



ANTA Submission for the Recognition of Nutrition

The Clinical Invaluability of Nutrition

The Impending Challenge

Modern healthcare is facing a growing challenge to find effective and affordable means of reducing the financial and social burdens of the most common forms of major chronic disease morbidity today.

The advances of modern life have brought with them, seemingly in exchange for a reduction in acute communicable diseases, a rise instead in chronic diseases of excess and deficiency. Such as excesses in dietary intake, combined with deficiencies of nutritional intake – and excesses in lifestyle habits, such as stress, combined with deficiencies in lifestyle habits, such as activity and exercise.

Of the top 10 'National Health Priority Areas' identified by the NHMRC between 2012 - 2016, four (4) of them (Arthritis/Osteoporosis, Diabetes, Obesity, Cardiovascular Disease) have all had strong nutritional and dietary influences associated with them (whether causative or precipitative).^[1]

In this time, a further two (2) areas of priority in the top 10 (Mental Health and Dementia) have also revealed increasing evidence for having nutritional and dietary influences, as well as being one of the fastest growing chronic disease burdens in Australia, with the NHMRC increasing it's research budget for Dementia related disease by 70% from 2012 to 2016 (\$27.6M to \$46.4M).^[1]

It has been stated by the National Centre for Social and Economic Modelling that, without a medical breakthrough, the number of people with dementia is expected to increase from 425,416 in 2018 to 536,164 by 2025 and almost 1,100,890 by 2056.^[2]

For this reason, the expectation that medical healthcare services alone will alleviate these burdens is not in keeping with the current evidence.

It should also be noted that the cost of attempting to address these issues through late stage medical care is also likely to incur significantly greater healthcare costs than preventative or early management strategies.

Without a strong preventative healthcare strategy, Australia runs the risk of following the American healthcare model of later stage care, which has contributed to the US rise to having the highest per capita health care costs in the world.

This is particularly worrisome when considering how many of the modern chronic disease trends occurring in the US, are being closely followed by Australian populations.



As a further illustrative example, according to the American Diabetes Association, it costs the US healthcare system almost \$15,000 a year to treat one patient with type 2 diabetes.

And yet the CDC estimates that 100 million Americans have either pre-Diabetes or Type 2 Diabetes and that the average person with pre-Diabetes will progress to full-fledged diabetes within five years.

The simple mathematics of this illustrates how devastating a diabetes epidemic alone would be to any healthcare system. And yet vast volumes of healthcare research have demonstrated that the only meaningful means of preventing this trend on a population level is to address the root causes of the pathology (e.g. through diet, lifestyle and behaviour modifications).

The Role of Nutrition

Whilst general nutrition advice and public health initiatives have long sought to reduce some of this chronic disease burden through informational campaigns, these have had arguably limited success in affecting substantial change in human behaviour on a population level, as issues of access, education, social norms and others, impede significant changes in this tide. [3]

In their study titled 'Prevention of Overweight and Obesity: How Effective is the Current Public Health Approach', Chan and Woo concluded: "The prevention and reduction of overweight and obesity depend ultimately on individual lifestyle changes, and further research on motivations for behaviour change would be important in combating the obesity epidemic" [3]

Therefore the indispensability of focussed personal clinical attention to identify the specific issues facing an individual, how to best overcome them in their own context, often with the crucial ongoing support required to actually maintain any significant behavioural changes necessary, and also to execute any advanced interventions required to address any imminent concerns, as much as long term personal risks, cannot be understated. This is the key role that **Clinical Nutrition** modalities strive to fulfil.

What Constitutes Clinical Nutrition/Nutritional Medicine?

Clinical Nutrition sits squarely at the heart of healthcare practice as the primary means by which diet, lifestyle and nutritional concerns can be addressed on an individual level.

"Nutritional medicine is defined as the study of interactions of nutritional factors with human biochemistry, physiology and anatomy and how the clinical application of a knowledge of these interactions can be used in the modulation of structure and function for the prevention and treatment of disease as well as the betterment of health." [4]

One of the fundamental differences between general nutrition advice and 'clinical nutritional medicine' is the level of qualification and education, as well as personal attention, that provides not only tailored and personalised diet and lifestyle advice, but also the clinical use of specific nutrient



forms and doses as natural therapeutic aids for the amelioration of current complaints and disease processes, as well as optimising ongoing general wellbeing.

TEQSA has recognised that educational courses specifically in Nutritional Medicine / Clinical Nutrition do demonstrate a community need (beyond those of any other or more general nutrition services that may be applied elsewhere throughout the Australian healthcare landscape).

What is Involved in Clinical Nutrition care?

The clinical nutritional medicine approach is based on a wide range of published scientific information and is essentially integrative, deriving concepts and knowledge from many disciplines including physics, chemistry, anatomy, physiology, biochemistry, pathology, pharmacology, toxicology, genetics, anthropology, palaeontology, microbiology, molecular biology, environmental science, nutrition, food science, psychology and sociology.

The 'nutritional factors' assessed and addressed by Nutritional Medicine include all aspects involved in the intake, assimilation and utilisation of nutrients, such as diets, food substances, non-food dietary components and isolated nutritional compounds. These compounds may be synthetic or of natural origin and may involve varying degrees of processing and refinement. Therapeutic interventions may involve the withdrawal or administration of any such compounds, potentially at supra-physiological levels.

One of the fundamental tenets, and key goals, of Nutritional Medicine is **prevention**, making it potentially one of the most cost effective means of reducing long term morbidities (and associated costs).

The Value & Cost Effectiveness of Clinical Nutrition

It should be noted that beyond the simple cost of consultation with a qualified Nutritionist, most of the other associated costs of implementing the therapeutic benefits from nutritional medicine care (such as exercise, dietary change and supplementation) are often modest and primarily invested in by the patient themselves (as part of their ongoing lifestyle costs), rather than being directly claimable expenses (as might traditionally be incurred for other healthcare medicines and procedures).

The Australian Institute of Health and Welfare (AIHW) report on Private Health Insurance expenditure for 2015-2016 (released March 2018) has revealed that the entire category of 'Natural Therapies' services makes up less than 4% of private health insurance expenditures. ^[5]

When considering that Clinical Nutrition would make a small subset of that fraction, the immense value to health fund members, and minimisation of their long term service burdens, combined with marginal upfront costs, make Clinical Nutrition services potentially one of the highest long term cost saving strategies for health funds to employ.



Hospital services by comparison, made up almost 60% of costs in this analysis, and therefore suggests a strong financial and social imperative to prevent the long term need for hospitalisation services by fund members, as much as possible.

Furthermore, Nutrition is included as a service eligible for the Government Health Fund rebate.

ROI & Reduced Risks

On a dollar for dollar basis, Nutrition may therefore provide some of the most cost effective means for improving member's health, and reducing their long term cost burdens, whilst requiring very little upfront investment or risks of costs of treatment in the present.

A 2014 Frost & Sullivan report 'Targeted Use of Complementary Medicines: Potential Health Outcomes and Cost Savings in Australia' revealed robust links between several of the more well-known nutritional and complementary medicines with reduced risk of a secondary disease event among high-risk groups, and with major potential healthcare cost savings. The report examined the use of six complementary medicines across four chronic disease conditions – cardiovascular disease (CVD), osteoporosis, age-related macular degeneration and depression.

Large cost savings were identified in this report, especially for the use of calcium and vitamin D by women aged over 50 who had been diagnosed with osteoporosis or osteopenia. For these conditions alone, the report estimated that between 2015 and 2020 an average annual hospitalisation cost of A\$922 million could be potentially saved, along with gains in productivity of A\$900 million – a net gain of A\$1.8 billion.

A 2013 US study 'Smart Prevention – Health Care Cost Savings Resulting from the Targeted Use of Dietary Supplements', found the use of key dietary supplements, including Omega-3s, Vitamin B6, Vitamin B12 and Folate, could reduce hospitalisation costs by \$US billions per year.

[See Appendix 1](#)

The Demand

With this growing social need, so too the scientific understanding of the role of nutrition in long term health and disease has seen a groundswell in public interest and demand for nutritional services.

Nutritionist services are in fact the fastest growing area of practice within the umbrella of Natural Therapies overseen by ANTA, indicating a rapidly growing demand for Nutritional Medicine services.

This makes the support of Clinical Nutritionist services a key strategic marketing decision for health funds seeking to attract and retain a conscientious and loyal customer base, of whom a large subset will reward those funds that appear to be in keeping with modern developments and their changing needs.



Additionally, a population that understands and values principles of self-care and prevention, are potentially more likely to have reduced morbidities and therefore reduced long term healthcare cost burdens.

ANTA Background

As one of Australia's oldest natural medicine practitioner Associations, with a long and rich history in pioneering the highest standards in ethical and evidence-based allied and complementary healthcare services for Australians, we are confident of being able to substantiate the capabilities of our member practitioners, offering the highest current assurances of quality services that are efficacious and responsible.

ANTA's maintenance of high qualification standards have recently been enhanced by our previous submissions to have Bachelor Degree standards established as the minimum qualification standard post 2018.

ANTA is therefore well-known and trusted by many leading Australian health funds, providing key consultation on matters regarding standards in the industry and how best to proceed with recognition of practitioners and modalities, for the benefit of all health fund members in Australia.

We are continuing this policy of standards, ethics and constant improvement of the natural healthcare professions through our current focus on obtaining increased registration provisions for Clinical Nutritionists as well as other natural medicine modalities, so that greater regulation can ensure that other associations and their members may also be brought to maintain the same standards, oversight, and assurances for the Australian public, as ANTA provides.

ANTA currently has 1,240 practitioner members accredited in Nutritional Medicine, which uniquely places ANTA in a position to provide qualified members worthy of recognition for the benefit of all health fund members.

Proposal to Recognise

With an increasingly ageing Australian population (disproportionate to economically productive age groups that will be needed to sustain the costs of the inevitably greater amounts of healthcare that will be required to maintain the quality of life and standards of care your members expect, ANTA would like to strongly recommend that Clinical Nutrition / Nutritional Medicine be recognised as a specific modality within your health fund coverage framework.

Considering the seemingly ubiquitous nature of general nutrition advice, and the relatively recent growth in scientific understanding and availability of more focussed clinical nutrition qualifications and services, it is perhaps not surprising that appropriate recognition for this clinical modality has been overlooked for some time.



However with these elements now in place, and numerous funds already covering Clinical Nutrition in their extras cover, it may be remiss for any health funds seeking to offer comprehensive coverage for their members to proceed without recognition of Nutritional Medicine services.

We invite, appreciate and look forward to your discussion on how best we can best document, support and satisfy all your requirements for making this a reality for your members.

Advantages

We believe it is our members, the highly qualified clinical Nutritionists, that can substantially support your members in achieving not only their greatest ongoing level of health and wellbeing, but also the minimisation of their burden on the greater medical healthcare system and therefore finances and resources required to adequately service them. Maximising the long term financial resources available to the health funds who recognise clinical nutrition as a distinct modality.

Furthermore, as there is also a substantial and growing rise in the awareness of this need, and the central role nutrition plays in wellbeing and the prevention as well as amelioration of disease complaints (our analysis has shown nutrition to be the fastest growing modality for patient interest).

This translates to a potentially significant reward of loyalty from existing members, and interest from new members, to health funds that do offer this rebate-able recognition. This can serve as a competitive advantage amongst health funds, that also happens to attract specific members focussed on taking a personal responsibility on their health, and taking a preventive approach to health and avoidance of more severe disease over time. These are members that are potentially more willing to invest in appropriate cover, at the same time as reducing their risks and severity of long term morbidities over time.

It may behove healthcare funds to ensure their coverage of all Clinical Nutrition modalities of sufficient qualification (bachelor degree level as per recent minimum standards) recognised by ANTA, to satisfy the growing public demand for these services in the wider membership base, as well as optimise access to such low cost services that may provide substantial cost savings to current long term lifetime morbidity projections.

We look forward to working with you on this matter.

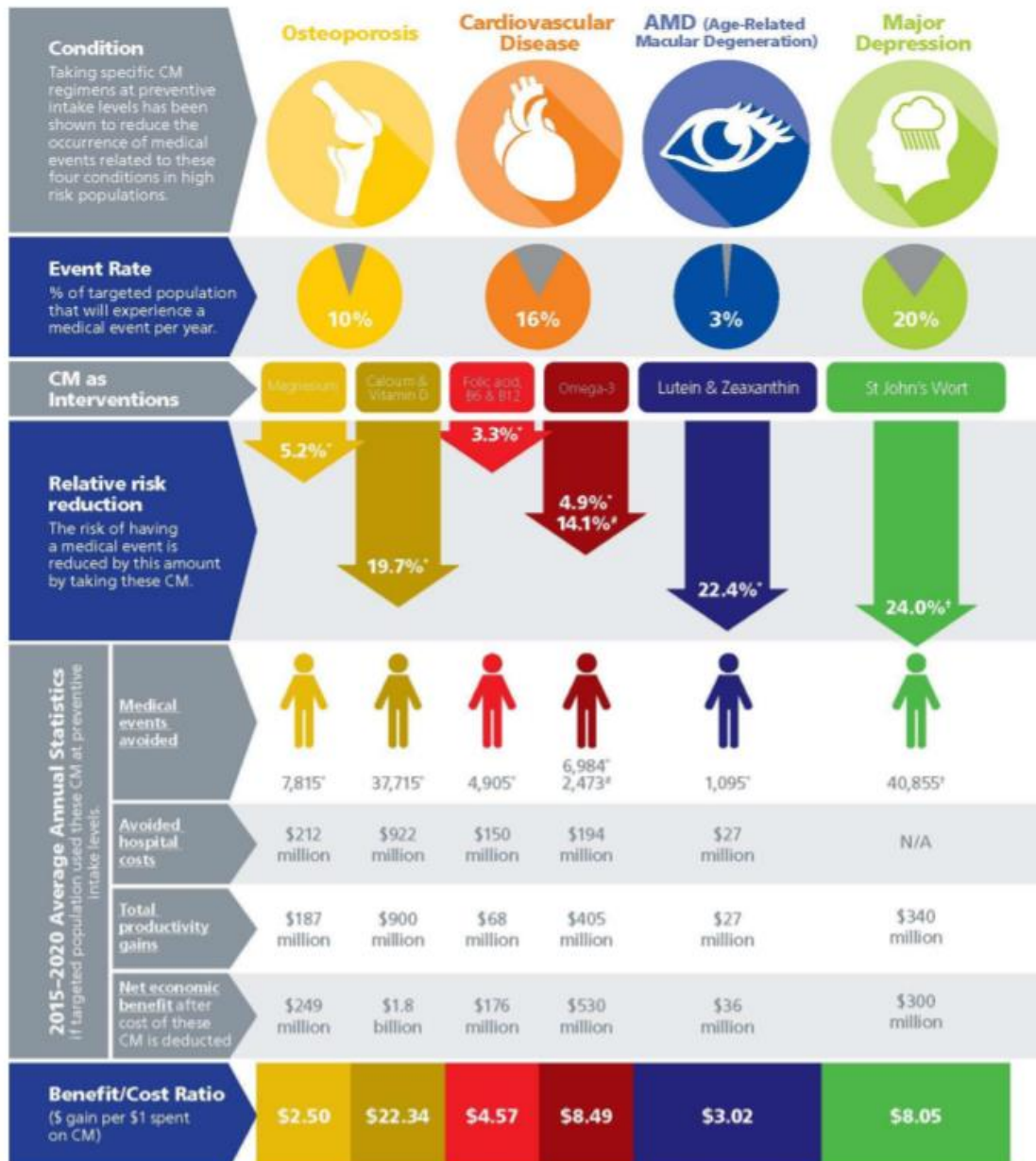
ANTA National Council



Appendices:

TARGETED USE OF COMPLEMENTARY MEDICINES

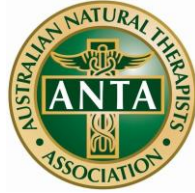
A new economic report in Australia shows that taking specific complementary medicines (CM) can provide significant positive health outcomes and cost savings, by reducing hospitalisations and increasing productivity. The report looks at six complementary medicines regimens across four conditions in a targeted population of Australian adults who have the specific conditions or are at high risk for the disease.



Source: Targeted Use of Complementary Medicines: Potential Health Care Outcomes & Cost Savings in Australia – Frost & Sullivan.

Notes: [†]Hospital Separations, [‡]Attributed deaths, [§]Successful Diagnostic Transitions.

©ASMI (Australian Self Medication Industry)



References:

1. NHMRC 2012 – 2016
<https://www.nhmrc.gov.au/grants-funding/research-funding-statistics-and-data>
2. The National Centre for Social and Economic Modelling NATSEM (2016) *Economic Cost of Dementia in Australia 2016-2056*
3. Ruth S.M Chan and Jean Woo, 2010. Prevention of Overweight and Obesity: How Effective is the Current Public Health Approach.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872299/>
4. Stephen Davies, 'Scientific and Ethical Foundations of Nutritional Medicine Part 1 – Evolution, Adaption and Health,' (1991) 2 Journal of Nutritional Medicine 227-247, 227.
5. The Australian Institute of Health and Welfare (AIHW) report on Private Health Insurance expenditure for 2015-2016 (released March 2018)
<https://www.aihw.gov.au/getmedia/08320d6a-4ceb-4c75-a16b-aa1a4c9f6d15/aihw-20592-private-health-insurance-expenditure.pdf.aspx>
6. 2014 Frost & Sullivan report 'Targeted Use of Complementary Medicines: Potential Health Outcomes and Cost Savings in Australia'