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| Home-delivered enteral nutrition and total parenteral nutrition:Funding arrangements for Victorian public health services |
| June 2020 |



# What is home enteral nutrition and total parenteral nutrition?

**Enteral Nutrition** is the administration of nutritionally complete liquid formulae directly into the gastrointestinal tract via a narrow, specifically designed, tube. Enteral nutrition can be used as full or partial oral nutrition support (ONS).

The Home Enteral Nutrition (HEN) program supports patients who require exclusive ONS, or ONS providing greater than 70 percent of their daily nutritional requirements and who, without a health care provider present, self-administer enteral nutrition in their home. Nutritional supplements and partial ONS can be self-funded or partially funded through another hospital-based service.

**Parenteral Nutrition** is the administration of nutrition by means of an infusion of an intravenous nutrition formula. Total parenteral nutrition (TPN) is generally only used to provide a person’s complete nutritional requirements, that is when it is not possible to meet a patient’s nutrition requirements through an oral or enteral route.

The home TPN program supports patients who require TPN to provide their complete nutritional requirements and who, without a health care provider present, self-administer parenteral nutrition in their home.

The department’s funding arrangements for both HEN and home TPN is consistent with the Independent Hospital Pricing Authority’s (IHPA) funding model. Funding definitions of the HEN and home TPN programs are set out in the IHPA’s Tier 2 Non-Admitted Services Definitions Manual. HEN and home TPN services are classified to Tier 2 classes 10.18 and 10.17, respectively.[[1]](#footnote-2)

This document refers to Victoria’s home enteral nutrition and home total parenteral nutrition program.

# Victorian funding model for public health services

## Home Enteral Nutrition

HEN is currently funded as a public health program via a specified grant with a service event target.[[2]](#footnote-3)

Funding is not intended to cover:

* nutritional supplements and partial ONS less than 70 percent of the person’s daily nutritional requirements; supplementary hydration and medicines; these can be self-funded or partially funded through another hospital-based service
* consultation or enteral nutrition education with a gastroenterologist (funded in the specialist clinics funding model and reported under Tier 2 clinic 20.25)
	+ consultation or enteral nutrition education with a dietitian (funded in the specialist clinics funding model and reported under Tier 2 clinic 40.23).

## Home Parenteral Nutrition

Home parenteral nutrition is currently funded via a specified grant with a service event target.2 Due to the requirement for highly specialised staff and the limited number of patients that require this service, five health services provide home TPN services: Austin Health, Melbourne Health, Monash Health, St Vincent’s Health and the Royal Children’s Hospital.

Funding is not intended to cover:

* supplementary parenteral nutrition support for non-admitted patients and supplementary hydration solutions
* consultation or parenteral nutrition education with a gastroenterologist (funded in the specialist clinics funding model and reported under Tier 2 clinic 20.25)
	+ consultation or parenteral nutrition education with a dietitian (funded in the specialist clinics funding model and reported under Tier 2 clinic 40.23).

## What can funds provided to public health services be used for?

Victoria provides funding to support patients who meet clinical criteria for home-delivered specialist nutritional support and who are under the care of public health service. The aim is to provide the most cost-effective nutritional support that meets each patient’s nutritional and clinical requirements.

Funding for home TPN is to be used to supply only the items required by eligible patients including:

* parenteral nutrition solutions (excluding supplementary hydration)
* equipment
* consumables
	+ costs associated with managing the service (it does not include consultations with health professionals funded through specialist clinics or other treatment or services that may be required e.g. medicines)

Funding for HEN is to be used to supply only the items required by eligible patients that are available through the Health Purchasing Victoria (HPV*)* [*Enteral Feeding and Oral Nutrition Support*](https://www.hpv.org.au/contracts-and-documents/contracts/details/42) publicly funded contract list. This includes the following:

* feed (formula)
* equipment
* consumables
	+ costs associated with managing the service (it does not include consultations with health professionals funded through specialist clinics or other treatment or services that may be required e.g. supplementary hydration, medicines)

## Reporting mechanism

Health services that provide HEN and home parenteral nutrition services are required to:

* contact the HDSS helpdesk when new HEN or home TPN service commences so they can be set up for submitting data on the AIMS S12 form (and VINAH);
* report activity on the AIMS S12 form; and
	+ report episode information using VINAH (the department will count one non-admitted service event for each calendar month that the episode is open).

All non-admitted patient services delivered within a calendar month classified as 10.17 or 10.18 are bundled and counted as one non-admitted patient service event, per patient, per calendar month, regardless of the number or range of services supplied over that calendar month.

All patients with a NDIS plan are eligible for home-delivered parenteral or enteral nutrition IF THIS IS NOT provided as part of that person’s NDIS plan.

Where enteral nutrition is provided as part of a person’s NDIS plan health services should process payments through the NDIS; these services must not be simultaneously reported as a HEN service.

Health service targets for each program are updated annually, based on the latest 12 months of activity. Any recall/throughput adjustment for either program is applied at the full rate at the end of each financial year for health services whose activity is below or over target. The Department of Health and Human Services policy and funding guidelines provides further details on how these funding adjustments are calculated.2

## National Disability Insurance Scheme (NDIS)

Additional disability-related health supports are now available to purchase using NDIS funding. The need for these supports must directly relate to an NDIS participant’s functional impairment, where the support need is ongoing and is and most appropriately funded or provided by the NDIS.

In many situations, participants may be able to select their existing provider to deliver these supports.

The NDIS funds disability-related health supports including nutrition supports (refer to <https://www.ndis.gov.au/understanding/supports-funded-ndis/disability-related-health-supports> for updates):

* dietetic consultations and the development and periodic review of a nutritional meal plan by an NDIS-funded suitably qualified and competent clinician.
* implementation of a nutritional meal plan by an NDIS-funded suitably qualified and competent worker.
* training of an NDIS-funded suitably qualified and competent worker to implement the nutritional meal plan.
* percutaneous Endoscopic Gastrostomy (PEG) Stoma Changes (to assist feeding).
* provision of PEG maintenance and care by a suitably qualified and competent worker.
* training of an NDIS-funded suitably qualified and competent worker to provide PEG maintenance and care.
* home enteral nutrition, PEG, equipment and consumables excluding food.
	+ HEN formula/nutritional supplements (to meet participant’s nutritional needs).

Health services are expected to:

* support changes to a patient’s NDIS plan to better cover their enteral nutrition needs
* support NDIS participants in their enteral nutrition needs, if participants choose the health service as their care provider
* to identify NDIS participants, or those eligible to become participants, accessing their HEN and home TPN services and ensure NDIS-eligible activity feeds, consumables and equipment is billed to the NDIS
	+ establish systems to process payments through the NDIS.

# Patient eligibility for DHHS funded HEN

The clinical eligibility requirements that are specified by the department are given below.

* Administration of nutritionally complete HPV approved liquid formula directly into the gastrointestinal tract via a narrow, specifically designed, tube. Enteral feeding tubes may enter the body at several different sites, including;
	+ - nasal tube (nasogastric, nasoduodenal or nasojejunal)
		- oral tube (orogastric)
		- trans-oesophageal feeding or oesophagostomy tube
		- gastrostomy or jejunostomy tubes e.g. percutaneous enteric gastrostomy (PEG), balloon replacement tubes, non-balloon replacement tubes, and low profile devices.
* Full or partial oral nutrition support (ONS) providing greater than 70 percent of the person’s daily nutritional requirements (that is unable to meet daily nutritional requirements from food alone)
	+ Exclusive ONS using nutritionally complete HPV approved liquid formula for specific patient groups e.g. cystic fibrosis, inflammatory bowel disease.

In order to be eligible, patients must also be:

* Medicare eligible patient who a registered patient with the public health service participating in the program and is willing to attend appointments at the health service to allow ongoing management of their nutrition requirements and
	+ provide consent for the use of patient level data for funding, monitoring and evaluation purposes.

## Private patients

In instances where a patient has previously consented to be treated as a private patient in a private hospital a patient may rescind their consent and move to be under the care of a public health service participating in the program.

If the patient meets the established clinical criteria, is registered as a patient at the health service and is willing to attend appointments at the health service to allow ongoing management of their nutrition requirements, the patient's referral to move to be under the care of a public health service cannot be rejected on the basis that the patient has had treatment in a private hospital.

# What are the requirements for the health care providers?

Health care providers receiving the funding are required to:

* undertake clinical reviews of patients.
* provide written information to clients about services, hospital arrangements and client rights and responsibilities.
* implement and adhere to the most current best practice guidelines described by the AuSPEN *Clinical Practice Guidelines for Home Enteral Nutrition* and the Dieticians Association of Australia *Parenteral nutrition manual for adults in health care facilities*.
	+ provide consumer level data for funding, monitoring and evaluation purposes.

Responsibility for cost-effective prescription and provision of formulae, consumables and equipment to meet the needs of the individual patients.

# Further Information

* Department of Health and Human Services policy and funding guidelines: <https://www.dhhs.vic.gov.au/publications/policy-and-funding-guidelines-health-and-human-services>
* Previous hospital circulars
	+ - <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars/circ2305>
		- <https://www2.health.vic.gov.au/about/news-and-events/hospitalcirculars/circ3204>
* Report episode information using VINAH:

<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vinah>

* Report episode information using AIMS S12 form:

<https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/aims>

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1. Independent Hospital Pricing Authority 2019, *Tier 2 Non-admitted services definition manual 2019–20*, Independent Hospital Pricing Authority, Sydney [↑](#footnote-ref-2)
2. Department of Health and Human Services, 2019 *Policy and funding guidelines* Government of Victoria, Melbourne [↑](#footnote-ref-3)