



australasian society of clinical immunology and allergy

Opening Statement for Parliamentary Inquiry Hearing 19th November 2019

Presented by Dr Brynn Wainstein, ASCIA President

It is a pleasure to represent ASCIA, the Australasian Society for Clinical Immunology and Allergy, at this hearing for the parliamentary inquiry into allergies and anaphylaxis, and we thank the federal government for this opportunity.

As the peak professional body for allergy since 1990, ASCIA has extensive expertise, experience, resources and networks to provide guidance to the government, that can make significant health and economic gains to Australia's healthcare system.

We believe that the main challenges are to provide world leading education, training, access to quality care and research in the most cost effective and efficient way, to further improve the care of the one in five Australians with allergies. Where possible, a national approach with consideration for regional differences is our preferred option, to ensure accessible, consistent and evidence-based standards.

Whilst the ASCIA submission includes ten issues, this statement will focus on three priority areas, which are access to **education and training, diagnostic tests, quality care and safe treatments**. These cover seven of the issues raised in the ASCIA submission. As you will have read in the ASCIA submission the other three issues in the submission relate to research, which is also extremely important for ASCIA.

A priority for ASCIA is to ensure best practice management for anaphylaxis, allergy to foods, medications and insect venoms and other allergic diseases such as allergic rhinitis and eczema, by providing accessible, consistent and evidence-based education and training.

Since 2010, ASCIA anaphylaxis and allergy e-training courses have provided accessible, consistent and evidence-based online training, which has been developed and reviewed by experts. ASCIA is a world leader in providing these courses for health professionals, school and early childhood education/care staff and community. ASCIA also leads the world in providing resources such as the ASCIA Action Plans for Anaphylaxis and Allergic Reactions, which have been used throughout Australia since 2003. The costs for webhosting, annual reviews and updating of these world-leading free online courses and resources have been subsidised by ASCIA for the past eight years, without commercial or federal government funding. This subsidisation does not allow for significant improvements to be made.

Support through funding from the Australian government for ASCIA e-training courses:

- Would enable ASCIA to upgrade the e-training content, platforms and format to meet continuing professional development (CPD) accreditation standards for health professionals and community, and therefore increase usage, particularly in areas of need, such as regional, rural or remote locations.
- It would further enable the widespread promotion of ASCIA e-training courses to all health professionals and community to ensure equitable access throughout Australia.
- And it would enable ASCIA to adapt the upgraded content of the e-training courses into face-to-face modules, which could be used in outreach programs to upskill all health professionals and community throughout Australia, and therefore improve equitable access to education and training.

Without Australian government funding, registration fees for ASCIA anaphylaxis e-training courses will need to be introduced in 2020. Whilst there are currently over 100,000 registrations for ASCIA e-training courses each year, we are concerned that this will decrease if fees are introduced. ASCIA has therefore been reluctant to charge fees in the past as this is likely to be a barrier for many users, resulting in a significant reduction in anaphylaxis training throughout Australia, at a time when the need is increasing.



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Another priority for ASCIA is to improve access to evidence-based diagnostic allergy tests.

Skin testing is an important diagnostic tool for clinical immunology and allergy specialists, but the current process for accessing the reagents for these tests is time consuming and complicated. This time could be better spent on patient care.

Food allergen challenges are the gold-standard tests for diagnosis of food allergy and an essential part of quality patient care. These challenges are required to de-label patients who may have outgrown their food allergy, which obviously has a significant effect on quality of life and healthcare costs over many years of peoples' lives. They are the only means by which, in many cases, the result of an allergy test can be confirmed or clarified. They are also required to ensure appropriate patient selection for new food allergy treatments, including oral immunotherapy to foods, where we have an ethical obligation to define that a person who is to be subjected to a long term, costly and potentially risky process actually needs the treatment because they are truly allergic to the food, and indeed react to amounts that are lower than they will receive during oral immunotherapy. The lack of an MBS item number that accurately reflects the complexity and resources required to perform oral food challenges is a barrier to providing quality care.

Drug allergen challenges are required to confirm antibiotic allergy. Most people (90%) who believe they have antibiotic allergy (most commonly penicillin) are shown not to be allergic to the antibiotic if they have a drug allergen challenge. As these people can tolerate the antibiotic safely, drug allergen challenges can lead to safer and more cost-effective care, by reducing the use of expensive antibiotics and reducing multi-resistant infections.

- **Endorsement by the Australian government** is requested for ASCIA to be recognised by the TGA as a legal entity, to enable ASCIA to simplify access to skin testing reagents and allow more time to be spent on providing patient care.
- **Endorsement by the Australian government** is also requested for the introduction of specific MBS item numbers for food allergen and drug allergen challenges that adequately recognise the complexity, time and resources required for these challenges, to improve timely access to care for all patients. ASCIA has made two applications for an item number, in September 2018 and July 2019, which have both been rejected, for reasons that we do not understand and are not based on the actual situation.

Another priority is to improve access to quality care and evidence-based, safe treatments.

The long wait lists to see clinical immunology and allergy specialists can result in patients seeking help from practitioners who are inadequately trained and qualified to provide evidence-based diagnosis, treatments and management of allergies and anaphylaxis.

This can lead to harm due to incorrect diagnosis and management, as well as additional healthcare encounters, thus increasing costs and the burden on Australia's healthcare system. And ultimately this reduces timely access to care by lengthening delays before expert, evidence-based care is provided to patients.

Unfortunately there are still too many examples of patients seen by clinical immunology and allergy specialists, who have received such concerning advice from their previous healthcare encounters that much of the consultation is then focussed on undoing the harm caused by incorrect diagnosis and advice, rather than the focus being on the actual, and in many cases potentially life-threatening diagnosis.



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There are also cases of 'mild' allergic disease, such as mild eczema or allergic rhinitis, where small problems become very big problems, requiring ongoing care by specialists, because of inappropriate advice provided by inadequately trained healthcare professionals.

The result of this is that inappropriate healthcare encounters make the bottlenecks for access to allergy services worse rather than better.

ASCIA supports the concept of a shared care model for allergy services that involves the upskilling of "non-allergist" medical practitioners to perform not only a better triage of patients who are referred to specialist services, but also review patients in between visits to their clinical immunology and allergy specialist. This will serve to reduce the number of specialist visits that are required for each patient while still ensuring that they receive appropriate and evidence-based state of the art care.

However, ASCIA feels that it is vital that the development of such a model must occur at a national level, with consideration for regional differences, rather than through individuals all doing things differently.

With its existing resources, expertise and collaborations such as the National Allergy Strategy, ASCIA is well placed to help develop this model with the appropriate support from government.

- **Australian government funding support for ASCIA to develop minimum standards** of education, training and care would enable outreach programs to access evidence-based standards developed by ASCIA, the peak professional body for allergy in Australia.
- **Australian government funding support for ASCIA endorsed outreach programs** would enable provision of the right care for the right patient, at the right time, in the right place, throughout Australia.
- **Australian government recommendations** to TGA and PBAC would ensure that any methods claiming to diagnose or treat allergies, including new food allergy treatments that have been studied in clinical research trials, are subject to an evidence-based review by ASCIA representatives, to ensure safe and effective tests and treatments.

In conclusion, the high prevalence and lack of a cure makes allergies and anaphylaxis major public health issues in Australia.

With ASCIA's extensive expertise, experience, resources and networks we believe that we can work together with the federal government to improve the care of Australians with allergies in a cost effective and efficient way, and lead the world in allergy education, training, access to quality care, safe treatments and research.