

# **SCOPING A SHARED CARE MODEL FOR ALLERGIC CONDITIONS**

**STAKEHOLDER CONSULTATION**

**BACKGROUND INFORMATION PAPER**

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## INTRODUCTION

Allergic conditions include

- food allergy, insect allergy and drug allergy (including life threatening severe reactions called anaphylaxis),
- allergic asthma,
- allergic rhinitis (hay fever), and
- atopic dermatitis (eczema).

One in five Australians (4.1 million people) have an allergic condition, and this prevalence is increasing[1]. The presentation of allergic conditions are becoming more severe and more complex. It is common for patients to have disorders affecting several systems (multisystem allergic disease). For example, a child with peanut allergy often also has eczema, hay fever and asthma.

Every Australian with an allergic condition needs timely access to evidence-based advice and management, together with effectively coordinated healthcare and support, as close as possible to where they live. That is, *“the right care, at the right time, from the right health professional(s), in the right place.”*

The National Allergy Strategy is an initiative of the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA) and was developed in 2015 in consultation with 57 stakeholder groups and organisations, representing consumers, health professionals, government and industry. The National Allergy Strategy identifies gaps with existing allergy care in Australia and provides a coordinated plan to guide future actions that will improve the health and quality of life of Australians with allergic conditions, and minimise the burden of allergic conditions on individuals, their carers, health care services and the community[2].

The National Allergy Strategy proposes that a shared care model approach may be required to improve access to care. In 2018, the National Allergy Strategy received funding from the Australian Government Department of Health to scope a shared care model for the management of allergic conditions in Australia. The proposed strategy is to scope the requirements for a shared care model for allergy to determine:

- how to improve access to care for people with allergic conditions, particularly those in rural and remote areas, and
- the allergic disease education requirements for health care professionals, particularly those working in primary care.

Introducing new approaches to care or redesigning services is challenging and can only be achieved in close consultation with stakeholders and with a patient (and their carers) focused approach. Initial consultation will be undertaken via an online survey to understand the current delivery of allergy care from both the consumer and health care professional perspectives. Appendix A outlines the purpose of the online consultation.

This background document explains access to care issues for people with allergic conditions in Australia, and why a shared care model is being considered. It is suggested that you read the information in this background document before participating in the consultation process.

## ACCESS TO CARE FOR ALLERGIC CONDITIONS

“Equity in access: For everyone, everywhere to access the quality health services they need, when and where they need them” – World Health Organisation (Framework on integrated people-centred health services)

People with allergic conditions need access to appropriate care by trained and knowledgeable health professionals. However, not all services are available in all areas, and an individual’s right to health care may be limited by his or her geographic location and the available health services. Access to private healthcare services can require payment and may not be affordable. In some circumstances patients may need to travel or wait to receive the health care services they need[3].

Access to care for people with allergic conditions has room for improvement. The prevalence of allergic conditions in Australia is rapidly increasing. Hospital admissions for anaphylaxis have increased 4-fold in the last 20 years[4, 5]. Ten percent of Australian infants now have a proven food allergy[6]. The increasing burden of allergic disease (and new cases of childhood food allergy in particular), has led to higher demand for assessment by a clinical immunology/allergy specialist and subsequent need for review appointments and hospital based challenges to determine development of tolerance. There is a shortage of clinical immunology/allergy specialists in Australia, and an insufficient number of trainees[7]. Most specialists and specialist services are based in cities but one third of Australia’s population lives outside its major cities.

The impact of this for patients is long waiting lists to access specialist care for allergic conditions. A workforce survey by ASCIA showed the average waiting time for a routine food allergy appointment exceeds six months throughout Australia and is currently more than 12 months in some regions[7]. Delays in diagnosis and management can result in:

- unnecessary diet restrictions and impaired quality of life,
- suboptimal follow up after anaphylaxis,
- potentially preventable hospitalisations,
- risk of serious adverse events, and
- patients seeking advice from alternative/unorthodox health practitioners[2].

As part of the stakeholder consultation, the National Allergy Strategy is seeking to better understand access to care issues from both the consumer and health care professional perspectives. How do we improve access to care for people with allergic conditions, particularly those in rural and remote areas?

### **The National Allergy Strategy access to care goals [2]:**

- People with allergic conditions will have timely access to best practice and evidence-based advice and therapy, together with effectively coordinated healthcare and support, as close as possible to where they live.
- People with complex allergic diseases will have access to a multidisciplinary team of appropriately skilled health professionals (virtual or actual), both in community and in hospital settings according to need.
- Health services for people with allergic conditions will be developed and evaluated in collaboration with people with allergic conditions and/or their carers.

## SHARED CARE

A shared care model is proposed to improve access to care for people with allergic conditions in Australia. For the purpose of this consultation the National Allergy Strategy describes a shared care model as a patient centred approach to care that uses the skills and knowledge of a range of health professionals who share joint responsibility with the patient ensuring the patient receives the right care, at the right time, from the right health professional(s), in the right place.

In the Australian context, shared care has been implemented in follow-up cancer care, antenatal care, paediatric populations, diabetes, hepatitis B and C, chronic eye disease and mental health. Shared antenatal care for example provides pregnant women with flexibility, choice and continuity of care, while enhancing the skills of GPs and promoting better communication between GPs and the antenatal clinic. An additional benefit is reduced workload for antenatal clinics[8]. For women with breast cancer, follow up care provided by a GP has been found to be a safe and effective alternative to specialist follow up with no difference in survival outcomes, breast cancer recurrences or serious clinical events[9].

Shared care models in Australia usually involve primary health care as it is the first point of contact people have with the health system. Primary health care plays an important role in the prevention, management and appropriate referral of patients with allergic conditions. It is acknowledged that the practical arrangements of shared care, the education and training needs and resource requirements need much consideration. Key issues that need to be addressed include referral guidelines and the up-skilling of primary health care providers to improve the local provision of care while retaining quality.

As part of the stakeholder consultation, the National Allergy Strategy is seeking to better understand whether a shared care model for patients with allergic conditions could improve access to quality care. What are the education and training requirements for health care professionals, particularly those working in primary care?

## APPENDIX A – PURPOSE OF THE ONLINE CONSULTATION

### Overall goal of stakeholder consultation:

Identify and understand any issues with the current delivery of allergy care in Australia from both the consumer, patient and health care professional perspectives, and whether shared care and/or other solutions could help address those issues.

### Purpose of the online survey

1. Understand how allergy care is currently delivered, and what gaps and local variation exist in access, quality, education and training.
2. Gather as many views and perspectives as possible from patients, carers and consumers, health care professionals, health administrators, educators and researchers about a) whether they believe there is a problem with the delivery of care for people with allergic conditions, and b) whether shared care (and the education and training support to go with it), could improve access to quality care for people with allergic conditions.

### How the information will be used

| From the online survey we will:   | With which we can:  |
|---|---|
| Identify whether there is an access issue, and where the access issue is more pronounced (e.g. children vs. adults; metro vs. rural; one allergic condition vs. all allergic conditions). | Guide possible solutions to those access issues, including where shared care arrangements and/or advancing scope of practice might be more effective.   |
| Identify what types of education and training health care professionals, consumers, patients and their carers require.  | Develop an education and training strategy that could support the implementation of a shared care model.  |
| Identify what decision-making support tools (including referral guidelines) are currently being used.   | Support the development of national standards (to measure quality), guidelines and protocol templates that are locally and could be used in shared care arrangements.                           |
| Understand the patient experience, and what patients value most when accessing and receiving care for allergic conditions.  | Guide the development of a patient-centric model of care for allergic conditions. Put patients at the centre when developing national standards (to measure quality), guidelines and protocols. |
| Gather perspectives on shared care including perceived benefits and challenges of implementing a shared care model.   | Understand and further explore these perspectives, draw into a discussion document for the face to face facilitated discussions in April.   |

## REFERENCES

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