

As a NDIS registered provider (dietitian) and sole director of Advantage Nutrition, I attended the Independent Pricing Review of NDIS supports being undertaken by McKinsey & Company on behalf of the NDIA in Canberra on 19<sup>th</sup> September, 2017.

I would like to follow on from my comments on the day with some additional feedback on two main areas:

- Pricing for Dietitian Consultation and Diet Plan development
- NDIS Assistive Technology and Consumable pricing for Nutrition Support / HEN (Home Enteral Nutrition)

#### **Pricing for Dietitian Consultation: \$178.98 per hour**

- Prior to the NDIS my consultancy fee per hour was \$200
- I currently charge \$178 per hour as a registered NDIS provider
- NDIS pricing is now setting the market price for all my other services – including those not to do with the NDIS.
- Pricing currently allows for profitability as a sole trader but doesn't sustain expansion and employment of other dietitians
- Pricing for dietitian services needs to also consider the NDIA planning for dietitian services. For example, \$178 per hour is sufficient if the standard for my service of 20 hours per year is included in the NDIS plan. \$178 per hour is NOT sufficient when inadequate hours are included in the NDIS plan e.g. 2 hours of dietitian time for the whole year.
- We are requested to provide quotes for dietitian services at plan reviews but more often than not this is a waste of time as hours are rarely included in NDIS plans as requested. This results in triggering NDIS plan reviews.
- Discrepancy in NDIA planning and process severely impact on my company's capability to confidently plan and efficiently perform service delivery.
- Deregulation of the pricing for therapy services will likely see the price per hour skyrocket with huge demand for limited services, particularly services like mine with decades of experience.
- The majority of my current NDIS participants have their funding in the NDIA portal. Changes to the portal and teething problems have caused extreme stress over the last 3 years. This is a major limiting factor in employing more dietitians as it undermines business confidence.
- Payment via the NDIA portal in two days on average is welcome and improves business efficiency
- \$178 per hour limits my ability to employ or mentor other dietitians wanting to work in the NDIS limiting business model expansion at this point in time.
- There is an increasing trend towards NDIS participants opting out of the NDIS due to the complexity of the scheme.
- The cost of travel needs to be less restrictive for specialist dietitian services. I am a mobile dietitian and all my NDIS participants would prefer me to come to their home rather than my offices. This works better from a professional and efficiency perspective also as a dietitian. The ceiling of \$1000 per year should be negotiable in the service agreements with the NDIS participant to allow greater flexibility.
- \$178 is charged irrespective of time of day, public holidays, weekends, after hours etc. A higher rate per hour would help offset the necessity to work outside the normal 9-5 hours.
- \$178 is paid regardless of level of experience by the dietitian. New graduates are entitled to the same payment as those with decades of experience.
- Lack of consultation by the NDIA in regard to pricing, standard minimum hours and transport with peak bodies like the Dietitian's Association of Australia make it inevitable that there will be inadequate decisions made.
- Flexibility of the pricing for dietitian services is welcome. This flexibility is built into the service agreement with the NDIS participant and offers a supremely superior choice than the Medicare Chronic Disease Management plans which are totally inadequate for people with a disability – especially those with complex needs.
- Dietitian needs to be included in the Early Childhood Early Intervention packages also.

#### **Pricing for NDIS Assistive Technology and Consumables in relation to Nutrition Support / HEN (Home Enteral Nutrition)**

I currently sit on a steering committee for the newly formed Disability Nutrition Support Network. This network has evolved due to the need to improve nutrition support product logistics. We have NDIS participants that are being kept in hospitals because their NDIS plan funding is insufficient for them to be

discharged. Insufficient NDIS plan funding for nutrition support also contributes to greater hospital admissions for this group.

The wider Disability Nutrition Support Network includes Agency of Clinical Innovation, NSW Health, NSW ombudsman's representative, Dietitian's Association of Australia, product companies e.g. Abbott, Nestle Health Science, Nutricia, Flavour Creations, Precise etc and product distributors e.g. CH2, BrightSky, Access Nutrition etc and many dietitians working in hospital and NDIS roles across the nation. There is an appreciation that this is a whole of industry approach and needs all parties to be part of the solution. NDIA Assistive Technology has been invited to participate but has only recently decided that they will engage with a smaller subcommittee via teleconference. I have attached an issues log from our initial meeting held on 28<sup>th</sup> June, 2017 that summarises some of the main issues in relation to nutrition support – many to do with pricing.

Nutrition support for people with a disability has two components – acute and chronic. Acute issues need to be dealt with in the health system as part of Medicare but the chronic phase is better dealt with in the NDIS system for people with a disability.

Adequate Nutrition Support for NDIS participants requires a large number of steps to align as outlined below:

- Adequate funding to be part of the NDIS plan for dietitian hours to coordinate and monitor nutrition support – 5 hours per month / 60hours per year is not unreasonable for complex, paediatric PEG feeds.
- Adequate funding to be part of the NDIS plan under consumables to allow purchase of nutrition support products.
- Certainty that all nutrition support items recommended by a dietitian can be claimed for under the consumables budget. This will need a broadening of the definition of nutrition support to include e.g. thickeners, formula, apps, recipe books etc in addition to giving sets, pumps and syringes.
- Variable pricing for nutrition support occurs across companies and distributors. Regional and rural areas attract additional costs for transport and freight and lengthy delays in the previous overnight delivery model.
- NDIA managed funds provide the most difficult group for funding of nutrition support. NDIS participants need to order via a distributor that is a registered NDIS provider. Dietitian hours need to be supplied in NDIS plans to allow coordination of the nutrition support supplements. Traditionally the large companies e.g. Abbott, Nestle Health Science and Nutricia have organised nutrition support supplies via a team of employed dietitians, these dietitians are still available to self-managing and third party managing NDIS participants but not to those with their funding in the NDIA portal.

Thank you for the opportunity to provide feedback to the McKinsey and Company NDIS Independent Pricing Review.

Kindest regards  
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