

1. Statement

This guideline provides recommendations to support application of consistent costs across Hospital and Health Services (HHSs) for clinical products/consumables in relation to the supply of and charging for HENS.

2. Scope

This Guideline applies to all HHSs and to all HHS employees. This Guideline also applies to all organisations and individuals acting as an agent for HHSs (including Visiting Medical Officers and other partners, contractors, consultants and volunteers) involved in the care, finance and supply of enteral nutrition (EN) products.

Compliance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within a guideline.

3. Guideline for the provision on HENS

3.1. Eligibility

- **Inclusion Criteria:** Queensland public health system outpatients who satisfy ALL of the following inclusion criteria should be provided with HENS with patient/carer consent:
 - Outpatients requiring EN products to meet their nutritional requirements (as determined by a HHS dietitian) and are not currently able to meet these requirements with increased food frequency or fortification of normal foods and fluids.
 - Queensland residents who are treated as a public outpatient in a Queensland public health facility.
 - Outpatients receiving EN products on the List of Approved Medicines (LAM) OR have individual patient approvals (IPA) for access to EN products for indications which are not included on the Queensland Health LAM.

- **Exclusion Criteria:** Queensland public health system outpatients who satisfy ANY of the following exclusion criteria should not be provided with HENS:
 - Department of Veteran Affairs (DVA) Gold Card holders and in some cases White Card Holders
 - Non-Queensland residents (excluding patients for the duration they are receiving active treatment by a specialised service for a specialised condition within a Queensland public health service).

- Patients who are not eligible for Medicare
- Residents of non-Queensland public health residential and aged care facilities
- Patients accessing level 3 or 4 home care packages
- For patients eligible for NDIS or other externally funded programs (e.g. NIIS), HHSs must ensure that there are no gaps in service provision for those patients receiving this funding.

3.2. Care

- Only a HHS dietitian can approve eligible patients for home delivery of EN products, and as required, should refer patients to their local HHS dietetic service for follow-up on discharge.
- Some HHSs may grant approval for NGO Dietitians to provide HEN registrations for HEN eligible patients. They may undergo a credentialing program to do so, or have their scripts reviewed prior to submission by the HHS HEN dietitian.
- In cases where a patient is referred to/transferred from one facility to another or discharged from one HHS to another, the relevant dietitian in the receiving facility/HHS should review the HENS order form within 30 days and the patient within the timeframe negotiated between the treating dietitians.
- The referring dietitian should provide clinical handover, including a nutrition and dietetics discharge report and copy of HENS paperwork to the residing HHS/facility dietitian and relevant key contacts (e.g. GP, NGO, community health nurse) via email/fax/mail to facilitate follow up prior to the patient being discharged.
- When referring patients back to the local HHS from a referral hospital, both dietetic services and supply of EN products become the responsibility of the local HHS.
- If ongoing dietetic care is provided at more than one facility for an individual patient, the treating dietitians should communicate clearly any changes to the patient's nutrition care plan.
- The treating dietitian should continue to provide ongoing dietetic follow up including EN care until such time that an appropriate referral to another facility/hospital's dietetic services is negotiated and alternate dietetic service is arranged or until it is determined that HEN is no longer required.
- In all cases the dietitian should ensure that patient receiving EN products are reviewed at minimum every 6 months.

3.3. Supply

The dietitian or medical officer overseeing the nutritional care of a patient should ensure:

- Patients are initially provided with a supply of EN products and consumables for a reasonable period (up to 30 days). This allows the patient the time to make appropriate arrangement to obtain a further supply from local services/home delivery
- Patients, when required, are provided with a feeding pump by the HEN external provider (as per SOA 212)

- EN products are supplied to patients for whom its use is essential. EN products should be considered essential when they are part of clinical process with a proven, definable outcome.
- EN products and related items (e.g. consumables and pump) are selected from appendix 6 of the Queensland Health List of Approved Medicines (LAM), which includes applicable products from the current SOA 212 for enteral nutrition products, related equipment, consumables and accessories.
- An Individual Patient Approval (IPA) is completed and submitted to the HHS medicines committee for non-LAM/SOA EN products [refer to Queensland Health Guideline: Management and Governance of Individual Patient Approvals for further details]

3.4. Costs

- The referring hospital should be responsible for the cost of EN products and consumables for up to 30 days after commencement on HENS, after which the patient's residing HHS/facility will assume the responsibility for the costs of these.
- In cases when a HHS refers a patient to a NGO dietitian credentialed by a HHS, the cost of EN products remains the responsibility of the referring local HHS.
- **Weekly contribution:** Staff supplying public outpatients with EN products should inform the patient of required co-payments. Public outpatients pay a weekly contribution towards the cost of EN up to a maximum. (See Appendix 1 for co-payment amounts).
- Weekly contribution co-payments are based on Australian Bureau of Statistics estimate of weekly cost of normal food and are indexed annually in accordance with the consumer price index. An additional fixed cost for home delivery forms part of the co-payment. (Details of proposed co-payments for the current year are listed in Appendix 1).
 - Where the weekly cost of the EN products (plus cost of delivery if applicable) is less than the amounts of the co-payment, the amount of weekly contribution charged should be adjusted accordingly.
 - If the level of charge for a particular EN product is less than the co-payment, staff should inform patients that purchasing directly from a private supplier of their choice could be advantageous.
 - Queensland public health system patients who use a non-LAM/SOA EN product based on personal preference only should be deemed ineligible to receive the special charging arrangement and should be charged the full cost of the EN product.
- **Reduced Co-payment:** In cases where outpatients are receiving EN in addition to consuming a full fortified diet, including snacks (with estimated requirements 150% or greater than normal) as assessed by the dietitian OR where an outpatient declares financial hardship supported by the treating team assessment, a reduction in co-payment may be given. The HHS Chief Executive (HHSCE) or delegate should approve reductions in required co-payments.
- Where an outpatient is receiving EN in addition to full diet or experiencing financial hardship:

- The treating team should inform the patient of the process to apply for a reduction in co-payment
- The treating team (including dietitian, medical officer, welfare officer/social worker or other delegated organisation) should assess and facilitate an application on behalf of the patient to the HHS Chief Executive or delegate.
- If a reduction in co-payment is approved, the charge applied should be reduced to an amount equal to the current pharmaceutical benefits co-payment (details of co-payments are listed in Appendix 1).
- Eligibility for the reduced co-payment rate should be re-assessed by the treating team at least every 12 months (or less depending on approval timeframe provided by the HHS Chief Executive or delegate). Eligibility for the reduced co-payment rate may not be transferrable across HHSs, hence re-application may be required. (Note: All of the charges categories include provision of necessary minor related items but do not normally include provision of pumps. Pumps, when required, should be supplied/ loaned free of charge by the home delivery provider as per SOA 212).

Note: PBS Safety Net

- EN charges made under this policy cannot be included on the Joint Pharmaceutical Safety Net except for a few nutrition items which are included on the Pharmaceutical Benefits Scheme. PBS listed items continue to be charged at the rate for pharmaceuticals and this amount added to the PBS safety net record.
- Indication will be provided in the Queensland Hospitals Non-Inpatient Drug Price Catalogue of rates to be charged and whether the Joint Pharmaceutical Safety Net inclusion applies.

4. Supporting documents

Procedures, guidelines and protocols

- Procedure for Enteral Nutrition Order Form (QH-PCD-015-1-1:2012)
- Standing Offer Arrangement (SOA) 212 for enteral nutrition products, related equipment, consumables and accessories
<https://secure.publicworks.qld.gov.au/etender/contract/view.do?tenderId=1615>
- Queensland Health List of Approved Medicines (LAM) - Appendix 6 of the LAM
<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/approved-list/default.asp>
- Department of Health: Home Enteral Nutrition Service (HENS) for Outpatients: Eligibility Supply and Costing Version No.:1 Effective From:24 April 2013 Page 5 of 9. Printed copies are uncontrolled

Forms, templates

- Consumer Price Index (CPI) Charges (Appendix 1)

- Dietetic Discharge Forms (for inter-district transfers) / Dietitian Nutrition Care Plan [Available on Queensland Health Nutrition Education Materials Online: http://www.health.qld.gov.au/nutrition/resources/hphe_dc_summ.doc (adults) http://www.health.qld.gov.au/nutrition/resources/paed_dischargereport.doc (paediatrics)]
- Pump loan agreement form
- HEN Registration Form https://qheps.health.qld.gov.au/data/assets/pdf_file/0030/430896/hen-order.pdf

5. Definitions

Term	Definition
Consumables	Equipment and tubing required for tube feeding. Including (but not restricted to): giving sets (plastic tubing) and syringes
Dietitian	To be a Queensland Health employee a dietitian must hold a recognised degree in nutrition and dietetics, be eligible for full membership with Dietitians Australia, and have Accredited Practising Dietitian (APD) status
EN	Enteral Nutrition <i>Source:</i> Dietitians Australia
Enteral Nutrition Products	Products for gastrointestinal tract administration (oral, or via tube) that are designed to supplement or replace normal food in the treatment of patients who for clinical reasons cannot obtain sufficient nutrition from consuming normal food <i>Source:</i> The Australasian Lymphology Association’s National Lymphoedema Practitioners Register – 2010
Financial hardship	Financial hardship should be assessed. When possible, this should be carried out by a welfare officer or a social worker using a financial assessment form
HENS	Home Enteral Nutrition Service: supply of EN products and associated feeding pumps and consumables for patients going home (organised by the patient’s dietitian). This service enables nutrition products and consumables to be either delivered directly to patient’s homes by an external supplier, or to be picked up from the patient’s local hospital
IPA	Individual patient approvals

Term	Definition
LAM	Queensland Health List of Approved Medicines
NUSCO	The sub-committee of QHMAC dealing with supply arrangements for nutrition products and their accessories
Outpatient	An outpatient is a patient of the hospital who is not currently admitted to hospital for treatment
PBS	Pharmaceutical Benefits Scheme and its associated Schedule of subsidised medicines including a small range of EN products <i>Source: Australian Government</i>
Private Patients	Outpatients who elect to be treated as a private patient, Department of Veterans' Affairs (DVA) patients (Gold & in some cases White card holders), residents of non-Queensland Health residential and aged care facilities, or outpatients receiving care from a private dietitian (i.e. non Queensland Health dietitian or a dietitian that has not been credentialed by a Queensland Health nutrition & dietetics department), and outpatients who are accessing other non-Queensland Health services, for example: Domiciliary Allied Health Acute Care and Rehabilitation Team (DAART) <i>Source: An A-Z of revenue terminology</i> http://qheps.health.qld.gov.au/rspu/docs/pubs/rev_a-z.pdf
Public Patients	Patients under the care of a Queensland public hospital. Patients who are seen by doctors in public hospitals' private practice clinics can still be considered public patients. An eligible public patient is a public patient who is eligible for Medicare but who is not compensable. A compensable patient is a patient who may be entitled to the payment of, or who has been paid compensation for, damages or other benefits (including payment in settlement of a claim for compensation, damages or other benefits) in respect of injury, illness or disease for which he/she is receiving care and treatment <i>Source: Selected Queensland Hospital Activity Indicators: Proportion of admitted patients who are eligible public patients (Monthly percents)</i> http://www.health.qld.gov.au/hic/QueenslandHealthID/Hospital_Activity/html/public%20month.asp

Term	Definition
QHMAC	Queensland Health Medicines Advisory Committee

6. Version Control

Version	Date	Comments
1	24/06/2016	Yearly review. Co-payments remain unchanged.
2	06/02/2019	Yearly review. Co-payments have increased in line with CPI increases.
3	16/06/2019	Minor text updates and corrections.
4	22/06/2020	Yearly review. Co-payments have increased in line with CPI increases for 2019 and 2020.

Appendix 1: Queensland Health Consumer Price Index (CPI) Charges

A special charging arrangement* is applied based on cost sharing between the health service and the patient. No charges are raised for EN preparations supplied to inpatients of Queensland Public Hospitals.

** This charging arrangement applies only to EN products that are not PBS listed. PBS listed nutritional items are charged in the same way as medicines.*

The maximum charge is based on Australian Bureau of Statistics estimates of weekly costs of normal food at the time the policy was initiated in 1998 (\$40) and subsequently indexed in accord with the consumer price index (CPI). The charge for *disadvantaged* patients is 50% that for general patients. An additional fixed cost for home delivery forms part of the co-payment.

These maximum weekly charges are subject to regular indexation and the Allied Health Professions' Office of Queensland will advise the appropriate figure when such indexation is performed.

Where the weekly value of the goods supplied is less than the maximum for the category of patient, the price charged will be calculated on the same basis as for pharmaceutical products supplied through Queensland Public Hospitals. A supplement to the Queensland Hospitals Non-Inpatient Drug Price Catalogue will be distributed listing chargeable prices.

The charges include provision of necessary giving sets and minor related items but do not normally include provision of pumps.

If the level of charge for a particular product is less than the maximum rate, patients need to be made aware that purchasing directly from a private supplier of their choice could be advantageous.

Charges for provision of EN through Queensland Public Hospitals for outpatients commencing 1 July 2020 will be applied at the rates of:

- up to \$ 67.87 per week per person for general patients
- up to \$37.11 per week per person for disadvantaged patients

Disadvantaged patients mean children (including adolescents up to 18th birthday), or holders of:

- Pensioner Concession Card
- Health Care Card
- Health Benefits Card

Reduced co-payments are reduced to the co-payment that applied for pharmaceutical products (PBS) and to be charged according to the PBS guidelines (please refer to Non-inpatient Drug price catalogue for the current PBS prices).

Charges for provision of EN through Queensland Public Hospitals for outpatients eligible for reduced co-payments commencing 1 September 2020 will be applied at the rates of:

- up to \$41.00 per 4 weeks per person for general patients
- up to \$6.60 per 4 weeks per person for disadvantaged patients

A delivery/service fee of \$15.00 + GST will also be charged in addition to the reduced co-payments.

PBS Safety Net

Charges for any nutritional items that are listed in the general PBS Schedule may be included on the patients' Joint Pharmaceutical Safety Net record card, but only to the level of the PBS co-payment applicable to that patient. The Queensland Hospitals Non-Inpatient Drug Price Catalogue will indicate whether the item may be credited to the *Safety Net card*, and, if so, the charge to be credited.

Nutritional products that are not listed in the PBS Schedule cannot be credited to the *Joint Pharmaceutical Safety Net* record.