

Submission to the Department of Health on the National Preventive Health Strategy Consultation Paper

Submission by the
Australian Physiotherapy Association

September 2020

Authorised by:

Phil Calvert
National President
Australian Physiotherapy Association
Level 1, 1175 Toorak Rd
Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.physiotherapy.asn.au

Consultation Paper Questions and Responses

Q - Are the vision and aims appropriate for the next 10 years? Why or why not?

The Australian Physiotherapy Association (APA) supports the delivery of preventive health care strategies for all Australians of all ages, as well as targeting groups who have more to gain from preventive health care.

We strongly recommend that the word prevention is included and outlined in the Vision. While we acknowledge the inclusion of 'early intervention', we suggest the following words could be included: *"The Strategy will improve the health of all Australians at all stages of life, through **preventative** and early intervention **approaches**, better information, targeting risk factors, and addressing the broader cause of health and wellbeing"*. We agree that injuries and infectious diseases are important prevention areas, however more needs to be done to support prevention of chronic health conditions such as obesity and diabetes.

The APA agrees that the aims of the Strategy are also appropriate, and fit within the scope of focus over a ten year period.

We recommend that the Strategy also emphasises the importance of family, carers or guardians; social and cultural groups; and community involvement in prevention and the increased use community development approaches and interventions to impact long term health outcomes in individuals, including for at risk groups. This should be further reflected in *Aim 1 – Australians have the best start in life*.

The APA supports the focus of *Aim 3 - Australians with more needs have greater gains*, and recommends continued emphasis on the importance of ensuring focus is directed through needs based assessment, and recognition of inequality and inequity across the Australian population. We also strongly support a focus in the Strategy on reducing inter-generational health disadvantage, including within Aboriginal and Torres Strait Islander people communities.

We recommend that *Aim 4 - Investment in prevention is increased*, is strengthened to have a specific focus on increasing funding and dedicated investment by the government towards achieving systemic change. The consultation paper notes that the success of the Strategy will be influenced by an increased, long-term sustainable funding mechanism. We would recommend this is included in the vision to emphasis its importance in addressing the complex challenges in prevention.

It will also be important to ensure this Strategy is developed in line with, and is linked to other prevention strategies, frameworks and plans such as the National Injury Prevention Strategy and The Fifth National Mental Health and Suicide Prevention Plan.

Q - Are these the right goals to achieve the vision and aims of the Strategy? Why or why not? Is anything missing?

Overall, the goals acknowledge the need for evidence-based approaches and the importance of using multi-disciplinary and cross-sector strategies.

The APA recommends that *Goal 1 - Different sectors, including across governments at all levels, will work together to address complex prevention challenges*, should have a greater emphasis on quality of care. The words in *Goal 1* should be strengthened to ensure ongoing accountability across the service system, including when working together as part of collaborative practices between sectors. *Goal 1* should also specifically include a reference to better utilisation of allied health in primary health care generally, as well as in complex prevention challenges.

We also suggest that given the complexity of the public health system, specifically including a reference to hospitals and the community health system in the wording for both *Goal 1*, and *Goal 2 – Prevention will be embedded in the health system*. In addition, we also suggest that in the explanation of these goals, there is greater emphasis on the aim to rebalance power and access by health professions to public funded health care. Importantly, adequate financial investment is essential to ensure prevention is embedded in the health system. This Goal should specifically reference a focus on increased funding and dedicated investment by the government towards achieving systemic change

The APA is concerned that aged care, specifically residential aged care, is not mentioned alongside primary, community and acute care in *Goal 2*, and in the explanation of this goal in the consultation paper. We are concerned by omitting aged care in the goal, this will position aged care as an area of the life course where prevention doesn't have a role. We would recommend that the role of aged care in prevention is also included in the Strategy.

We would also recommend that the wording in *Goal 3 - Environments will support health and healthy living*, should include the importance of promotion as well as support, and also emphasise healthy living across all life domains. We would suggest the following rewording: "*Environments will support and **promote** health and healthy **work and life practices***". This Goals could also include prevention to support healthy built and natural environments, with a focus to achieve thriving ecosystems.

The APA also recommends that *Goal 4 - Communities across Australia will be engaged in prevention*, is reworded to strengthen the importance of preventive care across the life course, as well as to reinforce the use of community-centered approaches. It will be important to ensure the understanding and involvement of communities is broad, and includes families, carers and guardians, as well as neighbourhoods and cultural and social groups. We would recommend the following revision to *Goal 4: "Communities across Australia **and across the lifespan** will be engaged in prevention"*. A life course focus is already reflected in other parts of the Strategy and this rewording would better link to the Vision, which emphasises the need to focus on all life stages.

The focus on both families and place based approaches to communities in *Goal 4*, should also have greater emphasis on providing, and continuing to build culturally safe and culturally accessible health environments, as well as in the provision of health services and treatments to different communities. To further emphasise the importance of providing appropriate and safe support to diverse groups, the APA would also recommend that additional wording be added to *Goal 5*: “Individuals **of all backgrounds will be encouraged, enabled and supported** to make the best possible decisions about their health”.

The APA also suggests that *Goals 1, 2 and 5* should have a stronger overall focus on emphasising patient centred service provision, and the importance of ensuring that the health journey is patient centred across the full treatment life cycle, including prevention.

We suggest that *Goal 6, Prevention efforts will be adapted to emerging issues and new science*, should have a focus on minimising the impact of health and other emergencies and disasters on health and wellbeing, and facilitating adaptation and resilience over the short, medium and long-term through using and adopting the best scientific research in Australia and overseas to ensure the greatest health gains. This should also include adapting efforts in response to emerging issues, for example the impact of COVID-19 lockdown on families and individuals’ physical and mental health and wellbeing.

Q 6 Are these the right actions to mobilise the prevention system?

Education, information and literacy skills

Translating and communicating health information to all stakeholders in a collaborative and accessible way is essential to improving health literacy and good public health messaging. The APA recommends that physiotherapists should be further used and deployed to build literacy skills in patients. Physiotherapists routinely interact with high-risk populations in need of preventive care in primary health care settings, hospitals, and community health services, and can embed health promotion and prevention activities into routine care. Physiotherapists are perceived by the general public as highly credible and trusted health care practitioners. The physiotherapy profession plays a vital role in improving health information communication and translation, including in the areas of mental health and wellbeing, and women’s health,.

Targeted communication and engagement could also be directed to help overcome psychological distancing, enhance motivational issues, address perverse incentives and information asymmetry to support prevention based lifestyles and behaviours. We also suggest a focus on action to build information and literacy skills to public and private practitioners and affordable training, including in ongoing professional development training where preventive education is embedded in high quality patient care

Health system action

The APA recommends that health prevention needs to have a systemic approach within the health system, which includes building in a range of support systems for people that encourage early intervention and responses. In-line with the aims of the strategy, in particular, *That Australians have the best start in life* and also *That Australians live as long*

as possible in good health, we also recommend an increased life cycle focus, including greater support for families.

A focus on family support should include emphasis on women's health prevention including preventable birth trauma. This should include more support for breast-feeding, which is aligned to WHO recommendations. Importantly, there should also be a greater focus on support for mental health, which a key issue at this life stage, and further impacted by birth trauma.

A reorientation of the health care system should also include greater focus on supporting carers and family members who provide care. There should be a particular emphasis on ensuring the health and wellbeing of those who care for others, including through increasing support to enable carers to look after their own health.

The APA also recommends the increased use of incentives for health providers to offer enhanced early intervention support, and allow treatment to extend beyond a single issue or immediate health issue focus. This includes better early intervention, ongoing monitoring and evaluation, held up by appropriate funding to provide further services where responses are required. This should also include introducing clear mechanisms to adapt approaches in response to emerging and new evidence. For example, through building better health responses to alcohol overconsumption and misuse based on the evidence of negative health impacts of alcohol, and the impact of drinking culture on children's health and drinking behaviours.

Partnerships

The APA strongly supports the need for partnerships with a range of different sectors to address prevention in a range of social, economic, cultural and environmental influences on health. Partnerships with a wide range of groups, people and communities is essential, including with Aboriginal and Torres Strait Islander, LGBTQIA+, culturally and linguistically diverse backgrounds, and people and communities with disability. This is imperative to ensure. It is imperative to ensure meaningful partnerships are developed and preventative measures meet at risk and diverse populations needs. We strongly recommend the use of a diverse range of partnerships in different industries and sectors and across different geographical locations, including rural and remote, through private health, local, State and Federal Government and community partnerships.

For example, to support increased exercise and physical activity, greater collaboration with town planners and built environment specialists, as well as local councils to increase cycling networks and improve end of trip facilities would encourage improved incidental physical activity. Similarly, engaging with stakeholders in aged care and disability would ensure the built environment is suitable for older people and people with disability. In addition taking a collaborative approach, and building cross sector approaches, including all tiers of government, not for profit and private sector to develop policies using social prescribing and behavioural economics approaches to incentivise walking and riding as a better choice over driving or public transport.

Leadership and Governance

The success of the Strategy will depend on leadership and collaboration both vertically - across national, state and local governments, and horizontally - across multiple sectors and within the health sector itself. Approaches that promote collaboration will enhance the

effectiveness of the overall strategy and ensure the health and wellbeing of Australians is protected in the most efficient and informed manner. This should also include investment in human resources across government and the health sector more broadly to prepare for, respond to and adapt to predicted health threats, including from climate change.

Preparedness

Increased evidence, data collection and analysis to identify both the supply and demand factors impacting the allied health, including the physiotherapy workforce will support better understanding of the critical risks and opportunities in allied health, and build cumulative insight and consensus on these risks and opportunities to inform future preventive action planning.

The APA recommends a national minimum data set is developed and used to enhance responsiveness to economic and health changes, for example, meeting the needs of an ageing population. It would also assist in planning responsiveness and workforce agility and capacity building, including in times of crisis, as well as identifying key prevention areas, for example practitioner supply; and training and other resource demand in regional and remote areas. This would also enable better workforce planning, and support economic analysis to provide transparency of value for funding and service delivery.

Research and evaluation

We strongly support the use of evidence to provide better oversight of the allied health workforce and support strategic and locational or place based approaches to preventative health care, as well as improved access and quality. The APA recommend the development of a national minimum data set for allied health that includes workforce data. This would support quick access to meaningful data to inform workforce planning and other evidence based decision-making. In addition this would also support an approach that is agile and responsive, and help inform linkages between research and policy when drawing on the data to inform prevention policy and practice.

The APA also recommends the development and use of an Australia-wide database of current projects and programs that could be accessed by practitioners and clients to support the application and use of evidence based interventions.

Monitoring and Surveillance

The APA strongly supports having access to key data on diseases and risk factors, to be able to better understand and respond to changes in trends over time. The APA recommends that prevention policy and practice include monitoring and surveillance of a very broad range of diseases and risk factors, including obesity and mental health and wellbeing.

The APA also strongly recommends an increased overall focus on the social determinants of health in monitoring and surveillance, both at a systemic and individual level, to best support prevention. Social determinants of health should be used to inform strategic planning and systemic design approaches and in the implementation of early intervention approaches and programs. This should include a focus on measuring health outcomes, including the social determinants of health, as these remain consistently stronger predictors of overall health and quality of life.

In addition, research and investment in evidenced based approaches to build a sustainable and climate-resilient health sector is needed. This should include identifying near and long-term health threats, and the development and evaluation of health protecting adaptation strategies including assessment and forecasting of climate change health impacts across Australia's climatic zones. As well as assessment of health-related economic benefits, i.e. co-benefits to be gained from pro-health climate change mitigation and adaptation strategies that result from building community resilience, improved air quality, active transport options, and other co-benefits associated with emissions reductions.

Healthy and resilient communities

The APA would recommend that supporting healthy and resilient communities is included as an additional action in the Strategy. The should include a focus on enhancing the capacities of community-based health and social service organisations, as well as all levels of government to support communities in health prevention, including in preparing for health and other emergencies and disasters, including climate-related events and emergencies. This could include a focus on the psychological and social impacts associated with health prevention, including monitoring the burden of disease related to energy and transport systems and health impact assessment, as well as progress against a set of indicators that relate to known climate change health risks.

Q - Where should efforts be prioritised for the focus areas?

The APA believes the following should be priority areas of focus within the Strategy.

Prioritise prevention in key areas

The Strategy should include a focus on preventative health in key primary and secondary prevention areas and in disease management, including physical activity, diet and exercise, injury prevention and secondary prevention in chronic disease and disability management. The APA strongly recommends a focus on reducing barriers, including costs to non-pharmacologic interventions, including physiotherapy to ensure the interventions of choice will ease patient expenditure and facilitate a reduction in the societal impact of chronic conditions.

There should be a greater focus on improving access to physiotherapy services for all Australians, particularly priority populations that stand to benefit the most from physiotherapy to support prevention and maintenance of chronic conditions. Physiotherapists can also provide education, behavioural strategies, patient advocacy, referral opportunities, and identification of supportive resources after screening for a range of preventive health issues.

Improving healthy diets and increasing physical activity

Physical inactivity is a risk factor that contributes to onset and progression of diseases and conditions in individuals of all ages, including diabetes, heart disease, pulmonary disease, obesity, metabolic syndrome, psychosocial health, stroke, certain cancers, and certain musculoskeletal conditions. This should include better access to information and knowledge of the amount of physical activity required and strategies to support increased activity.

As obesity remains one of the biggest health risk factors¹, the Strategy should include early intervention to assist with weight management and healthy eating. This should include early intervention approaches, beginning in early childhood, to develop healthy habits. For example, including free nutritious lunches from preschool to final year high school for at risk and low socio-economic groups. This could also include increased sport and activities, such as walking and gardening in the curriculum, drawing on allied health practitioners including physiotherapists, to encourage more movement and motor skills development

There should also be a continued focus, and increased action regarding food labelling and education to support understanding and reading calorie information, as well as increased access to dietician and nutrition services. The use of multifaceted and long term strategies with significant monitoring and data collection should also be drawn on from other health areas. For example, strategies implemented to reduce tobacco consumption could be used on excessive unhealthy food and alcohol consumption, to support behavioural change in society, and reduce related health impacts. The use of a wide range of actions should be levered, for example minimising junk food in schools, restricting junk food advertising to specific time slots and education for families on healthier food and cooking choices.

Injury and falls prevention

Reducing injury improves physical and emotional health. The APA recommends the increased use of physiotherapists to support injury prevention for individuals, as well as through approaches to improve residential, community schools, and worksite safety and by implementing community-based prevention policies and programs.

In addition, there should be a greater focus on aging populations, including the increased use of physiotherapists to support falls prevention and life expectancy through better management of chronic diseases, conditions and quality of life, as well as to maintain physical activity. This should include an increased focus on the use of physiotherapists in supporting independence and maintaining physical activity in individuals and populations of all ages with chronic conditions, disabilities and diseases.

Another area of focus should be better support and access to services for birthing women in the post-natal year. Increased access to services to support injury, physical activity and movement including through physiotherapists, would have a positive impact on prevention and support both for the individual and their family.

Improving mental health and wellbeing

In Australia mental and substance use disorders were estimated to be responsible for 12% of the total burden of disease in 2015, placing it fourth as a broad disease group after cancer (18%), cardiovascular diseases (14%) and musculoskeletal conditions (13%)². In terms of the non-fatal burden of disease, which is a measure of the number of years of

¹ Australian Institute of Health and Welfare 2019. Australian Burden of Disease Study: methods and supplementary material 2015. Cat. no. BOD 23. Canberra: AIHW.

² ABS 2019b. National Health Survey: first results, 2017-18. ABS cat. no. 4364.0.55.001. Canberra: ABS.

'healthy' life lost due to living with a disability, mental and substance use disorders were the second largest contributor (23%) of the non-fatal burden of disease in Australia³⁴

The APA strongly recommends an increased focus and emphasis on mental health prevention as key area, including better screening to support earlier identification of risk factors and preventive health interventions. This includes better responses to, and earlier intervention within the public health acute care system to support prevention and treatment. An increase in preventive approaches to support mental health and wellbeing would also potentially contribute to reducing substance misuse, self-medication and mal-adaptive coping strategies.

Chronic Pain

In 2020, 3.37 million Australians were living with chronic pain⁵. There are also huge economic costs of pain, and it is estimated that the total financial cost of chronic pain in Australia in 2020 was estimated to be \$144.10 billion⁶. It is important that people living with chronic pain are provided with far greater access to multidisciplinary pain management. Management of chronic pain remains a key prevention focus for physiotherapists including the role physiotherapists have in the prevention of the transition of acute to chronic pain. The APA suggests that doubling access to pain specialists is an important first step, including to physiotherapists.

The APA also recommends the use of multidisciplinary care as the most appropriate intervention to provide comprehensive treatment to patients living with chronic pain. A multidisciplinary pain management programs should together a combination of health professionals to accurately assess the patient's condition and to prescribe an appropriate treatment plan designed to deliver the best health outcomes for the patient. For example, this could include a pain specialist leading a team of health professionals such as a physiotherapist, psychologist, occupational therapist, social worker and/or nurse to treat chronic pain.

Increase the use of alternative health care models and interventions

The APA recommends the use of alternative models of care delivery to match patient needs and preferences.⁷ Physiotherapists work across many areas of prevention including wellness, fitness, health promotion, and management of disease and disability, and are also currently embedded in rehabilitation and community health systems. In some circumstances physiotherapists are the most appropriate healthcare providers in assisting individuals to manage complex conditions with multi-morbidities They also utilise communication channels to other healthcare providers (such as with general practitioners and medical imaging professionals) to develop programmes and issue diagnostic imaging. Physiotherapists should play a key role in the use of alternative health care models, to improve the health status of populations and individuals, particularly those with chronic disease or disability and

³ ABS 2019b. National Health Survey: first results, 2017-18. ABS cat. no. 4364.0.55.001. Canberra: ABS.

⁴ Over 3,000 Australians die from suicide each year, with depression being a significant risk factor. Statistics show that in 2017, 65,000 people attempted suicide, with the suicide rate being more than twice the road toll. Black Dog Institute. '[Causes of Death](#)', 26 Sep 2018, Australian Bureau of Statistics,

⁵ Painaustralia (2019). The Cost of Pain in Australia. Deloitte.

⁶ Painaustralia (2019). The Cost of Pain in Australia. Deloitte.

⁷ Menzies Centre for Health Policy. Patient-Centred Healthcare Homes in Australia: Towards Successful Implementation report. Australia; July 2016.

help prevent secondary health conditions commonly associated with many chronic diseases and disabilities.

We also strongly recommend the use of multidisciplinary team teams focused on treating existing chronic conditions in primary health care, as well as supporting health promotion and preventive care, for example multidisciplinary pain management. These approaches should include the increased use of physiotherapists, as they provide high quality care as part of medical teams. These teams should be from a variety of professions including GPs, nurses, allied health professionals, community workers, population health professionals, health promotion workers and educators, Aboriginal and Torres Strait Islander health workers and culturally and linguistically diverse health workers. The services that these teams deliver should reflect local community and population health needs.^{8,9}

There should also be an increased focus on using evidence to support alternative interventions based on new and emerging approaches to treatment, including the use of non-operative interventions to support preventative health. For example in the treatment of knee osteoarthritis and the use of exercise and weight management compared surgery. As there is provision of funding for rehabilitation following knee surgery, the sure of a surgery approach can lead to sub optimal outcomes.

Secondary prevention in chronic disease and disability management

There should be an increased focus on preventing health conditions that accompany many chronic diseases and disabilities to improve physical and emotional health and optimise individual conditions, including through earlier and enhanced identification of risk factors. This includes the role allied health, including physiotherapists play in supporting people with disease and disabilities to through improving an individual's body function or structure, activity, participation in society and the modification of environmental factors to allow for full participation in society. In addition, there should be greater use of preventive health services that are client centred and goal directed, similar to the approaches in the disability and aged care sectors.

The APA supports also supports the research to suggest greater recognition is needed regarding the contribution of social determinant of health to disparities in a range of chronic diseases, including chronic pain. The social determinants of health are known to differentially impact outcomes from many non-communicable diseases. For example there is considerable data about the impact of chronic pain on the quality of life and the cost to Australians, with people with chronic pain experiencing a substantial reduction in their quality of life¹⁰. The APA recommends that there is greater focus on the impact and health burdens of chronic lower back pain, including consideration of the relationship between prevention and secondary prevention approaches on increased on medical and social determinants of health patient outcomes.

⁸ Doggett J. A new approach to primary care for Australia. Centre for Policy Development; 2007.

⁹ Soever L. Primary health care and physical therapists—moving the profession's agenda forward: a discussion paper prepared for The College of Physical Therapists of Alberta. Alberta Physiotherapy Association and The Canadian Physiotherapy Association. 2006.

¹⁰ Painaustralia (2019). The Cost of Pain in Australia. Deloitte.

Q - How do we enhance current prevention action?

Improve access to allied healthcare

The APA recommends a focus on reducing barriers, including costs to non-pharmacologic interventions, including physiotherapy to ensure the interventions of choice will ease patient expenditure and facilitate a reduction in the societal impact of chronic conditions. This should extend to increasing both health sector, and community and consumer awareness of the programs, services and support that are available, as well as to support reducing overlap of different activities and programs where relevant and appropriate.

There should also be a greater focus on improving access to physiotherapy services for all Australians, particularly priority populations that stand to benefit the most from physiotherapy to support prevention and maintenance of chronic conditions. Physiotherapy provides non-medical and non-surgical alternatives, through education and physical activity. In particular this should include greater use of, and access to generalist and advanced practice physiotherapists to reduce hospital and medical clinic wait lists, reduce costs, and improve outcomes for patients should also be prioritised.¹¹

Include physiotherapists in early intervention and prevention programs

The APA recommends increased use of physiotherapists in supporting evidence-based preventive health care across key areas, including: falls prevention, sports injury prevention and physical activity promotion. Physiotherapists have a unique skill set in promoting physical activity with specific clinical populations, including older adults, people with neurological conditions such a stroke, pregnant and post-partum women and people with cardiovascular disease.

This includes greater use of physiotherapists to support empowering their patients to take a more active approach to manage their own chronic conditions. Physiotherapy interventions are evidenced based,¹² unique in pattern of practice (prolonged visits, over prolonged periods of time),¹³ often consist of elements of empowerment and self-management, education, and more frequently emphasising the person and the environment in rehabilitation, elements that are common in health promotion principles.¹⁴

Physiotherapists should also be included in mental health and wellbeing care programmes to facilitate early intervention and reduce the instance of chronic physical health issues such as diabetes and metabolic syndrome Health Promotion and Physiotherapy, as well as to support integrating health promotion into rehabilitation given the growing burden of chronic conditions and the interest in efficient, effective, ethical health promotion interventions.^{15,16,17}

¹¹ For a discussion on advanced practice physiotherapy see APA scope of practice position statement.

¹² Herbert R, Jamtvedt G, Birger Hagen K, Mead J, Chalmers I. Practical evidence-based physiotherapy. London: Churchill Livingstone; 2011.

¹³ Dean E. Physical therapy in the 21st century (Part I): toward practice informed by epidemiology and the crisis of lifestyle conditions. *Physiotherapy Theory and Practice*. 2009 Jan 1;25(5-6):330-53.

¹⁴ Perreault K. Linking health promotion with physiotherapy for low back pain: a review. *Journal of rehabilitation medicine*. 2008 Jun 5;40(6):401-9.

¹⁵ Stuijbergen AK. Building health promotion interventions for persons with chronic disabling conditions. *Family & community health*. 2006 Jan 1;29(1):28S-34S.

¹⁶ Dean E, Dornelas de Andrade A, O'Donoghue G, Skinner M, Umereh G, Beenen P, Cleaver S, Afzalzada D, Fran Delaune M, Footer C, Gannotti M. The Second Physical Therapy Summit on Global Health: developing an action plan to promote health in daily practice and reduce the burden of non-communicable diseases. *Physiotherapy theory and practice*. 2014 May 1;30(4):261-75.

¹⁷ Delany C, Fryer C, van Kessel G. An ethical approach to health promotion in physiotherapy practice. *Health Promotion Journal of Australia*. 2016 Jan 23;26(3):255-62.

Increase access to well developed and funded digital solutions

A current prevention area of focus should be continued development of novel ways of supporting preventive health care, including telehealth opportunities. It is recommend that here is further exploration of the broader applications of telehealth, including the role it plays in supporting access to preventive care services and improving the standard of care delivered. Telehealth could play a key role in best practice hybrid models and to building the evidence base for the future

The APA Physiotherapy Research Foundation and Melbourne University is currently conducting a comprehensive evaluation of telehealth services provided by physiotherapists during COVID-19. The preliminary evaluation results show the majority of consumers accessing telehealth services feel safe and secure during and after the consultation. The results suggest that consumers find the services received of a high quality and comparatively effective to face to face.

We also recommend a focus on improving access to allied digital health to enable safe and usable e-solutions for real time joining, including in to address the access crisis is in rural and remote settings. In addition, addressing non-geographic barriers to accessing preventive health services, including physiotherapy services. For example, frailty and immobility can reduce face to face access for some groups. The APA also recommends the introduction of telehealth coordinator positions in each health district/service and across states and territories, and the use of telehealth champions, such as an allied health assistants to facilitate this service and support access for some at risk groups.

There should also be a focus on further supporting allied health practices to upgrade their digital and data systems to the extent of GP practices. Often videoconferencing and other technologies are inaccessible and different sites can have incompatible technologies creating access barriers.

Q - Any additional feedback/comments?

The APA welcome the opportunity to continue to be a member of the Preventative Health Steering Committee, including to inform the development of the National Preventive Health Strategy. We would be happy to also meet with the Department, on behalf of the physiotherapy profession to further discuss our submission.