Australian Physiotherapy Association
Submission

Submission to the Royal Commission Into Aged Care Quality and Safety

Submission by the

Australian Physiotherapy Association

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AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety on behalf of the physiotherapy profession.

Physiotherapy improves pain management, continence, strength, balance and mobility in ageing Australians through individualised care and preventative programs.

Allied health professionals deliver just 1% of individual care time in Residential Aged Care Facilities (RACFs) - equating to eight inadequate minutes per day, according to Resource Utilisation and Classification Study.

Yet, 50% of RACF residents need the support of another person to be mobile and a further 35% cannot mobilise at all.

Further, while physiotherapy offers value and can reduce the cost of care over time, the systems and structures of the current system make value difficult to achieve.

The Royal Commission provides the opportunity to re-orient aged care services towards a high quality and safe model that allocates resources to evidence-based early interventions, especially those that would reduce acute care episodes and improve the quality and safety of care provided.

Physiotherapy can play a substantial role in keeping people well and maximising their wellbeing, independence and quality of life. This includes ensuring safe and quality care delivery as part of a multidisciplinary team.

We are concerned that aged community members, and their families, may not fully appreciate the safe and quality care that a physiotherapist can achieve in aged care, or the important role physiotherapists play in the early detection of elderly mistreatment.

We strongly believe the following approaches must be adopted:

- Comprehensive assessment by a multidisciplinary team as early intervention prolongs optimal health and wellbeing in ageing Australians
- Dedicated funding for prevention and reablement to maximise mobility, functioning, independence and quality of life
- Equitable access to high quality care for ageing Australians regardless of disability

Co-design of services to suit individual and community needs, particularly among those from diverse backgrounds. Care delivery and planning that supports the early detection of changes in behaviour, and physical and cognitive decline, is vital.

Investing further in early detection of change will save money on complex care in the future. Physiotherapists have the skill and knowledge to thoroughly assess a person, and where required, to change a person's care plan.

We welcome the opportunity to attend a Royal Commission Hearing on behalf of the physiotherapy profession.

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Summary of Recommendations

Recommendation 1

We recommend the Royal Commission re-orient aged care services to evidence-based early interventions, including physiotherapy, to improve the quality and safety of care provided.

Recommendation 2

That aged care funding includes an itemised incentive payment for preventive, restorative and reablement care, provided by highly qualified and skilled practitioners, including physiotherapists.

Recommendation 3

That aged care funding includes a one-on-one, physiotherapy-led 12-week restorative payment for all residents upon admission.

Recommendation 4

The aged care system cannot be a 'set and forget' model. The model of funding and workforce strategies and other industry components must evolve to reflect best practice care. Consultation with the sector is imperative to ensure sector sustainability.

Recommendation 5

Improve the transition for older people between health and aged care services by incentivising restorative and rehabilitate care in acute services.

Recommendation 6

The Commission review funding available to physiotherapists to provide appropriate support services, including falls prevention interventions, to people living with dementia and disability. This includes restorative and reablement care that encourages participation in the individual's environment.

Recommendation 7

That the Commission develop and strengthen a relationship with the NDIA to ensure a seamless transition for consumers between disability and aged care services. This relationship also needs to review young people living in RACFs to ensure people with disability are living in the environment of their choosing.

Recommendation 8

Provide the aged care workforce with adequate basic training on working with people with disability and dementia to ensure a consistent and coordinated approach to person centred care.

Recommendation 9

The Commission apply a human-rights based approach to the design, delivery and monitoring of services for older people to ensure all Australians, regardless of location, demographics or socio-economic status are able to access high quality and safe care as they age, in the environment of their choosing

Recommendation 10

The Commission expand the Medicare CDM item to increase access to allied health services, including physiotherapy, in the home, whilst financially supporting providers to drive market competition and availability of affordable physiotherapy in the home.

Recommendation 11

The Commission support the expansion of and funding of telehealth physiotherapy services for rural, remote and older people with limited mobility. Incentivise and expand the rural workforce with additional career support and rural health incentives.

Recommendation 12

We strongly recommend that the Commission work with governments and other agencies to prevent a duplication of regulation and accreditation in the primary health and social services arena.

Recommendation 13

We recommend that the Commission consider mechanisms that would ensure responses to mistreatment of residents in RACFs by regulatory agencies are consistent, timely and reliable.

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Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Royal Commission into Aged Care Quality and Safety on behalf of the physiotherapy profession.

In Australia, the scope of practice of the physiotherapy profession is diverse and innovative.

We recognise that a major challenge facing modern health systems internationally is how to ensure that quality services are available to all citizens, including the elderly who are living in the community and residential aged care facilities. We also recognise that with an ageing population in Australia, demand for services will increase. People need the most appropriate, high quality and safe care as they age.

Consumer needs will only met in an aged care environment that rewards safe, high quality, preventive, reablement, and restorative care, including physiotherapy.

We appreciate the active discussion occurring about the quality of care provided in RACFs and aged community services. However, we feel there is opportunity for further outcomes-based approaches in reviewing quality care in RACFs. We support both 'incremental fixes' along with a more extensive review of how quality care can be maximised to avoid the mistreatment of older people.

The Royal Commission provides an opportunity to address many areas of concern within the current aged care system. Our response focuses only on components of the Terms of Reference that directly relate to the scope of physiotherapy.

This inquiry offers the opportunity to investigate mechanisms for better quality and safe care within a value-based system.

The scope of physiotherapy for older Australians

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.

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
- Behavioural and psychological symptoms of dementia
- Improved functioning
- Optimising comfort.

The profession's broad scope also includes the management of fatigue, shortness of breath, exercise tolerance, oedema, deconditioning, frailty, contractures, sleep and rest, skin integrity, and more in the RACF and community care setting.

A core element of this scope is assessment of a person's capacity to move, and keep moving. The achievement of this is frequently multifactorial and can include implementing programmes into daily life to maximise function, and specific therapy prescription, including exercise and assistive technology, varying from basic aids to more complex and customised equipment. Physiotherapists build on an individual's strengths and address impairments relating to activity and participation within the RACF and other relevant environments.

The interventions and support services provided by physiotherapists, along with regular communication with older people and their families, provide an opportunity to deliver consumer driven care that focuses on quality of life care.

It is important older people have access to physiotherapy care when and how they need it.

Physiotherapists work alongside and with the older person, their advocates and the workforce, to maximise independence, quality of life and dignity. The seemingly smallest and incremental change implemented by a physiotherapist can positively affect the older person's physical, mental, emotional and social wellbeing.

Recommendation 1.

We recommend the Royal Commission re-orient aged care services to evidence-based early interventions, including physiotherapy, to improve the quality and safety of care provided.

Physiotherapists provide safe, high quality care in aged care in Australia

Improving the value of care by maximising safety and quality in aged care requires a fundamentally new aged care model and strategy. We believe a systemic, transformative change is necessary to address safety and quality issues in aged care.

The APA is committed to supporting this change, to ensure that older people have a safe and positive care experience.

We consider mistreatment to include noteworthy abuse, neglect and a lack of appropriate action and care.

Conversely, when appropriate preventive, safe and high quality care is available from care providers, including physiotherapists, older people have the opportunity to experience independence, dignity and optimal quality of life as they age.

Extent of substandard care

Currently in Australia, there is limited detailed information on the frequency, causes and consequences of errors and adverse outcomes including the mistreatment of people in RACFs and community care.

The APA supports ongoing collection of quality care statistics to inform aged care policies and procedures to ensure better outcomes for older people.

We believe statistics on poor quality and high quality services should be collected and evaluated to reward and recognise great care. This would empower the community with knowledge about low quality care to make informed decisions when choosing care providers.

There were 1,633 complaints about residential care from January to March 2019[1]. The most frequently cited issues were medication management (235), falls prevention and post-fall management (164), personnel number/sufficiency (157), personnel behaviour/conduct (137) and constipation and continence management (115)[1].

The most common complaints recorded in residential care - falls preventions, post fall management, constipation, continence, adequate staff support - can be improved through expanding the scope of physiotherapy in aged care.

Despite the concerning rates of complaints, we know that care provided by physiotherapists is relatively safe and high quality.

All safety and quality issues about physiotherapy are reported to the Australian Health Practitioner Regulation Agency (AHPRA).

In 2016/17, there were only 80 notifications for 20,251 registered physiotherapy practitioners made to AHPRA, suggesting that physiotherapy care is a comparatively safe primary healthcare service.

While notification rates are low, the APA is proactively undertaking numerous steps to encourage quality care through adherence to the various levels of regulation. We support the profession by providing specialised education, clinical guidelines, and information on professional and ethical issues.

Substandard care will only be reduced with ongoing improvement of the broader aged care workforce and system. The APA's Workforce submission to the Royal Commission discussed strategies about regulation and workforce.

Factors contributing to systematic failures in quality aged care service delivery

A number of systematic failures in the current aged care system are contributing to poor quality and safety for older people.

These failures include, but are not limited, to:

- Inadequate funding for high quality care, including restorative and reablement care
- Inadequate care delivery and planning by skilled professionals

- Poor integration between health and aged care services
- Poor access to services, particularly for those from diverse backgrounds*
- Negative culture associated with ageing and aged care*
- Inadequate training, support and career opportunities for the aged care workforce*
- Poor integration of information technology and innovative care*

**These factors will be discussed in response to Terms of Reference C, E and F in the later sections of the submission*

Inadequate funding for high quality care, including restorative and reablement care

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[2]. Currently lacking in the Australian policy context is a true reablement focus and supporting best practice and quality outcomes for older Australians.

Recent results of the Sunbeam Program has provided results that are more definitive in effectiveness of exercise interventions to guide future policy. The results of the trial demonstrated a 55 per cent reduction in falls by people who participated in the exercise program and a projected cost saving of $120 million per year for the Australian health economy[3].

Resources to support high-quality and safe care options provided by physiotherapists must be adopted the Commission.

Physiotherapists consistently tell us that the current Aged Care Funding Instrument (ACFI) precludes physiotherapists from using funding for activities that will provide the best long term outcome (best value) for an older person.

We acknowledge that the proposed AN-ACC model is an improvement on the ACFI, which contains a perverse incentive for people to experience greater pain, disability and frailty to gain additional funding.

However, we are concerned, that without a carved out financial incentive for preventive, reablement and restorative care in the AN-ACC, this vital component of quality care will not occur.

We believe the proposed AN-ACC funding model does not include any adequate direct incentive to work with the older person to improve their ability and quality of life.

Reablement and restorative care should not be considered a 'nice to have' addition in the variable or fixed component of the funding model. It should be an integral part of the proposal.

Early intervention and maintaining mobility

Many RACF residents have strong mobility upon admission. However, a lack of early detection of emerging health issues and access to preventive programs can often result in a fast decline.

We also know that RACF residents with higher resident mobility needs show consistently lower levels of satisfaction with their care, particularly about having their autonomy supported[4].

Physiotherapists are qualified to assess residents and to ensure they continue to build strength, maintain balance and stay mobile.

In our view, a one-off payment for assessment and establishment upon admission would be beneficial in conjunction with ongoing dedicated funding for physiotherapy.

A 12-week, physiotherapy led program upon admission would enable per resident would reduce the burden of care on the care staff, improve resident independence, and reduce their frailty. We have research that support this.

Research has shown has demonstrated positive long-term effects in physical function of a high-intensity exercise program for older persons dependent on activities of daily living, of whom most had severe cognitive or physical impairments[5].

Funding for restorative and reablement care is vital to ensure the best outcomes for each older person in a consumer-directed care model putting quality of life and wellbeing at the centre. A funding model that allows for more comprehensive and detailed intervention by physiotherapists will provide improved quality care. It will also provide physiotherapists the opportunity to notice minor changes in behaviour, emotion and appearance that may initiate further investigation into mistreatment.

Consumer education about the services and opportunities available is also vital to ensure older people have choice over the services they receive.

Inadequate care delivery and planning by skilled professionals as a part of high quality care

In Australia, physiotherapy is involved in a range of innovations that are yet to be fully captured within high quality aged care, including in care delivery and planning.

It is important physiotherapists deliver care, not assistants and other health professionals. There are increasingly more RACFs choosing not to employ physiotherapists to undertake

key areas of clinical management such as pain and mobility. This is placing residents at risk of receiving low quality care, resulting in poorer health, wellbeing and functional outcomes.

There is opportunity to maximise value, including health outcomes and high quality care, by incorporating physiotherapy into the aged model of care delivery and planning.

The APA believes comprehensive assessment and care delivered by a multidisciplinary team is the model to optimise wellness, health and quality of life.

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[6].

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[7].

Poor integration between health and aged care services

A crisis event, such as a fall, is often a catalyst for an older person to transition between community, residential care or acute care.

Older people are less likely to experience preventable hospitalisations and re-admission when they have received high quality care.

For example, falls are the leading cause of preventable deaths in residential aged care facilities and occur three times more often than in the community setting[8]. Consequences of falls are often traumatic, including reduced independence or injury (including hospitalisation) and death[9].

In the hospital environment, there is often little time given to rehabilitation and restorative care, rather care providers move patients onto the community or residential environment to free up beds and resources. This can result in patients ‘falling through the cracks’ as they receive inadequate support transitioning from acute to non-acute services.

We believe collecting data on avoidable hospitalisations (including recurrent admissions), falls and other key performance attributes would further improve transparency around quality care, as well as improving communication and information sharing between acute settings and residential aged care.

Recommendation 2.

That aged care funding includes an itemised incentive payment for preventive, restorative and reablement care, provided by highly qualified and skilled practitioners, including physiotherapists.

Recommendation 3

That aged care funding includes a one-on-one, physiotherapy-led 12-week restorative payment for all residents upon admission.

Recommendation 3.

The aged care system cannot be a 'set and forget' model. The model of funding and workforce strategies and other industry components must evolve to reflect best practice care. Consultation with the sector is imperative to ensure sector sustainability.

Recommendation 4.

Improve the transition for older people between health and aged care services by incentivising restorative and rehabilitate care in acute services.

People living with disability and dementia

There are an increasing number of older people living with disability and dementia in the community and residential aged care facilities. Physiotherapists play an integral role in providing quality care services to these individuals. As highlighted earlier in the submission, physiotherapists have a broad scope of practice in aged care, and disability and dementia support make up only a portion of care provided by physiotherapists.

The following sections outline the scope of physiotherapists in providing disability and dementia care.

Disability

Access to high quality physiotherapy services for the 50% of older people living with disability in Australia is essential to build on strengths, address impairment and increase participation within the relevant environment[10].

Physiotherapists play an essential role in assistive technology prescription, including assessment, fitting and equipment management. They work in a multidisciplinary team to provide clear, useful information for the person living with a disability, their families and other stakeholders.

Physiotherapists work with people with physical, neurological, psychological, intellectual disabilities, and other life-limiting conditions.

We believe that regardless of age, a person with disability should be able to live in an environment of their choosing. Access to services should be appropriate to the individual, whether living in supported accommodation, independently or in residential aged care.

A person with disability should have access to social activities, healthcare, education or employment (where appropriate) similar to the wider community.

The APA is concerned that younger people with disability are living in aged care facilities due to a lack of appropriate services available in the community.

The NDIA and aged care sector must work together to avoid people living with disability being inappropriately placed in RACFs. We do not want a person living with disability to 'fall through the cracks' as they transition from disability to aged care support services at the age of 65.

Dementia

Currently 52% of individuals living in RACFs have a diagnosis of dementia with many more community members living with the life limiting condition[11].

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.

For example, a physiotherapist may provide a person with dementia, practical tailored approaches to improve motor symptoms such as weakness, gait, balance and functional decline. Importantly, these interventions play a key role in preventing falls among people living with dementia.

Research shows that physiotherapy prescribed exercise delivered to individuals with dementia in RACFs have demonstrated significant improvements in cognition, agitation, mood, mobility and functional ability[12].

Dementia is an independent risk factor for falls and for serious injury such as head injury or hip fracture from falls. However, research shows people with dementia had longer lengths of stay in hospital (LOS), except for people with dementia with hip fractures. This population had less in-hospital rehabilitation than people without dementia and shorter LOS, an average of seven days[13].

Despite evidence that people living with dementia can benefit from rehabilitation if they already live in Residential Aged Care they are often denied the chance[14].

Physiotherapists also work closely with those living with dementia to look for root causes of adverse responsive behaviours that may lead to medical restraint, such as pain.

We know from that pain is often underdiagnosed and poorly treated in older people living in RACFs, particularly for those people living with dementia[15].

The value delivered by physiotherapists to support people with dementia is not only financial, but more importantly, invaluable in ensuring consumers experience improved mobility, balance, strength and functional ability directly contributing to enhanced quality of life.

Dementia case study

Mrs G was living with dementia in a low level dementia specific cottage. She was known for being a happy and social person with a large network of friends and family who visited. She walked without aids, enjoyed walking in the garden and helping in the kitchen.

Unfortunately, she sustained a fractured neck of femur (hip) after a fall. She returned to the cottage five days after her surgery in great pain and distress.

The staff at the hospital had attempted to assist Mrs G out of bed once but without success.

Her family were extremely worried. They had little warning she would return to the cottage so quickly and did not know how Mrs G would cope as she could no longer walk. They had requested rehabilitation for Mrs G but were told by hospital staff that she did not qualify.

Cottage staff were also concerned. They were used to caring for very mobile people, not those who had undergone recent surgery.

The physiotherapist with the Registered Nurse assessed Mrs G pain and mobility. They liaised with her, her family and the staff on setting short-term goals for Mrs G and how to recognise signs of concern such as infection and pain.

The physiotherapist assisted Mrs G to the shower and showed the care staff how to safely assist her to move. Week by week, the physiotherapist worked with the team, progressing Mrs G further with her mobility, enabling her to go outside and spend time with her family.

The smiling, happy Mrs G began to return. After three months, she walked with indoors and outdoors with a frame.

The physiotherapist continues to work with Mrs G to improve her balance and prevent further falls. Currently there is no funding for the input Mrs G received from the physiotherapist and without specific funding for physiotherapy she may have never had the chance to walk again.

How to ensure services reach people living with disability and dementia

It is important physiotherapists be funded to provide supports to people with disability and dementia. Physiotherapy provides significant improvement in outcomes, particularly for those people with dementia and disability, when given the time and opportunity to provide preventive, reablement and restorative care.

A comprehensive multidisciplinary assessment and care approach that includes physiotherapy is the key to patient centred care.

Improving participation in social and community events should be a priority for all individuals with disability and dementia to reduce isolation and disadvantage experienced by these already marginalised groups.

Recommendation 5.

The Commission review funding available to physiotherapists to provide appropriate support services, including falls prevention interventions, to people living with dementia and disability. This includes restorative and reablement care that encourages participation in the individual's environment.

Recommendation 6.

The Commission develop and strengthen a relationship with the NDIA to ensure a seamless transition for consumers between disability and aged care services. This relationship also needs to review young people living in RACFs to ensure people with disability are living in the environment of their choosing.

Recommendation 7.

Provide the aged care workforce with adequate basic training about working with people with disability and dementia to ensure a consistent and coordinated approach to person centred care.

Challenges and opportunities for delivering accessible, affordable and high quality aged care

Equitable access to physiotherapy and aged care services for marginalised groups

We are concerned that for many older Australians, particularly those people from diverse backgrounds are not receiving adequate access to aged care services. This includes Aboriginal and Torres Strait Islanders, culturally and linguistically diverse individuals, and those who identify as lesbian, gay, bisexual, transsexual or intersex (LGBTI), or other groups.

We believe, all Australians, regardless of location, demographics or socio-economic status should be able to access high quality and safe care as they age, in the environment of their choosing.

APA supports applying a human-rights based approach to the design, delivery and monitoring of services for older people. We believe in meeting the needs of people with diverse backgrounds by co-designing tailored and appropriate services.

Addressing systemic barriers that affect people with diverse circumstances and specific needs must be at the centre of aged care system design and reform and be core business.

Opportunities for improvement in aged care qualification curriculum and continuing education should include training focusing on communicating with, and meeting the needs of, special needs groups.

The aged care sector must work together to ensure the interfaces between aged care, health, disability and other community and social services are streamlined to provide consumer centred, integrated and holistic care, where access is determined by consumer need.

Cost as a barrier to equitable care access

We believe that cost should not be a barrier to accessing high quality aged care.

We are concerned that older people living in their homes are not choosing to use their Home Care Package (HCP) funding on physiotherapy care, despite the benefits of physiotherapy in supporting independence and quality of life.

For example, physiotherapy provides a key role in supporting people in chronic pain to maintain quality of life in the community.

Similarly, accessing physiotherapy services in the community and RACFs is often vital to reduce preventable hospital admissions. For instance, physiotherapists manage chronic pain associated with knee osteo-arthritis effectively.

Pre-surgical models of care have the potential to make considerable savings, given that just one total knee replacement surgery can cost $19,700 in the public setting[15]. This figure is for surgery only, and does not include extended lengths of stay, complications arising from surgery, rehabilitation or other outpatient costs. In cases where conservative management in the community or RACFs has equal or better outcomes to surgery, the case for high-value conservative management in the community is obvious.

Economic analysis undertaken as part of the Sunbeam Program (falls prevention) provides projected costs savings for this targeted intervention of $120 million per year for the Australian health economy[6].

In addressing inequities in access enabling high value care, we propose increasing the number of appointments available under the Chronic Disease Management (CDM) of the Medicare Benefits Scheme (MBS) plan to older Australians.

We believe five exclusive physiotherapy CDM services in any one year in addition to five (non-physiotherapy) allied health services, would be more closely aligned to meeting consumer need to support older people to live independently at home as they age.

Similarly, improved for remuneration for physiotherapists providing services in the home, (which includes financial incentives for travel and non-face to face services), will likely increase the number of providers available to older people, driving market competition.

Rural and remote access to physiotherapy aged care services

Multiple barrier, including geography, create difficulty in accessing physiotherapy services. Vulnerable patients should eligible for appropriate care despite frailty and immobility.

We support utilising telehealth for allied health services – it is a proven cost-effective strategy for increasing access to physiotherapy. There is a broad and rapidly increasing body of evidence demonstrating digitally supported physiotherapy can be effective. Video-consultations between patients and their physiotherapists provides value, safety and is effective. Providing access to Medicare-funded telehealth consultations and extending Medicare Chronic Disease Management items has the potential to improve access for hard to reach populations.

We support initiatives to increase access to professional development activities for rural practitioners to improve access to physiotherapy for rural/remote older Australians. Programs should recognise the diversity of the skill set, increased workload, breadth and depth of practice scope, along with the inevitable decrease in access to highly skilled mentors.

We support the introduction of a rural health incentive package that could include incentives such as scholarships, professional development support and rural practitioner loadings to

incentivise health professionals to provide rural and remote services. Other practice supports could include rural maintenance and start-up allowances, outreach support, better access to the MBS, quality improvement incentives, support for research and innovation, and digital support.

Recommendation 8.

The Commission apply a human-rights based approach to the design, delivery and monitoring of services for older people to ensure all Australians, regardless of location, demographics or socio-economic status are able to access high quality and safe care as they age, in the environment of their choosing

Recommendation 9.

The Commission expand the Medicare CDM item to increase access to allied health services, including physiotherapy, in the home, while financially supporting providers to drive market competition and availability of affordable physiotherapy in the home.

Recommendation 10.

The Commission support the expansion of and funding of telehealth physiotherapy services for rural, remote and older people with limited mobility. Incentivise and expand the rural workforce with additional career support and rural health incentives.

Consumer-centred care

Care provided to older Australians in all settings must be tailored to meet individual needs and importantly, individual goals. Placing the choice and control with the older person is at the heart of physiotherapy support.

Physiotherapists provide support services to older people often in their own environment, including community settings, home, and residential care.

When considering consumer-centred care it is important support services delivered consider the person in their entirety. The care planning for an older person cannot simply focus on the functional and physical capabilities as the drivers of costs but must address other needs such as needs for meaningful activity, emotional or social support.

We believe the requests of an older person, and their families and carers must be included in care decision making to ensure consumer satisfaction. The care team must communicate the individual's preferences to ensure all staff are aware of personal goals and adapt support as required.

Currently, in RACFs, under the ACFI model, we are aware of consumers receiving the cheapest and quickest care, instead of the most appropriate. It is difficult for providers to meet consumer expectations in an aged care model where that rewards illness rather than prevention. A funding model that directly supports value-based care may improve consumer outcomes and satisfaction.

The biopsychosocial skills of physiotherapists lend the profession to provide safe, high quality and consumer focused care.

Conclusion

The APA is committed to improving the quality of care provided to older Australians. We would welcome the opportunity to provide evidence to the Commission and to work with the Commission and other stakeholders on the reforms that emerge.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Australian Physiotherapy Association

The APA 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. The APA represents more than 28,000 members who conduct more than 23 million consultations each year.

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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