



**The Dietitians Association of Australia submission
to the Senate Finance and Public Administration References Committee
Inquiry into COAG reforms relating to Health and Hospitals.**

26 May 2010

The Dietitians Association of Australia (DAA) welcomes this Senate Inquiry into the COAG reforms relating to health and hospitals. We have provided comments below relating to the terms of reference outlined by the Committee and would be happy to elaborate at a public hearing if the Committee wish to hear more from the Association.

Contact person: Ms Kate Paul, Professional Services Dietitian

Organisation: Dietitians Association of Australia

Address: 1/8 Phipps Close, Deakin ACT 2600

Phone: 02 6163 5200 Fax: 02 6282 9888

Email: kpaul@daa.asn.au

The DAA welcomes Australian health reform but remains concerned that the work to date does not deliver clear benefits for Australians. Our members are anxious and confused about the proposed changes to the health and hospital systems. DAA contends that there is a lack of clarity on reforms relevant to allied health professionals, including dietitians, and the proposed funding mechanisms are of concern.

b) New Spending

It is clear that there is no new significant spending in the area of allied health, including dietetic services. We note the diabetes spending measure, however this appears to be merely re-packaging of an existing portion of the Medicare Chronic Disease Management program particularly in relation to the allied health component. Clarity is required regarding whether this initiative and the existing arrangements will co-exist. There is a potential for confusion if they do co-exist.

There are incentives for GP participation but a lack of similar incentives for allied health. DAA has previously made representations to successive Australian Governments with respect to the inadequacy of the maximum of five allied health visits (per year) currently available under the Chronic Disease Management program. It is not possible to provide health care consistent with current best practice for Australians with multiple chronic conditions within the existing funding which has not been addressed in the reform.

e) Names, roles and structures

DAA agrees that the names, roles, structures and resourcing of any new organisations or bodies should be well defined. The governance models of Hospital Networks and Primary Health Care Organisations (PHCOs) must reflect the full range of professions, including allied health. DAA supports these models having a consumer focus and appropriate input from consumers. Any new models of governance should be evaluated regularly to ensure they are achieving better health outcomes for Australians.

Though not detailed in the Agreement, the recent Federal Budget announcements have suggested that PHCOs will be known as 'Medicare Locals.' This name is strongly associated with Medicare Australia and the current Medicare Benefits Schedule. DAA strongly contends that further consultation with health professionals as well as consumers is required to ensure the name 'Medicare Locals' promotes a positive image and does not confuse understanding of the role and function of these new organisations. It should be noted that many of the services provided under the auspices of the new 'PHCOs' will not be part of any Medicare program particularly in relation to allied health services. It is likely the majority will fall under user pays (with or without private insurance) and will also encompass DVA funded services. Calling the new bodies 'Medicare Locals' is likely to raise the (false) expectation in consumers that they will, or should, be receiving fully or partially subsidised services.

i) Aged care

The establishment of 2000 beds for long stay older patients is welcome, but it is not clear if the funding will only cover the basic cost of care or whether full services, including dietetic services, for this vulnerable group will be addressed. The need in this group is high with up to 40% of residents of aged care facilities being malnourished¹.

Again whilst there are incentives for GPs to provide greater service in residential aged care there is a lack of support for the rest of the multidisciplinary team.

j) Mental health

Mental health initiatives which address medical needs of consumers are also welcome, however a high proportion of consumers with mental health conditions also have co-morbidities some of which develop as a side effect of pharmaceutical intervention. Consequently, there needs to be a concomitant allocation of funding for allied health services such as dietetics to prevent and treat obesity, diabetes, and cardiovascular disease.

k) Other matters

Better clinical information management systems are needed for allied health to support decision-making within the proposed governance model. An example of how the dearth of data is hampering efforts to effectively and efficiently deliver services to consumers, is the lack of consistent and meaningful data from the jurisdictions on Australians requiring home enteral and oral nutrition support. The work of the Australian Health Ministers' Advisory Council 'Health Policy Priorities Principal Committee' has relied on piecemeal collection of data.

In reference to the 'Taking Preventative Action' report, we note the Government's response to Obesity Recommended Key Action Areas includes additional funding of diabetes intervention services (p48). Such placement seems at odds with the intent of this document to guide prevention of overweight and obesity. We also note that in response to the recommendation to support and expand the allied health workforce (p47), mention is given to boosting support for practice nurses in general practice to undertake prevention activities. Practice nurses, though valuable, are not allied health professionals. No funding is allocated to support specialist expertise provided by dietitians and other appropriately qualified allied health professionals to undertake prevention activities.

About DAA

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 4200 members, and has branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and better living for all.

References

1. Banks, M., Ash, S., Bauer, J., Gaskill, D. Prevalence of malnutrition in adults in Queensland public hospitals and residential aged care facilities. *Nutrition & Dietetics*. 2007;64:172-8.