

Include Dietitian Services in the Public Service Health Care Plan

It's cost-effective

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The Problem

Canada's Public Service Health Care Plan does not include coverage of dietitian services. This issue was brought to the attention of the Treasury Board of Canada Secretariat at a meeting held on February 11, 2015 with William Leffler, Director, and colleagues and representatives of Dietitians of Canada, including a representative from the Consulting Dietitians Network.

Analysis of the Situation

It is surprising that Canada's public servants and their families do not have access to dietitian services to support their health and wellness. "Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health." Health Canada's objectives are to:

1. Prevent and reduce risks to individual health and the overall environment;
2. Promote healthier lifestyles;
3. Ensure high quality health services that are efficient and accessible;

Including dietitians in the Public Service Health Care Plan can help reach these national objectives. An article in [Globe and Mail's Health Advisor column](#) brought attention to this issue in an article published in October 2014. The article stated the 'absurdity' of covering the services of unregulated health professionals such as osteopathy, while not including the services of registered dietitians, who are recognized and regulated health professionals.

After this article appeared, the Consulting Dietitians Network (which represents approximately 11% of Dietitians of Canada's 6000 members), set up a [petition](#) to gather support and insights on this problem. Within a few days, more than 5,500 Canadians signed the petition and offered their support. One supporter had this to say:

“RDs [registered dietitians] are an important source of credible, evidence based nutrition education for the prevention and management of disease. I am often disappointed to hear that health plans do not cover this valuable healthcare practitioner yet other services that are not properly governed or monitored and do not use evidence-based practice are covered! Please include these credible and highly regulated services to help Canadians live a healthier life.”

Susan Somerville, Toronto

Access to dietitians is limited for most Canadians

Access to dietitians is generally limited to those:

1. admitted to a health care facility such as a hospital or long-term care facility,
2. with a diabetes diagnosis who can access a diabetes education centre in their community
3. who have a primary health care/family health network in their community, a service that is not universally available across Canada.

For the average Canadian who wants to take steps to stay healthy, minimize chronic disease risk or manage certain conditions, registered dietitian services are generally not a reimbursable service. Consulting dietitians who provide nutrition counselling services are accessible across Canada and can be located through Dietitians of Canada's [‘Find a Dietitian’](#) database.

Current health problems in Canada

The facts – if there are approximately 600,000 Canadians that are part of the Public Service Health Care Plan (PSHCP) and if plan members are representative of the Canadian population overall, then:

- 360,000 of them live with a chronic disease such as heart disease, diabetes, or hypertension¹
- 150,000 (25%) live with diabetes²
- 62% of the adults³ and 32% of the children and youth⁴ covered by the Plan have excess weight or obesity, and
- 336,000 (56%) have an inadequate intake of vegetables and fruit⁵.

The federal government needs to align its employee health care plan with the biggest health challenges facing Canadians – obesity and chronic disease.

The Solution

The PSHCP should provide access to registered dietitians, who are the only regulated health professional in Canada qualified to provide nutrition counselling. Dietitians are identified by 97% of Canadians as a credible source of food and nutrition advice.⁶

Dietitians:⁷

- are evidence-based practitioners who translate complex scientific evidence into practical solutions to promote health and manage conditions such as diabetes, heart disease, food allergies and obesity
- are university-educated with at least 1250 hours of supervised, hand-on-training in disease management, population health, communications and counselling
- are regulated health professionals. The title 'dietitian' is protected by law in all provinces. (Look for the initials RD or PDt after their name to be sure.) They must meet provincial registration requirements
- individualize information, care plans and programs to meet the unique health needs of clients
- work collaboratively with other health care professionals.

Cost–benefit analysis

Dietitians have the scientific knowledge and counselling skills needed to deliver effective dietary advice. They apply proven behaviour change techniques and counselling methods and tailor nutrition advice to the needs of the client. Dietitians of Canada has reviewed the evidence and we can report that diet counselling makes a difference. The evidence shows that:

- Structured and intensive lifestyle interventions delivered by dietitians can reduce the risk of developing type 2 diabetes by up to 60% in clients at risk⁸
- Diet counselling improves general dietary behaviours associated with good health such as increased fruit, vegetable, and fibre intake and decreased fat intake⁹
- After at least three months of dietary counselling, patients with chronic disease have experienced:^{10,11}
 - o Decreased body weight of about 3-5 kg
 - o Reduced glycated hemoglobin (A1C) levels – similar to the outcomes with two medications but with reduced cost and risk
 - o Reduced blood pressure and cholesterol levels.

Potential cost savings on drug therapy with nutrition counselling by dietitians

Two US studies¹² on the cost effectiveness of medical nutrition therapy (MNT) by registered dietitians conclude that for every dollar spent on MNT there was a cost savings of more than \$4.00.

In the first study, patients with hyperlipidemia (high LDL cholesterol levels) who were not yet on statin drug therapy had two to four visits with a registered dietitian over a six to eight week period for an average of 144 ± 21 minutes. LDL levels dropped sufficiently in 51% of patients so they did not require statin therapy with an overall cost savings of \$4.28 for every dollar spent on MNT.

A second study found similar results with a cost savings in statin therapy of \$3.03 for every dollar spent on MNT. In this study, the average number of visits with the dietitian was three (169 minutes) over a seven-week period. The studies concluded that diet intervention should be the first step taken to lower blood cholesterol levels.

According to a 2014 fee guidelines report¹³ prepared by the Consulting Dietitians Network of Dietitians of Canada, the average hourly fee charged for nutrition counselling services in Canada is \$106. Based on the results of these two US Studies, if a patient with high blood cholesterol billed the PSHCP for \$300 (169 minutes with a dietitian) for nutrition counselling with a dietitian, the potential savings in drug costs alone could be \$1,200 (spend \$1 and save \$4).

Reducing health care costs associated with cardiovascular disease and stroke

According to a 2009 Public Health Agency of Canada report on heart disease and stroke in Canada¹⁴, a conservative estimate of the number of Canadians living with either condition is 1.6 million or 5.9% of Canadians over the age of 12. Nine out of 10 Canadians over the age of 20 have at least one of the risk factors associated with heart disease including overweight/obesity and/or a poor diet and 56% do not eat the recommended number of servings of vegetables and fruit. The direct and indirect costs of cardiovascular disease in 2000 were \$22.2 million with 9.6% of the costs being for drug therapy, 18.7% for long-term disability and 5.3% for short-term disability.

If PSHCP members had access to nutrition counselling by a dietitian and used this service, the total cost of reimbursement for drug costs would fall and the indirect costs of lost days of work through short and long-term disability would decline.

Lost work productivity and disability days minimized with lifestyle intervention delivered by dietitian

In a randomized control clinical study of US health plan members with type 2 diabetes and obesity (BMI \geq 27)¹⁵, an intensive lifestyle intervention delivered by a dietitian (6 individual sessions for a total of 4 hours plus 6 one-hour group sessions and monthly follow-up by phone over a one year period) reduced the risk of work days lost by 64% and decreased the risk of disability days by 87% compared to those receiving the usual medical care. The net program cost (based on 2002 US dollars) per person per year was \$328. This is likely less than the amount PSHCP spends on drug treatment reimbursement costs for every plan member with a diagnosis of diabetes or obesity, and less than the number of work days these plan members miss compared to plan members without a diagnosis of diabetes or obesity.

Other health conditions where dietary intervention can make a difference

The available evidence on the difference dietary interventions can make and the associated costs savings is primarily related to chronic disease and obesity management. However, according to a 2009 report, one in 13 Canadians (6-8%) has a food allergy¹⁶, and up to 20% are affected by irritable bowel syndrome (IBS) with more that 40% of these indicating that they avoid certain activities including work because of their IBS symptoms¹⁷. Your Plan members would also benefit from nutrition counselling by a registered dietitian to help them cope with food restrictions and manage symptoms.

Canadian companies that include dietitians services in their employee health care plan

We polled members of the Consulting Dietitians Network to identify Canadian companies they were familiar with that included dietitian services in their employee health care plans. The resulting list clearly indicates that many major companies and organizations include dietitian services in their employee health care plans. The PSHCP should too.

- Loblaw Companies Limited
- Banks - TD, CIBC, RBC
- Canada Post
- Department of National Defense
- Universities - Ottawa, UBC, Saskatoon, Manitoba, Winnipeg
- Some school districts and Teacher's Associations – varies from province to province
- RCMP
- Telus
- Global News
- Shaw
- BC Hydro, Manitoba Hydro
- Province of Manitoba, Nova Scotia,
- City of Winnipeg, City of Calgary
- Workman's Compensation Board
- Abbott Nutrition

This is not an exhaustive list and the content has not been confirmed with the named companies.

Conclusions

The societal and economic impact of chronic disease and obesity in the workplace is significant. Extended health care plan costs associated with drug therapy are strained by the high prevalence of chronic disease and obesity. Those living with one or more chronic diseases and/or obesity are missing more days of work and are not as productive when they are at work. Although evidence-based and cost-effective life-style interventions delivered by dietitians can reduce or eliminate the need for expensive drug therapy and help patients lose weight and eat better, access to dietitian services through the Public Service Health Care Plan is not available.

Given the growing prevalence of chronic disease and obesity, the prevalence of health conditions that impact eating behaviours such as food allergies and irritable bowel syndrome, and the poor eating habits of many Canadians, the associated PSHCP costs will only increase with a substantial burden to the federal government and tax payers.

Protect and promote the nutritional health of public service employees and their families by providing access to reimbursable nutrition counselling services delivered by a registered dietitian.

Dietitians of Canada is the professional association representing more than 6000 dietitians and those studying to be dietitians across Canada. We advance health through food and nutrition. We support the access of Canadians to evidence-based food and nutrition information at www.dietitians.ca and help them locate a dietitian for nutrition counselling and nutrition services at <http://www.dietitians.ca/find>

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- ² Canadian Diabetes Association. 2010. Diabetes: Canada at the Tipping Point. Charting a new path. Available at <http://www.diabetes.ca/CDA/media/documents/publications-and-newsletters/advocacy-reports/canada-at-the-tipping-point-english.pdf>
- ³ Statistics Canada. Body Composition of Adults, 2012 to 2013. Available at <http://www.phac-aspc.gc.ca/publicat/2009/cvd-avc/summary-resume-eng.php>
- ⁴ Statistics Canada. Body Mass Index of Canadian Children and Youth, 2009-2011. Available at <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>
- ⁵ Public Health Agency of Canada. 2009. Tracking Heart Disease and Stroke in Canada. Available at <http://www.phac-aspc.gc.ca/publicat/2009/cvd-avc/pdf/cvd-avs-2009-eng.pdf>
- ⁶ Dietitians of Canada. 2012. Ipsos Reid Poll.
- ⁷ Dietitians of Canada, 2014. Dietitians promote health through food and nutrition. Available at <http://www.dietitians.ca/Downloads/Public/Dietitians-SmartChoice-Col.aspx>
- ⁸ Canadian Diabetes Association. Clinical Practice Guidelines. 2013. Available at <http://guidelines.diabetes.ca/fullguidelines>
- ⁹ Practice-based Evidence in Nutrition. Primary Health Care. Primary prevention of CVD. Grade B evidence. Accessed on February 7, 2015 from <http://www.pennutrition.com/KnowledgePathway.aspx?kpid=3440&pqcatid=146&pqid=22819>
- ¹⁰ ibid
- ¹¹ Practice-based Evidence in Nutrition. Primary Health Care. Evidence Summary. Grade A Evidence. Accessed on February 12, 2015. <http://www.pennutrition.com/KnowledgePathway.aspx?kpid=3440&trid=3467&trcatid=42>
- ¹² Academy of Nutrition and Dietetics. 2012. National Coverage Determination Formal Request. JAND Vol 112. No 1.
- ¹³ Consulting Dietitians Network. 2014. 2013-14 Fee Guidelines. Available at: http://www.dietitians.ca/networks/Consulting-Dietitians/Files/Fee-Guidelines/Revised/Non_CDN_Intro_Fee_Guidelines_2014_Averages.aspx
- ¹⁴ Public Health Agency of Canada. 2009. Tracking Heart Disease and Stroke in Canada. Available at <http://www.phac-aspc.gc.ca/publicat/2009/cvd-avc/pdf/cvd-avs-2009-eng.pdf>
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- ¹⁶ Allergic Living 2009. Available at <http://allergicliving.com/2010/07/02/food-allergy-canadian-statistics-revealed/>
- ¹⁷ Gastrointestinal Society. 2013. Irritable Bowel Syndrome Affects up to 6.7 million Canadians. Available at <http://healthcaretransformation.ca/irritable-bowel-syndrome-affects-up-to-6-7-million-canadians/>