Dietitians Australia
The Leading Voice of Nutrition

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PreBudgetSubmissions@treasury.gov.au

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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 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 the health and wellbeing of all Australians.

This submission was prepared by Dietitians Australia staff in consultation with members, 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 clinical nutrition, food services, public health, food systems, food industry, digital health and academia.

Summary

Aged care

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Recommendation 4: Support access to and quality of care by increasing allied health service limits for chronic disease management from 5 to 10 consultations per annum.

Recommendation 5: Acknowledge the complexity of dietary intervention and support quality of care by creating and funding Medicare items for dietetic consultations where duration is 50 minutes or longer.

Recommendation 6: Support quality of care and communication in the multidisciplinary team by creating and funding Medicare items for allied health professionals to prepare reports for the referring practitioner.

Recommendation 7: Create Medicare Benefit Scheme items relating to dietetic services for people experiencing depression, other mood disorders and severe mental illness, including standard and extended individual consultations, group sessions and telehealth.

Recommendation 8: Create unique 820** Medicare Benefits Schedule item numbers for dietetic services for children with autism, pervasive developmental disorder and disability, including for nutrition assessment, diagnosis and treatment, and allied health case conferencing.

Recommendations

Aged care

Recommendation 1: Fund every residential aged care home to undergo an annual on-site 'Menu and Mealtime Quality Assessment' performed by an Accredited Practising Dietitian.

COST

Approximately $12.2 million, with additional funding likely required to travel to rural and remote facilities (approximately 30 hours of dietitian time annually (at $150/hr) for each residential aged care facility (n=2,704)).

BENEFITS

Addresses Aged Care Royal Commission recommendations 13, 19, 22 and 112[1]

Significant savings in oral nutrition supplements, wound care and hospital admissions[2]

Further savings in quality of life for residents

BACKGROUND

The Commonwealth Royal Commission into Aged Care Quality and Safety (the Royal Commission) highlighted systemic poor nutrition across the Aged Care sector.[3] Malnutrition is highly prevalent in aged care. It increases the risk of falls, pressure injuries and hospital admissions, and has adverse outcomes on mortality.[4] Malnutrition in aged care in Australia is estimated to cost the government approximately $9 billion per annum and to increase care costs by a factor of two to three.[5]

The National Aged Care Mandatory Quality Indicator Program for the quarter ending June 2022 reported that 13,490 people in residential aged care homes recorded significant unplanned weight loss, representing 9.4% of the assessed population.[6] As unplanned weight loss is only one factor considered as part of malnutrition screening, it is expected rates of malnutrition will be worse than that of unplanned weight loss.

There are several contributing factors that lead to malnutrition in older people. These include social isolation, poor dentition, multiple medications, difficulty swallowing and an overall poor appetite. In addition, residential aged care homes may provide a menu with limited nutritious options, offer foods that are unfamiliar or may not meet the needs or tastes of people with swallowing issues (eg poor quality texture modified meals). There is often also a culture of acceptance with people viewing weight loss as a normal part of ageing. Such attitudes are harmful to the health of people in their senior years.

The Royal Commission highlighted that residential aged care homes were spending an average of $6 per resident per day on food and ingredients.[1] The Basic Daily Fee supplement, introduced following the Royal Commission, is costing $3.2 billion over four years. As of 30 June 2022, close to $700 million in additional funding was provided to the residential aged care sector under this supplement. The supplement was introduced to support aged care providers to deliver better care and services to residents, with a focus on food and nutrition.[7] However, expenditure on food and nutrition was not mandated. An audit of the six months to June 2022 found that one in four residential aged care sites continued to spend less than $10 per resident per day.[7]

In many aged care organisations, the menu is not designed by APDs and will often be deficient in protein and other key nutrients across the day. As the menu is the sole source of nutrition in an aged

care home, it is vital that the main meals, snacks and beverages on offer provide adequate nutrition to meet the unique dietary needs of people aged 70 years and older.

In 2021, Dietitians Australia developed a best practice 'Menu & Mealtime Quality Assessment for Residential Aged Care', for exclusive use by Accredited Practising Dietitians. This on-site assessment uses the Aged Care Quality Standards as the framework and provides aged care homes with an expert assessment and recommendations for their nutrition care, menu and mealtime experience.

Dietitians Australia welcomes the proposed revised Aged Care Quality Standards, released late in 2022, which include a dedicated standard on Food and Nutrition. This draft standard requires the input of Accredited Practising Dietitians in the development and review of menus, which we strongly support. This budget request is for funding to ensure every Commonwealth-funded residential aged care home in Australia is visited by an Accredited Practising Dietitian to conduct this assessment annually. They would:

- assess the menu for most diet types (including texture modified diets)
- determine nutritional adequacy of the meals, snacks and drinks on offer
- assess the mealtime and dining experience, to ensure it encourages eating in an enjoyable, relaxed manner

Each on-site visit takes on average 8-10 hours for an Accredited Practising Dietitian to assess the menu, food offerings and mealtime environment. The findings from the on-site assessment are used to prepare a report with a corrective action plan to improve the menu, food offerings and dining experience. Preparation of the report and corrective action plan takes approximately 2 days. The Accredited Practising Dietitian then presents the 'Menu & Mealtime Quality Assessment' report findings and corrective action plan to the provider (via a virtual meeting) for immediate action. It is estimated that after the initial assessment, up to 3 virtual meetings with residential aged care providers will be needed with an Accredited Practising Dietitian, over a span of 12 months, to support any corrective actions from the annual menu and mealtime assessment.

Providing funding for all residential aged care facilities to receive an annual menu and mealtime assessment will support all providers to meet the proposed food and nutrition standards. It will provide a benchmark against which the 'Aged Care Quality & Safety Commission' and its Quality Assessors can monitor and measure food services and nutritional care. It will also support better nutrition for all aged care residents, promote improvements in quality of life and reduce the health and economic burden associated with malnutrition.

Preventive Health

Recommendation 2: Commit to ongoing funding for the implementation of the National Preventive Health Strategy and National Obesity Strategy

COST

5% total health spending

BENEFITS

Significant long-term savings on total healthcare and societal costs

Guaranteed implementation of both the National Preventive Health and National Obesity Strategies

Improved population health through achievement of targets as set out in the National Preventive Health and National Obesity Strategies

BACKGROUND

Dietitians Australia supports the position of many health organisations including the Public Health Association of Australia[8] and calls on the Australian Government to commit to funding the implementation of the National Preventive Health Strategy and National Obesity Strategy.

In a letter to the Public Health Association of Australia in the lead up to the 2022 election, Labor national secretary Paul Erickson promised the Labor Government would, "*support the implementation of the National Preventative Health Strategy*."[9]

The International Congress on Nutrition declared "Food is the expression of values, cultures, social relations and people's self-determination, and the act of feeding oneself and others embodies our sovereignty, ownership and empowerment. When nourishing oneself and eating with one's family, friends and community, we reaffirm our cultural identities, our ownership over our life course and our human dignity. Nutrition is foundational for personal development and essential for overall well-being".[10]

Despite the importance of nutrition for health and well-being, unhealthy eating patterns are now the leading preventable risk factor contributing to the burden of death and disease globally, including for Australia.[11, 12]

For Australians, about 11 years of life is spent living in poor health.[13] Australia is witness to skyrocketing rates of chronic conditions, with leading causes of death and disease being cancer, cardiovascular diseases, musculoskeletal conditions, and mental and substance use disorders.[13] By reducing modifiable risk factors like dietary risks, physical inactivity, overweight and obesity, alcohol and other drug use, the disease burden can be significantly reduced. Thirty-eight to 49 percent of the disease burden in Australia is preventable.[13] Given this, both the National Preventive Health Strategy and the National Obesity Strategy are critical to correcting the current trajectory of the nation's health.

The National Preventive Health Strategy calls for a target of at least 5% of total health spending to be dedicated to investments in preventive health by 2031. The 2023-24 Budget should continue to provide funding for implementation of the activities in both strategies and work to increase the proportion of health spending on prevention up to the 5% target.

Recommendation 3: Fund ongoing nutrition monitoring

COST

Scoping needed

BENEFITS

Regular food and nutrition monitoring will provide information on dietary behaviours and nutrition measures over time, which is critical to both informing policy and program development and evaluating their implementation

Monitoring will support developments of policy to protect public health and improve the health and wellbeing of Australians

Implementing a food and nutrition monitoring and surveillance program would contribute towards achievement of UN Sustainable Development Goal 3: Good Health and Wellbeing. It is also an essential component of the creation of a wellbeing budget as it will support 'measuring what matters'

BACKGROUND

Dietitians Australia supports the position of the Public Health Association of Australia and calls on the Australian Government to fund a food and nutrition monitoring and surveillance program.[14]

There have been previous food and nutrition surveys in Australia, and the National Nutrition and Physical Activity Study is a component of the Intergenerational Health and Mental Health Study. There is not, however, clear ongoing commitment to a regular and comprehensive food and nutrition monitoring program in Australia.[15] Many other OECD nations have established programs for nutrition monitoring, and there is a need for Australia to become a world leader in implementing a food and nutrition monitoring and surveillance program.

According to the Australian Institute of Health and Welfare, unhealthy eating was the third leading risk factor, contributing to 5.4% of the total disease burden in Australia in 2018. This was closely followed by high blood pressure for which unhealthy eating is a significant risk factor.[17] Prevalence of key preventable conditions and risk factors influenced by the excessive availability, affordability, marketing and consumption of unhealthy foods and drinks in Australia include: [16, 18, 19]

a. 67% of adults (12.5 million) are either overweight or obese
b. 34% of adults (6 million) have measured high blood pressure (≥ 140/90 mm Hg) or are taking medication for hypertension
c. 10% of adults (1.7 million) have biomedical signs of chronic kidney disease
d. 1.2 million Australian adults have diabetes
e. 1.2 million Australians have heart, stroke and vascular disease

Australia is a food secure nation with enough food for its population, but many citizens do not have enough food and regularly rely on emergency food relief.[20] In 2011-2012, 4.0% of people lived in households that had run out of food in the previous 12 months and could not afford to buy more.[18] This was even higher in Aboriginal or Torres Strait Islander people, with more than one in five (22%) reporting food insecurity.[21]

A comprehensive food and nutrition monitoring and surveillance program in Australia is critical for monitoring the healthiness of diets and access to, and affordability and availability of healthy foods in all communities across the country. Food and nutrition monitoring is imperative to inform the development of effective public health policy and programs, and regulation. It is also essential for

monitoring the implementation of these policies, programs and regulations, including existing national health strategies.

There is a current commitment to develop a National Nutrition Policy framework, and work is underway to develop revised Australian Dietary Guidelines. To support the development and implementation of these, a commitment to an ongoing national food and nutrition monitoring and surveillance program is a priority.

Such a monitoring and surveillance program needs to measure more than just dietary intake. It should include at minimum:

Overarching

- a continual, comprehensive, population-based dietary survey program that measures trends over time including all measures outlined under the subheadings below

Biometrics

- height, weight, and physical activity
- appropriate biological measures of nutritional status

Food supply

- food supply monitoring (including composition of contemporary Australian foods, soil quality, and biodiversity)
- food purchasing/acquisition (eg food expenditure, food type, price and quantity of food purchased, place of food purchase)
- physical and online food environments (eg availability, affordability, accessibility, and advertising and promotion of healthy and discretionary foods)

Food literacy

- food literacy knowledge, skill and behaviours including planning and management, selection (eg use and understanding of food labelling and promotion), preparation (eg frequency and types of meals prepared, skills, distribution of work in households), and eating (eg commensality, shared eating occasions, settings for eating)

Food consumption patterns

- food and nutrient intake behaviours including breastfeeding (eg 24-hour recall and short questionnaire)[14, 22]

Medicare Benefits Schedule

Recommendation 4: Support access to and quality of care by increasing allied health service limits for chronic disease management from 5 to 10 consultations per annum.

COST

$450 million, based on Medicare data[23] from 2021/22 financial year (Table 1)

BENEFITS

Increased utilisation of early-intervention and preventive allied health care to reduce future and ongoing health costs[24]

Better continuity and quality of care for patients with complex needs, who require ongoing consultations and support to enable long-term changes[25]

Cost-effective for managing chronic illness and reducing burden on hospital system[26, 27]

Support achievement of targets in focus area 2 of the National Preventive Health Strategy,[28] ambitions 2 and 3 of the National Obesity Strategy,[29] stream 2 of the Primary Health Care 10 Year Plan[30] and goals 3, 5 and 6 of the National Diabetes Strategy[31]

BACKGROUND

Outcomes for Australians with chronic health conditions can be improved by better access to allied health practitioners, including Accredited Practising Dietitians,[24] to support self-management under the Medicare Chronic Disease Management items (10954, 93000, 93013) and Aboriginal and Torres Strait Islander allied health follow-up items (81230, 93048, 93061). This can be achieved by increasing the number of consultations attracting Medicare benefits, and introducing new items for longer consultations.[25]

Under the current system, patients with a Chronic Disease Management plan may access up to 5 sessions from their whole allied health team, including their dietitian.[32] This is 5 services each year, split across 13 allied health professions. Five sessions or fewer does not meet best practice guidelines for dietetic care,[33, 34] does not support building rapport and trust with clients,[35] and is insufficient to support sustainable long-term health behaviour changes necessary to improve health outcomes.[25, 36]

Changes under the Howard Government in 2006 recognised that the allowance of 5 services across 12 allied health professions was insufficient to provide support and enable health behaviour change for patients requiring mental health services, and established the Better Access Initiative.[37] Further, the 2019 implementation of the Treatment Cycle Initiative allows 12 consultations per allied health profession per year for eligible veterans.[38] Similar initiatives to support dietetics services under Medicare should be implemented.

Increasing the limit to 10 allied health consultations per year will enable patients to access the allied health care and support needed to manage their chronic health conditions, and prevent further complications and costs associated with ill health.[25, 39]

Table 1. Benefits paid for chronic disease management services by allied health providers between July 2019 to June 2022

Service type	Item numbers			Benefits paid per financial year		
				2019/20	2020/21	2021/22
In-person	10950 10951 10952 10953 10954	10956 10958 10960 10962	10964 10966 10968 10970	$428,699,814	$481,659,388	$443,202,000
Telehealth	93000	93013		$3,658,609	$ 6,621,992	$5,813,871
			Total	$432,358,423	$488,281,380	$449,015,871

Recommendation 5: Acknowledge the complexity of dietary intervention and support quality of care by creating and funding Medicare items for dietetic consultations where duration is 50 minutes or longer.

COST

Additional benefit of $56.00 per 50-minute dietetics consultation
(total $112.00 per consultation, ie double the benefit for 20-minute consultation for dietetic items for chronic disease, eating disorders and Aboriginal and Torres Strait Islander health check follow-ups)

BENEFITS

Improved incentive for dietitians to provide bulk-billed and low-gap services[25]

Increased utilisation of early-intervention and preventive allied health care to reduce future and ongoing health costs

Support achievement of targets in focus area 2 of the National Preventive Health Strategy,[28] ambitions 2 and 3 of the National Obesity Strategy,[29] stream 2 of the Primary Health Care 10 Year Plan[30] and goals 3, 5 and 6 of the National Diabetes Strategy[31]

BACKGROUND

Outcomes for Australians with chronic health conditions can be improved by better access to allied health practitioners, including Accredited Practising Dietitians, to support self-management under the Eating Disorder Treatment items (82350, 93074, 93108), Medicare Chronic Disease Management items (10954, 93000, 93013) and Aboriginal and Torres Strait Islander allied health follow-up items (81230, 93048, 93061). This can be achieved by increasing the number of consultations attracting Medicare rebates and introducing new rebates for longer consultations.

Dietetics in the ambulatory and community setting is largely a counselling-type therapy, backed by evidence. Effective counselling in a patient-centred approach requires time to build rapport[35] and develop an individualised nutrition care plan.[40] An Australian longitudinal study of 20 dietitians and 176 consultations under the Medicare Chronic Disease Management program found that the mean time spent on an initial consultation was 55 minutes and for a review, 36 minutes.[41] Other counselling professions (eg psychologists, social workers, occupational therapists) have item numbers for consultations of 50 minutes or longer to reflect the time that is needed to support patients. The Department of Veterans' Affairs also recognises the need for longer consultations with a higher benefit for extended initial and subsequent consultations.[42] Increasing the benefit for longer consultations will help ensure that providers are able to undertake an effective assessment of the patient and provide a high-quality service.[25, 36, 43]

Recommendation 6: Support quality of care and communication in the multidisciplinary team by creating and funding Medicare items for allied health professionals to prepare reports for the referring practitioner.

COST

$56.00 per report (equivalent to benefit for 20-minute consultation)

BENEFITS

Support communication in the multidisciplinary team

Improved incentive for dietitians to provide bulk-billed and low-gap services[25]

Support achievement of streams 2 and 3 of the Primary Health Care 10 Year Plan[30]

BACKGROUND

Nutrition and dietetics services provided under a Medicare rebated plan (Chronic Disease Management Plan, Team Care Arrangements, Eating Disorders Management Plan, Aboriginal and Torres Strait Islander follow-up) attract a high administrative workload. Requirements for dietitians providing services under these plans include ensuring the referral form is valid and accurate, providing a consultation for at least 20 minutes, and providing a written report to the referring GP after the first and last consultation.[25, 44] Checking referrals and providing reports takes dietitians as long as 45 minutes on top of patient-facing time, depending on the presentation of the referral and complexity of care the patient requires.[25] Many dietitians complete these reports in their own time, without renumeration, or charge a gap to cover the time required. The Department of Veterans' Affairs recognises this and offers a benefit for reporting.[45] Renumerating dietitians for this time will improve incentives for dietitians to provide bulk-billed and low-gap services, and support communication in the multidisciplinary team.

Further support to promote a multidisciplinary approach to deliver wrap-around patient-centered care is also needed. A blended funding model that would allow for the inclusion of dietitians and other allied health professionals in multidisciplinary health care teams, as proposed in the recent announcement by the Albanese Government, would further support Australians to access affordable, comprehensive multidisciplinary health care.[46] In combination with extending Chronic Disease Management Plan sessions from 5 to 10, increasing rebates for longer consultations and introducing rebates for report-writing, providing for this level of interdisciplinary collaboration would ensure everyone has access to the level of care they need when they need it.

A blended funding model would help to address the current shortfall of care to people with complex illnesses who need it most. For example, people living with mental illness often require both mental and physical health care but are currently often required to choose between these care options. Funding a multidisciplinary health care team that can address whole-of-person needs will allow for much earlier intervention and vastly improved outcomes.

Recommendation 7: Create Medicare Benefit Scheme items relating to dietetic services for people experiencing depression, other mood disorders and severe mental illness, including standard and extended individual consultations, group sessions and telehealth.

COST

$25 million

BENEFITS

Improved quality of life for people experiencing depression, other mood disorders and severe mental illness[47]

Improved cost-effectiveness of treatment, when compared to medication alone[47, 48]

Reduced cost to economy[47, 49-51]

- Current macroeconomic flow-on effect is $70 billion annually[52]
- Additional, avoidable economic burden of disability and early mortality of people with mental illness is approximately $150 billion annually[53]

Reduced burden of disease[47] – annually affects 1 in 5 Australians[54]

Reduced impact of comorbid physical illnesses[47] – current cost $15 billion annually[49, 52]

Support achievement of targets in focus area 2 of the National Preventive Health Strategy,[28] ambitions 2 and 3 of the National Obesity Strategy,[29] stream 2 of the Primary Health Care 10 Year Plan[30] and goal 1 of the National Diabetes Strategy[31]

BACKGROUND

Half of all Australians will experience some form of mental illness in their lifetime.[55] Mental illness is a collective term that describes a wide array of conditions such as mood, anxiety, personality, psychotic, substance use and eating disorders.[56] Mental illness impacts all society and is associated with significant economic costs. Mental illness impacts the capacity of those affected in the workplace and results in more frequent absences and lower performance. The healthcare costs for individuals living with mental illness increases by at least 45% when they also have a long-term physical illness. These costs are largely avoidable.[49-51]

People living with mental illness often have poor dietary intakes, poor hydration status, difficulty regulating food intake and food insecurity, yet nutrition is not part of mental health care plans. Poor diet quality, often characterised by foods high in energy and sodium, can contribute to physical illness and is prevalent in people across the spectrum of mental illness, but particularly in those living with severe mental illness.[57] There is growing evidence of the direct impact that nutrients, food, dietary patterns and behaviours have on mental health showing they help support healthy brain structure and function in many ways. Factors that adversely affect physical health such as inflammation, glucose intolerance, impaired cerebral blood flow and oxidative stress, also impact on mental health.[58, 59] Further, several antipsychotic and other psychotropic medications used to manage mental health conditions have known metabolic side effects, affecting a person's weight.[60]

Early dietary intervention with referral to an APD will help prevent, treat and manage common mental health conditions, including eating disorders, and manage the metabolic side effects of some psychotropic medications. Early intervention, together with collaborative care, will mitigate costs to the economy, reduce the burden of disease and minimise the impact of physical illnesses. Early intervention is particularly important in vulnerable groups such as young people. Current available

evidence points strongly to the cost effectiveness of dietary interventions for prevention, treatment and management of mental illnesses.[47]

Recommendation 8: Create unique 820 Medicare Benefits Schedule item numbers for dietetic services for children with autism, pervasive developmental disorder and disability, including for nutrition assessment, diagnosis and treatment, and allied health case conferencing.**

COST

Scoping required

BENEFITS

Improved health and wellbeing of people with disability

Increased social and economic participation of people with disability[61]

Reduced preventable deaths attributable to diet-related disease

Reduced impact of comorbid physical illnesses

Addresses desired outcomes of the National Roadmap for Improving the Health of People with Intellectual Disability

BACKGROUND

The prevalence of disability in Australia is estimated to be around 18% (4.4 million) across all age groups, and 7.6% in children between 0 to 14 years of age.[62] Population studies show that people with disability have poorer self-reported general health and higher prevalence of modifiable risk factors, compared to people without disability. Modifiable risk factors include insufficient fruit and vegetable intake, higher consumption of sugar sweetened beverages, high blood pressure, insufficient physical activity, high Body Mass Index and high waist circumference.[62] The presence of these risk factors may contribute to the higher risk of diet-related health conditions, such as cardiometabolic disease, diabetes and cancer among people with disability, compared to people without disability.[63-65]

Disability may lead to unique food, fluid and nutrition requirements, further placing individuals at higher risk of nutritional problems.[66] For instance, children with disability are often at higher risk of growth alterations such as failure to thrive or obesity, metabolic disorders, poor feeding skills, drug-nutrient interactions and sometimes partial or total dependence on enteral or parenteral nutrition.

Accredited Practising Dietitians are the only health professionals appropriately trained, qualified and credentialled to address nutrition problems in children with disability. Early dietetic intervention can improve the nutrition and food intake of children, leading to improved physical and mental health, and social outcomes of children with disability and their families.

However, there is a lack of specific funding to support access to community based or outpatient dietetic services for people with disability. Standard Medicare allied health funding for chronic disease is insufficient to meet the needs of people with a disability for several reasons:

- Limited to 5 consultations per calendar year across all allied health services
- Funding provides for a short consultation (20 minutes) or results in often large out-of-pocket fees (rebate is $56.00, dietitian fees are often above $150 per hour)

Currently seven other allied health professions have access to M10 unique 820** numbers.[67] Expanding this to include Accredited Practising Dietitians will ensure clients with a disability can access affordable, preventative dietetic care and provide dietitians with parity to the other allied health professionals already included.[61]

The National Roadmap for Improving the Health of People with Intellectual Disability outlines key activities and outcomes to improve the lives of people with disability. Better use of MBS items is a key goal including “More comprehensive health plans for people with intellectual disability developed that include action on health promotion, disease prevention, and chronic disease detection”. One way to improve health outcomes and plans for children with disability is to fund the inclusion of dietitians in teams for children with autism, developmental delay and disability.

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