CONSULTATION RESPONSE

Allied Health Professions Australia

Medicare Review Wound Management Working Group

Response to the Draft Report

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AHPA is the national peak body representing Australia's allied health professions. We have 19 member associations and a further ten affiliate organisations who represent allied health professions or professions closely aligned with the allied health sector.

A significant proportion of those allied health professionals provide essential care to Australians seeking primary health care, either in conjunction with a treating GP and other health professionals or independently as part of their primary contact role. AHPA and its member associations are committed to ensuring that all Australians, regardless of their background, socioeconomic status or age, can access safe, evidence-based services to support wellness, reablement and maintenance of functionality so that they can live life as fully as possible.

This submission has been developed in consultation with AHPA's allied health association members.

Introduction

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide feedback on the draft report from the Wound Management Working Group and its recommendations as part of the broader Medicare Benefits Schedule (MBS) Review.

AHPA welcomes the working group's recommendations to enhance multidisciplinary approaches to wound management and to address the burden on Australia's health system through improved treatment of chronic wounds and increased access to wound management services.

Best-practice wound management can improve both the incidence and outcome of chronic wounds, improving overall health outcomes for patients. Early intervention and management are essential for preventing ulceration and avoidable amputations while maintaining quality of life and mobility.

AHPA commends the working group for identifying podiatry as one area which has the potential to improve outcomes for patients with chronic foot wounds. Podiatrists are allied health practitioners with expertise in recognising, treating and debriding chronic wounds of the foot and lower limb. They also play an essential role as part of preventing foot ulceration and management of diabetic foot ulcers. We encourage the working group to also consider the essential role of other allied health professions in supporting some types of wound management. Specific examples are provided in our responses to the individual recommendations below.

Responses to the individual recommendations

This AHPA response addresses the following recommendations made in the draft report:

- Section 5: Chronic wound management
    - GP initial wound assessment
    - Increased access to allied health services
    - Podiatry interventions and appliances
    - Remote and non-face-to-face services (real time or asynchronous)
    - Review funding for chronic wounds in RACF
- Section 6: Education, credentialing and accreditation
    - Defining, credentialing and accreditation of specialist wound care practitioners

Recommendation 1 – GP initial wound assessment

Create a new item for the initial GP assessment of a chronic wound or a wound at high risk of becoming chronic.

AHPA supports the creation of a new item for initial GP assessment of a chronic wound or wound at high risk of becoming chronic. Improved access to wound management in the primary care setting is important for reducing infection and complications that can result from chronic wounds.

AHPA argues that the recommendation should be expanded to include the triggering of an appropriate clinical pathway to ensure access to appropriate and timely care that extends beyond that provided by the general practice. Some wounds require additional services to those provided in the general practice settings and clear referral pathways to other services such as allied health professionals should be accessible through appropriate funding and streamlined through improved referral processes. There are clear examples, such as the diabetic foot, where appropriate early intervention is essential as part of a secondary prevention approach to ensure that poor outcomes including amputation are avoided.

AHPA further recommends that the development of a risk-assessment tool should be considered that seeks to link the wound assessment item with other item groups such as the allied health chronic disease management items and access to wrap around care focused on dealing with high risk wounds. The focus in doing so is to reduce unnecessary paperwork for GPs and streamline access to other care where appropriate.

AHPA also notes that wound care assessments may require guidance from allied health professionals to consider broader factors relevant to the management of the wound. Key examples include: a focus on potential malnutrition as there is strong evidence that this increases risk of wound development, delayed wound healing and development of subsequent wounds; a focus on the role of pressure in causing the wound in the first place and supporting management of a wound resulting from pressure issues. Both issues are particularly important for high-risk patient cohorts such as older people and people with disability. AHPA argues that effective outcomes will be more easily achieved through the use of appropriate allied health services such as occupational therapy both in the initial assessment and in the ongoing management of the wound.

Recommendation 5 – Increased access to allied health services

Increase the number of allied health services available under Team Care Arrangements (TCA), and any future item incorporating TCAs, for patients with chronic wounds or wounds deemed at high risk of becoming chronic.

AHPA strongly supports the recommendation to increase the number of allied health services available for people with chronic wounds. AHPA has previously expressed strong support for the expansion of the MBS chronic disease allied health items and refer the working group to those submissions for additional information.

Previous AHPA submissions have noted that the current arrangements for patients on a chronic disease management plan, limited to five visits annually, can be sufficient where a person requires only maintenance care. This might apply to a person with diabetes, who requires annual check-ups to manage the risk of potential complications relating to their illness. However, we have also noted that there are a range of circumstances in which a person has more complex needs or where their risk factors have increased significantly leading to a need for more services. In these cases, the annual limit of five items per year on a chronic disease management plan is inadequate and is likely

to result in the person not accessing appropriate care and experiencing avoidable consequences. This in turn impacts the health system and broader economy. Chronic wound care is a clear example where access to a higher number of annual items and a more intensive set of services to manage the wound is required.

AHPA supports the recommendation to use the existing allied health item categories rather than recommending the development of new items. As previously noted, appropriate wound care may well require a multidisciplinary approach that considers a range of needs and we believe this provides the greatest flexibility for the patient and referring practitioner. A key example is where an older person or person with disability in a wheelchair has developed a pressure sore. Appropriate management of the wound will require not only the management of the wound itself but also the assistance of an occupational therapist to assess and implement strategies to reduce pressure while the wound heals and to prevent additional and future wounds from developing.

AHPA notes that simply increasing the number of allied health services available to people with chronic wounds will not be sufficient to ensure equity of access and to ensure that patients do not avoid care that is necessary and prescribed by their GP. Previous AHPA submissions have noted that the rebates for the allied health chronic disease management items are based on 20-minute consultations. This may be significantly less than required to provide appropriate care and can result in significant out of pocket expenses for the person. AHPA argues that it is essential that the working group consider the appropriate duration and rebate of the allied health items with a focus on ensuring access for consumers without the capacity to pay privately.

As a final note, AHPA wishes to highlight the need to ensure that there is an investment in preventative care to encourage high-risk patients to engage in regular and ongoing preventative health care services. Better availability and higher rebates for allied health items focused around risk-areas for chronic wounds may assist in increasing utilisation of services but will need to be supported by education of consumers and providers.

Recommendation 6 – Podiatry interventions and appliances

The Working Group recommends that research be undertaken to determine the cost-effectiveness of certain podiatry interventions and appliances in the management of chronic wounds.

AHPA supports research being undertaken to determine the cost-effectiveness of podiatry interventions and appliances in the management of chronic wounds. In this context we note that orthotist/prosthetists may also have an appropriate and complementary role to the work of podiatrists and should be included in any research that is undertaken.

AHPA notes that there is a lack of data regarding outcomes for allied health interventions generally. Research into the outcomes of podiatry interventions for management of chronic wounds of the foot and lower limb would contribute to best-practice wound management as well as data on the clinical value of allied health.

Recommendation 8 – Remote and non-face-to-face services (real time or asynchronous)

The Working Group recommends that where appropriate, consideration should be given to the use of remote and non-face-to-face services (real time or asynchronous) and an appropriate funding model investigated.

AHPA supports this recommendation as telehealth can provide an effective alternative to many face-to-face services and significantly improve access in areas where service availability may be limited. Importantly we note that geographic access issues in this context can occur even when there is a local service as specific expertise may be needed by the consumer. AHPA has argued for a consistent approach to telehealth access across the Medicare Benefits Schedule (MBS) to ensure that all appropriate services, regardless of whether these are GP, specialist or allied health services, can be provided remotely. Access issues apply to consumers regardless of the care they require, and allied health services may be the most difficult to access due to the limited range of programs to incentivise and support rural allied health practices.

AHPA argues that an increase in access to telehealth may not require significant investigation of alternate funding models and could instead be achieved by increasing access to rebates via existing items where services are provided remotely. The Better Access to Psychological Services change is an example of where this has been achieved successfully.

We note that some committees have recommended mechanisms aimed at protecting local services by requiring initial face-to-face consultations before eligibility for telehealth access. While AHPA strongly supports the need to have sustainable businesses in rural and regional areas, we argue that these mechanisms are ineffective (as demonstrated by low levels of uptake and the subsequent drought adjustments for the Better Access program). We also note that research has shown that most consumers have a strong preference for engaging with local services except where there may be an intention to discuss sensitive information with someone not part of a local community. As such we argue against constraints on who can provide teleservices.

We acknowledge that the structure of the MBS does not currently allow asynchronous service delivery and support work to identify appropriate funding models to support other methods of care. We further note the need to ensure that funding mechanisms are developed to support training and information provision for practitioner and consumers wishing to utilise telehealth services. This should focus on appropriate platforms, identify any considerations or legal and privacy issues, as well as directory services to help connect patients and providers.

Recommendation 13 – Review funding for chronic wounds in RACF

The Working Group recommends a review of funding for the management of complex wounds in aged care, for example via the Aged Care Funding Instrument.

AHPA strongly supports a review of funding for the management of chronic wounds in aged care. The inadequate prevention and management of wounds was highlighted in the interim report from the Royal Commission into Aged Care Quality and Safety. The issue of health care in aged care is a major issue for aged care residents and one that is not addressed by current funding systems. Access to allied health services suffers from a lack of clarity about funding responsibility for the various health care needs of aged care residents and those consumers regularly suffer poor outcomes as a result.

AHPA supports funding of complex wound care through the aged care funding instrument, but argues that there needs to be a specific focus on the role of allied health wound management for some wounds and that this should be specifically identified through the use of quality standards and best practice care guidelines. Access to allied health professionals under the Aged Care Funding Instrument is generally poor and generally relies on the aged care provider to choose to pay for an allied health service out of their existing funding pool. This acts as a disincentive to use of allied health services.

While podiatrists are the experts in recognising, treating and debriding foot wounds, in many residential aged care homes, nursing staff are expected to perform such tasks. Similarly, occupational therapists play an essential role in ensuring that aged care residents that spend significant time in beds, chairs or wheelchairs are set up to ensure that they are not developing pressure sores. Where the resident is not accessing this allied health care, they may not receive the most effective or appropriate treatment and this may impact on the speed of recovery or the ultimate health outcomes for the person. This must be recognised in the funding of care for older people as it is clear that unless aged care providers are directed to use appropriate allied health professionals, either through specific funding, or through best practice guidelines, residents with wounds will struggle to access allied health care.

AHPA notes that current Medicare funding for allied health chronic disease management items is not sufficient as it does not cover travel to and from aged care facilities. Recent changes to GP items have sought to address this and a similar approach will be necessary if the use of these items in residential care homes is to increase.

Recommendation 22 – Defining and credentialing of specialist wound care practitioners

The Working Group recommends that the Department work with key stakeholders to define and appropriately credential those appropriately qualified to provide a specialist wound care service.

AHPA supports a proportional approach to the credentialing of specialist wound care professionals in consultation with stakeholders. Credentialing may define areas of practice but should recognise areas of expertise within health professionals' existing credentials and competencies. For example, podiatrists are qualified to assess, diagnose and treat conditions of the foot and lower limb, including venous compression bandaging and wound debridement. They should not be required to

undertake additional training in order to provide relevant services under new or existing item numbers.