

CONSUMER COSTS OF HOME PARENTERAL NUTRITION IN AUSTRALASIA: A SNAPSHOT

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Rationale: Home Parenteral Nutrition (HPN) is life-saving for people with widely ranging conditions and co-morbidities. When suitably equipped and resourced there are significant cost savings in comparison to inpatient care, but costs of HPN solutions, consumables, equipment, medications and medical fees differ between Australian (Aus) and New Zealand (NZ) consumers.

Methods: On-line survey of HPN costs for PNDU members in February 2013.

Results: 15 adults 7 parents/carers of children completed the survey: 82% Aus 18% NZ. Only 2 maintain full-time employment, 6 work part-time and another only works intermittently when stable. 58% are unable to work and rely on government support or income protection payments. 91% do not pay for HPN solutions or giving sets but 1/22 (Aus) pays the full cost of solutions and sets privately. Another had been informed they will eventually have to pay for solutions. 86% did not pay for a pump or servicing. Others had purchased ambulatory pumps privately. 86% did not pay for syringes, needles, dressings but 3/22 Aus, paid for some items. 18/22 had additional medication expenses, 50% for special medicines not covered by government benefits. Medical consultation fees were incurred weekly (11%) monthly (22%) 3-monthly (22%) and 6-monthly (11%). Over half paid for other accessories eg pump backpack, refrigerator or consumables not HPN-related eg gastrostomy tubing, stoma bags.

Conclusion: NZ has a free national HPN and intestinal failure service, whereas the Aus federated health system allows variation between States and Territories. These differences can lead to inequity in the costs of equipment and consumables, which could create hardship. Most patients/parents are on low incomes and receive their HPN supplies free of charge. However, the fact that some Aus hospitals have considered charging for HPN solutions and/or consumables raises concerns that HPN therapy could become unattainable for all but the very wealthiest.

Note: The results contained in this abstract have been slightly modified from the published ESPEN 2014 Abstract in light of corrected information received after the survey had been completed.