

# Statement from the Australian Physiotherapy Association on aged care

## Preamble

With an ageing population in Australia, demand for aged service will increase. It is essential that older people access appropriate, high quality and safe care as they age.

The physiotherapy profession is focused on maximising the quality of care for the ageing, and on achieving the best health outcomes at the lowest cost while maintaining an individual's right to safe and high quality care.

Australian Health Practitioner Regulation Agency (Ahpra) regulated physiotherapists deliver high quality, safe services for ageing Australians.

The physiotherapy profession has long been regarded as an important provider of services for older people. Physiotherapists provide highly skilled and safe services across the health care spectrum, including in Residential Aged Care facilities (RACFs).

Physiotherapists work alongside and with older people, their advocates and the other health providers, to maximise their independence, quality of life and dignity. It is critical that older people have access to physiotherapy care when and how they need it

The Royal Commission into Aged Care Quality and Safety (established in October 2018) rightly identified the critical role that physiotherapists play in aged care.

Physiotherapy is effective and provides economic value in areas including:

- maintaining and improving mobility; falls prevention and reduction and minimising harm from falls. Falls are the number one cause of preventable death in residential aged care. The lack of investment in falls prevention programs over a long period of time has had tragic consequences;
- pain management;
- maintaining and improving continence;
- behavioural and psychological symptoms of dementia; and
- improving functioning and optimising comfort. Mobility programs led by physiotherapists can reduce the number of falls in residential aged care by 55 per cent.

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

## Recommendations

The APA calls on the Federal Government to:

1. Establish a blended funding model for residential aged care consisting of an assessed maintenance base layer, such as the Australian National Aged Care Classification (AN-ACC), supplemented by an additional layer of restorative and preventative funding to ensure adequate rehabilitation, maintain mobility and prevent falls in residential aged care.
2. Enable early assessment by Ahpra-regulated physiotherapists.
3. Increase access to high quality, evidence-based care with an extension of allied health sessions available under Chronic Disease Management Plans to 10.
4. Ensure physiotherapy is embedded in multidisciplinary team care.
5. Ensure consistency in approach between funders (e.g. NDIS) and prevent duplication of regulation and accreditation in the primary health and social services arena.
6. Create career pathways and management opportunities to attract and retain the physiotherapy workforce and ensure development of deep expertise in aged care in practitioners.
7. Ensure ongoing representation of physiotherapy in any new aged care authorities.

## Principles

The criteria underlying an effective aged care system should:

1. place human rights at its core to enable independence in older people as long as possible;
2. give older people and their representatives choice and control;
3. ensure improved and equitable access to the provision of timely, high-quality and evidence-based care;
4. provide transparent performance and service data;
5. recognise the connection between physical and mental health, and
6. enable AHPRA-regulated and highly qualified practitioners to work to their full scope of practice.

## Background

For many years, the APA has advocated to increase access to high quality and evidence-based physiotherapy for older people in all aged care settings. There has been a particular focus on residential aged care where the current restrictive ACFI funding model currently allows only limited, passive care.

The Royal Commission into Aged Care Quality and Safety tabled its final report, *Care, Dignity and Respect*, in Parliament on 1 March 2021. Disappointingly, Commissioners Lynelle Briggs and Tony

Pagone had differing opinions on many recommendations (with Commissioner Briggs more aligned with the APA's views). For example, Commissioner Pagone recommended providers deliver allied health services "as required by their assessment or care plan" while Commissioner Briggs takes a more thorough and holistic view with a key recommendation being that providers employ or retain physiotherapists.

Pleasingly, they agreed on the:

- Clear lack of access to physiotherapy in home and residential settings;
- Critical role of physiotherapy in mobility and falls prevention;
- Importance of incontinence management; and
- Need for consumer choice.

## Evidence to support efficacy

The Sunbeam Program<sup>1</sup> has demonstrated the effectiveness of 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 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 APA and produced by The Nous Group, synthesised key clinical research (including the Sunbeam program) 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 \$3000 per episode.

The total cost of physiotherapy treatment averaged \$1680 per episode. Nous concluded that the benefit of physiotherapy-led falls prevention programs (i.e. quality of life benefit minus the cost) equalled \$1320 per falls episode.

## The aged care program

### **A blended funding model for residential aged care that includes restorative and reablement – rehabilitation and preventative - care.**

In early 2019, the Federal Government released a proposed new assessment-based funding model, Australian National Aged Care Classification, or AN-ACCC. It is an improvement on the current ACFI, but lacks proactive financial incentive for restorative and reablement care to improve ability and quality of life. The proposed funding model should support physiotherapists to provide physiotherapy support to the full scope of the profession.

### **Early assessment by physiotherapists**

Comprehensive early assessment by a multidisciplinary team, including physiotherapy, prolongs optimal health and wellbeing in ageing. It should be built into the My Aged care assessment process to enable appropriate care planning. This will provide significant cost savings to the health system

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<sup>1</sup> Hewitt J. 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*, 2018

by identifying risks, particularly relating to falls prevention. For community dwelling older Australians, physiotherapists and other allied health professionals must be included in screening programs for frailty.

### **Increase access to high quality, evidence-based care with an extension of allied health sessions available under Chronic Disease Management Plans**

The Royal Commission into Aged Care Quality and Safety identified lack of access to allied health as critical. Chronic Disease Management Plans are an established mechanism that can be used to address this. The number of sessions for allied health care under the CDM has been temporarily increased from five sessions to 10 sessions to address impacts of COVID-19. The APA believes this change should be implemented permanently.

### **Ensure physiotherapy is embedded in multidisciplinary team care in residential aged care, community**

The APA believes comprehensive assessment and care delivered by a multidisciplinary team is the model to optimise wellness, health and quality of life. This applies in residential aged care, community and as part of transitional care programs, hospital discharge planning and public health policy development. There is strong evidence of the benefits of strong and comprehensive care management by multidisciplinary teams for older people including in treating frailty and mobility disability.

### **Career pathways**

An aged care workforce that has access to appropriate career advancement and recognition (including appropriate remuneration) will improve care outcomes, as individual care providers invest in their career progression.

### **Over regulation**

There is a risk of overburdening and discouraging practitioners with multiple sets of external standards and accreditation schemes, for example the accreditation process for the National Disability Insurance Scheme. The fundamental systems and processes for ensuring safety and improving quality are essentially the same in these different arenas.

### **Ensure ongoing representation of physiotherapy in any new aged care authorities.**

The Royal Commission has recommended the establishment of a number of new authorities to oversee aged care, including an Aged Care Advisory Council. Representation of physiotherapy on any new bodies established in the sector, is critical.

### **Conclusion**

The physiotherapy profession has long understood its critical role in reducing the risk of falling – and the ensuing preventable deaths, long-term care and institutionalisation of older people. It is encouraging that this is being recognised by the community and those influencing decision makers. It is clear that specific funding is required to increase access to physiotherapy in the aged care sector the many benefits physiotherapy can provide to enhancing a person's quality of life as they age.