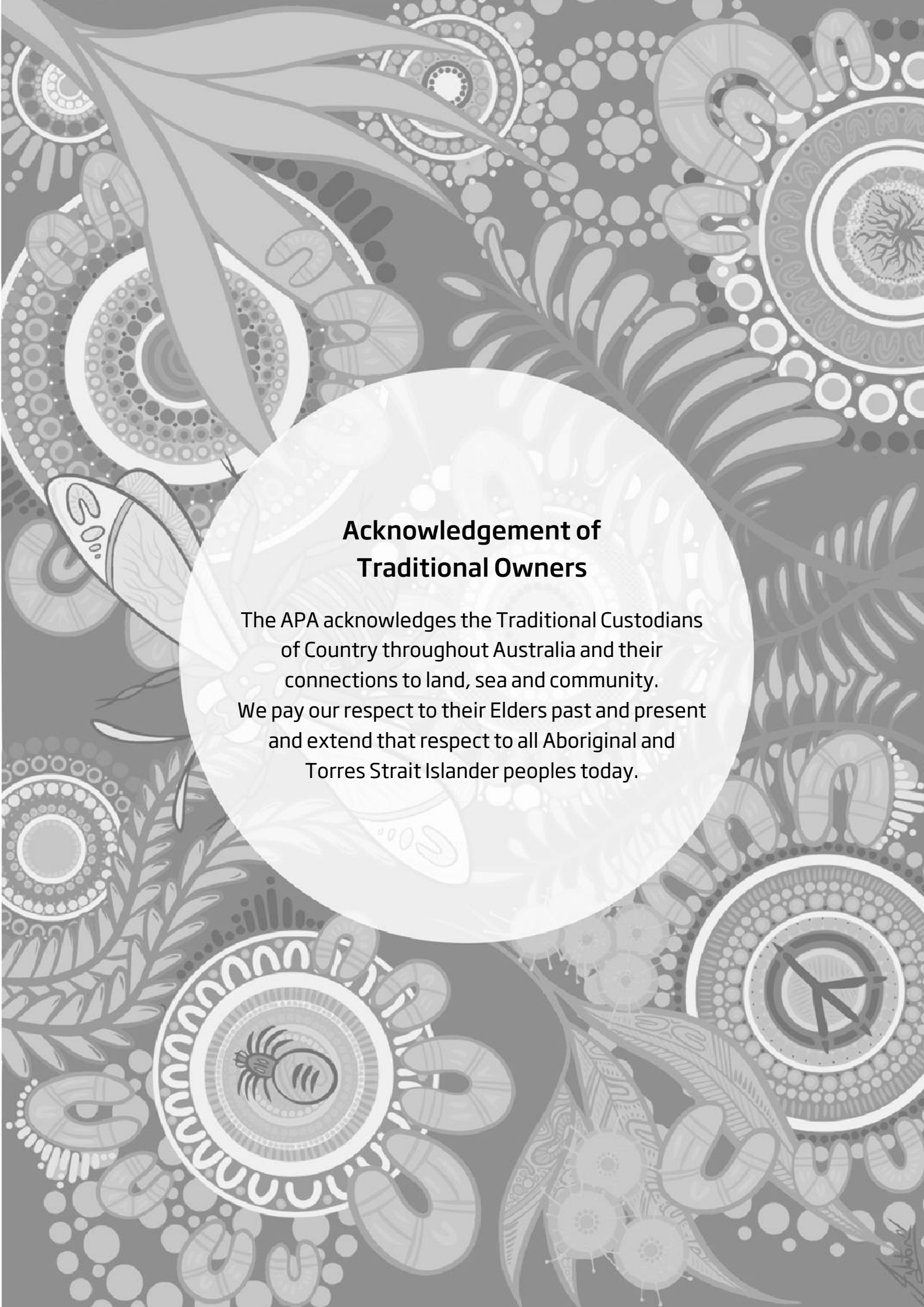
AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Strengthening Medicare: Funding what matters

On the 40th anniversary of Medicare, we call for funded access to physiotherapy for all Australians



Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community.
We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

CONTENTS

Physiotherapy

It's time to publicly fund it

The **Australian Physiotherapy Association** is proud to present reform solutions to strengthen Medicare and build new funding models that align with modern healthcare needs as part of the annual federal pre-Budget process.

INTRODUCTION

Australians deserve to have access to funded physiotherapy at the top of physiotherapists' scope of practice. In 2024, the 40th anniversary year of Medicare, we think it is time that they do. In strengthening Medicare, we need to fund what matters.

In Australia, musculoskeletal (MSK) conditions account for 12.6 per cent of the total disease burden and are the second leading contributor to the total disease burden after cancer.[1] Consistent underfunding and a rapidly increasing disease and injury rate cause significant affordability and access constraints for patients. This, alongside workforce supply issues including maldistribution and regional service deficits, often means that patients avoid or reduce care and more and more simply cannot access the care they need.

For the more than 11 million Australians who live with one or more chronic health conditions[2], receiving team-based primary healthcare, including access to physiotherapy, is vital for the management and prevention of future health problems. Climate change will have profound consequences for the health sector, particularly in workforce distribution and access. If we, as a nation and globally, are to properly manage the worsening climate, the availability and accessibility of all health workers must be at the forefront of government management and planning. This means utilising physiotherapy and other disciplines to their full scope of practice and with better use of team-based care.

THIS IS WHERE REFORM BEGINS

Measures are needed to improve access to essential care, reduce out-of-pocket costs and, most importantly, reduce costly and inefficient treatments.

The Australian Physiotherapy Association (APA) presents new, advanced pathways that optimise the patient journey through referral, diagnosis and treatment. We offer the policy solutions that will deliver contemporary care models and drive clinical excellence. We outline new opportunities to leverage the physiotherapy workforce to support healthier lives and to drive system-level change to advance health, improve care and increase value.

1

Putting patients at the centre, the APA calls for reforms to empower patients and integrate care.

The current health system leaves many people waiting too long for referrals and access to care, often in pain. The APA calls for targeted action to lift the barriers to direct referrals, enabling physiotherapists to appropriately refer on for specialist consult and imaging; and for greater investment in publicly funded physiotherapy, including through multidisciplinary team-based care, to drive better, more connected and more integrated care. We call for digital health solutions that can improve patient care today, ensuring continuity of care and the essential role of the GP.

2

In funding what matters, the APA calls for reforms to direct non-operative injury and prehabilitation pathways to reduce surgical intervention rates.

One of the keys to strengthening Medicare is ensuring that every patient is on the pathway best suited to them. The APA calls for reforms that reduce patient barriers to accessing quality rehabilitation, which is important for achieving a good surgical outcome and for reducing surgical intervention. A key reform measure lies in physical birth trauma, where there is an urgent need to fund access to expert pelvic health physiotherapy care during pregnancy and postpartum.

3

To keep people well, the APA calls for reforms to fund and prioritise preventive services to help prevent unnecessary hospitalisation.

Continuing our focus on reforms that keep people well and out of hospital, and to prevent unnecessary hospitalisation, the APA identifies ways to prioritise physiotherapy-led preventive services. We call for funded programs across falls prevention, early intervention for patients at risk of persistent pain and pulmonary rehabilitation.

4

The APA calls for reforms to ensure that our priority populations can access the care they deserve.

We call for the removal of barriers to efficient and cost-effective physiotherapy for people most in need and across our highest priority settings. A key reform to strengthen healthcare access for rural Australians is to build the teams required, including incentives for physiotherapy.

5

Getting ready for tomorrow–today, the APA outlines ways to futureproof the healthcare system.

In broadening the health agenda to ensure a whole-of-system approach to climate change, we call for action that helps to build stronger, healthier and more climate-resilient communities. In futureproofing our profession, we call for targeted measures to support future generations of physiotherapists, including incentives for training and teaching.

OUR PRIORITY ASKS

Reform to empower patients and integrate care	**#1.1-2** **Physiotherapist direct referral for specialist consult and imaging** New MBS-subsidised referral pathway to allow physiotherapists to directly refer to **orthopaedic surgeons** and to **imaging** for musculoskeletal conditions.	**#2.1** **Publicly funded physiotherapy in primary care** New **funded physiotherapy** in the form of Medicare-rebated item numbers for primary care.
#2.2 **Publicly funded First Contact Physiotherapy model** Expansion of the **Urgent Care Clinic** team to facilitate appropriate access to physiotherapy.	**#2.3** **Publicly funded First Contact Physiotherapy model** Funded First Contact Physiotherapy **pilot to trial** the model in Australia.	**#3.1** **Multidisciplinary teams** Expansion of **MBS Chronic Disease Management** (CDM) items beyond the capped five sessions with flexibility for allied health to lead team care arrangements.
#3.2 **Multidisciplinary teams** New CDM item numbers for chronic disease and pain-related **prevention and early intervention** physiotherapy.	**#3.3** **Multidisciplinary teams** Reform of the **Workforce Incentive Program** to incentivise the clinician rather than funneling more dollars to general practice, which affects thin markets.	**#3.4** **Childhood chronic disease** New CDM item number for the **prevention of childhood chronic diseases** to support a team-based approach.
Reform to prioritise the full recovery journey	**#4** **Birth trauma** Prevention of physical birth trauma through providing expert **pelvic health physiotherapy** care during pregnancy and postpartum.	**#5.1** **Non-operative pathways** New funding for **Physiotherapy Screening Clinics** in the community to reduce surgical intervention rates and to triage and reduce hospital specialists' waiting lists.
#5.2 **Rotator cuff-related shoulder pain** MBS-funded **Physiotherapy Management Plan** for patients diagnosed with rotator cuff-related shoulder pain to reduce the reliance on low value or unnecessary surgical procedures.	**#6** **Prehabilitation pathways** Expanded access to out-of-hospital prehabilitation to clinically eligible patients through new publicly funded models and investment in **physiotherapy pre-surgical rehabilitation clinics** in primary care.	**#7** **Prehab pilot** A Primary Health Network (PHN) pilot to fund a **prehabilitation program for common injuries** with a multidisciplinary team that includes a specialist surgeon, a physiotherapist, a psychologist and a dietitian.

OUR PRIORITY ASKS

Reform to prioritise prevention and early intervention	**#8** **Falls prevention** Funding for an ongoing six-monthly, twice-weekly **falls prevention group program** delivered by physical function experts such as physiotherapists via Primary Health Networks.	**#9** **Pain prevention** New PHN commissioned models to direct a range of prevention and early intervention services for people at risk of **persistent pain**.
#10.1-2 **Pulmonary rehabilitation** Funding for community management through **individual care** for the more debilitated and acute patient alongside funded preventive pulmonary rehabilitation to reduce and prevent hospitalisation and deterioration.	**Reform to provide better care and outcomes for our care priorities**	**#11** **Rural health** Rebated physiotherapy items to reduce out-of-pocket costs to rural patients, alongside financial incentives to draw physiotherapists into training and practices where they are needed most.
#12 **First Nations health** A funded trial to embed appropriately trained, **culturally safe physiotherapists** into Aboriginal Community Controlled Health Services.	**#13** **Aged care** Comprehensive clinical assessment and targeted funding for **physiotherapy across settings** to prolong independence and manage the physical and cognitive symptoms of disease.	**#14.1-2** **Disability** The **immediate indexation** with the Consumer Price Index of NDIS price limits for physiotherapy supports. Medicare early intervention services and treatments for children and adults living with disability.
#15 **Veterans' care** New models of care that better utilise physiotherapy in veterans' care and **strengthened payments** for physiotherapists' delivery of this vital care.	**Reform to futureproof health systems**	**#16.1-2** **Climate action** Mitigation that will reduce the risks of climate change and maximise health benefits including clear health sector **decarbonisation targets** and funding for workforce development.
#17.1 **Next generation** **Extension of the HELP** for Rural Doctors and Nurse Practitioners initiative to rural physiotherapists.	**#17.2** **Next generation** New **training pipeline** to support successful adaptation to practice through a flexible framework of support and training that can be applied at any career stage.	**#17.3-4** **Next generation** Expanded **physiotherapy teaching capacity** through funded teaching incentives. Lifting of barriers to billing against MBS items for supervising a student to treat eligible patients.

1 Reform to empower patients and integrate care

PHYSIOTHERAPY

Putting patients at the centre

We must have a patient journey in primary care that is accessible and affordable and that guarantees the best health outcomes for patients with musculoskeletal (MSK) conditions by allowing practitioners to work at the top of their practice.

The APA calls for the immediate removal of costly structural barriers that make it harder for patients to access the care they need when they need it and for the implementation of new MBS-subsidised referral pathways to allow physiotherapists to directly refer to orthopaedic surgeons and to request imaging for MSK conditions. This is fiscally responsible and puts the patient at the centre of care.

We want to see reform pathways to enable patients to access the care they need more quickly, including new investment in publicly funded physiotherapy in primary care and in urgent care clinics, which will advance health, improve care and increase value.

In unlocking access to care, Primary Health Networks should strengthen multidisciplinary team care by prioritising models of care that encompass physiotherapy in primary care and in the community.

Allow physios to directly refer to orthopaedic surgeons and expand imaging rights across MSK conditions

Embed Medicare funded First Contact Physiotherapy into primary care

Expand Medicare for Chronic Disease Management

Strengthening Medicare: Funding what matters

Reform to empower patients and integrate care

Essential shift #1: Patient pathways direct referrals

Our current system leaves people waiting too long for referrals and the care they need–a key reform fix lies in addressing the structural barriers to patient care by shifting to **specialist referrals** to orthopaedic surgeons and expanding **medical imaging rights** for physiotherapists.

Fixing the patient journey means removing the obstacles that hinder access to the right care. We must remove health system barriers that lead to inefficient care—and this means addressing structural governance and funding inefficiencies. The restrictions on MBS subsidies impact the patient pathway and lead to significant opportunity costs. For the patient, this means increased costs, time delays and potentially delayed access to essential care. These barriers can be easily removed to ensure value-based care and a better patient journey, at a lower cost to the health system.

Models facilitating direct access to physiotherapy have proven effective, with lower rates of referral to imaging due to the high level of expertise in clinical examination of people with MSK conditions.[3] Advanced musculoskeletal physiotherapists are less likely to order imaging[4] and have high accuracy in clinical assessment.[5]

Towards a new and more efficient patient journey

Reform is needed to:

- Allow physiotherapists to directly refer to orthopaedic surgeons within their scope of practice.
- Expand medical imaging rights for physiotherapists across a range of modalities.
- Modernise My Health Record to enable full participation by physiotherapists and accelerate interoperability with practice management systems.

The APA is calling for:

1.1 An amendment to Medicare Benefits Schedule—Note GN.6.16 on *Referral of Patients to Specialists or Consultant Physicians* to allow physiotherapists to **directly refer patients** with musculoskeletal conditions to orthopaedic surgeons.

1.2 Medicare physiotherapy **referral rights** across a range of MSK imaging items (listed below)

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> The Nous Group has conducted a cost–benefit analysis of physiotherapist direct referral to specialists and imaging that shows the positive impact of the policy change on the patient journey, with efficiencies for the health system that would generate **$160 million** in savings.
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> Read more about the Nous findings in **Appendix 1**.

Direct imaging referrals for MSK imaging	Ultrasound	X-ray	MRI
	55856 / 55857 / 55858 / 55859—hand/wrist 55864 / 55865 / 55866 / 55867—shoulder/upper arm 55868 / 55869 / 55870 / 55871—hip/groin 55872 / 55873 / 55874 / 55875—pediatric hip examination 55876 / 55877 / 55878 / 55879—buttock/thigh 55888 / 55889 / 55890 / 55891—ankle/hind foot	57509—hand, wrist, forearm, elbow or humerus 57521—foot, ankle, leg or femur 57523—knee 57703—shoulder or scapula 57709—clavicle	63322—hip 63325—shoulder 63331—ankle or foot (or both) 63337—wrist or hand (or both) 63560—knee following acute knee trauma

Essential shift #2: Publicly funded physiotherapy

Too many Australians miss out on the care they need–publicly funded First Contact Physiotherapy in primary care in Australia will provide better and faster access to diagnosis and treatment and safe and effective care for musculoskeletal pain and conditions.

Primary care reform must tackle the first touchpoints of care across the different care pathways that exist for patients, particularly for those with MSK injuries and pain.

Physiotherapists working to their full scope of practice provide part of the solution to the GP and emergency department crisis. Recognition of physiotherapists as publicly funded First Contact Physiotherapists, in the form of Medicare-rebated item numbers for primary care that do not rely on GP referral pathways and that are apportioned based on patient need, is essential to improve access to physiotherapy services, particularly in rural areas. This will reduce unnecessary referrals, imaging, opioid prescription and surgical referrals, along with costs to the patient and the healthcare system.

This reform will ensure direct access to an appropriately skilled physiotherapist without delay, saving time and costs for both the healthcare system and patients. First Contact Physiotherapy practitioners can manage musculoskeletal conditions effectively to reduce the load on GPs in primary care. Importantly, as first contact professionals, physiotherapists have the breadth of knowledge, examination skills and clinical reasoning abilities to diagnose musculoskeletal conditions and determine appropriate care pathways.

Driving better musculoskeletal health through equitable and early access to physiotherapy

Reform is needed to:

- Provide better and faster access to diagnosis and treatment of musculoskeletal pain and conditions in primary care through publicly funded First Contact Physiotherapy.

The APA is calling for:

2.1 New **funded physiotherapy** in the form of Medicare-rebated item numbers for primary care.

2.2 Expand the **Urgent Care Clinic** team to facilitate appropriate access to physiotherapy.

2.3 Commission a **pilot to trial** the funded First Contact Physiotherapy model in Australia.

2.4 Pilot a transition to value-based healthcare reform that **extends the MyMedicare** patient registration model to the broader primary care team, encompassing physiotherapists, to enable and strengthen the clinical leadership provided by the full team in coordinating and directing care.

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> In a funded **First Contact Physiotherapy** model of care, patients can see a physiotherapist first in a primary care setting and receive the care they need while avoiding out-of-pocket costs. The patient will have improved access to safe and high-quality physiotherapy services including diagnostic, treatment and preventive care to reduce hospital admissions, surgery, medical interventions and deterioration of their condition.

Essential shift #3: Funding multidisciplinary teams to address need

An integrated, comprehensive healthcare system that delivers best care needs the skills of the entire health workforce and **multidisciplinary care teams** can provide the most comprehensive care possible, at the right place and time for each patient.

Ineffective management of chronic conditions in primary care leads to worse health outcomes and higher costs. The current system prioritises referral over integration, which is limiting the potential for active team management. Prevention and early intervention, in addition to the management of conditions, are key to addressing the chronic disease burden.

Chronic Disease Management (CDM) items are not used to their full capacity for a range of conditions, including chronic musculoskeletal pain and conditions such as osteoarthritis, rheumatoid arthritis, juvenile arthritis and back problems. Five sessions to meet all the allied health needs of a chronically ill or physically deconditioned person have **never** been enough to provide access to essential care.

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> A GP working in isolation is not a team. We need to move beyond the idea that general practice is the only setting where primary care takes place. This is stopping us from implementing the real reform measures that will enable the best care, at the right place and time for each patient.

The transition of the **Primary Health Networks** to outcomes-focused commissioning provides an opportunity for an integrated and collaborative approach to multidisciplinary healthcare. The new measure to fund Primary Health Network (PHN) commissioning of multidisciplinary teams in the community needs to build better connections for patients moving between acute and primary care settings and to encompass measures for keeping people out of hospital.

In making health teams work, reform is needed to:

- Enable PHNs to drive a team-based approach that encompasses prevention, early intervention and management of chronic disease.
- Ensure additional funding to allied health with more autonomy for key regulated front-line disciplines to build the required multidisciplinary care team around the patient.
- Reduce the focus on referral and put more on integration through improved systems within general practice.

The APA is calling for:

3.1 Expand **Medicare CDM items** beyond the capped five sessions, with flexibility for allied health to lead team care arrangements.

3.2 Dedicated MBS item numbers for chronic disease and pain-related **prevention and early intervention** physiotherapy.

3.3 Reform the **Workforce Incentive Program** to ensure that it targets the incentive to the health workforce gap rather than funneling it through general practice, which affects thin markets.

3.4 A new multidisciplinary item number for the prevention of **childhood chronic diseases** to support a team-based approach that encompasses physiotherapy.

2 Reform to prioritise the full recovery journey

PHYSIOTHERAPY

Rehabilitation is an investment

The APA advocates for reform that can address upstream issues in primary care rather than continue to direct a disproportionate investment towards tertiary care.

The APA calls for investment in physiotherapy-led non-operative pathways to reduce surgical waitlist times, reduce the need for specialist reviews and reduce surgical intervention.

We call for reform pathways to drive new models towards non-operative management, including non-surgical management of osteoarthritis and care for ACL tears as well as preoperative and postoperative physiotherapy in primary care to improve efficiency of care and reduce medical costs.

Urgent policy attention is needed to support women and other birthing parents to avoid and recover from birth trauma. We call for funded measures to prevent physical birth trauma by providing expert pelvic health physiotherapy care during pregnancy and postpartum. Policy inaction is leading to costly incontinence treatments including surgery and, in many cases, repeat surgeries.

Fund birth trauma prevention and treatment

Fund physio-led non-operative pathways in community care

Invest in prehabilitation to provide better outcomes

Fund recovery journeys for common injuries

Strengthening Medicare: Funding what matters

Reform to prioritise the full recovery journey

Key ask #4: Birth trauma prevention and treatment

There is currently no public funding for pre-birth pelvic health assessment, individualised physiotherapy-led pelvic floor muscle training or the treatment of physical postnatal trauma.

A significant number of birthing parents—over 45 per cent—report that they experienced traumatic physical events. These experiences are rarely canvassed in mainstream media or in public health discourse. A lack of education and support is limiting informed decision-making and further contributing to trauma.[6] Untreated physical birth trauma has direct long-term and debilitating impacts on almost every facet of daily life, including the ability to work, exercise, socialise, have sexual intercourse and undertake basic household activities.

With the right preparation during pregnancy, there are evidence-based health interventions that can prevent, alleviate and reduce physical birth trauma and prevent some third- and fourth-degree perineal tears and stress urinary incontinence. Trained pelvic health physiotherapists have a critical role in preventing and treating perineal trauma by identifying the risk of physical birth trauma. They assist during all stages of pregnancy, including with pelvic floor muscle training in both antenatal and postnatal care, preparing for childbirth, promoting recovery and prescribing appropriate exercises during pregnancy and at birth.

Prenatal and postnatal physiotherapy interventions ensure better health outcomes.

Reform is needed to:

- Prevent physical birth trauma by providing expert pelvic health physiotherapy care during pregnancy and postpartum.

The APA is calling for:

4.1 Medicare-funded **obstetric pelvic health physiotherapy** at five individualised antenatal and postnatal pelvic health physiotherapy consultations to enable antenatal screening and education, prevention and early treatment of physical birth trauma and referral to diagnostic imaging.

4.2 Investment in the **assessment, prevention and non-surgical management** of physical birth trauma—a systemic reform combining better health outcomes for patients with a reduction in costly surgeries and associated out-of-pocket costs for families and increased productivity and available workforce.

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> The absence of consistent access to Medicare-funded pelvic health physiotherapy services must be urgently addressed.

4.3 Modelling on the economic, health and social **impact of physical birth trauma** in Australia.

4.4 Funding for the Australasian Birth Trauma Association (ABTA) to **support those with lived experience** of birth trauma and to develop appropriate educational consumer-facing information and necessary materials.

Essential shift #5: Physiotherapy-led non-operative pathways in the community

Physiotherapy addresses a critical gap in care, particularly between primary care and hospitalisation, by providing alternative pathways that prevent unnecessary hospitalisation and reduce readmission rates.

New pathways are needed to drive effective models towards non-operative management, including non-surgical management of osteoarthritis and care for ACL tears as well as preoperative and postoperative physiotherapy in primary care to improve efficiency of care, reduce the length of hospital stays and reduce medical costs at the health system level.

For high-risk primary care patients and those with multiple long-term conditions, a chronic, painful musculoskeletal condition independently increases the risk of admission for hospital care.[7] The solution lies in primary care-based intervention through **physiotherapy screening clinics**, where patients can be managed without surgery, including for osteoarthritis of the knee and hip.

The use of advanced practice physiotherapy-led services in the management of overburdened neurosurgical and orthopaedic specialist outpatient waiting lists is effective. Ninety-five per cent of patients with non-urgent musculoskeletal conditions managed by an advanced practice physiotherapy-led service at three metropolitan hospitals did not re-present to access public specialist medical services for the same condition within 12 months of discharge.[8]

A further key measure lies in enabling access to physiotherapy as the recommended evidence-based, guideline-recommended care for patients diagnosed with **rotator cuff-related shoulder pain** through a new MBS-funded Physiotherapy Management Plan. This would reduce subacromial decompression surgeries as recommended by the Medical Services Advisory Committee.

Non-operative pathways in primary care

Reform is needed to:

- Direct funding to physiotherapy-led **non-operative pathways** to reduce surgical waitlist times, reduce the need for specialist review and reduce surgical intervention.

The APA is calling for:

5.1 Collaborative commissioning partners (Primary Health Networks and Local Hospital Networks) to fund new **Physiotherapy Screening Clinics** to build on existing allied health investment in PHNs in the last Budget.

5.2 An MBS-funded **Physiotherapy Management Plan** for people in Australia diagnosed with rotator cuff-related shoulder pain to reduce the reliance on low-value or unnecessary surgical procedures (such as subacromial decompression surgery).

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> Screening of patients with non-urgent musculoskeletal conditions by advanced practice physiotherapists can contribute to priority-based waiting list management while also delivering early alternative care when surgery is not indicated.

Essential shift #6: Invest in prehabilitation to provide better functional outcomes

Physiotherapists improve strength, function and mobility for people with a range of conditions in areas such as cardiorespiratory, neurology, orthopaedics and oncology–physiotherapy-led prehabilitation programs can minimise postoperative complications, reduce readmissions and improve rates of recovery.

Investing in the physiotherapy workforce is essential to delivering on the Labour Government's vision to Strengthening Medicare and will take the pressure off the high-cost parts of the system. There is significant opportunity within physiotherapy to leverage existing skill sets and scope, addressing system inefficiencies in primary care and directing care away from more costly medical interventions.

Prehabilitation aims to enhance patients' functional capacity and overall health status to prepare them for surgery. Evidence shows that prehabilitation for patients awaiting elective surgery is cost-effective compared to usual preoperative care.[9] This is important in primary care as it reduces health system costs by improving patient recovery time, enabling patients to regain mobility and independence sooner and to receive symptomatic benefit while awaiting surgery.

> "Our system defaults to a medical/surgical specialist referral pathway that fosters low-evidence surgical intervention, simply because evidence-based first-line interventions, which are the best clinical alternatives, are not publicly funded or available to all.

Physiotherapy for patients undergoing surgery

Pre-surgical rehabilitation programs reduce hospital length of stay and improve recovery times. Physiotherapy before joint replacement surgery can reduce the need for postop care by nearly 30 per cent.[10] Along with significant cost savings, prehab physiotherapy leads to increased confidence, decreased anxiety and better patient satisfaction.

Complications such as pneumonia have the potential to prolong recovery and delay discharge for those who have undergone surgery. Physiotherapy following surgery is essential to limit the impacts of these complications. Preoperative care such as supervised airway clearance and physical exercise improves rates of recovery by decreasing postoperative complications.[11] It also helps reduce readmissions. Recent evidence has linked functional decline during and after hospitalisation to an elevated risk of hospital readmission.[12]

Reform is needed to:

- Direct funding to physiotherapy-led **preoperative pathways** to optimise patient outcomes, reduce hospital length of stay and improve recovery times.

The APA is calling for:

6.1 Expanded access to out-of-hospital prehabilitation to clinically eligible patients through new models and investment in **Physiotherapy Pre-surgical Rehabilitation Clinics** in primary care.

6.2 The establishment of a **Private Health System Authority** to support the 'deliberate design' of out-of-hospital models of care with patient choice at the centre (as called for by the Australian Medical Association).

Essential shift #7: Recovery journeys for common injuries

Australians deserve simpler and faster recovery journeys from common injuries–particularly musculoskeletal injuries, where an integrated pathway to transition smoothly from injury to recovery is significantly lacking.

Enhancing the condition and wellbeing of patients preoperatively ensures better outcomes. This is an investment both in the patient and in reducing health system costs. However, not all patients can access this care. Strengthening Medicare means ensuring that recovery journeys for common injuries are funded. Prehabilitation should be built into new model designs and should encompass physiotherapist-supervised high-intensity exercise training, adequate nutrition and psychological support.

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> The scope of practice and diagnostic and clinical reasoning skills of physiotherapists will enable the development of a more efficient and economic pathway of care for common MSK injuries such as MI and RC.

Greater recognition of the health and economic burden of musculoskeletal disorders is required—including in building a treatment pathway for meniscal injuries (MI) and rotator cuff (RC) injuries. From a health systems perspective, recognition of the importance and burden of MI and RC injuries is severely lacking. We must pay attention to helping patients navigate optimal soft tissue injury care pathways and efficient reimbursement mechanisms.[13]

The incidence of MI and RC injuries is on the rise in Australia. Over the past 20 years, the prevalence of shoulder pain in the general population aged <70 years grew from seven to 27 per cent, while the lifetime prevalence of shoulder pain has increased to 67 per cent.[14] Over a similar period, knee injuries have significantly increased for both men and women, with annual incidence rates reaching 83.9 and 60.1 per 100,000 population for men and women respectively.[15]

Reform is needed to:

- Ensure that the Strengthening Medicare reforms activates a shift towards full recovery journeys and wrapping healthcare services around the patient, particularly for MSK injuries.

The APA is calling for:

7.1 A **Primary Health Network** pilot to fund a prehabilitation program with a multidisciplinary team including a specialist surgeon, a physiotherapist, a psychologist and a dietitian.

7.2 Medicare reform that includes a simplified and more streamlined treatment **pathway for MI and RC injuries** and that recognises and provides support for the different roles played by healthcare professionals along the patient pathway.

7.3 A further focus, in directing reform, on information systems and data capture to ensure better access to and use of clinical data alongside a **broader system review** of the costs and existing compensation/reimbursement schemes for MI and RC injuries.

3 Reform to prioritise prevention and early intervention

PHYSIOTHERAPY

Prevention and early intervention

Too many Australians are without access to prevention, early detection and quality care. And for too many, this means that they suffer with chronic pain.

Physiotherapy helps people of all ages to prevent, manage and/or rehabilitate injury, illness or disability and to screen for a range of preventive health issues. Community-based physiotherapy also has a key role in preventing hospitalisation or reducing the length of hospitalisation.

Chronic disease and pain cannot be addressed without significant reform to embed prevention and early intervention into the health system. Access to prevention, early intervention, diagnosis and quality care to improve function and reduce pain is essential. The APA calls for greater integration of physiotherapists into primary healthcare. There is a need to shift towards a wellness approach to help individuals get the best out of life.

In falls prevention, we outline proven strategies to improve quality of life, physical function and falls efficacy in older Australians. We also call for funding to expand public physiotherapy for pain prevention and management.

Fund falls prevention strategies across care settings

Fund physio-led early intervention and prevention pain strategies

Increase access to pulmonary rehab in primary care

Strengthening Medicare: Funding what matters

Reform to prioritise prevention and early intervention

Key ask #8: Falls prevention

Physiotherapy has a critical role in improving function and mobility and preventing falls in aged care residents. There is an urgent need for investment in a falls-related fractures and hospitalisation prevention program through physiotherapy-led care in the community.

Falls are a leading cause of preventable death in older people. Whether at home, in residential aged care or in the hospital setting, older Australians are at risk of experiencing a life-changing fall every day. Falls accounted for 133,000 hospitalisations and 5000 deaths among older Australians in 2019–20[16], with one in three people over 65 living at home experiencing a fall annually.[17]

Physiotherapy and falls prevention strategies keep people active and independent for longer. Publicly funded physiotherapy-led falls prevention programs keep older Australians out of hospital.[18]

The Sunbeam Program has demonstrated a 55 per cent reduction in falls among residential aged care facility participants with a projected cost saving of $120 million per year for the Australian health economy. The *Value of Physiotherapy in Australia* report, produced by the Nous Group, concluded that the benefit of physiotherapy-led falls prevention programs equalled $1320 per falls episode.

The cost of the program in the residential aged care setting—including set-up; 50 hours of interventions; assessments at initiation, midpoint and end point per resident; and consumables—is approximately $7300 per group.

Helping older Australians stay safe and independent longer

Reform is needed to:

- Provide an ongoing, nationally scaled up Allied Health Group Therapy Program to address functional decline in aged care residents.

The APA is calling for:

8.1 Funding for an ongoing six-monthly, twice-weekly **group program** delivered by physical function experts such as physiotherapists via Primary Health Networks.

8.2 Ongoing funding for a critical **12-week Short Term Restorative Care** falls prevention program currently available via the Commonwealth Home Support Programme, ensuring that it continues under the new Support at Home program.

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> Falls do not have to be an inevitable part of growing older—falls prevention strategies should be funded in the community, alongside osteoporosis diagnosis and management.

Key ask #9: Physiotherapy early intervention and prevention pain strategies

More money is spent on musculoskeletal disorders, such as osteoarthritis and back pain, than on any other disease, condition or injury in Australia, at a cost of $14 billion per year.[19] A true prevention approach would prioritise the promotion of lifelong healthy bones, muscles and joints for all Australians.

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> Patients with chronic and complex pain, mental health conditions or dependence on medication are overwhelming our health system—significant reform is required to embed prevention and early intervention into the health system.

Access to prevention, early intervention, diagnosis and quality care to improve function and reduce pain is essential. Living with chronic pain is not only debilitating to the individual; it also places a significant economic burden on the nation.

Opioid medications are one option—but they shouldn't be the only option. These drugs are overused, provide minimal benefit[20] and place a strain on the health budget simply because of inadequate access to multidisciplinary services such as physiotherapy.[21]

Physiotherapy is integral to the prevention of chronic pain because 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.

To expand the treatment pathway, new evidence-based treatment strategies are needed including multidisciplinary pain management interventions. Governments must recognise active self-management in a biopsychosocial approach instead of assuming a reliance on passive modalities like drugs. This requires a fundamental shift towards funded, collaborative care that empowers—care that is personalised, coordinated and enabling.

Rising costs and growing demand will persist without new care delivery models that can facilitate continuous management of pain.

Reform is needed to:

- Expand public physiotherapy for chronic pain prevention and management.

The APA is calling for:

9.1 Expanded **MBS pain-related items** to enable high-value care via multidisciplinary, patient-centred approaches to pain management.

9.2 New Primary Health Network **commissioned models** to direct a range of prevention and early intervention services for people at risk of persistent pain.

9.3 An MBS item to provide an **alternative pathway** for physiotherapy and pain management, reducing opioid dependence by limiting the default towards an ineffective opioid pathway.

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Key ask #10: Increasing access to physio-led pulmonary rehabilitation in primary care

Chronic obstructive pulmonary disease (COPD) is a preventable and treatable lung disease–with early diagnosis and treatment, patients can breathe better and live healthier lives.

In Australia in 2021, COPD was the fifth most common[22] cause of death and in 2022, it caused the fifth highest disease[23] burden. COPD costs the Australian healthcare system around $1 billion[24] a year and is the most common[25] cause of potentially preventable hospitalisations for chronic conditions—more than heart failure, diabetes complications and asthma. These statistics demonstrate that COPD contributes significantly to mortality, hospitalisations and healthcare costs—yet there is evidence that the detection, accurate diagnosis and management of COPD are currently suboptimal in primary care.[26]

> **Too many Australians are missing the opportunity to slow COPD progression.**
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> Physiotherapists are well trained in cardiorespiratory management and chronic care but are currently underutilised in primary care. Physiotherapy-led exercise prescription is a key component of pulmonary rehab programs but it remains underfunded.

In ensuring access to appropriate treatment strategies, **pulmonary rehabilitation (**PR) is considered an essential component of COPD with key benefits that include reduced symptoms, improved physical capacity and reduced admissions to hospital.[27] [28]

Current clinical guidelines for the management of COPD emphasise both drug- and non-drug-based interventions to improve quality of life and survival, with PR recommended for all patients with COPD who are short of breath on exertion, including in the period following an acute exacerbation.[29] Despite strong evidence, PR has been delivered to less than five per cent of patients who would benefit[30], with poor data capture contributing to policy inaction.[31]

Respiratory physiotherapists perform a key role in the care of patients with respiratory diseases.[32] Preoperative physiotherapy reduces postoperative pulmonary complications. Outpatient physio-led pulmonary rehabilitation programs provide education and exercise, empower the COPD/respiratory patient to self-manage and reduce the risk of hospitalisation and complications while in hospital.[33]

Physiotherapy pulmonary rehabilitation and management of respiratory complications is also cost-effective. The management provided through community care is cost-effective and helps people live well and stay out of hospital. The average net benefit of treating COPD with physiotherapy over a two-year period is estimated to be $2436 per episode of care.[34]

Reform is needed to:

- Improve diagnosis of COPD and increase funding for community management including expanded access to physiotherapy-led pulmonary rehabilitation in primary care.

The APA is calling for:

10.1 Individual **one-on-one care** for the more debilitated and acute patient, delivered in-home or through telehealth.

10.2 Access **to funded PR programs** in the community (these programs can also be done online) to reduce and prevent hospitalisation and deterioration.

4 Reform to provide better care and outcomes for our care priorities

PHYSIOTHERAPY

Bringing fairness to healthcare

All Australians deserve access to high-quality healthcare–bringing fairness to healthcare access requires a particular focus on our priority populations.

Improving the overall health of the population and reducing health inequities should be a core focus of the Australian health system. Priority populations stand to benefit the most from physiotherapy-led interventions and we call for reforms across five key areas.

The APA is calling for action to remove the barriers to efficient and cost-effective physiotherapy for people most in need and across our highest priority settings. The first step involves gaining access to affordable healthcare and prioritising population groups who experience the most inequity.

Reform must focus on securing a better future for First Nations peoples and enabling health access for rural Australians. In addition, our care priorities must extend to securing the NDIS to support Australians with disability, funding for better aged care and support for our veterans.

Funding to drive physiotherapy-specific measures to make rural practice more viable

A trial to embed culturally safe physiotherapists within Aboriginal Community Controlled Health Services

Improved access for older Australians to needs-based and person-centred physiotherapy

Bridging the gaps to allow access to physiotherapy for all people with disability across all settings

Addressing the price disparity in DVA fees to ensure that physios can continue to provide essential services to veterans

Strengthening Medicare: Funding what matters

Reform to provide better care and outcomes for our care priorities

Key ask #11: Rural health

Every community across Australia deserves access to vital health services, including physiotherapy services. However, many rural communities have no physiotherapy services, contributing to disparities in healthcare.

A rural health strategy needs to address the challenges of delivering services in rural communities, including addressing the specific needs of those who live there. This key policy challenge has eluded successive governments and meeting it requires a much stronger equity lens with impactful system-level changes to lift the barriers currently limiting rural physiotherapy service delivery.

Providing equitable access to care continues to be a fundamental challenge for rural physiotherapists working within private and public settings.

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> The APA’s 2023 Workforce Census shows that **one in three** physiotherapists are willing to work rurally but cite a lack of financial incentive as a key barrier. Attraction strategies like the HELP for Rural Doctors and Nurse Practitioners initiative must extend to physiotherapists, who also sit in the Top 20 Occupations in Demand, alongside doctors and nurses.

New funding models to increase rebated allied health services, including targeted skills initiatives, are needed. Rural reform that continues to direct funding through general practice is failing these communities. Workforce solutions that focus on facilitating wider scopes of practice and place a greater emphasis on multidisciplinary care will address the rural workforce crisis.

Chronic staff shortages and high turnover within the rural allied health workforce require targeted and discipline-specific support. Funding for rural health reform beyond medicine must be prioritised to address entrenched health disparities. The Workforce Incentive Program is poorly targeted, failing to support the distribution of the physiotherapy workforce—this needs a reform focus beyond just general practice.

Read more on training reform in Essential shift #17: Physiotherapy next generation.

Ensuring more equitable access to physiotherapy

Reform is needed to:

- Drive new discipline-specific measures to make rural practice more viable, factoring in geographic, demographic, workforce and training variables.

The APA is calling for:

11.1 **Rebated physiotherapy items** to reduce out-of-pocket costs to rural patients.

11.2 **Financial incentives** to draw physiotherapists into training and practices where they are most needed.

11.3 Investment in **integrated care models** and incentivised team-based care arrangements to increase access.

11.4 Expanded capacity for Primary Health Networks to **fund physiotherapy solutions** to address rural service challenges.

11.5 Redirection of the **Workforce Incentive Program** to directly fund physiotherapy practices.

11.6 Extension of the HELP for Rural Doctors and Nurse Practitioners initiative to rural physiotherapists.

11.7 **Pilot of telehealth** MBS items for physiotherapists to direct advanced practitioner and specialist care for rural patients where distance barriers limit access.

Key ask #12: First Nations health

Aboriginal and Torres Strait Islander peoples in Australia continue to suffer a greater burden of chronic disease than their non-Indigenous counterparts, with many socio-economic factors, such as access to culturally safe care, contributing to these health disparities.

Physiotherapists are vital to improving health outcomes for First Nations peoples. They provide patients with the skills and strategies to treat a range of conditions and to manage and prevent chronic disease. Access to coordinated and timely healthcare improves health outcomes for people with chronic and complex health needs. Improving access to and providing culturally safe healthcare, including preventive services, for First Nations peoples must be prioritised.

Aboriginal Community Controlled Health Services are the preferred model of healthcare for many First Nations peoples in Australia due to the centrality of culture in all elements of their service delivery. This is key to creating a culturally safe and comprehensive primary healthcare service that is oriented to the needs of First Nations communities.

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> Low utilisation of physiotherapy among First Nations peoples, which is underpinned by a lack of awareness of the role of physiotherapy, financial barriers and low access to culturally safe services, needs more policy attention.

Strengthening the cultural competency of physiotherapists, growing the Aboriginal and Torres Strait Islander physiotherapy workforce and enhancing access to culturally safe services are key shifts required to make allied health services more appropriate for First Nations peoples.

Ensuring more equitable access to physiotherapy

Reform is needed to:

- Increase access to physiotherapy as it plays an essential role in improving health outcomes for Aboriginal and Torres Strait Islander peoples, including managing chronic diseases such as cardiorespiratory disease and chronic pain.

The APA is calling for:

12.1 A **funded trial** to embed appropriated trained, culturally safe physiotherapists within Aboriginal Community Controlled Health Services.

Key ask #13: Aged care

Understanding the care and support needs of older people requires a strong policy focus on their chronic conditions and unmet care needs.

Fundamental reform is required to address the current system inefficiencies, to drive value-based healthcare and to ensure sustainability for the future. The Royal Commission into Aged Care Quality and Safety provided recommendations for building a new aged care system. Almost three years on, with substantial legislated funding changes, there is a need for further reform—utilising the skills of physiotherapists to improve healthcare outcomes for older Australians accessing the aged care system.

Sector-wide efficiencies can be realised through specific, targeted measures to increase the physiotherapy-led services that facilitate reablement. Addressing activity-limiting chronic conditions and reducing falls and falls-related fractures and hospitalisations will help older Australians live well at home for longer and will improve quality of life for those living in residential aged care.

> **Function is a key indicator of overall health.** We can maintain and improve the quality of life of people aged 65 and over by ensuring early and ongoing access to physiotherapy-led programs that improve function and reduce falls.

For those living in residential aged care facilities:

It is critical that older people have access to ongoing and episodic physiotherapy based on appropriate clinical assessment undertaken by qualified healthcare practitioners. Further reform of the residential aged care funding model is needed to ensure access to high-quality, needs-based physiotherapy care, with mandated funding and a separate dedicated funding component for the assessment and delivery of allied health services that respond to the individual needs of older people in residential aged care.

For those living at home:

Proactively addressing the complex healthcare needs of Australia's growing ageing population demands impactful, financially sustainable policy solutions. In-home rehabilitation reduces the risk of readmission and ongoing dependence on services and improves long-term outcomes. Physiotherapists deliver cost-effective care focused on prevention, early intervention and rehabilitation that enables people to live well for longer with reduced need for care and support. Read more on falls prevention at Key ask #8: Falls prevention

Healthy ageing is key. This is where the better spend lies.

Reform is needed to:

- Ensure that older Australians have improved access to needs-based and person-centred physiotherapy, which is critical to preventing falls, maintaining mobility and managing complex health issues including pain, continence and the behavioural and psychological symptoms of dementia.

The APA is calling for:

13.1 Immediate action to address the consequences of recent policy reforms for a rapidly diminishing **physiotherapy workforce** in residential aged care.

13.2 Comprehensive clinical assessment and targeted **funding for physiotherapy across settings** to prolong independence and manage the physical and cognitive symptoms of chronic disease.

13.3 The incorporation of **adequate clinical assessment** to ensure that healthcare needs are met at home and in the community.

Key ask #14: Disability

Ensuring that people with disabilities achieve the highest level of function, independence and mobility possible must be a national priority.

All Australians living with disability must have access to the physiotherapy supports they need to maintain and improve function and participation, inside and outside the National Disability Insurance Scheme (NDIS). The NDIS is one of the fastest growing expenses of the Federal Budget[35] and yet many people with disability miss out on the care they need. This means there is a missed opportunity for greater social and economic participation.

For those inside the NDIS

Physiotherapists provide expertise in improving function and participation and in building capacity of people with disabilities; however, the NDIS does not provide all Scheme participants with access to physiotherapy services.

Price limits for supports delivered by physiotherapists haven't changed since July 2019. This means that they have decreased in real terms as the costs of providing supports have increased in line with wage and price increases, affecting practice viability and the ability to deliver these services. This can be fixed through the immediate indexation of NDIS price limits for physiotherapy supports with the Wage Price Index and Consumer Price Index, as was granted to nursing supports in the update of the price guide in 2022.

> "We need to bridge the gaps for those who fall within and outside of the Scheme. Timely physiotherapy improves functional outcomes for participants, which in turn reduces costs to government by facilitating return to work and participation in society.

For those not eligible for the Scheme

Access to physiotherapy in primary care is critical for children and adults who are living with disability that affects their function and mobility and who are not eligible for the NDIS. Those outside the Scheme are only able to access publicly funded physiotherapy services through very limited MBS chronic disease items.

We achieve better outcomes for people with disability by improving access to physiotherapy supports and treatments. Funded access to physiotherapy (including group sessions) for people with disability in primary care is needed beyond the very limited MBS items that exist for chronic conditions. The number of physiotherapy sessions available under the Chronic Disease Management and Better Start for Children with Disability initiative Medicare items needs to be urgently increased. The number of sessions should be based on needs, according to evidence-based guidelines and with the aim of achieving the best clinical outcomes.

Reform is needed to:

- Bridge the gaps to allow access to physiotherapy for all people with disability across all settings.

The APA is calling for:

14.1 **Immediate indexation** with the Wage Price Index and Consumer Price Index of NDIS price limits for physiotherapy supports.

14.2 Strengthened funding for access to **physiotherapy early intervention** services and treatments under Medicare for children and adults living with disability.

Key ask #15: Veterans' care

The role of physiotherapy in a veteran's health journey, both physical and mental, is vital but barriers to providing this essential care remain.

Physiotherapists are vital to the healthcare of veterans. Veterans' health is often complex and comorbid[36] [37] and evidence demonstrates that veterans have worse physical and psychological health than non-veterans.[38]

Every veteran deserves access to physiotherapy and the health outcomes associated with consulting these highly qualified health providers. Unfortunately, veterans are missing out on this essential healthcare because physiotherapists are regrettably unable to provide care under the Department of Veterans' Affairs (DVA) funding scheme, which supports 'low budget' healthcare for veterans. Physiotherapists treating our veterans are operating at a loss. The current DVA fee schedule remunerates physiotherapists substantially below their standard prices.

> **Leaving physiotherapy behind leaves veterans behind.** Veterans' health should be a national priority and undervaluing their healthcare belittles the serious unmet need in this community. As the government engages in a seemingly endless review process, the burden of disease for veterans remains. Chronic complacency in the reform process leads to chronic disease and disability for veterans.

Measures are needed to improve and streamline coordination of musculoskeletal care for veterans, to reduce the burden on general practice and to reduce ongoing low-value care. In the DVA report 'Alternative funding models for allied health services for veterans', new models of care that better utilise physiotherapy are recommended, specifically highlighting the value that physiotherapists could add to veterans' care. We support new models that strengthen multidisciplinary care through physiotherapy-led management and coordination of allied health services and that utilise physiotherapy to reduce the burden of costly tertiary surgical procedures for highly prevalent conditions such as knee and hip osteoarthritis. Veterans should not be deprived of the value that physiotherapist-led management can bring.

Reform is needed to:

- Deliver a pricing framework that encourages earlier intervention and drives value-based healthcare through new physio-led models of care.

The APA is calling for:

15.1 Co-design of a **pilot of models of care** recommended by the DVA's 'Alternative funding models for allied health services for veterans', implementing Model 1a.

15.2 The **price disparity** to be addressed to ensure that physiotherapists can continue to provide essential services to veterans. Specifically, the DVA should adopt an urgent fee increase for:

- initial physiotherapy in-rooms consultations to at least $118.55 (parity with occupational therapy)
- subsequent in-rooms consultations to at least $85.65 (parity with podiatry).

5 Reform to futureproof health systems

PHYSIOTHERAPY

Strategies for managing future challenges

Throughout this submission, we have presented solutions utilising our core discipline strengths to drive better, connected and integrated care that will deliver the four outcomes governments and patients want–high-value care, reduced costs, improved efficiency and enhanced patient ownership of their own healthcare.

In funding what matters by strengthening Medicare, investment in publicly funded physiotherapy and optimising scope will advance health, improve care and increase value, taking pressure off the high-cost parts of the system. The APA has outlined funded measures to drive the deeper structural reform needed in primary care now and for the future.

For a sustainable and adequately distributed health workforce, futureproofing requires more emphasis on needs-based planning and a focus on supporting the next generation of physiotherapists. Retention strategies, including incentivised upskilling and advanced skill acquisition to build workforce capacity, are also needed.

The role of the health workforce in improving health through climate action is also key. The relationship between climate change and the social, cultural and environmental determinants of health, along with their impact on vulnerable population groups, must inform all policy discussions.

Climate action that includes clear health sector targets and funding for workforce development on effective decarbonisation strategies and their implementation

Securing the next generation of physiotherapists through attraction strategies and a funded training pipeline that includes practice viability measures

Strengthening Medicare: Funding what matters

Reform to futureproof health systems

Essential shift #16: Climate action

It has never been clearer that acting on climate change is the most critical and pressing public health intervention in human history–requiring an unwavering health-in-all-policies approach.

Rising heat, pollution and outbreaks of disease are resulting in increasing rates of chronic illness, hospitalisation and death in Australia and globally. All actions to slow global warming, including the most critical—decarbonisation—are interrelated and must be viewed through a human health lens to save lives and provide the impetus for rapid and urgent action.

In a first-of-its-kind National Health and Climate Strategy (Strategy), the federal government committed to a health-in-all-policies approach. While a comparatively low-carbon profession, physiotherapy is committed to the Strategy's key goals—including carbon emission reduction in the healthcare sector, which is imperative. It is critical that funding and mechanisms are put in place to support the delivery of the Strategy's other actions, such as cross-sectoral collaboration.

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> Physiotherapists are powerful advocates for change. As trusted leaders in their communities, they can promote climate change awareness, mitigation activities and health promotion strategies to adapt to it and can advocate on behalf of their patients and communities.

Physiotherapists, like other healthcare professionals, are experiencing the impacts of climate change on their environments, patients, professional practice and workplaces. They diagnose, treat, manage and/or prevent a wide range of conditions that are becoming more prevalent as a result of climate change[39], including cardiorespiratory and cardiovascular illnesses and pain, diabetes, cancer, musculoskeletal conditions, heat-related stress and neurological and cognitive conditions[40] such as Parkinson's disease[41] and dementia[42].

Like all healthcare professionals, physiotherapists have a role to play in adaptation—by building climate-resilient health systems—and in mitigation. They are well placed to advocate for climate action at all levels.

Climate change and healthcare

Reform is needed to:

- Ensure that the Strategy works to build stronger, healthier and more climate-resilient communities through an approach that strengthens policies to address the wider determinants of health.

The APA is calling for:

16.1 Mitigation that will **reduce the risks of climate change** and maximise health benefits.

16.2 Clear health sector **decarbonisation targets and funding** for workforce development on effective decarbonisation strategies and their implementation.

16.3 Funded mechanisms **for all goals of the Strategy**, including elevating the leadership, wisdom and knowledge of First Nations peoples in the response to the health impacts of climate change.

Essential shift #17: Physiotherapy next generation

Supporting the next generation to ensure a future physiotherapist workforce starts with positive early exposure and ensuring that students can make valuable contributions to patient care during clinical placements.

> We call on the government to incentivise the physiotherapy workforce in the same way that GPs are incentivised. This will ensure that training can be built into physiotherapy business models to address the barriers that limit clinical supervision capacity.

Significantly more investment is required to secure the next generation of physiotherapists. This means building a sustainable training pathway from early career to advanced practice roles. More attention is needed to ensure that the training pathway encompasses a vertically integrated undergraduate curriculum to improve graduate readiness for practice. A much stronger national focus on both recruitment and retention planning will allow us to build the physiotherapy workforce we need to address maldistribution.

To attract the next generation of physiotherapists, we need a more supportive pathway experience. This requires fully funded attraction and support strategies that offer students and graduates the opportunity to experience diverse environments, including in rural communities, and both short- and longer-term placements with time in private practices and in the hospital setting.

As physiotherapy is an autonomous profession, it is essential that physiotherapists are prepared to enter the workforce upon graduation. Physiotherapy training programs must include funded clinical placements to provide the opportunity for students to implement their learning in a supervised environment. There is also a need to remove barriers to supervision, including legislative change to address the current provisions that prevent physiotherapists from billing against MBS items 10960, 81335 and 82035 for supervising a student treating eligible patients for the required period of time.

Reform is needed to:

- Prioritise a national allied health workforce strategy encompassing needs assessment and targets for physiotherapy workforce growth.

The APA is calling for:

17.1 **Extension of the HELP** for Rural Doctors and Nurse Practitioners initiative to rural physiotherapists.

17.2 Investment in a **training pipeline** to support successful adaptation to practice through a flexible framework of support and training that can be applied at any career stage.

17.3 Development of **physiotherapist teaching capacity** and the provision of a more supportive training pathway through funded supports for clinical placements via teaching incentives.

17.4 **Legislative change** to address the barriers that prevent physiotherapists from billing against MBS items for supervising a student to treating eligible patients. The requirement needs to extend to broader schemes including private health insurance and the Department of Veterans' Affairs.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is for all Australians to have access to quality physiotherapy, when and where required, to optimise health and wellbeing and for the community to recognise the benefit of choosing physiotherapy.

The APA represents more than 32,500 members. We are the peak body representing the interests of Australian physiotherapists and their patients and a national organisation with state and territory branches and specialty subgroups.

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.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

Appendix 1: Direct patient pathways for physiotherapy–initial findings

Nous Group report commissioned by the APA. To be published.

Findings from the report are provided below. An embargoed version of the report is available upon request.

The APA commissioned Nous Group to undertake a cost modelling of the policy change sought by the APA: Medicare-funded direct referrals from physiotherapists to orthopaedic surgeons and for diagnostic imaging.

Nous:

- Surveyed APA members on their referral practices (volume and decision-making) and patient journey.
- Undertook cost assessments for MBS expenditure, patients' out-of-pocket costs and travel costs.
- Undertook financial impact analysis of the policy change.
- Differentiated between major cities and areas outside of major cities.

Nous found that the proposed policy change of direct referrals by physiotherapists with MBS rebates in major cities and other areas would result in over $160 million worth of savings for the Australian health system and patients.

Table 1 | Breakdown of total cost reductions with policy change for orthopaedic specialist and medical imaging services referrals across remote and urban areas.

Category	Cost reduction with policy change - Orthopaedic specialists ($M)	Cost reduction with policy change - Medical imaging services ($M)
MBS cost	32.1	15.3
Out-of-pocket costs	54.1	40.7
Travel costs	14.4	8.1
Total cost reduction	**98.6**	**64.1**

Approach and methodology

The APA has consulted with subject matter experts across a range of physiotherapy areas of expertise and surveyed APA members to develop the scope and MBS codes utilised in the report. Referrals to medical imaging and orthopaedic specialists were chosen because there is strong evidence that they represent significant opportunities to safely improve healthcare efficiency and patient outcomes.

A nationwide survey polled physiotherapists on their current referral volumes, preferences and ability to directly refer to imaging or orthopaedic services. The survey asked about current referral and ordering rates, the intent of the referrals and ordering, the remoteness of physiotherapists' primary place of work and physiotherapists' confidence in their diagnostic abilities. To quantify the potential cost savings, the survey results were used to develop four cost models: orthopaedic specialist referrals outside major cities, orthopaedic specialist referrals within major cities, medical imaging ordering outside major cities and medical imaging ordering within major cities.

This survey builds on a previous study conducted by the Centre for Applied Health Economics, Griffith University and the Deeble Institute for the APA in 2013. The results from the study showed significant financial benefits for patients and the healthcare system across various areas, including MBS costs and patient costs, and were generally consistent with the findings in this report.

To complement the survey, Nous conducted an extensive literature review, looking at the evidence base supporting the clinical safety, effectiveness and appropriateness of physiotherapist management of musculoskeletal conditions and decision-making associated with referrals.

Net costs were calculated accounting for travel costs, MBS expenditure, out-of-pocket costs and travel time.

The impact on costs was assessed using MBS rebate rates for the relevant GP, orthopaedic consultation and medical imaging items within the scope of the study and associated average out-of-pocket costs for patients. Travel time costs were calculated using Australian Transport Assessment and Planning travel time data.

The proposed policy change would allow MBS rebates for specialist referrals or imaging orders made directly by physiotherapists that are currently fully paid for by patients. The effect of this would be to increase MBS expenditure associated with these services and reduce out-of-pocket expenses. Based on the survey responses, it was estimated that there would be a seven per cent increase in rebatable orthopaedic consultations and a 16 per cent increase in rebatable medical imaging. The cost of these changes was included in the models.

The net benefits were then calculated by understanding the differences in costs between the three core components: MBS, out-of-pocket and travel expenses.

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