National Commission of Audit

November 2013

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 5400 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. DAA appreciates the opportunity to provide feedback on the National Commission of Audit.

Contact Person: [redacted]
Position: Senior Policy Officer
Organisation: Dietitians Association of Australia
Address: 1/8 Phipps Close, Deakin ACT 2600
Telephone: [redacted]
Facsimile: [redacted]
Email: [redacted]

Recommendations

DAA makes two recommendations which would rationalise service delivery to ensure better, more productive and efficient services for stakeholders, and to give value for money from Commonwealth expenditure.

1. That direct referral from medical specialists to allied health practitioners is permitted under Chronic Disease Management Medicare items, for example from endocrinologists to Accredited Practising Dietitians (APDs).

2. That Accredited Practising Dietitians (APDs) are allowed to directly prescribe nutrition products for oral and enteral nutrition for veteran clients supported by the Department of Veterans' Affairs.

Discussion

1. Specialist referral to allied health

Individuals with chronic disease, such as diabetes, experience better outcomes when they have access to primary health care provided by a multidisciplinary team[1]. The Chronic Disease Management Medicare items support multidisciplinary care by allowing general practitioners to refer patients with chronic or terminal medical conditions to allied health practitioners for up to five rebated services per year.

Specialist medical practitioners, such as endocrinologists, are not able to refer directly to allied health practitioners, such as dietitians, for people with diabetes under the Chronic Disease Management program. Instead the person with chronic disease must visit the general practitioner, who then refers to the allied health practitioner.

An estimate of the unnecessary cost is in the order of $765,400. This is on the assumption that 10 percent of the 183,333 people referred by general practitioners to dietitians in 2007 – 2008 (AIHW figures), could have been referred directly from endocrinologist to dietitian without incurring a rebate of $41.75 for MBS Item 23 to the general practitioner.

This represents an unnecessary cost to the public purse without benefit to the person with chronic disease. The specialist medical practitioner could easily report to the general practitioner to ensure all relevant aspects of care were communicated for the purposes of safety and quality.

2. Ordering of nutrition supplements for DVA clients

The Department of Veterans' Affairs recognises APDs as the experts in nutrition with the qualifications, skills and commitment to continuing professional development needed to provide care to veteran clients. APDs have a detailed knowledge regarding the composition of nutritional supplements available in Australia and their appropriate use to manage nutrition issues.

APDs have been providing services for many years to veteran clients who have swallowing difficulties or are unable to meet their nutrition needs by ordinary food and fluids alone. Unfortunately, some veteran clients experience delays in obtaining vital nutrition products as a result of the prescribing process required by DVA. In some cases they are required to see their general practitioner for additional visits related to prescribing these products.

DAA has requested statistics reports from the Department of Veterans' Affairs without success. A conservative estimate of the cost of this unnecessary red tape is $167,000 per annum, based on the assumptions that 1000 new referrals to APDs are related to supplement use, and a further 3000 review attendances with APDs with a general practitioner rebate for Item 23 of $41.75 per visit.

This adds an unnecessary cost to the public purse through extra visits to general practitioners and DVA transport costs. Case studies from four APDs working in Queensland, New South Wales and Tasmania are attached as examples of the impact on veteran clients. Delays also have the potential to compromise the health of frail veteran clients.

These products are not dangerous scheduled drugs; they are foods and APDs are the professionals best qualified to recommend them. There are alternate models for ordering of nutrition supplements such as that adopted by PHARMAC, the Pharmaceutical Management Agency of New Zealand, which allows dietitians community prescribing rights for nutritional supplements.

References

1. The Diabetes Control and Complications Trial Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. NEJM 1993; 329: 977 – 986 http://www.nejm.org/doi/pdf/10.1056/NEJM199309303291401 Accessed 22 January 2012

Appendix

Case studies provided by APDs of delays in ordering products for veteran clients.

Case studies from Accredited Practising Dietitians providing support to Veteran clients May 2013

Dietitian location	Experience with supplement ordering for Veteran clients
Dietitian One Northern suburb, Brisbane QLD	**Case One** PP – had cancer tongue radiation and major surgery and difficulty communicating (hence he emailed me to sort out problem), longstanding enteral feeds that keep him well nourished - Came in for 6 monthly nutrition recommendation – I wrote out the recommendation for the same feed (Jevity Plus) he has had for years sent to Veterans Affairs Pharmacy Authority Centre and copy to the GP - Had an email from the veteran – pharmacy had given him Jevity HiCal and he didn't have the script but was concerned about the different feed - Rang VAPAC the Dr had rung in and requested Jevity Plus (correct feed) - Rang the pharmacy that had the script – the Dr had typed up Jevity Hical (incorrect feed) on the script - Pharmacy was then happy to take over organising the correct script as they realised that they wouldn't get paid - Veteran had 5 days supply left when the error was found and pharmacy thought it would take 2 business days to get in the correct feed
	Case Two JW – had been discharged from hospital with diagnosis of SGA B malnutrition, background of mild renal impairment, hospital dietitian had written up paperwork for Ensure Plus 237ml cans 1 per day with 5 repeats. I saw the lady 1 month after discharge oral intake was still poor approx. 3500 – 4500kJ orally plus taking 1 Ensure Plus per day (extra 1500kJ). Estimated requirements 5400 – 6800kJ so still needed the supplement. - Had had script filled in since leaving hospital once without problems. - Phone call from carer 2 weeks later. Couldn't find script, had taken JW to the Dr to get a new one and when the Dr contacted VAPAC was told that a script couldn't be written up as already had a valid script. Hence phone call from family as supplies were low. - I phoned VAPAC to find out Pharmacy that had dispensed the script and talked about options if the script couldn't be found. Phoned the pharmacy – had to ask them to physically look in their script files to check and see if they had script – no script. - Rang the carer back and explained that I had contacted VAPAC and had asked them to note on the computer system for the Veteran file that the script was lost and to approve a new script being written. The carer and JW then had to go back to the doctor to get him to ring Veterans and get a new script authorised

Dietitian location	Experience with supplement ordering for Veteran clients
	and written. - This took about 2 hours of fiddling to sort out. I could have made the veteran come in and see me so that I would have been paid for the hassle but that would have been 3 days before I would have been able to do a home visit or get them in to the clinic and their supplies were low and it usually takes the pharmacy 1-2 days to get supplies in.
	General experience These are examples that have happened in the last few months – happens all the time. Sorry I got carried away with the detail – each is slightly different. I'm proactive to prevent veterans from running out of supplies as I work in PP but you can see from the hospital Dietitians that there are definitely times when the feeds run out. Then the other common one, I assess the Veteran, fax the recommendation to Veterans and the GP. The veteran turns up at the doctors and the Doctor can't find the recommendation. The Doctor could ring VAPAC but they don't tend to think to do that so then I either get a call from the GP or the veteran is told there is no recommendation and that they need to rebook and contact me. To prevent this I give Veterans a copy of the form for GP clinics that are past offenders with losing paperwork. There have been times when I have made the recommendation and the veteran has turned up for review 1 month later and still hasn't started on the supplement

Dietitian location	Experience with supplement ordering for Veteran clients
	Case Three DM – elderly lady who had been basically well, good quality of life, living in own home, until swallowing problems cause SGA B malnutrition and unable to improve with oral strategies, had PEG inserted early January for total nutrition and hydration, was in and out of hospital in 2 days - Able to get script and enteral feed sorted in usual process and went through Nutricia as the family had a lot of support from the Nutricia clinical nurse with PEG support at home - Major hassles that are ongoing with getting consumables ie Nutricia feeding sets. Twice the veteran has been down to 3-5 feeding sets and hoping for supplies to arrive - Veterans Affairs feeding sets come through RAP (not VAPAC) who changed their contracting system last

Dietitian location	Experience with supplement ordering for Veteran clients
	year to preferred contractors ie Paraquad in NSW. Because I put in a request to RAP in the usual way for feeding sets but requested Nutricia to be the supplier (not an approved supplier) there were delays – had to ring RAP section twice and faxed them twice to get them to send a purchase order to Nutricia, thereby holding up delivery. I have now changed to Paraquad (preferred contractor) to get supplies for the feeding line but they had delays the last time as their supplier didn't have any feeding sets (yet Nutricia is the company that sells them). I am informed that I have to still contact Paraquad every month to organise more supplies – the old system I was able to let RAP know it was an ongoing requirement and they would continue to supply monthly orders without my input.
Dietitian Two Southern suburb, Hobart TAS	**Two cases** 2 recent cases in Hobart, when patients discharged from private hospital have been given discharge supply of supplements from hospital ward (without management approval) until DVA arranges supplies (at least 5 working days). Request for Nutrition Supplementation form faxed to DVA and GP, and in both cases, GP has not acted (in 1 case it took 3 phone calls to GP surgery and 3 separate faxes), requiring supplements to be creatively "squirrelled" out of hospital stock to fill the need in the meantime. **General experience** The weak link in this service is often the GP, despite flagging the faxed request as "URGENT" + f/up phone call to ensure fax has arrived.
Dietitian Three Nort west suburb, Sydney NSW	**General experience** I previously worked in a rehabilitation hospital on Sydney's north shore which serviced a large population of DVA clients. I had several instances where patients were discharged home and supplement requests sent to GP's for authorisation. Of course, often due to long waiting times to get into a GP, transportation issues and mobility issues, by the time my patients were reviewed over a week later they still did not have access to their supplements. I also think it is important to consider the time burden that this creates for GP's who are already stretched with their services.
	Case One On another occasion the speech pathologist sent a client home on thickened fluids with a 5 day supply from the

Dietitian location	Experience with supplement ordering for Veteran clients
	hospital. Unfortunately again the patient could not get into his GP in time to gain his own supply before the 5 days, putting him at risk of aspiration.
Dietitian Four Bribie Island, QLD	**General experience** I find the issue is if the client is pretty frail, then trying to get back to the GP to pick up the script; then take this to the pharmacy is an effort. I know many GPs will fax the script directly to the pharmacy, but some will make the client come in for a consult to pick it up...this is what causes most of my delays as often they can't get into the GP until the following week or until they next have a carer visit. If we could write the script this would save time and effort for the client and also save money for DVA as they are not paying a GP consult fee just to write a script or paying DVA transport for the client to get to the GP in the first place...win win for all concerned!

DAA 10 May 2013