

27 November 08

Dear Minister,

The Dietitians Association of Australia (DAA) would like to take this opportunity to inform you of its position regarding Home Enteral Nutrition (HEN) services in Australia.

1. Access to adequate food and nutrition is a basic human right (1).
2. HEN therapy is a cost effective therapy to treat malnutrition, maintain or improve nutrition in people who cannot meet their nutritional needs by oral diet alone.
3. DAA recommends the development of a national quality framework to address inequities in the provision of HEN Services across Australia, in particular inequities in access to skilled clinical care and the provision of affordable HEN formula and equipment.

DAA believes there is an urgent need to provide an appropriately funded and coordinated HEN services to address inequities across Australia. Unfortunately, the current inadequate provision with HEN in Australia means that many patients are being denied this basic right and this is resulting in significant costs to individuals, state and Commonwealth health budgets.

What is HEN?

HEN is used when adults and children cannot eat and need specialised nutrition via feeding tubes or to drink to survive. People may need HEN therapy due to swallowing problems as a result of stroke, head and neck cancer or traumatic head injury, or they cannot meet their nutrition needs by a normal diet alone, for example, people with cystic fibrosis, burns patients or babies who are failing to thrive.

~37,000 people require HEN in Australia (11,000 tube fed HEN; 26,000 oral HEN) of which 6300 (17%) are children.*



Figure 1: A child with a gastrostomy feeding tube

HEN requires integration of both skilled clinical care as well as affordable and accessible supply and delivery of HEN formula and equipment. Dietitians play an essential role in coordinating and managing the care of HEN patients.

Impact of HEN on the healthcare system

HEN is a cost effective therapy to treat malnutrition. Malnourished patients have a longer length of hospital stay and utilise more health resources as a result of complications and longer recovery times. In the UK, the **cost of malnutrition** has been estimated at **£7.3 billion** (2). There is potential for significant cost savings by treating people at home with HEN (\$5-10/person/day for formula and equipment at home vs \$600-\$800/hospital bed/person/day).

* Estimate based on prevalence estimates from NSW (535 tube fed HEN patients/million population/year; 1250 oral HEN patients/million population/year) (5) There is no national data collection on the number of people requiring HEN in Australia.

An adequately funded and coordinated national HEN program would help address many of the following issues, freeing up significant hospital resources.

- Over a third (36%) of hospitalised patients are malnourished on admission or become so during their hospital stay (3).
- Malnourished patients experience a 40-70% increased length of hospital stay as a result of poor immune response; poor wound healing and increased morbidity (4).
- One in four tube fed patients present to Emergency with avoidable tube feeding related complications (5).



Figure 2: adult with a nasogastric tube

Need for a nationally coordinated and adequately resourced model for HEN

Currently there is no national quality framework in place for HEN service provision. There is significant inequity between states/territories and within states/territories with regard to funding for HEN services, (Table 1). Access to HEN services should be equitable to all Australians who require it.

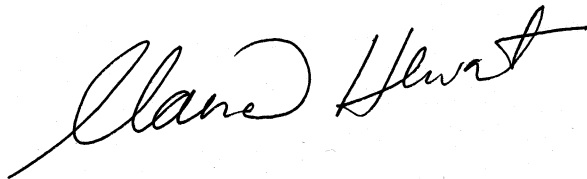
Table 1: Current models used for HEN services in Australia and overseas

Jurisdiction	HEN Formula and Equipment	Dietetic care post discharge
Queensland	Co-payment model	very limited/fragmented
New South Wales	Self funded	very limited/fragmented
Victoria	Fully subsidised for tube feeding	very limited/fragmented
Tasmania	Co-payment model	very limited/fragmented
South Australia	No statewide model Self funded Co-payment (some areas)	very limited/fragmented
Western Australia	No statewide model Self funded or co-payment	very limited/fragmented
Australian Capital Territory	Co-payment model for tube feeding	Community based dietitian for adults
Northern Territory	Fully funded tube feeding (means tested)	Tube - min. 3 monthly review Oral - limited/fragmented
Overseas		
UK	Fully funded	integrated acute and community teams
European Countries	Fully funded: France, Italy, Spain, Germany, Czech Republic Partially funded: Austria Belgium Denmark	growing number of multidisciplinary teams
New Zealand	Fully funded via Pharmac	integrated acute and community teams
US	Medicare and Medicaid for low income only	unknown

DAA has developed a National HEN quality framework to address equity, access and quality for HEN services and that encompasses both skilled clinical care and affordable and accessible HEN formula and equipment across Australia. DAA would be happy to share this work with the Commonwealth, states and territories.

Who is DAA?

The Dietitians Association of Australia (DAA) is the peak national body representing over 3700 nutrition and dietetic professionals. DAA is a leader in nutrition and advocates for better food, better health and better living for all. Dietitians play an essential role in the management of people who require home enteral nutrition. DAA is well placed to provide expert advice to the Commonwealth and state/ territory governments regarding HEN issues.



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References

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