

Aged Care Amendment (Implementing Care Reform) Bill 2022 [Provisions]

Submission by the
Australian Physiotherapy Association

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Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Senate Standing Committee on Community Affairs on the *Aged Care Amendment (Implementing Care Reform) Bill 2022 [Provisions]*.

We welcome the purpose of the Bill: “to amend the Aged Care Act 1997 (Aged Care Act) to effect meaningful changes to the delivery of aged care services and the means for care recipients and their families to assess the relative quality of service delivery by care providers and at individual care facilities.”

The Bill is a good start in achieving this purpose, and pleasingly signals a commitment to reform, however we believe there is much more that needs to be done.

The APA supports Schedule 1 – the introduction of 24/7 registered nurses to individual facilities – as a first step in addressing the inadequacies of current healthcare provision to aged care residents. Numbers alone will not guarantee high quality care. As well as the right number of staff, there needs to be the right skill mix to meet the complex care needs of older whether at home or in residential aged care.

This amendment, along with the introduction of the Australian National Aged Care Classification (AN-ACC) and average carer and nursing care minutes per resident, should not be considered the completion of residential aged care reform as it relates to healthcare.

These measures do not provide certainty about ongoing access to allied health care such as physiotherapy, which the Royal Commission into Aged Care Quality and Safety identified as critical to maintaining and improving mobility and independence of older people.

Nor does it recognise the importance of ongoing multidisciplinary care planning and team-based quality healthcare.

Allied health, such as physiotherapy, provides quality teams-based support to carers and nurses; for example, with manual handling and assistive technology expertise, diagnosis of causes of pain and pain management, and behaviour management of behavioural and psychological symptoms related to dementia

At the height of an aged care workforce crisis, with understaffing commonplace across the sector, we are receiving reports from our members of 50 per cent reductions in physiotherapy contracts and hours.

A diminishing allied health workforce will put further pressure on an already overburdened care and nursing workforce and not achieve the goals of this Bill.

Further provision enabling a sustainable allied health workforce delivering high quality needs-based care to the full scope of practice is required.

The APA is available to provide the Standing Committee on Community Affairs further information and appear at any hearing to expand on our submission.

Summary of Recommendations

Recommendation 1	<p>Urgently address the lack of articulated plans regarding allied health funding in residential aged care. A clear action plan to achieve the recommendations for allied health of the Royal Commission into Aged Care Quality and Safety in a timely way must be developed, as part of the overarching plans to ensure access to the required multidisciplinary aged care workforce. As a matter of urgency, the Commonwealth must assure, clearly articulate and set out in a clear pathway for funding:</p> <ul style="list-style-type: none"> • funding a separate dedicated component for the assessment and delivery of allied health services responding to individual needs of older people in residential aged care; • the mechanisms for appropriate clinical needs assessment and delivery; and • monitoring and public accountability for that assessment and service delivery by individual profession/service.¹
Recommendation 2	<p>Ensure detailed transparent reporting of allied health direct care for accountability and consumer-empowerment purposes. It is important that reporting – both for accountability and consumer choice purposes, be provided:</p> <ul style="list-style-type: none"> • by individual service type, for example physiotherapy, speech pathology, podiatry etc.; • differentiated care delivered by qualified allied health professionals and allied health assistants working under supervision of qualified professionals; • as an average per resident per reported time period and not by facility; • average number of therapist FTE to residents • indicating receipt of one-on-one vs group therapy by profession; and • with a minimum quarterly frequency.
Recommendation 3	<p>Support at Home Program redesign work underway should embed comprehensive and early allied health, including physiotherapy, assessment and planning based on assessed need.</p>
Recommendation 4	<p>Fund workforce planning, training, and retention strategies to support a sustainable allied health workforce in aged care. .</p>
Recommendation 5	<p>Fund the development of a national minimum data set for allied health that includes collection of data to measure activity, quality, outcomes and workforce information.</p>

The scope of physiotherapy for older Australians

The physiotherapy profession is focused on maximising high quality and safe needs-based care for the aged and ageing. Australian Health Practitioner Regulation Agency-regulated physiotherapists play a substantial role working with and supporting the older person in maximising their health, wellbeing and quality of life as they age.

Physiotherapists are integral members of multidisciplinary teams, working across all settings with older people, their advocates and other health providers, to maximise their independence, quality of life and dignity.

A broad range of evidence-based physiotherapist-led interventions is effective in improving physical ability and function for patients within the RACF setting² including continence, respiratory conditions, oedema, pressure management, functional ability, falls and pain for older adults.³ Two key examples where physiotherapy can prevent, delay, manage and/or improve the condition of older people are outlined below.

Falls

People aged 65 and over are the fastest growing age group in Australia. Falling and fall-related injuries among this group are a significant public health issue that can substantially impact health and quality of life.⁴

The Australian Institute of Health and Welfare (AIHW) estimated that three-quarters of all hospitalisations for older people are due to falls, increasing at a rate of 3 per cent per year with recurrent health service expenditure on falls at \$3.9 billion per annum. Each year 125,000+ older Australians are hospitalised following falls.⁵

Falls are a leading cause of morbidity and mortality in older adults. One in three people aged 65 years or older living at home will fall at least once per year, translating to 1 million older Australians falling annually, and the risk of falling increases with age. There is an increased burden for those aged over 75 years. This age group has the highest fall risk and potential for cost-effective interventions.⁶

Physiotherapy-led strength and mobility programs have been shown to reduce the incidence of falls in older people by 55 per cent with a projected cost saving of \$120 million per year for the Australian health economy.¹

Economic analysis conducted health economists the Nous Group concluded that the benefit of physiotherapy-led falls prevention programs (i.e. quality of life benefit minus the cost) equalled \$1320 per falls episode.⁷

Ongoing access to physiotherapy-led restorative and reablement care – that is, prevention and rehabilitation – in home and residential aged care is critical to maintaining independence and quality of life in the aged and ageing.

Dementia

The Australian Physiotherapy Association and Dementia Australia released a joint position statement⁸ in July 2022 recognising that physiotherapists play a critical role in the multidisciplinary health care team in maintaining the physical and psychological well-being of people living with dementia. We affirmed the rights of people with dementia to receive timely and ongoing access to physiotherapy services and the need for appropriate funding to support those services.

Dementia is a common condition and the second leading cause of death in Australia. In 2022, up to 487,500 Australians are living with all forms of dementia and without a major medical breakthrough, this figure is projected to increase to 1,076,000 people by 2058.

Physiotherapists can partner with people living with dementia to maximise their physical wellbeing through a wellness and enablement approach. Physiotherapists are experts in prescribing tailored, purposeful and meaningful activities and exercises and can work individually or as part of a comprehensive inter-disciplinary team to support the physical and cognitive needs of people living with dementia. Research has shown that physiotherapy can help improve the quality of life and independence of older Australians, including those living with dementia, by:

- improving motor skills such as gait and balance;⁹
- reducing frailty;
- reducing the number of falls¹⁰ and fractures;¹¹
- slowing cognitive decline,¹² and
- improving cognition, agitation and mood.¹³

Early intervention with physiotherapy is the key to assessing, treating and achieving positive outcomes but studies have shown that access to physiotherapy is not offered in a timely manner for people with dementia.¹⁴

The Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety concluded that access to critical allied health services such as physiotherapy was woefully insufficient, resulting in morbidity, mortality and quality of life impacts, including those associated with dementia, and falls.¹⁵ It found allied health to become 'an intrinsic part of residential care'. It recommended the provision of a level of allied health care appropriate to each person's needs in recommendation 38 of its final report.

This recommendation was accepted only in principle in the Commonwealth's response and specific reference to allied health service provision was absent from residential age care from its costings and the 2020-21 and 2021-22 federal Budgets.¹⁶

Schedule 1 – Amendments relating to registered nurses

The Australian Physiotherapy Association supports the amendment to require a registered nurse (within the meaning of the Health Insurance Act 1973) on site and on duty at all times (that is, 24 hours each day, 7 days each week) at each residential facility they operate.

Nurses – both enrolled nurses and registered nurses – are essential to high quality care in residential aged care. Allied health professionals, including physiotherapists, work effectively together with nurses and carers as part of multidisciplinary care teams in residential care.

There is evidence that the benefits of strong and comprehensive care management by multidisciplinary teams for older people may reduce the number of falls in people living in residential care and may improve a variety of health outcomes.

Case Study: Mr Z and multidisciplinary care

Mr Z, 80, lives in a residential aged care facility (RACF) and has a progressive supranuclear palsy (PSP), hypertension, depression, anxiety, dementia, a history of falls, urinary and faecal incontinence and osteoarthritis.

Mr Z was hospitalised with pneumonia. When he returned to the RACF, he was no longer able to walk with assistance and required a full hoist for all transfers. He was having multiple falls – on occasion more than 30 per month – almost all from his bed and his speech was slurred.

The physiotherapist conducted a comprehensive assessment that included findings on vision, continence, mobility, strength, balance, dizziness, high pain and fatigue levels. Following a case conference with Mr Z, his family, the clinical nurse and allied health manager, referrals to other practitioners were made:

- a GP reviewed medications and reduced anti-hypertensive medication, which helped with the dizziness and anxiety
- an ophthalmologist identified cataracts, which led to improved vision
- nurses revisited a suite of assessments – including sleep and nutrition
- a geriatrician introduced melatonin to help with sleep
- the pain specialist reviewed and lessened pain medication that made him less fatigued, and
- a speech pathologist identified a voice amplification system to use.

The physiotherapist implemented a tailored exercise program in line with Mr Z's goals to improve pain, sleep, continence and functional strength, balance, mobility and endurance. She assessed for and implemented assistive technology, such as a weighted walking aid, mattress, wheelchair and seating.

Working together the multidisciplinary team improved Mr Z's quality of life by reducing pain, improving his speech, vision, continence, mobility and independence.

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

The role of allied health professionals, such as physiotherapists, includes assessment, monitoring, ordering and implementation of equipment, and training staff and nurses on manual handling. They support an already stretched nursing and personal care workforce and, importantly, diagnose and manage pain and other chronic conditions.

Effective multidisciplinary teams and coordinated team meetings – inclusive of allied health professionals, care staff, nurses and GPs where possible – are core to successful comprehensive assessment and tailored service delivery.

Creating and enhancing multidisciplinary teams should be a priority in healthcare for older people. The range of needs of the older person – clearly evidenced with Mr Z – can be complex and broad and exceed the scope of any one health professional.

At the height of an aged care workforce crisis with understaffing commonplace across the sector, we are receiving reports from our members of 50 per cent reductions in physiotherapy contracts and hours. A diminishing allied health workforce will put further pressure on an already overburdened care and nursing workforce and not achieve the goals of this Bill.

Right to health - These articles refer to the right of individuals, including persons with disability, to the highest attainable standard of physical and mental health. Schedule 1 promotes the right to health by explicitly requiring and strengthening the obligation for quality health services to be made available to care recipients of residential care at all times.

Right to health - The right to health is contained under article 12 of the ICESCR and article 25 of the CRPD. These articles refer to the right of individuals, including persons with disability, to the highest attainable standard of physical and mental health. The Government recognises that older people want to remain living in their own home for as long as possible and may need to receive care to do so ... Schedule 2 to the Bill further promotes the right to health by maximising funds available to address care recipients' direct care needs in receiving in-home aged care services.

The Right to Health as quoted in the Bill is an appropriate mechanism for the provision of physical and mental health, of which allied health services are an evidence-informed essential service. Without specific detail and mandates in this legislation, it remains unclear how the older person's right to health will be enacted within both residential and home aged care.

Schedule 2 - Capping home care charges

The APA supports Schedule 2 to the Bill to amend the Aged Care Act to introduce a power that will enable the Government to cap the charges that approved providers of home care (home care providers) can charge care recipients and remove home care providers' ability to charge exit amounts. All measures to improve access to care and respect users' rights are welcome. We believe removal of exit fees will enable greater flexibility and consumer choice.

Schedule 3 – Transparency of information

The APA supports Schedule 3 to the Bill to introduce a mandatory requirement into the Aged Care Act for the Secretary of the Department of Health and Aged Care to publish information in relation to aged care services, including information about approved providers of those aged care services, in accordance with the Information Principles 2014.

We recommend that in order to empower older Australians and their families to make informed decisions, the Department should publish detailed information about the provision of each type of health service and not limit reporting to the umbrella term of allied health. Allied health are a broad range of professions. It should report services types and frequency of service provision per resident, not facility. *Note specific reporting recommendations in Recommendation 2 on page 4 of this submission.*

It is positive that quarterly financial reporting includes the hours of service delivered by a number of allied health professions, including physiotherapy, and that performance against quality indicators will feed into the star rating system. However the missing link is public reporting of the type and level of allied care provided by facilities in the star rating system.

It is important to note that absence of best practice benchmarking to compare future data collection against will continue to hinder fully informed decision-making.

Conclusion

The APA is committed to improving retaining and growing the physiotherapy aged care workforce and delivering safe and high quality of care to older Australians. We look forward to working with the Commonwealth on future reform to ensure access to high quality, needs-based healthcare for all older Australians.

Australian Physiotherapy Association

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. 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 31,000 members. 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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