002 for certain services and since the beginning of the COVID-19 pandemic has become the norm. The Draft Plan cites integration of telehealth in primary care as a 'future state' in 7 to 10 years. This is inconsistent with current practice, where telehealth is already an integrated part of primary care, and with the National Digital Health Strategy which states that embedding telehealth into clinical consultations is a priority for delivery by 2022.[2, 3]

Dietitians Australia recommends:

- Moving 'Telehealth and virtual health technologies are an integrated part of quality primary health care practice...' from Future State to Short Term Actions.
- Developing MBS rules for telehealth dietetics in collaboration with Dietitians Australia, as dietitians have unique practice needs compared to medical professionals.
- Aligning actions with the National Digital Health Strategy.

Further recommendations of relevance are in our submission to the Draft National Digital Health Strategy.[4]

9. Reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration

Dietitians Australia supports use of data and digital integration to improve healthcare, in particular:

- A nationally led allied health workforce data collection strategy and funding models. Current availability of allied health workforce data is limited, yet essential to workforce planning.
- Working with allied health software vendors to improve interaction with My Health Record, interoperability and secure messaging. This needs to extend beyond working with these vendors to incentivising these changes and these changes should be made without added cost to the allied health professional.

- Use of primary care data to inform preventive and proactive care for population groups. Clark et al wrote in 2021 about the specific considerations for dietitians [5] and have drafted standards for data collection and collation by dietitians working in primary care (under review for publication). These standards have been developed using an expert Delphi approach which could be applied to other allied health professions.

Dietitians Australia recommends:

- Where measures are put in place to improve allied health practitioners' access to secure messaging systems through current or new programs, we strongly recommend that these measures be subsidised. Access to secure messaging systems should be equitable and should not increase costs of access to software for allied health practitioners who often operate as a sole trader or small business.
- Aligning actions with the National Digital Health Strategy.

10. Reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine

Dietitians Australia recommends that ongoing consultation with peak bodies, including Dietitians Australia, take place to ensure there is up to date insights into evolving technologies in different disciplines, such as emerging technology use in nutrition and dietetics.

11. Reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform

Dietitians Australia strongly supports the overarching principle of equity for this stream and the plan more broadly. Policies that promote positive structural change and daily living conditions of all Australians should be prioritised.

The argument for use of the VPR model to enhance data collection has flaws. Recent evidence from New Zealand shows that Māori people and younger people (15-24 years) are less likely to be enrolled with a primary health organisation, while people living in affluent areas had the highest enrolment rates.[6] If VPR data is used to inform funding and service delivery improvements, there is a great risk that groups already experiencing poorer health outcomes could be further disadvantaged.

VPR would also rely on consumers agreeing to having their medical records accessible to the wider care team. The success of shared record-keeping relies on trust in electronic systems keeping sensitive data safe from misuse. Appropriate safeguards are essential to secure data and ensure safe transmissibility of records between service providers. New systems should also ensure that digital data is stored within Australia.

It is not clear why certain groups are prioritised to benefit from Service Incentive Payments (SIP) under the Patient Incentive Program (PIP) in the short term, whilst others in the medium term.

Recommendations:

- Ensure quality improvement activities using VPR data consider missed population groups to prevent further disadvantage.
- Put VPR model systems in place to address loss of records if changing primary service provider.
- SIP and PIP incentives to support quality bundles of care and improved outcomes are delivered equitably across groups including people with disability.

12. Reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care

Dietitians Australia strongly supports funding arrangements that ensure multidisciplinary team-based care becomes an embedded feature of primary health care. The current Chronic Disease Management Plan system under Medicare is vastly inadequate in relation to accessing allied health professionals like dietitians. Yet dietitians play an essential role in prevention and early intervention, as well as treatment, for many chronic diseases like heart disease, diabetes and cancer, as evidenced by clinical practice guidelines. Five sessions per year spread across 14 different professions does not serve the best interests of Australians.

We would strongly welcome funding arrangements that promote uptake of allied health professionals, including dietitians, into multidisciplinary primary care practices that ensure that each professional employed is appropriately remunerated and is supported to work to their full scope of practice.

We also support the development of a National Allied Health Workforce Plan and note that it should address both common workforce issues faced by allied health professions collectively as well as issues that are specific to each profession. All relevant workforce strategies including the National Mental Health Workforce Strategy, once released, should be implemented.

13. Reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector

Dietitians Australia supports all culturally appropriate and effective measures to work towards closing the gap for Aboriginal and Torres Strait Islander peoples, and strongly urges the government to make these a priority focus for implementation.

14. Reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas

Dietitians Australia supports improving access to primary health care in rural areas. We are pleased to see trial establishment of rural area community-controlled health organisations included in the plan. We are strongly supportive of this measure and would like to see strong uptake of Accredited Practising Dietitians in these models of care, particularly in under-served areas.

Dietitians Australia recommends:

- Support for more training places for dietitians and other allied health, particularly in rural, regional and remote Australia.

15. Reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes

Dietitians Australia supports measures to improve access to appropriate primary care for people at risk of poorer outcomes.

Research shows that people with disability and mental health issues experience greater prevalence of nutrition and lifestyle related risk factors and poor diet related health outcomes.[7] Access to Accredited Practising Dietitians, in the primary health care setting, is fundamental for improving health outcomes for these cohorts. There are several barriers to access of dietetic services in primary health care for at-risk groups including the exclusion of Accredited Practising Dietitians from MBS items:

- For people with autism, pervasive developmental disorder and disability, including multidisciplinary case conferencing items

- Under the Better Access Initiative for people with mental illness

Dietitians Australia recommends:

- Including Accredited Practising Dietitians as eligible providers of MBS items for people with mental illness and for people with autism, pervasive developmental disorder and disability.
- Consultation with Dietitians Australia to support the implementation of the National Roadmap on Improving the Health of People with Intellectual Disability and the National Centre of Excellence in Intellectual Disability Health. Consultation will ensure that outcomes for people with disability include enhanced access to nutrition and dietetic supports and services and improved nutrition related outcomes for people with disability.

16. Reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care

Dietitians Australia supports the empowerment of people to stay healthy and manage their own health care. We strongly agree that actions should align with the National Preventive Health Strategy and its health literacy enabler, with the National Obesity Prevention Strategy and with the upcoming National Health Literacy Strategy.

Dietitians Australia recommends:

- Health literacy actions include food literacy. Food literacy is ‘the scaffolding that empowers individuals, households, communities or nations to protect diet quality through change and strengthen dietary resilience over time. It is composed of a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet needs and determine intake.’[8] Food literacy directly impacts people’s ability to manage their own health and should be factored into the Primary Healthcare Strategy. Accredited Practising Dietitians are the health professionals with expertise in this area and must be closely engaged in planning, implementation and evaluation of food literacy actions.
- Funding of preventative health measures be prioritised to support people to stay healthy.
- Comprehensive public health campaigns are needed to promote awareness, increase health literacy and facilitate health-promoting behaviours.

17. Reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning

Dietitians Australia supports joint planning and collaborative commissioning. Joint jurisdiction-wide planning and collaborative commissioning must include allied health, including dietitians, as core members of the primary health team.

18. Reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works

Dietitians Australia supports research and evaluation in primary care. We are pleased to see a clear evaluation plan with baseline indicators and review at 3, 6 and 9 years, and research into scalable and sustainable initiatives and models of care.

Dietitians Australia recommends:

- Allied health research is recognised as integral in primary care research funding and is not deprioritised in favour of medical research.

19. Reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership

Dietitians Australia strongly supports the need for collaborative government leadership across sectors and recommends the adoption of an additional enabler of a health-in-all-policies approach to reflect the importance of cross-sectoral, collaborative action. This enabler should be reflected throughout the plan, ensuring that public health is considered when developing or implementing government policy in all areas.

Dietitians Australia recommends:

- Inclusion of Dietitians Australia in the Primary Health Care 10 Year Plan Implementation Oversight Group. Dietitians Australia is not a member of Allied Health Professions Association (AHPA) and therefore our unique needs are not represented. As a self-regulating profession directly impacted by the prospective implementation of the plan, and not otherwise represented, it is imperative that we are included in the oversight group.
- The Implementation Oversight Group develop measurable targets as part of a monitoring and evaluation framework, including an examination of improvements in equity.
- Engagement of Dietitians Australia and other allied health peak or regulating bodies when developing professional education modules.

20. Additional comments

A significant shortfall of the plan is the lack of focus on social determinants of health. Dietitians Australia is disappointed that the Steering Group recommendations to address social determinants of health have not been adopted and strongly urges the government to include firm actions that address them.

The plan indicates that a key enabler is to ensure that the workforce is appropriately trained and skilled. While we agree this is critical for safe and effective delivery of care, Dietitians Australia does not agree that this is a current limitation either of the workforce generally or of the dietetic profession specifically. Accredited Practising Dietitians are highly skilled and appropriately equipped to manage a broad range of clients upon attaining their credentials.[9, 10] We instead believe that the enabler for workforce should focus on distribution - ensuring the workforce is equitably distributed is a key enabler for the plan to be implemented effectively.

Page 26 – Suggest reconsidering wording of the sentence ‘Early attention will be given to improving primary health care services in this way for people with disability, particularly but not limited to people with intellectual disability, people from CALD backgrounds and LGBTI people’ as it may be misconstrued as categorising being LGBTI or from a CALD background as a form of disability rather than as unique experiences that may intersect with disability.

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. Australian Digital Health Agency. National Digital Health Strategy. 2018. Available from: <https://www.digitalhealth.gov.au/about-us/national-digital-health-strategy-and-framework-for-action>.
3. Australian Digital Health Agency. Australia's National Digital Health Strategy Framework for Action. 2018. Available from: <https://www.digitalhealth.gov.au/about-us/national-digital-health-strategy-and-framework-for-action>.
4. Dietitians Australia. Draft National Digital Health Strategy - response to consultation. 2021. Available from: <https://dietitiansaustralia.org.au/voice-of-daa/advocacy/submissions/2021-submissions/>.
5. Clark PW, Williams LT, Kirkegaard A, Brickley B, Ball L. Perceptions of private practice dietitians regarding the collection and use of outcomes data in primary healthcare practices: A qualitative study. *J Hum Nutr Diet*. 2021.
6. Irurzun-Lopez M, Jeffreys M, Cumming J. The enrolment gap: who is not enrolling with primary health organizations in Aotearoa New Zealand and what are the implications? An exploration of 2015–2019 administrative data. *International Journal for Equity in Health*. 2021;20(1):93.
7. Ptomey LT, Wittenbrook W. Position of the Academy of Nutrition and Dietetics: nutrition services for individuals with intellectual and developmental disabilities and special health care needs. *J Acad Nutr Diet*. 2015;115(4):593-608.
8. Vidgen HA, Gallegos D. Defining food literacy and its components. *Appetite*. 2014;76:50-9.
9. Dietitians Australia. Why Choose an Accredited Practising Dietitian? 2021. Available from: <https://dietitiansaustralia.org.au/what-dietitans-do/choosing-your-nutrition-expert/>.
10. Dietitians Australia. Accredited Practising Dietitian Program 2020. Available from: <https://dietitiansaustralia.org.au/maintaining-professional-standards/apd-program/>.