

Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system

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20 December 2021

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane Qld 4000

Email: hec@parliament.qld.gov.au

Dear Committee Secretary

Re: Submission for the Health and Environment Committee Inquiry on the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

Thank you for the opportunity to provide a submission for the Health and Environment Committee Inquiry on the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

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 representing more than 30,000 physiotherapists who conduct more than 23 million consultations each year. 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 notes that many of the issues in the Terms of Reference are cross-jurisdictional and relate to services funded and delivered by both the Queensland and Commonwealth Governments. The points raised by the APA in this submission therefore reflect national and state matters and cannot be considered as separate or siloed. To assist the Committee, this submission will be brief, with links to APA material and other submissions where more detailed information can be accessed.

Please do not hesitate to contact Belinda Spencer at [REDACTED] or [REDACTED], in the first instance, if you have any further questions.

Kind regards

A handwritten signature in black ink, appearing to read 'Nick Marshall', is written over a white background.

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Australian Physiotherapy Association Submission



Health and Environment Committee Inquiry on the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

Email: hec@parliament.qld.gov.au
Committee Secretary
Health and Environment Committee
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Submission by Australian Physiotherapy Association

December 2021

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Introduction

The Australian Physiotherapy Association (APA) welcomes the opportunity to provide information to the Health and Environment Committee.

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To assist the Committee, this submission will be brief, with links to APA material and other submissions where more detailed information can be accessed.

The APA also welcomes any opportunity to provide oral testimony on the issues raised in this submission.

Executive Summary

The APA has been calling for funded reforms in primary care, aged care, the NDIS and the role of allied health in the Australian health system.

What is needed to improve the patients journey for patients in Queensland, and reduce inefficiencies and costs, is well known. The Committee should examine tabled inquiries, including Royal Commissions, Federal Senate, Select and Joint inquiries, Productivity Commission inquiries and commissioned reports that relate to the issues identified in the Terms of Reference.

There is a plethora of essential recommendations on the public record that, if implemented, will improve patient outcomes for Queenslanders, as well as reduce waiting times and out of pocket costs.

Funding, measuring and making accountable the implementation of these vital recommendations will result in sustainable and quantifiable improvements in Queensland health services. However, to achieve these improvements, the Commonwealth and State must implement milestones for delivery, establish accountability frameworks and engage independent evaluation processes.

The issues facing Queensland health systems are (as with other jurisdictions) too often left in the too 'hard-basket', such as reforming the Medicare fee-for-service model and introducing better referral pathways to physiotherapy and other allied health services.

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It is the APA's position that sustainable reforms and improvements to state health services can be achieved if the Commonwealth commits to implementing (funding, measuring and evaluating) the recommendations and actions set out in:

1. Primary Health Care 10-Year Plan
2. National Preventative Health Strategy
3. National Obesity Prevention Strategy 2022-2032
4. Medicare Benefits Schedule (MBS) Review
5. Select Committee on Mental Health and Suicide Prevention (and Productivity Commission Inquiry into Mental Health)
6. Royal Commission into Aged Care Quality and Safety

These reports and inquiries contain detailed recommendations that will reform and improve health care in Queensland (and other jurisdictions), and, most importantly, improve the patient journey through better outcomes and reduced out-of-pocket costs.

The APA is frustrated that major reforms are not being implemented and integrated care not supported as recommended. Physiotherapy, and likely other allied health professionals, are largely being ignored and health reforms progressing in uncoordinated ways.

Submission structure

To keep our submission brief, our response is structured against the Committee's priority focus areas around access and the current state of health care provision in Queensland (or TOR 2 a). We have included the key areas of primary and allied health care, aged and NDIS care, and private health care, and with one addition to address locational based policy concerns in addressing rural health disparities. The broader focus areas relating to bulk billing policies; the Commonwealth Government's definition of the Commonwealth Distribution Priority Areas; and the availability of medical training places at Queensland universities, compared to other jurisdictions (TOR 2 b, c and d) are not addressed as these impact on the medical specialties with access to funding and training opportunities.

Primary and allied health care

It is clear that access to health services has become more and more difficult due to a poorly considered and largely ineffective mix of public versus private funding arrangements. The public-private mix of health expenditure presents a significant policy problem over the next decade. Health expenditure is expected to continue to grow at 4.6 per cent per year above inflation.¹ While sustainability of this spending remains a major concern, there are some key missed opportunities from within physiotherapy that would, if funded, work to both streamline and strengthen the care pathway.

The APA would like to see a much stronger equity lens and a focus on integrating prevention into the management and delivery of care. The chronic failure in primary care is due to the poorly considered and largely ineffective funding mix. 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. Patients must have access to physiotherapists as part of a multidisciplinary team. Our health system largely fails to facilitate

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this essential care and patients are not funded to access physiotherapy services beyond current and very limited MBS chronic disease items.

The APA has long called 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.

A patient's story:

Edwina has several musculoskeletal issues that are causing her consistent pain in her back and knees. Edwina is overweight, earning an average wage and cares for young children. She presents to her local GP who initiates a CDM where the 5 funded sessions to allied health professionals (AHPs) is allocated to 2 x dietician sessions, 2 x physiotherapy sessions, 1 x podiatrist session. After receiving these treatments Edwina sees no significant change, cannot afford to pursue further unfunded treatment from any of the AHPs and is not eligible for further funded sessions under a CDM for 12 months.

Edwina's pain increases, her mobility deteriorates and after being unable to transport her children because of these issues she presents at the closest hospital emergency department for help. Edwina receives a referral to outpatient services to see a physiotherapist for 10 sessions but will need to wait 6-12 months to commence this treatment because of the lengthy waitlist. Her conditions deteriorate further in this time and when she finally receives the treatment she needs is assessed as needing additional sessions that she will continue to access through the public health funded outpatient service system.

We know the ineffective management of chronic conditions in primary care leads to worse health outcomes and higher costs. Key impacts including avoidable hospital admissions and presentation to emergency departments (case example above) can be prevented through strengthening primary care for chronic disease. However, access will continue to be constrained without significant reform that includes a focus on integrating physiotherapists into primary care through funding reform.

The latest report from the Queensland Audit Office - Improving access to specialist outpatient services² highlights the success of Queensland Health's New Models of Care Projects that have been trialed and implemented that have established allied health practitioners, including physiotherapists, as the first practitioner point of contact in the hospital system for eligible patients.

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Some of these models of care that have enabled physiotherapists to deliver services that are within their full scope of practice include (but are not limited to):

Physiotherapists delivering primary contact services in emergency departments (ED) where they were utilised to treat clients with a range of agreed musculoskeletal presentations. This first point of contact by a physiotherapist typically includes assessment, intervention, and referral on for further assessment, treatment and discharge as appropriate. This first contact in ED services has assisted the Hospital and Health Services (HHS), where this is in place, to meet emergency length of stay targets.

A physiotherapy-led primary contact model of care was developed to support female patients referred to gynaecological, colorectal and urological specialist outpatient department services. Within this primary contact service, physiotherapists provide early conservative management, thereby reducing unnecessary referrals and associated waiting times, and providing specialists with increased time and capacity to see patients that require medical intervention.

A collaborative project between several HHSs was formed to expand and evaluate primary contact allied health-led vestibular services in the acute and specialist outpatient department (SOPD) settings that included both physiotherapy and audiology services.

The Orthopaedic Physiotherapy Screening Clinic was established to improve access to multidisciplinary management and to decrease waiting times for patients requiring consultation with an orthopaedic specialist. The clinic is suitable for patients referred with musculoskeletal conditions who do not need immediate surgery and who may benefit from well-coordinated multidisciplinary management. Implementation of this service in Queensland Health has resulted in a reduction of waiting times for patients, delivered good clinical outcomes and provided high rates of satisfaction from patients, referrers and orthopaedic specialists.

Queensland's Hospital and Health Services have made good progress in implementing new models of care however, these models are in many cases effectively substituting for a lack of affordable access to primary care allied health services. Current funding of allied health services in primary care does not provide enough. Further funding at both a State and Commonwealth level is required to improve the affordability and accessibility of allied health services within primary care so that patients are provided with adequate number of services for each profession to achieve clinical improvement in their symptoms. Accessibility would be further improved by removal of the requirement for a patient to have a GP initiated Chronic Disease Management Plan to access allied health services.

Aged and NDIS care

Aged Care

With an ageing population in Queensland and across Australia, demand for aged care services 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 older people, 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) regulate physiotherapists to deliver high quality, safe services for ageing Queenslanders. 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).

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 physical function and optimising comfort.

The Committee should note that the APA has called 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.

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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.

For further information, see:

https://australian.physio/sites/default/files/submission/JUNE2021_APA_Position_Statement_Aged_Care.pdf

More broadly, for APA input to care sector workforce planning, see:

https://australian.physio/sites/default/files/submission/APA_Submission_National_Skills_Co_mmission_Care_Workforce_Labour_Market_Study_23_Jun_21.pdf

National Disability Insurance Scheme

The APA has made numerous submissions to the NDIS (see links below), however, our main concern that is relevant to this inquiry is that mainstream supports outside of the NDIS remain on the whole inaccessible to people living with a disability.

We want to see further engagement with community organisations and industry to open up general opportunities for people with disability in Queensland rather than paid NDIS supports.

Participants and their families are 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.

The APA has called for funding and formal support for social prescribing of mainstream activities that can enhance people with disability's social participation.

We also stress that 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.

For Queensland, as with other states, there is an absence of consistent approach in terms of linkages between health services, education services and social services. The strong inequities that result from funding discrepancies between Aged Care packages and NDIS packages are notable.

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We want to particularly draw the Committees attention to 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.

Further information that related to access, regulations, accreditation and to some extent, thin markets, can be found at:

https://australian.physio/sites/default/files/submission/FINAL_APA_SUBMISSION_Current_Scheme_Implementation_and_Forecasting_for_the_NDIS.pdf

Private health care system

It is clear that there are two different journeys through Australia's health care system. The core focus should be on solutions from within the primary care sector and improve the affordability of access to essential care including physiotherapy and allied health care. This would help to address the inequities and entrenched disadvantage across a number of population groups. In terms of the role of private health care, there are key challenges where the age of the insured population is increasing. This places a policy imperative on value and affordability in order to reach a younger insured cohort.

The APA has contributed to the Commonwealth's PHI reform process. Our view is that progress towards PHI reform is reliant on recognising the benefit of physiotherapy-led interventions in meeting the Government's set objectives to make PHI simpler and more affordable. Developing new products and care packages that are meaningful for patients and that offer real value, in strengthening model design, it is physiotherapy that provides opportunities in advancing preventive strategies. Physiotherapy is also key to developing new models of care that recognise the close links between physical health and mental health outcomes.

For further information, see:

https://australian.physio/sites/default/files/APA_submission_to_the_Department_of_Health_second_wave_of_PHI%20eforms_final.pdf

Further priorities

Physiotherapy provides a path to better health and wellbeing, but for too many Australians access is denied or inadequately funded. As outlined above, the physiotherapy profession is a fundamental provider of high-quality, evidence-based care for ageing Australians, and for those with disability. For Aboriginal and Torres Strait Islander peoples, physiotherapists are also vital to improving health outcomes. Providing equitable access to care must also extend to rural Australians.

In addressing vast unmet need, a strategic prioritisation towards access and outcome is needed in order to prioritise population health, system integration and prevention. This

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requires a focus on location-based policy to enable access and advance integrated care models combined with a commitment to measure outcomes at scale. It would see a priority focus on access to public physiotherapy to strengthen connections to care, to get the best from the health dollar, reduce the pain burden, and incorporate prevention into a range of new care models. Prioritising access to public funded physiotherapy would ensure those most in need get the care they deserve.

Rural Health

Rural health is obviously a major issue for Queensland. The APA wants to see 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.

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, many in Queensland. 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 in Queensland still have no physiotherapy services, which contributes to health disparities. Rural physiotherapists predominantly operate under a private business model often set within regions of socioeconomic 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.

The APA Position Statement on rural health provided the Committee with more in-depth information:

https://australian.physio/sites/default/files/submission/APA_Advocacy_Position-Statement_Rural.pdf



References

- ¹ Commonwealth of Australia. (2021). *2021 Intergenerational Report Australia over the next 40 years*. Commonwealth of Australia. ISBN 978-1-925832-37-2.
- ² Improving access to specialist outpatient services Report 8: 2021–22
Queensland Audit Office