

Special Commission of Inquiry into Healthcare Funding

Submission Number: 83

Name: Dietitians Australia

Date Received: 31/10/2023



NSW Special Commission of inquiry into healthcare funding

Response to consultation October 2023

Recipient

Special Commission of Inquiry into Healthcare Funding Submissions.HFI@specialcommission.nsw.gov.au

Dietitians Australia contact

Julia Schindlmayr, Policy Officer

Dietitians Australia acknowledges all traditional custodians of the lands, waters and seas that we work and live on across Australia. We pay our respect to Elders past, present and future and thank them for their continuing custodianship.

The leading voice in nutrition and dietetics

A PO Box 2087 Woden ACT 2606 | T 02 6189 1200

E info@dietitiansaustralia.org.au | W dietitiansaustralia.org.au

Dietitians Association of Australia | ABN 34 008 521 480

Dietitians Australia and the associated logo is a trademark of the Dietitians Association of Australia.



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 the profession and the people and communities we serve.

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 disease prevention, early intervention, acute and chronic care across the healthcare system.

This submission was prepared by staff of Dietitians Australia in consultation with dietitians working in NSW. Contributors include dietitians with wide ranging expertise in primary and tertiary care.

Recommendations or summary

Dietitians Australia recommends the NSW Government:

- fund equitable and comprehensive access to Accredited Practising Dietitians across the health system
- 2. fund preventive health services to curb the growing prevalence of chronic diseases
- 3. provide for mechanisms to develop strong and cohesive partnerships between food service operations, patients and dietitians to ensure patients receive meals appropriate to their clinical and personal needs
- 4. develop initiatives to ensure the dietetic workforce continues to grow and is equitably distributed across the community to meet current and future health service demands.

Discussion

A. The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future

Dietitians Australia recommends the NSW Government fund:

- evidence-based, effective prevention programs across the State
- community-based services across the State to allow consumers to have access to local comprehensive multidisciplinary care that includes access to Accredited Practising Dietitians to help reduce avoidable hospitalisations
- hospitals across the State to provide comprehensive multidisciplinary care that includes Accredited Practising Dietitians

The Australian Government acknowledged in its Strengthening Medicare Taskforce Report that Australia's population is ageing and, with that, the prevalence of chronic diseases and mental illnesses across the community continues to escalate. The structure of the health care system is no longer fit for purpose. The report states: "Our primary care system funding mechanisms reward episodic care and fast throughput, creating barriers for many people to get the comprehensive care they need."



With an ageing population and growing prevalence of chronic disease and mental illness, all governments need to focus on prevention and the delivery of comprehensive multidisciplinary care. The Australian Chronic Disease Prevention Alliance reports a return on investment of \$14 for every dollar spent on chronic disease prevention.²

While Medicare is the remit of the Australian Government, the NSW Government can vastly improve the State's public access to community-based multidisciplinary healthcare and preventive services, and augment multidisciplinary services delivered in hospitals across the State. Through such efforts, the NSW Government would facilitate keeping people well and out of hospital and would provide more access to care in the community. It would also facilitate the delivery of high-quality care across hospital services.

For 2017-18, 26.8% of people (over 2 million) in NSW reported having a chronic condition, 10.9% (~845,000) reported having 2 concurrent chronic illnesses and 8.6% (~667, 000) reported having 3 or more.³ Prevalence of chronic conditions reported by the Australian Bureau of Statistics for NSW for that period included the following:

- Mental and behavioural conditions 1.5 million people (19.1%)
- Arthritis 1.2 million people (15.2%)
- Back problems 1.1 million people (14.6%)
- Asthma 829,100 people (10.7%)
- Diabetes mellitus 390,700 people (5.0%)
- Heart, stroke and vascular disease 353,100 people (4.5%)
- Osteoporosis 342,300 people (4.4%)
- Chronic obstructive pulmonary disease (COPD) 208,800 people (2.7%)
- Cancer 132,700 people (1.7%)
- Kidney disease 69,900 people (0.9%)³

Diet is a modifiable risk factor and plays an integral role in the prevention, management and treatment of many of these conditions. This is well documented and supported by best practice clinical care standards that include effective, evidence-based dietary interventions. For the clinical setting, Accredited Practising Dietitians are trained in the delivery of medical nutrition therapy which provides for a systematic and evidence-based approach to the clinical management of health conditions through diet. Evidence-based best practice guidelines indicate that effective dietetic management of these conditions can be achieved provided sufficient time is allowed to develop therapeutic relationships with clients to support sustainable long-term health behaviour changes necessary to improve health outcomes. Accredited Practising Dietitians play a critical role in prevention and throughout the continuum of care. Yet access to dietitians at every point along this continuum is not adequately funded.

The NSW Ministry of Health stated in a recent nutrition and dietetics workforce report that "[t]here is an increasing focus on prevention as a strategy to improve the sustainability of the health system through the reduction in longer term chronic and complex disease. Dietitians can play a key role in the prevention of chronic disease, but the current staffing allocation is not perceived by stakeholders as sufficiently supporting the level of preventative intervention necessary to create the impact required at a state level." The report identifies that under-resourcing exists in acute care due to the increasing demand to address malnutrition risk and the growing incidence of chronic and complex diseases. 11



Our NSW members consistently report that limitations in resourcing across the NSW health system results in a restricted ability to provide adequate services to all who need them. Despite nutrition being critical in the management of many conditions, dietitians often are responsible for large caseloads, having to prioritise services to those with the highest need. This results in others missing out on dietary support, including others with significant nutrition needs and those for whom early intervention would prevent or delay disease progression and reduce the incidence of serious health events requiring hospitalisation. Furthermore, our members report that they are frequently unable to refer patients from the hospital back to community care because community services are either limited or don't exist, preventing their ability to provide continuity of care for patients post discharge.

Ultimately, these resourcing issues result in greater pressure on hospitals and emergency departments to provide acute care services. This pressure can be significantly alleviated through better resourcing in hospitals and far greater delivery of prevention, early intervention and ongoing disease management services in the community. Dietetic services have been demonstrated to be cost-effective in terms of reducing healthcare costs and hospital charges for multiple health conditions across different settings. ¹²⁻²⁰ The population in NSW would benefit greatly from increased access to adequately funded dietetic services as part of multidisciplinary teams across all healthcare settings.

The NSW Government can also improve skilled staff retention rates and ensure the delivery of high-quality care by ensuring dietitians are adequately remunerated and their career progression is facilitated. Currently, our members report that dietetic career progression in the hospital system in NSW is limited and remuneration is not sufficient to attract and retain skilled staff. Award structures can be modernised to enable career pathways for clinicians to work to top of scope of practice. Members report that many skilled staff leave the hospital to work in the private sector due to the pay disparity between public and private sectors and the lack of staffing enhancements available to allied health in the hospital system. Such losses then impact the quality of care that hospitals can deliver to patients.

B. The existing governance and accountability structure of NSW Health, including:

iv. The impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW

Dietitians Australia recommends that the NSW Government develop mechanisms to ensure that strong and cohesive partnerships are made between food service operations, patients and dietitians.

Quality food that is appropriate to a patient's clinical needs is fundamental for the patient's recovery and overall health and wellbeing. We understand that HealthShare NSW is the main food service provider serving public hospitals in NSW and that it operates separately to the hospitals' clinical functions. Food service and the clinical management of patients should instead be interconnected, and mechanisms should be in place to ensure this connection is made and maintained.

C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW

In 2017-18, 12.3 of every 1,000 hospitalisations in Australia were due to chronic conditions that could have been prevented through behaviour modification and lifestyle changes. ²² Preventive healthcare



services, including funded access to Accredited Practising Dietitians in the community, would help prevent or delay disease progression and reduce hospitalisations.

Despite the potential of preventive and community health initiatives to improve health outcomes and reduce the burden on the health system, State and local government funding for primary community healthcare has declined in recent years in NSW. Funding for community health in 2018-19 was approximately \$2.2 billion, but only \$1.4 billion in 2020-21. During this same period funding for public hospital services increased. While factors related to the COVID-19 pandemic likely impacted spending over this period, it is important the NSW Government increase investment again in community healthcare.

Due to the limited resourcing discussed under Terms of Reference A, the workload priorities for dietitians in hospital settings are time constrained and focused on the acute care of patients with the highest need. Dietitians' capacity to provide education and counselling in this setting is limited as a result of these constraints.²⁴ Funding to improve dietetic resourcing in hospitals is essential and would ensure dietitians are able to see all patients who need dietetic support – not just those with highest need – and improve their capacity to deliver necessary education and counselling. Continuity of care post discharge is also essential and would be facilitated through increased funding of community health services.

Accredited Practicing Dietitians play a significant role in chronic disease and comorbidity management through prevention, preventative treatment and early intervention. A review of randomised controlled trials on the effectiveness of dietetic consultations in primary healthcare found significant improvements in glycemic control, dietary change, anthropometry, cholesterol, triglycerides and blood pressure. Providing funded access to dietitians in preventative and community healthcare settings would deliver cost-effective preventive treatment and ongoing monitoring and support services that would help keep people out of hospital and reduce hospital costs, reduce pressure on hospital staff and improve quality and continuity of care. ^{25, 26}

F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services.

- i) distribution of health workers in NSW
- ii) an examination of skills shortages

Dietitians Australia recommends that the NSW Government develop initiatives to ensure the dietetic workforce continues to grow and is equitably distributed across the community to meet current and future health service demands.

NSW Health workforce modelling maps the current and forecasted labour pool for a specialty or profession against projected health service demand.²⁷ The recent modelling demonstrates that demand for the nutrition and dietetic workforce is expected to grow by 1.7% (low demand scenario) to 2.4% (high demand scenario). This means the nutrition and dietetic workforce needs to grow from 856 (in 2021) to 2097 professionals to meet community need in 2040.²⁷

Consideration also needs to be given to workforce distribution.²⁸ Access to detitians in socioeconomically advantaged communities is 2.46 times higher than in socioeconomically disadvantaged communities.²⁸ The NSW Government should consider incentives to promote uptake of positions in areas where services are currently limited and ensure there is equity of access to services across the community.



References

- 1. Strengthening Medicare Taskforce. Strengthening Medicare Taskforce report. 2023.
- 2. Australian Chronic Disease Prevention Alliance. Health groups welcome National Preventive Health Strategy. 2021 [Available from: https://www.acdpa.org.au/national-prevention-strategy-release.
- 3. Australian Bureau of Statistics. Chronic conditions. Australian Bureau of Statistics; 2018 [Available from: https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/latest-

<u>release#:~:text=47%25%20of%20Australians%20had%20one,chronic%20conditions%20increased%20with%20age</u>.

- 4. Ojo O. Nutrition and chronic conditions. MDPI; 2019. p. 459.
- 5. Roberts CK, Barnard RJ. Effects of exercise and diet on chronic disease. Journal of applied physiology. 2005;98(1):3-30
- 6. Scoditti E, Massaro M, Garbarino S, Toraldo DM. Role of diet in chronic obstructive pulmonary disease prevention and treatment. Nutrients. 2019;11(6):1357
- 7. Prasad S, Sung B, Aggarwal BB. Age-associated chronic diseases require age-old medicine: role of chronic inflammation. Preventive medicine. 2012;54:S29-S37
- 8. Romagnolo DF, Selmin OI. Mediterranean diet and prevention of chronic diseases. Nutrition today. 2017;52(5):208
- 9. Jansen S, Ball L, Lowe C. Impact of the Medicare Chronic Disease Management program on the conduct of Australian dietitians. Australian health review: a publication of the Australian Hospital Association. 2014;39.10.1071/AH14074
- 10. Foster MM, Cornwell PL, Fleming JM, Mitchell GK, Tweedy SM, Hart AL, et al. Better than nothing? Restrictions and realities of enhanced primary care for allied health practitioners. Australian Journal of Primary Health. 2009;15(4):326-34. https://doi.org/10.1071/PY08065 https://www.publish.csiro.au/paper/PY08065
- 11. NSW Ministry of Health. Final Report NSW Health Nutrition and Dietetics Workforce Horizons Scanning and Scenario Generation. 2020.
- 12. Siopis G, Wang L, Colagiuri S, Allman-Farinelli M. Cost effectiveness of dietitian-led nutrition therapy for people with type 2 diabetes mellitus: a scoping review. Journal of Human Nutrition and Dietetics. 2021;34(1):81-93
- 13. Kruizenga HM, Van Tulder MW, Seidell JC, Thijs A, Ader HJ, Van Bokhorst-de van der Schueren MA. Effectiveness and cost-effectiveness of early screening and treatment of malnourished patients. The American journal of clinical nutrition. 2005;82(5):1082-9
- 14. Franz MJ, Splett PL, Monk A, Barry B, McCLAIN K, Weaver T, et al. Cost-effectiveness of medical nutrition therapy provided by dietitians for persons with non–insulin-dependent diabetes mellitus. Journal of the American Dietetic Association. 1995;95(9):1018-24
- 15. Johansson K, Malmberg Hård af Segerstad E, Mårtensson H, Agardh D. Dietitian visits were a safe and cost-effective form of follow-up care for children with celiac disease. Acta Paediatrica. 2019;108(4):676-80
- 16. Howatson A, Wall C, Turner-Benny P. The contribution of dietitians to the primary health care workforce. Journal of primary health care. 2015;7(4):324-32



- 17. Lovesley D, Parasuraman R, Ramamurthy A. Combating hospital malnutrition: Dietitian-led quality improvement initiative. Clinical nutrition ESPEN. 2019;30:19-25
- 18. Sikand G, Cole RE, Handu D, deWaal D, Christaldi J, Johnson EQ, et al. Clinical and cost benefits of medical nutrition therapy by registered dietitian nutritionists for management of dyslipidemia: a systematic review and meta-analysis. Journal of clinical lipidology. 2018;12(5):1113-22
- 19. Toulson Davisson Correia MI, Castro M, de Oliveira Toledo D, Farah D, Sansone D, de Morais Andrade TR, et al. Nutrition Therapy Cost-Effectiveness Model Indicating How Nutrition May Contribute to the Efficiency and Financial Sustainability of the Health Systems. Journal of Parenteral and Enteral Nutrition. 2021;45(7):1542-50
- 20. Schuetz P, Sulo S, Walzer S, Vollmer L, Stanga Z, Gomes F, et al. Economic evaluation of individualized nutritional support in medical inpatients: secondary analysis of the EFFORT trial. Clinical nutrition. 2020;39(11):3361-8
- 21. NSW Government. HealthShare NSW: Food and patient support services. 2023 [Available from: https://www.healthshare.nsw.gov.au/services/food-patient.
- 22. Australian Institute of Health and Welfare. Admitted patient care 2017-18: Australian hospital statistics. Canberra; 2019.
- 23. Australian Institute of Health and Welfare. Health expenditure Australia 2020-21. 2022 [Available from: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2020-21/contents/main-visualisations/overview.
- 24. Milosavljevic M, Williams P, Perez G, Dalla T. The results of a pilot time-and-motion study in three Australian hospitals: Where do we spend our time? Nutrition & Dietetics. 2011;68(3):185-8
- 25. Mitchell LJ, Ball LE, Ross LJ, Barnes KA, Williams LT. Effectiveness of dietetic consultations in primary health care: a systematic review of randomized controlled trials. Journal of the Academy of Nutrition and Dietetics. 2017;117(12):1941-62
- 26. Dalziel K, Segal L, Mortimer D. Review of Australian health economic evaluation—245 interventions: what can we say about cost effectiveness? Cost Effectiveness and Resource Allocation. 2008;6:1-12
- 27. NSW Health. Nutrition and dietetics. 2023 [Available from: https://www.health.nsw.gov.au/workforce/modelling/Pages/nutrition-and-dietetics.aspx.
- 28. Siopis G, Jones A, Allman-Farinelli M. The dietetic workforce distribution geographic atlas provides insight into the inequitable access for dietetic services for people with type 2 diabetes in Australia. Nutrition & Dietetics. 2020;77:121-30

