

Allied Health Priority Areas

Allied Health Professions Australia (AHPA) and its members work to increase the role and contribution of allied health in Australia's health system. We recognise that an effective contemporary health system utilises, values, funds, monitors and evaluates the full contribution of the three health workforces – allied health, medical and nursing. Allied health professionals have a crucial role in the Australian health care system, providing specialised expertise and high-quality care that contribute to ensuring the best health outcomes.

Australia's allied health professionals:

- Utilise evidence-based guidelines and clinical decision-making tools to support best practice.
- Work autonomously and in multi-disciplinary teams.
- Can provide seamless care across the health, social, education and vocational sectors.
- Work in partnership with consumers to promote health and wellbeing and to encourage self-management and health independence.
- Are an integral part of innovative and cost-effective models of care.

However, the Australian health sector continues to lag behind in fully involving allied health in meeting Australia's health needs and supporting improved access to allied health services for consumers. A range of issues, identified on the following pages, are reducing the ability of the allied health sector to contribute fully to meeting the health needs of Australian consumers and building a more effective and cost efficient health system.

About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) consists of 22 national allied health professional association members* and a further 7 associations with whom it is formally allied**. The collective membership of these 22 national associations is almost 95,000 allied health practitioners, with more than 12,000 working in rural and remote localities in Australia. AHPA and its association members play a key role in promoting the role of allied health practitioners and in advocating for enhanced consumer access to their services.

Allied health professionals represent almost 20% of the health workforce, providing diagnosis, treatment and rehabilitation, often autonomously and across a variety of public, private and not-for-profit settings. Australia's 175,000 allied health professionals deliver an estimated 200 million health services annually. Allied health is considered one of the three pillars of health care provision in Australia along with medical and nursing services.

***Professions represented by association members:**

Art Therapists; Audiologists, Chiropractors, Dietitians, Exercise Physiologists, Genetic Counsellors, Music Therapists, Occupational Therapists, Optometrists, Orthoptists, Orthotist/Prosthetists, Osteopaths, Pharmacists, Physiotherapists, Podiatrists, Perfusionists, Psychologists, Radiographers, Rehabilitation Counsellors, Social Workers, Sonographers and Speech Pathologists.

****Professions represented by organisational friends:**

Audiometrists, Diabetes Educators, Diversional Therapists, Hand Therapists, Myotherapists, Podotherapists and Practice Managers.

1. ALLIED HEALTH CONSULTATION

As providers of life-changing services, allied health practitioners have a central role to play in the health reforms and new models of care that are being rolled out across Australia – the NDIS, mental health and aged care reforms, management of chronic and complex conditions and the introduction of Health Care Homes. AHPA and its members believe that a greater allied health contribution would allow the full benefits of the current health reforms to be achieved and provide the Australian community with a sustainable and high-functioning health care system.

However, despite making gains in the level of engagement with government policy makers, the allied health sector still lags behind the medical sector in being consulted and involved in important reviews and reforms.

2. FUNDING FREEZES

The ongoing freezes of both the Medicare Benefits Schedule allied health items and Department of Veteran's Affairs allied health funding is significantly impacting on the viability of providing many allied health services, particularly to those client groups most reliant on funding through these programs. Feedback from professionals across a number of allied health professions suggests that practitioners are being forced to move the focus of their work away from the delivery of services for those client groups as the funding from those programs does not allow businesses to operate sustainably. Where practitioners are still delivering services they are having to either cross-subsidise or utilise less experienced staff for delivery of those services. AHPA and its members are concerned that lack of funding across these programs will force practitioners to focus on delivery of services through those schemes that are properly remunerated—such as workers and accident compensation schemes and the National Disability Insurance Scheme.

3. CHRONIC AND COMPLEX CONDITIONS

Allied health professionals from a range of disciplines have essential roles in the prevention, management and treatment of chronic disease. Australians with long-term conditions such as diabetes and osteoarthritis require access to allied health services for the specialised knowledge and care these provide. Allied health services help people with chronic and complex conditions reduce the impact and long-term consequences of their condition. The annual net financial impact (i.e. health system savings) of allied health interventions for diabetes and osteoarthritis has been conservatively estimatedⁱ to be in excess of \$147 million. For consumers with Type II diabetes, allied health support has been shown to reduce the risk of many long-term complications of diabetes including advanced eye and kidney disease and lower limb amputations.

Current funding for chronic and complex conditions is not well aligned with best practice models. Medicare funding is an essential means of improving access to care for many people with chronic and complex issues but is currently inadequate to meet the cost of providing evidence-based, best practice care. As a result, many of the consumers that most need allied health care struggle to access allied health services due to an inability to pay the resulting out of pocket expenses. Inefficient referral requirements also force consumers to make unnecessary visits to general practitioners resulting in lost time and productivity as well as increasing costs to the consumer and the health system.

4. HEALTH CARE HOMES

From 1 July 2017, up to 200 Australian general practices will participate in Stage 1 of the Health Care Home program, together providing services for up to 65,000 consumers with chronic and complex conditions. The first stage of the project will run until 30 June 2019, aiming to transform the way health care is provided for people living with chronic and complex conditions through innovative care within the primary care system. Allied Health is essential to the Health Care Home model. Australian consumers with multiple and/or more complex long-term conditions have been shown to have significantly better health outcomes when they have sufficient access to allied health assessment, treatment and care to manage their conditionⁱⁱ. Highly skilled allied health practitioners providing services across this continuum are a key part of avoiding avoidable health issues and costly hospital admissions.

However the current Health Care Homes model has no formal role for allied health, instead focusing exclusively on general practice as the vehicle for improving the management of patients with chronic conditions. Without a targeted focus on improving access to allied health services, Australians with severe chronic and complex conditions will not achieve optimal health outcomes.

5. AGED CARE

Frail Australians in the community as well as those in residential care require access to allied health practitioners for specialised support around a range of health conditions, including chronic illnesses, mental health issues as well as managing pain. A range of evidence also shows the importance of allied health support to help older consumers maintain and improve levels of function to support health and overall independence. However, older people continue to lack sufficient access to allied health services due to funding limitations related to the Aged Care Funding Instrument, insufficient funding for allied health in Home Care Packages and only limited access via Medicare-funded Chronic Disease Management items. This is particularly limiting where people require substantial follow-up such as with the prescription of aids and equipment.

Lack of funded access to allied health services is a major factor in reducing health outcomes for older people and increasing overall costs to the health system. For example, evidence shows that people who forego care because of cost often suffer a higher occurrence of chronic disease than those who seek careⁱⁱⁱ. Evidence also shows that current consumer directed approaches for older people are not working effectively as consumers lack information and are not receiving the necessary support to go from being receivers of health services to becoming able to lead or collaborate in the design of the services they receive. This gap is even more significant for specific consumer groups such as older people with communication difficulties or with cognitive impairments. This is frequently translating into a further barrier to access of important allied health services.

6. PRIVATE HEALTH INSURANCE

Ancillary benefits policies offered by private health insurers are an important means for Australians to access allied health services not properly covered by Medicare rebates. Australian Prudential Regulation Authority figures show annual spending of approximately \$2.5bn in private health insurance rebates for allied health services. As many consumers are ineligible for community health services, ancillary benefits allow them to obtain allied health services that may prevent or delay the onset of complications of chronic conditions and hence reduce the risk of the need for more expensive interventions, including hospitalisation.

7. DIGITAL HEALTH

The Australian government has invested heavily in digital health technology, recognising the importance for consumers and the broader health system in using technology to improve efficiency and access to information. Very significant public funding has been invested in supporting general practice to access and use My Health Record and related systems such as secure messaging. This support includes funding general practice software development, providing financial practice incentives for uptake of digital health technology, funding training and support by the RACGP, and funding PHNs (and their Medicare Local and GP Division precursors) to provide intensive hands-on support and training.

This support has been vital to increasing the use and value of My Health Record and other digital health technology. The allied health community plays a crucial role in contributing to the care of people with a range of health issues including chronic conditions and would benefit enormously from full access to digital health technology. Yet until now, the Australian government has not provided support to assist the allied health sector to engage with digital health technology. Without that support, the allied health sector will not be able to contribute meaningfully.

8. TELEHEALTH

Telehealth technology has the potential to significantly increase access to allied health services for consumers in rural and remote and other regions lacking sufficient services. Current Medicare rules allow GPs, medical specialists and practice nurses to provide Medicare-funded services for consumers located in rural and remote areas. More recently, changes to the criteria for Better Access mental health items mean that mental health professionals can deliver a proportion of sessions via telehealth. However a wide range of other allied health services which could provide important access to services for people via telehealth are not eligible for Medicare rebates.

9. PREVENTION

The Australian Institute of Health and Welfare has identified preventing or delaying chronic disease as one of the most important priorities for the Australian health care system today^{iv}. The Institute further notes many premature deaths which result from cardiovascular disease, cancer, chronic respiratory disease, diabetes and other chronic diseases could be prevented by eliminating or reducing common risk factors—mainly tobacco smoking, unhealthy diet, physical inactivity and the harmful use of alcohol (WHO 2013).

The closure of the Australian National Preventative Health Agency (ANPHA) in late 2014 resulted in a reduction in focus on preventative health, despite a strong recognition of the importance of preventative work to address the growing chronic disease burden. Allied health practitioners promote a range of prevention strategies that target key risk factors they identify in consumers. They deliver valuable prevention and self-management programs such as those focused on improving diets, helping people to increase their physical activity and building strength and conditioning to prevent falls for older people in the community.

Allied health practitioners also work within a wellness paradigm, identifying what the consumer is capable of and building on this to help them develop self-management strategies to optimise their health, independence and level of function. The allied health community is ideally placed to deliver innovative preventative health services that improve the long-term health of the community.

10. WORKFORCE DEVELOPMENT

Meeting the needs of Australia's growing population and the increased demand for support around chronic and complex conditions will require recruitment and retention strategies. However allied health professionals are frequently employed in sole practitioner or part-time roles that do not support student training. Without exposure to the sector as students and with limited peer support, it will be difficult to attract allied health professionals into aged care. The allied health sector needs flexible clinical education models including options based around telehealth as well as increased mentoring, supervision and peer support for less experienced allied health professionals.

11. COLLECTION OF ALLIED HEALTH DATA

A recent UK QualityWatch noted that *'despite the size and importance of the allied health workforce.....their contribution to care is often hidden, overlooked or potentially undervalued, ...there is very little systematic information at a national level about the quality of care delivered by allied health practitioners. In fact there is a shortage of even basic information about activity, waiting times and appointments at a national level to inform comparative analyses. This is especially problematic in areas outside of hospital care.'*^{iv}

These same gaps in allied health data have been identified as an issue of significant concern in Australia. The Innovation Workshop conducted by the Department of Health in 2015 identified the need for significantly improved allied health data as a priority. Some progress in this area has been made by the recently-absorbed Health Workforce Australia and AHPA hopes the achievements that were made and the agenda it set have not been lost.

As the peak body for allied health in Australia, AHPA is keen to see gaps in allied health data addressed, to provide a more complete picture of activity across the whole health system and to support the health planning work undertaken by Primary Health Networks (PHNs).

ⁱ J.Adams & L.Tocchini (2015). The impact of allied health professional in improving outcomes and reducing the cost of treating diabetes, osteoarthritis and stroke: SARRAH: Services for Australian Rural and Remote Allied Health.

ⁱⁱ Australian Health Review, 2015, 39, 244–247 Perspective <http://dx.doi.org/10.1071/AH14194>.

ⁱⁱⁱ *Does Enhanced Primary Care enhance primary care? Policy-induced dilemmas for allied health professionals.* Michele M Foster, Geoffrey Mitchell, Terry Haines, Sean Tweedy, Petrea Cornwell and Jennifer Fleming
MJA Volume 188 Number 1, 7 January 2008

^{iv} Preventing and Treating Ill Health. <http://www.aihw.gov.au/australias-health/2014/preventing-ill-health/>

^v Dorning H and Bardsley M, *Quality Watch Focus On Allied Health Professionals*, The Health Foundation Nuffield Trust, September 2014, p3 viewed 15 October 2015,
http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/qw_focus_on_ahps.pdf

