

Improving the health and quality of life for 1 in 5 Australians with allergic diseases

Pre-budget Submission 2015-2016

Submitted by:



and



The leading medical and patient organisations for allergy in Australia

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Fast facts

- Allergic diseases are among the fastest growing chronic medical conditions in Australia, affecting approximately 1 in 5 Australians¹.
- Currently there is no cure for allergic diseases, making education and avoidance of known allergens the key to management.
- Multiple allergic diseases commonly occur in the same individual and therefore management can be complex.
- One in 10 infants now have a food allergy².
- Hospital admissions for anaphylaxis (severe, life threatening allergic reactions) have increased 4-fold in the last 20 years in children and adults¹.
- Food allergy induced anaphylaxis has doubled in the last 10 years³.
- Up to 1 in 10 adults with suspected but unconfirmed drug allergy are often unnecessarily treated with more expensive drugs⁴.
- Drug-induced anaphylaxis deaths have increased 300% over the last decade in Australia³.
- 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 patients and low number of appropriately trained health care professionals¹.
- Allergic diseases affect the whole community in addition to patients and their families. Appropriate and readily available education and training in the management of allergic diseases is required for a wide range of stakeholders (including schools, childcare, workplaces and food industry) as well as health professionals.
- It is predicted that by 2050 the number of patients affected by allergic diseases in Australia will increase by 70% to 7.7 million¹.

National Allergy Strategy

Allergic diseases affect 1 in 5 Australians and are amongst the fastest growing medical conditions. To address this problem, the Australasian Society of Clinical Immunology (ASCIA) and Allergy & Anaphylaxis Australia (A&AA), as the leading medical and patient organisations for allergy in Australia, are developing a National Allergy Strategy in collaboration with other key stakeholder organisations.

The National Allergy Strategy aims to address public health issues relating to the rapid and continuing rise of allergy in Australia and improve the health and quality of life of people with allergic diseases, their carers and the community.

The development of the National Allergy Strategy is overseen by a Steering Committee comprising ASCIA and A&AA members from across Australia. The draft National Allergy Strategy is in the final consultation stage and will be launched in early August 2015. For further information go to:

<http://www.allergy.org.au/national-allergy-strategy/stage-1-progress-report>.

The following draft National Allergy Strategy Goals are patient/consumer centred, also taking carers into consideration:

- Develop standards of care to improve the health and quality of life of people with allergic diseases.
- Ensure timely access to appropriate health care management for people with allergic diseases.
- Improve access to best-practice, evidence-based and consistent information, education and training about allergic diseases for health professionals, people with allergic diseases, consumers, carers and the community.
- Promote patient-focused research to improve the health and quality of life of people with allergic diseases.
- Recognition of allergic diseases as a National Health Priority Area and a prioritised chronic disease.

Examples of potential health service and patient cost savings through implementation of the National Allergy Strategy include:

- Access to appropriate care will reduce ‘doctor shopping’ and therefore also reduce costs to Medicare and patients.
- Access to medically supervised food allergen challenges to confirm food allergies and risk of anaphylaxis will reduce unnecessary prescription of adrenaline autoinjectors.
- Accurate diagnosis of drug allergy and de-labelling of individuals who do not have true drug allergy will enable these individuals to be prescribed less expensive antibiotics;
- Improved access to medically supervised drug allergy testing and challenges will ensure accurate diagnosis and appropriate prescribed medications, therefore reducing hospitalisations, deaths and disabilities due to anaphylaxis.

The purpose of this document is to highlight recommendations identified by the National Allergy Strategy as requiring priority funding. These recommendations were selected on the basis of urgency, achievability and sustainability.

To date, the National Allergy Strategy has been developed without any contribution from government. However, the National Allergy Strategy cannot be fully implemented without government support.

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 education programs and resources

ASCIA has proven its ability to bring key stakeholders together to achieve the development of evidence-based 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

ASCIA has spent approximately \$1 million on education resources and programs over the past 5 years. The majority of these funds have been provided as unrestricted education grants from industry and there have also been some contributions from state health and education departments. This does not include thousands of unpaid hours provided by ASCIA members that enable the development of ASCIA resources.

A&AA advice and support

As the leading national patient and consumer support organisation in Australia, A&AA continues to provide patient and consumer advice to ASCIA and ongoing support to:

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

A&AA sources unrestricted education grants from industry to fund this work. A&AA has also received approximately \$75,000 per year for the past 8 years from the Department of Health & Ageing, and are yet to receive confirmation as to whether funding will continue beyond June 2015.

ASCIA and A&AA will continue to source additional funding from industry and philanthropic organisations to support their education, training, research and outreach 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 a lack of sustained funding. In addition, there are insufficient funds available for urgently required new initiatives.

Summary of National Allergy Strategy budget request

	Cost over 3 years
Recommendation 1	
National Allergy Strategy implementation meeting	\$ 105K
Recommendation 2	
Establishment of a National Allergy Strategy Governance Group	\$ 375K
Recommendation 3	
Education and training resources – development and sustainability	\$1.837M
Recommendation 4	
Development of national standards of care for allergic diseases	\$ 261K
Recommendation 5	
Improving access to national patient support organisations	\$ 390K
Recommendation 6	
Development of a Shared Care Model to help improve access to care	\$ 210K
Recommendation 7	
Patient focused research	\$ 150K
TOTAL	\$ 3.328M

Recommendations

1. National Allergy Strategy implementation meeting

An implementation meeting and launch would allow for promotion of the National Allergy Strategy to increase awareness and allow ASCIA, A&AA and other key stakeholder organisations to formulate a plan of action, based on prioritisation of goals and objectives.

The implementation meeting also provides an opportunity for the inaugural meeting of the National Allergy Strategy Governance Group (see Recommendation 2).

A total of \$95,000 in funding from unrestricted education grants from industry has been received for the Allergy Summit and National Allergy Strategy as of March 2015. The total budget estimate for this project is \$200,000 and we have applied to industry and philanthropic organisations for further grants to make up the shortfall of \$105,000.

Cost for implementation meeting and media launch in August 2015: 105K
Total: \$105K

2. Establishment of a National Allergy Strategy Governance Group

This group would be led by ASCIA and A&AA and include membership of key stakeholder organisations to oversee the implementation of the National Allergy Strategy initiatives.

In addition to ASCIA and A&AA, membership of this group is likely to include stakeholder organisations who represent medical professionals, nursing, allied health, schools and childcare, food service sector, food industry, consumers and government.

The National Allergy Strategy Governance group would meet face to face annually and via teleconference at least quarterly.

Cost for NAS Governance Group: 0.5 FTE project officer plus on-costs (\$85K/yr) + teleconferences (\$2K/yr) + face to face meeting (\$25K/yr) + sitting fees (13K/yr)
Total for 3 years: \$375K

3. Education and training resources – development and sustainability

The development of allergic diseases education and training resources needs to be undertaken, with review and updating of existing resources where available.

The National Allergy Strategy aims to have accurate, consistent, evidence-based, best-practice, education and training resources. Currently there are inconsistencies between some resources which can lead to confusion, increased anxiety and the inability to act appropriately, particularly in an emergency situation such as acute management of anaphylaxis.

Comprehensive education and training in allergic diseases will provide medical, nursing and allied health professionals in the public and private sectors, the knowledge, resources and confidence to deliver accurate diagnosis, optimal advice and ongoing care.

Community education will assist people with allergic diseases, their carers and other supporters to have sufficient knowledge and confidence to seek appropriate advice, education and information about evidence-based treatment options to enable them to better understand and manage their allergic disease.

A working group with specific expertise would be established to progress this recommendation and would meet via teleconference quarterly.

Table 1: Proposed new resources based on draft National Allergy Strategy recommendations

	Cost
Year 1	
Online training courses	\$ 200K
Teen/adolescent specific resources	\$ 130K
Food challenge register	\$ 140K
Awareness raising campaign	\$ 90K
Year 2	
Food service/food industry resources	\$ 200K
Online training courses	\$ 150K
Patient education resources	\$ 90K
Clinical updates for health professionals	\$ 50K
Awareness raising campaign	\$ 90K
Year 3	
Anaphylaxis register	\$ 400K
Awareness raising campaign	\$ 90K
TOTAL	\$ 1.63M

Cost for development of resources: 0.4 FTE project officer (\$60K/yr) + teleconferences (\$2K/yr) + sitting fees (\$7K/yr) + resource development \$1.63M (see Table 1)

Total cost for 3 years: \$1.837M

4. Development of national standards of care for allergic diseases

Outcomes in allergic disease management will be enhanced through the development of national standards of care, including consistent protocols, guidelines and care pathways to assist health professionals with acute care and ongoing management of people with allergic diseases. Improving communication and collaboration throughout Australia should result in substantial and cost effective achievements. Priority areas and issues identified through consultation with stakeholders include:

Drug allergy:

- Effective drug allergy alert processes to prevent drug allergy deaths, particularly in hospitals are urgently required.
- Appropriate allergy testing and drug avoidance protocols to reduce unnecessary avoidance of penicillin will decrease the use of more expensive antibiotic medications.

Food service:

- People with food allergy face daily challenges, particularly when eating out.
- There is a need for increased education amongst consumers regarding appropriate food selection and management strategies including disclosing food allergies when eating out.
- There is a need for increased education in the food service sector and some of the food industry with regards to food allergens and communicating food allergen risk to consumers.
- Many food allergy deaths and near misses in Australia have been from food allergic individuals consuming foods from a food service provider (café, restaurant, camp).

Guidelines, protocols and patient/consumer advice:

- In Australia there are inconsistent guidelines, protocols and patient/consumer information and these differences cause confusion, especially as allergic diseases are chronic medical conditions that require ongoing management.
- In the case of acute management of anaphylaxis, these differences can result in increased hospitalisation and deaths.

Working groups with specific expertise would be established to oversee the evaluation of existing guidelines, protocols and patient/consumer advice and development of new, national documents where required. The working groups would meet via teleconference quarterly.

<p>Cost: 0.5 FTE project officer (\$75K/yr) + teleconferences (\$2K/yr) + sitting fees (\$10K/yr) Total for 3 years: \$261K</p>

5. Improving access to national patient support organisations

People with allergic diseases and their carers face challenges every day. Patient support groups that promote evidence-based information and activity with a Medical Advisory Board for guidance, play a vital role in assisting people to manage their allergic diseases and improve quality of life, particularly those at risk of anaphylaxis.

Funding of an improved and broader national support line would provide equitable access to patient and community support. It is essential that the staff providing this support are trained health professionals with an understanding of the life management and impact of allergic diseases on patients, carers and others in the community, such as health professionals, food industry, workplaces, schools, childcare and anyone needing to manage allergic diseases.

To assist with training of staff and volunteers, an annual face to face meeting would be held in conjunction with the National Allergy Strategy Governance Group meeting. This would reduce the costs of the staff/volunteer education meeting as it is likely that the Governance Group members would be able to provide the education required.

Cost: 1.0 FTE support line staff plus on-costs (\$105K/yr) + face to face meeting (25K/yr)
Total for 3 years: \$390K

6. Development of a Shared Care Model to help improve access to care

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 patients and low number of appropriately trained health care professionals.

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 that a Shared Care Model approach may be required to improve access to care, particularly in rural, regional and remote areas. To determine how a Shared Care Model will best work for the management of allergic diseases, a working group will be established.

The working group would develop a model of care specific to allergic disease management and address the need for people with complex allergic diseases to have access to a multidisciplinary team of appropriately skilled practitioners (virtual or actual), both in community and in hospital settings. The model of care would include consideration of up-skilling of health professionals, credentialing, health professional communication and the transition of patients from paediatric to adult care.

Cost: 0.4 FTE project officer (\$60K/yr) + teleconferences (\$3K/yr) + sitting fees (\$7K/yr)
Total for 3 years: \$210K

7. Patient focused research

In 2013 ASCIA established the Allergy and Immunology Foundation of Australasia (AIFA) to fund medical research into allergic diseases, immunodeficiencies and other immune diseases (for further information go to www.allergyimmunology.org.au/). AIFA received 15 expressions of interest for research grants in 2014, with a total of \$225,600 in requested funding for projects. The first AIFA research grants have been announced in March 2015, and \$38,000 was awarded to 2 allergy projects. AIFA is currently limited to modest annual grants as funding is mainly from individual donors.

Matched seed funding of \$50,000 to support AIFA research grants would enable \$100,000 to be spent on patient focused research into allergic diseases each year. Successful grants are awarded by an expert grant selection panel.

Cost for 3 years: \$150K

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 specialist allergy and immunology physicians, 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 primarily a volunteer based organisation that is supported by membership fees, sale of resources and donations. Their outreach extends to individuals, families, school, workplaces, health professionals, government, food industry and all Australians.

A&AA is committee member of the International Food Allergy and Anaphylaxis Alliance (IFAAA) and the European Academy of Allergy and Clinical Immunology (EAACI) Patient Organisation Committee. A&AA works closely with peak medical bodies, including ASCIA. Their Medical Advisory Board comprises ASCIA members who are specialist allergy and immunology physicians from across Australia.

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Allergy Summit and National Allergy Strategy support:

- Alphapharm (major supporter)

Allergy Summit support:

- Stallergenes
- Nestlé Nutrition
- Merck Sharp Dohme
- Nutricia

Stakeholder Organisations

List of stakeholders consulted in the development of the National Allergy Strategy

- Allergen Bureau
- Allergy & Anaphylaxis Australia (A&AA)
- Australian Support Network for Eosinophilic oEsophagitis (AusEE)
- Australasian College for Emergency Medicine (ACEM)
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Australia and New Zealand Rhinologic Society (ANZRS)
- Australian and New Zealand Anaesthetic Allergy Group (ANZAAG)
- Australian Association for Adolescent Health
- Australian Breastfeeding Association (ABA)
- Australian Camps Association (ACA)
- Australian College of Dermatologists (ACD)
- Australian College of Nursing (ACN)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Food and Grocery Council (AFGC)
- Australian Hotels Association (AHA)
- Australian Medical Association (AMA)
- Australian Nursing & Midwifery Federation
- Australian Primary Principals Association (APPA)
- Australian Psychological Society (APS)
- Australian Resuscitation Council (ARC)
- Australian Secondary Principals Association (ASPA)
- Australian Children's Education & Care Quality Authority (ACECQA)
- Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
- Centre for Food & Allergy Research (CFAR)
- Clubs Australia
- Department of Health Northern Territory
- Department of Health Queensland
- Department of Health South Australia
- Department of Health Tasmania
- Department of Health Victoria
- Department of Health Western Australia
- Dietitians Association of Australia (DAA)
- Environmental Health Australia (EHA)
- Food & Beverage Importers Association (FBIA)
- Food Standards Australia and New Zealand (FSANZ)
- Institute of Hospitality and Health Care
- Medical Deans Australia and New Zealand
- National Asthma Council Australia (NAC)
- National Health & Medical Research Council (NH&MRC)
- National Prescribing Service (NPS)
- NSW Ministry of Health
- Pharmaceutical Society of Australia (PSA)
- Pharmacy Guild of Australia (PGA)
- Playgroup Australia
- Restaurant and Catering Association (RCA)
- Royal Australasian College of Physicians (RACP)
- Royal Australian College of General Practitioners (RACGP)
- Rural Doctors Association of Australia (RDAA)
- Society of Hospital Pharmacists of Australia (SHPA)
- The Australasian Mastocytosis Society (TAMS)
- Thoracic Society of Australia & New Zealand (TSANZ)

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