AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Physiotherapy: A Path to Better Care.

New advanced pathways to strengthen care for all Australians

Federal Election 2022 | Australian Physiotherapy Association

About the Australian Physiotherapy Association (APA)

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. Through its National Groups, the APA offers advanced training and collegial support from physiotherapists working in similar areas.

The APA represents more than 30,000 members who conduct more than 23 million consultations each year. It is committed to professional excellence and career success for its members, which translates into better patient outcomes and improved health conditions for all Australians. The APA believes that all Australians deserve equal access to safe, high-quality, evidence-based care. It advocates for service efficiency, research-informed treatment modalities and practitioner scope of practice.

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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Physiotherapy is a critical and essential service for all Australians. It's time to publicly fund it.

Investment in public funded physiotherapy will advance health, improve care, and increase value. In this 2022 Pre-Budget Submission, the APA presents new advanced pathways that optimise the patient journey through referral, diagnostic and treatment pathways. We offer a way forward in reorienting the health system towards primary care encompassing physiotherapy. We provide new ways to address social determinants and health inequity through new physiotherapy-led models to strengthen care and reduce disparities across priority populations. In making integration a reform reality, we provide a way forward towards sustained, integrated, team-based care encompassing high-value physiotherapy.

The APA has strong solutions to strengthen care for all Australians.

01 **Improve the patient pathway** by addressing the structural barriers to reform.

02 **Reform primary health care** through new public funded physiotherapy treatment pathways.

03 **Shift priorities** to ensure those most in need are not waiting for care.

04 **Implement health care reform** by acting on the many plans already in place.

Physiotherapy. Reform begins here.

01
IMPROVE THE PATIENT PATHWAY

Reform begins by removing the structural barriers.

Now is the time to prioritise the critical issues and structural changes that matter most. The path to better health involves lifting the current barriers to ensure the best use of physiotherapists within the Primary Health Care system. This includes connecting the patient to the most clinically appropriate and cost effective pathway. The solution lies in specialist referral and lifting barriers to allow physiotherapists to directly refer patients and to fund imaging requests for patients.

02
REAL PRIMARY CARE REFORM

Optimise the patient journey through new treatment pathways.

Stronger investment in physiotherapy will strengthen the Primary Health Care system and improve equity of access to essential care for all Australians. Investment in public funded First Contact Physiotherapy will provide better and faster access to diagnosis, treatment, and care of musculoskeletal pain and conditions. Significant gains will also be found by expanding public physiotherapy to prevent and treat injury, and for persistent pain, chronic disease and Long COVID sufferers.

03
OUR CARE PRIORITIES

Expand physiotherapy funding for those most in need.

Physiotherapy provides a path to better health and wellbeing but for too many Australians access is denied or inadequately funded. The physiotherapy profession is a fundamental provider of high-quality, evidence-based care for ageing Australians, veterans and those living with disability. For Aboriginal and Torres Strait Islander peoples, physiotherapists are vital to improving health outcomes. Providing equitable access to care must also extend to rural Australians—only then can we address entrenched health disparities.

04
START IMPLEMENTING

We've got the plans, let's get going.

Electoral cycles have delayed real reform for too long. We have many plans in place following a prolonged period of review. It's time to adequately fund and implement them.

This work needs to being now:

- Primary Health Care 10-Year Plan
- National Preventive Health Strategy
- National Obesity Prevention Strategy
- Fifth National Mental Health and Suicide Prevention Plan
- Medicare Benefits Schedule (MBS) Review

01 Improving the patient pathway

Remove the structural barriers that make it harder for Australians to access the care they need.

The APA calls for:

1.1 Reform of Australia's referral system to specialist care to reflect need and the management of ongoing chronic health conditions. This requires:

1.1.1 A change to the Medicare Benefit Schedule (MBS) requirement for a GP referral to allow physiotherapists to directly refer to the most suitable medical practitioner.

1.1.2 The lifting of barriers to allow physiotherapists to refer for musculoskeletal imaging through the expansion of imaging items under Schedule 5, Subgroup 1, of the MBS.

The issue

We need to strategically prioritise access and outcomes beginning with lifting the barriers to access.

The pandemic has shown us what reform at pace can look like—showing just how achievable it is to remove the barriers to make true health system transformations. We need to maintain this momentum to address the significant structural, governance and funding inefficiencies that remain. Currently, with COVID, we have a system under increasing pressure. It can be frustrating to navigate our health system. Delays in the referral journey have significant impacts on our patients. Living with symptoms or with pain due to long wait times has an impact on quality of life. It can affect a patients' ability to work, sleep or function and we know that delayed care is also costly to the health system.

Musculoskeletal (MSK) conditions result in $9.2 billion direct health costs and further costs from reduced productivity (PwC, 2017). Another study, using a range of modelling techniques, showed an even higher cost with MSK disorders again representing the highest spend at $14 billion (AIHW, 2021). Improvements can be found by lifting the barriers to practice and designing better payment models. A key opportunity lies in building capacity from within physiotherapy, lifting barriers and by charting a path to better health equity. Musculoskeletal advanced and extended scope of clinical practice physiotherapists can make a real impact on value and the patient journey including improving patient wait times and ensuring more timely access to appropriate treatment and investigations.

The solution

Introduction

Reform begins by improving the patient pathway with solutions to be found from within physiotherapy. Australia's referral system to specialist care needs reform to better align to care needs. More attention on new models of service delivery beyond the traditional silos of GP-specialist frameworks (Mutsekwa et al., 2019) is required. We need a new referral pathway and more linear approach to referrals to support patient access to MBS-subsidised services regardless of which health care professional identifies the need for specialised care in the first instance (Prime et al., 2020).

A key issue lies in the MBS-structure which excludes physiotherapy patients from receiving MBS benefits unless they first visit a GP to carry out the administrative task of writing a referral. This is not an efficient use of the medical workforce, adding unnecessary complication, time and cost to the patient journey, often without any improvement in standards of care. We need to remove the structural barriers that make it harder for Australians to access the care they need. Making the required structural transitions will ensure the health workforce is optimised, and, most importantly, that patients are not disadvantaged through increased out-of-pocket costs and delayed care.

Priority 1.1 | **Streamlining the patient journey**

Putting the patient at the centre, there are two simple solutions to streamline the patient journey by leveraging physiotherapy in primary care. Both require change to the MBS to, on the one hand, allow physiotherapists to directly refer to the most suitable medical specialist within their scope of practice, and, on the other hand, to expand medical imaging rights to physiotherapists.

1.1.1 | **Specialist referral**

Action: Prioritise a change to the Medicare Benefit Schedule (MBS) requirement for a GP referral to allow physiotherapists to directly refer to the most suitable medical practitioner.

The current funding structures within the Medicare Benefit Schedule (MBS) necessitates a GP consultation. This can delay specialist treatment, wastes the time of busy GPs, and costs the MBS millions of dollars. Physiotherapists often need to refer to a GP even when they have assessed that a medical specialist is the most suitable health professional. The right for physiotherapists to refer to medical specialists would improve the patient journey, result in cost efficiencies, reducing GP visits by around 737,000 per year and ensure better use the existing workforce (Comans et al., 2013).

1.1.2 | **Digital imaging**

Action: Lift the barriers to allow physiotherapists to request imaging through the expansion of imaging items under Schedule 5, Subgroup 1, of the MBS.

There is an urgent need to expand medical imaging rights for physiotherapists for musculoskeletal conditions under Schedule 5. Currently, many patients need to either see a GP or present to an emergency department to request imaging to confirm a physiotherapist diagnosis. Investment in public funded physiotherapist imaging referral pathways will improve the patient journey, save costs to the health system, and improve capacity for medical practitioners and emergency departments.

02 Reform Primary Health Care

Invest in new public funded physiotherapy treatment pathways to meet patient need.

The APA calls for:

2.1 The expansion of chronic disease and pain-related items of the MBS encompassing physiotherapy to strengthen multidisciplinary team-based care.

2.2 A funded pilot of the First Contact Physiotherapy (FCP) model to strengthen access to diagnosis, treatment, and care of MSK pain and conditions in primary care.

2.3 Investment in public funded physiotherapy to increase the coverage of preventive health services in Australia.

2.4 A leading role for physiotherapy in Long COVID pathway planning and delivery.

2.5 A funded pilot for physiotherapy-led rehabilitation for cancer care.

2.6 Public funded pre and post-natal physiotherapy care (6 sessions).

The issue

It is time for a complete redesign in primary care to support greater levels of integration to meet the needs of a changing population.

The Primary Health Care 10-Year Plan provides a plan for reform alongside a number of subsidiary strategies covering preventive health, mental health, and obesity. However, the key issue of affordability and access to services beyond general practice has been largely overlooked in this reform package. This is primarily due to a continued narrow policy lens that deems essential non-medical care as 'ancillary'. There is strong evidence for integrated care models that include allied health services, yet successive health budgets have continued to deliver no or insignificant change from conventional primary care.

The growing burden of disease remains our biggest health challenge with millions of Australians living with complex chronic conditions, in pain and with mental ill health. The pandemic means we have lost ground in both managing, and in preventive health, across the chronic disease spectrum. Long COVID, in meeting this demand, adds to the complexity and remains a relatively unknown condition at this early stage. These issues combined are putting increasing pressure on our health care system.

The solution

Introduction

A focus on integrating physiotherapists into primary care through funding reform is long overdue. Too many Australians are without access to prevention, early detection and quality care. The APA wants to see a much stronger equity lens and a focus on integrating prevention into the management and delivery of care. Patients must have access to physiotherapists as part of a multidisciplinary team. Right now, they don't. Nationally, we still await fundamental reform to provide a way forward to overcome the barriers to integrated multidisciplinary team-based care. Our health system fails to facilitate this essential care and patients are not funded to access physiotherapy services beyond current and very limited MBS chronic disease items.

It is clear that efficiencies can be found through expanding workforce roles and scopes of practice including by allowing patients to be treated by physiotherapists in the primary care setting. However, without substantial payment reform which encompasses an expanded role for public physiotherapy patients, measureable improvements in health outcomes remain unlikely. The greatest barrier is the lack of funded care pathways in primary care with a need to optimise the patient journey through new treatment pathways.

To realise real reform in primary care, measures are needed to improve access to essential care, reduce out-of-pocket costs and most importantly, reduce costly and inefficient treatments. Fundamentally, we'll see a more cost-effective system and better health outcomes if we simply allow patients to be treated by physiotherapists in the primary care setting. The cost-effectiveness of our interventions is proven both in the literature and through cost-benefit analysis. The APA commissioned the Nous Group to undertake a landmark analysis of the value of a range of physiotherapy interventions (Nous Group, 2020). By doing so, we have, for the first time, built a robust picture of our high-level impacts and the value this provides to the health care sector.

Here we identify five priorities for effective primary care of chronic disease, chronic and persistent pain, and injury prevention and management.

Priority 2.1 | **Formalising the role of physiotherapy in primary care**

Action: Expand chronic disease and pain-related items of the MBS encompassing physiotherapy to strengthen multidisciplinary team-based care.

More investment in public funded physiotherapy is needed to drive new models of care for chronic disease, chronic and persistent pain, and injury prevention and management. The MBS Review was an opportunity to modernise the health system and address major barriers to equitable access to chronic disease management and quality pain care. It is clear that the MBS Review's Recommendations on allied health would deliver evidence-based savings and efficiencies into primary care. It is disappointing that the majority of the related MBS Review Taskforce recommendations to addressing chronic disease and pain in the MBS have not been implemented.

The APA has been calling for the number of physiotherapy sessions available to patients under Chronic Disease Management Plans (CDMs) to be increased. Five sessions to meet all the allied health needs of a chronically ill or physically deconditioned person has never been enough to provide comprehensive care. In addressing vast unmet need, funded pathways expanding public physiotherapy for the management of persistent pain, chronic disease and to prevent injury are required. The reorganisation of care, including around conditions and patient cohorts, is also key. Funding to leverage the existing structures including in aligning Primary Health Networks (PHNs) and Local Hospital Networks is also needed to facilitate more team-based care through appropriately funded bundled payments.

Priority 2.2 | **Public funded First Contact Physiotherapy**

Action: Fund a pilot to trial the First Contact Physiotherapy (FCP) model in Australia.

Physiotherapy is essential care for the close to 7 million Australians who live with musculoskeletal (MSK) conditions. A priority pathway should be considered through public funded First Contact Physiotherapy (FCP) to provide better and faster access to diagnosis, treatment, and care of musculoskeletal pain and conditions. Allowing patient access to Medicare-funded physiotherapy as first contact practitioners remains a key primary care reform opportunity.

A priority pathway should be considered through public funded FCP in primary care. Reform encompassing public funded FCP would provide key benefits in optimising the patient journey by allowing people with MSK conditions to access physiotherapy expertise at the start of the pathway. The integrated MSK pathway and employment has been embedded successfully across the National Health Service (NHS) in the United Kingdom. Access to diagnosis, treatment, and care of MSK pain and conditions can be improved in Australia through its introduction and the APA is calling on the Federal Government to pilot the model.

See our detailed proposal for public funded **First Contact Physiotherapy** from page 30, Section 3, New pathway solutions.

Priority 2.3 | **Physiotherapy-led preventive health strategies**

Action: Invest in public funded physiotherapy to increase the coverage of preventive health services.

Physiotherapy as preventive activity over the lifecycle is key to reducing the disease burden. It is estimated that a third of the disease burden in Australia could be prevented by reducing modifiable risk factors such as obesity or physical inactivity. Physiotherapy helps people of all ages to prevent, manage and/or rehabilitate injury, illness or disability and screen for a range of preventive health issues. Community-based physiotherapy also has a key role in preventing hospitalisation or to reduce the length of hospitalisation.

Primary preventive strategies that include mechanisms to enable multidisciplinary teams, including physiotherapists, are needed. This should extend across a broad scope including for prevention and maintenance of chronic conditions, falls prevention, prevention of workplace injuries, prevention of chronic pain, prevention of sporting injuries, and maintenance of function in those with a disability.

The APA acknowledges the $14.2 million multidisciplinary case conferences measure outlined in the 2021-22 Budget to increase care coordination for patients with chronic disease. This is a step in the right direction in transitioning to new ways of working. However, the measure is too narrow in design and more systemic reform is needed. Much more is needed to enable a contemporary, seamless patient journey through reforms in primary and preventive care. We need to prioritise the accelerated establishment of new preventive health models across priority populations.

Priority 2.4 | **A Long COVID rehabilitation pathway**

Action: Prioritise access to physiotherapy in COVID recovery including Long COVID rehabilitation pathway planning and delivery.

The role of the physiotherapists in this pandemic has been vital. We have worked from admission to rehabilitation and have a critical role in helping COVID-19 patients navigate their recovery. Physiotherapy will be just as vital to our recovery, including in responding to Long COVID. In considering the future implications, we need to move fast to advance pathways to COVID recovery. A good multidisciplinary response will be essential. Investment in public funded physiotherapy to drive new models of care including in responding to Long COVID will be required.

Priority 2.5 | **Cancer and Exercise**

Action: Fund a pilot for physiotherapy-led rehabilitation for cancer care.

More focus to support the integration of exercise into cancer supportive care through physiotherapy-led exercise rehabilitation is required for patients undergoing/ post-cancer treatment. Group-based rehabilitation that includes exercise for cancer survivors delivered by qualified physiotherapists improves patient outcomes, reduces recurrence risks and side effects of treatment. Access to specific, tailored group exercise programs is limited, particularly in rural and regional Australia. Funding exercise rehabilitation will result in a range of evidence-based benefits for cancer patients in terms of improved physical and mental health and wellbeing.

Physiotherapists are well placed within the community and the public health system to offer exercise as a component of cancer rehabilitation. Delivering specific cancer-based exercise programs by specially trained physiotherapists will improve patient outcomes, reduce burden on health services and provide better coordinated cancer care across Australia. A trial of a specifically designed Advanced Physiotherapy Exercise Rehabilitation program for Cancer Care is required. We call for funding for a pilot study to investigate the adherence to, and clinical effects of, physiotherapy–led exercise in people with cancer from a selected regional centre.

See our detailed proposal for a **Cancer and Exercise** pilot study from page 30, Section 3, New pathway solutions.

Priority 2.6 | **Women's Health: birth trauma**

Action: Fund Medicare-subsidised access to physiotherapy assessment and management via GP referral for all Australian women during pregnancy and up to one year postpartum. That is, one session antenatal, five sessions postnatal and a further five physiotherapy sessions where needed.

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

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

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

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

We know that a preventive and educative approach is important during pregnancy. Supervised pelvic floor exercise in pregnancy that is taught correctly in a one-on-one setting reduces rates of post-natal urinary incontinence. Antenatal access to physiotherapy provides an unbiased source of information to enable women to make informed decisions regarding their mode of delivery and also manage continence, prolapse and pain symptoms. Postnatal care should include assessment and management of conditions including urinary incontinence, faecal/flatal incontinence, prolapse, levator avulsion, perineal pain/dyspareunia, other pelvic floor dysfunctions, and musculoskeletal pain.

03 Our care priorities

Prioritise access to public funded physiotherapy supports to ensure those most in need get the care they deserve.

The APA calls for:

3.1 Investment in public funded physiotherapy to drive better care outcomes in aged care.

3.2 Honour the promise to all Australians with disability and properly fund the National Disability Insurance Scheme (NDIS) to meet its stated functions.

3.3 Fund a one-off fee increase for physiotherapists providing services to the Department of Veterans' Affairs (DVA) card holders.

3.4 Reduce the barriers to accessing physiotherapy services for Aboriginal and Torres Strait Islander people.

3.5 Fund new physiotherapy-led models to improve access to rural services and ensure practices remain viable.

3.6 Implement the Mental Health and Suicide Prevention – Final Report recommendations.

The issue

Physiotherapy provides a path to better health and wellbeing but for too many Australians access is denied or inadequately funded.

The current health system leaves too many people isolated and disconnected and without access to the essential care they need. Many Australians cannot access the health care they need and deserve. Long wait times, fragmented services and affordability factors impact significantly on access to essential care for a number of high-priority groups. Physiotherapy provides value to Australians at all stages of life and in response to many different life events. However, it is often underutilised yet there is strong evidence for integrated care models that include allied health services. The time has passed for incremental improvements. We need to instigate solutions beyond outdated medical models and sole discipline focus to get the best health and efficiency outcomes.

The solution

Introduction

Reform isn't just about pumping money into the health system—it's about redesigning it so that people can have unencumbered access to the care they need. The single greatest impediment to care is cost. The limited access to MBS must be addressed through new models of care. The APA supports funded initiatives that deliver team-based and integrated care. Where appropriate, the introduction of bundled payments for episodes of care, capitation, blended funding and pooled funding should be on the Government's reform agenda. Funding must also reflect the real cost of service provision. It is clear that optimal models cannot work in an underfunded service environment where changing patterns of demand, significant reform and incremental change have not been matched with appropriate changes in funding models.

During the pandemic a number of sectors have been disproportionately affected, and while we have seen some sectors rebound, pricing conditions and policy uncertainty have seen operating conditions worsen for a number of priority sectors. Impacts from policy inaction in aged care have been acutely felt, so too ineffective iterative reform approach in disability, where pricing, workforce shortages and uncertainty leave disability service providers concerned for the future[1].

More broadly, in addition to the priorities in aged care, disability and veterans' care, in bringing fairness to health care access, there remain persistent barriers for a number of priority population groups. Two key priority populations groups that need significantly more policy attention include rural Australians and Aboriginal and Torres Strait Islander peoples. In unpacking the determinants of rural health, where the causes of the health differential are already known, reform and opportunities beyond general practice remain largely untapped. For Aboriginal and Torres Strait Islander peoples, we know physiotherapists are vital in improving health outcomes, however, there is limited uptake among this population.

Population mental health has worsened significantly during the pandemic. There are simply not enough mental health services to meet the needs of patients. Services have had to contract to a point where many Australians are not getting the help they need. These issues now span the entire system—whether it is a lack of mental health beds, or too rapid discharge, or lack of intensive community case management, it is clear we have a system in crisis that requires urgent policy attention.

We are calling on the Government to remove the barriers to efficient and cost-effective physiotherapy care for people most in need and across our highest priority settings. This includes properly funding the NDIS and disability care, implementing the Royal Commission's recommendations in aged care, and investing in veterans' care. It includes action to improve access to and experience of care for Aboriginal and Torres Strait Islander people. In addressing disparities for rural communities, it extends to more targeted supports to address rural service deficits driving inequities. It must also extend to urgent challenges where services are at a crisis point impacting on access including for those waiting for mental health care.

Here we identify six priorities where we tackle the funding, policy and delivery barriers offering new solutions to making health care better for our priority populations.

[1] As indicated in the National Disability Services State of the Disability Sector Report 2021.

Priority 3.1 | **Aged Care**

Physiotherapy is an essential component of high-value, quality and safe care across all aged care settings. However, there are significant funding barriers that limit access to physiotherapy for older Australians. The current funding model severely limits the type of treatment physiotherapy can provide and does not include evidence-based treatments such as balance, and strength and mobility programs to prevent life-threatening falls and maintain physical and cognitive function. In addition to implementing the Royal Commission into Aged Care Quality and Safety recommendations (Final Report), most critically by recognising the provision of physiotherapy in its residential and in home funding, expanded Medicare-subsidies access to physiotherapy across the community in home care and residential aged care settings is required. A focus on mobility in funding a physiotherapy-led falls prevention program is also needed.

Actioning the Royal Commission recommendations

Action: Implement the Royal Commission into Aged Care Quality and Safety recommendations (Final Report).

The Royal Commission's final report – Care, Dignity and Respect – is just the start with still too many barriers to essential aged care services.

A focus on preventive, reablement and restorative care

Action: Fund Medicare-subsidised access to physiotherapy towards a preventive, reablement, and restorative care approach in both home and residential aged care.

The Royal Commission made very clear that restorative programs and rehabilitation need to be a central focus of aged care with increased access to allied health care in both home and residential aged care. Long-term funding reform is required to enable physiotherapists and allied health practitioners to deliver preventive, reablement and restorative care, and help older people to live their best lives. We believe that an aged care model focused on reablement, preventive and restorative care reflects best practice care. There is great opportunity to improve the quality of care provided to older people by embedding restorative and reablement care as a key support service.

Care across all settings

Action: Design care provision throughout the aged care continuum based on need as assessed early by qualified health professionals and not modelled on current usage.

We are concerned that both residential and in home funding reform will be based on current usage data delivered under outdated funding tools that limit care provision and prevent physiotherapists from delivering to full scope of practice – and that the Royal Commission and community recognise as inadequate. Needs-based funding is required to maintain independence and quality of life as long as possible by delaying and preventing symptom progression and reducing the need for costly interventions. Early assessment by qualified health professionals to ensure access to required care throughout the age care continuum is needed to ensure early intervention. In addition, there is a need to prioritise funded support for post-diagnostic access to physiotherapy to maintain physical health and delay symptom onset in people living with dementia.

A focus on mobility

Action: Fund physiotherapy-led falls prevention programs in all settings to improve quality of life, physical function and falls efficacy.

The Royal Commission identified a key service gap in "weaknesses in the delivery of services aimed at maintaining healthy functioning, such as physiotherapy". Mobility is key to quality of life in older people. Falls are the number one cause of preventable death among older people. There is strong evidence that appropriately designed intervention programs can prevent falls in older people. A Cochrane systematic review established that 30 per cent of falls can be prevented with exercise. Balance and strength, developed through exercise, has been proven to reduce the number of falls and the severity of the resulting injuries. There is strong evidence, backed by the Royal Commission, that physiotherapy-led mobility programs can reduce falls by 55 per cent in residential facilities.

See our proposal for **Falls Prevention** from page 30, Section 3, New pathway solutions.

Post-diagnostic care for people living with dementia

Action: Fund access to physiotherapy to maintain physical health and cognitive function in people living with dementia.

Physiotherapy is an important part of a holistic post-diagnostic dementia support pathway to maintain physical health and maximise brain health as long as possible in people living with dementia. Physiotherapists can prescribe exercise to improve physical function, reduce risk of falls and maximise psychological wellbeing.

Accidental falls are a leading cause of death in people living with dementia, yet less than 0.25 per cent of the dementia health budget is spent on care to prevent falls (AIHW, 2021). The ongoing physical health needs of people following diagnosis of dementia must not be overlooked. Without direct funding for programs that enable people with dementia to maximise their physical function for as long as possible, they will be at risk of increased rates of hospitalisation and higher rates of mortality. Physiotherapists can support people living with dementia to overcome barriers to participation in physical activity - maximising brain health.

We are calling for recognition of the role of physiotherapists in identifying injuries and pain in people living with dementia where communication barriers exist.

Priority 3.2 | **Disability**

Delivering on a promise

Physiotherapists are movement and participation experts in disability who provide expertise in improving function, participation and building capacity. They provide important support services to people with disability but the disparate and uncoordinated way disability services are funded significantly limits this care. While there are major challenges within the National Disability Insurance Scheme (NDIS) that extend from a limited funding pool, a key concern is that mainstream supports outside of the NDIS remain on the whole inaccessible to people living with a disability.

NDIS reform

Action: Properly fund the NDIS to meet its stated functions.

Action: The Government to map and publish public costs savings across all areas of government thanks to the implementation of the NDIS.

The objective of the Government's NDIS plan is to deliver a world leading NDIS that improves outcomes for all Australians with disability, their families and carers. In delivering on this promise, and as an insurance scheme, ensuring the NDIS remains on a solid, sustainable standing should be of interest to all Australians. To achieve this, funding arrangements must better reflect the insurance principles of the scheme, encompassing required flexible or pooled reserves (Productivity Commission, 2017). Despite the narrative around the sustainability of the scheme, the NDIS is designed to operate in a manner that ensures its financial stability. We recognise, however, structural and regulatory impediments impact on its efficient operation.

Beyond the enormous benefits to participants, the Australian economy also sets to benefit from proper funding to the NDIS. *FALSE ECONOMY: The economic benefits of the National Disability Insurance Scheme and the consequences of government cost-cutting*, a Per Capita report commissioned by National Disability Services (Per Capita, 2021), shows that funding to the NDIS positively impacts employment- directly and indirectly, has a multiplier effect of about 2.25, and estimates that the economic contribution of the NDIS in 2020-2021 was about $52.4 billion.

Likewise, the report indicates that the introduction of the NDIS was supposed to reduce costs in other areas of governments (such as the National Disability Agreement, Home and Community Care, etc.) and states "Only the Federal Government have the data to produce an analysis of the cross-budgetary savings stemming from NDIS spending. (…) To truly understand the NDIS from a cost benefit perspective, such an accounting exercise is essential." A comprehensive and fully transparent cost-benefit analysis of the NDIS would allow for an informed conversation around the funding of the scheme.

Action: Fund the training and upskilling of NDIA planning workforce.

Our vision for the NDIS is that participants' understanding and decision-making processes around how they can best achieve their goals with physiotherapy is supported by a skilled NDIA workforce. It is critical that the National Disability Insurance Agency (NDIA) workforce that is involved in the drafting, planning, coordination and implementation of participants' plans is properly trained and skilled to understand the value of physiotherapy for people living with disability, of how capacity building supports are provided by physiotherapists, the outcomes to be achieved by these supports, and the difference and complementarity of these supports with other supports available.

Support for those not eligible

Action: Fund preventive models including to support mobility and capacity prioritising an at risk cohort-those who are not eligible to the NDIS but are at risk of becoming eligible.

A social model of disability has to also factor those who currently fall outside of the system.

Mainstream supports outside of the NDIS remain on the whole inaccessible to people living with a disability. Further engagement with community organisations and industry is required to open up general opportunities for people with disability rather than paid NDIS supports. Currently, participants and their families could be reluctant to give up NDIS funding as community supports are generally self-funded. Without NDIS funded supports many people with disability are unable to fund these community based activities. This is further accentuated by many families of people with disability living in low income households resulting in limited ability to fund community supports (ACOSS/UNSW, 2018). There needs to be support and funding to strengthen access to peer network services. Many of those networks rely on individuals' efforts and resources and need to be formally supported as part of the support a participant needs to reach their goal.

We call for funding and formal support for social prescribing of mainstream activities that can enhance people with disability's social participation.

A consistent approach across the states in terms of linkages between health services, education services and social services, should also be a priority of the Government.

Another key concern is the inequity of access to capacity building, core supports, home modifications and assistive technology in the NDIS for someone with a newly acquired disability when compared to the same person acquiring the same level of disability after 65 years of age.

Action: Fund the immediate implementation of steps to align regulation across care sector that can be implemented now.

The APA welcomed the Government's focus on aligning regulation across the aged care, disability and veterans' care sector as announced in Budget 2021-2022 and is currently participating in the consultation led by the Regulatory Alignment Taskforce.

We have identified a number a solutions that can be implemented in the short term and without delaying them until the release of the medium and long term roadmap the Taskforce is working on.

These recommendations include:

1. Map the overlap in registration processes among the schemes including the duplication of reporting; complaints processes, and the duplication and cost of auditing. Where similarities are identified, work with the sector to align the requirements to reduce overlap. Where individual requirements relate to a particular sector are deemed necessary these should be reviewed by experts to determine if these issues are worth the extra administrative workload vs the benefits to patients and participants.
2. Address inconsistencies such as different waiting times for police checks. Identify mechanisms to enable police check information to be stored in a central data base that can be shared across sectors.
3. Collect one set of health care provider data for use across all sectors and commit to releasing this data to providers for their use to improve the quality of their services and allow for workforce, training and contingency planning.
4. Create a simplified and transferrable registration pathway for Ahpra-registered practitioners in recognition of the stringent registration process they have already undertaken under Ahpra to ensure suitable training and qualifications to practise, and ongoing ethical conduct.
5. Create a consistent and largely transferrable registration process across sectors recognised when applying to a different sector.
6. Implement digital solutions to 'sync' cross sector portals; and/or export then import data from one portal to the other; get consistency in the data required (labels, frequency, units of measure, etc.).
7. Streamline reporting and information sharing to ensure providers report to one body.

Priority 3.3 | **Veterans**

Putting veterans and their families first

Action: Fund a one-off fee increase for physiotherapists providing services to the Department of Veterans' Affairs (DVA) card holders.

The last Federal Budget saw fee increases for occupational therapists and podiatrists providing veterans' care. While any fee increase is welcomed, this represents a partial response that missed access to essential care including physiotherapy in meeting complexity in veterans' care. Prioritising physiotherapy supports for those transitioning to civilian life after their Australian Defence Force (ADF) services, or who have complex care needs is key. A fee increase for physiotherapists is long overdue.

Royal Commission

Action: Implement the (pending) Royal Commission into Defence and Suicide Prevention recommendations.

The Royal Commission into Defence and Suicide Prevention will provide important insights to improving supports to ADF members and veterans' wellbeing, mental health and suicide prevention. The work of the Royal Commission will inform recommendations for change.

Priority 3.4 | **Aboriginal and Torres Strait Islander Health**

Closing the gap

For Aboriginal and Torres Strait Islander peoples, physiotherapists are vital to improving health outcomes. Aboriginal and Torres Strait Islander peoples continue to suffer a greater burden of chronic disease than non-Indigenous Australians. A number of socioeconomic factors contribute to these health disparities including access to culturally safe and appropriate health care. Access to coordinated and timely health care has been shown to improve health outcomes for people with complex health needs. As such, lifting barriers to access and providing culturally safe health care services, including preventive programs, for Aboriginal and Torres Strait Islander people must be prioritised in health reform (Productivity Commission, 2020).

Culturally responsive care

Action: Funding to trial the impact of embedding appropriately trained, culturally safe physiotherapists into Aboriginal Community Controlled Health Services (ACCHS).

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

Strengthening the cultural competency of the allied health professions and building the Aboriginal and Torres Strait Islander allied health workforce are key shifts required in making health services more appropriate for Aboriginal and Torres Strait Islander peoples. In the interim, Aboriginal and Torres Strait Islander peoples should be empowered to assert control over how they choose to receive their care, and ensure that all ACCHS have access to at least one culturally safe physiotherapist.

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

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

Barriers to access

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

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

Priority 3.5 | **Rural Health**

Prioritising rural physiotherapy

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 health care. Stronger investment in public funded rural physiotherapy and integrating prevention into the management and delivery of care will help address health disparities. Rural health reform beyond medicine has been slow and fragmented. Electoral cycles have delayed meaningful reform for too long and it is now time to put our plans into action and finally invest to build the health services rural Australians deserve. Targeted investment and realignment of funding priorities is critical to enable inclusion of physiotherapy services in the delivery of multidisciplinary care in rural health settings.

Rebated physiotherapy

Action: Increase rebated physiotherapy and allied health items to ensure comprehensive primary care for rural Australians which incorporates preventive health solutions.

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

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 requires a much stronger equity lens with impactful system level changes to lift the barriers currently limiting rural physiotherapy service delivery. This includes ensuring access to physiotherapy for preventive care. Placing a strategic policy priority toward access and outcomes including location-based policy to build rural service capability will be key. This will require new measures to ensure practice viability that factor in geographic, demographic, workforce and training variables.

Team-based care

Action: Invest in integrated care models and incentivised team-based care arrangements.

Increased funding for physiotherapy and allied health to enable more integrated care would strengthen access to care and build capacity of health service delivery in rural areas. We need to fund innovative rural funding models that can fund fully integrated care, encompassing telehealth, that ultimately lead to the success and sustainability of a service. Scaling up and replicating these successful models is vital and reliant on ongoing access to funds beyond grant rounds.

Leverage existing structures

Action: Enable the Primary Health Networks (PHNs) to fund allied health solutions to address service challenges in rural areas.

Enabling the Primary Health Networks (PHNs) to advance physiotherapy-led models of care to address service delivery challenges in rural areas is key. We need more focus on how access to physiotherapy can be improved for those who need it the most. There is a need to support innovative models of care, including reform of primary care that allows patient access to physiotherapy as first contact practitioners. Supporting extended scope physiotherapists as primary practitioners able to refer to specialist medical practitioners will better utilise the existing workforce, cut red tape and add value to GP services enabling them to dedicate more time to clinical care.

Strategies to mobilising the rural physiotherapy workforce are provided on page 21.

Priority 3.6 | **Mental Health**

Every door must be the right door

Physiotherapy is key to developing new models of care that recognise the close links between physical health and mental health outcomes. The best way to help people experiencing mental and physical health problems is through multidisciplinary team-based care. The health system cannot continue to separate mental and physical health, and the inclusion of physiotherapists in multidisciplinary teams will help address the crisis in mental health. There are significant barriers to effective communications between allied health providers in enabling this care. Every door must be the right door. Physiotherapists have the skills and rapport with their patients to prevent escalation of mental illness but also to understand when to refer patients on for other specialist care.

Bring physiotherapy to the team

Action: Implement the Mental Health and Suicide Prevention – Final Report recommendations.

Demand for mental health treatment and support in Australia is increasing. Yet current funding and system design is not innovating and adopting best practice models to address this.

All allied health providers are mental health providers. The demarcation that exists between mental health practitioners and allied health is not the reality for many people, especially those outside of metro regions. Physiotherapy must be part of multidisciplinary care and included in integrated mental health hubs.

The APA supports the findings and recommendations of the Select Committee on Mental Health and Suicide Prevention Final Report (2021). In particular:

- Recommendation 11 - that the Australian Government leverage the existing Australian Rural Health Education Network by providing funding for clinical placements in regional, rural and remote university clinics, and using these clinics to trial multidisciplinary, hybrid mental health hubs that integrate digital services and face-to-face services.
- Recommendation 21 – that the Australian Government strengthen the frameworks for allied health professions to be fully integrated into the mental health workforce, including by:
    - (…)
    - recognising the full spectrum of allied health professionals, including physiotherapists, exercise physiologists and Dietitians, and their contribution to the mental health workforce as allied health professionals in the final National Mental Health Workforce Strategy and subsequent implementation plans.
- Recommendation 32 - that the Australian Government add Medicare Benefits Schedule items to support case conferencing in the treatment of mental illness for:
    - allied health professional attendance, for example psychologists, pharmacists, social workers, occupational therapists, exercise physiologists, and speech pathologists
    - health professional attendance, for example general practitioners, mental health nurses, and psychiatrists
    - mental health professionals to support the attendance of carers and families.

The APA also calls for the following investments towards formalising the role of physiotherapists in mental health care:

- PHNs to be resourced to have the organisational capacity to support greater collaboration between primary health care providers in managing mental illness and pain.
- Investment in education across the mental health sector to raise understanding of the important role of physiotherapy in recognising, assessing and treating many physical illnesses and painful conditions.
- National leadership to ensure chronic pain and physical ill-health is recognised as a condition included in Medicare subsidised treatments.

04 Start implementing

It is time to implement the five major reform plans developed during this term of Government.

The APA calls for:

4.1 The establishment of a health 'czar' to coordinate the implementation and evaluation of the health reform plans.

The issue

Driving ambitious government requires action beyond the planning phase.

Anchoring significant reform in the midst of a pandemic is difficult but it is critical that we move beyond this point. We remain at the planning phase with five key reform pieces drafted but without any progress towards implementation. To keep pace with increasing demand, the implementation work needs to start now. However, we lack the funding commitment and systems to guide it.

Governments know what to do but seemingly not how to do it. The evidence for implementation of reform is overwhelming, yet vested interests and competition for funding stifle reform implementation. Short-term political objectives make governments reluctant to set targets and timeframes, and to facilitate independent evaluation.

The solution

Introduction

Physiotherapy and other allied health professionals are critical to enhancing the patient value journey, and in reducing costs, unnecessary servicing and preventable delays. The reforms before Government, if implemented, will deliver these benefits.

The five key plans include:

› Primary Health Care 10-Year Plan
› National Preventive Health Strategy
› National Obesity Prevention Strategy
› Fifth National Mental Health and Suicide Prevention Plan
› Medicare Benefits Schedule (MBS) Review

Priority 4.1 | **Appoint a health 'czar'**

Action: Establish a health 'czar' to coordinate the implementation and evaluation of agreed on recommendations and actions from Inquiries, Commissions and Strategies to ensure whole-of-government responses.

Following the USA model, appoint a health czar to oversee the implementation, accountability process and evaluation of recommendations arising from reports, enquiries and Royal Commissions.

- Appoint a health czar with oversight and sufficient resources to coordinate and manage the implementation of key recommendations from health-related inquiries policies across portfolios and jurisdictions.
- Recognise that many initiatives and measures that will improve the health and well-being of Australians are outside of the Department of Health's portfolio responsibilities.
- Bring a whole-of-nation leadership role to health reforms, such as addressing mental health, the national obesity crisis and aged care.
- Provide a single point of coordination so that the findings of major inquiries and reports are not entangled in cross-portfolio and cross-jurisdictional bureaucracy.

Planning for the health workforce of the future

We need to leverage the skills of the entire health workforce to bring about real health reform. Strategies to mobilising the physiotherapy workforce must be prioritised—a national workforce plan is needed to avoid a supply crisis. We also need a digital health ecosystem that puts the patient first. Patient engagement is the biggest enabler.

The APA has strong solutions to mobilising our workforce and building a digital health ecosystem.

05 Prioritise physiotherapy workforce planning through national planning focusing on recruitment and retention with attention to skill supply issues in addressing increasing complex need.

06 Embed digital health into physiotherapy practice through extending the Practice Incentives Program eHealth Incentive (ePIP).

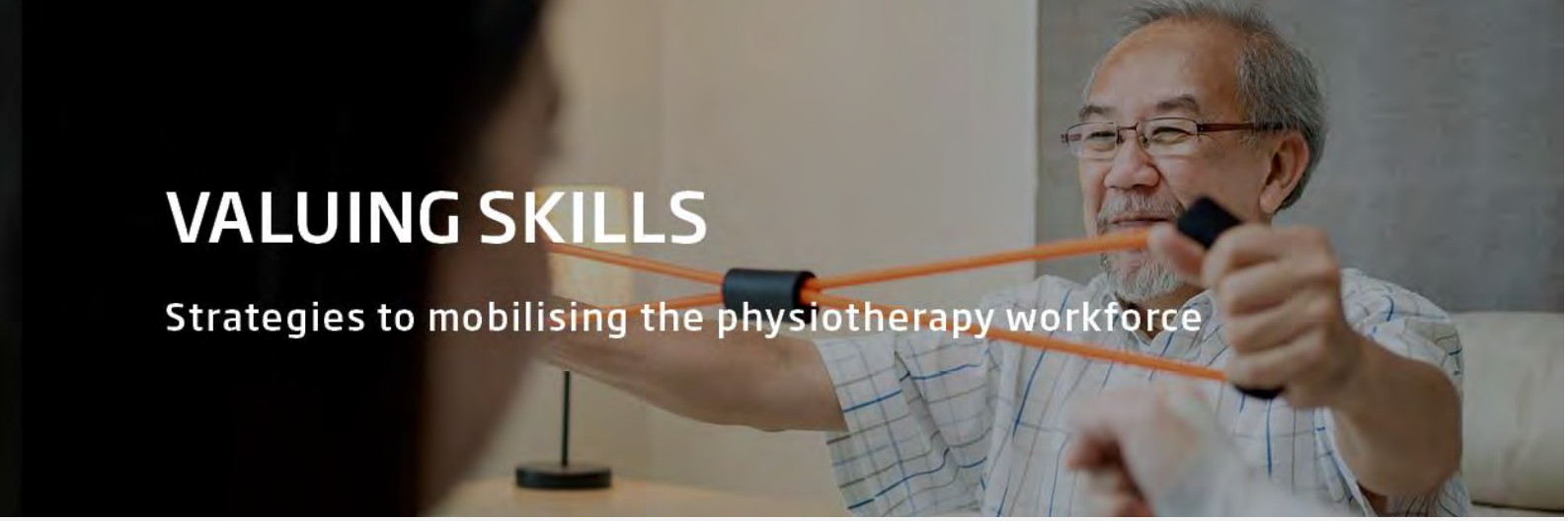
We need a national workforce plan to avoid a supply crisis alongside strategies towards digitally driven innovations.

05 WORKFORCE PLANNING

We need a national plan for the physiotherapy workforce to match current and future supply and demand. The impact of COVID-19 and unresolved gender disparity impact on our discipline needs national leadership to direct workforce planning and incentives for post-COVID recovery. Strengthening data and systems to undertake needs analysis is critical to this task and must be prioritised.

06 DIGITAL HEALTH

The physiotherapy workforce is key to ensuring digital health is adopted across the entire health care landscape. If we are to harness the full potential of digital health care in Australia, targeted investment is required to leverage digital health solutions across all patient pathways. This requires a broader funding commitment to test and trial system-wide solutions encompassing physiotherapy.



05 Workforce Reform

More focus is required to ensuring sustainable supply and distribution of the physiotherapy workforce that optimises access and addresses needs.

The APA calls for:

5.1 A National Allied Health Workforce Strategy encompassing needs assessment and targets for rural physiotherapy workforce growth.

5.2 Policy to financially incentivise physiotherapy into training and practices where they are needed most.

5.3 Funding for an advanced skill pathway to support physiotherapists to upskill to meet a need in their community.

The issue

Keeping pace with increasing demand

Despite steady increasing supply, the ability of the physiotherapy workforce to meet increasing demand remains uncertain. Early career workforce attrition remains a key issue impacting on the profession and future supply. The pandemic has worsened critical workforce shortages by limiting our ability to supplement the workforce through skilled migration. There is strong evidence of increasing physiotherapy workforce shortages with a gendered impact from COVID at a national level. It is unlikely that steady growth in new graduates entering the physiotherapy profession and increasing registered physiotherapists each year will be enough. These problems will not resolve without a much stronger national focus to both recruitment and retention planning to build the physiotherapy workforce we need nationally to address maldistribution.

The solution

Introduction

At this critical point in the policy cycle there are a number of demand and supply factors impacting on the health workforce in delivering vital care. Valuing skills must be core to the response to attract optimal staff and skill mix appropriate to need to strengthen quality of care and quality of life outcomes. To achieve this, we need to leverage the skills of the entire health workforce. Policy solutions must focus on workforce distribution beyond general practice workforce planning.

Allied health makes up one quarter of Australia's health workforce. Workforce incentives must encompass physiotherapy and other allied health professions – it is only then that we will address maldistribution and broader factors affecting supply to ensure Australians have access to the care they deserve.

Strategies to mobilising the physiotherapy workforce must be prioritised nationally. There is a need for a targeted strategy which financially incentivises physiotherapists into training and practices where they are most needed. In addition, a stronger national policy focus is required to both recruitment and retention planning to build the physiotherapy workforce of the future. Addressing modifiable factors of attrition would improve retention building workforce capacity including re-entry and flexible return-to-work programs (Pretorius, Karunaratne, & Fehring, 2015).

To future proof, more emphasis on needs-based planning is essential, and in preparing for disruption in building a future-ready workforce includes working through the skills required to use and optimise technologies. More focus on skill supply issues ensuring adequate supports and focused development for growing areas of need is required. There is also a need to prioritise retention strategies, including incentivised upskilling and advanced skill acquisition to build workforce capacity. This is particularly vital in the context of an ageing community and in meeting increasing needs of the care and support sector.

Priority 5.1 | National workforce planning

Minimum data set

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

Understanding context relies on needs assessment and workforce data to truly understand demand and supply issues. There is a need to establish a national minimum allied health data set to underpin strategies to build a stronger physiotherapy workforce and inform service requirements. Data collection and analysis to identify the supply and demand factors impacting the physiotherapy workforce will support better understanding of the critical risks and opportunities facing the workforce. It will build cumulative insight and consensus on these risks and opportunities to inform future action planning. More broadly, the data would identify a national minimum service access standard to enable Australians access to allied health professionals regardless of where they live.

Supply and demand

Action: Commit to a National Allied Health Workforce Strategy encompassing needs assessment and targets for rural physiotherapy workforce growth.

A lack of national leadership means that allied health workforce planning, where it does exist, is predominantly undertaken by the states and territory governments. We currently lack measures of service demand to inform physiotherapy workforce planning. This is further compounded by a lack of planning and coordination between supply (training) and demand. In physiotherapy, more focus is needed on skill supply issues to meet increasing unmet demand and support sub-specialty training. It is vital to plan now to target areas of critical need to meet the growing demand.

The work to prioritise an Allied Health Data Project is a key step to establishing critical data to build on the National Health Workforce Dataset (NHWDS). However, the key missing piece is the focus on workforce demand through needs assessment. This will help to deliver health services where most needed, encourage the development of digital health solutions and is essential to underpin effective allocation of resources.

Priority 5.2 | Rural workforce

Workforce factors

Practice viability remains a major factor to the recruitment and retention of rural physiotherapists. New practice viability funded supports that factor in geographic, demographic, workforce and training variables are needed. Financial incentives are also needed to deliver evidence-based interventions to address current needs and future demand. In short, physiotherapists need to be incentivised in the same way GPs are incentivised to work in regional, rural and remote areas to improve income streams and make it more viable to practise rurally.

Practice incentives

Action: Financially incentivise physiotherapy into training and practices where they are needed most.

Action: Redirect the Workforce Incentive Program (WIP) to directly fund physiotherapy practices.

Rural health workforce reform beyond medicine has been slow and fragmented. A much stronger national focus is required to both recruitment and retention planning to build the physiotherapy workforce nationally to address maldistribution. The absence of practice incentives mean that rural physiotherapists face significant challenges in delivering services in rural and remote Australia. There is a need for a targeted strategy which financially incentivises physiotherapy into training and practices to address unmet service need. This includes removing the poorly targeted Workforce Incentive Program (WIP) which currently threatens the viability of sustainable independent physiotherapy practices.

Rural pipeline

Action: Invest in a ‘rural pipeline’ to support successful adaptation to rural practice through a flexible framework of support and training that can be applied at any career stage.

Significantly more investment is required to secure the next generation of rural physiotherapists.

This requires strategies to not only recruit but also to retain physiotherapists in our rural allied health workforce. The more recent focus on the allied health workforce through further investments in the Allied Health Rural Generalist training package is welcomed. The Allied Health Rural Generalist offers an early career workforce solution and has been successful across public settings for some jurisdictions. However, a flexible and funded ‘rural pipeline’ is required that provides a framework of entry to rural practice that can be applied at any stage of their career (Durey et al. 2015).

To attract the next generation of rural physiotherapists there is a need to ensure a more supportive pathway experience. This requires a focus on fully funded attraction and support strategies that offer students and graduates the opportunity to experience rural environments, and training placements offering both short and longer term rural placements with time in private practices and in the hospital setting.

Rural generalist physiotherapist

Action: Prioritising workforce solutions that focus on facilitating rural generalist physiotherapist advanced skills acquisition and use across a range of clinical areas of practice.

Further workforce solutions must focus on facilitating rural generalist physiotherapist advanced skills acquisition and use across a range of clinical areas. Strategies to mobilise the physiotherapy workforce must also extend to expanding access for Aboriginal and Torres Strait Islander peoples and prioritising career opportunities within allied health.

Priority 5.3 | Valuing skills

Stronger skills focus needed

Action: Fund an advanced skill acquisition pathway for physiotherapists.

Significant reform is required to optimise the physiotherapy workforce to allow person-centred, relational models of practice and adequate time for care. This requires a more prescriptive skills focus supporting advanced scope roles that can facilitate more multidisciplinary, team-based approaches to enable high-quality care. The APA is calling for increased funding to develop the existing physiotherapy workforce including in enabling upskilling and advanced skill acquisition to manage increasing complexity and co-morbidities.

06 Digital Health

We need strategies to unlock the potential of physiotherapy in driving digital innovations.

The APA calls for:

6.1 Embed digital health into physiotherapy practice through extending the Practice Incentives Program eHealth Incentive (ePIP).

6.2 Fund a physiotherapy-led pilot within primary care and the hospital system to support interoperability and streamline the patient journey.

The issue

A missed opportunity

A fully integrated health system has the potential to improve patient care and outcomes. Ensuring physiotherapy is integrated into the digital ecosystem is one component of improving interoperability. However, due to a lack of funding, there has been an inability to test practical solutions. Where there has been investment in digital health solutions, we have seen improvements in patient care. Telehealth is an example of this, with rebated treatments providing alternative options for physiotherapy access and treatment.

The APA acknoweldges the work undertaken to date in making digital health more accessible to Australians. The rapid adoption of telehealth in response to the COVID-19 pandemic shows what is possible in establishing a contempary health care system. However, to ensure the full potential of digital health is realised, all aspects of the health care system and full health workforce need to be engaged. This includes the physiotherapy profession who are essential in ensuring digital health is adopted across the entire health care landscape. If we are to harness the full potential of digital health care in Australia, targeted investment is required to leverage digital health solutions across all patient pathways. This would require funding to test and trial system-wide solutions encompassing physiotherapy.

The solution

Digital health has the potential to improve a fragmented health system and make it easier both for health professionals and patients to navigate. Improved communication options for health care providers will enable timely management of patient care and allow all those invovled to access to health information. For patients, digital health can assist in removing system barriers and make it easier to navigate their health care journey. For rural Australians, in overcoming the distance barrier, it can mean access to essential health care. For those with chronic or complex conditions, this may be through easier management of appointments and medications. For others, a connected health care system may allow for earlier diagnosis and timely treatment and management.

Priority 6.1 | Digital ecosystem

PIP eHealth

Action: Fund physiotherapists to embed digital health through extending the PIP eHealth Incentive.

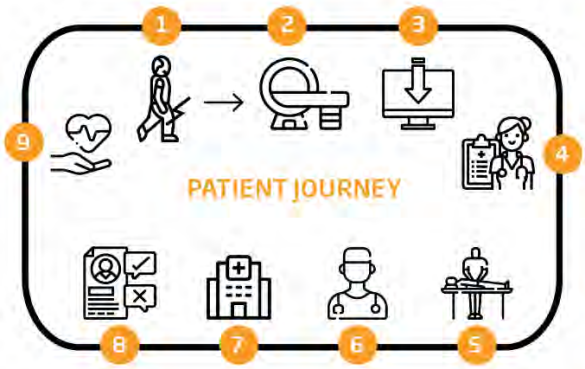
It is time that the support provided to GPs through the Practice Incentives Program eHealth Incentive (ePIP) is extended to broader professions including physiotherapy. This would ensure take up of new digital health technology and facilitate a more integrated approach to patient care.

Priority 6.2 | Interoperability solution

Pilot funding

Action: Fund a physiotherapy-led pilot within primary care and the hospital system to support interoperatability and streamline the patient journey.

In developing the infrastructure to support interoperability and to streamline the patient journey we are proposing a physiotherapy-led pilot within primary care and the hospital setting. This physiotherapy-led solution, if funded, will help streamline the number of interactions of patients between physiotherapists and other health care professionals and ultimately strengthen patient care. Outlined below is an interoperability framework incorporating physiotherapy into a patient journey.



1. **Patient sees physiotherapist for treatment of knee injury**
   - Notes and assessment uploaded to patient record
   - Secure message to GP to provide update and book appointment
2. **Patient referred to GP for MRI and surgeon referral**
   - Electronic referral for MRI
   - Electronic referral to surgeon
3. **Patient has MRI**
   - MRI and report uploaded to patient record for all health professionals to access
4. **Surgeon reviews patient. Surgery is required**
   - Surgeon's report uploaded to patient record
   - Secure message to physiotherapist with pre-operative instructions
5. **Physiotherapist provides pre-operative care**
   - Physiotherapist uploads pre-operative care and status to patient record
6. **Surgery**
   - Surgeon uploads surgery report and post-operative instructions to patient record
7. **Patient seen by hospital physiotherapist**
   - Uploads notes for patient's physiotherapist with post-operative treatment and concerns
8. **Ongoing reviews during rehabilitation with patient's physiotherapist**
   - Updates and changes to post-operative care uploaded to patient notes
   - Use of health apps and wearables to track patient's progress
   - Ongoing reviews are offered via telehealth
9. **Patient is healthy and happy**
   - Health record is available for future reference and care

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New pathway solutions to strengthen the patient journey

Option Paper 1	Public funded First Contact Physiotherapy
Option Paper 2	Exercise and Cancer
Option Paper 3	Falls Prevention

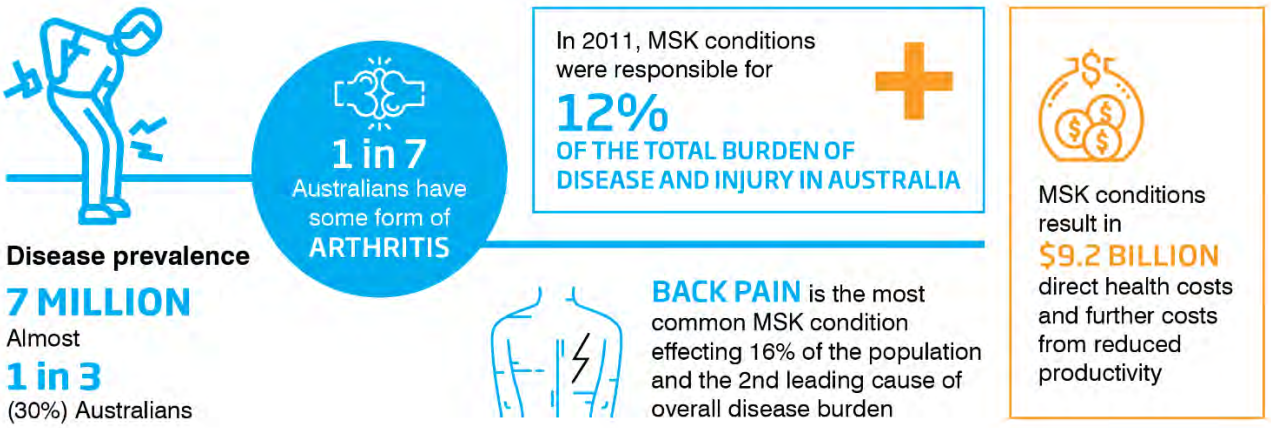
AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

FIRST CONTACT PRACTITIONER

SEPTEMBER 2021

Option Paper	**MBS funded primary care physiotherapy - First Contact Practitioner (FCP)**
Objective	A more efficient health system that provides better and faster access to diagnosis, treatment, and care of musculoskeletal pain and conditions.
Exec summary	We propose a comprehensive feasibility study and model development for the implementation of public funded First Contact Physiotherapy (FCP) in Australia's Primary Health Care system. This systemic reform combines better health outcomes for patients, significant overall cost reductions, and efficiency gains in the Health system.
Prepared by	Australian Physiotherapy Association (APA) – September 2021

1. Access to diagnosis, treatment, and care of musculoskeletal pain and conditions can be improved in Australia



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The lack of public funded access to First Contact Physiotherapy (FCP) in Primary Care means that Australians are missing out on better and faster access to diagnosis and treatment of musculoskeletal pain and conditions.

Australians with musculoskeletal pain or similar conditions have only two health care choices: access their GP, or see a physiotherapist in a private setting. With the latter, patients must cover the full cost of the visits and treatments, and do not benefit from the best Medicare cover for specialist referrals and imaging (often having to seek referral through their GP). This locks many Australians out of this option.

For those who see their GP first, it can mean delayed access to diagnosis and treatment (long waiting times for an appointment in some locations, deferred access to treatment if the GP refers the patient to a physiotherapist), potentially unnecessary imaging referral (physiotherapists are skilled and trained in diagnosing a range of conditions without having to request imaging), potentially unnecessary prescription of pain medication (physiotherapists are skilled and trained in pain management). On top of not providing the best health outcomes and the best patient journey, those delays and potential unnecessary referrals and prescribing come at a cost for the health system.

Our solution

A First Contact Physiotherapy service would be provided by appropriately qualified Ahpra-regulated autonomous clinical physiotherapy practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral – where appropriate.

FCP already operates to some extent within Aboriginal Community Controlled Health Organisations (ACCHOs), some Emergency Departments (EDs), and overseas. To date, this model has not been piloted in Primary Care in Australia.

A successful trial would lead to the roll-out of public (Medicare) funded First Contact Physiotherapy in Primary Health Care across Australia. This would complement the Primary Health Care 10-Year Plan.

2. Physiotherapists as First Contact Practitioners

- Faster access to diagnosis, treatment and care for patients with musculoskeletal conditions
- Longer, more in depth appointments with fewer “pathways”
- Enhanced opportunities to address physical / lifestyle issues
- Reduced opioid prescribing for patients with musculoskeletal conditions
- More efficient use of imaging
- With adherence to best practice use of radiology and medications, health outcomes and hence long term social, welfare and health costs would all be reduced
- Overall improved efficiencies of Primary Health Care resources (reduced burden on GPs, reduced costs related to better use of imaging and prescribing)

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3. Looking at the UK example

There is a wealth of clinical evidence of the benefits of seeing a physiotherapist for patients presenting with musculoskeletal pain or condition.

The UK experience provides evidence of the benefits at systemic level. First Contact Practitioner (FCP) trials were initiated in the UK to find more innovative models of care and to reduce the demand on GPs. Musculoskeletal conditions accounted for 20-30% of a GPs caseload and were a significant financial burden to the health system with expensive investigations, multiple referrals, delayed care and high rates of surgery. In the context of the trials, FCP were embedded in GP clinics, funded by the government, and were the first contact practitioner for any musculoskeletal conditions. The FCP were able to inject, prescribe and request diagnostic tests as the Chartered Society of Physiotherapy (CSP) had successfully advanced the scope of their profession.

In the UK, thanks to FCP trials in 41 areas, tens of thousands of UK patients have avoided hospital admissions and costly surgery for health problems such as arthritis, back pain, and muscle, bone and joint conditions by seeing a physiotherapist as part of their primary care.

A recent evaluation of FCP in the UK is available: Dr Stynes, Dr Goodwin, Dr Bishop. (2020) National Evaluation of First Contact Practitioner (FCP) model of primary care Patient characteristics, outcomes and qualitative evaluation.

The UK has produced implementation guidelines that could be adapted for Australia: Chartered Society of Physiotherapy, Royal College of General Practitioners, British Medical Association. (2018) First Contact Physiotherapy posts in General Practice. A guide for implementation in England.

4. For a Roadmap towards Public Funded First Contact Physiotherapy in Primary Health Care in Australia

What

The project will be to undertake a comprehensive feasibility study and pilot program for the implementation of public funded First Contact Physiotherapy in Primary Health Care.

The feasibility study will include:

- **Year 1:** A systematic cohort and evidence base assessment, and environment scan looking at both domestic and international examples;
- **Year 1 to 2:** A consultation of the Primary Health Care sector and workshops to develop a detailed model (or models) for a pilot;
- **Year 3 and 4:** A scalable pilot program to trial public funded First Contact Physiotherapy in a variety of settings and locations;
- A Measurement and Evaluation Plan of the pilot with the view of a national roll out; and
- **Year 5:** A Plan for a national roll out.

Underlying the project, here are some of the questions the models will need to take into consideration:

1. Models of funding arrangements and opportunities for MBS funding
2. Impact on workforce
3. Prescribing in the context of FCP and referral pathways (including Specialist referrals and Imaging referrals) and costing
4. First Contact Physiotherapy standards and guidelines with reference to advanced practice model working within primary care
5. Clinical governance
6. Development of career pathways as they relate to First Contact Physiotherapy
7. Identification of risks (including impact on medical stakeholders)

As the ultimate outcome of this project is a systemic health reform, a program logic approach will be embedded in the project.

Where

The pilot model(s) will aim for implementing trials across a variety of locations spread out through the Monash Modified Model (MMM) classification 1 to 7, with a focus on MM2 and above to measure the impact on rural, regional and remote locations. The model(s) will also explore opportunities in a mix of care settings, including GP clinics and community health.

When

Starting mid-2022 – 5 years (delivery of the national rollout plan).

Who

The project will involve the APA as subject matter experts; a Research Partner (literature review, environment scan, research component of consultation and model development); a Project Partner (project management, consultation and model development, implementation of the pilot); an Evaluation Partner (can be part of the Project Partner); Pilot Partners (potentially a selection of Primary Health Networks).

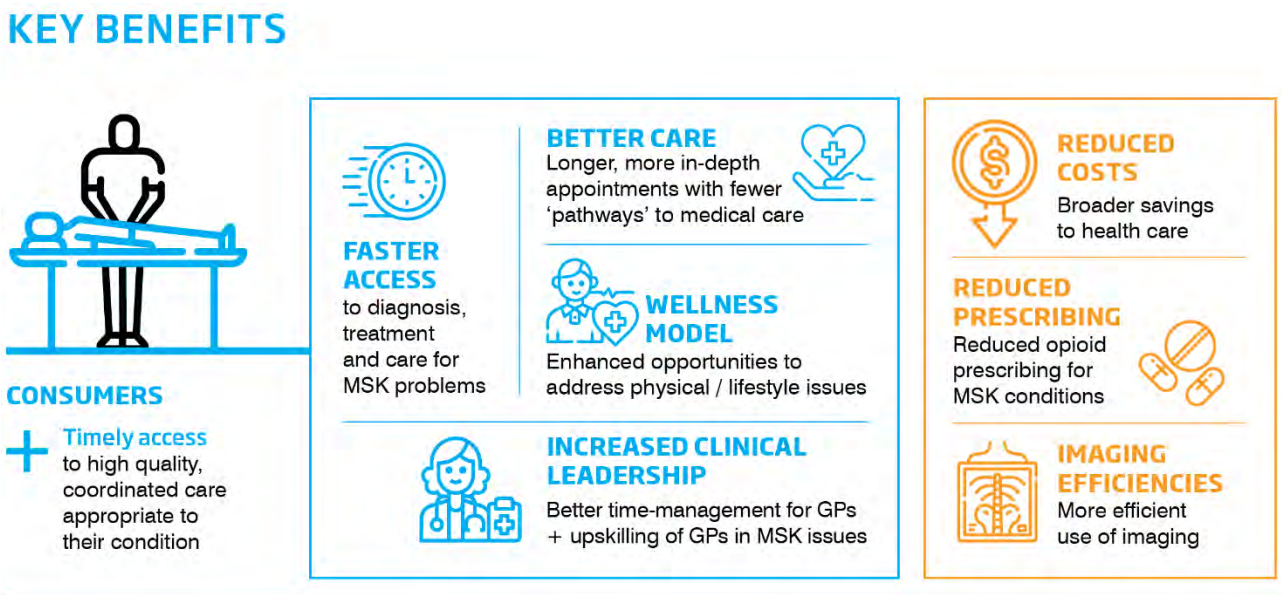
Expected budget

Costing will be determined by scope and size of the pilot project.

Evaluation

There is a wealth of evidence of the clinical benefits of First Contact Physiotherapy in the treatment of musculoskeletal pain and conditions. The evaluation of this project will focus on the systemic impact of First Contact Physiotherapy at Primary Health Care level. This project will also be the opportunity to demonstrate the efficacy and efficiency of integrated and collaborative models of care.

5. Better health outcomes, improved patient journey and savings to the Health system



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

CANCER AND EXERCISE

SEPTEMBER 2021

Option Paper	**Advanced Physiotherapy Exercise Rehabilitation for Cancer Care in Australia**
Objective	Supporting the integration of exercise into cancer supportive care through physiotherapy-led exercise rehabilitation for patients undergoing or post-cancer treatment.
Exec summary	Group-based rehabilitation that includes exercise for cancer survivors delivered by qualified physiotherapists improves patient outcomes, reduces recurrence risks and side effects of treatment. Access to specific, tailored group exercise programs is limited, particularly in rural and regional Australia. Funding exercise rehabilitation will result in a range of evidence-based benefits for cancer patients by improving their physical and mental health and wellbeing.
Prepared by	Australian Physiotherapy Association (APA) – September 2021

6. Australians need access to Physiotherapy during and after cancer treatment

Source:

Cancer Council of Australia, 2021

With increasing numbers of cancer survivors in Australia, delivering evidence-based interventions that prevent cancer recurrence and mitigate the adverse effects of cancer and its treatment is critical.

Exercise is an essential component of cancer rehabilitation; the benefits of exercise can be realised before, during and after cancer treatment. It helps patients improve and manage both physically and psychologically by maintaining and restoring function and mobility, and by reducing symptom burden such as fatigue. Exercise increases independence and improves quality of life; it also reduces the risk of dying from cancer, reduces the risk of cancer recurrence, and reduces the development of other chronic diseases such as cardiovascular disease.

The majority of patients undergoing (and following) cancer treatments do not meet exercise recommendations and are unable to access physiotherapy-led exercise programs with less than one in 200 cancer survivors having access to a specialised cancer rehabilitation program. Those living in rural, regional, and remote areas who are at greater risk of cancer-related mortality, cancer recurrence, and cardiovascular disease than their metropolitan peers have additional distance-related barriers to accessing cancer rehabilitation programs.

Our solution

Physiotherapists are well placed within the community and the public health system to offer exercise as a component of cancer rehabilitation.

Delivering specific cancer-based exercise programs by specially trained physiotherapists will improve patient outcomes, reduce the burden on health services and provide better coordinated cancer care across Australia.

This is consistent with the nationally approved Optimal Care Pathways which aims to “improve patient outcomes through promoting quality cancer care and ensuring that all people diagnosed with cancer receive the best care, irrespective of where they live or receive cancer treatment” (Cancer Council of

7. Physiotherapy and Cancer care

- Physiotherapists have the high value skills and expertise to deliver advice and beneficial exercise treatment programs that ensure cancer patients are participating in exercise and physical activity appropriate to their current health status.
- Physiotherapists improve outcomes for cancer patients both with techniques to address specific problems, and via exercise programs to improve general physical and mental wellbeing.
- Physiotherapists have specialised skills in assessing the needs of people with cancer and managing effective treatments as part of multidisciplinary teams.
- Physiotherapists prescribe physical activity which can reduce the risk of many cancers.
- Prehabilitation can maximise adherence to cancer therapy (e.g. chemotherapy) and reduce complications and hospital length of stay.
- Exercise is safe and beneficial during and after cancer treatment when supervised/prescribed by a suitably qualified health professional.
- Early detection and management of treatment problems can improve outcomes.
- The role of physiotherapy in palliative care is diverse, and patient-specific.

Source:

- Australian Physiotherapy Association. (2021). *5 facts about physio cancer care*.

8. The evidence for the role of physiotherapy across the cancer continuum of care

Physiotherapists in Australia are leading research about the benefits of exercise and physiotherapy for improving patient outcomes associated with cancer recovery, with new emerging evidence focused on exercise throughout treatment.

Dr Amy Dennett has published a systematic review of oncology rehabilitation programs and investigated the feasibility of embedding exercise into a cancer unit (including costs). She has also recently developed a website, Cancer Exercise Toolkit (https://cancerexercisetoolkit.trekeducation.org), to support physiotherapists in delivering evidence-based physiotherapy care.

A selection of the most recent references – Australia and overseas:

- Adams, JL., Martin, MY., Pisu, M., et al. (2021). Determining patient needs to enhance exercise program implementation and uptake in rural settings for women after a cancer diagnosis. *Supportive Care in Cancer.*
- Campbell, KL., Winters-Stone, KM., Wiskemann, J., et al. (2019). Exercise guidelines for cancer survivors: consensus statement from international multidisciplinary roundtable. *Medicine & science in sports & exercise.*
- Dennett, AM., et al. (2017). Exercise therapy in oncology rehabilitation in Australia: A mixed-methods study. *Asia-Pacific Journal of Clinical Oncology*.
- Dennett, AM., et al. (2021). Clinician's perspectives of implementing exercise-based rehabilitation in a cancer unit: a qualitative study. *Supportive Care in Cancer*
- Dennett, AM., Sarkies, M., Shields, N., et al. (2021). Multidisciplinary, exercise-based oncology rehabilitation programs improve patient outcomes but their effects on healthcare service-level outcomes remain uncertain: a systematic review. *Journal of Physiotherapy.*
- Dennett, AM., Zappa, B., Wong, R., et al. (2021). Bridging the gap: a pre-post feasibility study of embedding exercise therapy into a co-located cancer unit. *Supportive Care in Cancer.*
- Ferri, A., Gane, E., Smith, MD., Pinkham, EP., et al. (2020). Experiences of people with cancer who have participated in a hospital-based exercise program: a qualitative study. *Supportive Care in Cancer.*
- Gordon LG, Eakin EG, Spence RR, et al. (2020). Cost-Effectiveness Analysis from a Randomized Controlled Trial of Tailored Exercise Prescription for Women with Breast Cancer with 8-Year Follow-Up. *International Journal of Environmental Research and Public Health*.
- Potiaumpai M, Doerksen SE, Chinchilli VM, et al. (2021). Cost evaluation of an exercise oncology intervention: The exercise in all chemotherapy trial. *Cancer Reports*.

9. A pilot for Physiotherapy-led rehabilitation for cancer care

What

A trial of a specifically designed Advanced Physiotherapy Exercise Rehabilitation program for Cancer Care.

This pilot study will aim to investigate the adherence to, and clinical effects of, physiotherapy–led exercise in people with cancer from a selected regional centre.

Two group sessions per week lasting 60 minutes for 12 weeks would be offered to people with cancer in non-hospital environments (preferred setting), and delivered by specifically qualified physiotherapists. A third session would be undertaken at home by the patient as a home exercise program.

Individualised exercise programs will be provided within a group environment to ensure high-value care which is safe and appropriate to patient's conditions and needs.

As the pilot would target rural and regional areas, there could be a telehealth component to the program in order to increase opportunities of access.

Funded programs is also a mechanism for overcoming identified barriers to essential exercise.

Where

Primarily delivered by appropriately qualified physiotherapists in rural / regional Australia.

When

2021-2022

Who

Led by physiotherapists who receive professional development support to implement and deliver cancer exercise rehabilitation.

Other aspects to take into consideration

Similar programs are already in practice in major cancer hospitals.

Promotion and information on advanced physiotherapy exercise rehabilitation for cancer care in Australia will benefit all cancer patients and their families by increasing the supports available to them.

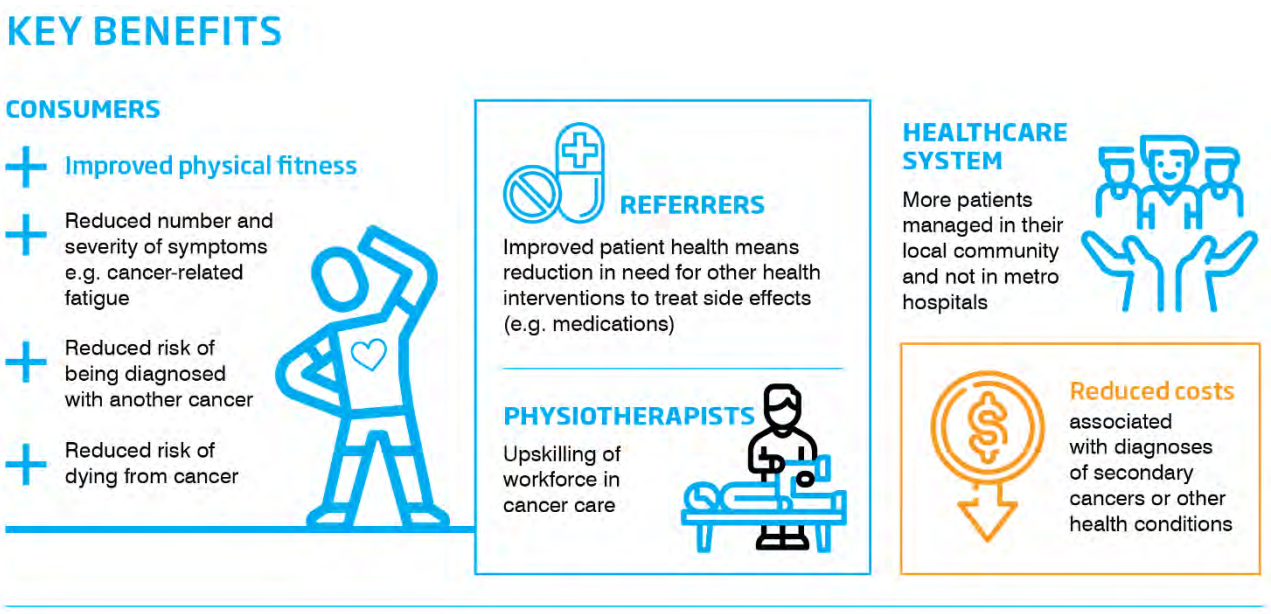
Expected budget

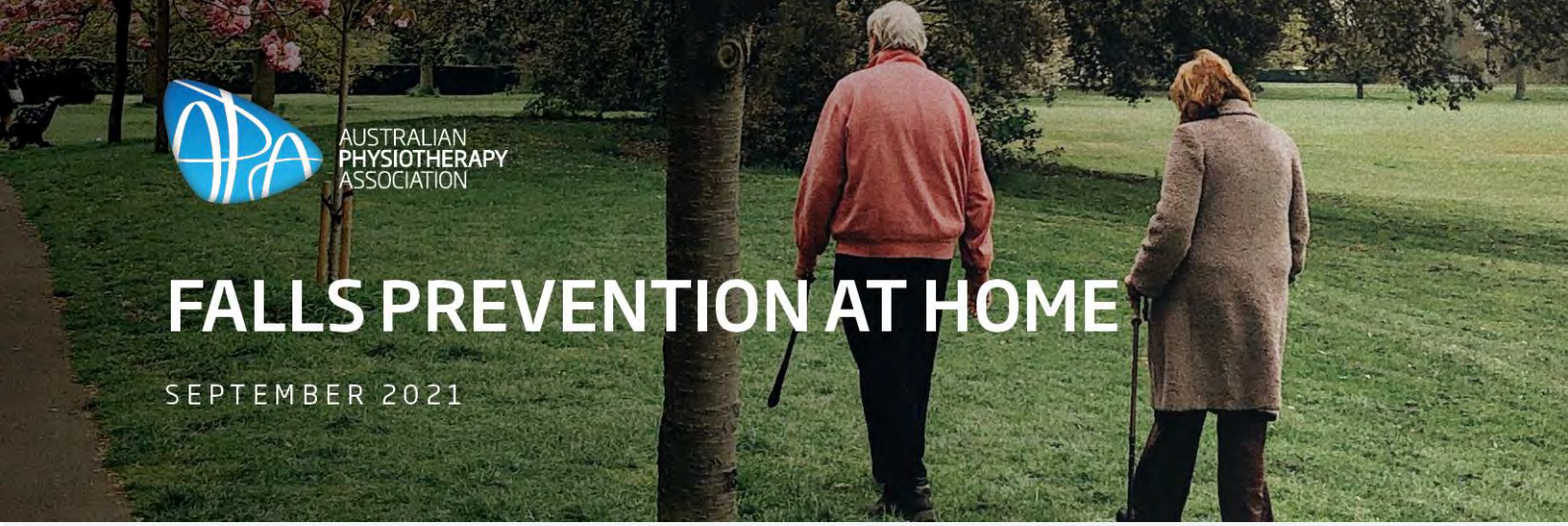
Costing will be determined by scope and size of the pilot project.

Evaluation

This pilot study aims to test the effects of the intervention on people with cancer on their levels of cardiovascular fitness, upper limb and lower limb muscle strength, and cancer related fatigue. The pilot will allow for measurement and evaluation of program outcomes, both from a patient quality of life and health and wellbeing point of view, and from an implementation point of view under real world conditions to support further implementation.

10. Expected outcomes – for patients and for the health care system





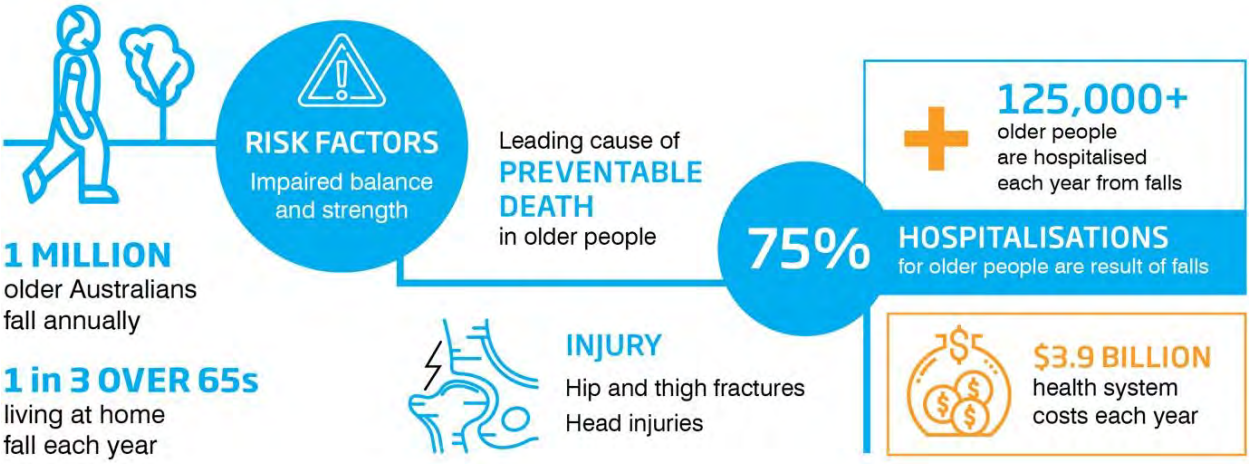
AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

FALLS PREVENTION AT HOME

SEPTEMBER 2021

Option Paper	**Physiotherapy-led independence falls prevention**
Objective	This project aims to improve health outcomes by addressing the accelerating problem of falls in older adults living at home.
Exec summary	We propose a three-arm, pragmatic hybrid effectiveness-implementation type I randomised controlled trial of 600 older people receiving aged care services. The intervention group will receive a 3-6 month physiotherapy-led balance and strengthening program upon their entry into the aged care system. The objective is to reduce falls, falls-related fractures and hospitalisation, and to delay entry to residential aged care in community-dwelling older people.
Prepared by	Australian Physiotherapy Association (APA) – September 2021

1. Falls, falls-related fractures and hospitalisation, can be prevented in community-dwelling older people



Sources:

- Sherrington, C., Fairhall NJ, Wallbank GK, et al. (2019). Exercise for preventing falls in older people living in the community. *The Cochrane Database of Systematic Reviews,* Issue 1.
- Australian Institute of Health and Welfare (AIHW). (2019). *Trends in hospitalised injury, Australia 2007–08 to 2016–17*. Canberra: AIHW.
- Robertson, et al. (2002). Preventing Injuries in Older People by Preventing Falls: A Meta-Analysis of Individual-Level Data. *JAGS*, 50:905–911.

This project seeks to prevent falls, falls-related fractures and resulting hospitalisations, and mortality in older people in the community through a physiotherapy-led mobility, strength and balance program.

It aims to keep people mobile and functioning at home for as long as possible, delaying early entry to residential aged care.

In community-dwelling older people it is clear that exercise improves balance and strength, and prevents falls.

While substantial research has been undertaken and continues to be undertaken in a residential aged care setting, more is required to demonstrate the effectiveness and cost-effectiveness, acceptability and implementation of physiotherapy-led programs in the community setting.

Our solution

A successful trial would increase the knowledge of evidence-based physiotherapy to prevent unnecessary hospital admissions and early entry into residential aged care by investigating aspects of a physiotherapy program that maximise its cost-effectiveness, including length of program, use of telehealth and access issues.

2. Falls, falls prevention and physiotherapy

- Physiotherapists are highly-skilled mobility and function experts who assess condition and prescribe safe, progressive and individualised interventions for older people. Physiotherapists bring additional value beyond exercise prescription to the care of older people. They are medically-trained and qualified to diagnose deterioration in overall health including arthritis, pain, cardiorespiratory and neurological conditions.
- 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.

Sources:

- Sherrington, C., Fairhall, NJ, Wallbank, GK, et al. (2019). Exercise for preventing falls in older people living in the community. The Cochrane Database of Systematic Reviews, Issue 1.
- Hewitt J. (2018). Progressive Resistance and Balance Training for Falls Prevention in Long-Term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program. Journal of the American Medical Directors Association, 19(4):361-369.
- Australian Institute of Health and Welfare (AIHW). (2010). The problem of osteoporotic hip fracture in Australia. Bulletin no. 76. Cat. No AUS 121. Canberra: AIHW.
- Watts, JJ, Abimanyi-Ochom, J, Sanders, KM. (2013) Osteoporosis costing all Australians. A new burden of disease analysis – 2012 to 2022.
- Australian Physiotherapy Association, Nous Group. (2020). Value of Physiotherapy in Australia.

3. Evidence for physiotherapy-led falls prevention

The Sunbeam Program has demonstrated the effectiveness of physiotherapy-led exercise interventions, and should be used to guide future policy.

The results of the trial demonstrated a 55 per cent reduction in falls by people who participated in the Sunbeam physiotherapy-led exercise program and a projected cost saving of $120 million per year for the Australian health economy.

The Value of Physiotherapy in Australia report, commissioned by the Australian Physiotherapy Association and produced by The Nous Group, synthesised key clinical research and compared the benefits they deliver with estimates of the cost of delivering the treatments.

An economic analysis of the cost of a physiotherapy-led falls prevention program compared to the cost of not undertaking the program, resulting in a fall, was conducted. The average quality of life benefits of physiotherapy-led programs was calculated at $3,000 per episode. The total cost of physiotherapy treatment averaged $1,680 per falls episode.

Nous concluded that the benefit of physiotherapy-led falls prevention programs (i.e. quality of life benefit minus the cost) equalled $1,320 per falls episode.

4. The Independence program

What

The Independence program, a longitudinal study of short-term physiotherapy-led restorative care. It will have three arms:

- **Intervention group 1:** three-month tailored physiotherapy restorative program
- **Intervention group 2:** six-month tailored physiotherapy restorative program
- **Control group:** receive educational material on falls prevention only

Intervention

Each intervention group will receive 12 one-hour physiotherapy sessions over the intervention period that will include tailored and progressive balance and strengthening programs based on the Sunbeam program. It will involve local support by carers, volunteers and/or aged care support staff to do a home exercise program two hours per week.

It will commence with a face to face assessment than may involve telehealth to ensure equity of access. It will also introduce online exercise programs designed for older people to reduce falls to improve adherence to quality exercise.

Outcomes

The primary effectiveness outcome is falls at 12 months. Secondary effectiveness outcomes are injurious falls, falls requiring hospitalisation, and entry in residential aged care and quality of life at 12 months.

An economic analysis will also be performed to assess the cost-effectiveness of the intervention compared to usual care from the perspective of the health and aged care service providers.

Implementation related outcomes are: interventions reach, feasibility delivered via Primary Health Network (PHN) model, adherence, acceptability, barriers, and facilitators determined using quantitative and qualitative methods.

Sources:

- Hewitt, J. (2018). Progressive Resistance and Balance Training for Falls Prevention in Long-Term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program. Journal of the American Medical Directors Association, 19(4):361-369.
- Australian Physiotherapy Association, Nous Group. (2020). Value of Physiotherapy in Australia.

Where

Commonwealth home support and home care.

When

3-year trial commencing 2022.

Who

People aged 65 years or older entering the aged care system via Commonwealth home support or home care. Able to transfer independently from sitting to standing with or without assistance. Sufficient language skills to participate safely in the intervention as determined by their GP.

Exclusion criteria: Severe cognitive impairment that would prevent reasonable involvement as defined by the Telephone Interview for Cognitive Status (TICS) score of less than 10; known terminal illness with estimated life expectancy of less than 6 months as determined by their GP.

Expected budget

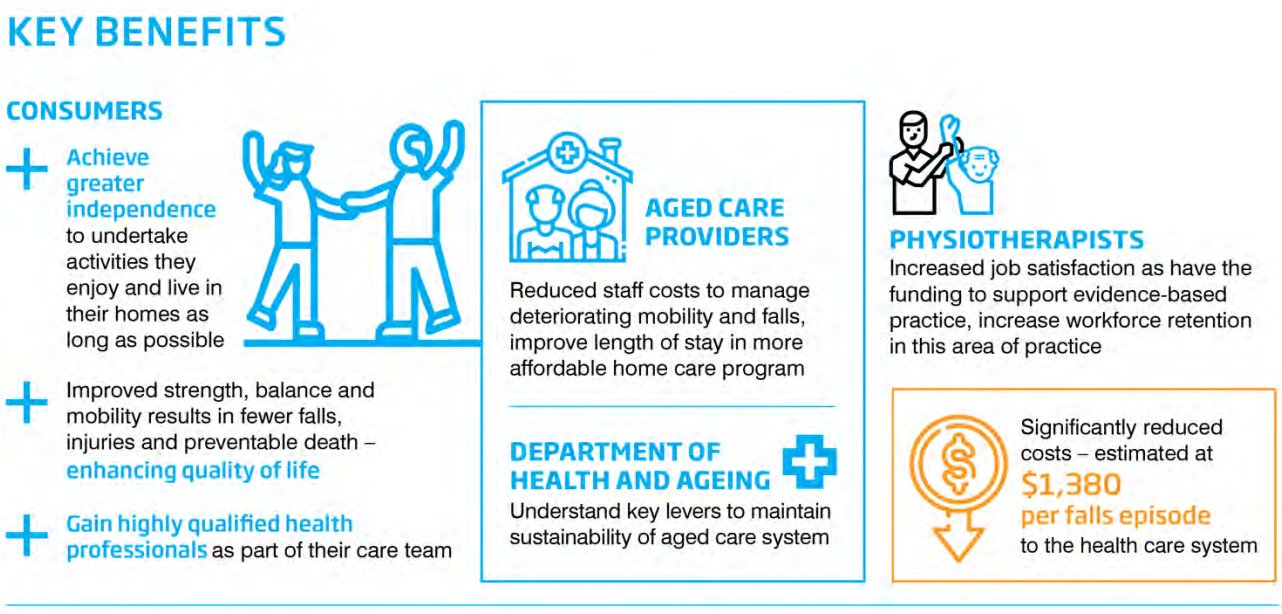
$2 million dollars

(includes a full-time project manager, research assistant, physiotherapists, iPads for telehealth connectivity over the three-year time frame).

Evaluation

Measuring number and severity of falls, number of hospitalisations, entry into residential aged care and quality of life at 12 months.

5. Fewer falls and injuries, and enhanced quality of life for older people within a sustainable aged care system



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