Submission

Australian Physiotherapy Association

SUBMISSION IN RESPONSE TO: INQUIRY INTO ACCESS TO PRIMARY HEALTH CARE SERVICES

Presented to the Standing Committee on Health, Community and Social Services, Legislative Assembly for the ACT

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APA
AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Executive Summary

Across the states and territories of Australia, we are facing major health workforce challenges. The APA believes that such challenges will require changes to service delivery modalities and methods across the entire health workforce.

In times of increasing demand and economic pressures, primary health care represents an effective approach to improving service efficiency, coordination, and continuity so that consumers' health needs can be met equitably and appropriately.

The current shortage of general practitioners (GPs) in the ACT is exacerbated by the fact that:

- GPs are required to generate referrals that, in some circumstances, could be carried out by other health professionals
- Patients are often forced to consult GPs for conditions that could be better managed by other practitioners, due to current funding mechanisms
- The current complexity of the Medicare Benefits Schedule (MBS) consumes an excessive amount of medical practitioners' time and discourages them from using items which require a substantial amount of paperwork (e.g., the Enhanced Primary Care items).

These strains on GPs can be alleviated through a number of health workforce innovations to divert some of this workload to other appropriate health professionals. Such innovations include:

- The establishment of a process which identifies and seeks to remove barriers to innovative practice within the health system
- The removal of barriers to physiotherapists directly referring to medical specialists, as has occurred with optometrists
- The removal of barriers to physiotherapists requesting diagnostic imaging services (i.e., x-rays and ultrasound), as has occurred with podiatrists
- More extensive use of healthcare assistants, such as allied health assistants, to support the healthcare workforce.

In addition, service modalities that involve multidisciplinary team work should be encouraged. Consumers and health professionals both stand to benefit from multidisciplinary team approaches. Service delivery to consumers is improved because the expertise of various professionals is more effectively utilised and collaborative working arrangements — where professionals share responsibility for problem solving and planning patient care — can help address professionals' work/life balance issues.

In Australia, physiotherapists are one of the largest groups of primary health care professionals. The diversity of physiotherapy practice should be recognised by governments so that the skills and knowledge of physiotherapists can be fully utilised and they can work to the full extent of their professional competence.

Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 11,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website www.physiotherapy.asn.au.

Inquiry into Access to Primary Care Services

The Australian Physiotherapy Association (APA) welcomes the opportunity to respond to the Health, Community and Social Services Committee's Inquiry into Access to Primary Care Services.

Introduction

Across the states and territories of Australia, we are facing major health workforce challenges as a result of both demand pressures (caused by the ageing population; changing burden of disease; and increased consumer expectations) and supply pressures (caused by an ageing workforce; increasing difficulties in attracting people to the health sector; demands for greater life/work balance; and a future workforce that is projected to change careers an average of three to four times in their lives).

The APA believes that such challenges will require changes to service delivery modalities and methods across the entire health workforce. For this reason, we believe that both short and longer term solutions do not lie in merely increasing GP numbers (via financial incentives and other recruitment and retention strategies).

The APA recognises there are myriad demands on the current health system. There are a vast number of stakeholders and only limited resources (now further exacerbated by the 2008 global financial crisis). It is imperative, therefore, that we look to health workforce innovation for solutions.

Background

The APA endorses the philosophy and practice of primary health care as providing the best ethical and practical framework to enable Australians to achieve and maintain the health and well-being essential to the realisation of their aspirations.

Primary health care refers to a health systems policy and approach to service delivery, which was formalised in the Declaration of Alma-Ata in 1978 and was subsequently adopted by the World Health Organization (WHO) and the United Nations (UN). There is no universally accepted definition of the term *primary health care,* however the Australian Primary Health Care Research Institute provides a meaningful definition that incorporates both of the above documents [1]. The APHCRI defines primary health care as:

> *Socially appropriate, universally accessible, scientifically sound first level care provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those in most need, maximises community and individual self-reliance and participation and involves collaboration with other sectors. It includes the following:*
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> - *Health promotion*
> - *Illness prevention*
> - *Care of the sick*
> - *Advocacy*
> - *Community development*.

It is clear that in times of increasing demand and economic pressures, primary health care represents an effective approach to improving service efficiency, coordination, and continuity so that

consumers' health needs can be met equitably and appropriately [2]. The effective provision of primary health care requires:

- Community participation to address health inequities
- Intersectoral collaboration
- Multidisciplinary team effort, which requires interdisciplinary trust and respect, effective communication and cooperation and leadership [3, 4, 5, 6].

Current Strains on GP Workforce

The current shortage of general practitioners (GPs) in the ACT is exacerbated by the fact that GPs are required to generate referrals that, in some circumstances, could be carried out by other health professionals.

Furthermore, due to current funding mechanisms, patients are often forced to consult GPs for conditions that could be better managed by other practitioners.

In turn, the current complexity of the Medicare Benefits Schedule (MBS) consumes an excessive amount of medical practitioners' time and discourages them from using items which require a substantial amount of paperwork (e.g., the Enhanced Primary Care items). The APA recognises that the Federal Government's proposal to amend the MBS to reduce the number of itemised procedures in the MBS and devise a broader approach towards the recording of procedures on the MBS is a positive step towards supporting health professionals and clients to navigate through the Australian healthcare system, and in particular, the MBS.

The APA believes that these strains on GPs can be alleviated through a number of health workforce innovations to divert some of this workload to other appropriate health professionals.

Health Workforce Innovation

Service Delivery Methods

As stated earlier, the APA believes that an expansion of the GP workforce alone is insufficient to improve access to necessary healthcare services; and with limited resources available would not be the most efficacious use of funds. It is critical that governments examine the existing barriers to the provision of optimal healthcare services — many of which are based on historical developments rather than the acknowledged clinical competence required to undertake a task — and formulate strategies or amend regulations to remove these barriers.

Removing the barriers that prevent health professionals from working to their full potential is a first step to increasing the current workforce capacity.

Governments need to promote models of care that support physiotherapists and other health professionals working to the full extent of their skills and experience. A good example of this is the situation regarding requests for diagnostic imaging. Physiotherapy patients currently have access to limited Medicare rebates. A physiotherapist may request a limited range of spinal x-rays without referral to a medical practitioner. Current referral practices are costly on a number of levels. If physiotherapists had the right to request for other imaging such as peripheral x-rays and diagnostic ultrasound, as well as referral to medical specialists, there would be savings in time and expense for GPs, patients and physiotherapists alike, as well as cost savings to the health system.

Physiotherapists are primary contact practitioners and their patients should not be required to attend a GP in order to receive a full rebate.

As a matter of principle, physiotherapists — who are independent, accountable health professionals — should have the same access to the diagnostic imaging and specialist referrals required by their practice as GPs.

As a matter of practicality, patients, physiotherapists and GPs should not be inconvenienced by government legislation.

As a matter of efficiency, the system should be altered to save the Australian taxpayer from excessive duplication and red tape; and to more appropriately use the limited time of GPs, patients and physiotherapists.

The APA believes that there are a range of health professionals working in the primary health care sector who are currently being underutilised. It also believes that the training of healthcare assistants, such as allied health assistants, to support the healthcare workforce should be encouraged. Duly trained assistants can perform uncomplicated but important tasks under supervision. Physiotherapy assistants free up the time of physiotherapists to perform more complicated procedures and are an important component of the physiotherapy workforce.

Any changes to the health workforce should be focussed on maximising the use of existing health human resources, streamlining efficiencies to reduce costs while maintaining quality, and improving access to health care for all Australians.

A whole-of-government approach to decreasing the barriers to innovative practice will allow for a more extensive roll-out of advanced practices by duly qualified health professionals (such as physiotherapists) which to date have largely been set up on a case-by-case basis at the institutional level.

It is important to allow trained health professionals working in primary contact roles to work to the full extent of their training. Indeed, with further training, there may also be scope for physiotherapy practice to incorporate limited prescribing and injecting of pharmaceuticals.

The APA believes that the ACT Government needs to lobby the Federal Government for the following changes to support workforce innovation:

- The government establish a process which identifies and seeks to remove barriers to innovative practice within the health system
- Barriers to physiotherapists directly referring to medical specialists be removed, such as has occurred with optometrists
- Barriers to physiotherapists requesting diagnostic imaging services (i.e., x-rays and ultrasound) be removed, such has occurred with podiatrists.

Service Delivery Modalities

As stated earlier, the literature suggests that an important component of the effective provision of primary health care is multidisciplinary team effort. Consumers and health professionals both stand to benefit from the multidisciplinary team approaches. Service delivery to consumers is improved because the expertise of various professionals is more effectively utilised, and collaborative working arrangements — where professionals share responsibility for problem solving and planning patient care — can help address professionals' work/life balance issues.

To optimise their effectiveness, there must be mutual understanding of the skills and expertise of all members of the team supports the varying capabilities of team members to be used most effectively. This requires a greater understanding across primary health care professionals of the skills and expertise of their peers. Governments need to invest in supporting this educative process.

Critical to facilitating intra- and inter-service teamwork is effective communication between team members, whether or not they are co-located. This would require:

- Funding eHealth systems that support electronic sharing of individual health records to enable all team members access to up-to-date and comprehensive patient records
- Funding non-clinical time for health professionals to case conference and to support case conferencing where teams are not co-located
- Providing resources and funds to support team administration and co-ordination
- The provision of educational opportunities that promote effective approaches to team work and team-based care.

Changes to Funding

The APA believes that funding systems for primary health care must facilitate provision of the right kind of care for consumers. Despite the rhetoric from both Australian and State/Territory Governments in support of a primary health care approach, funding often has been short-term and not necessarily in keeping with the model of primary health care.

Funding systems should support the provision of one-off, episodic and acute care as well as promoting proactive preventive care and the effective management of chronic conditions, including through well-coordinated multidisciplinary team care. Funding systems should further enable flexibility for locally-tailored solutions to address the specific health needs of local populations.

What Physiotherapy can Contribute

In Australia, physiotherapists are one of the largest groups of primary health care professionals. The philosophical underpinnings of physiotherapy — with its consumer focus and emphasis on enabling self-management — ideally place it as an integral part of future primary health care service delivery models.

The education, training and experience of physiotherapists make them valuable members of multidisciplinary teams in primary health care settings. Their educational programs include the biomedical and physiotherapy sciences that underpin evidence-based practice. They base their practices on their ability to clinically reason and problem solve. They are able to independently plan, implement and evaluate interventions. They have skills as health educators and are well practised communicators. Physiotherapists work as autonomous practitioners but are also committed to multidisciplinary teams to provide better health outcomes for the community in both the public and private sectors.

Physiotherapy is a profession that encourages self-management and it empowers clients to regain independence to achieve a high quality of life. When considering the future pressures on the Australian health system with the ageing population and the increased burden of chronic disease, it is clear that physiotherapy must be a key partner in any genuine attempt to address these challenges.

Physiotherapists have knowledge and understanding of the complexities of co-morbidities and are trained in designing programs that respond to these complications. Indeed, physiotherapy can make important contributions to a wide range of health needs across the lifespan, through health promotion, prevention, screening, risk management, triage, assessment and treatment activities.

Physiotherapy is well-placed to:

- Contribute to the treatment, management and prevention of chronic conditions that contribute to poor health later in life, such as type 2 diabetes, cardiovascular diseases, chronic obstructive pulmonary disease, osteoporosis, arthritis, obesity and hypertension
- Provide rehabilitation and maintenance strategies for children and adults with disabilities
- Contribute to the management of the frail aged
- Provide health promotion and injury prevention activities
- Assist with women's health issues, including ante- and post-natal care and continence management.

Conclusion

This Inquiry is set against a backdrop of the "recent closure of the Kippax Family Practice and the growing concern over the shortage of practicing general practitioners in the ACT"[7]. While not discounting the valuable role that GPs play in maintaining the health and wellbeing of a community, the APA contends that other health professionals also have important contributions to make in this regard.

We consider that health workforce innovation is a key to optimising the health and wellbeing of all Australians in a climate of growing GP shortages. Innovation will require changes to service delivery modalities and methods across the entire health workforce.

To support health workforce innovation, the ACT Government needs to lobby the Federal Government to review and amend the current legislative, regulatory and funding barriers that undermine the potential utilisation of physiotherapists and other allied health professionals in the provision of primary health care services in the ACT.

In addition the diversity of physiotherapy practice should be recognised by governments so that the skills and knowledge of physiotherapists can be fully utilised and they can work to the full extent of their professional competence.

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