

Annual Pricing Review 2021-22

November 2021

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 a submission on the Annual Pricing Review 2021-22 consultation. This submission has been prepared with the input of Dietitians Australia members.

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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 the National Disability Insurance Scheme (NDIS) to improve the health and wellbeing of people with disability.

Dietitians Australia is the peak body for dietitians. We advocate for the rights of people with disability to access appropriate nutrition supports and Accredited Practising Dietitian (APD) services to meet their physical, mental and social needs.

Appropriate food, fluids and nutrition support functional capacity, growth and development, and the physical and mental health of people with disability.(1) NDIS participants frequently have complex nutritional needs, requiring intensive nutritional support to achieve their health and social goals.(2) APDs are qualified and credentialed to work with NDIS participants to improve their functional and social outcomes.

Appropriate pricing is essential to maintain the growth and sustainability of the dietetics workforce and to ensure that NDIS participants receive an appropriate level of support to meet their needs.

This submission was prepared by the Dietitians Australia 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

1. Pricing limits for nutrition and dietetic supports should be maintained, with indexation in line with the annual Consumer Price Index increase
2. Pricing for group services should be increased and higher than individual supports. The current rate does not account for the increased complexity and time associated with running group sessions
3. Maintain non-face-to-face billing arrangements. Dietitians spend a comparatively high proportion of time doing essential non-face-to-face activities such as developing mealtime management plans. Changes to these arrangements will disproportionately impact access to dietetic services.
4. NDIS to cover cost of delivering services in rural, regional and remote locations including professional time, vehicle costs and fuel costs. Currently dietitians subsidise these services. The following specific changes are recommended:
 - a. Pricing arrangements should allow the provider to cover the cost of travel to and from the provider's office to an NDIS participant
 - b. Travel rules should allow the provider to cover the cost of their professional time according to the relevant hourly rate and for the complete time spent in travel, in addition to vehicle and fuel costs

Food, fluid and nutrition concerns of people with disability

Population studies show that people with disability have poorer self-reported general health(3) compared to the general population.(4, 5) Physical, intellectual, sensory or psychosocial impairments may lead to unique food, fluid and nutrition requirements and higher risk of nutritional problems. For instance, untreated dysphagia may lead to malnutrition, dehydration, aspiration pneumonia and choking.(6, 7) The presence of modifiable risk factors, such as poor diet and lower levels of physical activity, may also contribute to adverse health and functional outcomes.(5-7)

People with disability in Australia experience higher rates of potentially preventable deaths, compared to people without disability.(6, 8) A recent report by the Australian Institute of Health and Welfare found that people using specialist disability services in Australia had a mortality rate 4.7 times higher than the general population.(8) Reports of reviewable deaths show that people with disability are more likely to die from preventable deaths compared to people without disability, and many of these deaths are associated with inappropriate management of the food, fluid and nutrition care needs of people with disability.(6)

The role of Accredited Practising Dietitians

Nutrition services are essential components of comprehensive health care for people with disability and should be provided throughout life in a manner that is interdisciplinary, person-centred and culturally appropriate.(2, 9, 10) Evidence shows that dietetic interventions can support people with disability to build their functional skills to improve participation, independence, personal care and mobility, along with supporting physical and mental health.(2, 10) Access to food, fluids and nutrition care is a human right, and where reasonable and necessary, NDIS participants should receive adequate funding to access the services of an APD through the NDIS.(11, 12)

APDs have university training accredited by Dietitians Australia, they participate in ongoing professional development and commit to evidence-based practice. They comply with the [Dietitians Australia Code of Professional Conduct and Statement of Ethical Practice](#) and commit to providing quality services. The APD credential is the only national credential recognised by the Australian Government, Medicare, the Department of Veterans Affairs, the National Disability Insurance Agency and most private health funds, as the quality standard for nutrition and dietetics services in Australia. It is a recognised trademark protected by law.

APDs provide person-centred nutrition care to people with a range of disabilities across the lifespan, including providing early intervention supports for children and working with adults, their families and carers.

Dietitians Australia’s response to the terms of reference - Part 7 – Therapy Supports

**Are the current price limits for therapy supports appropriate? If not, why not?
Please provide evidence.**

Dietitians Australia recommends pricing limits for nutrition and dietetic supports should be indexed in line with the annual Consumer Price Index increase.

The NDIS pricing should reflect the level of expertise required to support complex clients and provide safe and quality services to NDIS participants. The rates are intended to cover the practitioner’s income but also an increasing number of expenses associated with running an NDIS practice including:

- Administration associated with NDIS service delivery
- Cost of supervision, mentoring and training of staff
- Time and financial costs of maintaining NDIS registration with the National Quality and Safeguard Commission
- Education, training and changes to practice, in response to legislative changes eg- Mealtime management and severe dysphagia practice standards
- Superannuation, overtime, equipment

Notably, while the current pricing limits are intended to cover basic administrative costs, the current arrangements do not sufficiently cover the costs of delivering services in rural, regional and remote areas including:

- Full payment for travel expenses
- Professional time when travelling

Dietitians Australia is concerned that downward pressure to reduce NDIS costs may result in a decrease in price limits for dietetic supports. Dietitians Australia is of the view that pricing limits should not be used to offset budget pressures; a view also expressed by the Joint Standing Committee on the NDIS.(13)

Reductions in pricing limits for therapeutic supports will threaten the financial viability of dietetic services, prevent growth of the workforce and lead to APDs exiting the market. Without appropriate access to APDs, NDIS participants with high support needs such as dysphagia and gastrostomy needs, are at increased risk of adverse outcomes including higher rates of hospitalisation, choking and death.(6, 14)

Pricing for group services should be increased and higher than individual supports. Group sessions are more complex and time consuming and the pricing should reflect this difference.

What considerations should be taken into account when comparing NDIS arrangements for therapy and nursing supports to Australian Government and state government schemes and the private market?

There are several considerations that should be taken into account when comparing NDIS arrangements for dietetic supports to government schemes and the private market. A recent survey of APDs, to inform the current submission, identified the following key considerations:

Complexity of NDIS clients

- NDIS participants often present with complex clinical presentations and require a high level of expertise to provide supports safely and effectively
- NDIS participants often require more hours of support due to the nature and complexity of providing supports

Cost of working in the NDIS and remuneration challenges

- As detailed in the first section, there are numerous costs associated with working in the NDIS, and many of these are greater than operating in other systems. For example, the cost and time required to undertake NDIS audits and maintain registration with the NDIS Commission; the costs associated with upskilling on and implementing frequent policy changes (eg- mealtime management and severe dysphagia Practice Standards and the NDIS workforce capability framework)
- Payment for NDIS services requires 3rd party funding requests, whereas private clients pay at the time of the appointment

Accident, injury and worker's compensation insurance schemes (e.g. icare, TAC, StateCover)

- Accident, injury and worker's compensation insurance schemes are appropriate for comparison to NDIS pricing arrangements, as they are similarly based on insurance principles
- These schemes may pay \$200/hour plus GST and pay full travel expense at the practitioner's full hourly rate

Administrative differences

- The administrative and reporting requirements associated with operating in the NDIS are much higher than government schemes. For instance, the NDIS Commission requires the development of a service agreement, which can be time intensive and requires multiple communications between provider and participant.

Non-face-to-face time

- There is significantly more non-face-to-face time required to meet the needs of people with complex disability. For example:
 - the development of mealtime management plans to support NDIS participants with swallowing problems or severe dysphagia,
 - work to individualise/personalise resources to meet the communication and learning needs of participants. This often requires time to create graphics and communication cards for interventions

- Home visits are commonly needed to support NDIS participants, with associated travel costs.

Policy landscape

- The NDIS policy landscape is frequently changing, placing a significant burden on practitioners to keep up with the changes. The policy environment for other schemes is relatively stable and present a far easier operational environment
- Continual NDIS pricing reviews have the effect of decreasing business confidence due to the threat of changes to pricing structure. It is difficult for practitioners to retain staff and plan for the future in a volatile financial environment

Insufficiency of government schemes

- Medicare pricing arrangements are not sufficient to cover the cost of allied health services for people with disability and there are no Medicare disability related items for dietetic services
- Payment under Veteran affairs is similarly insufficient, and Dietitians Australia is aware that the pricing for these supports is under-review and hence should not form a benchmark for NDIS pricing arrangements

Are there any other issues with the pricing arrangements for therapy supports? Are the travel and non-face-for billing arrangements appropriate for therapy supports? Please provide evidence.

Travel arrangements

Dietitians Australia recommends NDIS cover cost of delivering services in rural, regional and remote locations including professional time, vehicle costs and fuel costs.

APDs require adequate funding to cover the cost of delivering services to NDIS participants in regional, rural and remote areas. Current travel pricing arrangements are insufficient and APDs frequently subsidise the cost of delivering services to these clients. NDIS participants who live in rural and remote locations and those isolated for psychosocial or physical reasons, are most disadvantaged by inadequate travel arrangements and hence these arrangements should be addressed as a matter of urgency.

Pricing arrangements should allow the provider to cover the cost of travel to and from the provider's office to an NDIS participant. The travel arrangements should allow the provider to cover the cost of their professional time according to the relevant hourly rate and for the complete time spent in travel, in addition to vehicle costs and fuel costs. TAC and other insurance agencies have a similar pricing policy.

Non-face-to-face billing arrangements

Dietitians Australia recommends maintaining non-face-to-face billing arrangements

Dietitians Australia does not support changes to non-face-to-face billing arrangements. APDs spend a relatively high proportion of time conducting non-face-to-face activities and any changes would disproportionately impact dietetic services.

The non-face-to-face activities performed by dietitians are essential services including development and review of mealtime management plans to support clients with swallowing difficulties and severe dysphagia, review of biochemistry, menu planning, recipe development, liaison with stakeholders, review of medical reports, meal plans, eating and drinking plans, bowel management etc.

It is notable that the recently introduced mealtime management Practice Standards will require that practitioners, particularly APDs and Speech Pathologists, develop more mealtime management plans than previously. Pricing decreases for non-face-to-face billing would present a significant barrier to implementation of these National Quality and Safeguards Standards. Pricing arrangements should rather be maintained or increased to compensate for the extra time that will be needed to undertake these activities.

Other concerns

- NDIS Commission Mealtime Management Practice Standards that came into effect on 15th November 2021 will require additional funding for dietitian services to help meet National Quality and Safeguard legislation
- The cost for group supports should be revised to recognise the increased work required to support a group
- Cancellation fees should be maintained. If discontinued this will disadvantage the most vulnerable NDIS participants such as children and people with mental health issues
- Decreases in therapy pricing will disproportionately impact working women, particularly young working women
- It may be beneficial to consider a category for therapy consumables, as practitioners currently absorb costs for these items, such as nutrition supplements to trial, weight scales, recipe books, educational material, portion-controlled containers, kitchen scales, measuring cups etc.

References

1. Groce N, Challenger E, Berman-Bieler R, Farkas A, Yilmaz N, Schultink W, et al. Malnutrition and disability: unexplored opportunities for collaboration. *Paediatrics and international child health*. 2014;34(4):308-14.
2. 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. *Journal of the Academy of Nutrition and Dietetics*. 2015;115(4):593-608.
3. Australian Institute of Health and Welfare. *People with disability in Australia*. Canberra: AIHW; 2020.
4. Dixon-Ibarra A, Horner-Johnson W. Disability status as an antecedent to chronic conditions: National Health Interview Survey, 2006-2012. *Prev Chronic Dis*. 2014;11:130251.
5. Australian Institute of Health and Welfare. *Chronic conditions and disability 2015*. Canberra: AIHW; 2018.
6. Salomon C, Troller J. *A scoping review of causes and contributors to deaths of people with disability in Australia Findings: University of New South Wales, Sydney; 2019*.
7. Butler S, Kellett J, Bacon R, Byron A. Survey of disability-related content in Australian dietetics programs. *Nutrition & dietetics: the journal of the Dietitians Association of Australia*. 2018;75(4):406-10.
8. Australian Institute of Health and Welfare. *Mortality patterns among people using disability support services: 1 July 2013 to June 2018*. Canberra: AIHW; 2020.
9. Dietitians Australia Disability Interest Group. *Disability Role Statement*. 2014.
10. Dietitians Association of Australia. *Quick Reference Table. Benefits of Medical Nutrition Therapy for People with Disability*. Canberra 2016.
11. Rights TWCoH. *Vienna Declaration and Programme of Action*. United Nations General Assembly; 1993.
12. United Nations General Assembly. *Universal Declaration of Human Rights*. Paris: United Nations; 1948.
13. Joint Standing Committee on the National Disability Insurance Scheme. *Market Readiness Report*. 2018.
14. Salomon C, Troller J. *A scoping review of causes and contributors to deaths of people with disability in Australia. Summary of recommendations.: Department of Developmental Disability Neuropsychiatry, University of New South Wales; 2019*.