

**From:** [Maria Said](#)  
**To:** [submissions.ihpa](#)  
**Subject:** A&AA response to IHPA public consultation paper re the Australian Non-Admitted Care Classification [SEC=No Protective Marking]  
**Date:** Monday, 23 April 2018 17:16:38

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To whom it may concern

Thank you for the opportunity to comment on the attached Independent Hospital Pricing Authority (IHPA) public consultation paper on the development of the Australian Non-Admitted Care Classification (ANACC). As Allergy & Anaphylaxis Australia received late notification of this consultation, we greatly appreciate the extension for our response.

The consultation is relevant for clinical immunology and allergy services, particularly for immunoglobulin replacement therapy for immunodeficiency, food allergen challenges and allergen immunotherapy. As Allergy & Anaphylaxis Australia is a patient support organisation for allergic conditions (not immunodeficiency), we will only provide comment regarding food allergen challenges and allergen immunotherapy.

**Food allergen challenges** are procedures where small and incremental amounts of a particular food (as set out in standardised protocols) are fed to a patient whilst under medical supervision, and monitored to determine if the food being tested causes an allergic reaction in the patient. Most challenges take 2 to 3 hours to eat the required doses of food, followed by 2 hours of observation. Occasionally the food is given in one serving for rare types of food allergy such as Food Protein Induced Enterocolitis Syndrome (FPIES).

Food challenges are considered to be the 'gold standard' for determining if a:

- patient has outgrown an existing food allergy.
- suspected food allergy is an actual allergy, when the history or allergy tests are unclear.
- patient with confirmed food allergens can safely eat alternative foods.
- positive food allergy test in a person who has never before reacted to that food, is associated with an actual allergy to that food.

A positive food allergy test using skin prick tests (SPT) or blood tests for allergen specific IgE means that a patient's immune system has produced an antibody response to that food. This is known as being sensitised to an allergen. However, sometimes false positives can occur, which means that the test is positive yet the person can eat the food without any symptoms. For this reason, it can be important in some circumstances to confirm the significance of a positive allergy test with a food allergen challenge, to prevent unnecessary avoidance of food and unnecessary prescription of adrenaline (epinephrine) autoinjectors (e.g. EpiPen®s).

Food allergen challenges being better funded can mean:

- the patient no longer needs to be prescribed an adrenaline autoinjector
- the patient no longer needs to see an allergist
- patient anxiety about their life-threatening condition is eliminated
- less burden on the health system
- confirmation that their allergy exists and the severity of the allergy
- clearer direction for the patient about their management

**Allergen immunotherapy** is the only potential cure for allergic disease. Where allergen immunotherapy is available (for insect venoms, pollen, mould and animal dander) and if the patient is a suitable candidate, patients are encouraged to undertake allergen immunotherapy. As there is currently no PBS funding for allergen immunotherapy (except for venom allergen immunotherapy), public patients receiving this treatment will usually be covered by the hospital, who can only charge a dispensing fee. We therefore also request that the IHPA considers funding for allergen immunotherapy. Information about allergen immunotherapy is available on the ASCIA website [www.allergy.org.au/patients/allergy-treatment/immunotherapy](http://www.allergy.org.au/patients/allergy-treatment/immunotherapy)

Better funding of allergen immunotherapy can mean:

- the patient no longer needs to be prescribed an adrenaline autoinjector
- the patient no longer needs to see an allergist
- patient anxiety about their life-threatening condition is eliminated
- patient quality of life improves due to less allergic rhinitis symptoms
- patient costs for over the counter and prescription medications decreases
- less burden on the health system
- clearer direction for the patient about their management

Food allergy has increased in prevalence over the last 10-15 year period. This increase includes people with often multiple, and more complex, allergic disease states. An allergist/immunologist often cares for patients with several allergic disease states in the one patient e.g. multiple food allergies, asthma, eczema and allergic rhinitis. We believe that the set amount of funding, as well as the funding per patient, needs to be increased so that total patient care can continue to improve.

Please let me know if you have any questions about the information provided.

Kind regards,

*Maria*

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