



6 April 2020

Mr Joe Calafiore
Chief Executive Officer
Transport Accident Commission
PO Box 742
GEELONG VIC 3220

By email: info@tac.vic.gov.au

Dear Mr Calafiore

COVERAGE OF DIETETIC SERVICES VIA TELEHEALTH

Firstly, I wish to congratulate you on extending the Transport Accident Commission's coverage of health services to include telehealth delivery of medical services as Australians adapt to extreme circumstances in the COVID-19 pandemic.

As the virus spreads from direct contact, the focus on expanding telehealth support to medical services is a step in the right direction however we would argue that this additional support should be extended to other key health professionals including Accredited Practising Dietitians (APDs). Extension of telehealth delivery approval would be in line with actions taken by Medicare and the Department of Veteran's Affairs.

Please find attached a brief summary of the evidence supporting the safety and effectiveness of telehealth nutrition services.

Your urgent consideration of this request would be appreciated.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Robert Hunt', is positioned above the printed name.

Robert Hunt
Chief Executive Officer

Accredited Practising Dietitians and Telehealth

Telehealth-delivered nutrition services are as effective as traditional face-to-face service delivery.¹⁻⁷ This includes weight management,^{1,7} chronic disease management^{1,3,5-6} and treatment of malnutrition.⁶

Effective telehealth delivery methods include consultations by phone^{1-4,6} and videocalls² (e.g. Zoom, Skype, CoviU), supported by email^{1,2} and text messages.³

There is currently no evidence indicating that telehealth nutrition service provision is not appropriate for a particular patient group or disease state. Extra measures should be taken to support clients who are hard of hearing or who require language translation.

Dietitians Association of Australia provide advice to members about safe and appropriate use of telehealth, including suitable candidates, privacy, record keeping and insurance considerations.⁸

References

1. Appel et al 2011. Comparative effectiveness of weight-loss interventions in clinical practice. *New England Journal of Medicine*, 365(21), 1959-1968.
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3. Kelly et al 2020. A Coaching Program to Improve Dietary Intake of Patients with CKD: ENTICE-CKD. *Clinical Journal of the American Society of Nephrology*, 15(3), 330-340.
4. Whelan et al 2016. Feasibility, effectiveness and cost-effectiveness of a telephone-based weight loss program delivered via a hospital outpatient setting. *Translational behavioral medicine*. 6(3):386.
5. Sun et al 2017. The effectiveness and cost of lifestyle interventions including nutrition education for diabetes prevention: a systematic review and meta-analysis. *Journal of the Academy of Nutrition and Dietetics*, 117(3), 404-421.
6. Marx et al 2018. Is telehealth effective in managing malnutrition in community-dwelling older adults? A systematic review and meta-analysis. *Maturitas*, 111, 31-46.
7. Kelly et al 2016. Telehealth methods to deliver dietary interventions in adults with chronic disease: a systematic review and meta-analysis. *The American journal of clinical nutrition*, 104(6), 1693-1702.
8. Dietitians Association of Australia 2020. *Telehealth/Technology-based Clinical Consultations. Attachment A.*