

Pre-budget Submission 2018

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Fast facts

- Allergic diseases are among the fastest growing chronic conditions in Australia, affecting approximately 1 in 5 Australians¹.
- Hospital admissions for anaphylaxis (severe, life threatening allergic reactions) have increased 5-fold in the last 20 years².
- Deaths from anaphylaxis have increased by 7% per year for the last 7 years³
- Food allergy induced anaphylaxis has doubled in the last 10 years. One in 10 infants now have a food allergy⁴.
- Introducing peanut between 4-11 months of age can reduce peanut allergy in high risk infants by 80%⁵.
- Up to 1 in 10 adults with suspected but unconfirmed drug allergy are often unnecessarily treated with more expensive drugs⁶.
- Although 5% of adults may be allergic to one or more drugs, up to 15% believe that they have drug allergy, and therefore are frequently unnecessarily denied treatment with an indicated drug⁶.
- Delayed access to medical care and long waiting times for management of allergic diseases in all areas (rural, remote and metropolitan) is a major problem, due to the high number of diagnosed patients, newly diagnosed patients and low number of appropriately trained health care professionals¹.
- A US study reported that childhood food allergy results in significant direct medical costs for the healthcare system and even larger costs for families with a food-allergic child⁷.

The purpose of this submission is to advocate for funding for key areas identified by the National Allergy Strategy as requiring urgent attention.

National Allergy Strategy progress

Allergic diseases are amongst the fastest growing chronic health conditions, affecting 1 in 5 Australians, resulting in increased costs of care¹. To address these issues, the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA), as the leading medical and patient organisations for allergy in Australia, have developed a National Allergy Strategy in collaboration with key stakeholder organisations. ASCIA and A&AA are progressing with the implementation of the National Allergy Strategy and have made the following progress.

National Allergy Strategy projects funded by the Australian government

- In July 2016 the National Allergy Strategy received funding from the Australian government for the following projects that were all completed in July 2017 as per the contract:
 - 250K website - a hub for the 250,000 teens and young adults in Australia with severe allergies (www.250K.org.au).
 - All about Allergens online training for food service – this freely available course includes videos and interactive activities (www.foodallergytraining.org.au).
- A resource is being developed in partnership with Environmental Health Australia (EHA) to assist environmental health officers to improve food allergy management in the food service sector. This resource is being developed with the small surplus from the government funding received in July 2016.
- In May 2017, the National Allergy Strategy received funding from the Australian government to develop allergy prevention strategies and pilot these in two Australian states.

National Allergy Strategy projects funded by non-government sources

- A partnership has been developed with the Western Australian Primary Health Alliance (WAPHA) to assess and update existing allergy HealthPathways and develop new allergy HealthPathways for allergic conditions across both metropolitan and rural areas of Western Australia. Once these HealthPathways are published in Western Australia, they will be available to all Primary Health Networks (PHNs) across Australia.
- Piloting of a Shared Care Model program in the Kimberley region in Western Australia to determine the education and resource needs to improve regional management of allergic conditions.
- A food allergy menu assessment tool is being developed in partnership with the Dietitians Association of Australia (DAA) to improve food allergy meal service to vulnerable populations.
- Food allergy policy and audit tool templates are being developed to improve food allergy management in hospitals and other institution type facilities.

Where is Australian government support now urgently required?

The following areas have been identified as urgent projects that cannot be completed without funding support from the Australian government:

- National implementation of the ASCIA guidelines for infant feeding and allergy prevention;
- Additional resources required to improve food allergy management in food service as identified by the scoping report submitted in March 2017.
- Additional resources required to improve food allergy management in teens and young adults as identified by the scoping report submitted in March 2017.
- Scoping the development of a Shared Care Model for allergy.

The details of these projects and funding requests are detailed in the Budget Request section in this submission.

What cost savings can be achieved?

The development of national guidelines for drug allergy de-labelling would allow more patients to be safely de-labelled and will contribute to cost savings for both the health sector and for consumers. For example:

- Access to drug challenges to confirm who needs to avoid certain medications, removing unnecessary avoidance.
- Accurate diagnosis of drug allergy and de-labelling of individuals who do not have true drug allergy will enable the use of more appropriate and often less expensive antibiotics.
- Reduce the potential for increased antibiotic resistance.

National implementation of the ASCIA guidelines for infant feeding and allergy prevention will help reduce the development of food allergy, particularly peanut allergy. Peanut allergy is often a life-long allergy, with the majority of peanut allergic individuals needing to carry an adrenaline (epinephrine) autoinjector (e.g. EpiPen) for life. Preventing the development of peanut allergy can therefore assist in reducing the cost to government, individuals with allergy and the community in the following ways:

- Reduced presentations to hospital and hospitalisations for severe allergic reactions (anaphylaxis).
- Reduced ambulance call outs.
- Reduced PBS subsidised adrenaline autoinjector (e.g. EpiPen) prescriptions.
- Reduced number of doctor/other allied health visits in the public system and therefore reduced waiting times to see allergists and other allied health staff.
- Reduced costs for individuals and families for doctor visits (including specialists) and medications.

In addition to reduced costs, the prevention of food allergy greatly increases the quality of life for individuals and families.

What is the current government policy?

The Australian Government recognises the burden of chronic diseases and is working to address this through the National Strategic Framework for Chronic Conditions.

Recently the Australian government has engaged with the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA) to discuss the National Allergy Strategy, recognising that allergic diseases are important chronic diseases.

Budget request information

1. Implementation of allergy prevention strategies

The National Allergy Strategy has received two years of funding to implement the following:

- A communication strategy for health professionals (general practitioners, pharmacists, maternal, child and family health nurses, paediatricians and dietitians).
- Education resources and tools for health professionals (e.g. referral pathways for infant feeding and allergy prevention).
- A communication strategy for the community to raise awareness encouraging the introduction of the most common food allergens within the first year of life, particularly in infants with severe eczema and/or food allergy, who are considered to have an increased risk of developing peanut allergy.
- Health professional and community education.
- A phone service (1800 number) supported by appropriately trained staff to provide support for parents who are introducing solid foods to infants.
- Optimising eczema management in infants that may prevent the development of food allergy.
- Addressing current myths about allergy prevention and providing credible information on allergy prevention in infants.

Whilst funding has been secured to develop the communication strategies and education resources and to pilot them in two regions, we currently do not have the funds to implement the national roll-out of these resources in the 2019-2020 financial year.

2. Improving food allergy management in food service

In 2016-17, the National Allergy Strategy undertook scoping and resource development work to improve the provision of appropriate food to individuals with food allergy, in the food sector.

Since completing the funded project, the National Allergy Strategy is progressing with several of the recommendations relating to food service for vulnerable populations and a food allergy menu assessment tool for dietitians. With a small surplus from the previously funded food service project, we are also developing a resource for environmental health officers to assist them to undertake their role in improving food allergy management in food service.

Whilst this work is progressing, two areas that still require funding include:

- Addressing the standardisation of the food allergy content of accredited food hygiene/food safety courses. We propose the development of standardised food allergy content to be included in all accredited food hygiene courses. This content would be developed in consultation with key stakeholders. Whilst the current National Allergy Strategy 'All about Allergens' online training has had good uptake since its release, it provides only basic level skills and knowledge. Addressing the food allergen content of accredited courses to ensure consistency with the 'All about Allergens' online training and to extend knowledge beyond the online training is necessary to improve food service provision to those with food allergy, particularly for vulnerable populations.
- Expansion of the NSW Food Authority's Scores on Doors program. This successful program currently only addresses food hygiene and does not include food allergen management. We propose to expand the program to include food allergens. We propose piloting of the updated program in NSW initially, followed by a national roll-out of the program. National roll-out will require engagement with Food Units/Authorities in all states and territories of Australia.

3. Improving food allergy management in teens and young adults

In 2016-17, the National Allergy Strategy undertook scoping and resource development work to improve allergy management for teens and young adults.

Since completing the funded project (development of the 250K resources), the National Allergy Strategy has continued to engage with young people with severe allergy by conducting a 250K Facebook advertisement campaign.

To allow us to continue engaging with young people living with severe allergy, the following areas still require funding:

- Further resource support is required to provide engagement opportunities through the 250K website for teens and young adults to share their experiences and potentially learn management skills. To allow the 250K website to continue to engage young people with severe allergy, we need funding for a project officer to continue to engage with young people through the website and the 250K Facebook page and have the capacity to monitor conversations and provide input as required. This will allow young people to share information, as this is one of the key features requested of the website by teens and young adults through our consultation. Additional resourcing to engage proactively via popular social media avenues is also required.
- Further resource support is required to continue working with and to grow the 250K Youth Advisory Team. A face to face meeting of the 250K Youth Advisory Team would provide a valuable opportunity to empower these teens and young adults to continue to work with the National Allergy Strategy to assist other young people living with severe allergy. A face to face meeting would also allow us to inform, educate, unite and empower the 250K Youth Advisory Team members and afford us the opportunity to discuss possible future projects, including but not limited to, a mentoring program.
- Youth camps for younger teens (11-14 years of age). Conducting youth camps for younger teens (11-14 years of age) will assist them in engaging with others living with severe allergy, particularly food allergy. Teens of this age group are more likely to attend the camps than older teens as clearly communicated via the national survey conducted in 2016/17. The camps would provide an opportunity for connection, education and engagement. It would also provide the opportunity to assist in the establishment of a mentoring program using the 250K Youth Advisory Team. We propose that the first camp should be a pilot camp offered to the 250K Youth Advisory Team which would provide an opportunity for them to meet face to face and to allow us to discuss future projects such as the mentoring program.

4. Scoping the development of a Shared Care Model for allergy

People with allergic diseases need 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.

The National Allergy Strategy proposes a Shared Care Model approach may be required to improve access to care, particularly in rural, regional and remote areas. Key issues that need to be addressed include referral guidelines and up-skilling of primary health care providers linking them to tertiary health providers where possible.

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.
- The allergic disease related education requirements for healthcare professionals, particularly those in primary care.

Some work within the Shared Care Model has already commenced with unrestricted education grants from industry including:

- Development of allergy HealthPathways in partnership with the WA Primary Health Alliance.
- Piloting of a Shared Care Model in the Kimberley region in Western Australia.

The federal Chief Medical Officer has indicated support for the scoping a Shared Care Model for allergy.

Stakeholder organisations and potential partner organisations for this project include Primary Health Networks, Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM), state/territory Health Departments, Pharmacy Guild of Australia, Australian College of Nursing, Australian Commission for Safety and Quality in Health Care, Australian Digital Health Agency, Australasian College for Emergency Medicine and ambulance services.

5. Improving drug allergy management

The National Allergy Strategy believes patient safety can be optimised through improved drug allergy documentation and education.

In 2016-17, the National Allergy Strategy undertook scoping work to prevent drug allergy deaths in hospitals. Through our engagement with health professionals and relevant stakeholders, it was evident that to improve drug allergy management in hospitals, hospital staff require access to an accurate patient record which clearly documents whether the patient has a suspected drug allergy (allergy label). Therefore, a patient's medical history outside of the hospital needs to be accessible to hospital staff. For example, if a patient has seen a private clinical immunology/allergy specialist who has verified/confirmed their penicillin allergy, this information should be accessible by the emergency department hospital staff that attend to the unconscious patient after an accident. My Health Record (MHR) has the potential to provide access to a patient's complete medical history in almost every region in Australia. However, MHR in its current form does not allow for the most current or accurate allergy information to be easily identified and accessed as the information is currently hidden in Shared Health Summaries and Discharge Summaries.

A key recommendation of the National Allergy Strategy scoping report is for allergy information in MHR to be easily discoverable. Improvements to MHR which allow for drug allergy information to be easily accessible to clinicians would increase safety for patients with drug allergy. Further to this, improvements which allow for a clinical alert to be generated once a patient's drug allergy status is documented would provide the ideal mechanism for communicating the patient's drug allergy status.

Whilst we understand that the improvements to MHR required would be undertaken by the Australian Digital Health Agency (the Agency), the National Allergy Strategy strongly believes that this work needs to be undertaken as a priority. In order for this work to progress, standardised terminology for drug allergy also needs to be developed which would not only assist with developing the structure for the improvements, but also assist in ensuring more accurate documentation of a patient's drug allergy status by simplifying drug allergy coding.

With MHR becoming opt-out in 2018, we believe clinician and community education is critical to ensure accurate information is documented. With improvements required to the allergy component of MHR, the development of education resources should commence once the allergy documentation structure of MHR is in development.

Lead organisations

Australasian Society of Clinical Immunology and Allergy (ASCIA)

ASCIA was established in 1990 as a not for profit, peak professional medical organisation for allergy and clinical immunology in Australia and New Zealand. ASCIA members include clinical immunology/allergy specialists, other medical practitioners, scientists and allied health professionals who work in the areas of allergy and immunology.

The mission of ASCIA is to advance the science and practice of allergy and clinical immunology, by promoting the highest standard of medical practice, education and research, to improve the health and quality of life of people with allergic diseases, immunodeficiencies and other immune diseases.

ASCIA is a member society of the World Allergy Organisation (WAO) and the Asia Pacific Association of Allergy, Asthma and Clinical Immunology (APAAACI). ASCIA is also affiliated with the Royal Australasian College of Physicians (RACP) as a specialty society.

Allergy & Anaphylaxis Australia (A&AA)

A&AA was established in 1993 as a charitable, not for profit organisation, to improve awareness of allergy and anaphylaxis in the Australian community, by sharing current information, education, advocacy, research, guidance and support.

A&AA is proud to promote free membership and easy access to information and support. The organisation is supported by federal government funding, sponsorship, sale of a small number of resources and generous donations. Their outreach extends to individuals, families, school, workplaces, health professionals, government, food industry and all Australians.

A&AA is part of an international alliance of like-minded organisations and works closely with peak medical bodies, including ASCIA. Their Medical Advisory Board comprises ASCIA members who are clinical immunology/allergy specialists from across Australia.

Commitment to improve the management of allergic diseases

ASCIA and A&AA are committed to improving the health and quality of life of Australians with allergic diseases. Over the past 15 years ASCIA and A&AA have developed educational programs and patient support services in response to a need for education, training and resources in the area of allergic diseases.

ASCIA has proven its ability to bring key stakeholders together to achieve the development of resources appropriate for the end-user. ASCIA's consultation process has always been transparent and inclusive, informing and inviting key stakeholders including consumers, to engage in the development process.

ASCIA has sourced funding through unrestricted education grants from industry and state health and education departments to fund the development of resources, education and training programs, including:

- Web based patient information since 2000
- National ASCIA Action Plans for Anaphylaxis since 2003
- Anaphylaxis e-training for schools and childcare since 2010
- Anaphylaxis and food allergy e-training for health professionals since 2011
- Allergic Rhinitis and Immunotherapy e-training for health professionals since 2012
- Allergy e-training for pharmacists since 2013
- Allergy and anaphylaxis Active Learning Module for GPs since 2014

Over the past 5 years, ASCIA has spent approximately \$1M. The majority of these funds have been provided as unrestricted education grants from industry and some contribution from state health and education departments. This does not include the thousands of hours provided by ASCIA members, unremunerated to enable the development of ASCIA educational resources.

A&AA continues to provide ongoing education and support to:

- Patients, their families and carers
- Food industry
- Healthcare professionals
- Government
- Schools and childcare
- Workplaces
- Sporting clubs; and
- Other individuals or groups involved in the management of allergic disease.

A&AA communicates directly with all in the Australian community through its national 1300 phone support line, through the website, a very active social media platform, state and national activities and face to face. In January 2017, membership of A&AA became free or charge. Membership is open to anyone managing any aspect of allergy management.

A&AA sources unrestricted education grants from industry to fund this work. A&AA currently also receives funding from the Department of Health & Ageing. A&AA has removed individual/family membership fees in an effort to share current evidence based information with an increased number of people. This will reduce income in 2017 but hopefully assist A&AA in reaching a larger number of Australians managing allergic disease.

ASCIA and A&AA will continue to source additional funding from industry and philanthropic organisations to support their education, training and research programs. However, these grants are not recurrent and are becoming increasingly difficult to obtain. Resources that have been developed with these funds are at risk of cessation due to lack of funds to continue sustain. In addition, insufficient funds are available for new initiatives urgently required.

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