Statement from the Australian Physiotherapy Association on the equitable access to physiotherapy services for rural Australians

APA position

The Australian Physiotherapy Association (APA) advocates for stronger national policy action to increase access to rural physiotherapy and allied health services in addressing unmet patient need. This includes ongoing collaborative effort to achieve culturally responsive health services free of systemic racism.

The APA believes that all Australians should have access to high-quality, locally delivered healthcare. To realise this vision, there is a need for urgent policy reform to address the health inequities and access constraints for the 7 million Australians who live in rural and remote areas.

Barriers to the supply of public and community sector physiotherapists is complex and requires significant policy attention. Public and private services provide complementary functions in rural communities where both exist. However, many rural communities still have no physiotherapy services contributing to health disparities.

Rural physiotherapists predominantly operate under a private business model often set within regions of socio-economic disadvantage where affordability factors impact significantly on the patient population leading to health inequities. These factors, when set against a complex range of market forces including shifts in market supply and limited hospital resources, impact significantly on practice viability. With increasing remoteness, the size and type of hospital service also changes, and in the absence of private physiotherapy services and adequate primary healthcare, the public hospital will become the default service provider. Public hospital physiotherapy services in rural practice are often required to ration services and prioritise caseload due to demand exceeding capacity.

There are significant policy challenges in meeting current need and future demand in rural communities where there is a higher disease burden. A lack of adequate investments to strengthen health systems and policy inaction has led to increased rural disadvantage. Transformational change is required to lift the current system barriers to enable allied health services and realise health sector integration. Responsive policy action is needed through new funding models to increase rebated allied health services including targeted skills initiatives to leverage the full capabilities of the allied health workforce.

Preamble

Despite a national commitment towards integrated care models, there remains clear funding barriers to increasing allied health services in rural areas.

The APA acknowledges the Federal Government's commitment to providing the required policy leadership structures through the National Rural Health Commissioner, Deputy Commissioners, and Chief Allied Health Officer. Despite these collaborative reform efforts, maldistribution remains a key impediment to anchor meaningful reform as many communities lack the resources to build capacity.

There is a strong evidence base for integrated care models to advance allied health services, yet successive health budgets have continued to deliver no to low change from conventional primary care. The Federal

Government's $550 million Stronger Rural Health Strategy has seen the bulk of the funding go to doctors and nurses. This is despite allied health representing around one quarter of the healthcare workforce.

The Primary Health Networks (PHNs) remain a viable potential funding channel for rural physiotherapy and allied health services. However, these entities currently lack a mandate or incentive to drive innovations in allied health, and new models are at the mercy of the de-stabilising effect of changes in government policy and leadership that potentially offers poor job security during periods of change. This requires a more rurally viable commissioning model to build capacity within rural and remote allied health teams to ensure sustainable access to care.

There are a number priority reforms in primary care that need urgent policy attention to address disparities and access constraints for rural patients. The right for physiotherapists to refer to medical specialists would improve the patient journey. It is well established that patients in rural areas have particular difficulty accessing already overburdened general practitioners (GP). One in 20 Australians lives in an area with severely reduced access to GP services. In some of Australia's most underserviced areas, only half the number of GP services per person are provided than to people living in metropolitan areas.[i] This means that the patients of physiotherapists in rural areas, who already have restricted access to the medical specialists because of chronic shortages, have an additional hurdle to care when accessing the most suitable medical practitioner. 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 GPs services enabling them to dedicate more time to clinical care.

Workforce factors

Practice viability remains a major factor to the recruitment and retention of rural physiotherapists. Health economics to incentivise rural allied health practice and holistic primary care delivery that is accessible to all Australians, needs significant policy attention. New practice viability funded supports that factors in geographic, demographic, workforce and training variables are needed. Financial incentives are also needed to deliver evidence-based interventions to address current need and future demand.

Securing the next generation of rural physiotherapists needs a strong national commitment and investment in early exposure strategies which enable quality rural experiences. The APA welcomes the Federal Government's more recent focus on the allied health workforce through further investments in the Allied Health Rural Generalist training package. 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.[ii]

Strategies to support retention requires a strong commitment to improving the policies, programs and infrastructure specifically targeted to building capacity for allied health service provision. Recognition of rural practitioners as a highly skilled, supported and a valued resource is also needed to incentivise career choices in rural health. In valuing skills, there is a need to formally recognise in policy the APA's Physiotherapy Career Pathway as a skill acquisition pathway acknowledging the advanced clinical skills held by rural physiotherapists in addressing unmet service need.

Utilising internationally trained staff to address workforce shortages as a short-term solution needs to be funded and supported to be viable as an emergency staffing solution. A framework and funding is needed to ensure appropriately qualified internationally trained staff (especially from countries with reciprocal healthcare recognition) can achieve accelerated and accessible processing of visas to achieve Australian Health

Practitioners Regulation Agency (Ahpra) registration and that they receive adequate professional development and supervision to provide culturally appropriate services in the rural Australian context.

Recommendations

The APA calls on the Commonwealth and state and territory governments to implement health reforms that build rural physiotherapy and allied health service capacity and workforce.

Primary Care Reform

1 Invest in integrated care models and incentivised team based care arrangements that optimise the physiotherapy and allied health workforce to address need in rural Australia.

2 Enable the PHNs to advance allied health-led models of care to address service delivery challenges in rural areas. We are calling for flexibility in service design and funding to enable rural allied health service provision including:

- 2.1 Refining the commissioning approach to ensure that funding opportunities are equitable.
- 2.2 Funding for rural physiotherapy-led models of care to ensure sustainable access to these services and funded programs.
- 2.3 Funding of service expansion including after-hours primary care and emergency care pilots.
- 2.4 Funding to support rural allied health service provision across aged care settings and in palliative care.
- 2.5 Funding to coordinate collaborative models between hospitals, PHN's, private providers and NGO's to address holistic health needs of patient groups in rural communities. Particularly where the population base is less than 5000 people.

3 Increase rebated physiotherapy and allied health services through a rural loading to ensure comprehensive primary care for rural Australians that is aligned with real costs of operating a rural practice. This needs to factor in costs of continuous recruitment, supervision, backfill and training of early career staff, staff housing, and staff travel expenses.

4 Amend MBS Section GN6.16 to allow the referral of patients to specialists or consultant physicians by a registered physiotherapist within the physiotherapist's scope of practice.

Recruitment and retention

5 The APA calling for a rural pipeline investment in allied health in proportion to community demand to build capacity particularly in physiotherapy.

6 Policy supports to enable workforce supplementation through skilled migration must be appropriately funded including a framework to ensure practice viability, access support to achieve professional development and Ahpra procedural compliance as well as ensuring there are safeguards for visa holders during times of national crises (COVID-19) to retain this workforce.

7 Ongoing support for the Rural Locum Assistance Program (RLAP).

Workforce Reform

8 Incentivise the allied health professions 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.

9 Fund additional public allied health positions including 200 physiotherapist positions nationally in regional, rural and remote Australia (providing in-person or a combination of in-person and Virtual services in locations MM3 or higher).

10 Provide broader workforce incentives for rural physiotherapists to undertake training to acquire and maintain advanced clinical skills in addressing service need.

Rural disadvantage

11 Support increased investment in Aboriginal Community Controlled Health Services (ACCHS) beyond three-year budget cycles.
12 Invest in training models to improve the cultural safety and responsiveness of non-Indigenous health services providers.
13 Remove caps on the number of allied health services for rural patients (MMM4-7) for items under: Better Access, Chronic Disease Management, and Medicare Follow-up Allied Health Services for People of Aboriginal and Torres Strait Islander descent.
14 Increase Medicare sessions for people in low socio-economic groups and without adequate public hospital facilities (where public hospital physiotherapy services have nil physiotherapy, outreach-only or waiting lists are in place).
15 Establish a prioritised fund to ensure reliable connectivity to digital health services.
16 Prioritise the development of a national allied health dataset to strengthen needs analysis to inform rural allied health workforce and service planning.

Background

Australians who live in cities have better health outcomes than Australians who live in rural and remote areas. On average, rural and remote Australians have shorter lives, higher levels of disease and injury and poorer access to, and use of, health services.[iii] Higher rates of socio-economic disadvantage is compounded by a lack of access to health services, including to allied health where there is significant unmet need.[iv]

For Aboriginal and Torres Strait Islander peoples the gap in health outcomes between those living in cities and remote areas is even greater. Aboriginal and Torres Strait Islander peoples living in remote areas have a shorter life expectancy and are more likely to have a preventable hospital condition than those living in cities. Identifying and managing chronic conditions in a culturally safe way is key to improving health outcomes. This can be achieved through improving access to ACCHS and improving the cultural safety of other health services. Aboriginal Community Controlled Health Services are a supported model delivering best practice care and remains key to setting the health and service frameworks to underpin the shift to a healthier future.

In addressing need for rural Australians, the degree of rurality matters as rural disadvantage increases with remoteness. Gaps in the availability and coverage of health data in rural and remote areas continues to limit service planning at the national level. Policy inaction by successive government to build capacity in these areas with the existence of ‘thin markets’ makes a competitive market approach or commissioning approach ineffective in rural and remote areas. This requires more flexible arrangements to enable a localised service solution to meet community need reliant on building capacity through collaborative partnerships and planning at the local level.

Position Summary

Providing equitable access to care continues to be a fundamental challenge for rural physiotherapists working within private and public service settings. Impactful system level changes are required to lift the barriers currently limiting rural physiotherapy service delivery. To facilitate greater access to rural healthcare, there is a need for targeted investment and realignment of funding priorities to enable multidisciplinary care to occur encompassing allied health services in community-based service delivery models.

In primary health care, physiotherapists can facilitate diagnosis, treatment and management of a range of acute and chronic conditions, as well as lead targeted interventions to promote increased mobility and function

across the lifespan. There is a significant opportunity to fund new forms of service delivery and designing improved models of care to address need in rural Australia. In particular, physiotherapists have a key role in supporting the PHNs in meeting core policy aims in enabling access to services and in preventive, restorative and reablement care.

Rural strategies must reflect the needs of the community and the profession as well as the complexities around remaining rurally viable within the realities of a public private service mix. Addressing the services delivery challenges and particularly those underfunded elements to manage transitions in care is needed. This requires a focus that ensures allied health services are fully funded to support integration with primary care and public health including acute and sub-acute services, aged care and disability.

In building capacity, targeted initiatives are required through the PHNs to leverage resources for greater impact through public-private partnership models in addressing unmet service need. Public private collaborative models are also required for communities where there is limited public hospital capacity. Services should be outsourced to ensure a more cost-effective service model rather than more costly option to transport patients to the closest public facility. Solutions need to be tailored according to patient need, existing resource allocation, current recruitment status and private resource capacity. A framework that enables effective and equitable business partnership set-up, anticipatory resource identification and timely resource mobilisation.

Conclusion

Rural physiotherapists face significant challenges in delivering services in rural and remote Australia. To meet the future challenges in addressing patient need, policies need to be oriented towards the required integrated service networks of primary, secondary and tertiary care. The greatest opportunity lies in testing new physiotherapy-led models of care in addressing unmet need and supporting a sustainable workforce to deliver these. This will bring the diverse range of skills and expertise required in meeting current and future need across a range of functions. It would lead to the delivery of high-quality patient-centred, culturally responsive physiotherapy services as an integral part of the Australian public healthcare system

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[i] Duckett S, Breadon P and Ginnivan L. Access all areas: new solutions for GP shortages in rural Australia, Grattan Institute, Melbourne 2013.
[ii] Durey A, Haigh M, Katzenellenbogen JM. What role can the rural pipeline play in the recruitment and retention of rural allied health professionals? Rural and Remote Health 2015; 15: 3438. https://doi.org/10.22605/RRH3438.
[iii] AIHW 2019: Rural and Remote Health Summary.
[iv] Australian Institute of Health and Welfare 2019. Rural & remote health. Cat. no. PHE 255. Canberra: AIHW. Viewed 08 January 2021, https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health.