POSITION STATEMENT

Allied Health Professions Australia

Remuneration for case conferencing participation and team care coordination by allied health professionals

This position statement has been developed by Allied Health Professions Australia (AHPA) and its member associations to support the work of the Medicare Benefits Schedule (MBS) Review Allied Health Reference Group. We particularly acknowledge the work of Occupational Therapy Australia (OTA) in the development of this statement.

1. Introduction

Allied health professionals play an important potential role in contributing to team care arrangements and participating in case conferencing with general practitioners. These activities are an important foundation for appropriate multidisciplinary care for people with chronic and complex illnesses. Current MBS rules for both team care arrangements and case conferencing require that GPs consult with at least two collaborating providers, each of whom will provide a different kind of treatment or service to the patient, and one of whom may be another medical practitioner, when making arrangements for the multidisciplinary care of the patient. However, the current structure of the MBS is such that only the GP is remunerated for their participation in these activities. This limits the capacity of allied health practitioners to contribute to effective multidisciplinary care.

2. Recommendation

While there are six different GP items to support case conferencing of different durations and an additional item for coordination of team care arrangements, allied health professionals currently have no ability to claim rebates for their participation in either activity. This leaves the allied health professional either out of pocket or not able to contribute to care coordination. As a result, patient care is often poorly coordinated, and health and wellbeing outcomes are heavily dependent on service users' health literacy and ability to guide and manage their own care.[i]

AHPA recommends that MBS items are created for allied health participation in the coordination of team care arrangements and for participation in case conferencing. Remuneration should be based on similar session durations as the equivalent GP items.

3. Rationale

The benefits of regular and in-depth communication between health professionals involved in patient care have been widely documented and include cost efficiencies and enhanced patient outcomes. Boon et al[ii] recommend a move from parallel practice to a fully integrated team approach to health care which makes more effective use of the skills, knowledge base and experience of the allied health professions.

Research undertaken by Lipton[iii] found that despite evidence of the benefit of an integrated team approach[iv], GPs and specialists had limited access to allied health professionals in this way. This situation is exacerbated by current MBS arrangements.

A wide range of studies support interprofessional collaboration—a Cochrane review completed by Zwarenstein et al[v] found a beneficial effect on patient outcomes. In relation to chronic disease, Tideiskar[vi] recommends allied health professional involvement in situations where falls prevention interventions are required, and notes this as being beneficial for people with diabetes and Chronic Obstructive Pulmonary Disease.[vii]

The current system is one that increases the likelihood of brief, infrequent specialist or GP visits. Such visits do not provide adequate time to explore and understand the patient's perspective of their chronic illness, their ability and adherence to self-management, and how well they are functioning. Research by Katon et al[viii] suggested that system separation of health professionals and limited communication were crucial issues and models that promoted greater interaction, reduced costs and enhanced outcomes for service users.

Policy and Environmental Context

The Willcox report 'Chronic Diseases in Australia: The Case for Changing Course'[ix] highlights the potential, and as yet underutilised, role of the allied health professions in the management of chronic and long-term conditions through the need for health care to be coordinated, sequenced and connected.

The report states that diseases such as cancer, mental illness, cardiovascular disease, respiratory disorders and diabetes all have a major, lifelong impact on individuals, families, groups and communities. These conditions can also have a significant impact on Australia's economy, with chronic disease threatening to overwhelm health budgets in Australia, as well as the health workforce and the systems in place to deliver health care. It points to Australia's dependence on a splintered and tertiary-led health system, where intervention is provided long after disease has taken hold. A lack of joined-up and collaborative approaches is resulting in an overall approach to health and wellbeing that lags behind similar economies and presents a real risk to the future development and wellbeing of the country as a whole.

Currently, allied health professionals are subject to an isolated or scatter-gun approach to referrals, received whilst working in a siloed health system. Preventative strategies and a truly integrated health system, which includes allied health professions as valued and equal participants in a joined up and collaborative approach to the health and wellbeing of individuals, groups and communities, would improve Australia's health outcomes and create a more cost-effective health system – one well placed to prevent potentially avoidable hospital admissions (Australian Institute of Health and Welfare, 2013-2014). It would also reduce the amount of work being unknowingly replicated by health professionals who currently have limited ability and opportunity to communicate with each other.

Statement of Position

Therapists are often called upon to be part of the case conferencing process, however they are not remunerated for their time. Many therapists state that they need to balance the desire to contribute to the process, knowing that it adds value to clients' outcomes, against the knowledge that any time devoted to this process is not supported financially.

Therapists are increasingly having to manage client "complexity". In two papers published in 'Mental Health and Social Inclusion'[x], Robin Johnson states: "the common thread" to definitions of Complex needs (CN) is "either explicitly or by implication, a combination of breadth of need… and depth of need… along with the interlocking nature of these needs that makes them particularly hard to address."

As the care of people with complex needs is increasingly delegated to the private sector, with people providing different aspects of that care through disparate channels, the risk is the client will experience dislocation and less than optimal outcomes. It is therefore vital to support systems and mechanisms that increase and maintain cohesion and synergy, with case conferencing being crucial to this process. The available evidence points overwhelmingly to two key outcomes that result from arrangements in which all health care staff are able to work together in a coordinated and interprofessional way. These are increased cost effectiveness and enhanced patient outcomes.

4. References

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