



AUSTRALIAN  
PHYSIOTHERAPY  
ASSOCIATION

# Physiotherapy: high-value care for all.

Publicly funded physiotherapy is key to  
improving the health of all Australians.

Federal Pre-Budget Submission 2023-2024 | Australian Physiotherapy Association







## Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.



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# FOREWORD

### **A journey to high-value care.**

The Australian Physiotherapy Association (APA) welcomes the opportunity to provide our budget proposal ahead of the 2023–24 Budget.

Over the past three years the pandemic has disrupted health care, affecting the entire system, with reduced supply and increased demand. This has plunged our health care system into crisis, intensified by the pandemic-fuelled burnout of our health workforce, and drained our system of vital skills and expertise. We now need to adapt our health system for the decade ahead and this begins with recognising that COVID-19 has not left us, that it is still very much here, and that we now have a significant and growing issue with long COVID in the community.

The past decade of policy drift has ensured little to no progress towards creating the value-based health care system we need. The new Albanese Government is putting us back on a reform path, in what now presents as an unprecedented opportunity to transform the health care system. In this past year, we have seen a commitment to lead significant health system reform in order to deliver on the government's vision of universal, fast and world-class medical care. The pace in starting this vital work has been appreciated—particularly for our 31,000 members, who have been waiting for real reform in primary care for more than a decade.

At the heart of our submission is our vision to ensure that all Australians have access to physiotherapy. Too many Australians cannot access the care they need. Health inequity is a longstanding challenge and one that certainly didn't arrive with the pandemic. A worsening of inequality is now evident and this is deeply embedded in our structural and health system failures. We need to move beyond traditional structures and conventional primary care towards more integrated care models that include allied health services such as physiotherapy.

The solutions that will fix health care lie in valuing the skills of the entire health workforce, in integration, in lifting the structural barriers to strengthen access and in streamlining the patient journey. It is through the solutions we set out here that we can begin the journey to value. In this 2023–2024 Pre-Budget Submission, the APA presents solutions to connect and integrate care that will deliver the four outcomes governments and patients want—high-value care, reduced costs, improved efficiency and enhanced patient ownership of their own health care.

The physiotherapy workforce plays a critical role in primary care and in prevention and rehabilitation, which are key to improving primary and community care. A focus on integrating physiotherapists into primary and community care through funding reform is long overdue. The APA wants to see a much stronger equity lens and a focus on integrating prevention into the management and delivery of care.

Patients must have access to physiotherapists as part of a multidisciplinary team. Right now, they don't. Our health system fails to facilitate this essential care and patients are not funded to access physiotherapy services beyond current and very limited MBS chronic disease items. New models of care utilising high-value physiotherapy are urgently needed to reform Medicare and improve patient outcomes.

Real reform would encompass stronger investment in publicly funded physiotherapy to allow access to physiotherapists as first contact practitioners. It would reduce disparities and the impact of their determinants by ensuring that those who need it the most can access the supports and capacity-building services they need to thrive.

**Physiotherapy is a critical and essential service for all Australians. It's time to publicly fund it.**

**Scott Willis**  
National President

**Anja Nikolic**  
Chief Executive Officer

# OUR BIGGEST HEALTH CHALLENGE

MSK burden. The hidden epidemic.



**\$14 BILLION**

**Musculoskeletal disorders** represent the highest health spend of disease expenditure in Australia. More money is spent on musculoskeletal disorders, such as **osteoarthritis** and **back pain**, than on any other disease, condition or injury in Australia.

Physiotherapy is essential care for the close to 7 million Australians who live with MSK conditions.



Disease prevalence  
**7 million**

Almost  
**1 in 3** (30%)  
Australians

**1 in 7**  
Australians  
have some  
form of  
arthritis

**12% of the total  
burden of disease  
and injury**  
in Australia



**Back pain** is the most  
common MSK condition,  
affecting 16% of the population,  
and the second leading cause  
of overall disease burden



The lack of publicly funded access to **First Contact Physiotherapy** (FCP) in primary care means that Australians are missing out on better and faster access to diagnosis and treatment of musculoskeletal pain and conditions.

Sources:

Australian Institute of Health and Welfare (AIHW). (2020). *Arthritis*. Cat. no. PHE 234. Canberra: AIHW. | Australian Institute of Health and Welfare (AIHW). (2020). *Back problems*. Cat. no. PHE 231. Canberra: AIHW. | Australian Institute of Health and Welfare (AIHW). (2017). *The burden of musculoskeletal conditions in Australia: a detailed analysis of the Australian Burden of Disease Study 2011*. Australian Burden of Disease Study series no. 13. BOD 14. Canberra: AIHW. | MOVE muscle, bone & joint health, PwC. (2017). *Everybody MOVE: Improving outcomes in musculoskeletal health*. Victoria: MOVE and PwC.

## SOLUTIONS IN BRIEF

### 01 Our top three priorities

Physiotherapy is essential care for the close to 7 million Australians who live with musculoskeletal (MSK) conditions. Too many Australians are without access to prevention, early detection and quality care. And for too many, this means that they have to live with chronic pain. Investment in publicly funded physiotherapy will advance health, improve care and increase value.

**01**

#### REFORM PATHWAYS

##### Specialist and diagnostic imaging referrals

Remove the structural barriers that make it harder for Australians to access the care they need. We call for reform of patient referrals to:

- › Allow physiotherapists to **directly refer** patients to orthopaedic surgeons within their scope of practice.
- › Expand medical **imaging rights** for physiotherapists across a range of modalities.

**02**

#### REFORM PRIMARY CARE

##### Invest in new publicly funded physiotherapy

Stronger investment in physiotherapy will strengthen primary care and improve access to essential care including through:

- › Publicly funded **First Contact Physiotherapy**.
- › Expanding **chronic disease and pain-related** items of MBS.
- › A **long COVID** rehabilitation pathway.

**03**

#### REFORM URGENT CARE

##### First Contact Physiotherapy in Urgent Care Clinics

Create a more sustainable acute care pathway and reduce unnecessary ED presentations by bringing physiotherapy into Urgent Care Clinics:

- › Trial First Contact Physiotherapy in **Urgent Care Clinics** nationally.
- Support the ageing population in the community with emergency help:
- › Trial multidisciplinary **rapid response** teams.

#### Top 3 priority reforms

*New pathway solutions to strengthen the patient journey. Full chapter on page 6*

## 02 Our care priorities

Remove the barriers to efficient and cost-effective physiotherapy for people most in need and across our highest priority settings.

### 01 FIRST NATIONS HEALTH

**For Aboriginal and Torres Strait Islander Peoples, physiotherapists are vital to improving health outcomes.**

We are calling for:

- › Physiotherapy services to be prioritised in the new health clinics to strengthen chronic disease treatment and rehabilitation.
- › Investment in allied health assistant roles as part of the government's new First Nations Health Worker Traineeship Program.
- › A funded trial to embed appropriately trained, culturally safe physiotherapists into Aboriginal Community Controlled Health Services.

### 02 RURAL HEALTH

**Funding for rural health reform beyond medicine must be prioritised to address entrenched health disparities.**

We are calling for:

- › Rebated physiotherapy items to reduce out-of-pocket costs to rural patients.
- › Rural physiotherapy to be trialled as part of the Urgent Care Clinic rollout.
- › Investment in integrated care models and incentivised team-based care arrangements to increase access.
- › Expanded capacity for Primary Health Networks to fund physiotherapy solutions to address rural access challenges.

### 03 AUSTRALIANS WITH DISABILITY

**All Australians living with disability must have access to the physiotherapy supports they need to maintain and improve function and participation, inside and outside the National Disability Insurance Scheme (NDIS).**

We are calling for:

- › The immediate indexation with CPI of NDIS price limits for physiotherapy supports.
- › Funding for access to physiotherapy supports in primary care for children and adults living with disability who are not eligible for the NDIS.
- › The government to properly fund the NDIA so it can deliver on its mission.

### 04 OLDER AUSTRALIANS

**Older people must have access to physiotherapy care where and when they need it.**

We are calling for:

- › Comprehensive clinical assessment and targeted funding for physiotherapy across different settings to prolong independence and manage the physical and cognitive symptoms of chronic disease.
- › Funding to be prioritised for physiotherapy-led falls prevention at home and/or in residential aged care facilities.
- › Immediate action to address job losses as a consequence of recent policy action that has led to a rapidly diminishing physiotherapy workforce in residential aged care facilities.

### 05 VETERANS' CARE

**The role of physiotherapy in a veteran's health journey, both physical and mental, is vital, but there remain barriers to providing this essential care.**

We are calling for:

- › A pricing framework that encourages earlier intervention and drives value-based health care through new physio-led models of care.
- › The price disparity to be addressed to ensure that physiotherapists can continue to provide essential services to veterans.

**Our care priorities**

*Accessing the care they deserve.*

Full chapter on page 10



### 03 Putting high-value care to action

Access to diagnosis, treatment of **musculoskeletal pain and conditions** and advanced pathways to COVID recovery.

#### 01 MUSCULOSKELETAL

- › Fund physiotherapy in Urgent Care Clinics

#### 02 LONG COVID

- › Fund a long COVID rehabilitation pathway

High-quality physiotherapy as **preventive activity** over the life cycle is key to reducing the disease burden.

#### 03 PREVENTIVE HEALTH

- › Investment in physiotherapy to combat growing rates of chronic disease and to address the pain and injury burden

Community-based exercise in physiotherapy-led **falls prevention**, to **reduce physical birth trauma** and in **cancer rehabilitation**.

#### 04 FALLS PREVENTION

- › Fund physiotherapy-led falls prevention at home and/or in the residential aged care facility

#### 05 PHYSICAL BIRTH TRAUMA

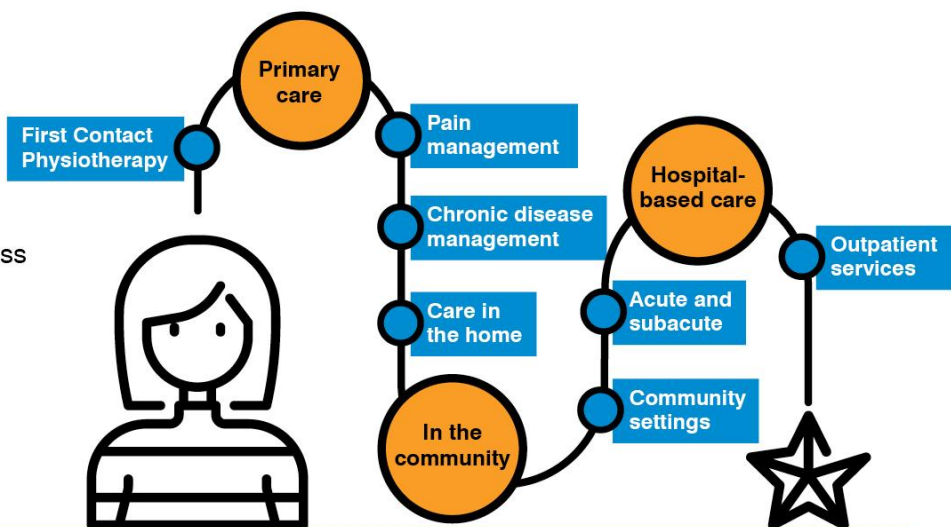
- › Fund prenatal and postnatal pelvic health physiotherapy

#### 06 CANCER AND EXERCISE TRAUMA

- › Fund a physiotherapy-led cancer rehabilitation pilot program

### Physiotherapy across settings

Delivery of preventive care, treatment and rehabilitative physiotherapy services across the life span in selected populations and settings.



#### New models

*New physiotherapy-led models to advance health, improve care and increase value. Full chapter on page 16*

## 04 Workforce reform

Workforce sustainability can only be realised through a commitment to increase resources for publicly funded physiotherapy.

### 01 WORKFORCE PLANNING

**Strategies to mobilise the physiotherapy workforce must be prioritised—a national workforce plan is needed to avoid a supply crisis.**

We are calling for:

- › A National Allied Health Workforce Strategy encompassing needs assessment and targets for physiotherapy workforce growth.
- › Investment in the development of advanced practice physiotherapy roles to improve the patient journey.
- › Funding for an advanced skill pathway to support physiotherapists to upskill to meet a need in their community.
- › Direct attraction packages and retention supports for skilled migrant physiotherapists.

### 02 NEXT GENERATION

**More investment is required to secure the next generation of physiotherapists—a funded training pipeline will ensure that physiotherapy graduates have the required skills to enter the workforce.**

We are calling for:

- › A nationally funded training pipeline for the physiotherapy profession.
- › Funded supports for clinical placements through teaching incentives.
- › Legislative change to allow physiotherapy practices to bill against MBS items for supervising a student to treat eligible patients.

### 03 RURAL MALDISTRIBUTION

**Increasing retention of physiotherapists nationally will help build workforce capability to meet changing health care needs and increasing service demand.**

We are calling for:

- › Financial incentives to draw physiotherapists into training and practices where they are needed most.
- › Redirection of the Workforce Incentive Program to directly fund physiotherapy practices.
- › Extension of the HELP for Rural Doctors and Nurse Practitioners initiative to rural physiotherapists.

### 04 DIGITAL HEALTH

**Targeted investment is required to leverage digital health solutions across all patient pathways—a broader funding commitment is needed to trial system-wide solutions encompassing physiotherapy.**

We are calling for:

- › Funding for physiotherapists to embed digital health through extending the PIP eHealth Incentive.
- › Funding for a physiotherapy-led pilot within primary care and the hospital system to support interoperability and streamline the patient journey.

#### Workforce reform

*Planning for the health workforce of the future. Full chapter on page 29*





## New pathway solutions to strengthen the patient journey

Broader structural reform of our health system is needed to remain one of the best in the world, but we don't need to wait to make life better for Australian patients. And we don't need another plan to get moving on this. We just need to start implementing. Patients must have access to physiotherapists as part of a multidisciplinary team. More focus on integrating physiotherapists into primary care through funding reform and integrating prevention into the management and delivery of care is needed.

- Priority 1      Reform pathways
- Priority 2      Reform primary care
- Priority 3      Reform urgent care

# REMOVING STRUCTURAL BARRIERS

The **first step** in reform to strengthen Medicare

## The issue

Physiotherapy offers solutions to connecting care, but reform is needed to enable best practice direct access pathways that allow specialist referral and diagnostic imaging for musculoskeletal conditions.

Australia's referral system to specialist care needs reform to better align to care needs. Physiotherapists are expert in the diagnosis of musculoskeletal conditions. Ordering tests and making referrals are already within existing physiotherapist scope, but restrictive Medicare Benefits Schedule (MBS) rules limit practice. A health system barrier that limits MBS subsidy has an impact on the patient pathway and holds with it significant opportunity costs. For the patient, this results in increased costs, time delays and potentially delayed access to essential care. Existing systemic barriers can be easily removed to ensure value-based care—a better patient journey—at a lower cost to the health system.

## Priority 1 Reform pathways

Our current system leaves people waiting too long for referral and the care they need. Putting the patient at the centre, there are two simple solutions to streamline the patient journey by leveraging physiotherapy in primary and community care. Both require change to the MBS—to allow physiotherapists to directly refer patients to orthopaedic surgeons within their scope of practice and to expand medical imaging rights to physiotherapists.

### 1.1 | Referral to orthopaedic surgeons

**Action:** Amend the Medicare Benefits Schedule—Note GN.6.16 on *Referral of patients to Specialists or Consultant Physicians* to allow physiotherapists to directly refer patients with musculoskeletal conditions to orthopaedic surgeons.

The current definition of referrals within the MBS doesn't allow for Medicare rebates for physiotherapists' referrals to orthopaedic surgeons. This can delay specialist treatment, wastes the time of busy GPs and costs the MBS millions of dollars. Physiotherapists often need to refer to a GP even when they have assessed that an orthopaedic surgeon is the most suitable health professional. The right for physiotherapists to refer to orthopaedic surgeons would improve the patient journey, result in cost efficiencies, reduce GP visits by around 737,000 per year and ensure better use of the existing workforce.<sup>1</sup>

### 1.2 | Diagnostic imaging

**Action:** Medicare physiotherapy referral rights across a range of MSK imaging items.

There is an urgent need to expand medical imaging rights for physiotherapists for musculoskeletal conditions under Schedule 5 to assist in the diagnosis of shoulder, elbow, wrist, hip, knee and ankle injuries for both adults and children. Currently, many patients need to either see a GP or present to an emergency department to request imaging to confirm a physiotherapist diagnosis. Investment in publicly funded physiotherapist imaging referral pathways will improve the patient journey, save costs to the health system and improve capacity for medical practitioners and emergency departments.

Direct imaging referrals for MSK imaging

Ultrasound	X-ray	MRI
55800	57509	63322
55808	57521	63325
55816	57523	63331
55820	57703	63337
55836	57709	63560



# PUBLICLY FUNDED PHYSIOTHERAPY

The **second step** in reform to strengthen Medicare

## The issue

Faster treatment, better outcomes and lower costs are required to meet Australia's current and future health care needs.

To realise real reform in primary care, measures are needed to improve access to essential care, reduce out-of-pocket costs and, most importantly, reduce costly and inefficient treatments. Fundamentally, we'll see a more cost-effective system and better health outcomes if we simply allow patients to be treated by physiotherapists in the primary care setting. The cost-effectiveness of our interventions is proven both in the literature and through cost-benefit analysis.<sup>2</sup>

## Priority 2 Reform primary care

More investment in publicly funded physiotherapy is needed to drive new models of care for chronic disease, chronic and persistent pain, and injury prevention and management. In addressing significant unmet demand, there are three simple solutions to expand access with a defined role for physiotherapy in primary and community care by investing in the publicly funded First Contact Physiotherapy (FFCP) model.

### 2.1 | Expand public physiotherapy for chronic disease and persistent pain

**Action:** Expand chronic disease and pain-related items of the MBS encompassing physiotherapy.

Five sessions to meet all the allied health needs of a chronically ill or physically deconditioned person has never been enough to provide comprehensive care. The number of physiotherapy sessions available to patients under Chronic Disease Management Plans needs to be increased to expand access to physiotherapy interventions. The MBS Review was an opportunity to modernise the health system and address major barriers to equitable access to chronic disease management and quality pain care. The review's recommendations provide evidence-based savings and efficiencies in primary care. It's time to implement them.

New model design:

**03 Preventive health**  
on page 21

### 2.2 | Better and faster access to diagnosis and treatment of MSK pain and conditions

**Action:** Fund a pilot to trial the funded First Contact Physiotherapy (FFCP) model in Australia.

Physiotherapy is essential care for the close to seven million Australians who live with MSK conditions. Allowing patient access to Medicare-funded physiotherapists as first contact practitioners remains a key primary care reform opportunity. FFCP is an evidence-based model that integrates primary and community care health services. A priority pathway should be considered through publicly funded FFCP to provide better and faster access to diagnosis, treatment and care of musculoskeletal pain and conditions.

New model design:

**02 Long COVID**  
on page 19

### 2.3 | A long COVID rehabilitation pathway

**Action:** Prioritise access to physiotherapy through a long COVID rehabilitation pathway

The role of physiotherapists in this pandemic has been vital. Physiotherapy will be just as vital to our recovery, including in responding to long COVID. Greater integration and increased investment in physiotherapy are required to manage the ongoing impact of long COVID. Considering the future implications, we need to move fast to advance pathways to COVID recovery, including ensuring access to publicly funded physiotherapy.

### The issue

There is a need to strengthen care at the primary and acute care interface through physiotherapy in urgent care.

While we strive for optimal health care, our system often fails to connect the patient to the most clinically appropriate and cost-effective health care pathway. More coherence in policy settings to address the key barriers to accessing proven and cost-effective interventions will help to address the more complex challenges. Targeting spending on physiotherapy would bring more value for money by reducing the need for costly secondary care. The Urgent Care Clinic trial provides the opportunity to test a new, more efficient pathway that provides better and faster access to diagnosis, treatment and care of musculoskeletal pain and conditions.

### Priority 3 Reform urgent care

The provision of bulk-billed urgent medical care will ensure that families can see a doctor without needing to visit overburdened hospital emergency departments. This is a significant and necessary step in reforming the health care system. To meet community demand and reduce unnecessary ED presentations, Urgent Care Clinics must incorporate physiotherapists. To address vast unmet need in Australia, in physical and mental health care, these clinics should also incorporate psychologists. Physiotherapy and psychology should be prioritised as the next publicly funded first contact professions after nursing. This is what reforms should focus on to fully utilise the health workforce beyond general practice.

#### 3.1 | Expand the Urgent Care Clinic team to encompass physiotherapy

**Action:** Prioritise a publicly funded First Contact Physiotherapy (FFCP) service in Urgent Care Clinics nationally

Physiotherapy is key to ensuring continuity of care across the primary and acute care interface by contributing to the alleviation of GP workload and diverting non-life-threatening emergencies from emergency departments.

New model design:  
**01 Musculoskeletal**  
on page 17



Rolling out publicly funded FCP in primary care and as part of the Urgent Care Clinic trial will have key benefits both for patients and for the health system in the form of cost savings and better utilisation of resources, including the health workforce. An FFCP service would be provided by appropriately qualified, Ahpra-regulated, autonomous clinical physiotherapy practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral—where appropriate.

#### 3.2 | Multidisciplinary rapid response teams

**Action:** Develop a new pathway to activate multidisciplinary rapid response teams to support older Australians in the community with emergency help.

Strengthening the breadth and availability of community services for older Australians is key to moving care out of the hospital and into the community. A key policy aim must be to drive multidisciplinary integrated care closer to home. The availability of services must be proportionate to the size of a growing population. Care must reflect their needs regardless of setting, with a core aim to maintain mobility and self-care where possible. Reform being undertaken in the UK through the development of multidisciplinary rapid response teams to support the ageing population in the community with emergency help should be piloted.



# 02

## OUR CARE PRIORITIES



### Accessing the care they deserve

Improving the overall health of the population, and reducing health inequities, should be a core focus of the Australian health system. All Australians deserve access to high-quality health care—bringing fairness to health care access requires particular focus on our priority populations. The first step involves gaining access to affordable health care and prioritising population groups who experience the most inequity. Priority populations stand to benefit the most from physiotherapy-led interventions and we call for reforms across five key areas. Firstly, reforms must focus on securing a better future for First Nations Peoples and enabling health access for rural Australians. In addition, our care priorities must extend to securing the NDIS to support Australians with disability, funding for better aged care and support for our veterans.

- |                 |                             |
|-----------------|-----------------------------|
| Care priority 1 | First Nations health        |
| Care priority 2 | Rural health                |
| Care priority 3 | Australians with disability |
| Care priority 4 | Older Australians           |
| Care priority 5 | Veterans                    |

# OUR CARE PRIORITIES

## Backing physiotherapists to get patients the care they need

### The issue

Physiotherapy provides a path to better health and wellbeing but for too many Australians, access is denied or inadequately funded.

The current health system leaves too many people isolated and disconnected and without access to the essential care they need. Many Australians cannot access the health care they need and deserve. Long wait times, fragmented services and affordability factors have a significant impact on access to essential care for a number of high-priority groups. Physiotherapy provides value to Australians at all stages of life and in response to many different life events. However, it is often under-utilised despite strong evidence for integrated care models that include allied health services. The time has passed for incremental improvements. We need to instigate solutions beyond outdated medical models and sole discipline focus to get the best health and efficiency outcomes.

### Priority reforms

We are calling on the government to remove the barriers to efficient and cost-effective physiotherapy care for people most in need and across our highest priority settings. This includes properly funding the NDIS and disability care, implementing the Royal Commission's recommendations in aged care and investing in veterans' care. It includes action to improve access to and experience of care for Aboriginal and Torres Strait Islander Peoples. In addressing disparities for rural communities, it extends to more targeted supports to address rural service deficits driving inequities. It must also extend to urgent challenges where services are at a crisis point and affecting access, including for those waiting for mental health care.

### Care priority 1 **First Nations health**

Physiotherapists are vital to improving health outcomes for First Nations Peoples. They provide clients with the skills and strategies to treat a range of conditions and to manage and prevent chronic disease. Aboriginal and Torres Strait Islander Peoples in Australia continue to suffer a greater burden of chronic disease than their non-Indigenous counterparts, with many socioeconomic factors, such as access to culturally safe care, contributing to these health disparities. Access to coordinated and timely health care improves health outcomes for people with chronic and complex health needs. Therefore, improving access to and providing culturally safe health care, including preventive services, for First Nations Peoples must be prioritised in health reform.

#### **Action 1 Physiotherapy services to be prioritised in the new health clinics to strengthen chronic disease treatment and rehabilitation.**

With the rates of chronic conditions, including musculoskeletal and chronic obstructive pulmonary diseases, being much higher among First Nations Peoples, it is imperative that physiotherapy services are prioritised for Aboriginal and Torres Strait Islander Peoples through Urgent Care Clinics. Living with a chronic disease can have a considerable effect on people's lives by affecting the ability to walk or to complete simple tasks at home unassisted, along with participation in work and recreational activities. Increasing access to physiotherapy through the Urgent Care Clinics would better support First Nations Peoples to self-manage their conditions, thereby contributing to better health and wellbeing.



## **Action 2 Investment in allied health assistant roles as part of the government's new First Nations Health Worker Traineeship Program.**

While the APA supports the government's new First Nations Health Worker Traineeship Program, we call for this to be expanded to encompass opportunities for Aboriginal and Torres Strait Islander Peoples to become allied health assistants. Allied health assistants provide support to allied health professionals, including physiotherapists, and this creates a training pathway for those wanting to become physiotherapists. With Aboriginal and Torres Strait Islander physiotherapists currently comprising around 0.7 per cent of the entire physiotherapy workforce, there is a significant need to invest in growing the number of First Nations physiotherapists.

## **Action 3 A funded trial to embed appropriately trained, culturally safe physiotherapists into Aboriginal Community Controlled Health Services.**

Aboriginal Community Controlled Health Services (ACCHSs) are the preferred model of health care for many First Nations Peoples in Australia due to the centrality of culture in all elements of their service delivery. This is key to creating a culturally safe and comprehensive primary health care service that is oriented to the needs of First Nations communities.

Physiotherapy plays an essential role in improving health outcomes for Aboriginal and Torres Strait Islander Peoples, including in managing chronic diseases such as cardiorespiratory disease and chronic pain. However, there is a low utilisation of physiotherapy among First Nations Peoples, which is underpinned by a lack of understanding of the role of physiotherapy, financial barriers and low access to culturally safe services.

Strengthening the cultural competency of physiotherapists, growing the Aboriginal and Torres Strait Islander physiotherapy workforce and enhancing access to culturally safe services are key shifts required to make allied health services more appropriate for First Nations Peoples. We call for a fully funded trial to ensure that all ACCHSs have access to at least one appropriately trained, culturally safe physiotherapist to move us closer to enabling physiotherapists to provide the best possible care for First Nations Peoples in Australia.

## Care priority 2 **Rural health**

Every community across Australia deserves access to vital health services, including physiotherapy services. However, many rural communities have no physiotherapy services, contributing to disparities in health care. Stronger investment in publicly funded rural physiotherapy and integrating prevention into the management and delivery of care will help address health disparities.

### **Action 1 Rebated physiotherapy items to reduce out-of-pocket costs to rural patients.**

Providing equitable access to care continues to be a fundamental challenge for rural physiotherapists working within private and public settings. A rural health strategy needs to address the challenges of delivering services in rural communities, including addressing the specific needs of those who live there. This key policy challenge has eluded successive governments and requires a much stronger equity lens with impactful system-level changes to lift the barriers currently limiting rural physiotherapy service delivery. This will require new measures to ensure practice viability that factor in geographic, demographic, workforce and training variables.

### **Action 2 Rural physiotherapy to be trialled as part of the Urgent Care Clinic rollout.**

The planned Urgent Care Clinics will make it easier for rural patients to see a doctor, a nurse or a physiotherapist when they have an urgent but not life-threatening need for care. It is essential for implementation that rural location pilots are flexible in design to enable each community to tailor the care provided and to address local need within the context of diminished resources.

New model design:  
**01 Musculoskeletal**  
on page 17



**Action 3 Investment in integrated care models and incentivised team-based care arrangements to increase access.**

New rural funding models that ultimately lead to the success and sustainability of a service are needed to drive fully integrated care encompassing telehealth. Scaling up and replicating these successful models is vital and reliant on ongoing access to funds beyond grant rounds.

**Action 4 Expanded capacity for Primary Health Networks to fund physiotherapy solutions to address rural service challenges.**

There is a need to support innovative models of care, including reform of primary care that allows patient access to physiotherapists as first contact practitioners. Enabling the Primary Health Networks to advance physiotherapy-led models of care to address service delivery challenges in rural areas is key. Supporting extended scope physiotherapists as primary practitioners able to refer to specialist medical practitioners will better utilise the existing workforce.

## Care priority 3 **Australians with disability**

All Australians living with disability must have access to the physiotherapy supports they need to maintain and improve function and participation, inside and outside the National Disability Insurance Scheme. Greater function, mobility and independence for people with disability means greater inclusion and participation in society and in the economy, including via access to work for them and their informal supports.

**Action 1 Immediate indexation with the Consumer Price Index of NDIS price limits for physiotherapy supports.**

Price limits for supports delivered by physiotherapists haven't changed since July 2019. This means that they have decreased in real terms as the costs of providing supports have increased in line with wage and price increases. To avoid physiotherapists having to choose between maintaining NDIS registration (which means they have to conform to the price limits) and the viability of their practice, we call for the immediate indexation of NDIS price limits for physiotherapy supports in line with the Wage Price Index and Consumer Price Index, as was granted to nursing supports in the latest update of the price guide in June 2022.

**Action 2 Strengthen funding for access to physiotherapy supports in primary care for children and adults living with disability.**

Access to physiotherapy in primary care is critical for children and adults who are living with disability that affects their function and mobility and who are not eligible for the NDIS. It is urgent to increase the value of the rebates and the number of physiotherapy sessions available under the Chronic Disease Management and Better Start for Children with Disability initiative Medicare items. The number of sessions should be based on needs, according to evidence-based guidelines and with the aim of achieving the best clinical outcomes.

**Action 3 The government to properly fund the National Disability Insurance Agency (NDIA) so it can deliver on its mission.**

The APA is committed to seeing the NDIS delivered as intended, with participants' choice and control front and centre and participants achieving their goals of social and economic participation and inclusion due to having access to the supports they need. The Australian Government needs to provide the NDIA with the resources it needs to deliver on its mission for the 500,000 (and growing) participants in the scheme. More and/or better resources are particularly needed in terms of the workforce (volume and qualification), digital infrastructure, internal policies and processes and external technical and clinical support. While doing that, efficiencies (not cost cutting) must be sought at every step to get the best value from public money.



## Care priority 4 Older Australians

Older Australians must have improved access to needs-based and person-centred physiotherapy, which is critical to preventing falls, maintaining mobility and managing complex health issues including pain, continence and the behavioural and psychological symptoms of dementia.

### Action 1 Take immediate action to address the consequence of recent policy reforms for a rapidly diminishing physiotherapy workforce in residential aged care.

The Australian Government must acknowledge the workforce crisis in residential aged care as an unintended consequence of the recent residential aged care funding policies and lack of accountability for the delivery of critical allied health services such as physiotherapy. There is an urgent need to act to stem the flow of highly qualified and experienced physiotherapists from the sector, which will have a significant impact on the quality of care for older Australians.

### Action 2 Comprehensive clinical assessment and targeted funding for physiotherapy across settings to prolong independence and manage the physical and cognitive symptoms of chronic disease.

We call on the government to urgently undertake further reform of the residential aged care funding model to ensure access to high quality, needs-based physiotherapy care, with mandated funding and a separate dedicated funding component for the assessment and delivery of allied health services that respond to the individual needs of older people in residential aged care. It is critical that older people at home have access to ongoing and episodic physiotherapy based on appropriate clinical assessment undertaken by qualified healthcare practitioners.

### Action 3 Fund an ongoing and nationally scaled up Allied Health Group Therapy Program to prevent falls in aged care residents directly and indirectly affected by COVID infection and control measures.

New model design: **04 Falls prevention** on page 22



## Fewer falls and injuries and enhanced quality of life for older people within a sustainable aged care system

### KEY BENEFITS

#### CONSUMERS

+ Achieve greater independence to undertake activities they enjoy and live in their homes as long as possible



+ Improved strength, balance and mobility results in fewer falls, injuries and preventable deaths—enhancing quality of life

+ Gain highly qualified health professionals as part of their care team



#### AGED CARE PROVIDERS

Reduced staff costs to manage deteriorating mobility and falls, improve length of stay in more affordable home care program

#### DEPARTMENT OF HEALTH AND AGEING

Understand key levers to maintain sustainability of aged care system



#### PHYSIOTHERAPISTS

Increased job satisfaction as have the funding to support evidence-based practice, increase workforce retention in this area of practice



Significantly reduced costs—estimated at **\$1,380 per falls episode** to the health care system

## Care priority 5 Veterans

The role of physiotherapy in a veteran's health journey, both physical and mental, is vital, but there remain barriers to providing this essential care.

### **Action 1 Lead the way towards optimised outcomes for veterans by supporting new models of physiotherapist-led care.**

In the Department of Veterans' Affairs (DVA) report 'Alternate Funding Models for Allied Health Services for Veterans', new models of care that better utilise physiotherapy are recommended, specifically highlighting the value that physiotherapists could add to veterans' care. We support new models that strengthen multidisciplinary care by utilising physiotherapy-led management and coordination of allied health services and that utilise physiotherapy to specifically reduce the burden of costly tertiary surgical procedures for highly prevalent conditions such as knee and hip osteoarthritis. Veterans should not be deprived of this value that physiotherapist-led management can bring to their musculoskeletal outcomes. The APA wants to work closely with DVA on new models that improve outcomes and value for veterans and that offer targeted and high-value health services to the betterment of the veteran community.

### **Action 2 Fund a one-off fee increase for physiotherapists providing services to DVA cardholders.**

The funding and type of health services available to veterans are determinants of health for this population. In the past, fee increases have neglected physiotherapists, who are evidence-based, high aptitude clinical health providers but are not supported to service veterans in the same way that other allied health is. Incompatibility between funding and high quality physiotherapy services encourages weakness in the veterans' care pathway. Care pathways can be strengthened via physiotherapy to reduce costly tertiary services such as preventable or 'delayable' surgical procedures and to reduce prescription medication dependence and harms in veterans. Reforms must go beyond cost reduction alone—they must support the sustainability of the provision of best care. The current low remuneration for physiotherapists providing services to DVA cardholders means that these experts in veterans' care are providing services that affect the viability of their practices.





# 03

## NEW MODELS

### New physiotherapy-led models to advance health, improve care and increase value

The APA presents new, advanced models of care that optimise the patient journey through referral, diagnostic and treatment pathways. Significant gains will be found by expanding public physiotherapy to prevent and treat injury, persistent pain, chronic disease and long COVID. In falls prevention, we outline proven strategies to improve quality of life, physical function and falls efficacy in older Australians. We outline a model to address the impacts of physical birth trauma through investment in the assessment, prevention and nonsurgical management of childbirth injuries through physiotherapy intervention. In addition, we propose a physiotherapy-led cancer rehabilitation program pilot to support the integration of exercise into cancer care and to enable patients to live better with cancer.

- |         |                       |
|---------|-----------------------|
| Model 1 | Musculoskeletal       |
| Model 2 | Long COVID            |
| Model 3 | Preventive health     |
| Model 4 | Falls prevention      |
| Model 5 | Physical birth trauma |
| Model 6 | Exercise and cancer   |

# FIRST CONTACT PRACTITIONER

## Model 1: Musculoskeletal

### Proposal

## Physiotherapy embedded in all Urgent Care Clinics

### Actions

Prioritise a physiotherapy service in Urgent Care Clinics nationally to meet community demand and reduce unnecessary ED presentations.

- › Fund an experienced and highly trained musculoskeletal physiotherapist for each Urgent Care Clinic Trial.

### Impact

This systemic reform combines better health outcomes for patients with significant overall cost reductions and efficiency gains in the health care system.

### Investment

Costings to be developed in consultation with the Department of Health.

## Model 1 Musculoskeletal

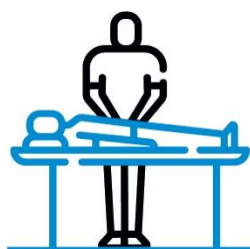
### Why we need reform

**Invest at the interface of primary and acute care to relieve pressure on the health care system.**

Urgent Care Clinics can be the solution to manage and treat urgent musculoskeletal presentations in the optimal way, for both patient outcomes and health system efficiencies, if they encompass physiotherapy. In 2021, the Royal Australian College of General Practitioners' 'Health of the Nation' report found that musculoskeletal concerns were the second-most common reason a person visited a GP, after psychological concerns.

**Better health outcomes, improved patient journey and savings to the health system**

### KEY BENEFITS



#### CONSUMERS

- + Timely access to high quality, coordinated care appropriate to their condition



#### FASTER ACCESS

to diagnosis, treatment and care for MSK problems



#### BETTER CARE

Longer, more in-depth appointments with fewer 'pathways' to medical care



#### WELLNESS MODEL

Enhanced opportunities to address physical / lifestyle issues



#### INCREASED CLINICAL LEADERSHIP

Better time management for GPs + upskilling of GPs in MSK issues



#### REDUCED COSTS

Broader savings to health care

#### REDUCED PRESCRIBING

Reduced opioid prescribing for MSK conditions



#### IMAGING EFFICIENCIES

More efficient use of imaging

## How to achieve it

Through a single-point access, provide access to integrated rapid response services with permanent onsite coverage for urgent musculoskeletal care needs delivered by experienced and highly trained musculoskeletal physiotherapists:

- › **Musculoskeletal physiotherapists** are part of a fully integrated team encompassing GP, nurse practitioner and psychologist in Urgent Care Clinics.
- › A clear model of care and agreed governance and protocols, including referral and escalation pathways, are in place for handling urgent and emergency care needs for a select population or pilot cohort.

## Conditions for success

Publicly funded First Contact Physiotherapy (FFCP) in primary care and at the acute care interface will enable a more efficient health system that provides better and faster access to diagnosis, treatment, and care of musculoskeletal pain and conditions. An FFCP service would be provided by appropriately qualified, Ahpra-regulated, autonomous clinical physiotherapy practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral—where appropriate.

## Evidence base

There is a wealth of evidence, from Australia and overseas, of the efficiency of advanced musculoskeletal physiotherapists as first contact practitioners in a variety of settings.



# REHABILITATION PATHWAY

## Model 2: Long COVID

<b>Proposal</b>	<b>Physiotherapy in long COVID clinics</b>
<b>Actions</b>	<p>Fund a rehabilitation pathway to support patients in their post-COVID recovery.</p> <ul style="list-style-type: none"><li>› Recognise long COVID as a distinct medical condition with appropriate Medicare-funded access to treatment.</li><li>› Provide patients with long COVID with funded access to physiotherapists as part of a multidisciplinary care team.</li><li>› Fund integrated care clinics to include qualified physiotherapists, who play a vital role in treating patients with conditions affecting the heart and lungs and who specialise in chronic respiratory and other long-term conditions.</li></ul>
<b>Impact</b>	<p>Physiotherapists offer long COVID patients tailored, individualised treatments; they have qualifications in and experience with chronic disease management, assisting with fatigue management, pacing, individualised activity management, pain management, strength/control improvements and productivity advice.</p>
<b>Investment</b>	<p>Costings to be developed in consultation with the Department of Health.</p>

## Model 2 Long COVID

### Why we need reform

The lasting health impacts from coronavirus SARS-CoV-2 (COVID-19), known as long COVID, are not yet fully understood or even consistently recognised. Long COVID is still an 'umbrella' term denoting conditions and symptoms that, at this stage, are to a certain extent being defined by patient experiences. Some people will continue to experience health problems long after contracting COVID. It is estimated that between ten and 30 per cent of people will continue to have symptoms from COVID for up to 12 weeks or longer after their acute infection. Many patients with long COVID require expertise in exercise and assistance in managing fatigue, muscle aches, joint pain, shortness of breath and respiratory issues.

### How to achieve it

The health system must facilitate essential care and patient access to physiotherapy services beyond current and very limited MBS chronic disease items.

Multidisciplinary collaboration will be essential to provide integrated care for patients presenting with post-recovery symptoms and comorbidities following COVID infection. Similar to the approach to other chronic conditions, a fully funded multidisciplinary integrated care pathway response will be required.

- › Invest in multi-system integrated-team health care that includes physiotherapists to successfully transition patients from acute to post-acute care and support them through their rehabilitation.
- › Expand new models of integrated care for those affected by COVID by working with state/territory governments, Primary Health Networks and Local Hospital Networks.
- › Engage with the highly trained physiotherapy profession in the critical strategic planning and delivery of long COVID health services.

## Conditions for success

**Physiotherapists work from admission to rehabilitation and have a critical role in helping COVID patients navigate their recovery.**

Multidisciplinary collaboration will be essential to provide integrated care for patients presenting with post-recovery symptoms and comorbidities following COVID infection. Similar to the approach to other chronic conditions, a fully funded multidisciplinary integrated care pathway response will be required.

The APA wants MBS and PBS benefits that adequately support patients living with long COVID and other safety net measures to reduce out-of-pocket costs. We want the systemic barriers around funding and delivery models to be resolved at a national health system level.

And we also want to see Primary Health Networks properly funded to support allied health or innovative models of integrated care models beyond general practice.

Physiotherapy must be funded to support patients throughout the patient journey, from admission through to rehabilitation, and across a range of settings—in hospitals and acute settings, in the home and in the community.

## Evidence base

Across the world, physiotherapists are working within multidisciplinary teams, supporting patients to recover their mobility and assisting them to pace through their fatigue. Cardiorespiratory physiotherapists, who treat patients with conditions affecting the heart and lungs and who specialise in chronic respiratory and other long-term conditions, are working on rehabilitation and recovery programs. Australia is yet to adopt best practice for long COVID.

## Rehabilitation pathway

### PATHWAY PLANNING AND DELIVERY

Physiotherapy combined with robust mental health support will be vital to recovery.



The multi-system impact of long COVID means that **teamwork** will be important. Evidence-based standards must be developed.

A multitude of **long-term symptoms** have emerged and the list is growing.

The more common effects of long COVID include:

**Fatigue**  
**Breathlessness**  
**Muscle weakness**  
**Chest tightness**  
**Cognitive dysfunction**



**Physiotherapists are involved with COVID care throughout the patient journey, from admission through to rehabilitation.**

**Physiotherapy-led** rehabilitation may be particular to individual symptoms or require integrated, multidisciplinary care drawing on a range of health services.



# PHYSIOTHERAPY-LED PREVENTION

## Model 3: Preventive health

<b>Proposal</b>	<b>Embed prevention within the health system</b>
<b>Actions</b>	Expand access to funded physiotherapy for people at risk of developing chronic disease and pain through relevant Medicare Benefits Schedule items to encompass physiotherapy as a preventive health service.
<b>Impact</b>	This proposed reform combines better health outcomes for patients with significant overall cost reductions and efficiency gains within the health system.
<b>Investment</b>	Costings to be developed in consultation with the Department of Health.

## Model 3 Preventive health

### Why we need reform

**The rising tide of chronic disease and pain cannot be addressed without significant reform to embed prevention and early intervention into the health system.**

Chronic disease and injury dominate the total burden of disease in Australia and we are seeing an increase in the number of people experiencing a disability, either temporary or permanent, that affects physical capacity and/or mobility.<sup>3</sup> We also know that pain underpins much of the chronic disease and injury burden, with many Australians missing out on treatment that could improve their health and quality of life.<sup>4</sup>

As primary contact practitioners, physiotherapists have the expertise to prevent and manage a range of conditions, injuries and pain experienced by their patients. To enable patients who are at risk of developing chronic disease and pain to access funded physiotherapy services, it is critical that chronic disease and pain-related MBS items are expanded to encompass physiotherapy as a preventive activity.

### How to achieve it

The government must expand chronic disease and pain-related MBS items to allow access to funded physiotherapy as a preventive health service.

### Conditions for success

Physiotherapy is integral to the prevention of chronic disease and pain and physiotherapists work as part of a multidisciplinary team to support patients in managing daily activities where pain has developed. The Australian College of Physiotherapists has implemented a specialisation in pain career pathway, recognising the value of specialised physiotherapists in this area.

### Evidence base

There is a wealth of evidence, from Australia and overseas, of the efficiency of advanced musculoskeletal physiotherapists as first contact practitioners in a variety of settings. See evidence collated by the Physiotherapy Research Foundation in *Advanced practice physiotherapy* (available at <https://australian.physio/inmotion/advanced-practice-physiotherapy>).



# AGED CARE PHYSIOTHERAPY

## Model 4: Falls prevention

<b>Proposal</b>	<b>National scale up of Allied Health Group Therapy Program</b>
<b>Actions</b>	<p>Fund an ongoing and nationally scaled up Allied Health Group Therapy Program to address functional decline in aged care residents directly and indirectly affected by COVID infection and infection control measures.</p> <ul style="list-style-type: none"> <li>› Fund an ongoing six-monthly, twice-weekly group program delivered by physical function experts such as physiotherapists via Primary Health Networks.</li> </ul>
<b>Impact</b>	Utilising an existing evidence-based program, delivery mechanism and workforce combines health outcomes for residents with cost savings to the health care system.
<b>Investment</b>	The cost of the program—including set-up; 50 hours of interventions; assessments at initiation, midpoint and end point per resident; and consumables—is approximately \$7,300 per group.

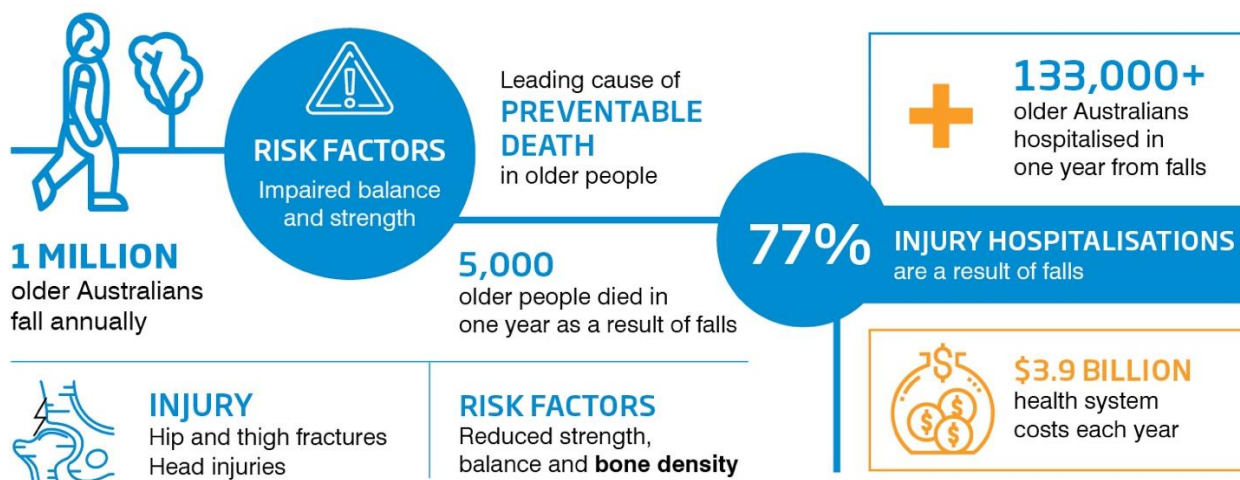
## Model 4 Falls prevention

### Why we need reform

In 2020, the Australian Department of Health provided a temporary funding package to Primary Health Networks to deliver the Allied Health Group Therapy Program, based on the Sunbeam Program,<sup>5</sup> in select RACFs in response to the Aged Care Royal Commission’s special report on COVID-19 in aged care.

Residential aged care facilities continue to be significantly affected by the COVID pandemic, with frequent outbreaks and infection control measures impacting the physical function and quality of life of residents and compounding already high rates of risk of falls-related mortality and morbidity. There is an ongoing need to provide access to the program.

### Falls and falls-related fractures and hospitalisation can be prevented in community-dwelling older people



Sources: Sherrington, C., Fairhall NJ, Wallbank GK, et al. (2019). Exercise for preventing falls in older people living in the community. *The Cochrane Database of Systematic Reviews*, Issue 1. Australian Institute of Health and Welfare (AIHW). (2019). *Trends in hospitalised injury, Australia 2007–08 to 2016–17*. Canberra: AIHW. Robertson, et al. (2002). Preventing Injuries in Older People by Preventing Falls: A Meta-Analysis of Individual-Level Data. *JAGS*, 50:905–911.

## How to achieve it

Scale up the program nationally to improve mobility and strength and to reduce the risk of falls in residents affected by COVID directly or indirectly.

## Conditions for success

Physiotherapy has a critical role in improving function and mobility and preventing falls in aged care residents, including those affected by COVID and its related impacts.

## Evidence base

The Sunbeam Program has demonstrated a 55 per cent reduction in falls among RACF participants with a projected cost saving of \$120 million per year for the Australian health economy. The *Value of Physiotherapy in Australia* report, produced by the Nous Group, concluded that the benefit of physiotherapy-led falls prevention programs equalled \$1,320 per falls episode.

A Nous Group evaluation of the Allied Health Group Therapy Program is yet to be released.

# WOMEN'S HEALTH

## Model 5: Physical birth trauma

<b>Proposal</b>	<b>Physiotherapy and physical birth trauma</b>
<b>Actions</b>	<p>Invest in the assessment, prevention and nonsurgical management of physical birth trauma.</p> <ul style="list-style-type: none"><li>› Fund an obstetric pelvic health physiotherapy MBS item capped at five individualised prenatal and postnatal pelvic health physiotherapy consultations to enable antenatal screening and education, prevention and early treatment of physical birth trauma, and referral to diagnostic imaging.</li></ul>
<b>Impact</b>	<p>This systemic reform combines better health outcomes for patients with a reduction in costly surgeries and associated out-of-pocket costs for families and increased productivity and available workforce.</p>
<b>Investment</b>	<p>Costings would be developed in consultation with the Nous Group.</p>

## Model 5 Physical birth trauma

### Why we need reform

Physical birth trauma is common and affects a large number of Australians. Left untreated, physical birth trauma such as perineal tears, urinary and fecal incontinence and prolapse can have long-term and debilitating impacts on many facets of daily living and can lead to serious mental health issues<sup>6</sup>, including post-traumatic stress disorder. Physical birth trauma is common and can significantly limit productivity, sexual function, participation in social and community life, clothing choices, self-esteem and the ability to undertake domestic activities—affecting relationships, families and the workforce. Removing financial and geographical barriers to care and creating a specific MBS item for the treatment of birthing trauma injuries will save lives, drastically improve women's health, reduce health costs associated with birthing injuries and provide myriad benefits to families.

### How to achieve it

Funding of assessment and preventive and nonsurgical strategies to reduce the number of women developing severe symptoms and needing invasive treatment.

- › Medicare-subsidised access to pelvic health physiotherapy assessment and management via general practitioner, obstetrician or gynaecologist referral to provide intervention to reduce the risk of physical birth trauma or early intervention in the postpartum period.
- › Investment in GP and specialist education and awareness to ensure referrals to physiotherapists.

### Conditions for success

There is good evidence that rates of physical birth trauma can be reduced by providing appropriate screening and assessment of risk factors and intervention including but not limited to pelvic floor muscle training. Pelvic health physiotherapists are best placed to provide this service in the antenatal period. Early access to physiotherapy in the postnatal period is valuable to assess and manage the symptoms of physical birth trauma including incontinence, pain and prolapse.



Access to imaging services such as 3D/4D perineal ultrasound and endo-anal ultrasound is important to accurately detect physical birth injuries including obstetric anal sphincter injuries and levator avulsions. Referral to specialist services such as urogynaecologists and colorectal surgeons can then be initiated as required. This equipment is available and has great potential to reduce future economic burden on the health system through early diagnosis, appropriate management and reduced need for future surgery for conditions such as prolapse and incontinence.<sup>7</sup>

## Evidence base

There is strong evidence to support the use of pelvic floor muscle training (PFMT) and perineal massage in the antenatal period to reduce the rate of severe perineal trauma and postpartum complications.<sup>891011</sup> In addition, regular antenatal exercise including PFMT has been found to reduce urinary incontinence postpartum<sup>12</sup> and anal sphincter injury.<sup>13141516</sup> Techniques such as antenatal perineal massage in addition to health education are recommended to reduce perineal complications.<sup>171819</sup> These interventions need to be appropriately provided by trained clinicians with skill in detecting risk factors.

The Australian Commission on Safety and Quality in Health Care's national standard on third and fourth degree perineal tears recognises physiotherapy in the best practice care pathway for the management of third and fourth degree perineal tears. The UK's National Institute for Health and Care Excellence's Pelvic floor dysfunction: prevention and non-surgical management guidelines recommend supervised pelvic floor muscle training before and after pregnancy to prevent symptoms of pelvic floor dysfunction.<sup>20</sup>

# CANCER REHABILITATION

## Model 6: Exercise and cancer

### Proposal

## Physiotherapy-led cancer rehabilitation pilot program

### Actions

Pilot an evidence-based 12-week physiotherapy-led cancer rehabilitation program within the integrative oncology and wellness model to address unmet need and enable patients to live better with cancer.

- › Fund a maximum of two 45-minute weekly sessions per patient; 1.0 FTE physiotherapist to 35 patients weekly in Integrative Oncology and Wellness Centres.

### Impact

This systemic reform aims to improve access to oncology rehabilitation and deliver better health outcomes for patients within an integrated, multidisciplinary model.

### Investment

This model is based on the integrated oncology model including estimated costs of up to \$1,950 per patient consisting of \$100 initial assessment, \$50 end point assessment, \$100 per hour to a maximum of 18 hours over 12 weeks.

## Model 6 Exercise and cancer

### Why we need reform

Physiotherapy plays an important role and can help address functional decline before, during and after cancer treatment. There are significant barriers to accessing high quality physiotherapy-led cancer rehabilitation in the community including inconsistency of approaches, lack of public funding and referral pathways, and an underutilised, highly skilled cancer physiotherapy workforce.

### Australians need access to physiotherapy during and after cancer treatment



Source: Cancer Council of Australia, 2021

## How to achieve it

Publicly funded access to individualised and tailored physiotherapy-led exercise programs in the community aligns with the evidence-based, safety focused and collaborative approach of the integrative oncology and wellness model.

## Conditions for success

Physiotherapists are experts in individualised functional optimisation and provide significant additional value-based care through assessment, monitoring and treatment of complex health conditions including musculoskeletal concerns, neurological issues, lymphoedema and pain.

## Evidence base

Supervised exercise is an important component of oncology rehabilitation—improving a variety of outcomes for cancer survivors, including fatigue, depression, cardiorespiratory fitness and quality of life—and is associated with reductions in cancer-related mortality, cancer recurrence and cardiovascular disease risk. Given these benefits, guidelines support the integration of physiotherapy-led exercise into cancer supportive care.<sup>21</sup> Community-based oncology rehabilitation programs may facilitate ongoing positive behaviour change and self-management in cancer survivors beyond hospital-based rehabilitation.<sup>22</sup> There is evidence that a 12-week exercise program improves physical function in middle-aged and older people living with cancer<sup>23</sup> and produces significant improvements in fitness parameters and a decrease in unplanned health care utilisation among early-stage breast cancer survivors.<sup>24</sup>



# 04

## WORKFORCE REFORM



### Planning for the health workforce of the future

A wider policy lens is needed to seek opportunities from within the entire health workforce, a workforce that is in desperate need of attention, investment and reform. The broader economic benefits found through efficiencies by moving care from hospitals into primary and community health services and at the primary and acute care interface as a key policy aim will require a broad set of disciplines. In making integration a reform reality, we provide a way forward in these reform solutions towards more sustained, integrated, team-based care encompassing high-value physiotherapy. Investing in the development of physiotherapists is essential to delivering on these commitments and taking the pressures off the high-cost parts of the system.

- Reform 1      Workforce planning
- Reform 2      Next generation
- Reform 3      Rural maldistribution
- Reform 4      Digital health

### The issue

We need to leverage the skills of the entire health workforce to bring about real health reform.

Despite steadily increasing supply, the ability of the physiotherapy workforce to meet increasing demand remains uncertain. Early career workforce attrition remains a key issue affecting the profession and future supply. The pandemic has worsened critical workforce shortages by limiting our ability to supplement the workforce through skilled migration. There is strong evidence of increasing physiotherapy workforce shortages, with a gendered impact from COVID at a national level. It is unlikely that steady growth in new graduates entering the physiotherapy profession and increasing registered physiotherapists each year will be enough. These problems will not be resolved without a much stronger national focus on both recruitment and retention planning to build the physiotherapy workforce we need to address maldistribution.

## Reform 1 Workforce planning

A priority must be placed on the professionally qualified clinical and regulated staff groups, including both doctors and nurses, encompassing a number of vital allied health professions. This group includes physiotherapy—the fourth largest group of registered primary health care professionals—and we are now facing a supply crisis and in need of urgent nationally directed interventions. Health workforce reform will need a broader focus on skill retention and a level of policy and planning alignment to fully examine the changing profiles. Greater focus on the improved utilisation of skills through advanced scope of practice roles to address current and future workforce issues will be needed. In addition, reform must tackle the existing system complexities including removing barriers to integrated care.

### 01 Workforce planning

We call on the government to incentivise the physiotherapy workforce in the same way that GPs are incentivised. This will ensure that training can be built into physiotherapy business models to address the barriers that limit clinical supervision capacity. More focus is required on ensuring sustainable supply and distribution of the physiotherapy workforce to optimise access and address needs. Strategies to mobilise the physiotherapy workforce must be prioritised—a national workforce plan is needed to avoid a supply crisis. Prioritising national skills planning to address a marked gap between early-to-mid-career physiotherapists and those ready to step into advanced scope of practice roles is key.

**Action 1 A national allied health workforce strategy encompassing needs assessment and targets for physiotherapy workforce growth.**

We need a national plan for the physiotherapy workforce to match current and future supply and demand. The impact of COVID on our discipline, including an unresolved gender disparity, underlines the need for national leadership to direct workforce planning and incentives for post-COVID recovery. Strengthening data and systems to undertake needs analysis is critical to this task and must be prioritised.

**Action 2 The development of advanced practice physiotherapy roles to improve the patient journey.**

Advanced practice physiotherapists hold high levels of clinical expertise in assessing and independently managing specific patient cohorts. They provide a solution to current workforce pressures through the potential to create a more efficient hospital system by further utilising the skills possessed by physiotherapists. Advanced practice clinics and services have been implemented in a number of states and territories. The APA is calling for further investment to develop advanced practice physiotherapy roles and therefore enable the full potential of the workforce to be utilised. Integrating physical and mental health care by connecting services and addressing health system gaps must be a priority.

**Action 3 Funding for an advanced skill pathway to support physiotherapists to upskill to meet a need in their community.**

Workforce reform and redesign initiatives must address access barriers to care through approaches that optimise physiotherapy scope of practice. Central to our solution is a more prescriptive skills focus that prioritises advanced skills to facilitate more multidisciplinary, team-based approaches to deliver high-quality care. The APA is calling for increased funding to develop the existing physiotherapy workforce, including enabling upskilling and advanced skill acquisition to manage increasing complexity and comorbidities.

**Action 4 Direct attraction packages and retention supports for skilled migrant physiotherapists.**

Skilled migration remains an important policy lever in rebuilding the health workforce, but this must be balanced by a strong policy focus on growing and retaining domestic supply. A health workforce supplementation policy should aim to address critical skill need and increase workforce supply in under-serviced locations to address unmet patient need. A more demand-driven system through strengthened data and more targeted skills campaigns and skills alignment should be pursued. There is a need to prioritise reform to the sectors with the highest skill deficits including physiotherapy in aged care. Direct incentives to rural physiotherapy practices is also needed to ensure that they have capacity to support skilled migrants.

## Reform 2 Next generation

Significantly more investment is required to secure the next generation of physiotherapists. This requires a focus on building a sustainable training pathway from early career to advanced practice roles. More attention is needed to ensure that the training pathway encompasses a vertically integrated undergraduate curriculum to improve graduate readiness for practice.

**Action 1 Invest in a training pipeline to support successful adaptation to practice through a flexible framework of support and training that can be applied at any career stage.**

To attract the next generation of physiotherapists, there is a need to ensure a more supportive pathway experience. This requires a focus on fully funded attraction and support strategies that offer students and graduates the opportunity to experience diverse environments, including in rural communities, and both short and longer term placements with time in private practices and in the hospital setting.

**Action 2 Develop physiotherapist teaching capacity and provide a more supportive training pathway through funded supports for clinical placements via teaching incentives.**

As physiotherapy is an autonomous profession, it is essential that physiotherapists are prepared to enter the workforce upon graduation. Physiotherapy training programs must therefore include funded clinical placements to provide the opportunity for students to implement their learning in a supervised environment. Due to an increasing number of training programs, there is a growing demand for clinical placements. The APA is calling for funding opportunities to support physiotherapy businesses in providing clinical supervision and training.

**Action 3 Legislative change to address the barriers that prevent physiotherapists from billing against MBS items for supervising a student to treat eligible patients.**

Remove the barriers currently faced by physiotherapists supervising and training our next generation. Legislative change is also required to address the current provisions that prevent physiotherapists from billing against MBS items 10960, 81335 and 82035 for supervising a student to treat eligible patients for the required period of time. These barriers should also be addressed in the public insurance areas including in the NDIS and DVA and applied more broadly across private health insurance and compensable arenas.



## Reform 3 Rural maldistribution

Practice viability remains a major factor in the recruitment and retention of physiotherapists, with a need for incentives to facilitate training across the full training continuum. Increasing retention of physiotherapists nationally will help build workforce capability to meet changing health care needs and increasing service demand. To address rural maldistribution, more investment in practice viability funded supports that factor in geographic, demographic workforce and training variables is needed.

### **Action 1 Financially incentivise physiotherapists to enter training and practices where they are needed most.**

Rural health workforce reform has been slow and fragmented. A much stronger national focus is required on both recruitment and retention planning to build the physiotherapy workforce nationally to address maldistribution. The absence of practice incentives means that rural physiotherapists face significant challenges in delivering services in rural and remote Australia. There is a need for a targeted strategy that financially incentivises physiotherapists to enter training and practices to address unmet service need.

### **Action 2 Restructure the Workforce Incentive Program to directly fund physiotherapy practices.**

Restructure the poorly targeted Workforce Incentive Program for a more targeted direct incentive program for physiotherapy. A strategy that directly funds GPs in rural areas to employ physiotherapists presents a significant policy barrier to establishing a viable physiotherapy service and workforce in these underserved areas. Instead, it threatens the viability of independent practices already well established in their local community. There is a need to restructure the program to directly incentivise physiotherapists to support the growth and development of services where they are needed.

### **Action 3 Extend the HELP for Rural Doctors and Nurse Practitioners initiative to rural physiotherapists.**

Workforce shortages in rural and remote areas extend beyond medicine and nursing. Therefore, workforce incentives need to be expanded to other healthcare disciplines, including physiotherapy. Physiotherapists should be offered the chance to have their university debt cleared if they work in rural areas in the same way that doctors and nurse practitioners are incentivised. Expanding such a program to include allied health will support the growth of multidisciplinary care in areas of Australia where it is needed most.

## Reform 4 Digital health

The physiotherapy workforce is key to ensuring that digital health is adopted across the entire health care landscape. If we are to harness the full potential of digital health care in Australia, targeted investment is required to leverage digital health solutions across all patient pathways. This requires a broader funding commitment to test and trial system-wide solutions encompassing physiotherapy.

### **Action 1 Fund physiotherapists to embed digital health through extending the Practice Incentives Program eHealth Incentive.**

It is time that the support provided to GPs through the Practice Incentives Program eHealth Incentive is extended to broader professions including physiotherapy. This would ensure take-up of new digital health technology and facilitate a more integrated approach to patient care.

### **Action 2 Fund a physiotherapy-led pilot within primary care and the hospital system to support interoperability and streamline the patient journey.**

In developing the infrastructure to support interoperability and to streamline the patient journey, we are proposing a physiotherapy-led pilot within primary care and the hospital setting. This physiotherapy-led solution, if funded, will help streamline the number of patient interactions with physiotherapists and other health care professionals and ultimately strengthen patient care.

## **About the Australian Physiotherapy Association**

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. Through its National Groups, the APA offers advanced training and collegial support from physiotherapists working in similar areas.

The APA represents more than 31,000 members who conduct more than 23 million consultations each year. It is committed to professional excellence and career success for its members, which translates into better patient outcomes and improved health conditions for all Australians. The APA believes that all Australians deserve equal access to safe, high-quality, evidence-based care. It advocates for service efficiency, research-informed treatment modalities and practitioner scope of practice.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

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