

Short Term Restorative Care for In-home Aged Care Survey Response

Submission by the
Australian Physiotherapy Association

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Executive Summary

The Australian Physiotherapy Association (APA) is pleased to provide feedback to the Department of Health and Aged Care (the Department) survey on Short Term Restorative Care (STRC).for In-Home Aged Care.

The APA believes the STRC program is a key component of an effective aged care system that enables access to evidence-based, goal-orientated healthcare services to slow and address functional decline in older people.

There is scope to expand the availability to short-term goal-centred restorative care to those recovering from illness, injury and surgery where other options are not available, and to all older people living independently regardless of their support package.

It is important to ensure adequate education among referrers and providers about the importance of restorative care – both physical and cognitive – for those with diagnoses of dementia and other cognitive impairments, who are often overlooked for these types of services.

Physiotherapy is critical to restoring physical and cognitive function as part of goal-orientated, multidisciplinary team-based care, and as such, plays a vital role in STRC provision.

Physiotherapists are experts in managing pain and chronic diseases, including diabetes and cancer, through clinical assessment and the provision of a range of interventions including exercise.

Creating and enhancing multidisciplinary teams should be a priority in healthcare to address the complex and broad needs of older people that exceed the scope of any one health profession.

STRC based on clinical assessment of need and multidisciplinary care planning can only enhance the quality of life and prolong independence in older people.

While an eight-week program available twice annually is appropriate in many cases, the APA recommends consideration be given to a 12-week program to address declines in strength, balance and mobility and prevent falls. There is substantial evidence to demonstrate an evidence exercise program of this duration is effective in reducing often debilitating falls in older people.

The APA is available to provide the Department further information to expand on our submission.

Recommendations

Recommendation 1	Retain twice-yearly access to STRC for older people living at home.
Recommendation 2	Ensure STRC delivery is based on comprehensive clinical assessment and multidisciplinary care planning.
Recommendation 3	Expand STR accessibility to all older people living at home regardless of their support package to ensure timely and needs-based restorative care.
Recommendation 4	Expand the definition of STRC to recognise that not all older people living in the community live independently and STRC should be offered to those living within family groups or with partners who facilitate their activities of daily living.
Recommendation 5	Expand eligibility criteria of STRC to include those requiring assistance in recovering from illness, surgery and health decline where there are limited rehabilitation options.
Recommendation 6	Recognise that STRC should be offered to all older people regardless of diagnosis, be trauma-informed, culturally appropriate and evidence-based.
Recommendation 7	Raise awareness of STRC among general practitioners
Recommendation 8	Support referrers in understanding the role of allied health professionals such as physiotherapists to ensure older people are receiving the appropriate care according to their assessment.
Recommendation 8	Consider expanding the duration of STRC to 12 weeks to facilitate innovative, evidence-based models of care such as falls prevention mobility programmes.

Physiotherapy and Short Term Restorative Care

Physiotherapy is critical to person-centred, integrated care that supports the older person to maintain and restore function, and prolong independence.

High quality physiotherapy is evidence-based and effective in:

- maintaining and improving mobility; falls prevention and reduction and minimising harm from falls
- pain management;
- maintaining and improving continence;
- behavioural and psychological symptoms of dementia; and
- improving functioning and optimising comfort.

Physiotherapy's broad scope of practice also includes the management of fatigue, shortness of breath, exercise tolerance, oedema, deconditioning, frailty, contractures, sleep and rest, and skin integrity.

Falls

Falls are the leading cause of preventable death in older people. Mobility programs led by physiotherapists have been shown to reduce the number of falls in older people. The Sunbeam Program trial, led by physiotherapist and researcher Dr Jennifer Hewitt, demonstrated the effectiveness of exercise interventions. 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.¹

The *Value of Physiotherapy in Australia* report², commissioned by the APA and produced by The Nous Group, synthesised key clinical research (including the Sunbeam program) showed the cost benefit of physiotherapy-led exercise in falls prevention among older people. It found a \$1,320 net cost benefit of physiotherapy for the older person at risk of falls.

There is strong evidence that appropriately designed intervention programs can prevent falls in older people. A Cochrane systematic review established that 30% of falls can be prevented with exercise. It also found that exercise interventions reduce the rate of falls (number of falls per person) and risk of falling (proportion of people having one or more falls) in community-dwelling older people.

Physiotherapy-led exercise programmes to address functional decline such as reduced balance and mobility must be strongly integrated in STRC.

Pain

One in three people aged over 65 lives with pain³, much of which can be managed without medication and with the assistance of physiotherapy interventions.

Physiotherapists assess and manage sensory and movement changes that might occur in association with pain, teach pain management techniques, and develop tailored exercise prescription. It is integral to the prevention of chronic pain as early interventions work to prevent pain avoidance behaviours through exercise and education. Where chronic pain has developed, physiotherapists work as part of a multidisciplinary team to support patients in managing daily activities.⁴

Dementia

The Australian Physiotherapy Association and Dementia Australia released a joint position statement⁵ 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;⁶
- reducing frailty;
- slowing cognitive decline,⁷ and
- improving cognition, agitation and mood.⁸

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.⁹

Education is needed to ensure that people living with dementia have access to STRC to address physical functional decline and improve cognition.

Survey responses

<p>Does the following definition accurately reflect how restorative care should be undertaken in aged care?</p> <p>Restorative care is an approach which aims to reverse and/or slow 'functional decline' in older people and improve wellbeing using a multi-disciplinary team. It is short-term and goal-oriented using coordinated services to improve holistic function to live independently.</p>	<p>No</p> <p>Please describe how it could be improved:</p> <p>This form of short-term goal centred approach is also applicable for those who have sustained an injury, experienced a health decline related to an illness or undergone surgery where there are limited rehabilitation options. STRC should not preclude those with diagnoses of dementia and other cognitive impairments are often overlooked for these types of services. It is important to recognise the need to maintain and improve the physical health of those with cognitive impairments.</p> <p>The definition should also recognise that not all older people living in the community live independently but STRC should still be offered to those living within family groups or with partners who facilitate their</p>
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	<p>activates of daily living. Therefore, STRC may also aim to enable those people to live well or with optimal quality of life.</p> <p>The definition should make reference to cultural appropriateness.</p> <p>Therefore, the APA recommends the addition of the following wording (italicised).</p> <p>Restorative care is an approach which aims to reverse and/or slow 'functional decline' in older people and improve wellbeing using a multi-disciplinary team. It is short-term and goal-oriented using coordinated services to improve holistic function to live independently <i>or with optimal quality of life within their preferred living arrangements, and to aid in recovery following illness, surgery and health decline where there are limited rehabilitation options. Restorative care should be offered to all older people regardless of diagnosis, be trauma-informed, culturally appropriate and safe.</i></p>
<p>What eligibility criteria should be used to access STRC?</p>	<p>STRC should be available to all older people not living in residential aged care, inclusive of those with identified cognitive impairment and those receiving home care packages, who have had a recognised decline in their usual level of:</p> <ul style="list-style-type: none"> • performance of activities of daily living • balance • strength or endurance • fitness • mobility • confidence in navigating their home environment or community • swallowing • weight loss • communication • health or ability following an illness, incident or surgery where other rehabilitation options are not available. <p>STRC assessments may include assistive technology and other supports for the older person and their carers/family.</p>
<p>Which of the following cohort or characteristics below resulted in the older Australian responding most effectively to the STRC programme? (select all that apply)</p>	<p>These characteristics must be qualified in relation to an individual's own goals as each person's outcomes will be different.</p> <p>Highly motivated to remain at home - Yes</p> <p>Strong carer/family support to remain at home and participate in restorative care programme - Yes</p> <p>High level physical and psychosocial function before the need for aged care services - Yes</p> <p>Living independently before an issue occurred - Yes</p>

	<p>No physical or psychological issues which have required hospitalisation or complex medical care - Yes</p> <p>Other:</p> <p>Access to timely, evidence-based and highly qualified multidisciplinary health care</p> <p>Adequate opportunity for multidisciplinary care team planning and appropriate case management</p>
<p>Please estimate the proportion of people receiving STRC who are also waiting for a Home Care Package (or other equivalent long term aged care program such as CHSP):</p>	<p>50%-70%</p> <p>Traditionally STRC have been offered to people who are already experiencing substantial functional decline and waiting for appropriate home care packages allocated and service plan implemented. Ideally, the need for STRC would be identified and offered earlier to slow functional decline.</p> <p>There is a significant number of older people who are not referred to these services as a result of a lack knowledge about their availability among general practitioners or other health professionals.</p>
<p>What services or equipment do you/your organisation most commonly provide to STRC recipients?</p> <p>Please add any services or equipment you provide which are not mentioned in the list below under 'Other'.</p> <p>Select all that apply:</p>	<p>Physiotherapist – allied health</p> <p>Assistive technology</p> <p>Home modifications low cost such as recommending handheld showers, grab rails, hand rails, threshold ramps, lighting, door opening catches</p>
<p>How much of each service, assistive technology or home modification is generally provided to STRC recipients PER EPISODE? For example, on average a STRC recipient will receive 10 hours of general house cleaning over their STRC episode (8 weeks).</p>	<p>Physiotherapy for 8 weeks</p> <p>First 4 weeks – 2 hours per week = 8 hours</p> <p>Second 4 weeks – 1 hour per week = 4 hours</p> <p>Case management = 4 hours</p> <p>Travel = variable. Travel should be estimated similarly to NDIS using the Modified Monash Model.</p> <p>Total: > 16 hours</p>
<p>How often are assistive technology and home modifications purchased for a STRC recipient?</p>	<p>Assistive technology purchases – nearly all the time (most need a walker or a shower chair)</p> <p>Assistive technology rented/leased – some of the time (may need AT permanently, may be wheelchair of a kitchen chair)</p>

	<p>Home modifications low cost under \$500 – A lot of the time (50%-70%)</p> <p>Home modifications medium \$500-\$5,000 – some of the time but most usually don't have a budget for it. It is positive that AT will be separated from home care packages in the future.</p> <p>Home modifications high cost over \$5,000 – Occasionally 10%-30%. Again this is an issue of budget.</p>
<p>Please describe any services or equipment which are provided through STRC which are not beneficial to restoring function and independence?</p>	<p>N/A</p>
<p>Are there any pilots or innovations you know of which are helping restore older people's physical or psychological function?</p>	<p>Yes</p> <p>Allied Health Group Therapy Program - The allied health group therapy program was a temporary measure aimed at improving physical functioning of RACF residents who are at risk of deconditioning due to COVID-19 via a 12-week exercise program based on the SUNBEAM program, which has been proven to be effective in preventing falls in the elderly. This program was funded by the Commonwealth and shown to address deconditioning in older people.</p> <p>Falls Prevention At Home Options Paper – Australian Physiotherapy Association - see Attachment A</p>
<p>Should assessors have specific qualifications for recommending an older Australian to receive restorative care?</p>	<p>Yes</p> <p>Appropriate clinical assessment is vital and goes beyond screening for services needed. Quit often when an older person seeks assistance in the home, there is an underlying health issue that could potentially be addressed in STRC with appropriate evidence-based clinical approaches.</p>
<p>Please provide any comments on the STRC programme in the box below or by uploading a document using the file upload button:</p>	<p>In order for service providers to be in a position to provide services at short notice, an ongoing sum of grant funding made available to them would ensure adequate staffing levels, training and corporate structure support for these service providers remain sustainable and viable. It is important to retain healthcare professions and build sustainable healthcare services within the sector.</p> <p>The flexibility to fund private sub-contractor service providers living within the older person's community is also integral to the success of the STRC program – and would assist with service provision in rural and remote areas. In areas where there are limited allied health professionals, access to telehealth is important. Increased education and recognition of the scope of practice of allied health professionals is essential to ensure timely and appropriate care.</p>

Conclusion

The physiotherapy profession is committed to delivering safe, evidence-based 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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