POSITION STATEMENT

Allied Health Professions Australia

Improving the efficiency of referrals to other health professionals for allied health patients

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 the Australian Physiotherapy Association (APA) in the development of this statement.

1. Introduction

AHPA and its member associations propose changes to the current referral pathway for patients seeing allied health practitioners requiring a referral to other health professionals. The current process adds unnecessary costs and inconvenience and a change would improve the efficiency of our health system and reduce costs for both patients and the MBS.

2. Recommendation

AHPA recommends that the Taskforce supports amendment of Explanatory Note GN.6.16 of the Medicare Benefits Schedule, such that a referral can be made by an allied health professional to specialists and consultant physicians within the allied health professional's scope of practice, and that such a referral given by a participating allied health professional is valid until three months after the first service given in accordance with the referral.

3. Rationale

Most allied health professions, with practitioners working in private practice, have recognised primary contact status in their registration. As part of that entitlement, the allied health provider is required to take responsibility for providing the best, most appropriate care for the patient, and for the ramifications of providing that care. Many consumers take advantage of that primary contact option and access allied health services without the knowledge or involvement of their GP. However, current referral processes mean that patients cannot be directly referred to other health professionals by those allied health practitioners, and be entitled to rebates, without the involvement of a general practitioner.

A change to the MBS requirement for a GP referral would allow allied health professionals to directly refer to the most suitable medical practitioner and would be safe, cost effective and reduce red tape for patients, allied health professionals and GPs. This would allow allied health practitioners to have similar rights as optometrists, dentists, midwives and nurse practitioners, who can each refer within their sphere of expertise.

For example, physiotherapists who specialise in pelvic health should have the ability to refer to gynaecologists and speech pathologists or audiologists to refer to ear, nose and throat specialists as dictated by patient need.

Such a change would not exclude the GP from the management of patients with conditions treated by allied health professions. Similar to referrals from one health specialist to another, we believe that such referrals should last for three months from the date of first visit to the specialist, and a copy of all referral and other relevant documentation should be sent to a patient's nominated GP.

Quality and Safety

AHPA does not propose that allied health professionals replace the role of the GP in most interactions. Instead this proposal intends to bring the MBS in line with current practice, and the acknowledged role and skill set of allied health professionals, to improve the patient journey and the focus on high value care. The proposed changes to the MBS would cut unnecessary spending and utilise health resources at the patient's first point of contact with the health system.

The training and skills of allied health professionals, means that they are capable and well qualified to refer their clients to the right medical practitioner. In many instances the right medical practitioner will be the patient's GP, however the potential benefits of allied health referral to medical specialists is both financial and an improved quality of care.

Allied health professional training standards mean that entry level programs include education on diagnosis, red flags and pathologies that would trigger referral to a GP if the underlying condition was outside of the health professional's sphere of expertise. This coupled with a subsequent specialist assessment makes direct allied health professional referral to a medical specialist safe and appropriate.

Allied health professionals who are members of AHPA are either self-regulating, or regulated by the Australian Health Practitioner Regulation Agency (AHPRA). Professions who are regulated by AHPRA are required to meet specific regulatory guidelines that support high quality care. Data collected by the Authority suggests that registered allied health professions are comparatively safe when compared to their medical practitioner peers. For example, in 2016/17, the rate of notifications per thousand registered practitioners to the Australian Health Practitioner Regulation Agency was approximately:

- 32.6 for medical practitioners (3,617 notifications and 111,116 registered medical practitioners)
- 19.5 for chiropractors (103 notifications and 5,284 registered chiropractors)
- 10.3 for psychologists (360 notifications and 34,976 registered psychologists)
- 2.6 for physiotherapists (80 notifications and 20,351 registered physiotherapists)[i].

Self-regulating professions impose similar standards and Codes of Conduct, some of which align with the National Code of Conduct for Health Care Workers, to encourage best quality and safe service delivery. These professions typically demonstrate even lower risk than other health professions, which is one of the reasons they remain outside the National Registration and Accreditation Scheme.

The Code of Conduct in many allied health professions is binding on all members and often requires the allied health professional to refer patients to their GP where appropriate. Some allied health professions may follow both AHPRA regulations and their own Code of Conduct. For example, the Australian Physiotherapy Association Code of Conduct, section six states that 'members shall refer clients to more suitably qualified colleagues and/or health professionals as reasonably required.'[ii] This reflects the practice in the profession in referring patients to a GP if the cause is unclear or outside an allied health professional's scope of expertise.

AHPA supports the view that where the patient has a regular GP, the GP should be informed when the allied health professional provides a referral for a patient.

Benefits to Patients

Additional GP consultations incur additional time and financial costs for patients, as well as creating an additional delay in accessing the required health professional. The imposition of additional costs can lead patients to delay their care, or to fail to follow through on treatments at all, which can have a negative effect, exacerbating their condition and potentially leading to acute episodes. By changing current requirements, health policymakers will streamline patient care, allowing for faster diagnosis by a medical specialist. This will likely lead to improved patient outcomes, impacting on the social and emotional wellbeing of the individual.

Building capacity in rural areas

It is well established that patients in rural areas have particular difficulty accessing already overburdened GPs. One in 20 Australians lives in an area with severely reduced access to GP services. In some of Australia's most underserviced areas, only half the number of GP services per person are provided, than to people living in metropolitan areas.[iii]

This means that the patients of allied health professionals in rural areas, who already have restricted access to medical specialists as a result of chronic shortages, have an additional hurdle when seeking to access the most suitable medical practitioner. Allowing allied health referrals to specialist medical practitioners will better utilise the existing workforce, cut red tape and free up GPs to dedicate more time to clinical care.

Economic analysis

Changing the current referral process, would not only reduce red tape and have the potential to improve early intervention, but would have significant cost savings for both the MBS and for patients.

While AHPA is not able to determine the total savings associated with direct allied health referrals to specialist practitioners, targeted research focused on the physiotherapy profession suggests direct referrals by that profession would result in an estimated net saving to the Medicare Benefits Scheme of more than $13.6 million per year[iv]. Furthermore, it would result in a reduction of 737,000 GP visits per year[iii].

If this saving was expanded across all allied health professions, it is easy to see the potential for substantial efficiencies gained in reduced expenditure, duplication and improved efficiency.

4. References

[i] Australian Health Practitioner Regulation Agency (2017) Annual Report 2016/17, p 47, available at http://www.ahpra.gov.au/annualreport/2017/downloads.html

[ii] Australian Physiotherapy Association (2008). APA Code of Conduct, p4, available at http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/The%20APA/Governance/Code_of_Conduct_V2013.pdf

iii Duckett, S, Breadon, P and Ginnivan, L, (2013). Access all areas: new solutions for GP shortages in rural Australia, Grattan Institute, Melbourne

[iv] Comans, T, Byrnes, J, Boxall, A and Partel K (2013). Physiotherapist referral to specialist medical practitioners, Centre for Applied Health Economics, Griffith University and the Deeble Institute for the Australian Physiotherapy Association