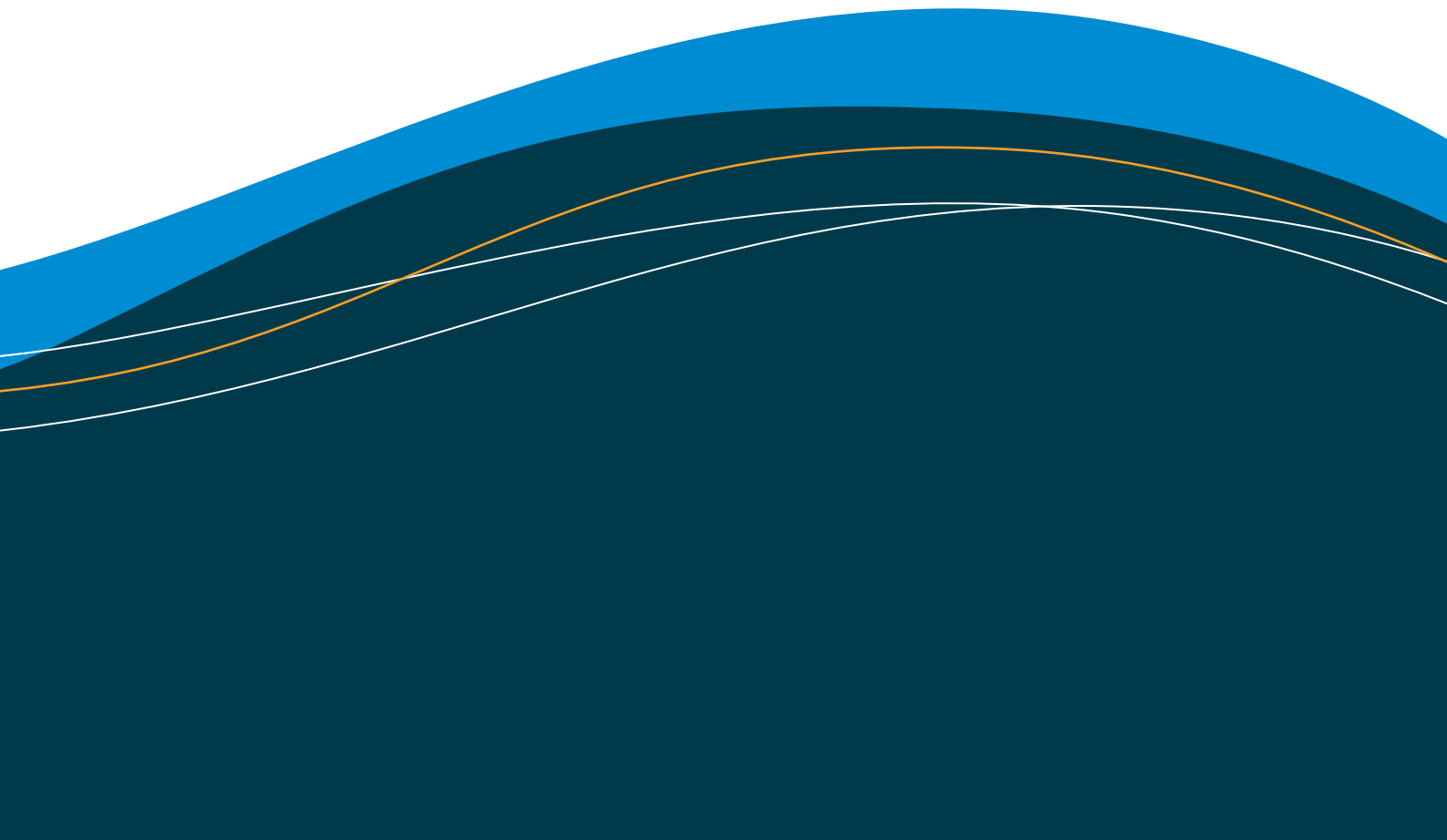




AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

Future of Physiotherapy in Australia

A 10-YEAR VISION
POLICY WHITE PAPER



About the Australian Physiotherapy Association (APA)

Physiotherapy is an essential pillar of our health system. 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 and enhanced sustainability of the health care system. 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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Disclaimer: The information provided in this document is of a general nature only and is not intended as a substitute for health or legal advice. It is designed to support, not replace, the relationship that exists between a patient and their physiotherapist.

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How to read this document

Future of Physiotherapy in Australia sets out our comprehensive and responsible 10-Year Policy Vision for Australia's physiotherapy profession.

The aim of this report is to examine the reform requirements for ensuring an expanded role for physiotherapy in the health care system. This is not an implementation plan. Instead, throughout this document, we are developing a vision for the next decade of physiotherapy. We do this by outlining opportunities to support impactful system-wide reform to improve the value of health care and drive better health outcomes.

Looking beyond the pandemic, we focus on some key areas for reform—these are the policy opportunities from within our discipline that can be leveraged to support real health reform. We offer some easy lifts in terms of the economic value that physiotherapy provides while also setting out the harder reform components. These are the areas of reform that we can no longer afford to put on hold. They include removing the obstacles to patient care, tackling the most significant challenges for critical access, and leading the charge on preventive health.

Foreword

Beginning a journey to value.

The COVID-19 pandemic has provided us with the opportunity to focus on transformation and innovation, not just in health care but across most systems. In health care, the crisis has shown us what reform at pace can really achieve. We've seen that it is possible to reconfigure major systems quickly and we've spent this time wisely putting many plans in place.

Now is the time to prioritise the critical issues and structural changes that matter most.

The next phase of the reform journey needs to take us closer to delivering culturally safe high-value health care. In tackling the major systemic issues, we will need to address current structural weaknesses and find new approaches to funding team-based collaborative care. Importantly, in making these transitions, we will need to harness the skills of the entire health system.

Reform success is reliant on how we strategically prioritise access and outcomes—and this will be achieved only through a much stronger focus on equity. Most of all, it will require our leaders to find the policy courage to fund fully integrated models of care with innovative funding models.

Access to care, along with the patient journey through a complex health system funded by the Commonwealth, states and territories, urgently needs structural reform, and governments have established the basis for this through primary care and prevention strategies.

We see patients unable to access the health care they need, and an over-reliance on *traditional* primary care practices that are not sufficiently agile to meet demand. Telehealth is an example of positive and welcome reform, and it is time for this to be accompanied by changes to referral pathways, expanded allied health MBS items, and recognition of scope of practice.

The key issue of affordability remains largely unchecked.

We all share the same goal of supporting a health system that meets the needs of all Australians, regardless of who they are, where they live or how much they earn.

The shift from reactive models to preventive health care is essential. Preventive care requires better inclusion of physiotherapy and other allied health services in diagnosis, treatment, and integrated care. Investing in preventive health must also be accompanied by significant investments in the social determinants and contexts of health care. This does not necessarily mean more money invested but better utilisation of resources and working to full scope of practice.

Too many people cannot afford health care seen as ancillary. Reducing the gaps and divisions in Australian society will reduce the gaps in health care.

Our unique geography presents unique problems too. Residents in regional, rural and remote Australia cannot always access the health care they need. The Medicare system, based on GP referrals, only works if everyone has timely access to their general practitioner and allied health services. We know that this is not the experience for many people.

Physiotherapy is key to putting high-value care to action in Australia.

What we are seeing now in Australia's health policy—not only because of the pandemic but also as the culmination of a protracted period of reform discussion—is a key policy moment for physiotherapy and the wider health system.

Physiotherapists, as this 10-Year Vision shows, bring value-based and evidence-based expertise to patients and the health system. The transformation to value-based care we outline involves removing the structural inefficiencies in our health system and the barriers too many patients experience in their health journey.

In this paper, we not only demonstrate the true value of physiotherapy, but also set out new solutions to support health system redesign and reform.

Everyone knows about physios—the public sees us in elite and professional sport and rehabilitation—and in unpacking the value of physiotherapy we define and describe a profession that works across the lifespan, from cradle to grave, and in every aspect of Australian life.

The APA is providing a framework for action that begins in primary care.

Throughout this 10-Year Vision paper, we identify key areas that need addressing over the next decade to achieve the best health outcomes for all Australians. Politicians talk about getting the best value from the health dollar, an approach we agree with. This is why we focus on reducing the disease and pain burden as a priority.

The solutions we set out here to connect and integrate care will deliver the four outcomes governments and patients want—high-value care, reduced costs, improved efficiency, and giving patients enhanced ownership of their own health care.

Our biggest challenge is the burden of chronic disease and injury. *Burden* makes it sound like a weight or encumbrance, and for the millions of Australians living in pain it is. Treating and managing pain, which is physical and mental, must be a national priority.

As this paper shows, physiotherapists, as primary contact practitioners, have the expertise to manage the care of patients at various stages of the chronic disease continuum and to address chronic pain and injury. We call for greater integration of physiotherapists into primary health care. This is long overdue. And given that the impact of Long COVID is likely to be with us for a while, we advocate for increased investment in publicly funded physiotherapy in primary care.

Physiotherapy services are essential to everyone.

The current health system leaves many people waiting too long for referrals and allied health care, often in pain and/or medicated on opiates. We offer the policy solutions that will deliver contemporary care models and drive clinical excellence. These should be adopted as part of wider measures that reorient the health system towards primary care encompassing physiotherapy.

Our system cannot be reformed without significant structural, governance and funding reform, combined with some much-needed political will, on the part of all tiers of government and funders, to undertake the reforms required to adapt our health system for the decade ahead.

The APA presents new, advanced pathways that optimise the patient journey through referral, diagnosis and treatment pathways. We offer a way forward in reorienting the health system towards primary care encompassing physiotherapy. In addressing health equities, we will reduce disparities in health and the impact of its determinants. By making integration a reform reality, we provide a path towards sustained, integrated, team-based care.

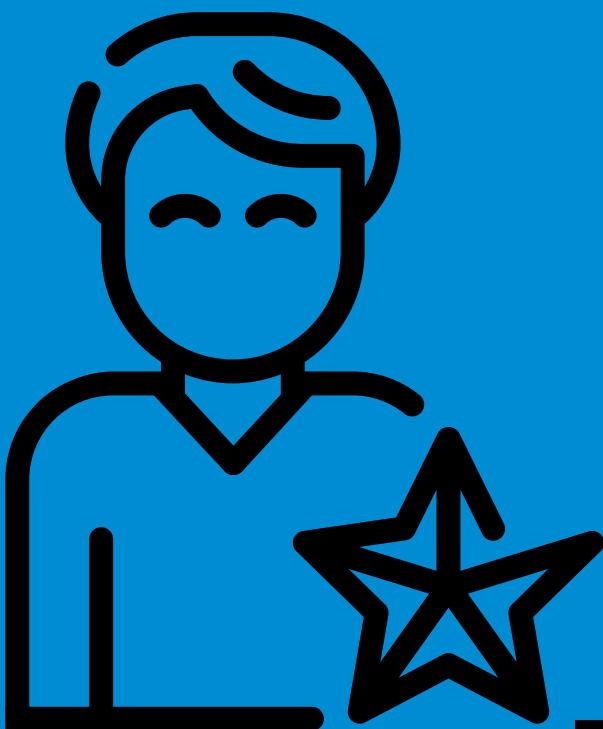
By advancing hospital and community physiotherapy, we offer new pathways that maximise the contribution of physiotherapy in inpatient, outpatient and community-based services. Through advancing private health insurance, we strengthen patients' choice and opportunities for prevention. In optimising physiotherapy participation in public insurance schemes, we ensure that those who need it the most can access the supports and capacity-building services they need to thrive. And, by addressing an immediate challenge, as we move out of the crisis, we offer solutions to advancing pathways to COVID recovery.

In this paper, we outline new opportunities to leverage the physiotherapy workforce to support healthier lives and drive system-level change to advance health, improve care, and increase value.

Scott Willis, APA National President

”

The future of physiotherapists is that physiotherapy is understood by patients, funders, and other health and allied health professionals. Physiotherapists work at the top of their practice.



Physiotherapy positioned to lead

The vital role of physiotherapy

In this 10-Year Vision we set out a framework for excellence in directing patient-centred health care by expanding the role of physiotherapy in the health care system. We recognise that a major challenge facing modern health care systems is how to ensure access to high-quality services, at an affordable price. We also recognise that fiscal sustainability is a concern for the public health system and for public and private health insurance schemes across Australia. The physiotherapy profession, at both the collective and the individual level, pursues value-based health care to achieve the best health outcomes and maximise health care value.

Physiotherapy can improve the value in health care. However, some of the systems and structures of the current health system make that difficult to achieve.

More can be done to capture the opportunities that physiotherapy presents to prevent unnecessary hospitalisation and to reduce the length of hospital stays.

Evidence-based preventive care and reorienting the health system towards primary care, encompassing a strong role for physiotherapy, would bring us closer to our shared policy objectives of a healthier Australia.

Physiotherapy in context

Physiotherapists play a critical role in the health of many Australians. They are an important part of the health system, with GPs referring more patients to physiotherapists than to any other single group.¹

In Australia, physiotherapists are the fourth largest group of registered primary health care professionals.² They work in a number of settings, including hospitals, private practices, community health centres and universities. Physiotherapists assess, diagnose, treat and work to prevent injury, disease and disability through evidence-based interventions. Physiotherapists are educated through bachelor's, master's or professional doctorate programs, and they are required by law to be registered nationally. Their practice is governed by a number of standards which can include the Aged Care Safety and Quality Standards and the National Disability Practice Standards. Community physiotherapists are eligible to be accredited against the newly released National Safety and Quality Primary Health Care Standards.

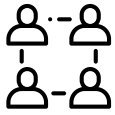
Physiotherapists are key members of multidisciplinary teams in both public and private settings, making an important contribution to health care through health promotion, prevention and screening as well as triage, assessment and treatment activities. The skills and training of physiotherapists equip them to work across a wide variety of conditions and disabilities to improve the health status of individuals across their lifespan. Physiotherapists also work to deliver improved population health outcomes within their local areas.

Physiotherapists are perhaps best recognised for the treatment of musculoskeletal conditions. They also have a well-established role in the treatment and maintenance of chronic conditions such as cardiovascular disease; chronic obstructive pulmonary disease; neurological disorders, including Parkinson's disease, stroke and traumatic brain injuries; and those affecting the joints, including osteoporosis and arthritis. There are other conditions where their role is less prominent. Physiotherapists' skills and knowledge should be better utilised in the management of conditions such as diabetes, obesity and hypertension.

Demand for physiotherapy services continues to increase due to the ageing population, population growth, and increased prevalence of chronic disease and injury. In addition, a stronger recognition of the benefits of preventive physiotherapy, including preoperative physiotherapy management, is influencing patients' knowledge and health behaviour, and ultimately driving demand. Physiotherapists are positioned to lead in this next reform phase as full partners alongside other disciplines in redesigning health care.

Physiotherapists

Across all tiers



We work within

- Primary care
- Secondary care
- Tertiary care
- Emergency

diverse communities

- Aboriginal Community Controlled Health Organisations (ACCHOs)
- Rural health
- Culturally and Linguistically Diverse communities
- LGBTQIA+ community

extending beyond usual settings

- Sports field
- Aquatic
- People's homes

Supporting patients



Everyone across the life span

- Paediatrics
- During pregnancy
- Adult population
- Gerontology

with complex and high needs

- Aged care
- Disability
- Veterans
- Chronic disease

animal patients

- Animal physiotherapy

Offering skill depth



Working across the spectrum from health prevention to acute and rehabilitation

- Musculoskeletal
- Cancer
- Sports & Exercise
- Palliative care
- Neurological
- Orthopaedic
- Pain
- Disability
- Pelvic health
- Lymphoedema
- Women's health
- Gerontology
- Cardiorespiratory
- Occupational health
- Men's health

linking the physical, emotional health and wellbeing

- Pain
- Mental health
- ACCHOs

addressing some of our most significant health challenges

- Musculoskeletal disorders
- Osteoarthritis
- Back and neck pain
- Injury from falls

Across a range of modalities



Physiotherapy modalities

- Aquatic exercise
- Muscle re-education
- Airway clearance techniques
- Exercise prescription
- Prescription of mobility aids
- Education and advice to maintain function
- Joint mobilisation
- Mobility training
- Prescription of assistive technology
- Dry needling
- Massage
- Workplace screening
- Exercise and physical activity prescription

Advancing the profession



In professional leadership roles

- Research
- Clinical education
- Representation on boards and committees
- Maintaining professional standards

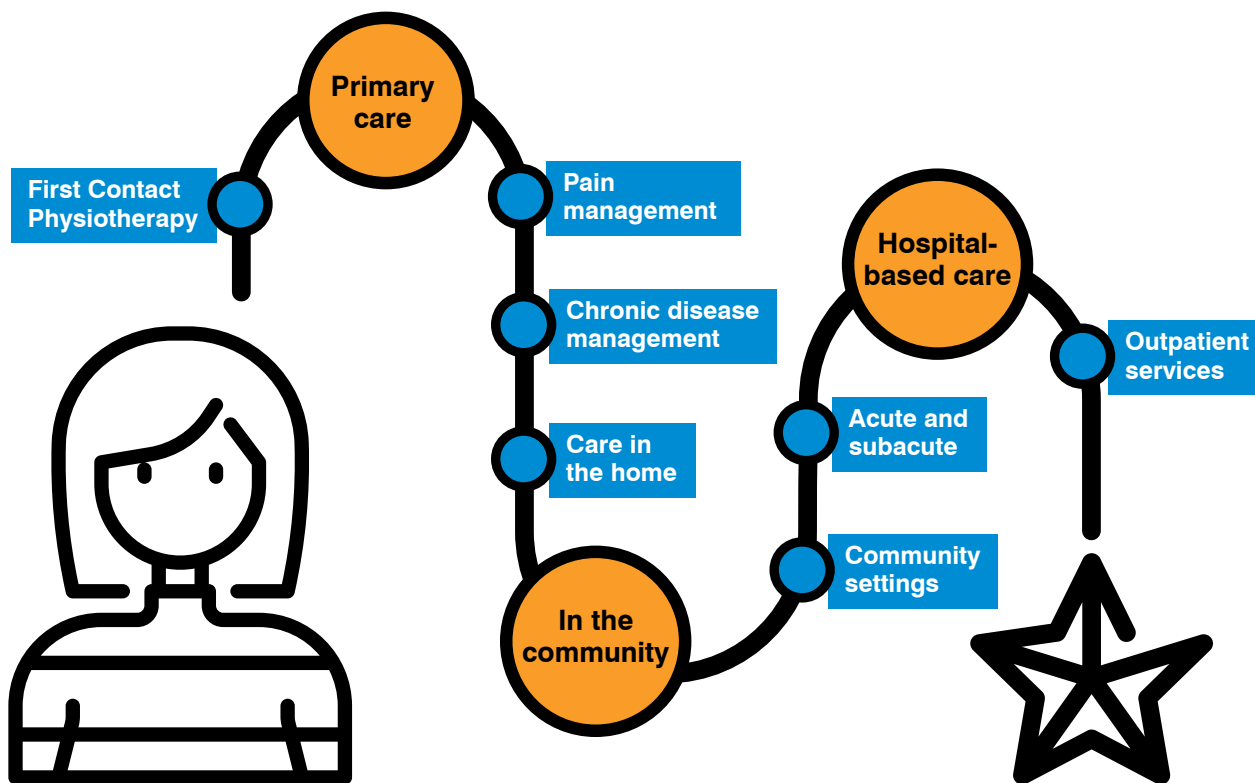
Physiotherapy provides a path to better health and wellbeing

Unpacking the patient benefit across settings

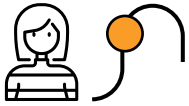
For a range of conditions, physiotherapy provides pathways that optimise the patient journey through diagnostic, treatment, and referral. A successful transition to value-based care, and a shift that brings us closer to a preventive health and wellbeing approach, will require stronger investment in publicly funded physiotherapy in primary care, in the community, and in hospital-based care. Here are some examples where physiotherapy improves the patient journey, health outcomes, and provides cost savings to the system.

Physiotherapy across settings

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



Primary care



Primary care in publicly funded First Contact Physiotherapy

Primary care access pathway

Funded First Contact Physiotherapy

Access to diagnosis, treatment, and care of musculoskeletal (MSK) pain and conditions can be improved in Australia.



Disease prevalence **7 million**

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

1 in 7 Australians have some form of arthritis



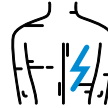
MSK conditions result in **\$9.2 billion** direct health costs and further costs from reduced productivity

In 2011, MSK conditions were responsible for **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 2nd 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.



Primary care prevention and treatment in chronic pain and pain management

Pain

Pain management

Physiotherapists assess and manage sensory and movement changes that might occur in association with pain, teach pain management techniques, and develop tailored exercise prescription.



3.37 MILLION Australians were living with chronic pain in 2020



Total financial cost of chronic pain in Australia in 2018 was estimated to be **\$73.2 billion**

(including health system costs, productivity losses, and other financial costs)

44.6% of patients living with chronic pain also experience depression or anxiety



Medicare-subsidised physiotherapy treatments for chronic pain and pain management are needed to expand multidisciplinary teams delivering person-centred care that encompasses physical and mental health diagnosis, treatment and management.



Primary care prevention and treatment in managing chronic disease

Disease burden

Chronic Obstructive Pulmonary Disease (COPD)

Physiotherapy-led exercise prescription is a key component of pulmonary rehab programs, which are part of the non-pharmacological approach to managing COPD.

COPD was the fifth leading cause of death for Australians in 2017 and affects **1 in 20** (4.8 per cent) or approximately **464,000 people**

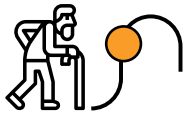


COPD cost to the health system is estimated at **\$977 million** representing 24% of disease expenditure on respiratory conditions and 0.8% of total disease expenditure

The average net benefit of **treating chronic obstructive pulmonary disease** with physiotherapy over a two-year period is estimated to be \$2,436 per episode of care.

First Contact Physiotherapy: Australian Institute of Health and Welfare (AIHW) (2020); AIHW (2020); AIHW (2017); MOVE, PwC (2017)
Pain: Painaustralia (2021); Hooley JM, Franklin JC, & Nock MK (2014); Painaustralia (2019). **Disease burden:** AIHW (2020); AIHW (2020); Nous Group (2020).

In the community



Care in the home or aged care facility including in physiotherapy-led falls prevention

Falls prevention

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

Key risk factors

Impaired balance and strength



1 million older Australians fall annually

1 in 3 OVER 65s living at home fall each year

Injury

Hip and thigh fractures and head injuries



\$3.9 billion health system costs each year

Leading cause of **preventable death** in older people



125,000+ older people are hospitalised each year from falls



75% hospitalisations for older people are result of falls

A **physiotherapy-led exercise program** is needed nationally to improve health outcomes by addressing the accelerating problem of falls in older adults living at home.



Community-based exercise in cancer care rehabilitation

Optimal Care Pathway

Cancer and Exercise

Australians need access to physiotherapy during and after cancer treatment—these evidence-based interventions can prevent cancer recurrence and mitigate the adverse effects of cancer and its treatment.



1 in 2

Australians will be diagnosed with cancer by the age of 85

Cancer is a **leading cause of death** in Australia



Almost **50,000 deaths** from cancer were estimated for 2019



Today, almost **7 in 10** Australians will survive for at least five years after a cancer diagnosis

With increasing numbers of cancer survivors in Australia, **physiotherapy-led rehabilitation** needs to be treated as a distinct phase in the health care treatment of cancer patients.



Community care in women's health

Incontinence

Stress urinary incontinence impacts on a patient's quality of life. Physiotherapy is one of a range of possible non-surgical treatments.



Urinary incontinence affects up to **1 in 3** women

Affects young, postnatal mums and older women

Two types – stress urinary or urge urinary incontinence

Pelvic health and incontinence affects up to **30 per cent** of women over the age of 40 with incidence increasing with age, and is particularly prevalent among women who have recently given birth



The total financial cost of incontinence (excluding burden of disease) is estimated to be **\$42.9 billion** or approximately **\$9,014 per person** with incontinence

The average net-benefit of **treating stress urinary incontinence** with physiotherapy is estimated to be \$16,814 per episode of care.

Hospital care



Hospital care in acute, rehabilitation and in home care

Acute care



Provide assessment and treatment to improve strength, function and mobility. Assist and advise on discharge planning.

Respiratory conditions, cardiac care, intensive care units, gerontology, oncology, post surgical care.

Rehabilitation



Deliver treatment focusing on improving strength and functional independence to enable safe discharge.

Neurological conditions, joint replacements, long illness, amputation, pulmonary and cardiac rehabilitation, accidents and injuries.

Home care



Support early discharge by providing treatment and rehabilitation in the home.

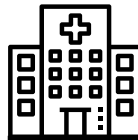
Stroke, post fall, long hospital stay, traumatic brain injury, chronic disease management.



Physiotherapy-led hospital care shortens hospital stay and prevents readmission

Hospital-based physiotherapy

Physiotherapy can play a key role in improving patient recovery, reducing hospital length of stay and lowering hospital readmission rates, thereby preserving valuable health care resources.



191 ICUs in Australia with 2378 available intensive care beds during baseline activity

9.4 ICU beds per 100,000 population



\$4375 per patient bed-day (ICU) + annual operating cost for ICU care
\$2119 million

Avoidable hospital readmissions

are a substantial burden on the health system, and also result in significant reductions in quality of life for the individuals who are readmitted



Hospital bed days are a valuable commodity, even more so during times of health system strain

The average net benefit per patient receiving a **physiotherapy-led intervention** to reduce emergency department readmissions is estimated to be \$24,028 over the course of half a year, when targeted at high-risk patients.



Physiotherapy treatment in outpatient services

Physiotherapy outpatient clinics

Physiotherapists work in outpatient clinics providing treatment for a number of conditions.



Orthopaedics
Pre and postnatal
Falls clinics



Lymphoedema
Neurological
Cardiorespiratory
Women's health
Amputee
Paediatric

Orthopaedic outpatient services

Non-invasive physiotherapy treatment can be a cost-effective option for patients and funders.



As many as **80%** of patients referred to orthopaedic outpatient services can be managed without surgery



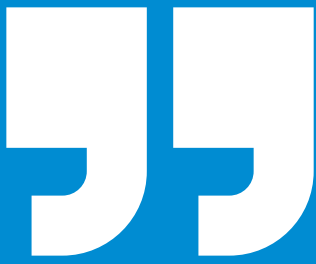
Arthritis and musculoskeletal conditions are the most expensive conditions in the health system, costing **\$12.5 billion** in 2015-16

Health care system costs are rising for **musculoskeletal conditions** in particular, due to rising prevalence but also due to reliance on expensive surgical options for treatment

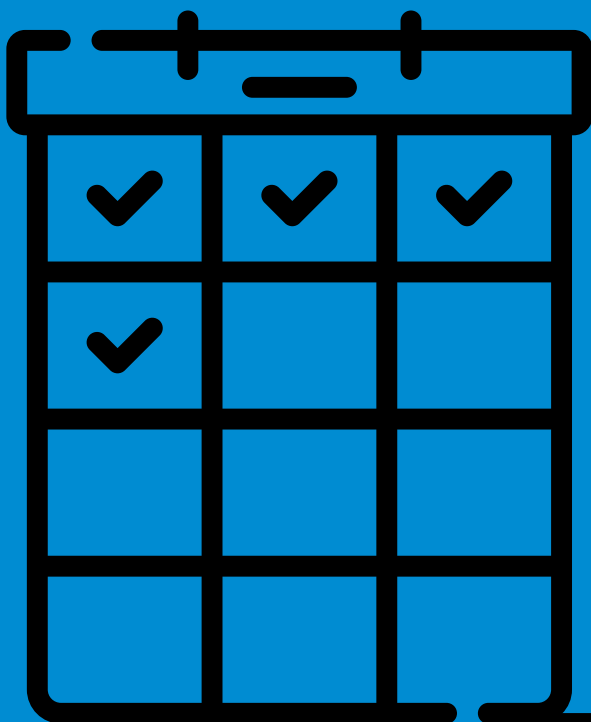


The average net benefit per patient participating in a program to introduce **orthopaedic physiotherapy screening** in a hospital setting is estimated to be \$9,798.

Hospital care: Litton E, et al. (2020); Hicks P, et al. (2019); Nous Group (2020), Comans T, et al. (2014); Australian Orthopaedic Association National Joint Replacement Registry (2013); AIHW (2019); Nous Group (2020).



The COVID-19 shock has had a significant impact on the **physiotherapy workforce** and we need a national workforce plan to avoid a supply crisis.



Our workforce – physiotherapists today

Current trends impacting on future supply

Allied health professionals make up one-quarter of the Australian health workforce.³ Physiotherapy is the second largest of the nationally regulated professions and the third fastest growing profession.⁴ The impact of COVID-19 has been significant for the physiotherapy profession with more recent workforce data indicating early signs of stabilisation and return to pre-COVID levels. However, further in-depth data analysis, in assessing workforce supply factors, shows evidence of increasing physiotherapy workforce shortages with a gendered impact from COVID at a national level. Anecdotally, an impending supply issue is emerging across specific patient groups due to increasing service demand nationally for physiotherapy services.

There are a number of trends impacting on future supply of the physiotherapy workforce. More focus is required on future proofing the profession through workforce planning that encompasses supply and demand analyses to fully understand the labour market dynamics influencing these trends. Geographical imbalances causing health inequalities require urgent policy attention. The maldistribution of the physiotherapy workforce has an impact on access to services for rural Australians as well as at-risk populations such as Aboriginal and Torres Strait Islander peoples and those from culturally and linguistically diverse backgrounds.

The high attrition rate at five to 10 years of clinical practice contributes to critical workforce shortages. As physiotherapy is a highly feminised workforce, more focus is needed to improve re-entry to the workforce of qualified physiotherapists. This also highlights the need to build strategies and actions to support the important task of prioritising national skills planning and retention.

A focus on attracting and retaining critical skills through funded supports to enable upskilling and advanced skill acquisition is required. To build capacity and to ensure future discipline growth, we need more national policy attention paid to a number of key factors that influence the short careers of physiotherapists. Issues including poor remuneration, lack of skill recognition and limited career progression factor strongly alongside a lack of peer support.

To provide a more attractive career option, investment in a national training pathway for physiotherapy is required to ensure broad skills exposure across settings. This would allow for a supportive pathway experience and a more seamless transition from undergraduate training to qualified physiotherapist. The way we train physiotherapists must also evolve, including ensuring that the curriculum, in preparation for practice, encompasses new models of care and changing clinical practice.

Diagram 2 | Physiotherapy today

APA MEMBERSHIP

31,046
members¹

The APA is the sole voice and peak professional body representing physiotherapists and their patients in Australia.

INDUSTRY

\$2.6 billion
in revenue²



7,263
businesses³

\$1.2 billion

in wages paid to about 32,305 employees⁴



Profit margins have remained strong over the past five years⁵

WORKFORCE



37,650
physiotherapists registered with the Physiotherapy Board of Australia.⁶

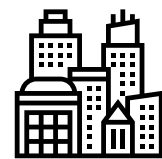


64.3%
female⁷

37.8
average age⁸

0.7%
identified as Aboriginal and/or Torres Strait Islander⁹

DISTRIBUTION



80.8%
in metropolitan areas (MM1)¹⁰

SECTOR

72% Private Sector¹¹ **28%** Public Sector¹²

Sources: ¹ Australian Physiotherapy Association (2022); ²⁻⁵ IBISWorld (2021); ⁶ Physiotherapy Board of Australia (2021); ⁷⁻¹² Commonwealth of Australia - Department of Health (2019)

Priorities and challenges to shaping discipline growth

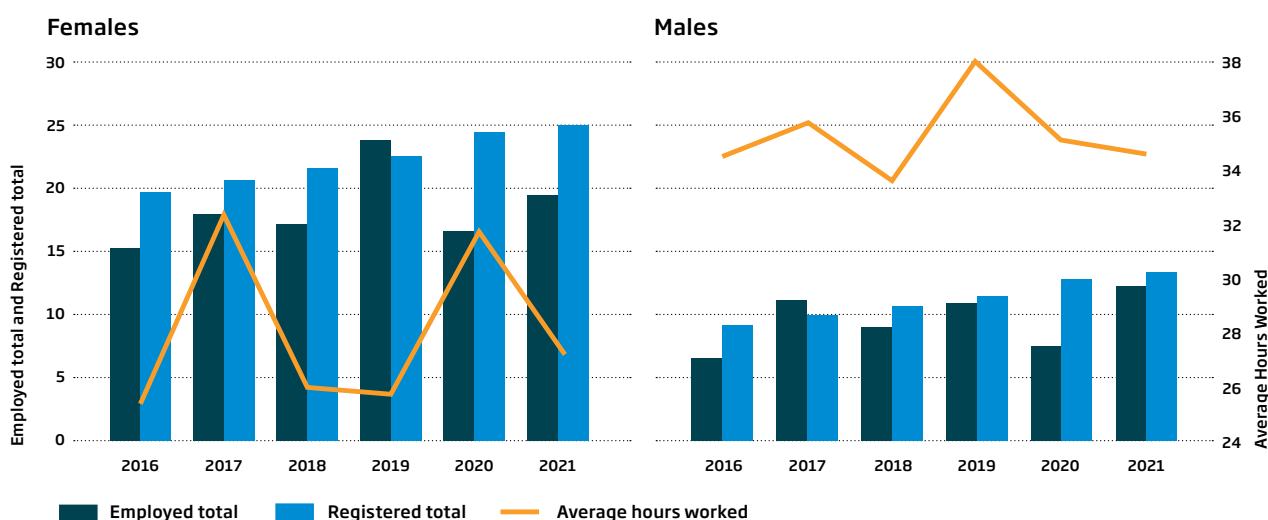
For the physiotherapy workforce, the COVID-19 shock has had a sharp impact on our labour force.

We have seen an unprecedented fall in employment during 2020, a dramatic drop in hours worked, resulting in a significant increase in underemployment, and increased difficulty filling vacancies, particularly in regional and rural areas.

Despite these significant initial impacts, the data indicates a slow recovery.

As can be seen in Figure 1, the sharp decline in both employment and hours worked by physiotherapists in 2020 has stabilised through to November 2021. However, it is the gender impact that is most striking—confirming the gendered impact of COVID, with women taking on the caring responsibilities resulting from school closures and prolonged lockdowns.⁵ For physiotherapy, the average hours worked by women have not increased at the same rate as they have for men. For a female-dominant profession, this is a significant issue and access to flexible work will be key to recovery. Regrettably, the data does not provide the full story as only the key measures of labour market activity (employed, registered and average hours worked) are captured. As a result, it is possible that a different impact on public/private hospital physiotherapists might be hidden or that the impact felt by private practitioners might be more pronounced than the graphs depict. Effects of selected variables on work hours of those working in hospitals and universities where workloads increased dramatically during COVID are therefore not captured.

Figure 1 | Employed Physiotherapists (gender comparison) by volume and hours worked



Source: ABS Labour Force, Australia, Detailed (Released 23/12/2021) - EQ08 - Employed persons by Occupation unit group of main job (ANZSCO), Sex, State and Territory, August 1986 onwards; Physiotherapy Board of Australia, Registration Data Table, registration volumes for the years 2016-2021.

It is these contributing factors that indicate an impending workforce shortage.

We are seeing the demand for physiotherapists growing faster than supply. This is evident from the average yearly percentage growth of job vacancies for physiotherapists when compared to the percentage growth of registered physiotherapists.

Table 1 | Job vacancies and registered physiotherapists

| | Average job vacancies | Registered Physiotherapists |
|---------------|-----------------------|-----------------------------|
| 2015 | 659 | 27,547 |
| 2020 | 980 | 36,808 |
| Growth | 48.7% | 33.6% |

Source: Australian Government Labour Market Information Portal Vacancy Report (August 2021); and Ahpra Physiotherapy Board Statistics.

Building workforce capability

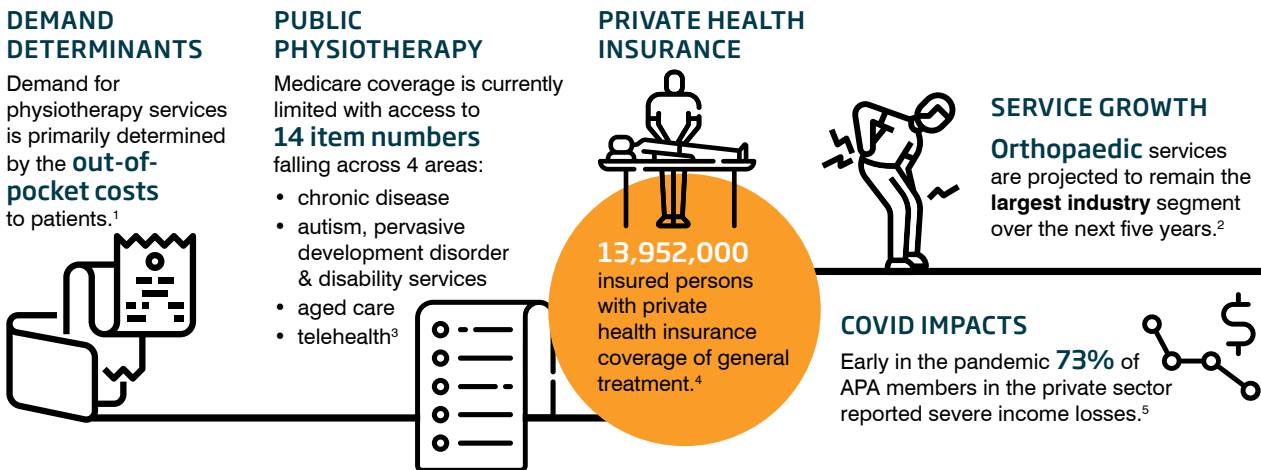
Physiotherapy needs to be at the forefront of future workforce planning.

Increasing retention of physiotherapists nationally will help build workforce capability to meet changing health care needs and increasing service demand with an ageing population.⁶ Demand determinants remain key to our retention aim so that practices can remain viable and physiotherapy continues to be an attractive career choice. These factors are currently primarily determined by out-of-pocket costs to patients in the context of minimal government subsidisation.⁷

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

Physiotherapists report substantial unmet needs for physiotherapy services in the community. This demand deficit is compounded by major workforce distribution issues. The pandemic has worsened critical workforce shortages by limiting our ability to supplement the workforce through skilled migration. It is unlikely that steady growth in new graduates entering the physiotherapy profession and increasing registered physiotherapists each year will be enough.

Diagram 3 | Factors impacting on demand



Source: ¹⁻² IBISWorld (2021); ³ MBS Online; ⁴ APRA (June 2021); ⁵ APA Survey (2020).

Transforming the health system requires a workforce policy solution

Workforce policy solutions need to deliver contemporary care models and clinical excellence.

In the context of the reform agenda, we have a significant opportunity to grow as a workforce and share the future of health care. A stronger national focus on recruitment and retention is needed, with attention to skill supply issues, ensuring adequate supports and focused development for growing areas of need. This would include a targeted Commonwealth-led national funded training pipeline for the physiotherapy profession to increase strategic health workforce planning and impact, particularly in addressing maldistribution, alongside an incentivised skill acquisition pathway for the existing workforce enabling strong skills growth.

Physiotherapy needs to be part of the solution in health system design and in improving efficiencies by advancing team-based care.

Workforce solutions must focus on facilitating wider scopes of practice and ensuring a greater emphasis on multidisciplinary care in the health care system. This cannot be achieved through continued reliance on the current payment models or traditional structures that disincentivise integration. To address the rural workforce crisis, policy solutions must focus on workforce distribution beyond general practice workforce planning. Strategies to mobilise the physiotherapy workforce must also extend to expanding access for Aboriginal and Torres Strait Islander peoples.

Training and supervision

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.

Critical success factors for recruiting physiotherapists include the need to ensure that training is built into physiotherapy business models. There is also a need to address the key constraints limiting supervision capacity. Strong local leadership is required to protect designated training and supervision time in busy clinical settings, particularly in underserved locations. A training pipeline is needed to support graduates and junior physiotherapists, combined with remuneration and recognition policies to address the markedly low numbers of physiotherapist supervisors. In short, physiotherapists need to be incentivised in the same way GPs are incentivised.

Significantly more investment is required to secure the next generation of physiotherapists and rural physiotherapists. The key issue undermining policy success lies in the current funding arrangements that fail to deliver a health workforce and training system able to meet current need and future demand. Financial incentives are needed to deliver evidence-based interventions to meet these needs. Strategies to nurture rural retention through a supportive pathway experience must ensure an equal focus on retention to direct supportive policies so that those who stay have the local support structures they need to thrive. This, in turn, will have a positive impact on training and translate to a sustainable workforce able to address maldistribution over time.

Our solutions

To build capacity, prioritising action across these six areas provides a practical starting point.

| | | |
|----------|---|--|
| 1 | Recruitment and retention | A stronger national policy focus on both recruitment and retention planning to build the physiotherapy workforce of the future. |
| 2 | Training pipeline | A nationally funded training pipeline for the physiotherapy profession. |
| 3 | Enabling integration | A focus on new funding models that formalise public physiotherapy in an integrated health system. |
| 4 | Spotlight on advanced practice roles | Greater focus on the improved utilisation of skills through advanced scope of practice roles to address current and future need. |
| 5 | Rural workforce | New practice viability funded supports that factor in geographic, demographic workforce and training variables. A targeted strategy that financially incentivises physiotherapists to enter training and practices where they are most needed. |
| 6 | Access for Aboriginal and Torres Strait Islander peoples | Research to identify the barriers and enablers of access to physiotherapy for Aboriginal and Torres Strait Islander peoples. |

Our workforce—future of physiotherapists

There is no vision for physiotherapy without a vision for physiotherapists. Despite Australia's population growth being impacted by COVID-19, the Australian population is still expected to grow⁸ and key demand drivers are already identified that will shape the demand for physiotherapy in the next decade.

We expect that demand will increase through the impact of population changes, changes in the health care system, and increased government support and focus on some sectors—such as aged care, disability and veterans' affairs—as well as through pursuing the goal of value-based care leveraging physiotherapy to advance health, improve care and increase value.

Diagram 4 | Physiotherapy demand drivers | Key trends



Australia's ageing population and focus on aged care services¹



Projected rise of the number of Australians suffering from chronic pain, comorbidities and chronic diseases such as arthritis, osteoporosis and obesity¹



Increased emphasis on wellness and preventive health¹



Increased public awareness of physiotherapy services and benefits of physiotherapy¹



Emerging long term impacts of COVID-19²



Push towards the inclusion of physiotherapy as a care component in mental health³



Expected growth across the NDIS, aged care and veterans' care programs⁴



Increasing role for physiotherapists to promote healthy active living (exercise and mobility) in primary care

Sources: 1 IBISWorld (2021); 2 Hensher, M., Angeles, M., de Graaff, B., et al. (2021); 3 Acil Allen (2021); 4 Commonwealth of Australia - Department of Health (2021)

Physiotherapists in Practice and in Public 2025

In 2013 and 2015, we commissioned the **Nous Group (Nous)** to present two reports on the future of physiotherapy in the health system, *InPublic2025*⁹ and *InPractice2025*.¹⁰

While *InPublic 2025* explored opportunities and aspirations for physiotherapy in Australia's public health care system, *InPractice 2025* focused on the strategic drivers likely to influence private practices' environments and their anticipated key features for the future.

Both reports anticipated that physiotherapy services would be influenced by the impact of changing population health needs—particularly in the context of a growing and ageing population with increased prevalence of chronic and complex diseases; the emergence of new models of care with an acceleration of integrated and multidisciplinary collaborative models of care; and policy and patient expectation shifts towards value-based care, quality and safety, patient engagement, and person-centred approaches. In terms of workforce, the reports identify opportunities and challenges that hold true today¹¹ and consider what the physiotherapist of the future might look like.

According to Nous, to respond to new models of care, the physiotherapist of the future will have more opportunities to work at an advanced scope of practice—both broader and deeper clinical expertise will be expected. Multidisciplinary collaborative models of care and the delivery of integrated patient care will also require the development of skills in case management, coordination of care and care planning. Advances and new rollouts in technology will mean that physiotherapists will have to be more technology-savvy and will have to explore new ways of working—not only in terms of administration and marketing but also in the delivery of physiotherapy services¹².

Workforce planning

Planning the future of physiotherapists requires needs assessment and workforce data to fully understand demand and supply issues.

In 2021, there was a consultation on the National Mental Health Workforce Strategy,¹³ the launch of the NDIS National Workforce Plan: 2021–2025,¹⁴ and a Care Workforce Labour Market Study.¹⁵ Still, we are yet to see a comprehensive supply and demand analysis of the health and care workforce. As the future of health care unfolds, we need a workforce plan that is informed by data and that captures service demand and emerging priorities as well as the required skill profiles to support.

The lack of allied health national data presents a significant evidence-to-policy gap in advancing our shared policy aims. If we are going to make the required transitions to the future of health then we need to quantify the demand and supply of physiotherapy services. The work to prioritise an Allied Health Data Project is a key step towards closing the policy gap through establishing critical data building on the National Health Workforce Dataset (NHWDS). However, the key missing piece is a focus on workforce demand through needs assessment.

It must be a priority for governments to conduct comprehensive needs assessments that take into consideration population growth, mobility, location and distribution, and health needs (both in terms of volume and in terms of nature of needs) and to cross this data with comprehensive workforce data. The data must be consistent nationally and provide both a snapshot of the current situation and forecast information. Only then will we be able to provide a relevant and implementable workforce planning framework.

Critical supply drivers and planning

We need a national plan for the physiotherapy workforce to match current and future supply and demand.

This work needs to begin now. The trends observed during the COVID-19 shock and unresolved gender impact on our discipline require urgent action to repair and rebuild. Further proactive planning with a focus on the known supply drivers is required. A lack of data and systems to measure and report on community need for physiotherapy services presents a clear barrier. However, while our data is limited, there is still scope to undertake preliminary analysis of supply and demand factors and the drivers to supply and demand. More work is also required to characterising Australia's rural physiotherapy workforce with a focus on addressing unmet service need.

Diagram 5 | Physiotherapy supply drivers



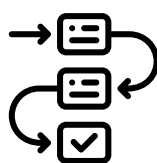
Career pathways and professional development



Training and availability of placements



Workforce recruitment and retention



Succession and workforce planning



Funding of physiotherapy roles and activities



Skills planning and funding to support skill acquisition

The post-pandemic period will create a great opportunity window to undertake this critical analysis and forecasting work.

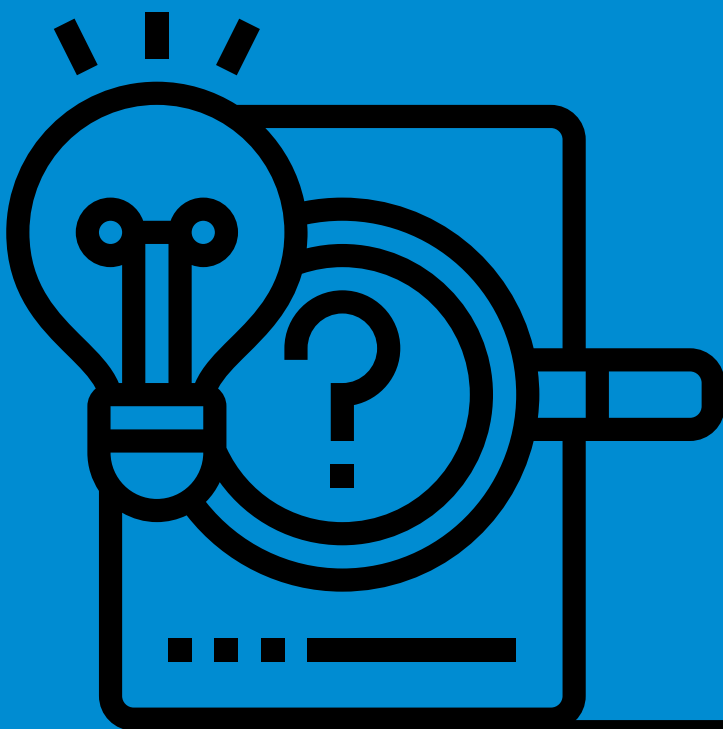
The COVID-19 pandemic has had impacts on population growth and location—there has been a move towards regional areas; health needs—physiotherapists are expected to play a critical role in mitigating the long-term health impacts of Long COVID; the supply of health workers—border closures have limited access to a skilled migrant workforce; and the way we deliver services—we have seen an increase in at-home services and telehealth, which can be a game changer for rural and regional patients and health practitioners if done well.

The next five years need to be dedicated to the collection of the data described above, along with its analysis, evidence-based forecasting, and the development of a comprehensive workforce strategy. The five following years need to see the implementation of the national strategy, including initial training, student placements, professional development, career pathways, retention, and broader health policies at state and federal level.

This is how we will achieve a state of the physiotherapy workforce that addresses the needs of all Australians, wherever they are and whatever their circumstances and needs are, within 10 years.

”

We are now at a critical point in the **reform journey** with many plans in place following a prolonged period of review.



Roadmap to the future of health

The reform journey

In the next decade, health care will look very different from the way it looks today as we move towards high-value health care. In making this transition, we will need new approaches to fund team-based care to deliver the best health and system outcomes. We will need to address structural weaknesses augmented by the current system, in which health care is viewed through a limited lens and hindered by traditional biomedical models of illness. This would support a transition from a reactive health care system based on an episodic, acute care model towards preventive care solutions addressing the causal factors affecting health status. Reform success is reliant on strategic prioritisation towards access and outcomes—prioritising population health, system integration and prevention. This shift will demand more focus on location-based policy to enable access and advance integrated care models combined with a commitment to measure outcomes at scale.

State of play

We are now at a critical point in the reform journey with many plans in place following a prolonged period of review.

Physiotherapy is critical to enhancing the value of the patient journey, and to reducing costs, unnecessary servicing and preventable delays. The current plans before Government, if implemented, will deliver these benefits.

They include:

- Australia's Primary Health Care 10-Year Plan 2022–2032
- National Preventive Health Strategy
- National Obesity Prevention Strategy
- Fifth National Mental Health and Suicide Prevention Plan
- Medicare Benefits Schedule (MBS) Review

Despite these plans, we remain very much at the beginning of this journey.

The affordability of health care for individuals—as one of the most critical reform issues—remains largely unchecked. There are substantial out-of-hospital out-of-pocket expenses for both public and private patients.¹⁶ Significant challenges lie ahead in addressing rising costs at the health system level. Access to health services has become more and more difficult due to a poorly considered and largely ineffective mix of public and private funding arrangements. The challenge of sustaining a viable private insurance sector alongside Medicare remains.

A new policy window

Let's not miss this opportunity. With so many reform components and competing plans, we are at risk of spending our way out of implementing real reform.

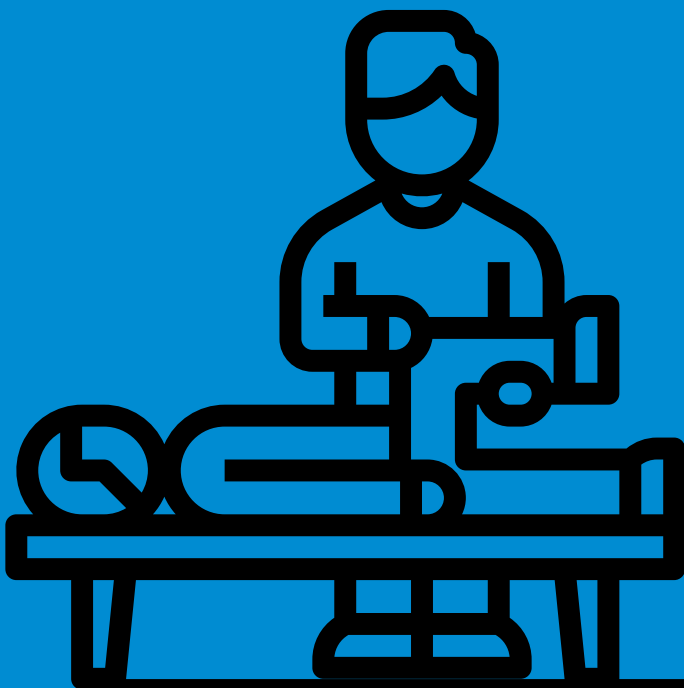
In addressing access constraints, a much stronger equity lens is required, including support for more innovative models of care. This includes a need for stronger investment in publicly funded physiotherapy to increase coverage. The focus now needs to be on integrating prevention into the management and delivery of care, thereby addressing the current skewed incentives and funding model.

To transform current systems of care, we will need to harness the skills of the entire health system. In making these transitions, it is within physiotherapy that we can find significant opportunities to strengthen care for all Australians. We need to shift away from our current payment model—fee-for-service and activity-based funding—which rewards the volume of care delivered, incentivising over-servicing. It is also important to recognise the inequities that this drives in respect to limited resources and unnecessary care whereby there are some groups that generally access services more frequently than others. They are typically older, wealthier, privately insured, and live in urban areas.¹⁷

For private health insurance, there is a need to strengthen product offerings to deliver value by increasing access to care and improving outcomes through a preventive health focus. Beyond these areas, we need an increased focus on environmental issues and social determinants. We also need to strengthen our digital health capabilities and test value-creating solutions. We know what is required in tackling the most significant challenges for critical access, including for Aboriginal and Torres Strait Islander peoples and rural Australians, and these actions must be prioritised in the reform measures.

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As we enter this **next phase** of reforms, it is physiotherapy that will be key to putting high-value care to action in Australia.



Enter the next phase

Transition to value-based health care

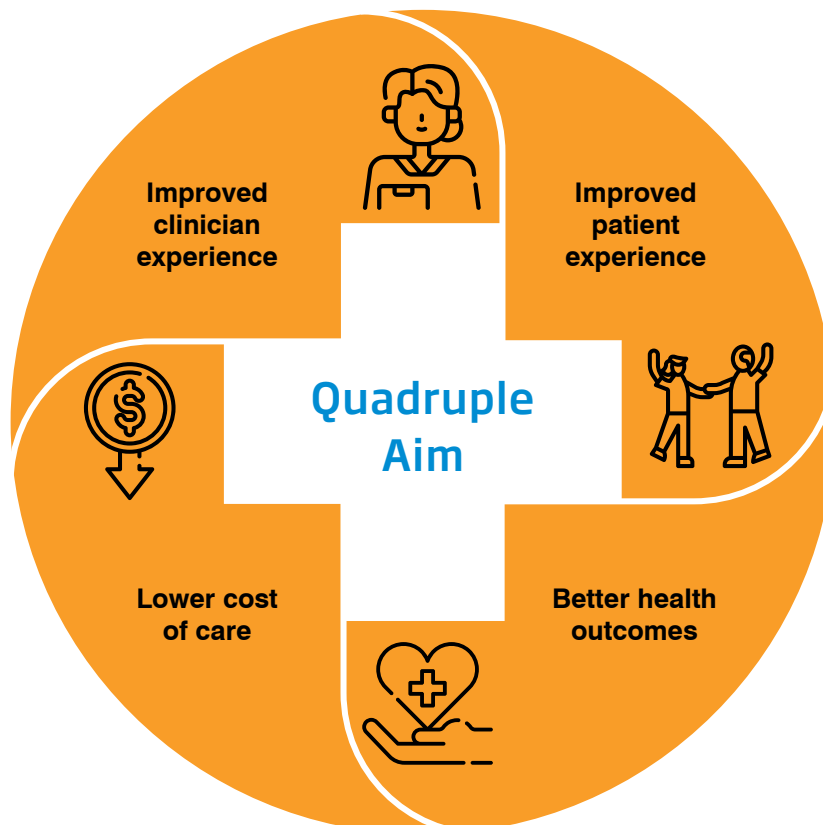
High health care spending doesn't always translate to high-value care. The health care system is predominantly funded according to activity throughput. This, in part, has directed outcomes measurement to be undertaken through a limited lens, which rarely moves beyond a focus on the economics of patient safety. While important, safety and mortality measures alone, which include improvements across all types of adverse events, may fail to capture important quality-of-life benefits. The shift towards capturing these benefits helps make the vital transition from *output* to *outcome* realisation.

Value and outcome models

To shift towards a focus on value and outcome models, there is a need to consider outcomes that matter to patients relative to the costs of delivering them.

In transforming our health care system, important quality-of-life aspects must factor strongly alongside faster treatment, better outcomes, and lower costs. Physiotherapy holds the potential to help reshape the health care system towards these aims. Some structural transformations are vital to putting high-value into action. Integrated care and shifting care closer to home are all part of our solution to fill gaps in the patient experience.

It is clear that true health reform will be realised through redesigning the system around patient need, and towards experience-based design and effective outcomes measurement. We need to shift to more enabling technology and new models of care to deliver high-quality care, including through the accelerated establishment of new preventive health models across priority populations. The next key challenge is to work through how we measure outcomes at scale and this can be achieved through the development of a national outcomes framework that will finally set meaningful indicators measuring performance, including Patient-Reported Outcome Measures (PROMs). The Quadruple Aim underpins it all and should serve as a framework to optimise health care system performance.



Economic value of physiotherapy

Putting high-value care to action

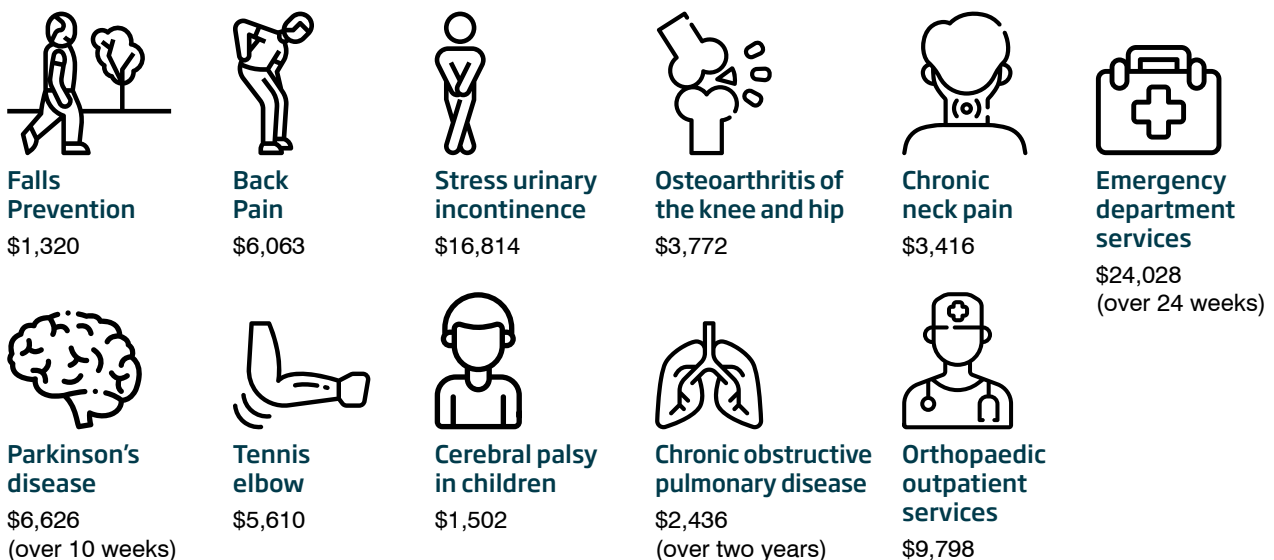
As we enter this next phase of reforms, physiotherapy will be key to putting high-value care to action in Australia.

Physiotherapy is an efficient, although often underutilised, part of the health system. The health benefits and effectiveness of our interventions, and the value we provide to the health care sector as a profession, are proven in the research literature. The cost-effectiveness of our interventions was also demonstrated recently through a cost-benefit analysis of 11 common conditions by the Nous Group.¹⁸

The report showed that physiotherapy provides value to Australians, at all stages of life, and in response to many different life events. Through this landmark analysis, we have built a robust picture of our high-level impacts and the value this provides to the health care sector. In addition to strengthening care to deliver the best health outcomes, the final analysis showed that physiotherapy also offered best value for money.

Diagram 6 | Value of physiotherapy in Australia

Physiotherapy delivers an average net-benefit for a range of life events and stages.



Source: Nous (2020)

Approach and methodology: Net-benefits were calculated accounting for quality of life improvements, the cost of service delivery, patient-time opportunity costs, the avoided costs of alternative or usual treatment, and calculated over a period of time. Please refer to full report for details.¹⁹

Reshaping our health system

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 potential for efficiency gains is significant across a range of areas including in managing complex and chronic conditions, the prevention of falls and pain management. Through cost-effective decisions that maximise gains, physiotherapy also generates societal benefits via second order productivity gains. This includes maintaining a healthy and productive workforce and addressing the economic burden of work injuries through physiotherapy-led workplace injury prevention and rehabilitation, and work hardening and conditioning, which improve return-to-work time frames by getting injured workers back to productive work sooner.

Diagram 7 | Physiotherapy | Individual and health system benefits

Economic benefits

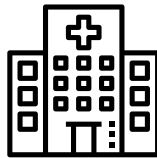
Physiotherapy offers cost-effective evidence-based health care delivering value to both the individual and the health care system.



Better care

Where physiotherapy is more **clinically effective** than standard or alternative treatments:

- Chronic obstructive pulmonary disease
- Parkinson's disease
- Stress urinary incontinence



Reducing hospital admissions

Where physiotherapy reduces **hospitalisations** or where patients can be managed **without surgery**:

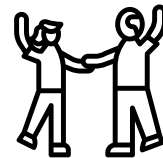
- Osteoarthritis of the knee and hip
- Orthopaedic outpatient services
- Emergency department services



Reducing chronic pain burden

Where physiotherapy provides an economic benefit in reducing **chronic pain**:

- Chronic neck pain
 - Back pain
 - Tennis elbow
- Greater mobility
- Cerebral palsy
 - Falls prevention



Enhanced outcomes

Where physiotherapy generates **societal benefits** through second order productivity gains:

- Reduced pain
- Greater mobility
- Return to work
- Longer life
- Avoided disability



Physiotherapy is perfectly positioned to support the adoption of **digital health** offering value-creating solutions to help build a digital health care ecosystem that puts the patient first.



Digital health

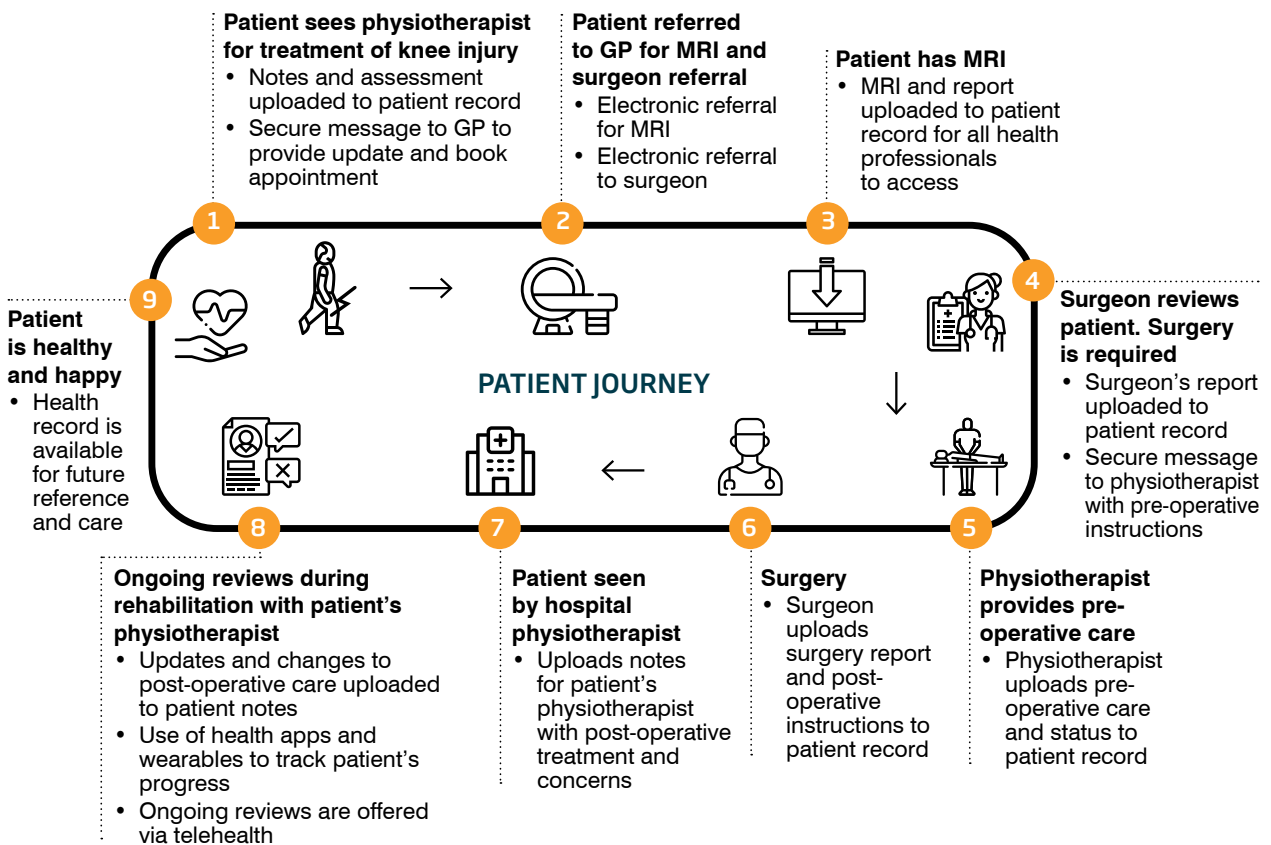
Digital health is essential to the future of Australia's health care system. New technologies are providing opportunities to address current fragmentation in the system by improving the coordination of health care and preventing adverse events. The use of digital technologies to overcome barriers currently experienced by patients will not only improve patient experience but will also empower them in their health choices. The opportunity exists now to develop a fully integrated health care system, which involves a digitally enabled physiotherapy profession.

The role of physiotherapy

A fully integrated health care system requires engagement from the physiotherapy profession.

For digital health to reach its full potential, it needs to be integrated across all aspects of the health care system. A fully integrated system needs all health care disciplines to be included in the digital health journey. Physiotherapy is perfectly positioned to support the adoption of digital health across the entire health care landscape as the profession is involved in all aspects of a patient's health care journey.

Diagram 8 | Interoperability driving patient outcomes



In working within current system constraints, this journey map illustrates how a digital health solution could improve the patient journey in the current pathway. A more optimal solution would see reform to lift the current barriers to ensure the best use of physiotherapists, including connecting the patient to the most clinically appropriate and cost-effective pathway. In this context, the solution lies in specialist referral and lifting barriers to allow physiotherapists to directly refer patients, and to fund imaging requests for patients.

Digital leadership

The physiotherapy profession is engaged in digital health and ready to support digital health initiatives.

Digital technologies are already commonplace in physiotherapy practice. Technologies to support connectivity, such as digital record keeping and secure messaging, are being adopted by physiotherapists. Digital health is also supporting patients through technologies such as exercise prescription apps and telehealth.

A recent digital health audit conducted in 2021 found that physiotherapists are adopting digital health into their practice. The audit found that approximately 90 per cent of responding physiotherapists were using some form of digital technology, showing that physiotherapists want to embark on a digital health journey.²⁰ Despite this, there are barriers preventing the adoption of key pieces of digital infrastructure such as My Health Record and secure messaging.

It has been shown that with incentives and support, practitioners will incorporate these technologies into practice. This was clearly demonstrated during the COVID-19 pandemic when the introduction of telehealth item numbers supported the rapid uptake of telehealth, helping to accelerate the transition. The time is now right to advance digital health, but funding and education are required to ensure that physiotherapy, as one of the largest allied health professions, is fully leveraged to help realise a new digitally enabled care pathway.

An improved patient experience

Supporting physiotherapists to adopt digital health will lead to an improved patient experience.

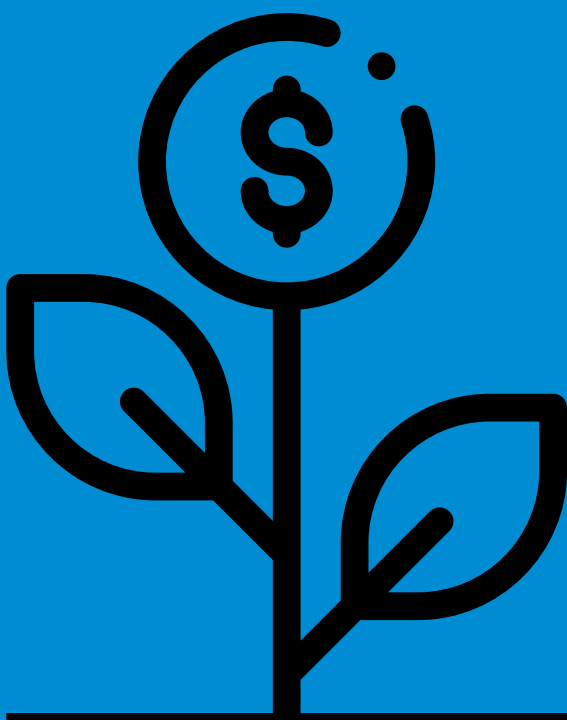
Australians are already digitally connected and want the ability to use these technologies in their health care.²¹ An integrated health care system, which includes physiotherapy, will improve the patient experience. As part of a multidisciplinary team, physiotherapists will have access to patient records and tests, which will decrease the stress on patients to bring results and information to appointments. Enabling secure messaging will allow for better communication with other health providers, ensuring timely treatment, and the adoption of patient-centred health programs will empower patients by allowing them to be more engaged in their treatment.

An important digital touchpoint for patients is the connected health device and remote monitoring. There is a need to embrace the digital health technology that is being incorporated into everyday devices. Wearable devices can already monitor activity and vital health measures, detect falls, and we will see more innovations and technical advancements be brought into practice over the next decade. These technologies give patients control of their health care and can also support physiotherapists in their health care delivery.

As noted in the National Digital Health Strategy,²² it is critical for all Australians to be able to share the benefits of digital health. The digital divide, whether it is an issue of affordability, accessibility or digital literacy,²³ is a reality for many Australians and affects disproportionately those who are among the most at-risk cohorts in terms of health outcomes: older Australians, Aboriginal and Torres Strait Islander peoples, people living in rural and regional areas, low-income households and people living with disability. It is critical that governments support patients in the transition towards a digitally integrated health system so that no-one is left behind.

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This 10-Year Vision sets out a roadmap to the future of health through **advancing physiotherapy**—stronger investment in publicly funded physiotherapy will help Australia enter the next phase of reforms.



A framework for action

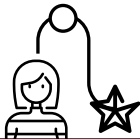






Physiotherapy offers new solutions to support improvements in health system design, in offering better care and in improving efficiencies through enabling team-based care. A core aim is to strengthen the primary care system and improve equity of access to essential care for all Australians through affordable high-value physiotherapy. In this framework, we have set the fair foundations needed for health care equity through seven key actions that, if implemented, would advance health, strengthen care and increase value.

In this framework, we outline examples of where our discipline adds value and make suggestions for reform. We start by outlining physiotherapy-led models to strengthen care and reduce disparities across priority populations. Our focus is not simply on working within the current system constraints but on finding new ways to reorient the health system by investing in primary care, including publicly funded physiotherapy. We introduce this broader vision by providing strong solutions that will strengthen care and lead to cost efficiencies, including to overcome the barriers to integrated multidisciplinary team-based care.

In breaking down the barriers to care, we explore opportunities in other parts of the health system, including leveraging our value in public hospitals. In private health insurance, we provide ways to achieve more value through setting a number of policy parameters to improve product offerings. We set out ways to increase the value we add across our highest care priorities so that we can restore fairness to the public health insurance areas. Finally, we turn to the urgent task of prioritising physiotherapy in COVID recovery, including in Long COVID rehabilitation pathway planning and delivery.

Physiotherapy. Reform starts here

These seven actions in advancing physiotherapy will help drive transformative change to our health system.

| | Destination |
|--|---|
| Action 1 Advancing primary care physiotherapy  | All Australians have access to high-value primary care physiotherapy through the MBS |
| Action 2 Advancing health equity  | The promise of prevention and patient-centred access to health care is realised through physiotherapy |
| Action 3 Advancing multidisciplinary care  | Fully funded models of care integrate physiotherapy |
| Action 4 Advancing hospital physiotherapy  | Advanced scope physiotherapy is inbuilt into Australia's hospital system |
| Action 5 Advancing private health insurance  | More physiotherapy services are included in the product offering |
| Action 6 Advancing public health insurance  | Access to essential supports and services is guaranteed across all public insurance schemes |
| Action 7 Advancing pathways to COVID recovery  | Long COVID is recognised and treated as a chronic condition |

Advancing primary care physiotherapy

Stronger investment in public physiotherapy will help the Australian health care system enter the next phase of reforms.

Physiotherapy offers solutions to connecting care, getting the best value from the health dollar, reducing the pain burden, and incorporating prevention into a range of new care models. We offer solutions that strengthen the primary care sector and improve the affordability of access to essential care for all Australians, addressing the inequities and entrenched disadvantage across a number of population groups. In setting out a framework for action, we offer solutions across a range of areas in improving the patient journey, in innovative new models suitable for scaling up, and in collaborative team-based approaches to get the best out of physiotherapy for better health outcomes. Funding innovations in physiotherapy will help meet a key reform aim to reorient the health system towards primary care.

What reform looks like

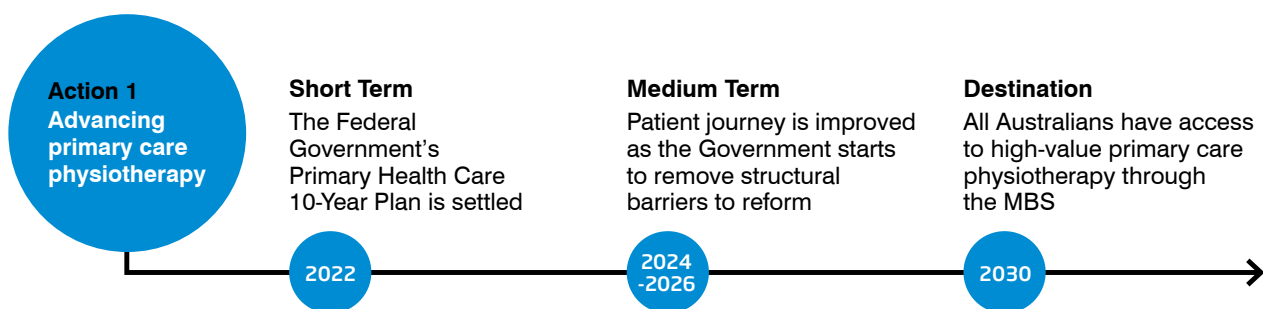
Improving the patient journey via new advanced pathways through referral, diagnosis and treatment pathways.

1. Funded First Contact Physiotherapist
2. Specialist referrals
3. Digital imaging
4. Prescribing rights

Reducing the disease burden through funding innovations in care for chronic conditions, managing pain and preventing injury.

1. Persistent pain
2. Musculoskeletal conditions
3. Chronic disease
4. Injury prevention

Roadmap | Advancing primary care physiotherapy



Advancing health equity

Health reform needs to focus on prevention, which requires fundamental changes in the way that health care is delivered in Australia.

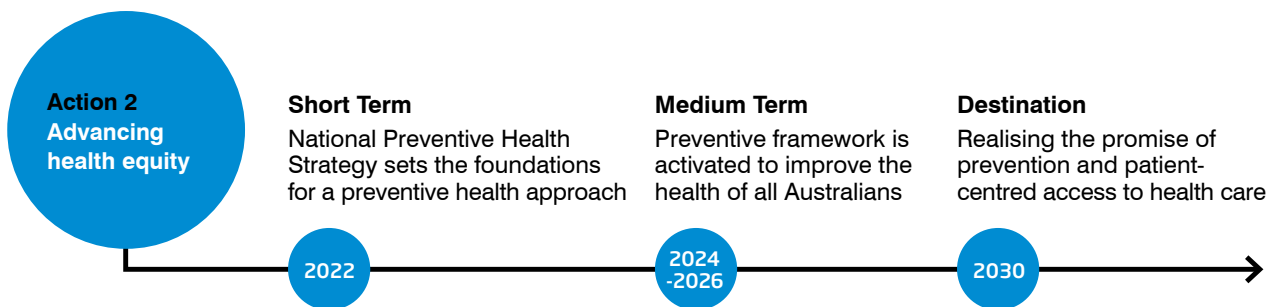
Health has a lot to do with where we live and how we live—these are the social conditions in which people are born, grow, work, live and age.²⁴ Health and illness follow a social gradient that leads to unfair outcomes which equates to the lower the socioeconomic position, the worse the health.²⁵ While these social determinants remain critical factors requiring whole-of-government focus, it is prevention that remains a key strategy for action. Health equity starts with a strong preventive health focus, in primary prevention and in looking at the structural drivers of health inequity. This is where we need to start—through the accelerated establishment of new preventive health models across priority populations.

What reform looks like

Advancing health equity to reduce disparities in health and in its determinants.

1. Preventive health
2. Aboriginal and Torres Strait Islander health
3. Rural health
4. Health of people living with dementia

Roadmap | Advancing health equity



Advancing multidisciplinary care

The most fundamental reform will provide a way forward to overcome the barriers to team-based care.

We create value through the reorganisation of care and through enabling multidisciplinary teams to implement integrated care. This improves care at primary and community levels and beyond. To drive integration forward, we need to connect the system for the person being cared for by bringing teams together so that they can provide care, collaborate and communicate for the patient's benefit. Physiotherapists already work collaboratively with members of other disciplines across sectors to achieve a multidisciplinary approach, including in rehabilitation services, neurological rehabilitation, aged care and cancer care. Further benefits would be realised through more attention to the relationship between physical and mental health and by formalising funding and supports to enable a multidisciplinary approach to this essential care.

What reform looks like

Enabling collaborative team-based care with physiotherapy as part of multidisciplinary teams to improve patient outcomes.

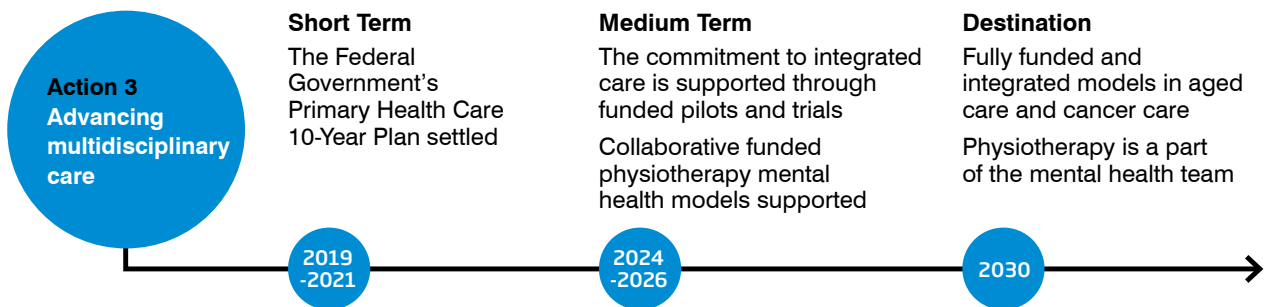
Now. Where we are creating value.

1. Aged care
2. Cancer

Future. Towards better care.

3. Mental health

Roadmap | Advancing multidisciplinary care



Advancing hospital physiotherapy

New pathways that maximise the contribution of physiotherapists in inpatient, outpatient and community-based services, in both private and public hospitals, provide significant benefits to the patient and the health care system.

Hospital bed days are a valuable commodity. Now more than ever, we are seeing this through these long COVID months, including the impacts of increased pressure on an already overwhelmed health care system. There is an imperative to optimise scarce resources as well as reduce acute hospital care utilisation. Physiotherapy offers solutions in both managing demand and playing an important role in avoiding admissions and in lowering readmission rates.

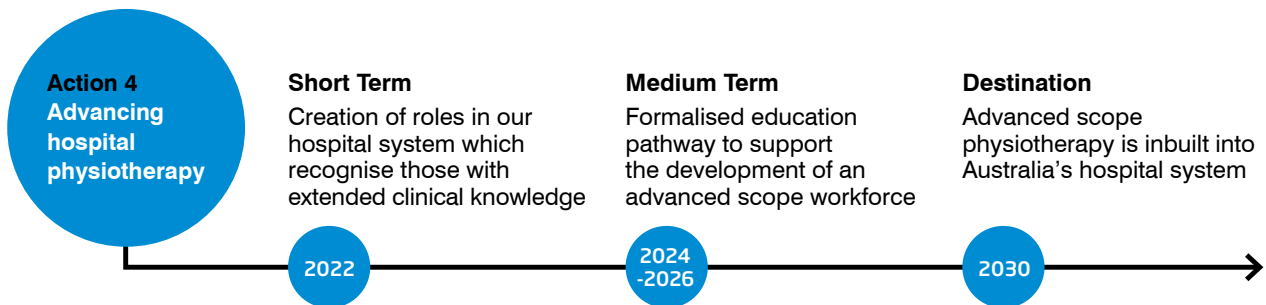
Research indicates that, in hospital, early physiotherapy intervention can increase patient satisfaction⁶ as well as improve the overall flow of the emergency department.^{27 28} Physiotherapy is also positioned to alleviate workforce pressures being experienced by the hospital sector in the current COVID environment. Reforming hospital systems and supporting physiotherapists to work in advanced practice roles provides both short- and long-term workforce solutions by utilising skills already possessed by physiotherapists.

What reform looks like

Supporting physiotherapists to work in **advanced scope roles** will provide optimal patient care, working to reduce admissions and readmission rates in addition to supporting hospital systems impacted by COVID.

1. Physiotherapy in the hospital
2. Advanced practice physiotherapy
3. Utilising the physiotherapy profession

Roadmap | Advancing hospital physiotherapy



Advancing private health insurance

Progress towards private health insurance (PHI) reform is reliant on recognising the benefit of physiotherapy-led interventions for meeting the Government's set objectives to make PHI simpler and more affordable.

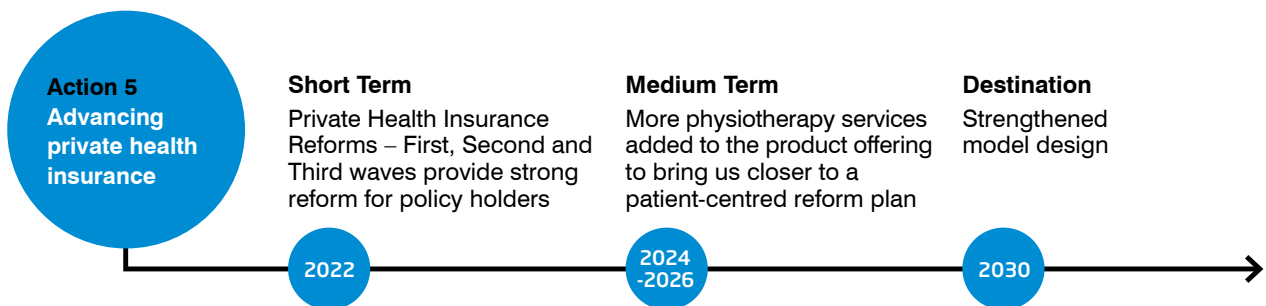
The public-private mix of health expenditure will present a significant policy problem over the next decade. As health expenditure continues to grow at 4.6 per cent per year above inflation, governments and health insurers are increasingly concerned about the sustainability of this spending.²⁹ The challenges in private health, where the age of the insured population is increasing, are placing a policy imperative on ensuring better value and affordability, particularly for the younger insured cohort. The current reform focus in terms of ensuring stronger health outcomes is a step in the right direction. However, in strengthening the model design to ensure real value for fund holders, it is physiotherapy that provides opportunities in advancing preventive strategies. Tackling out-of-pocket costs to increase the uptake of preventive interventions provided by physiotherapists will be key to the necessary health reforms. Physiotherapy is also key to developing new models of care that recognise the close links between physical health and mental health outcomes.

What reform looks like

Physiotherapy has a strong role in **increasing the value** of the PHI health care package.

1. Focus on prevention
2. Focus on out-of-hospital health services
3. Value and sustainability

Roadmap | Advancing private health insurance



Advancing public health insurance

Physiotherapy makes a significant difference to a person's ability to remain independent and to experience a full life.

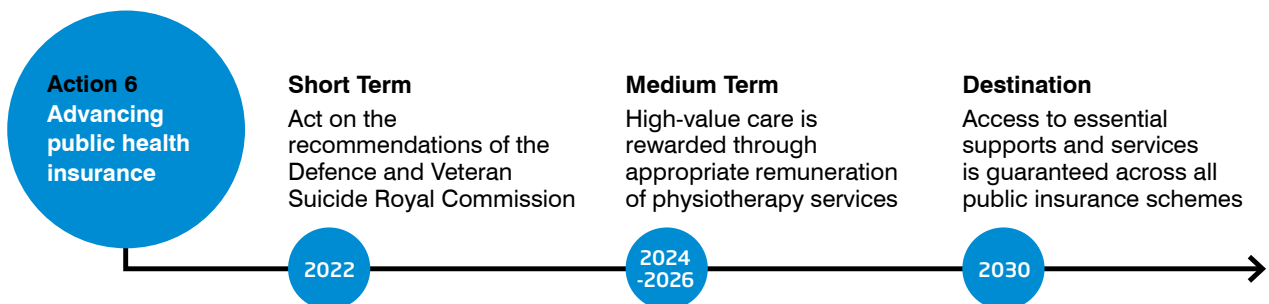
Physiotherapy treatments enhance an individual's independence, function and mobility, and bring social inclusion benefits by encouraging participation in the economic and social life of the community. More broadly, physiotherapy can also deliver benefits at a societal level through second order productivity gains. These include reducing the cost of lost productivity due to chronic pain with return to work benefits, and, more broadly, through a longer life. The benefit stream from our national insurance schemes in supporting our most vulnerable Australians has been significant. However, the job isn't quite done—a commitment to co-design is required. This would ensure better-targeted services for those who rely on these schemes for a more inclusive life. We are at a critical juncture for achieving our reform ambitions in both disability and veterans' care. We must continue to avoid policy drift at all costs, and physiotherapists want to ensure that they are delivering on what is promised. Governments and insurers are often driven by a political need for containing costs and premiums. In progressing reform in this area, it is critical that governments work in partnership with participants towards a co-design approach.

What reform looks like

Physiotherapy provides **high levels of clinical expertise** to high or complex care needs participants including in rehabilitative care to help a person regain function and strength after serious injury. We have a strong evidence base that supports targeting physiotherapy services in providing supports for those who must remain our care priorities, across all public insurance schemes, to provide better value that translates into high-value, cost-effective supports.

1. National Disability Insurance Scheme (NDIS)
2. Department of Veterans' Affairs (DVA)
3. National and state third-party schemes

Roadmap | Advancing public health insurance



Advancing pathways to COVID recovery

COVID-19 will cast a long shadow with increased pressure on our health system in the years to come—the focus now needs to turn to supporting patients through the unknown of their COVID recovery.

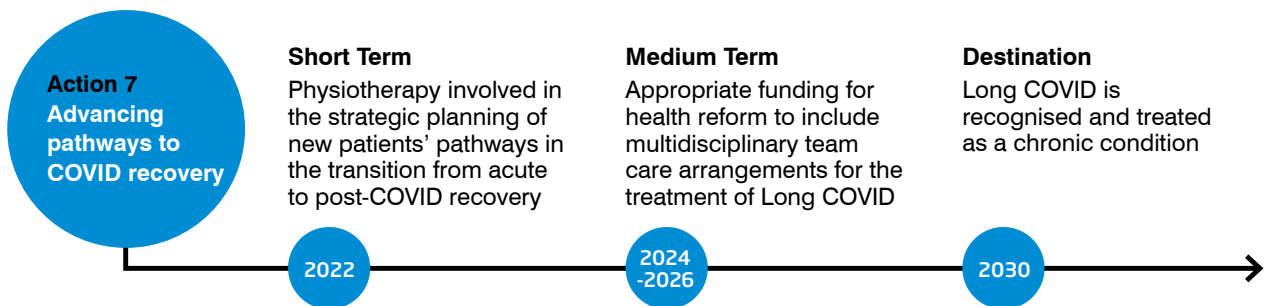
As the health crisis of the COVID-19 pandemic gradually abates in Australia, our focus needs to be on advancing pathways to recovery. Physiotherapists will have a critical role in helping COVID patients navigate their recovery.

What reform looks like

A COVID strategic recovery plan and roadmap back to health will require a strong health workforce response, leveraging physiotherapy to accelerate our recovery.

1. Patient impacts. Now.
2. Post-COVID-19 rehabilitation and recovery
3. Workforce agility

Roadmap | Advancing pathways to COVID recovery



”

With an optimised patient journey in primary care, patients and the Australian health care system as a whole will fully benefit from the physiotherapy profession.



Action 1: Advancing primary care physiotherapy

Optimising the patient journey



Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. Existing systemic barriers can easily be removed to ensure value-based care, a better patient journey, at a lower cost to the health system.

Musculoskeletal (MSK) conditions result in \$9.2 billion direct health costs and further costs from reduced productivity.³⁰ In 2011, they were responsible for 12 per cent of the total burden of disease and injury in Australia.³¹ Yet Australians still don't have access to the best patient journey when it comes to MSK conditions. In primary care, Australians with musculoskeletal pain or similar conditions have only two health care choices: go through their GP or see a physiotherapist in a private setting. In the latter scenario, patients must cover the full cost of the visits and treatments, and do not benefit from the best Medicare cover for specialist referrals and imaging (often having to seek referral through their GP). This locks many Australians out of this option. It is urgent to optimise the patient journey for the benefit of patients and the health care system as a whole.

Routes to an improved pathway

The path to better health is to optimise the patient journey by removing the current barriers and by enabling the patient to follow well-understood pathways with clear steps to vital care including physiotherapy.

The precondition for the Australian primary health care system to fully benefit from the physiotherapy profession, and for patients to receive the best value-based care from physiotherapists, is to remove all the systemic barriers that prevent them from working at the top of their scope of practice.

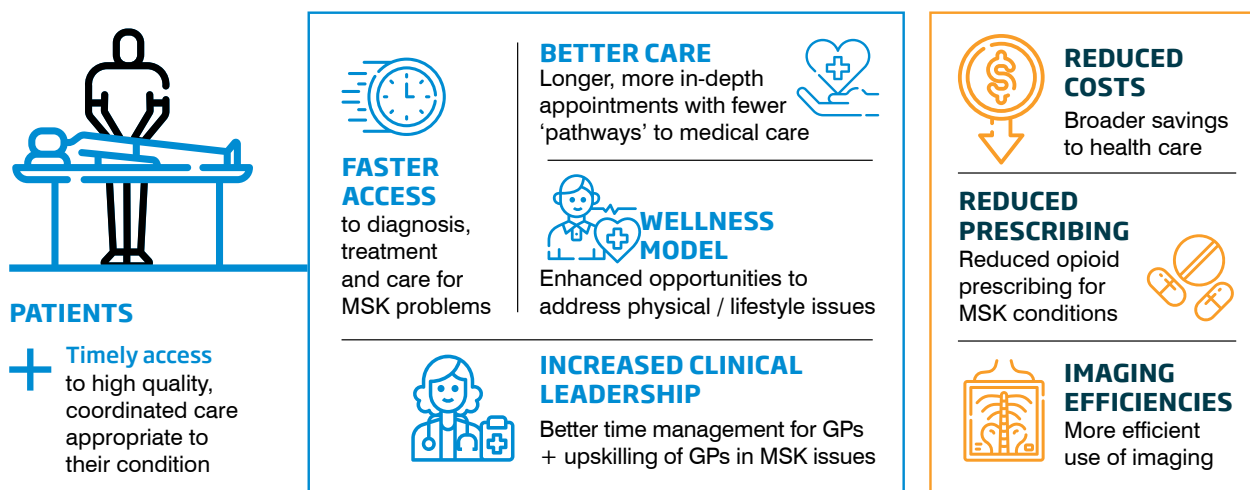
For patients who see their GP first because of the financial burden of seeing a physiotherapist in a private setting, it can mean delayed access to diagnosis and treatment (long waiting times for an appointment in some locations and deferred access to treatment if the GP refers the patient to a physiotherapist), potentially unnecessary imaging referral (physiotherapists are skilled and trained in diagnosing a range of conditions without having to request imaging) and potentially unnecessary prescription of pain medication (physiotherapists are skilled and trained in pain management). On top of not providing the best health outcomes and the best patient journey, those delays and potential unnecessary referrals and prescribing come at a cost to the health system.

It is about equity. It is about getting the best health outcomes. It is about getting value for money from the health system.

In the context of conscious budgeting, there is an urgency for the primary care sector to acknowledge and properly fund in primary care what we already see in Australia’s emergency departments. It is time for a system where the patient stands firmly at the centre, with Medicare-funded First Contact Physiotherapy, specialist referrals, and prescribing of imaging, and for enhanced prescribing rights for physiotherapists.

Diagram 9 | Key benefits

KEY BENEFITS



The steps to get there

1 | Funded First Contact Physiotherapy

Publicly funded First Contact Physiotherapy (FCP) in primary health care in Australia will enable a more efficient health system that provides better and faster access to diagnosis, treatment, and care of musculoskeletal (MSK) pain and conditions.

A funded First Contact Physiotherapy service will 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.

FCP already operates to some extent within Aboriginal Community Controlled Health Organisations (ACCHOs), some emergency departments (EDs), and overseas. To date, this model has not been piloted at scale in primary care in Australia.

Rolling out publicly funded First Contact Physiotherapy in primary care has 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:³²

- faster access to diagnosis, treatment and care for patients with musculoskeletal conditions,
- longer, more in-depth appointments with fewer pathways,
- enhanced opportunities to address physical and lifestyle issues,
- reduced opioid prescribing for patients with musculoskeletal conditions,
- more efficient use of imaging, and
- overall improved efficiencies of primary health care resources: better health outcomes, reduced burden on GPs, reduced costs related to better use of imaging and prescribing.

The United Kingdom (UK) experience provides evidence of the benefits at systemic level. First Contact Practitioner (FCP) trials were initiated in the UK to find more innovative models of care and to reduce the demand on GPs. In the context of the trials, physiotherapists were embedded in GP clinics, funded by the government, and were the First Contact Practitioners for any musculoskeletal conditions. FCPs were able to inject, prescribe and request diagnostic tests as the Chartered Society of Physiotherapy (CSP) had successfully advanced the scope of their profession.³³

Currently, physiotherapists in Australia are not often embedded in GP practices, although they may, within their own practices, have forged strong links with GP services. At this stage, we are not suggesting that embedding physiotherapists in GP practices is the model that is the most suitable to the Australian health care system and patients. We want to see the funding of modelling around an optimal setting for an Australian context and propose a roadmap that will make this vision a reality in Australia within 10 years.

Table 2 | 10-Year Roadmap to physiotherapists as Medicare-funded First Contact Practitioners in primary health care in Australia

| Timeline | Stages | Key enablers |
|---------------------|--|--|
| Year 1 | A systematic cohort and evidence base assessment, and environment scan looking at both domestic and international examples. | 1. Models of funding arrangements and opportunities for Medicare funding |
| Year 1 to 2 | A consultation of the primary health care sector and workshops to develop a detailed model (or models) for a pilot. | 2. Workforce planning |
| Year 3 and 4 | A scalable pilot program to trial publicly funded First Contact Physiotherapy in a variety of settings and locations—with specific attention to rural and regional areas. A measurement and evaluation plan of the pilot with a view to a national rollout. | 3. Prescribing in the context of FCP and referral pathways (including specialist referrals and imaging referrals) |
| Year 5 | An implementation plan for a national rollout within the next five years. | 4. First Contact Physiotherapy standards and guidelines with reference to advanced practice within primary care |
| | | 5. Clinical governance |
| | | 6. Development of career pathways as they relate to First Contact Physiotherapy |
| | | 7. Identification of risks (including impact on medical stakeholders) |

Year 10

First Contact Physiotherapy is publicly funded in primary health care in Australia

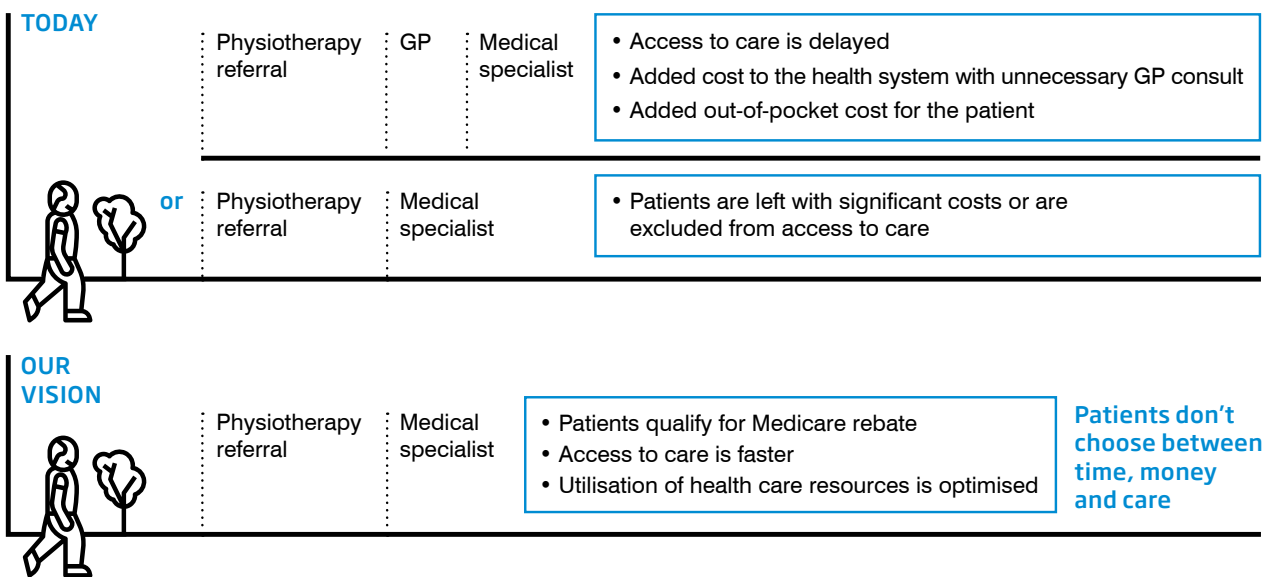
2 | Specialist referrals

To ensure the best use of physiotherapists within the primary health care system, the Medicare Benefits Schedule (MBS) needs to be changed to allow physiotherapists to directly refer patients to the most suitable medical practitioner within their scope of practice. This would be safe, cost-effective, and would reduce red tape for patients, physiotherapists and GPs.

Currently, physiotherapists who see patients with conditions that are within scope for the physiotherapy profession, but whose conditions are such that consultation with a medical specialist is indicated, must refer patients to a general practitioner so that patients qualify for a Medicare rebate.

Research from Griffith University’s Centre for Applied Health Economics³⁴ found that referrals to medical specialists requiring GP sign-off cost Medicare an estimated \$13.6 million per year in unnecessary spending. The research also found that referrals to medical specialists requiring GP sign-off cost patients an estimated \$2.1 million in out-of-pocket medical expenses. In addition to these costs, this takes up GPs’ time and resources and means that patients must endure the additional inconvenience of an extra visit, and potentially have their care delayed in locations where GPs’ availability is limited. When physiotherapy patients are directly referred to specialist medical practitioners, this will reduce red tape, improve early intervention, and create significant cost savings for the MBS and for patients.

Diagram 10 | Improving the patient journey with specialist referral



3 | Digital imaging

Allowing physiotherapists to request imaging with the same benefits as medical practitioners is another critical step towards value-based health care.

Removing barriers and allowing physiotherapists to refer for musculoskeletal imaging is essential in the provision of value-based health care. Physiotherapists are experts in assessing and diagnosing musculoskeletal injuries and increasing referral rights may limit the number of unnecessary tests. It has been shown that the diagnostic accuracy for musculoskeletal conditions of physiotherapists is as good as that of orthopaedic surgeons and significantly better than that of non-orthopaedic providers.³⁵

Allowing physiotherapists the same referral rights with the same publicly funded benefit as medical practitioners will improve the patient experience by accelerating access to diagnosis and care. Currently, many patients need to either see a GP or present to an emergency department to request imaging to confirm a physiotherapist diagnosis. Referrals that can be made by a physiotherapist during a patient consult will negate the need for unnecessary medical appointments and emergency department presentations.

Investing in publicly funded physiotherapist imaging referral pathways will therefore improve the patient journey, save costs to the health system, and improve capacity for medical practitioners and emergency departments.

4 | Prescribing rights

There is an opportunity to expand physiotherapists' prescribing rights within their full scope of practice. When combined with the appropriate credentialing and training, we are supportive of prescribing being utilised in particular settings with the necessary controls over what types of medications are in scope.

A safe roadmap towards autonomous prescribing can be implemented through the design of a stepped pathway with a strong and properly monitored and evaluated program logic model. Prescribing rights would be acquired progressively with all required safeguards in place.

Advancing primary care physiotherapy

Community-based, physiotherapy-led primary care models of care



Affordability remains the key issue for many Australians. Access to health services has become more and more difficult due to a poorly considered and largely ineffective mix of public and private funding arrangements.

Chronic disease and injury dominate the total burden of disease in Australia.³⁶ Alongside the rise in chronic conditions, we are seeing an increase in the number of people experiencing a disability, either temporary or permanent, which has an impact on their physical capacity and/or mobility. We also know that pain underpins much of the chronic disease and injury burden. Many Australians wait in pain, with up to 80 per cent missing out on treatment that could improve their health and quality of life³⁷. Physiotherapists, as primary contact practitioners, have the expertise to manage the care of patients at various stages of the chronic disease continuum, to improve muscle strength and physical functioning, and to address chronic pain and injury. A focus on integrating physiotherapists into primary health care is long overdue. In the context of COVID and an increasing case load, there is now an urgent need to increase resources for publicly funded physiotherapy in primary care.

Our biggest health challenge

The growing burden of disease

The total burden of disease in Australia stems from chronic diseases and injury.³⁸ Cancer, musculoskeletal conditions, cardiovascular diseases, mental and substance use disorders, and injuries are in the top five, causing the most burden.³⁹ It is clear that the most significant burden on the health system today is chronic disease, yet it has been estimated that our primary care system provides only half the recommended care for many chronic conditions.⁴⁰ Neurological disorders, including stroke—one of our biggest killers and a leading cause of disability—continue to place a heavy burden.⁴¹ These diseases also take an economic toll, with the latest disease expenditure attributing \$136 billion to specific disease groups.⁴²

Now let's factor in pain

3.37 million Australians live with chronic and persistent pain and for the majority (56 per cent) their pain restricts what activities they are able to undertake.⁴³ This comes at a cost to the Australian economy of about \$73.2 billion per year, including \$12.2 billion in health system costs and \$48.3 billion in productivity losses.⁴⁴ One in five Australians under the age of 65 is affected daily by chronic pain and this rises to one in three in those over 65 years of age.⁴⁵

And the unacceptable inequity

We have unacceptable inequalities in health outcomes and access to services,⁴⁶ with significant financial barriers to care. However, we also know that 38 per cent of the burden of disease is preventable.⁴⁷ It has been estimated that more than a quarter of a million hospital admissions for health problems can be prevented by better primary care for chronic disease.⁴⁸ This chronic failure is partly due to the fact that the way we pay for and organise services in primary care goes against what we know works.⁴⁹

Why physiotherapy matters in improving future health

Physiotherapists are at the cutting edge of developing better treatments for chronic health conditions and chronic pain, including back pain and osteoarthritis, and for patients with movement disorders and neurological conditions including traumatic brain injury, stroke, multiple sclerosis and Parkinson's disease. For the more than 11 million Australians who live with one or more chronic health conditions, receiving team-based primary health care, including access to physiotherapy, is vital for the management and prevention of future health problems.

Physiotherapy provides a path to better health and wellbeing and holds some of the most promising models in reorientating the health system towards primary care. Recognition of physiotherapists as publicly funded First Contact Practitioners, in the form of Medicare-rebated item numbers for primary care that do not rely on GP referral pathways and that are apportioned based on patient need, is essential to improve access to physiotherapy services, particularly in rural areas.

Reorienting the health system towards primary care encompassing physiotherapy

Physiotherapy plays a crucial role in Australia's health care system.

Physiotherapists help millions of Australians to recover from injury, manage disease and improve their wellbeing every year, either as the primary care provider or as important contributors to multidisciplinary health care teams.

1 | Persistent pain

Many Australians are waiting in pain for treatment, and prescribing our way out of pain is not a solution.


Value is often defined as health outcomes achieved that matter the most to the patient. For those in pain, access to comprehensive care to ease pain and improve function matters. However, the heavy toll of pain in Australia is not just debilitating to the individual. The economic burden to the nation is also high. Rising costs and growing demand will persist without new care delivery models that can facilitate continuous management of pain.

Persistent and chronic pain needs an urgent response. A critical first step is the development of an effective pain management plan,⁵⁰ but the greatest barrier is the lack of funded care pathways in primary care. Pain must be recognised as a complex condition in its own right and formalised as part of a Medicare-supported pain management plan.⁵¹ Enabling high-value care through the expansion of the pain-related items in the Medicare Benefits Schedule (MBS) is needed as a short-term measure. We also need to look at different models, moving away from fee-for-service and towards other care delivery and new pain models, to provide sustainable value-based health care.

To expand the treatment pathway, new evidence-based treatment strategies that include multidisciplinary pain management interventions are needed.

Physiotherapy is integral to the prevention of chronic pain as early interventions work to prevent pain avoidance behaviours through exercise and education. Where chronic pain has developed, physiotherapists work as part of a multidisciplinary team to support patients in managing daily activities. The Australian College of Physiotherapy has implemented a specialisation in pain career pathway, recognising the value of specialised physiotherapists in this area.

Diagram 11 | Funding | Expand public physiotherapy for persistent pain

| | | |
|---|--|--|
|  <p>PHYSIOTHERAPY Funding to drive new models of care for chronic pain prevention and management</p> | <p>PREVENTION Drive prevention and early intervention into the system</p> | <p>Prevention and early intervention physiotherapy service for people at risk of persistent pain</p> |
| | <p>ONGOING Beyond the MBS, a range of existing funding models should also be utilised</p> | <p>MBS pain-related items expanded to enable high-value care via multidisciplinary, patient-centred approaches to pain management</p> |

2 | Musculoskeletal conditions

Access to diagnosis, treatment, and care of musculoskeletal pain and conditions can be improved in Australia.

Nearly seven million Australians live with conditions such as osteoarthritis, back pain, rheumatoid arthritis, gout, osteoporosis and fibromyalgia. There are more than 150 different musculoskeletal (MSK) conditions and these widespread heavy pain conditions are among the most expensive. In 2018, more money was spent on MSK disorders, such as osteoarthritis and back pain, than any other disease, condition or injury in Australia.⁵² The relationship between overweight and obesity, as risk factors, and musculoskeletal disorders is well understood. A number of health protective factors are also affected, with persistent pain, impaired mobility and function, and reduced quality of life and mental wellbeing most commonly associated with MSK conditions.⁵³

As previously outlined, publicly funded First Contact Physiotherapy in primary care will provide better and faster access to diagnosis and treatment of MSK pain and conditions.

Diagram 12 | MSK Burden | Physiotherapy is an effective option for patients and funders



Source: Australian Institute of Health and Welfare (2021). *Disease expenditure in Australia 2018-19*

In looking at care delivery models and future policy design, it is important to understand the demand for treatment of musculoskeletal pain and conditions (Diagram 12). Models must recognise the interaction of biological, psychological and social factors and be directed towards greater self-management. Studies have shown that positive outcomes for patients are maximised when there is a prompt, appropriate and targeted care process, screening and appropriate referral, use of multimodal therapies and high-intensity care processes.⁵⁴ Funding therefore needs to enable a multimodal, multidisciplinary, tiered approach, leveraging different disciplines and specialties, including physiotherapy.

3 | Chronic disease

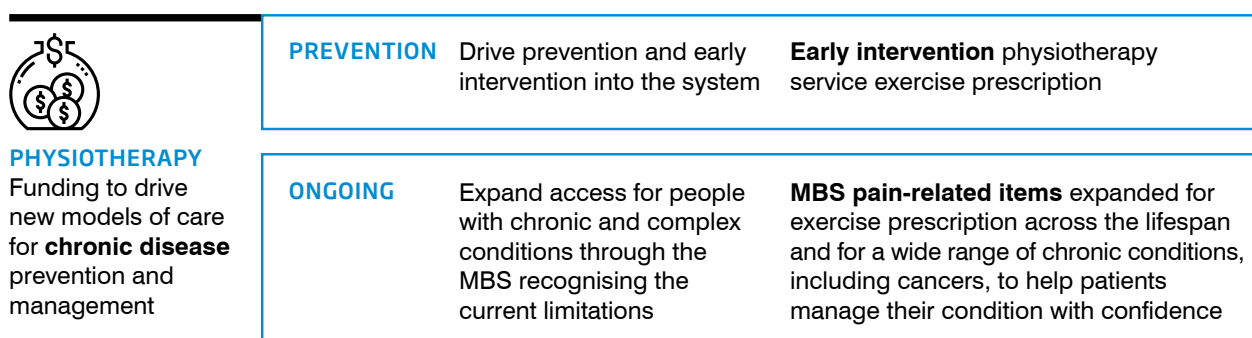
The rising tide of chronic disease cannot be addressed without significant reform to drive prevention and early intervention into the system.

With an ageing population and an increase in modifiable risk factors, chronic disease is set to continue to rise. To help overcome this challenge, we need to change these risk factors and specifically address multiple modifiable risk factors by utilising physiotherapy. Patients also need a more active role to be empowered in their wellness journey. Exploring new approaches and research is key. However, we already have a strong evidence base, comprising cost-efficient physiotherapy-led models for addressing the disease burden that promote prevention and proactive intervention but remain underfunded.

Physical inactivity is a key risk factor for many chronic conditions. Physiotherapists as primary contact practitioners have the expertise to manage the care of patients at various stages of the chronic disease continuum. Physical activity is recommended for the prevention or treatment of many chronic diseases and, as experts in exercise prescription, physiotherapists can prescribe and implement therapeutic exercise at an individual or group level for people with chronic disease and complex disability.

In addressing these complex care needs, funded care pathways in primary care are lacking, particularly for those with multi-morbidity, which is proportionately higher in the 65+ population. The Australian Government Medicare Benefits Schedule (MBS) provides incentives through specific Medicare items to optimise chronic disease management (CDM), but these are deficient in design and volume. In tackling the burden, real reform will see an increase in the number of available consultations to reduce the out-of-pocket cost to patients.

Diagram 13 | Funding | Expand public physiotherapy for chronic disease



4 | Injury prevention

With a growing injury burden, there is a need to prioritise prevention programs and strategies across all life stages to reduce the quantity and severity of injury.

Most Australians see a physiotherapist only when they absolutely need to—usually following an acute injury or post-surgery. Injury is a leading cause of death and a major cause of disability among the Australian population but we know that injuries are largely preventable. Targeted investments to address the injury burden make a real difference. However, current funding models stifle innovation, with most trials only funded for short periods.⁵⁵

Preventing or remediating postoperative complications

There is an increasing volume of evidence supporting preoperative physiotherapy to prevent postoperative complications following major surgery.^{56 57} Studies have found that preoperative physiotherapy prior to abdominal surgery halved the incidence of postoperative pulmonary complications such as pneumonia.⁵⁸ Physiotherapy has also been found to be effective prior to orthopaedic surgery, with treatment prior to surgery showing improvements in functional ability.⁵⁹

Workplace injury

With many musculoskeletal workplace injuries being preventable, physiotherapy plays a key role in extending and optimising the productive working lives of Australians. Physiotherapists possess the knowledge and skills to enable early identification of potential workplace risk factors. Work design, education and training are ways in which physiotherapy prevention programs can reduce the incidence and impact of injury and illness to workers.

Sports injury

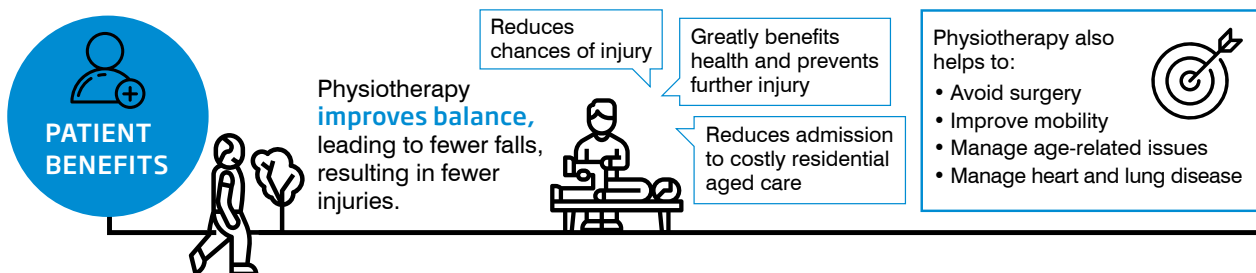
Although well established in sports rehabilitation, physiotherapy also has a vital role in the prevention of sporting injuries. Australia has the highest reported rate of anterior cruciate ligament (ACL) injuries in the world, costing the hospital system approximately \$142 million a year.⁶⁰ Injury prevention programs have been shown to reduce non-contact ACL risk by up to 67 per cent.⁶¹ With the long-term impacts of ACL rupture including osteoarthritis⁶², physiotherapy-led programs that prevent ACL injuries have the potential to provide both short-term and long-term health savings.

Older Australians

Australians have one of the highest life expectancies in the world and today are living longer than ever. A key concern for the health of older Australians is the prevention of falls, which are the leading cause of deaths from injury for those over 65 years of age; one in three Australians aged over 65 sustain a fall each year.⁶³ Falls have a significant burden of disease and are a major risk for subsequent long-term care and institutionalisation. Physiotherapy can help reduce this risk of falling through strength and balance training. Analysis based on the APA-commissioned report *Value of Physiotherapy in Australia* by Nous Group showed a \$1,320 net benefit of physiotherapy for an elderly person at risk of falling. Older Australians can have access to physiotherapy through the home care system; however, access is variable depending on a person's awareness of physiotherapy as we move to a person-directed model of care.

The Sunbeam Program Trial by physiotherapist and researcher Dr Jennifer Hewitt has demonstrated the effectiveness of exercise interventions, and should be used to guide future policy. The results of the trial demonstrated a 55 per cent reduction in falls by people who participated in the physiotherapy-led exercise program and a projected cost saving of \$120 million per year for the Australian health economy.⁶⁴

Diagram 14 | Benefits | Physiotherapists can prevent injury



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Priority populations stand to **benefit the most** from physiotherapy-led prevention. The first step involves gaining access to affordable health care.



Action 2: Advancing health equity

Bringing fairness to health care access



All Australians deserve access to high-quality health care—it's time to return fairness in Medicare. We need to pick up the pace through the accelerated establishment of new preventive health models across priority populations.

Health inequities are experienced by certain groups, particularly Aboriginal and Torres Strait Islander peoples, those living in rural and remote areas, those living with mental illness, those with a disability, those on low incomes, and people from culturally and linguistically diverse backgrounds. This extends to health inequities in care pathways and gaps in dementia care, in aged care, and for those waiting for an NDIS package. We must apply a health equity lens to all preventive health actions and prioritise population groups who experience the most inequity. In this paper, we pay particular attention to three of these priority population groups who are disproportionately impacted: Aboriginal and Torres Strait Islander peoples, because of the legacy and continued impact of colonisation in its multidimensional aspects; people in rural and regional Australia, because of where they live and how that impacts their access to health; and people living with dementia, because the condition they live with acts as a barrier to care.

Addressing inequity

Inequity remains a key issue for those most in need—those without access to prevention, early detection and quality care. This is where we need to focus our efforts. Health inequities are avoidable and can be associated with forms of disadvantage such as poverty, discrimination, and unequal access to goods and services. In order to achieve health equity, and in addition to treating health conditions, we need to focus on modifying risk factors and the underlying social determinants of health that influence population health and wellbeing.

Improving the overall health of the population, and reducing health inequities, should be a core focus of the Australian health system. Achieving these involves establishing new preventive health models across priority populations. In addition, there is also a need for a range of policy responses to address climate-sensitive health risks. Climate change, as a known threat multiplier, will continue to have an impact on all areas of health unless there is a renewed policy focus and investment. This is where climate change and the social determinants of health intersect and applying an equity lens is critical to ensuring more resilience for priority population groups.

Facing the climate challenge

Our biggest global health threat needs a whole-of-system approach to avoid significant impacts on human health.

The relationship between climate change and the social, cultural and environmental determinants of health and its impact on vulnerable population groups must inform all policy discussions.

The threat to human health is significant. Increased frequency and scale of extreme weather events such as bushfires, drought and flood; rising temperatures; an increase in carbon emissions; the spread of microplastics; decreasing air quality; and the spread of communicable diseases are already threatening our sustainability.

Observed health impacts⁶⁵ of climate change include the worsening of illness, a rise in cardiovascular diseases caused by extreme heat and in respiratory diseases from air pollution, an impact on food quality and availability (with its own impact on physical health), and an impact on mental health. These are all issues that physiotherapists see in their patients across the lifespan, in all locations and settings.

We support national and international mitigation strategies and actions that protect humans, animals and the environment. Physiotherapy, as with all health professions, plays an important role in leadership on climate change. We support urgent and far-reaching climate change action based on immediate reduction in fossil fuels and pollutants.

01 | Preventive health

Towards better care

Inequity remains a key issue for those most in need without access to prevention, early detection and quality care.

Australia's current prevention efforts need to be systematised, enhanced and strengthened in order to create long-term, sustainable improvements in the health and wellbeing of all Australians and to embed prevention across the life course.

The National Preventive Health Strategy 2021–2030⁶⁶ identifies the key enablers to mobilising a preventive system in Australia. The Strategy places important emphasis on the broader factors that play an integral role in determining health—the social, environmental, structural, economic, cultural, biomedical and commercial factors that lead to inequity and inequality. It sets a framework for action through empowering and supporting Australians, and enabling the workforce as well as directing multi-sector collaboration. Key to creating meaningful change is the health equity lens placed on all preventive health action and the commitment to increase funding for preventive health to five per cent of the total health budget.

The prevalence of chronic disease has increased in Australia, with the majority of the disease burden caused by cancer, cardiovascular diseases, musculoskeletal conditions, and mental and substance disorders. It is estimated that around a third of this disease burden could be prevented by reducing modifiable risk factors such as obesity or physical inactivity. Factors such as these underpin the health inequities that exist between different groups in Australia, with people of lower socioeconomic status being at greater risk of poor health, higher rates of illness and death, and shorter life expectancy than those of higher socioeconomic status.

With the high levels of chronic disease in Australia, we need to shift towards new preventive health models across priority populations. This must include focusing on health promotion, particularly the social and cultural determinants of health, physical activity, diet and exercise, injury prevention, health literacy and secondary prevention in chronic disease and disability management. There should be a greater focus on improving access to physiotherapy services for all Australians, particularly priority populations that stand to benefit the most from physiotherapy to support prevention and maintenance of chronic conditions.

Diagram 15 | Addressing inequity: Health status and outcomes

1 | Prevalence and inequities in Aboriginal and Torres Strait Islander health

BURDEN OF DISEASE

Aboriginal and Torres Strait Islander people experience a burden of disease that is **2.3 times** the rate of non-Aboriginal and Torres Strait Islander people.



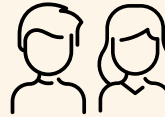
Chronic diseases are responsible for about two-thirds of the estimated burden. The leading causes of total health loss were:

- 19%** mental and substance-use disorders
- 15%** injuries (including suicide and self-inflicted injuries)
- 12%** cardiovascular disease
- 9%** cancer
- 8%** respiratory diseases
- 7%** musculoskeletal conditions¹

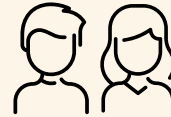
LIFE EXPECTANCY AT BIRTH

Aboriginal and Torres Strait Islander people:

Non-Aboriginal and Torres Strait Islander people:



71.6 **75.6**
years years



80.2 **83.4**
years years

Life expectancy among Aboriginal and Torres Strait Islander people decreased with increased remoteness, among both males and females.²



Sources: ¹ Australian Institute of Health and Welfare (AIHW). Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people (2011). ² Australian Institute of Health and Welfare (AIHW). Indigenous life expectancy and deaths (2020).

2 | Prevalence and inequities in Rural health

BURDEN OF DISEASE INCREASES WITH REMOTENESS

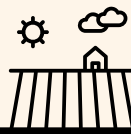
Compared to major cities, **remote** areas have:

- 1.4x** total disease burden
- 2.5x** injury burden
- 1.8x** heart disease burden
- 3.6x** kidney disease burden



Compared to major cities, **very remote** areas have:

- 4x** deaths from diabetes
- 2.4x** deaths from kidney disease
- 2.2x** suicides
- 2.5x** avoidable hospitalisations
- 2.4x** deaths from lung disease



Rural areas have up to **50% fewer health providers* than in major cities (per capita)**



*eg. GPs, physiotherapists, psychologists, dentists, pharmacists, optometrists, podiatrists

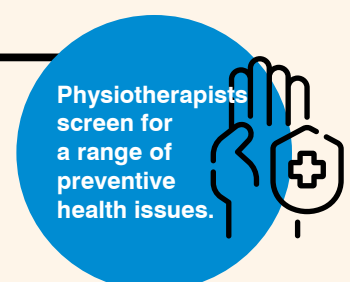


Life expectancy goes down with remoteness

Source: National Rural Health Alliance. *The case for better health care.* (2021).

3 | Physiotherapy as preventive activity over the lifecycle

Physiotherapy helps people of all ages to prevent, manage and rehabilitate injury, illness or disability.



Physiotherapists screen for a range of preventive health issues.

Preventive activity over the lifecycle benefits include:

- Prevention and maintenance of chronic conditions
- Falls prevention
- Prevention of workplace injuries
- Prevention of chronic pain
- Prevention of sporting injuries
- Maintenance and improvement of function in those with a disability

02 | Aboriginal and Torres Strait Islander health

Access for Aboriginal and Torres Strait Islander peoples

Research is required to identify the barriers and enablers of access to physiotherapy for Aboriginal and Torres Strait Islander peoples.

Physiotherapists are vital in improving the health outcomes of Aboriginal and Torres Strait Islander peoples, yet there is limited uptake of physiotherapy among this population. Only three per cent of Aboriginal and Torres Strait Islander people who received an Aboriginal and Torres Strait Islander people-specific health check went on to access face-to-face physiotherapy services. There are many factors that could be contributing to poor uptake, including lack of knowledge of the benefits of physiotherapy, an absence of physiotherapists in the community or a lack of affordable, culturally safe services. Access to physiotherapy cannot be improved until there is an understanding of what barriers exist.

Research is required to inform future policies and programs that aim to increase physiotherapy access for Aboriginal and Torres Strait Islander peoples.⁶⁷ This should include looking at whether the number of eligible visits to allied health professionals (including physiotherapists) following an Aboriginal and Torres Strait Islander people-specific health check is adequate and proportionate to need and to the level of physiotherapy services provided through Aboriginal Community Controlled Health Organisations (ACCHOs). ACCHOs are best positioned to deliver positive health outcomes for Aboriginal and Torres Strait Islander peoples, due to their ability to address the social determinants of health through integrated, multidisciplinary, accessible and culturally safe care. However, the availability of physiotherapy services may not be evenly distributed across individual organisations. Given the key role that physiotherapists play in Aboriginal and Torres Strait Islander health, we would like to see an enhanced focus on supporting ACCHOs to embed physiotherapy more prominently throughout the sector.

03 | Rural health

Access for all Australians, wherever they live

A lack of adequate investments to strengthen health systems and policy inaction have led to increased rural disadvantage.

Past rural health reform efforts have focused on solutions within medical models and a sole discipline focus on financing of care. There is a strong evidence base for integrated care models to advance allied health services, yet successive health budgets have continued to deliver no to low change from conventional primary care.

The Stronger Rural Health Strategy⁶⁸ is wrapped around general practice and not allied health.

The one key measure that does extend reach towards allied health is the Workforce Incentive Program (WIP) but this program is poorly targeted and does not support the distribution of the physiotherapy workforce. A Strategy that directly funds GPs in rural areas to employ physiotherapists is counterproductive as it threatens the practice viability of independent physiotherapy practices already well established in their local communities.

A focus on primary care access is critical to address rural service access challenges.

If we are to tackle the future challenges, including a rising disease burden, then our health system needs to be reorganised—it needs to be integrated to direct well-coordinated care for complex patients. This is reliant on funding to enable integrated care to support an effective combination of medical, nursing and allied health services.

For rural Australia, it means that we cannot rely on the same model of care that we have in the cities.

A model of care exemplified by the ACCHOs is seen as a possible reform solution—the Rural Area Community Care Health Organisations (RACCHO) model of care would provide a structure to build the capacity in primary health care that has hindered reform efforts. This shift would support a transition to a place-based approach, allowing for more integrated services to streamline care pathways for patients.

Reorientating the health system towards primary care must prioritise rural physiotherapy.

Providing equitable access to care continues to be a fundamental challenge for rural physiotherapists working within private and public service settings. We need more focus on how access to physiotherapy can be improved for those who need it the most. There is a need to support innovative models of care, including reform of primary care that allows patient access to funded physiotherapy as First Contact Practitioners. Supporting advanced scope physiotherapists as primary practitioners able to refer to specialist medical practitioners will better utilise the existing workforce, cut red tape, and add value to GP services, allowing them to dedicate more time to clinical care. Enabling the Primary Health Networks (PHNs) to advance physiotherapy-led models of care to address service delivery challenges in rural areas is also key.

We need to shift the focus to the vastly untapped potential of physiotherapy to address unmet need.

Reforms for GP training alone won't address the health care issues faced by those living in rural and remote Australia. To improve health outcomes in these areas, there is a need to incentivise those in allied health professions in the same way as GPs. This includes broader workforce incentives for rural physiotherapists to undertake training to acquire and maintain advanced clinical skills for working in rural and remote areas.

The Allied Health Rural Generalist, as one measure, provides an early career workforce solution that has been successful across public settings for some jurisdictions. However, for rural physiotherapy, a much larger investment to provide a flexible and funded *rural pipeline* is required. This would provide a framework of entry to rural practice that can be applied at any stage of a physiotherapist's career. We also need to formalise a structure that can support training and development, and leverage the knowledge and skills we have within physiotherapy to support the development of advanced clinical practice roles in the form of an APA-led Rural Generalist Physiotherapist.

04 | Health of people living with dementia

Towards fair dementia care

Dementia affects more than 487,500 Australians—a figure that is expected to double by 2058.⁶⁹

Dementia is the second-ranked cause of death overall, and the leading cause in women. The main risk factor is older age but genetics also play a role, particularly for rarer types of dementia such as early-onset Alzheimer's disease. While these factors are well beyond our control, there are preventive factors that can reduce our risk. These include regular physical exercise for reducing the key risk factors of high blood pressure, type 2 diabetes, and obesity, making physiotherapy vital in preventing dementia and cognitive decline.

More funded programs across a range of settings are needed to maximise physical function.

The majority of people with dementia (approximately 70 per cent) live in the community.⁷⁰ For those living in aged care facilities, more than two-thirds (68.1 per cent) have moderate to severe cognitive impairment. The COVID-19 pandemic has had a significant impact, with symptoms worsening for many.⁷¹

Programs to maximise physical function for as long as possible are key to reducing increased rates of hospitalisation and higher rates of mortality. However, many are denied access to programs and rehabilitation vital to their mobility and wellbeing.

A clear example of policy failure can be seen in falls prevention. Accidental falls are a leading cause of death in people living with dementia. However, currently less than 0.25 per cent of the \$3 billion dementia health budget is spent on care that can prevent them.⁷² Physiotherapy-led balance and mobility programs are proven to reduce falls by 55 per cent in older people,⁷³ yet people living with dementia experience discrimination in the types of health care they receive and their physical needs are neglected as a result.

Physiotherapy plays a key role in caring for those with the disease but there remain barriers to accessing care.

Equity in access to health care is a key issue for those living with dementia as well as for their carers and families.

Beyond funding, many factors can impede or prevent dementia patients accessing health care. Dementia as a diagnosis should not be a barrier to access to physiotherapy; however, while there are supports, barriers still exist due to reduced capacity. It is vital that those living with dementia have access to valuable interventions that may slow the disease process and reduce associated poor health such as falls, deconditioning or pain.

In people living with dementia, physiotherapy has been found to improve motor skills such as gait and balance, reduce frailty, reduce the number of falls, slow functional decline, improve cognition, agitation and mood, and improve quality of life and wellbeing.

Physiotherapists also work closely with those living with dementia and their carers to look for root causes of adverse responsive behaviours that may lead to medical restraint, such as pain. Pain is often underdiagnosed and poorly treated in older people living in residential aged care residences, particularly for people living with dementia.

Physiotherapy interventions play a key role in preventing falls.

Physiotherapists have the skills and knowledge to support and prescribe activities and exercises for individuals living with dementia, considering factors such as fluctuating cognition and mobility. These interventions play a key role in preventing falls.

Research also shows that physiotherapy-prescribed exercise delivered to individuals with dementia in residential aged care has led to significant improvements in cognition, agitation, mood, mobility and functional ability.⁷⁴

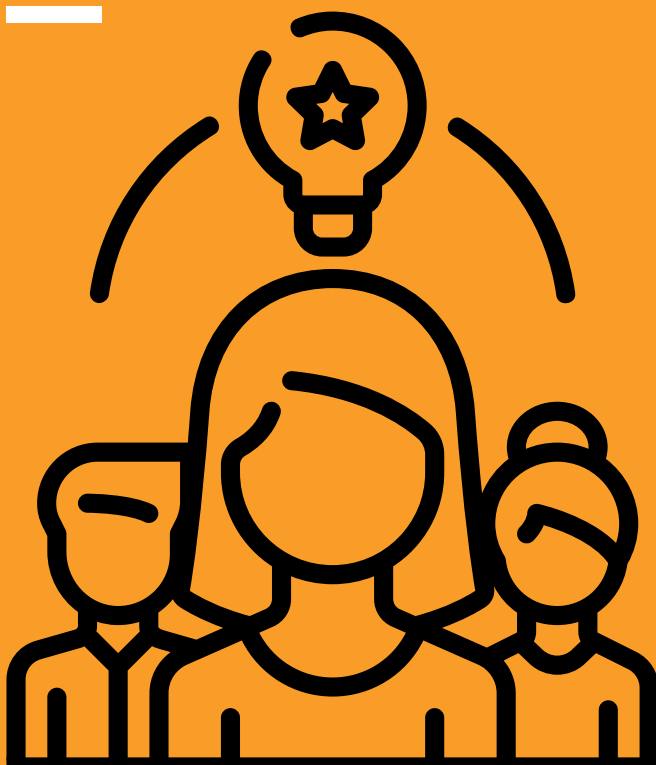
Dementia is an independent risk factor for falls and for related serious injury such as head injury or hip fracture. However, research shows that people with dementia had longer lengths of stay in hospital but less in-hospital rehabilitation than people without dementia.⁷⁵

Mechanisms enabling multidisciplinary teams, including physiotherapists, are needed for:

- early intervention, the key to assessing, treating and achieving positive outcomes in people living with dementia,
- ongoing preventive physiotherapy-led physical therapy to delay symptom onset and maintain physical/emotional health for as long as possible, and
- timely post-incident rehabilitation as prescribed by multidisciplinary hospital and outreach services for people living with dementia in all settings.

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To drive **integration forward** with physiotherapists as part of multidisciplinary teams, we need to connect up the system. Patients will benefit from a person-centred multidisciplinary team approach and streamlined treatment pathways that include physiotherapy.



Action 3: Advancing multidisciplinary care

Towards sustained, integrated, team-based care



The greatest gains in health care outcomes will be realised through a more person-centred integrated approach but this remains a central reform challenge in Australia.

The recent reform directions⁷⁶ to formalise links to a broader range of multidisciplinary, collaborative community and hospital services would bring us closer to our shared vision towards sustained, integrated, team-based care. This would enable more integrated care pathways, bringing the required profession-specific expertise together to care, collaborate and communicate for the benefit of the patient. However, this visionary new model will remain a reform ideal unless systemic barriers around funding and delivery models can be resolved at a health system level. This includes addressing the recent change to Medicare to fund multidisciplinary case conferencing encompassing allied health—which narrow and discipline specific policy design of a doctor-led requirement counters multidisciplinary team care aims.

Making integration a reform reality

The actions required to implement integrated care are clear but some key barriers remain to making integration a reform reality.

Primary Health Networks (PHNs) are intended to tighten a patient's health care circle. PHNs are enablers of better health care and remain key to driving new innovative models. However, funding barriers impede this progress and PHNs have restricted resource potential and reach beyond general practice. The Primary Health Care 10-Year Plan provides a good starting point for reform but it lacks the funding commitment and system reforms to guide it. In driving better care for older Australians, the Royal Commission into Aged Care Quality and Safety has made some important recommendations, bringing us closer to this reform reality. Broader steps in transitioning to new ways of working can be seen through investments in case conferencing, albeit too narrow in design, and in the temporary aged care measure introduced during COVID.⁷⁷

Multidisciplinary teams (MDTs) are essential to healthy ageing, to driving improvements in cancer care, and to facilitating the required links to physical and mental health care.

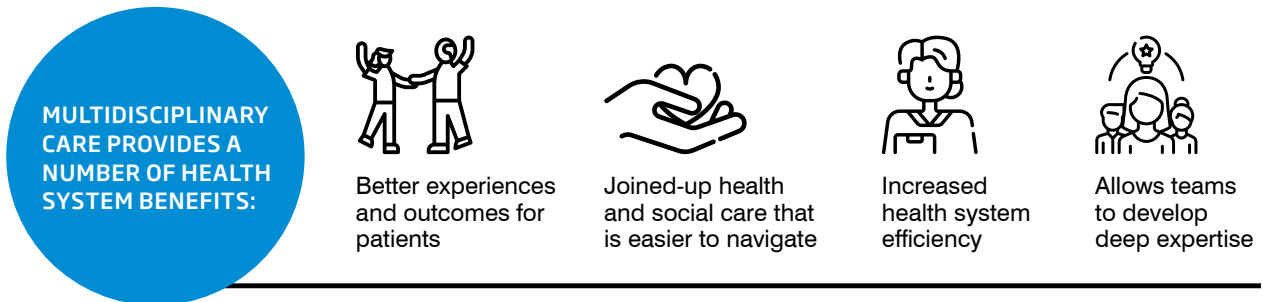
We create value through the reorganisation of care through enabling MDTs which bring significant benefits. These benefits, which extend to the patient, the health care team and the broader health system, include improved health outcomes through shortening time frames from diagnosis to treatment, and through offering more efficiency in streamlined services that reduce duplication and waste. However, improvements will remain limited unless the current policy design for case conferencing is reworked, including addressing the misplaced reliance on GP participation, which limits MDTs' ability to properly implement integrated care.

Research shows that MDTs can deliver efficiencies and improve care at primary and community levels over the full cycle of care—each working to address the barrier between primary and secondary care, physical and mental health care, and health and social care^{78 79}—and are critical at the interface between the aged care and health care systems.⁸⁰ These structures allow teams to develop deep expertise in treating a single condition or groups of conditions, and in managing rapidly increasing complexity.⁸¹ Formalising these teams in our health care system will provide for a more effective use of resources, deliver better care and a better patient experience, and take our journey to value-based health care a step further.⁸²

Appropriate skill mix and the ability to maintain skills are key requirements for effective multidisciplinary teams. The APA Career Pathway provides a skill acquisition pathway for physiotherapists to advance their learning and their careers in a flexible, practical way that works towards recognised credentials. However, in valuing the skills and expertise of physiotherapists, more incentivised supports are required. Those acquiring the skills needed in their communities do so within a health system that does not recognise or value these advanced skills.

Diagram 16 | Key benefits | Multidisciplinary care and physiotherapy

Physiotherapists are involved in the assessment, diagnosis, planning and management of patient care.



Physiotherapy working along the patient pathway and across the boundaries of care

Now. Where we are creating value.

Ageing population

1 | Aged care

The physiotherapy profession is a fundamental provider of high quality, evidence-based care for ageing Australians.

Physiotherapy's broad scope of practice includes mobility maintenance and improvement, pain management, falls prevention and reduction, strength and balance, management of behavioural and psychological symptoms of dementia, manual handling, assistive technology prescription, and management of fatigue, shortness of breath, oedema, frailty, contractures, sleep and rest issues, skin integrity, and continence.

Multidisciplinary care teams are fundamental to the care of older people with chronic complex health conditions. Physiotherapists are valuable members of multidisciplinary teams but publicly funded models are lacking. This is despite the evidence showing that a comprehensive early multidisciplinary assessment and care approach that includes physiotherapy is key to patient-centred care. There is strong evidence of the benefits of strong and comprehensive care management by multidisciplinary teams for older people.

Research has shown that frailty and mobility disability can be successfully treated using an interdisciplinary multifaceted treatment program.⁸³ Other studies demonstrated that multifactorial, interdisciplinary intervention reduces mobility-related disability in frail older people and that for frail older people residing in the community, a 12-month multifactorial intervention provided better value for money than usual care, particularly for the very frail, in whom it has a high probability of being cost saving as well as effective.⁸⁴

There is a need to integrate state and federal outreach services to ensure that older patients receive critical post-incident rehabilitation. Multidisciplinary outreach services delivering high-quality health care in the community must be available to all aged care patients, whether in residential care or in home care.

Disease specific

2 | Cancer

Physiotherapists play an important role in cancer care. They possess the knowledge and skills required in cancer treatment and management across every stage of the cancer care continuum, from prevention through to post-treatment recovery. Physiotherapists optimise patient function and physical condition prior to, during and following treatment.

There is a need to integrate physiotherapy into oncology services and supports, incorporating appropriately trained physiotherapists from diagnosis through treatment and to end of life. The role of physiotherapists in multidisciplinary care is essential for patients returning to work and/or family life after their treatment. Working with patients and families, physiotherapists can maximise function and mobility and assist patients to increase their participation and independence in daily activities.

Private hospitals should be expanding the involvement of physiotherapy (and other allied health practitioners) in the care of cancer patients in these settings. Multidisciplinary cancer care is less common in private hospitals, which can place additional stress on the public health system, and may leave some patients with suboptimal treatment services.

Future. Towards better care.

Physical and mental health: formalise the role of physiotherapy in mental health care

3 | Mental health

The physical and mental health of individuals are intrinsically linked. A person with mental health issues needs to have their physical health taken care of (their condition, such as depression, or their medication can affect their mobility or lead to overweight); a person with physical issues needs to have their mental health taken care of. A person-centred approach is critical to bringing physical and mental health back together.

Physiotherapists are qualified and trained to work with the physical health needs of people, some of whom may present with mental illness or mental health problems across all health settings, including hospitals, aged care facilities, disability services, and private practice. By prescribing individualised exercise programs, physiotherapists can improve mood, promote wellbeing, and address comorbidities associated with mental health diagnoses. Physiotherapists also have a very direct role to play in physical pain treatment and management (with one in five Australian adults with severe or very severe pain experiencing depression or other types of mood disorders, physical pain is a significant driver of mental health issues).⁸⁵

Physiotherapists are trained in multidisciplinary and interdisciplinary care, but Australia's mental health system limits this care by not properly investing in and promoting team-based care. To make the *every door is the right door* approach a reality of the mental health care system,⁸⁶ the role of physiotherapists will have to be formalised within multidisciplinary teams.

A properly funded and managed health system will see coordinated multidisciplinary teams that include general practitioners, psychiatrists, paediatricians and mental health nurses working alongside physiotherapists, psychologists, social workers, counsellors, peer workers and drug, alcohol and gambling counsellors.

Table 3 | Key enablers | Mental Health Integrated Care

| Patient Journey | | Digital infrastructure |
|--|---|---|
| Physiotherapy is included in the Stepped Care model | Direct funded referral pathways from physiotherapists to psychologists | Physiotherapists have access to digital infrastructure such as My Health Record for truly integrated patient care via sharing of patient information with their consent |
| Preventive referral to a physiotherapist for mental health patients who are prescribed medication that is likely to impact their physical health | Funded referral pathways to physiotherapy for mental health patients experiencing physical pain, a low mobility issue, or any physical impairment | Digital case management systems are in place to support people through their journey in physical and mental health care systems with leads being the point of entry health practitioner |

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**Supporting
physiotherapists to
work to the top of their
scope can address current
inefficiencies in the
hospital sector.**



Action 4: Advancing hospital physiotherapy

Supporting the hospital system



Physiotherapists possess a wide range of skills that support a patient's journey through the hospital system. These skills can be further utilised to alleviate the pressures currently experienced in our hospital system.

Recent events, such as the COVID-19 pandemic, have demonstrated the impact of external factors on our public hospital system.

Pressures such as workforce shortages, coupled with increased patient numbers, have stressed our hospitals, leading to increased emergency department wait times, ramping of ambulances, and delays in receiving treatment. For those seeking treatment in regional and rural areas, these issues can be exacerbated.

Our federal, state and territory governments need to work in partnership to ensure that our public hospitals are adequately funded to meet the demands of their communities. This funding needs to be directed towards projects and initiatives that can provide value to our health care system. Physiotherapy is well positioned to support governments at all levels in creating an efficient, value-based health care system.

1 | Physiotherapy in the hospital

Physiotherapy is integral to our hospital system.

Physiotherapists work across a range of settings in adult and paediatric hospitals. In emergency departments, they work with other health care professionals to ensure timeliness, satisfaction and quality of care of patients. In acute and subacute settings, they work as part of multidisciplinary teams, providing treatment and rehabilitation to support a timely discharge, and ongoing care to ensure safety in the community. Physiotherapists use their skills to treat a variety of conditions, to decrease the length of time spent in hospital, to prevent complications and to support the care of patients through their hospital journey, both as inpatients and on discharge.

2 | Advanced practice physiotherapy

Advanced practice physiotherapists possess unique skills to optimise patient care in public health.

Advanced practice involves utilising the skill set of a profession in roles traditionally performed by other health professionals. Physiotherapists work in advanced practice roles in a number of areas, including musculoskeletal, pain, women's and men's health, paediatrics, cardiothoracic and neurology, undertaking duties within physiotherapy scope that are traditionally performed by other professions, particularly medical staff. Advanced practice physiotherapists have undertaken additional training and possess a higher level of skills to enable them to make advanced clinical decisions and manage the risks of the environment in which they work. The APA has developed the *APA National Advanced Musculoskeletal Physiotherapy Competency Framework: Standard of Practice*,⁸⁷ which establishes minimum standards for advanced practice physiotherapy across all Australian states and territories.

Diagram 17 | Advanced practice physiotherapy roles developed nationally work to improve the patient journey, deliver cost-effective services and enhance patient care



1 Advanced practice (AP) physio roles require high levels of clinical expertise

AP roles are distinct from standard physio practice due to:

- high levels of clinical expertise and experience required to assess and independently manage specific patient cohorts
- high-level decision-making and risk management required
- unique environments in which AP physios typically work.



2 First contact physio practitioners can manage musculoskeletal conditions effectively

Use of AP practitioners in primary healthcare settings leads to:

- reduced musculoskeletal case loads for medical staff in primary healthcare
- the identification and referral of patients presenting with serious pathologies
- a reduction in the number of referrals to specialist services such as orthopaedics
- reduced waiting lists and waiting times for specialist care
- high patient satisfaction.



3 AP physios have high diagnostic agreement with specialists

Studies reveal that AP physios:

- were as effective as orthopaedic surgeons in the diagnosis of musculoskeletal conditions
- had high diagnostic agreement with surgical findings or medical imaging
- had high diagnostic agreement with paediatric orthopaedic specialists and, in physio-led LBP triage clinics, with neurosurgeons
- physio-led triage clinics were as effective as normal care when measuring self-reported, health-related outcomes.



4 AP physios effectively manage simple fractures in virtual fracture clinics

Virtual fracture clinics have been shown to:

- reduce footfall in hospitals
- reduce costs via fewer appointments and X-rays
- provide high patient satisfaction
- provide good functional outcomes.



5 AP emergency department physios provide high-quality emergency care

Studies reveal that patients seen by primary care physios in the ED:

- had a significant reduction in length of stay and wait time compared to usual care
- had improved pain control and reduced opioid use time to first analgesia
- were more likely to be discharged with minimal or no misdiagnoses or adverse effects and reduced disability in the short term
- were managed independently without medical officer support in 50% of cases
- reported high levels of satisfaction.

Source: Physiotherapy Research Foundation (2022).

3 | Utilising the physiotherapy profession

Advanced practice physiotherapists provide a solution to current workforce pressures.

Advanced practice physiotherapy has the potential to create a more efficient hospital system through further utilising the skills possessed by physiotherapists. Such programs have been successfully used in hospitals throughout Australia, with some states and territories developing frameworks to assist in the development, credentialing and governance of advanced practice roles.

In Victoria, advanced practice clinics and services have been implemented in a number of areas including musculoskeletal, pain, neurosciences, continence and women's health.⁸⁸ These roles were developed to support challenges in Victoria's health system such as patient wait times, inefficient pathways and unnecessary treatments. In Queensland, primary contact roles were developed in outpatient, emergency department and inpatient settings to assist with access to timely and appropriate health care.⁸⁹ These programs demonstrated that physiotherapy provides a safe cost-effective option for managing overwhelmed hospital systems by reducing length of stay, decreasing wait times, and improving patient satisfaction.

Although advanced practice physiotherapy programs exist, they are limited and there is scope for physiotherapists to be further utilised across the hospital system. However, for this to occur, further investment is required to develop advanced practice physiotherapy roles and therefore enable the full potential of the workforce to be utilised.

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Physiotherapy is key to **fixing the private health system** in offering more value and in taking us closer to a reform plan where preventive strategies and management of chronic conditions feature strongly alongside a healthy ageing offering.



Action 5: Advancing private health insurance

Reform solutions for private health insurance (PHI)



Physiotherapy has a strong role in increasing the value of the PHI health care package for patients but it requires a genuine commitment to reform from the industry. Patients should also have the right and freedom to choose their physiotherapist and their preferred setting of care.

The Australian Government invests significantly in private health insurance (PHI) at a current cost of \$11 billion each year. More than half of the Australian population has private insurance—about 13.6 million people—and they too are heavily invested in their insurance policies amid growing unaffordability and need to see further reform to deliver better value for money. Australian Prudential Regulation Authority (APRA) figures show that in the year to June 2020, 56,000 Australians aged between 20 and 49 abandoned their cover. APRA points to slowed industry growth, stating that the industry continues to face the challenge of falling membership among younger people and growing membership in older age groups. This is why the reform process currently underway is so critical. Policy holders are counting on the current reform promise to widen patient choice and access to essential care, and to improve affordability and value.

The reform journey begins here

Physiotherapy is important to the reform solution, ensuring a more appealing value proposition, but this requires a number of important shifts.

Achieving reform in PHI is reliant on a recognition of the benefits that physiotherapy-led interventions deliver to patients and health providers. Physiotherapy can help deliver the Government's set objectives of making PHI simpler and more affordable.

Strengthening the product offering will take preventive strategies, home-based care solutions, and a commitment to addressing the lack of continuity of care for complex conditions.

Improving efficiency of health care via a shift to more preventive interventions is a solution to the premium pricing pressures. It will also produce significant savings by reducing hospital admissions and unnecessary procedures.

Reform is historically difficult to achieve.

There are significant barriers from a provider perspective in shifting the levers to implement new models of care, particularly in preventive care. It requires a stronger effort from governments to transition insurers and health providers towards these new integrated models of patient care. Reforms to PHI must overcome the broader health care system failures and multilevel fragmentation that continue to limit integrated care in both public and private health care.⁹⁰

The most important reform shift lies in providing more patient choice.

All patients should have the right to choose where, when and how they see a physiotherapist of their choice. If provision of services is requested by a patient to be delivered at home, and a provider is able, willing and appropriately funded (including travel considerations), then this should be made possible.

A more sustainable solution

1 | Focus on prevention

Shifting the service delivery focus of insurers to prevention will increase value to both patients and insurers.

There are certainly challenges within the private health industry to funding activities that focus on prevention, including legislation that inhibits this approach.⁹¹ Some insurers are moving ahead and initiating pilot programs that offer prevention services to members. With over 30 insurers currently offering health packages, and no consistent mechanism to ensure that evidence-based preventive activities can be offered to all those who purchase PHI cover, there is a clear need to work with insurers on the benefits accrued from prevention. This will in turn have a flow-on effect on waiting lists for surgery and other interventions. Preventive exercise programs have been shown to have a significant impact on reducing the need for downstream activities such as surgery. These, however, are not currently widely funded by the industry.

Despite these policy challenges, there are ways to improve patient choice and value.

The physiotherapy profession has a career pathway structure that can help the public and insurers identify providers that have considerable experiences in particular areas. By readjusting payment models, this could enable faster access to experienced physiotherapists in some particular fields. By matching the patient to the most appropriate provider in a more efficient way, there can be more certainty that patients will receive timely and effective evidence-based care.

One of the most promising opportunities to improve care is through access to home-based care.

Current treatment models do not adequately support the complexity of health care, nor allow patients to choose their provider, nor enable services to be delivered at home. There are some great examples of this being delivered but these examples are only available to a small number of the insured population. If physiotherapists were properly remunerated for travel and time, they could deliver services in the home. From the patient's perspective, recovery from major surgery or illness requires choosing between two options: either staying in hospital longer to continue rehabilitating, or being discharged home and having to wait until they are able to travel to a rehabilitation clinic. Rural funding models need to include access considerations, which could include a travel allowance, and virtual care options that rely on putting in place the right digital infrastructure, systems and solutions.

2 | Focus on out-of-hospital health services

Improving the connection of services that can be offered to patients with a seamless approach to health, including mental health, will allow for more high-value offerings outside of the hospital system.

The important shifts to service delivery mentioned above will help formalise, in terms of both PHI product offerings and strengthened model design, the close links between physical health and mental health outcomes. Choice and empowerment are key—alongside high-quality and safe care, these changes will see increasing values of health care packages.

Lifting the current restrictions on care to replace inpatient care with lower-cost out-of-hospital care, where the same or better care is available, could incur annual savings of \$315 million.⁹²

Offering more community-based (outpatient) care for a wide range of conditions would increase access to physiotherapy treatment and would also address current challenges in affordability and sustainability of the sector. This should extend to broader options, including telehealth. The impacts associated with discontinuing rehabilitation and regular health care professional checks indicate there is a lack of accessible out-of-hospital rehabilitation options.

Insurers could broaden their roles to reduce hospitalisations by expanding to chronic and complex disease management.

A further focus on providing more holistic care and developing more integrated care pathway solutions, including through better segmenting and identifying patient cohorts, would help to address chronic and complex disease. It is estimated that this approach could reduce hospitalisations by 19 per cent, which could improve patient outcomes and reduce the costs associated with hospitalisation by \$1 billion across both the private and public hospital systems.⁹³

Expanding access to mental health services encompassing physiotherapy would provide the team-based care needed to keep people healthy.

Due to the relationship between physical and mental health, physiotherapy-led management of many conditions also has positive impacts on a person's mental health. In enabling high-value care, consideration should be given to expanding access to physiotherapy, recognising the benefit of physiotherapy-led interventions for conditions such as chronic pain and physical ill health.

The evidence for physiotherapy-led interventions in mental health is expanding across a broad scope including addressing obesity due to the effects of medication,⁹⁴ the relationship between depression and movement quality⁹⁵ and the relationship between pain, movement and mind.⁹⁶

3 | Value and sustainability

PHI cover that includes physiotherapy is accessed by a large percentage of the population.

The number of Australians purchasing PHI cover that includes access to physiotherapy services is growing rapidly. This demonstrates that the public sees and understands the value of accessing physiotherapy services to better manage their health. The increased take-up presents an opportunity to continue to advance these services to help manage and also prevent a range of health conditions through physiotherapy services.

The figures on the privately insured population highlight an increasingly older membership with more complex health needs and a decreasing number among the younger demographic. The challenges are to provide evidence-based and value-offering solutions that also attract the younger demographic.

Physiotherapy services that are appropriately funded and geared to support upstream evidence-based treatments would appeal to the younger population.

The pressure on the premiums necessitates that funding for health care is used with maximal efficiency. The APA has a career pathway system that could be utilised by a provider who is highly experienced in a particular health condition—for example, pelvic health. Enabling highly-qualified physiotherapists with extended clinical knowledge to charge higher rebates has the potential for significant savings. However, the reimbursement model currently does not support this.

Diagram 18 | Physiotherapy value and role



PRIVATE HEALTH INSURANCE
Value and affordability factors



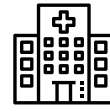
Fewer people now have maximum cover



Young people pay a lot more in premiums than they get back in benefits



Premiums have grown much faster than wages



PHI members are going to hospital more than they used to, especially older Australians

Source: Grattan calculations based on APRA (2019)



PRIVATE HEALTH INSURANCE
Physiotherapy is key to reform



Improves patient choice and value



Manage and prevent a range of health conditions



More high-value offerings outside of the hospital system



Expand access to mental health services

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Physiotherapy enhances a person's ability to **remain independent**, to access or be at work, and to fully participate in social and economic life.



Action 6: Advancing public health insurance

Public health insurance



Ensuring consistent approaches to funding and pricing will enable access to physiotherapy in the wide range of public health insurance and help with improving function and recovery.

Some of the most important areas of care fall within a group of public health insurance areas designed specifically to support priority populations by extending evidence-based care and support beyond usual care through Medicare. It has been proven that these schemes significantly improve lives. However, despite the benefit stream being significant for so many Australians, the schemes are frequently being placed at risk. Cost-driven decisions in the guise of reform, including to address claims of so-called cost blowouts, are being used to justify significant policy shifts to either automate care through *robo-planning*, removing choice, or downgrade care. These policy threats are likely to continue in the current fiscal climate and, if successful, will fundamentally alter what so many have fought so hard for. As key participants in providing this vital care, we call for policy leadership to provide certainty of funding based on need and genuine choice on how needs are met.

A common thread of caring

Public insurance schemes are an essential component of our health care system, offering a new way of providing care and support for many Australians—for people living with a disability, for veterans, and for those recovering from injury. For some recipients, it means they can be enabled to live a more inclusive life and to be more independent in their daily routines. For others, these schemes provide a vital connection to care in recovery from injury or illness, in circumstances of despair from a loss of function and in dealing with the effects of being away from work. In the case of the veteran-centred model, they offer very specific support with focus on the experiences of, and outcomes for, the individual.

Unpacking the benefits

The National Disability Insurance Scheme (NDIS) is a policy that has shifted the nation's approach towards a more inclusive social model of disability.

A person with disability works with their physiotherapist towards person-centred physical and functional goals. An appropriate level of physiotherapy can promote social inclusion through optimising a person's function and encouraging participation in the economic and social life of the community. In the NDIS, participants define their own goals. A physiotherapist must hold strong communication skills to educate the person, their family and support networks. In ensuring that NDIS participants get the supports they require, we call for a consistent and clear scheme of service provision items and participant goal-centred programs driven by participants and their providers.

The Department of Veterans' Affairs care is vital to supporting the complex and substantial health needs of veterans.

Physiotherapists provide expert high-quality care to veterans through therapy and clinical exercise rehabilitation. This is provided through a physiotherapist-led model of care focused on the unique needs of veterans in order to improve health and function. This relationship is vital and has been shown to have positive mental, emotional and social benefits, with physiotherapy services now extending to more than one million consultations annually.

State-based third-party schemes, including workers' compensation schemes and motor accident schemes, help to rebuild lives and support the recovery from injury.

There is strong evidence of the important role that physiotherapists play in patient recovery, return to work, and improvement in function and quality of life. It is essential that these schemes are outcome-focused to direct patients to the high-quality supports they need. Consistent approaches to access and eligibility will improve patients' ability to function and return to work sooner.

For all these schemes, the benefit stream is significant but this value is not always recognised in their fees.

These schemes must provide certainty for participants that they will receive the care and supports, often lifetime care and supports, they need. In focusing on the issues that matter most, it is clear that the benefits of these schemes significantly outweigh costs. Inequitable access to these services further entrenches health inequities while placing additional pressure on providers. The lack of alignment between the various schemes in terms of how they are delivered by funders, how they are accessed by participants, and how providers are funded, significantly impacts their overall efficiency and effectiveness.

A major policy impediment is that the rates of reimbursement differ so greatly that it limits participation for private practices. Often these schemes present a significant challenge to service and practice viability. This is compounded by differing arrangements, with each third-party scheme having their own complex mix of requirements. Physiotherapy is a highly-regulated profession with strong patient-centred and evidence-based programs that need to be funded with contemporary schedules and rates. In recognising the breadth of skills held by physiotherapists, there is a need to reward high-value care and recognise titling and experience through adequate remuneration.

Building the benefit stream

1 | National Disability Insurance Scheme (NDIS)

To deliver for its participants, the NDIS must understand and enhance the value of physiotherapy.

Physiotherapists are movement and participation experts in disability who provide expertise in improving function, participation, and building capacity. Physiotherapists are committed to providing evidence-based, safe, and high-quality support to people with disability and contributing to an effective and equitable disability sector.

Physiotherapists have for many years been concerned about the disparate and uncoordinated way disability services are funded and provided. Physiotherapists working in the disability sector are frontline health practitioners and are acutely aware of the issues in the existing system.

The NDIS is arguably the biggest social reform undertaken in Australia in recent years, with close to 500,000 participants accessing the scheme in 2022. In 2019/2020, the scheme committed a total of \$24.2 billion of support in participant plans.⁹⁷

The NDIS was established because of ‘problems with the existing disability support arrangements, the need for reform and proposals for new models of disability support’.⁹⁸

The NDIS funding model, as a *fully funded scheme*, is designed to operate in a manner that ensures its financial sustainability. This places huge pressures on governments’ spending as the NDIS, in theory, covers the entire population. As it is an uncapped (demand-driven) scheme, there is an incentive to invest in cost-efficiency measures.

Although the basis for the NDIS is that the supports participants receive are commensurate with their needs, this emphasis on reducing long-term costs can lead to measures that reduce access to supports perceived as too expensive or more expensive when compared (on paper) to other supports. It is not unreasonable to say that insurers always seek ways to reduce costs.

If cost savings and expenditure reduction are allowed to dominate NDIS policy, then the continued role of expert physiotherapists in delivering high-value supports may be jeopardised. This could leave people with disability without the supports they need. The NDIS must be properly funded.

For us, a sustainable scheme is a scheme that provides evidence-based, high-value supports and that delivers on the goals of participants while remunerating service providers fairly with price models that reflect the true costs of providing supports—not necessarily a scheme that costs less.

Beyond the financial aspect of the scheme, there are many elements to consider for participants to get the most out of physiotherapy.

As mentioned above, it is critical that the National Disability Insurance Agency (NDIA) workforce that is involved in the drafting, planning, coordination and implementation of participants’ plans is properly trained and skilled to understand the value of physiotherapy for people living with disability, how capacity building supports are provided by physiotherapists, the outcomes to be achieved by these supports, and the difference and complementarity of these supports with other supports available. Our vision for the NDIS is that participants’ understanding and decision-making processes around how they can best achieve their goals with physiotherapy are supported by a skilled NDIA workforce.

As a market, the NDIS has gaps commonly known as thin markets, where participants can’t find or have timely access to a provider. In the next decade, the issue of thin markets will have to be addressed deeply and meaningfully, not through heavy-handed localised interventions. For instance, addressing registration barriers and the administration burden for physiotherapists to access and participate in the scheme is critical. We acknowledge that the NDIS registration indicates to participants that the providers have to follow standards of safety, quality, and compliance, which are set by the NDIS Quality and Safeguards Commission. However, because physiotherapists are Ahpra-regulated, they already work in a highly-regulated environment that guarantees safety and quality.

The future of the NDIS will also rely on the ability of governments to properly provide for people who are not eligible in the NDIS but who could be at risk of becoming eligible. We see funded preventive physiotherapy as a way to maintain and improve someone’s mobility and capacity that they would be at risk of losing as a game changer.

2 | Department of Veterans' Affairs (DVA)

Physiotherapists are committed to helping to improve DVA patients' journey through high-quality practice that provides cost-effective care and better patient experiences.

Many veterans face challenges such as dealing with complex health needs that require multidisciplinary treatment, restricted mobility, and limited access to health care, particularly in rural and remote regions. Many suffer from pain issues or require the support of carers to travel, affecting their ability to attend appointments.

Physiotherapists are also key providers of care to active Australian Defence Force personnel via the defence health care contract. In recent years, contractors have changed the funding model to a preferred provider approach, restricting patient choice, imposing arbitrary fee schedules at the lower end of market value, and creating an uneven playing field for providers.

While we support strong partnerships with GPs, DVA patients with complex and high needs have been disadvantaged by making the GP the *gatekeeper* of their health care, with an impact on ongoing treatment planning. This is an additional burden in terms of time and cost in what is already an underfunded and therefore limited care system. Acute patients have not been able to attend additional GP appointments, resulting in service gaps and the risk of deterioration and secondary occurrence. There are a number of immediate reforms required to ensure pricing and service parity between health care providers and to encompass more choice for veterans.

One in 20 Australians lives in an area with severely reduced access to the services of a GP. In some of Australia's most underserved areas, only half the number of GP services per person are provided, compared with those provided to people living in metropolitan areas. The treatment cycle initiative (TCI) has shown significant flaws. Physiotherapists are uniquely placed to understand the complex health needs and the importance of national service for veterans. Recent policy changes have gradually discouraged experienced physiotherapists from seeing veterans. This has created an unnecessary secondary supply issue for veterans' health care. A royal commission into the impacts on veterans' health has begun and these barriers to care require urgent policy attention.

3 | National and state third-party schemes

Workplace injuries are common, cause significant morbidity for workers and have profound impacts on productivity and our economy.

Physiotherapists have a key role in facilitating early and sustained return to work, maximising functional capacity and wellbeing in the professional and personal settings. Physiotherapists offer an evidence-based and person-centred model of health care that focuses on self-empowerment, goal setting and maximal functional achievement. The role of physiotherapists in enhancing return to work has been recognised in some jurisdictions, where physiotherapists are able to write updated certificates of capacity, improving the return-to-work journey.

In total, there are 11 main workers' compensation systems in Australia. Each of the eight Australian states and territories has developed their own schemes and there are also three Commonwealth schemes. The administration and financial burden of the multiplicity of schemes across the country requires a stronger national approach to ensure that this value can continue to be offered to patients.

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Physiotherapists work from admission to rehabilitation and have a **critical role** in helping COVID-19 patients navigate their recovery.



Action 7: Advancing pathways to COVID recovery

Future implications



Millions of people will suffer from the long-term symptoms of COVID-19.

The long-term health impact of the coronavirus pandemic, known as Long COVID, is not yet fully understood or even recognised, yet we know that adapting and evolving physiotherapy rehabilitation treatment is vital to the recovery of thousands of Australians afflicted by COVID-19. Encouraging new models of collaboration in addressing these service challenges will be key. Leveraging the advanced skills held by cardiopulmonary physiotherapists, who have established an important role in the multidisciplinary care of those suffering from cardiopulmonary conditions, will be key to optimising patient outcomes.

How COVID-19 is reshaping Australia

There is still a lot about Long COVID that we don't know. What we do know is that the full impact of this pandemic and the enduring health implications for those recovering from the virus have enormous implications for Australia's health system. While the experiences of Long COVID patients appear similar to those with chronic illness, there are few evidence-based treatments that currently exist.

Every indication from nationally and internationally available evidence is that many people who contract COVID-19 will require access to multidisciplinary health care from a system that is funded and structured to adapt and be flexible to the longer term effects of the pandemic. Estimates suggest that at least 10–30 per cent of people will continue to have symptoms from COVID-19 up to 12 weeks after their acute infection.⁹⁹

It may transpire that Long COVID is recognised as a disease entity distinct from acute COVID-19. It is clear that multidisciplinary collaboration will be essential to provide integrated care for patients presenting with post-recovery symptoms and comorbidities following infection.

Physiotherapy's critical role

Physiotherapists are already delivering vital health services in rehabilitation during the acute phase of COVID-19. Physiotherapists (and their practices) will continue to adapt to changing circumstances and emerging medical evidence on treatment and rehabilitation.¹⁰⁰

As Australia emerges from the pandemic, physiotherapists must be engaged in strategic planning of COVID health services, including how patients transition from acute to post-acute care, and how integrated care teams will support patients with ongoing COVID-19 symptoms. Governments must include physiotherapists in COVID recovery and rehabilitation pathway planning and delivery. This includes assessment, treatment and rehabilitation services delivered in hospitals and acute settings, in step-down facilities, in the home, and in the community. The pandemic is an opportunity for the health system to shift towards coordinated, integrated, multidisciplinary, person-centred care.

Diagram 19 | Long COVID | Rehabilitation pathway planning

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-19 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's vital role in treating Long COVID

1 | Patient impacts. Now.

Physiotherapy must be included in strategic planning and patient pathways in the transition from acute to post-COVID recovery.

There will be extended impacts from Long COVID on Australia's health system. It will impact on the demand and supply of physiotherapists due to a surge in health demands. The consequences of increased patient need for rehabilitation will likely be experienced by those on waitlists for particular surgical procedures, and those in regional, remote and rural areas affected by the virus.

Extended lockdowns placed additional stress on patients and the health system, and the lasting impact of these measures is why planning for Long COVID recovery and rehabilitation is a national health priority.

2 | Post-COVID-19 rehabilitation and recovery

Physiotherapists will support patients to manage everyday activities appropriate to individual needs and symptoms through strength, exercise and breathing programs.

Australia's health system must focus on rehabilitation programs and integrated clinical care that manages complex, debilitating conditions and reduces symptoms associated with Long COVID.

Cardiorespiratory physiotherapists, who treat patients with conditions affecting the heart and lungs, and specialise in chronic respiratory and other long-term conditions, will be central to rehabilitation and recovery programs.¹⁰¹

There is also an urgent need to advance new education and training programs, and develop standards with a focus on the interdisciplinary rehabilitation of patients with Long COVID.

3 | Workforce agility

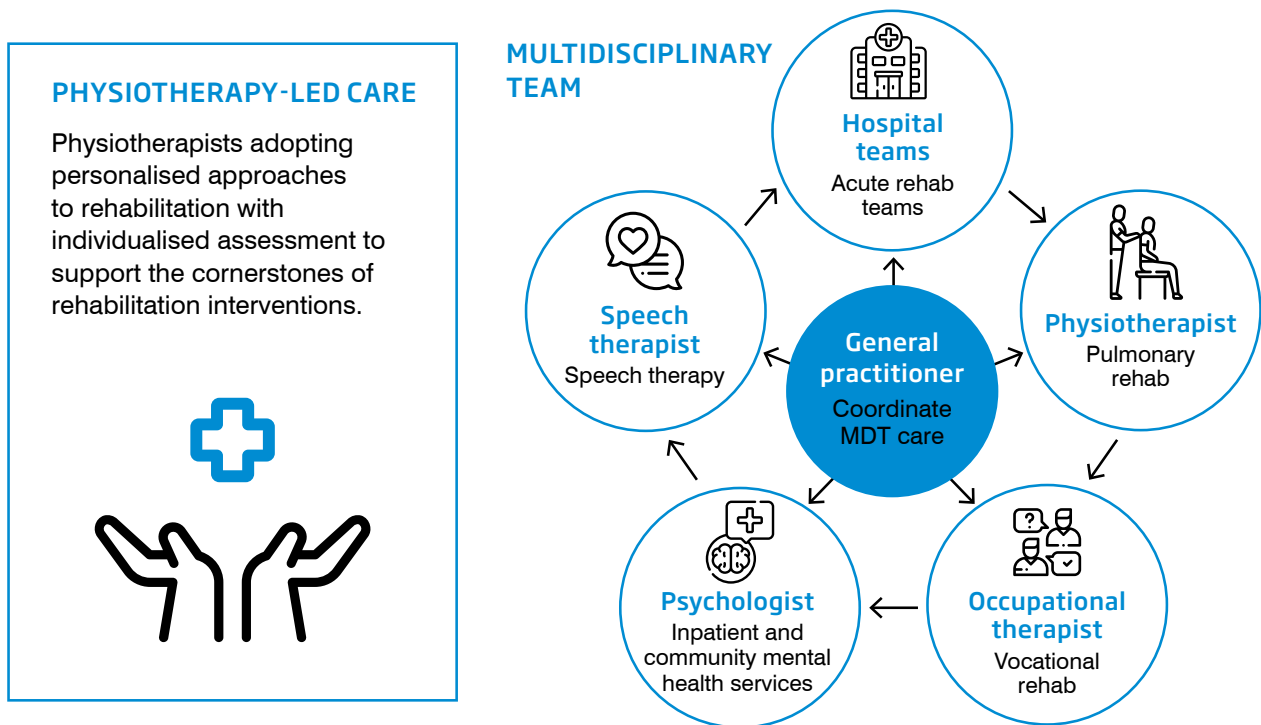
Physiotherapists work from admission to rehabilitation and remain committed to enabling rehabilitation through the different phases of the disease.

Workforce strategies across all aspects of the Australian health care system must recognise the impact of Long COVID and the epidemic.

Long COVID will also impact on the health workforce and be a potential driver of demand for future physiotherapy services. The outbreak of COVID-19 in remote and regional Australia has placed enormous stress on an already stretched health system.

With fewer overseas-trained physiotherapists arriving through the Priority Migration Skilled Occupation List (PMSOL) due to pandemic restrictions, it is likely that demand for Long COVID physiotherapy services will place additional demands on an already overextended workforce.

Diagram 20 | Long COVID | A multidisciplinary approach to tackle a multifaceted condition

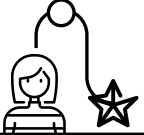








Conclusion

Next steps: Reform begins here

As governments pursue the goal of delivering better health outcomes, these seven actions in advancing physiotherapy will help drive transformative change to our health system. Reform begins by placing a priority on removing the structural barriers that make it harder for Australians to access the care they need. Physiotherapy offers a path to better care for patients, but more investment in public physiotherapy is needed. In driving value-based health care, decision-making frameworks for funding health policy need to overcome the jurisdictional barriers. The current divide in funding between the Commonwealth, state and territory governments and private and public health insurance results in inefficiencies and poorer outcomes. Producing a workforce strategy to optimise and grow the physiotherapy workforce is also key. In our framework for action, we have outlined our seven actions, from advancing primary care to navigating our way out of COVID. Through these actions, we have the opportunity to deliver better health outcomes and to provide a path to better care by fully utilising the physiotherapy workforce.

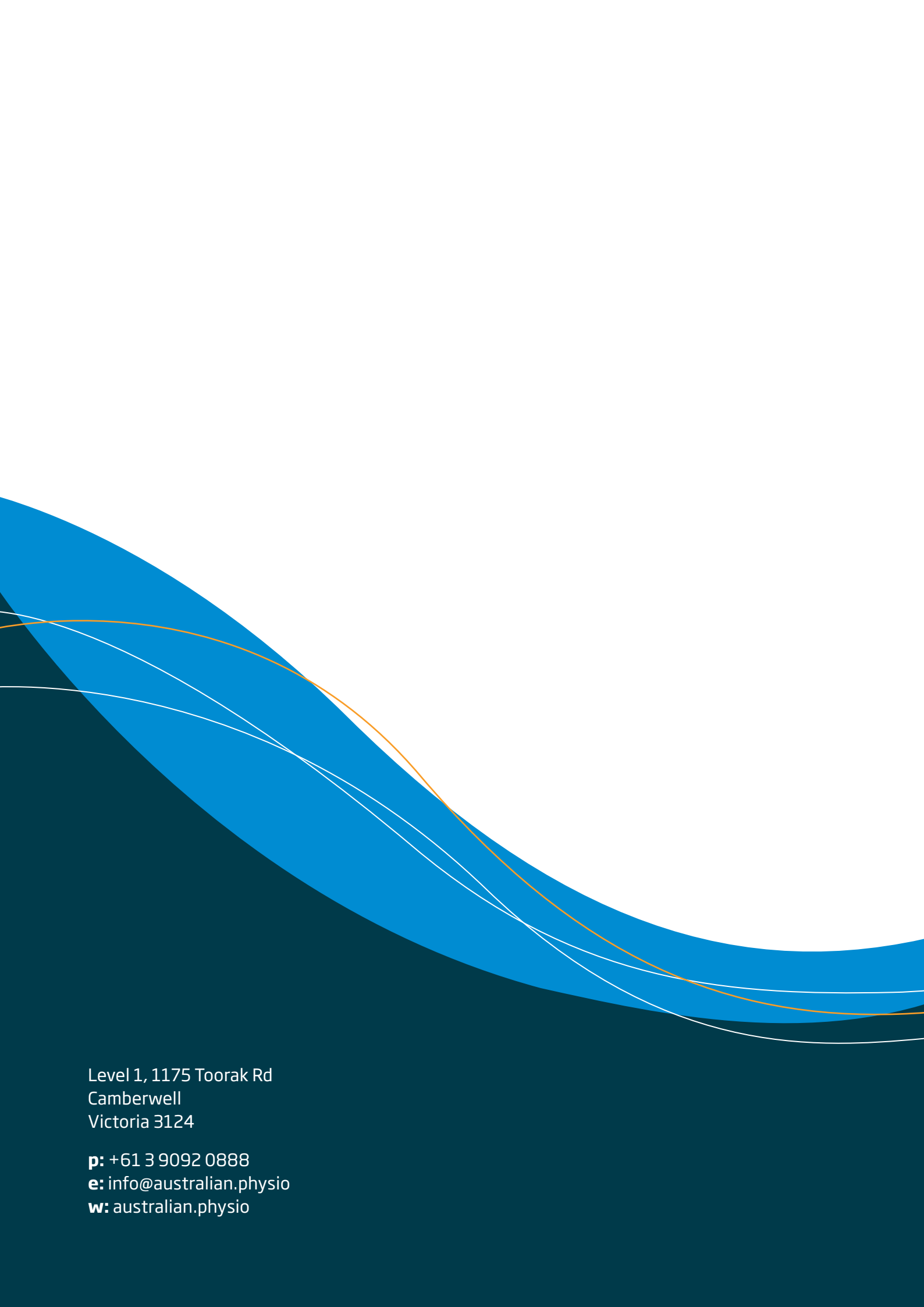
Diagram 21 | Seven actions | Advancing physiotherapy to strengthen care for all Australians

| | | Destination |
|---|---|---|
| Action 1 Advancing primary care physiotherapy |  | All Australians have access to high-value primary care physiotherapy through the MBS |
| Action 2 Advancing health equity |  | The promise of prevention and patient-centred access to health care is realised through physiotherapy |
| Action 3 Advancing multidisciplinary care |  | Fully funded models of care integrate physiotherapy |
| Action 4 Advancing hospital physiotherapy |  | Advanced scope physiotherapy is inbuilt into Australia's hospital system |
| Action 5 Advancing private health insurance |  | More physiotherapy services are included in the product offering |
| Action 6 Advancing public health insurance |  | Access to essential supports and services is guaranteed across all public insurance schemes |
| Action 7 Advancing pathways to COVID recovery |  | Long COVID is recognised and treated as a chronic condition |

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