



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

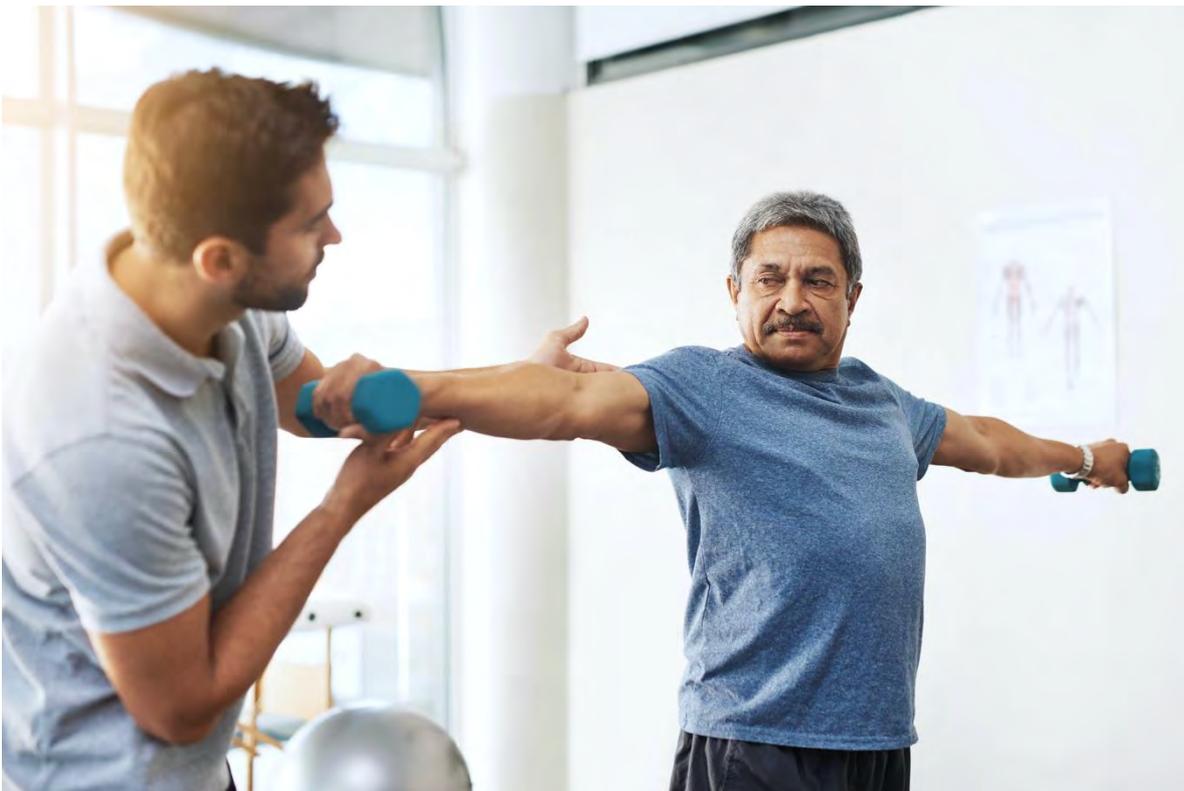
A STRONG PHYSIOTHERAPY WORKFORCE FOR A HEALTHY AUSTRALIA

**Advancing physiotherapy to
strengthen care for all Australians.**

2021-22 Pre-Budget Submission
Australian Physiotherapy Association

OUR 10-POINT PLAN TO ADVANCE THE PHYSIOTHERAPY WORKFORCE AND STRENGTHEN CARE FOR ALL AUSTRALIANS.

The Australian Physiotherapy Association (APA) is pleased to offer solutions to support improvements in health system design with a focus on improving efficiencies through advancing team-based care. A key goal is to strengthen the primary care system and improve equity of access to primary health care for all Australians through affordable high value physiotherapy. The APA looks forward to working with the Government to progress reforms to build a strong physiotherapy workforce for a healthy Australia.



1	NEW MODELS OF CARE	<p>First Contact Physiotherapy in Primary Care</p> <p>Support innovative models of care, including reform of primary care that allows patient access to physiotherapy as first contact practitioners.</p> <p>Funded trials of the UK's First Contact Physio model.</p> <p>Support MBS Review's Recommendations on allied health to deliver evidence-based savings and efficiencies into primary care.</p>
2	PREVENTIVE HEALTH	<p>Accelerated establishment of new preventive health models</p> <p>Invest (through PHNs) in multidisciplinary models that promote allied health and physiotherapists working with GPs in primary care settings.</p>
3	AGED CARE	<p>Re-orient aged care services towards an aged care model focused on reablement, preventive and restorative care</p> <p>Fund Medicare-subsidised access to physiotherapy towards a preventive, reablement, and restorative care approach.</p> <p>Implement the Royal Commission into Aged Care Quality and Safety recommendations (Final Report).</p> <p>Fund a physiotherapy-led falls prevention program in RACFs to improve quality of life, physical function and falls efficacy.</p>
4	MENTAL HEALTH	<p>Formalise the role of physiotherapy in mental health care</p> <p>Expand access to mental health care through a multidisciplinary approach that brings physiotherapy to the team.</p> <p>Expand funding through Medicare access to private physiotherapy – recognising the benefit of physiotherapy-led interventions in chronic pain and physical ill-health.</p>
5	WOMEN'S HEALTH: BIRTH TRAUMA	<p>Remove cost barriers to appropriate diagnostic tools and ante-and pre-natal care</p> <p>Fund Medicare-subsidised access to physiotherapy assessment and management via GP referral for all Australian women during pregnancy and up to one year postpartum.</p> <p>That is, one session antenatal, five sessions postnatal and a further five physio sessions where needed.</p>
6	RURAL HEALTH	<p>New physiotherapy-led models of primary care to address rural workforce shortages</p> <p>Invest in integrated care models and incentivised team-based care arrangements.</p> <p>Refine the PHN commissioning approach to address allied health service delivery challenges in rural areas.</p> <p>Increase rebated physiotherapy and allied health services to ensure comprehensive primary care for rural Australians.</p>

7	ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH	Reduce barriers to accessing physiotherapy services Trial the impact of embedding appropriately trained physiotherapists into Aboriginal Community Controlled Health Services (ACCHS). Supporting programs and training initiatives to develop a culturally safe physiotherapy profession. Research into physiotherapy service underutilisation for Aboriginal and Torres Strait Islander people.
8	WORKFORCE	Expansion of nationally consistent allied health data collection Establish a national minimum allied health data set to build a clearer picture of allied health services.
9	COVID-19 RECOVERY	Fund post-acute COVID-19 rehabilitation services Prioritise a Medicare-subsidised physiotherapy rehabilitation pathway for intensive care patients after hospital.
10	DIGITAL HEALTH	Address the barriers to reform to unlock our digital health potential Support and incentivise physiotherapy-led digital projects that test value creating solutions to strengthen our digital health capabilities. Fund a Practice Incentives Program – eHealth Incentive for physiotherapy and allied health similar to the ePiP for general practice.

01: NEW MODELS OF CARE

FIRST CONTACT PHYSIOTHERAPY IN PRIMARY CARE

Support innovative models of care, including reform of primary care that allows patient access to physiotherapy as first contact practitioners.

Funded trials of the First Contact Physio model.

Support MBS Review's Recommendations on allied health which would deliver evidence-based savings and efficiencies into primary care.

INTRODUCTION

Australia's current health funding systems does not always support good practice, provide best value for the health dollar or deliver best outcomes for patients, clients and consumers.

New models of care are needed. For the APA, these need to address the limited access to MBS by physiotherapists, the well-documented problems with Private Health Insurance, and the lack of support for digital infrastructure.

Workforce planning and distribution and rural support investments are also major concerns for the APA.

While the APA is very supportive of the Government's approach to Preventive Health and Primary Care reform, we are concerned that the Government's good efforts are not properly coordinated. There are multiple and parallel strategies, committees, taskforces and inquiries; and too often we are met with 'not our remit', or 'not our responsibility', or our profession being advised to 'keep to our 'lane' by ruling out initiatives as being in someone else's jurisdiction.

The APA supports funded initiatives that deliver team-based and integrated care. We support models that remove barriers to care, such as patients in pain waiting for GP consultations and referrals to qualified physiotherapists.

Where appropriate, the introduction of bundled payments for episodes of care, capitation, blended funding and pooled funding should be on the Government's reform agenda.

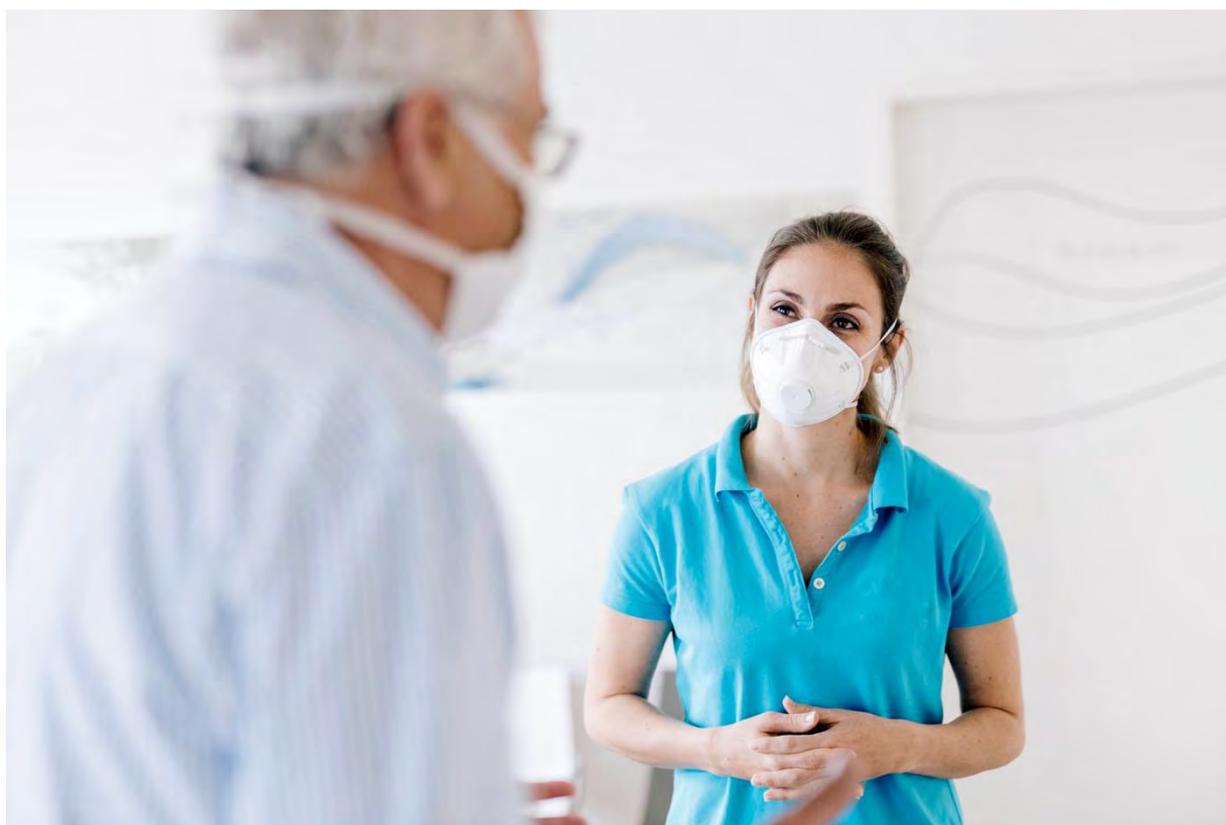
ACTION REQUIRED

The APA urges the Federal Government to support innovative models of care, including reform of primary care that allows patient access to physiotherapy as first contact practitioners.

We also urge the Government to support the MBS Review's Recommendations on allied health, which would deliver evidence-based savings and efficiencies into primary care.

The APA, and our allied health colleagues, have been lobbying for collaborative arrangements that ensure patient safety and enhance access to the most appropriate health care. Rather than embrace these evidence-based recommendations, the MBS Taskforce ignored the vast collection of national and international data that supports the expansion of allied health across a range of primary care practices, including comprehensive initial assessments, Team Care Arrangements, allied health interventions and group therapy.

The Taskforce's response to the MBS Review recommendations does not enhance primary care or promote cost efficient and effective health care. This is particularly disappointing given that the Recommendations in the MBS Review are widely supported and seen as an indication the Government is progressing genuine reforms across primary care.



Physiotherapy-led care

New models of care should enhance the integration and collaboration between GPs, PHNs and local allied health providers.

The UK 'First Contact Practitioner' is a model the Federal Government should trial.¹

First Contact Practitioner (FCP) is a recent UK innovation in health care delivery. Under FCP, physiotherapists work directly within General Practice to treat patients with musculoskeletal (MSK) problems. Patients seeking appointments for MSK problems/conditions can, under strict scope of practice criteria, bypass their GP and seek help directly with a specialist physiotherapist.

In the UK, trials of FCP in 41 areas produced a body of evidence that supports the case for funded trials of FCP in Australia. Tens of thousands of UK patients have avoided hospital admissions and costly surgery for health problems such as arthritis, back pain, and muscle, bone and joint conditions by seeing a physiotherapist as part of their primary care.²

FIRST CONTACT PHYSIOTHERAPY (FCP)



The British Medical Association supports having physiotherapy available as a ‘first contact’, and it is also used in Canada with similar rates of satisfaction. In Australia, there is growing recognition that patients benefit from a close working relationship between General Practitioners (GPs) and physiotherapists.³

As physiotherapists utilise evidence-based health care to diagnose, treat and also prevent a range of health conditions and musculoskeletal disorders, enhancing the relationship between GPs and physiotherapists will improve continuity of care for patients.

OUR SOLUTION

APA calls for:

1. Funded trials of the successful First Contact Physio (FCP) model in the UK to be driven through PHNs.
2. The development of a primary care workforce plan for allied health that addresses maldistribution of health workers.
3. Invest in workforce development to closer link workforce development with contemporary models of care. Allied health does not get Practice Incentive Payments (PIPs) or other incentives, especially in remote and regional areas. If incentives that apply to General Practice are deemed effective and necessary, then the Government should consider extending these to physiotherapy.
4. Commitment to work with all deliverers of health services on pilot funding in a pooled / blended model in primary care.
5. Promote multi-disciplinary care, including working to top of scope for physiotherapy and allied health and related service integration and trial opportunities for scope of practice that build skills and multidisciplinary care teams.
6. Bolster primary care research into integrated and team models of care.
7. Strengthen co-ordination of care and multi-disciplinary teaming models through innovative models of funding, such as flexible pooled funding that includes allied health within multi-disciplinary care coordination.
8. To overcome the inflexibility and siloed approach to reform, a ‘czar’ or Taskforce is established to coordinate the recommendations and actions of the various Inquiries, Commissions and Strategies to ensure a whole-of-government response.

REFERENCES:

1. The FCP.org.uk team. First Contact Practitioner. Cost Savings. (2019) Available at: <https://firstcontactpractitioner.org.uk/>
2. The FCP.org.uk team. First Contact Practitioner. Pilot Studies. (2019) Available at: <https://firstcontactpractitioner.org.uk/>
3. Hoadley J. Article. Physiotherapists. Hand in Hand. Patients can benefit from a close working relationship between GPs and physiotherapists. RACGP Good Practice. 2017 Apr. Available at: <https://www.racgp.org.au/publications/goodpractice/201704/physiotherapists/>

02: PREVENTIVE HEALTH

ACCELERATED ESTABLISHMENT OF NEW PREVENTIVE HEALTH MODELS

Invest (through PHNs) in multidisciplinary models that promote allied health\physiotherapists working with GPs in primary care settings.

INTRODUCTION

Health reform needs to focus on prevention, which requires fundamental changes in the way that health care is delivered in Australia. The focus needs to be on integrating prevention into the management and delivery of care, thereby addressing the current skewed incentives and funding model.

The Government's National Preventive Health Strategy will be vital to ensure that all areas in the health system work together towards this key aim. But we also need to see a focus now. A focus on integrating physiotherapists into primary health care is long overdue. A preventive health approach can only be delivered through a commitment to increase resources for publicly funded physiotherapy.

Chronic diseases are the leading cause of ill health and death in Australia. Almost half of all Australians have health conditions that can be prevented with a healthier and more active lifestyle. Almost one in four has more than one chronic disease with most common diseases for comorbidity being cardiovascular disease, arthritis, back pain and mental health conditions.

Source: Australia's Long Term National Health Plan (August 2019)

The APA supports increased Government investment in evidence-based health prevention. Despite a national commitment toward a national preventive health model, there remain very few incentives oriented toward increasing access to high-quality preventive interventions.

Preventive health is largely addressed through the limited lens of Health Departments and seen as 'bio-medical' problems.¹⁻³ Physiotherapy and allied health is not sufficiently recognised in health prevention, and health reform funding and programs should always include allied health professionals.

Inequity remains a key issue for those most in need without access to prevention, early detection and quality care. This is where we need to start – through the accelerated establishment of new preventive health models across priority populations.

There are also opportunities to strengthen the connection of physio and allied health to the Primary Health Network particularly in preventive strategies and to support integration. Integration requires a focus on improving coordination between GPs and allied health professionals and towards our core objective to mobilise the physiotherapy workforce in addressing unmet patient need.

Physiotherapy-led care

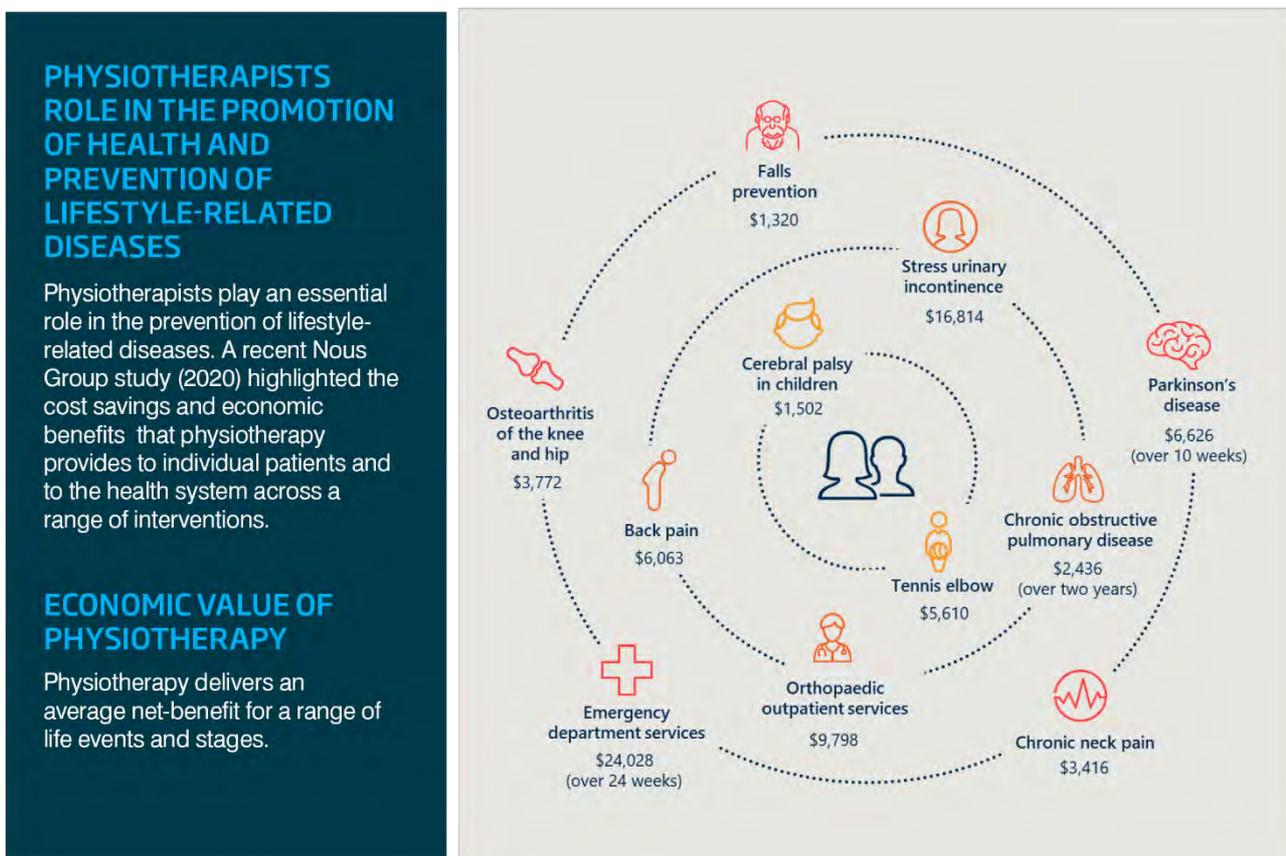
Obesity and other 'lifestyle' illnesses place a large burden on health services and the economy. There is a need for stronger investment in public funded physiotherapy to increase the coverage of preventive health service in Australia.

Physiotherapy is cost effective, delivering an average net-benefit for a range of life events and stages.

The APA's Economic Value of Physiotherapy Report (Nous, 2020) helps to quantify and present the economic value that physiotherapy provides in Australia. Net-benefits were calculated accounting for quality of life improvements, the cost of service delivery, patient-time opportunity costs, and the avoided costs of alternative or usual treatment.

The value of physiotherapy treatment has two main aspects:

- quality of life improvements such as reduced pain, increased mobility, reduced burden of disease and longer life expectancy, and
- avoided costs of healthcare (which may accrue to funders of the healthcare system in the form of savings or to other individuals in the form of shorter waiting periods).⁴



Source: Nous Group | Value of Physiotherapy in Australia. |1 October 2020

ACTION REQUIRED

Prevention needs to be viewed as a long-term investment, not a short-term deficit.

There is a need to increase the focus on prevention – primary, secondary and tertiary prevention – based on the best available evidence. This should include both clinical services and behavioural/lifestyle interventions as well as quality of life supports including in pain reduction.

Addressing obesity, sedentary behaviour, poor diet and lack of physical activity and exercise is a priority if Australia is to properly manage our obesity crisis.

Increased funding for physical and mental in the early years is essential. Paediatric physiotherapists, for example, work in early detection, assessment and treatment of movement difficulties, enhancing movement skills, respiratory, developmental, musculoskeletal, neurological or other conditions. Physiotherapists working with General Practitioners and Paediatricians should be recognised as Preventive Health.

Urban planning and design, active transport, workplace exercise (and assistance) and barriers to exercise need to be incorporated in funded solutions to obesity and health prevention.

OUR SOLUTION

The Federal Government must further their investment in preventive health measures that focus on social determinants of health. Socio-economic inequalities are linked to poor health outcomes, and this is particularly so in access to allied health services, such as physiotherapy.

The APA supports, in principle, blended, pooled and block models of funding. Fee-for-service has limitations that are most evident in preventive health, mental health, around exercise, and participation, and in general well-being. Pooled and blended payment options have been shown to produce better outcomes for patients, and to be cost efficient.^{5, 6.}

APA calls for:

1. Investment, through the PHNs, in multidisciplinary models that promote allied health and physiotherapy. This improves access, reduces out-of-pocket costs and most importantly, reduces costly and inefficient treatments.

REFERENCES:

1. Shannon MT. Health Promotion and Illness Prevention: A Biopsychosocial Perspective. *Health & Social Work*. 1989 Feb;14(1):32–40. Available at: <https://doi.org/10.1093/hsw/14.1.32>
2. Russell L. *Sociology for Health Professionals*. SAGE Publications. 2014. Available at: <http://www.uk.sagepub.com/books/Book238955>
3. Jamner MS, and Stokols D, editors. *Promoting Human Wellness: New Frontiers for Research, Practice, and Policy*. University of California Press. 2000. Available at: <http://ark.cdlib.org/ark:/13030/kt4r29q2tg/>
4. Nous. *Value of Physiotherapy in Australia*. Nous Group. 1 October 2020.
5. PWC. *Where next for healthcare? How the healthcare industry can help reboot Australia*. PWC. June 2020. Available at: <https://www.pwc.com.au/health/where-next-for-healthcare-report.pdf>
6. Biggs A. *Sustainable funding of health care: challenges ahead*. Parliamentary Library. Research Publications. Nd. Available at: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook44p/FundingHealthCare

03: AGED CARE

RE-ORIENT SERVICES TOWARDS AN AGED CARE MODEL FOCUSED ON REABLEMENT, PREVENTIVE AND RESTORATIVE CARE

Fund Medicare-subsidised access to physiotherapy towards a preventive, reablement, and restorative care approach.

Implement the Royal Commission into Aged Care Quality and Safety findings (Final Report).

Fund a physiotherapy-led falls prevention program in RACFs to improve quality of life, physical function and falls efficacy.

INTRODUCTION

Physiotherapy is an essential component of high-value, quality and safe care across all aged care settings. However, there are significant funding barriers that limit access to physiotherapy for older Australians.

The current funding model severely limits the type of treatment physiotherapy can provide and does not include evidence-based treatments such as balance, and strength and mobility programs to keep older people active and moving.



Physiotherapy-led care

Physiotherapists play a substantial role working with and supporting the older person in maximising their health, wellbeing and quality of life as they age. A broad range of physiotherapist-led interventions is effective and cost-effective in improving physical ability and function for patients within the RACF setting.

Physiotherapy is effective and provides economic value in areas including:

- Maintaining and improving mobility
- Pain management
- Falls prevention and reduction
- Independence in activities of daily living
- Continence management
- Behavioural and psychological symptoms of dementia
- Improved functioning
- Optimising comfort.

THE BENEFITS

KEY BENEFITS

In Australia, physiotherapy and its emergent role in aged care is driving new models of care that provide both benefit and cost effectiveness.

FALLS PREVENTION & REDUCTION

55% REDUCTION

EVIDENCE BASE:
Tailored physio-led exercise programs can reduce falls.

REABLEMENT

 MODEL OF CARE

EVIDENCE BASE:
Promotes and enhances mobility, independence in activities of daily living, prevention of frailty and falls, and broader social participation gains.

CONTINENCE MANAGEMENT

 PREVENT & MANAGE

EVIDENCE BASE:
The single most predictive factor for incontinence and urge incontinence in frail older adults is impaired mobility.

INTENSIVE REHABILITATION

 HIP-FRACTURE REHAB

EVIDENCE BASE:
Access to multi-disciplinary geriatric assessment and rehabilitation improves functional status and reduces length of hospital stay.

A falls prevention focus

Key Benefit | Tailored physiotherapy-led exercise programs can reduce the number of falls experienced by older people in residential aged care by 55 per cent.

The impact of COVID-19 has been to demonstrate the importance of mobility on the quality of life and independence of older people and the role of physiotherapy in enabling consumer-centred care. While well meaning, infection control measures have had the perverse effect of accelerating physical, mental and emotional decline due to restrictions on physical activity.

Lack of mobility leads to reduced balance and increased falls, which are the leading cause of preventable deaths in residential aged care facilities and occur three times more often than in the community setting. Falls are often traumatic, including reduced independence or injury (including hospitalisation) and death.

The care available to older people in residential aged care is restricted under provision 12.4a and 12.4b of the Aged Care Funding Instrument (ACFI). Other high quality, consumer-centred and evidence-based treatment options – including tailored, individualised exercise programs – are available within physiotherapy's broad scope of practice but unable to be delivered under the provisions.

ACTION REQUIRED

Long-term funding reform that enables physiotherapists and allied health practitioners to deliver preventative, reablement and restorative care and help older people to live their best lives.

We believe that an aged care model focused on reablement, preventive and restorative care reflects best practice care.

There is great opportunity to improve the quality of care provided to older people by embedding restorative and reablement care as a key support service. The individual's social, economic, environmental and physical attributes must be considered - a key pillar of physiotherapy care.

Reablement care focuses on strategies that maintain or improve functional ability and independence, through maximising an individual's intrinsic capacity and the use of environmental modifiers.¹ Currently lacking in the Australian policy context is a true reablement focus and supporting best practice and quality outcomes for older Australians.

OUR SOLUTION

The physiotherapy profession is a fundamental provider of high quality, safe services for ageing Australians and it is important they are able to access it when and how they need it.



APA calls for:

1. Immediately amend ACFI provisions 12.4a and 12.4b to temporarily enable high-value exercise provision to older people in residential aged care by Australian Health Practitioner Regulation Agency-registered practitioners. With no change to frequency of treatment or funding proposed, this is cost neutral measure to address the health impacts of COVID-19 restrictions on RACF residents.
2. Introduce a two-tiered funding model that funds the ongoing, independently assessed care needs of older people, supplemented with a substantial additional layer of allied health funding for restorative and reablement care (such as strengthening and mobility programs).
3. Fund a physiotherapy-led falls prevention program in RACFs to improve quality of life, physical function and falls efficacy.

REFERENCES:

1. Poulos CJ, Bayer A, Beaupre L, Clare L, Poulos RG, Wang RH, Zuidema S, McGilton KS. A comprehensive approach to reablement in dementia. *Alzheimer's & Dementia: Translational Research & Clinical Interventions*, 2017; 3(3):450-458

04: MENTAL HEALTH

FORMALISE THE ROLE OF PHYSIOTHERAPY IN MENTAL HEALTH CARE

Expand access to mental health care through a multidisciplinary approach that brings physiotherapy to the team.

Expand funding through Medicare access to private physiotherapy – recognising the benefit of physiotherapy-led interventions in chronic pain and physical ill-health.

INTRODUCTION

Australia's mental health care system is failing to provide the holistic care consumers need.¹

All Australians with mental health issues should have access to appropriate and professional mental health care based on their individual circumstances and needs. This includes access to allied health services that support people across the whole continuum of care.

Mental illness and chronic pain places significant burdens on individuals and the Australian health care system. Untreated, or inappropriately treated, pain can be a factor in mental ill-health. Any person with reduced or poor physical mobility, loss of function or experiencing chronic pain is less able to participate in aspects of life, including work, social activities, exercise and travel.

Physiotherapy-led mental health care

Physiotherapists confront mental illness every day, and our members report what is widely known across the health system – which is that patients/clients confide in their health practitioner and seek help for physical and mental health problems.

Physiotherapists are qualified and trained to work with people who have mental illness across all health settings, including hospitals, aged care facilities, disability services, and private practice. They are trained in multi-disciplinary and inter-disciplinary care, but Australia's mental health system limits this care by not properly investing in, and promoting, team based care.

The APA supports best practice in managing physical pain that contributes to mental distress. Best practice involves multidisciplinary, coordinated, quality care. Physiotherapy is part of the suite of health care services that can improve mental health, and relieve the mental distress caused by chronic pain through improvements in managing and treating physical health.

“The mental health care system is failing Australians. As physiotherapists, we see components of mental health in every patient's story. Currently, when patient's reach out - every door is the wrong door for them.

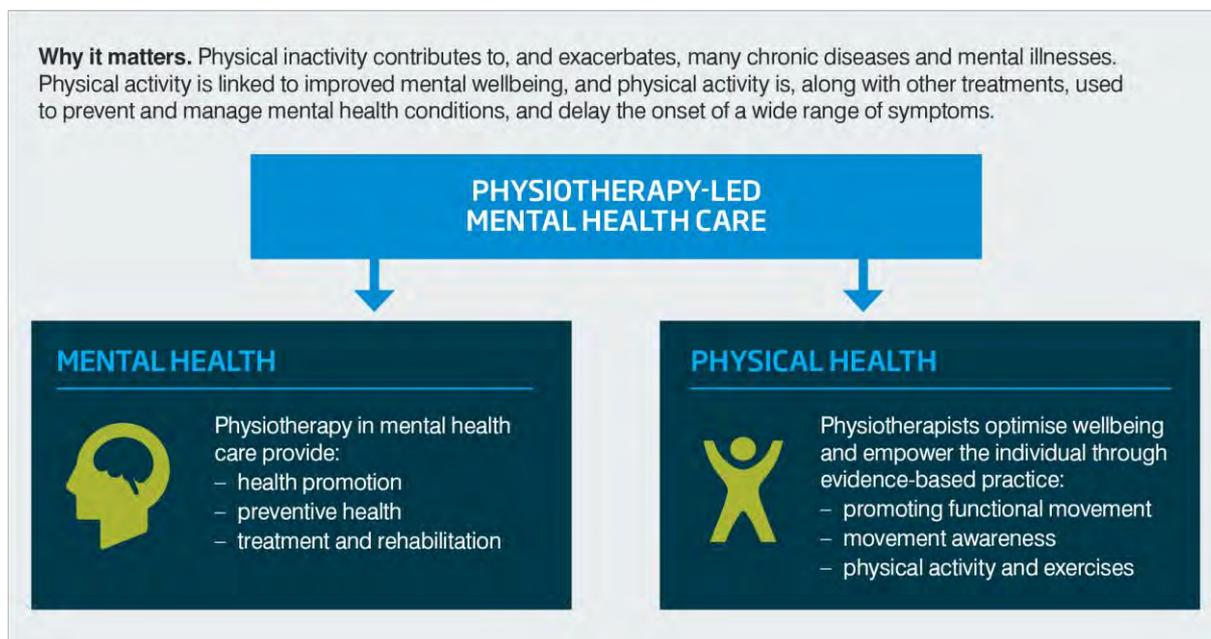
To unlock the keys to recovery, we need to work towards an every door is the right door healthcare system.”

Scott Willis, APA National President

The benefits

BRINGING TOGETHER PHYSICAL AND MENTAL HEALTH

Why it matters. Physical inactivity contributes to, and exacerbates, many chronic diseases and mental illnesses. Physical activity is linked to improved mental wellbeing, and physical activity is, along with other treatments, used to prevent and manage mental health conditions, and delay the onset of a wide range of symptoms.



ACTION REQUIRED

Transformational change is required if we are to strengthen the care provided to Australians with mental health issues.

1. Individuals with mental health problems need access to a wide range of interventions that encompasses **whole-person care**— physical, social and mental wellbeing.

We need to shift our thinking towards a wellness approach to help individuals get the best out of life. This is a fundamental shift towards collaborative care that empowers – it is care that is personalised, coordinated and enabling.

2. There is a need to extend treatment options to establish accessible **community-based alternatives** to hospital treatment.

In mental healthcare, there is clear evidence that current treatment models do not adequately support the complex challenges with alternative out of hospital treatment models more conducive to supporting this priority cohort.

3. Expand the multidisciplinary **mental health team** offering diverse skills and expertise.

A properly funded and managed health system would see coordinated multi-disciplinary and multi-sector teams that includes general practitioners, psychiatrists, paediatricians and mental health nurses working alongside allied health practitioners (physiotherapists, psychologist, social workers, counsellors, peer workers and drug, alcohol and gambling counsellors).

4. **Funders** must also be enabled to make key shifts in mental health care service provision.
Stronger support for collaborative care models commissioned by Primary Health Networks (PHNs). These types of multi-disciplinary models are accepted internationally as delivering higher quality health care and better outcome measures. PHNs need to be more engaged and work collaboratively with the allied health sector on innovative models that address mental health treatment from both mental and physical perspectives.
5. Formalise the **role of physiotherapy** in addressing the physical well-being of people with mental health conditions from across the lifespan.
The physiotherapy workforce is well positioned to deliver this care. In enabling service shifts, we can help build a resilient, educated community. A highly pain-literate community will produce more effective health outcomes and reduce the demand on already stretched services.

OUR SOLUTION

We know that by enhancing physical health, we also promote mental well-being. It's time to unlock these benefits by formalising physiotherapy as part of the multidisciplinary team through Medicare access to private physiotherapy.

APA calls for:

1. Physiotherapists are recognised and included as valued participants of multidisciplinary mental health care.
2. Physiotherapists are employed in mental health services, recognising that holistic health care involves physical and mental health diagnosis, treatment and management.
3. Investment in education across the mental health sector to raise understanding of the important role of physiotherapy in recognising, assessing and treating many physical illnesses and painful conditions.
4. Public awareness campaigns on the positive impact improving physical health can have on mental health problems.
5. National leadership to ensure chronic pain and physical ill-health is recognised as a condition and should be included in Medicare subsidised treatments.
6. Independent evaluation of programs and funding in mental health and pain management to better direct funding and resources to meet individual needs.
7. PHNs be resourced to have the organisational capacity to support greater collaboration between primary health care providers in managing mental illness and pain.

REFERENCES:

1. Australians for Mental Health Fixing a Broken System. Available at: <http://www.australiansformentalhealth.org.au/>

05: WOMEN'S HEALTH – BIRTH TRAUMA

REMOVE COST BARRIERS TO APPROPRIATE DIAGNOSTIC TOOLS AND ANTE-AND PRE-NATAL CARE

Fund Medicare-subsidised access to physiotherapy assessment and management via GP referral for all Australian women during pregnancy and up to one year postpartum.

That is, one session antenatal, five sessions postnatal and a further five physio sessions where needed.

INTRODUCTION

The economic cost of birth-related injuries to an individual and the Australian economy is significant.

Birth trauma injuries affect women's ability to return to work and exercise, their sexual function and intimate relationships, activities and lifestyle choices.

One third of Australian women are living with incontinence. In 2010, the reported total health system expenditure on incontinence was \$271 million and projected it to increase to \$450 million in 2020. Productivity loss due to incontinence was estimated at \$34.1 billion due to lower than average rates of employment for those with incontinence.

The rates of difficult deliveries and births using instruments are increasing in Australia - leaving a significant proportion of Australian women with painful and, in many cases, lifelong conditions if left untreated.

Perineal tears, pelvic floor damage, incontinence and prolapse can be managed and treated, but there is currently no public funding for treatment of physical post-natal trauma.

IN AUSTRALIA, THERE ARE 347,000 BIRTHS PER YEAR:

35%

of these are
caesareans

65%

are vaginal
deliveries

OF THE 225,550 VAGINAL DELIVERIES:

73%

of vaginal births will
experience some
degree of tearing
(164,651 women per year)

3%-6%

anal sphincter
injury rate

10%-20%

rates of muscle
detachment in
pelvic wall

30%- 65%

rate of muscle
detachment in
pelvic wall if
forceps are used

Physiotherapy-led care

Key findings of new research by the Nous Group (2020) show that physiotherapy treatment of stress urinary incontinence can save the health system \$16,000 per person in ongoing medical costs.

We know that women are more likely to elect a caesarean for a second birth if there have been impacts to the pelvic floor from the first birth and they have not recovered well.

The cost of a caesarean to the Australian Government is significant: theatre costs, increased length of stay, requirement of PBS funded analgesia, increased hospital staffing costs in the way of midwives, obstetricians to perform the surgery and anaesthetics. We also know that the baby is more likely to go to the neonatal intensive care unit after a caesarean with associated specialist staffing costs.

Childbirth is the main aetiological factor for prolapse. Post childbirth, 10 to 20 per cent of women will need surgery due to prolapse with a further 30 per cent requiring a repeat surgery.

ACTION REQUIRED

We know that a preventative and educative approach is important during pregnancy. Supervised pelvic floor exercise in pregnancy that is taught correctly in a one-on-one setting reduces rates of post-natal urinary incontinence.

Antenatal access to physiotherapy provides an “unbiased” source of information to enable women to make informed decisions regarding their mode of delivery and also manage continence, prolapse and pain symptoms.

Postnatal care should include assessment and management of conditions including urinary incontinence, faecal/flatal incontinence, prolapse, levator avulsion, perineal pain/dyspareunia, other pelvic floor dysfunctions, and musculoskeletal pain.

OUR SOLUTION

APA calls for:

1. Medicare-subsidised access to physiotherapy assessment and management via GP referral for all Australian women during pregnancy and up to one year postpartum. That is, one session antenatal, five sessions postnatal and a further five physio sessions where needed.
2. Provide In-hospital access to imaging services that diagnose physical birth trauma. Early diagnosis will help reduce future surgery for conditions such as prolapse and incontinence.
3. Provide access to referrals to tertiary urogynaecological and/or colorectal services.
4. Increase funding for treatment of childbirth injuries to reduce out-of-pocket costs to families.

06: RURAL HEALTH

NEW PHYSIOTHERAPY-LED MODELS OF PRIMARY CARE TO ADDRESS RURAL WORKFORCE SHORTAGES

Invest in integrated care models and incentivised team based care arrangements.

Refine the PHN commissioning approach to address allied health service delivery challenges in rural areas.

Increase rebated physiotherapy and allied health services to ensure comprehensive primary care for rural Australians.

INTRODUCTION

Providing equitable access to care continues to be a fundamental challenge for rural physiotherapists working within private and public service settings. A lack of adequate investments to strengthen health systems and policy inaction has led to increased rural disadvantage.

Past rural health reform efforts have focused on solutions within medical models and sole discipline focus to 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.

A focus on primary care access is critical to address rural service access challenges. This is reliant on integrated care to support an effective combination of allied health service and workforce models.

ACTION REQUIRED

There is a need to focus on optimising the allied health workforce in rural areas to address unmet need.

Responsive policy action is needed through new and proven funding models to increase rebated allied health services including targeted skills initiatives to leverage the full capabilities of the allied health workforce. Impactful system level changes are required to lift the barriers currently limiting rural physiotherapy service delivery. To facilitate greater access to rural healthcare, there is a need for targeted investment and realignment of funding priorities to enable multidisciplinary care to occur encompassing allied health services.

The Primary Health Networks (PHNs) remain a viable potential funding channel for rural physiotherapy and allied health services. However, these entities currently lack a mandate or incentive to drive innovations in allied health. This requires a more rurally viable commissioning model to build capacity within rural and remote allied health teams to ensure sustainable access to care.

Health economics to incentivise rural allied health practice and holistic primary care delivery that is accessible to all Australians, needs significant policy attention. New measures to ensure practice viability that factors in geographic, demographic and workforce variables are needed. We recommend:

- a) financial incentives target services that deliver evidence-based interventions which are needed to meet a broad range of patient needs such as Physiotherapy, and
- b) a governance and accountability framework for such financial incentives that enables allied health business management equivalent to that set for medical practice.

OUR SOLUTION

APA calls for:

Primary Care Reform

- 1 Invest in integrated care models and incentivised team-based care arrangements that optimise the physiotherapy and allied health workforce to address need in rural Australia.
- 2 Enable the PHNs to advance physio-led models of care to address service delivery challenges in rural areas. We are calling for flexibility in service design and funding to enable rural allied health service provision including:
 - 2.1 Refining the commissioning approach to ensure that funding opportunities are equitable.
 - 2.2 Funding for rural physiotherapy-led models of care to ensure sustainable access to these services.
 - 2.3 Funding of service expansion including after-hours primary care, emergency care, chronic and complex care coordination delivered via partnerships and integrated community care projects.
 - 2.4 Funding to support rural allied health service provision across aged care settings and in palliative care.
- 3 Increase rebated physiotherapy and allied health services to ensure comprehensive primary care for rural Australians.

07: ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

REDUCE BARRIERS TO ACCESSING PHYSIOTHERAPY SERVICES

Trial the impact of embedding appropriately trained physiotherapists into Aboriginal Community Controlled Health Services (ACCHS).

Supporting programs and training initiatives to develop a culturally safe physiotherapy profession.

Research into physiotherapy service underutilisation for Aboriginal and Torres Strait Islander people.

INTRODUCTION

Aboriginal and Torres Strait Islander peoples continue to suffer a greater burden of chronic disease than non-Indigenous Australians. A number of socioeconomic factors contribute to these health disparities including access to culturally safe and appropriate health care.

Access to coordinated and timely healthcare care has been shown to improve health outcomes for people with complex health needs. As such, lifting barriers to access and providing culturally safe health care services, including preventive programs, for Aboriginal and Torres Strait Islander people must be prioritised in health reform¹.

Physiotherapists are a key component of multidisciplinary health teams and as such need to play an integral role in improving access to effective, high quality and appropriate. However, there remains significant barriers to providing effective, physiotherapy services for Aboriginal and Torres Strait Islander people.

A greater understanding of these barriers is needed, however access to culturally safe care has been identified as a barrier accessing primary health care services.

Aboriginal Community Controlled Health Services (ACCHS) have been found to safe and accessible for Aboriginal and Torres Strait Islander people and as such improve uptake and engagement with health services¹. Access to physiotherapy could therefore be improved by embedding physiotherapy services in ACCHS.

It is also important to acknowledge Aboriginal and Torres Strait Islander people access health care in settings other than ACCHS. We therefore believe all physiotherapists need to be able to provide culturally safe care regardless of the setting in which they work.

Physiotherapy-led care

Physiotherapy plays an essential role in improving health outcomes for Aboriginal and Torres Strait Islander people, including in managing chronic diseases such as cardiorespiratory disease, disability and chronic pain. Despite this, utilisation of physiotherapy services by Aboriginal and Torres Strait Islander peoples remains low. We are concerned that in addition to the well-recognised financial barriers, there is a lack of understanding of the role of allied health in addition to difficulty in identifying culturally safe practitioners. Therefore, people are not utilising physiotherapy as a way to reduce their burden of disease, potentially suffering ongoing ill health and increasing the risk of poorer health outcomes.

ACTION REQUIRED

Strengthening the cultural competency of the allied health professions and building the Aboriginal and Torres Strait Islander allied health workforce are key shifts required in making health services more appropriate for Aboriginal and Torres Strait Islander peoples. In the meantime, we need to understand if we can impact outcomes by placing the person at the centre of how they choose to receive their care, and ensure that all ACCHS have access to at least one culturally safe physiotherapist.

It is clear there is a correlation between cost impacts and the utilisation of allied health services for those most in need, however there are multiple determinants, beyond cost, driving the inequity and gap. We believe that high out-of-pocket fees associated with MBS allied health items, combined with low access to culturally safe service, underpins low utilisation. However, this area warrants further research to ensure future changes achieve the desired impact.

OUR SOLUTION

For physiotherapists, there remains significant financial and structural impediments to providing care. A broader population health policy framework is required that recognises the role of primary care, prioritising allied health in addressing health disparities. The recommendations outlined here move us closer to addressing key access constraints enabling physiotherapists to provide the best possible care for Aboriginal and Torres Strait Islander peoples.

APA calls for:

Funding to trial the impact of embedding appropriately trained, culturally safe physiotherapists into Aboriginal Community Controlled Health services.

Funding of projects and initiatives to train physiotherapists in culturally safe care.

Provide funding for research into an evaluation of the barriers and enablers to appropriate utilisation of physiotherapy by Aboriginal and Torres Strait Islander peoples.

REFERENCES:

1. SCRGSP (Steering Committee for the Review of Government Service Provision) 2020, *Overcoming Indigenous Disadvantage: Key Indicators 2020*, Productivity Commission, Canberra.
2. Post Consultation Report from the Aboriginal and Torres Strait Islander Reference Group. Medicare Benefits Schedule Review Taskforce. 2019.

08: WORKFORCE

EXPANSION OF NATIONALLY CONSISTENT ALLIED HEALTH DATA COLLECTION

Establish a national minimum allied health data set to build a clearer picture of allied health services.

INTRODUCTION

Data collection and sharing is vital to building a clearer picture of allied health services.

The global pandemic has exposed a weakness in the government's toolkit to support responsive and coordinated surge and emergency workforce mobilisation.

In the absence of a national minimum data set for allied health that includes workforce data, it is difficult to quickly access meaningful data upon which to base decision-making; have oversight of the allied health workforce and measure and improve quality ensuring a consistent approach to care.

ACTION REQUIRED

Understanding context relies on needs assessment and workforce data to truly understand demand and supply issues. There is a need to establish a national minimum allied health data set to underpin strategies to build a stronger physiotherapy workforce and inform service requirements.

Data collection and analysis to identify the supply and demand factors impacting the physiotherapy workforce will support better understanding of the critical risks and opportunities facing the workforce. It will build cumulative insight and consensus on these risks and opportunities to inform future action planning.

This will help to deliver health services where most needed, encourage the development of digital health solutions and is essential to underpin effective allocation of resources. More broadly, the data would identify a national minimum service access standard to enable Australians access to allied health professionals regardless of where they live.

OUR SOLUTION

APA calls for:

1. The development of an Allied Health Workforce Dataset that enables informed decision making and identifies opportunities for better workforce utilisation.

09: COVID-19 RECOVERY

FUND POST-ACUTE COVID-19 REHABILITATION SERVICES

Prioritise a Medicare-subsidised physiotherapy rehabilitation pathway for intensive care patients after hospital.

INTRODUCTION

Physiotherapists have played a critical role throughout the pandemic from the frontline in intensive care in cardiopulmonary physiotherapy through to recovery and rehabilitation. Their role in the community has been key to supporting older Australians at risk of life-threatening falls after long COVID confinement.

Although Australia is currently recording low numbers of COVID-19 infections, decreasing the burden on our hospitals, the impacts of the initial waves may still be present. Research has shown those diagnosed with COVID-19 can suffer ongoing shortness of breath, physical fatigue and pain.¹

Post-acute rehabilitation is key to reduce the impact of COVID-19 on the health and function of people with early research suggesting that these patients will be in need of rehabilitation in all phases of the disease - acute, post-acute and long-term.²

Physiotherapy-led care

Physiotherapists are well positioned to treat those diagnosed with COVID-19 through their long journey to recovery.

During hospital admission physiotherapy is vital to maintaining and improving lung function, both in intensive care and recovery wards. This therapy reduces the amount support needed to assist in breathing from ventilators and oxygen.

Severe respiratory illnesses can cause patients to lose up to 20% of their muscle mass while in hospital, which means patients are severely deconditioned when they start rehabilitation. Physiotherapists are experts at assessing functional ability, providing appropriate rehabilitation exercises and progressing patients as their strength slowly returns and have been an integral part of the recovery for many COVID-19 sufferers.

Patients discharged from hospital are rarely functional at pre-illness levels and therefore community rehabilitation is essential in COVID-19 recovery. Long hospital stays often result in decreased physical function, ongoing pain and joint stiffness, conditions physiotherapists are qualified to manage.

ACTION REQUIRED

COVID-19 patients typically spend more time in ICU wards than those with other types of respiratory illnesses and often have worse outcomes. Those with ongoing symptoms experience persistent fatigue, breathlessness and ongoing pain.

There is a need to formalise a rehabilitation pathway after COVID particularly for intensive care patients after hospital. It isn't yet known what ongoing damage this causes to patients as they rehabilitate however early research suggests ongoing breathlessness and fatigue.¹ Physiotherapists have a key role to ensure COVID-19 sufferers return to their pre COVID-19 lives as quickly as possible.

OUR SOLUTION

Access to physiotherapy services for COVID-19 survivors who require significant rehabilitation support following release from hospital.

APA calls for:

1. Fund Medicare-subsidised access to physiotherapy rehabilitation to manage ongoing symptoms.

REFERENCES:

1. Weerahandi H, Hochman KA, Simon E. *et al.* Post-Discharge Health Status and Symptoms in Patients with Severe COVID-19. J GEN INTERN MED. 2021. <https://doi.org/10.1007/s11606-020-06338-4>
2. Physiopedia contributors. COVID-19: Post-Acute Rehabilitation. Physiopedia. 2020 Oct 22;18:23 UTC. Available at: https://www.physio-pedia.com/index.php?title=COVID-19:_Post-Acute_Rehabilitation&oldid=256772

10: DIGITAL HEALTH

ADDRESS THE BARRIERS TO REFORM TO UNLOCK OUR DIGITAL HEALTH POTENTIAL

Support and incentivise physiotherapy-led digital projects to test value creating solutions to strengthen our digital health capabilities.

Fund a Practice Incentives Program – eHealth Incentive for physiotherapy and allied health similar to the ePIP for general practice.

INTRODUCTION

Digital health has the potential to transform our health system by offering new connected clinical pathways that can lead to more responsive and sustainable health care.

Emergent technologies will provide new opportunities from prevention to care delivery. It will help overcome fragmentation towards a more integrated care delivery system. It will provide the connectivity to inform patient care making the system work better for consumers. These new ways of working will deliver high-quality, safe and efficient care. However, we are a long way from reaching our digital health potential in physiotherapy and allied health.

Connected care relies on interoperability of clinical data and more investment is required to build the required infrastructure in allied health. Blocking the path is the multitude of IT healthcare systems each with different clinical terminologies, technical specifications, and functional capabilities. And, in making this data useful, standardised terminology presents another key barrier. These barriers are not unique to allied health as these same barriers exist across the medical disciplines. The key difference is that allied health has not had the same policy focus in order to build our digital health capabilities.

ACTION REQUIRED

We see significant potential for digital innovation in physiotherapy with the right policy frameworks.

Largely overlooked in digital reform, there remains significant challenges ahead to enable our digital connectivity. The policy focus remains firmly fixed on the acute sector and general practice in ensuring their digital readiness. We need to now shift the focus to the vastly untapped potential of physiotherapy and allied health to advance digital health reform nationally.

COVID has accelerated the transition to telehealth across the entire health system but this remains a small component of our post-pandemic future. There is now unprecedented opportunity to transform the health care system and build a more digitally enabled allied health sector.

My Health Record implementation has been challenging to implement within the allied health sector. The absence of an e-Health incentive has placed more pressure on private physiotherapy and allied health practices. There is a need to provide incentivised supports to build the required infrastructure and address the interoperability challenges through pilot programs to test solutions.

OUR SOLUTION

Allied health is key to enabling the new digital workflow but this will be reliant on a national policy focus to maximise the benefits achievable from digital health.

APA calls for:

1. Support and incentivise physiotherapy-led digital projects to test value creating solutions to strengthen our digital health capabilities.
2. Fund a Practice Incentives Program – eHealth Incentive for physiotherapy and allied health similar to the ePIP for general practice.



ABOUT THE APA

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. The APA represents more than 29,000 members who conduct more than 23 million consultations each year.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

CONTACT US

APA welcomes further discussion about this submission.

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