

22 February 2023

The Hon Dr Mike Freeland MP
c/o email

Dear Dr Freeland,

Implementation strategies for long and repeated COVID in the Australian Community

Allied Health Professions Australia (AHPA) took great interest in the expert Roundtable held last Friday 18 February 2023 and would like to draw your attention to the recommendations made in our submission (Submission 269) for your consideration.

Recommendations

Our submission makes clear the current structure of Medicare's fee-for-service model for allied health services does not adequately support the provision of multidisciplinary care for people with long COVID. We argue the following recommendations can be implemented in a case-specific and/or time-limited fashion to support and service deliver:

Upskilling/education is needed

Allied Health practitioners identified that a better understanding of the problem of long COVID is needed **across the whole community**, as identified by your expert panel. They identified that general practitioners need education to better identify, assess and appropriately refer patients with long COVID.

A survey quoted in our submission identified that a majority of GPs did not feel confident identifying long COVID and how to treat it. In addition, some allied health practitioners who have experience with long COVID patients indicated they had to "manage upwards" by educating GPs about treatment for their patients. Also, practitioners identified that some of their colleagues need upskilling to deal with aspects of long COVID symptoms such as neuro-cognitive difficulties and managing for fatigue.

Chronic Disease Management Plans to reflect the complexity of Long COVID

Extending Chronic Disease Management Plans for up to 10 additional visits after the initial five visits **subject to ongoing GP review for efficacy** provides long COVID patients and their GP with the **flexibility to address their symptoms methodically** with the appropriate allied health practitioner.

Additional visits for post-COVID conditions will allow for a staged approach of, for example, initial supportive treatment and subsequent exercise-based therapies as below:

- Dietitian for nutrition support and food access
- Speech Pathology for dysphagia and chronic cough
- Occupational Therapist to identify assistance with Activities of Daily Living
- Manual therapy interventions for respiratory muscle conditioning
- Supervised exercise-based therapy to address breathlessness and fatigue.

It is important to note the expert Roundtable identified this support would be time-limited for most patients as improvement occurs over 12 months, with effective intervention.

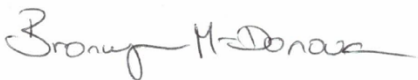
A scale of fees that better reflects the time allied health practitioners spend with complex patients and the time spent liaising with other practitioners and coordinating patient care will reduce the out-of-pocket burden for long COVID patients. This can improve access to appropriate care while our third recommendation is implemented.

Fund Primary Health Networks to commission integrated and multidisciplinary care

Allied health practitioners have identified barriers to providing coordinated care to long COVID patients through Medicare. PHNs can commission coordinated multidisciplinary care for long COVID and provide a flexible funding source that can reflect regional demand for support services and available workforce supply to assist Australians more effectively with long COVID symptoms.

Our submission identified how the system for providing support to people suffering from long COVID is fragmented and highly variable, depending on the circumstances of the patient and their ability to access services. We would welcome the opportunity to further discuss with the committee details of the allied health provider experience of supporting long COVID patients.

Warm regards,



Bronwyn Morrison-Donovan
CEO Allied Health Professions Australia