Allied Health Professions Australia

Pre-Budget Submission 2024

About AHPA and the allied health sector

Allied Health Professions Australia (AHPA) is the recognised national peak association representing Australia's allied health professions. AHPA's membership collectively represents over 150,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners. AHPA is the only organisation with representation across all disciplines and settings including health, disability and aged care.

AHPA supports the Australian government in the development of policies and programs relating to allied health, and advances system-wide issues that affect allied health.

https://ahpa.com.au/our-organisation/

The 4 health priorities in our submission are:

Build a Sustainable Allied Health Workforce

Facilitate Interoperable Sharing of Allied Health Information

Promote Excellence in Residential Aged Care Allied Health Data, Analysis and Evaluation

Ensure Best Practice Provision of Allied Health Supports to NDIS Participants

Contact us

AHPA welcomes further discussion about this submission.

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Build a Sustainable Allied Health Workforce

Despite allied health being the second largest health workforce in Australia, there is no national allied health workforce strategy and no comprehensive accurate picture of all the settings, sectors and locations in which allied health professionals work.

A national strategy informed by data is needed to develop quality workforce planning, sustainability and service modelling for allied health services across all health and care sectors. Without sustainable planning and modelling, the present lack of access to allied health services experienced by many consumers will only get worse.

It is particularly important that current reforms in aged care, disability services and primary care are informed by a national allied health workforce strategy. The success of reforms in these sectors depends on a diverse allied health workforce being available and accessible to all Australians who need these services as a key component of their care and support.

The Problem

The lack of national systematic allied health workforce planning and modelling has been known for some time,[1] but there is still no nationally consistent collection and integration of allied health workforce data.

Over the last two years, AHPA has invested its own limited resources to conduct member workforce studies and to try to identify the location of AHPA member allied health professionals across Australia. However, collection of detailed workforce data is limited by our lack of capacity and our members' lack of resources to obtain information.

The National Health Workforce Dataset provides data to the Department of Health and Aged Care only on AHPRA-regulated professions. There is no source of workforce data that captures information for all allied health professions, and self-regulated professions' data collection is left to individual professional associations to resource.

Self-regulated professions comprise nearly 60% of AHPRA's members and include Audiologists, Dietitians, Exercise Physiologists and Speech Pathologists. From currently available data, it is not usually possible to identify the specific work role or work setting (such as a clinic, hospital, private practice or aged care facility) of those allied health practitioners whose professions are self-regulated.

We do know from consumer reports and market analysis by entities such as the National Disability Insurance Agency, that significant numbers of Australians cannot access the types of allied health services that they need, particularly in rural and remote areas.

Governments, service providers and other stakeholders are currently unable to measure how many allied health professionals are actively working, where they are located and in what sector, and how long they intend to keep working. This results in fragmented, inconsistent approaches to workforce and service planning, especially in the primary care workforce. The impact of this is poor access to essential allied health services, especially for people in rural and remote areas and those with chronic conditions.

The Commonwealth has significant reform underway or planned in the aged care, primary healthcare, and disability sectors. An accurate measure of the workforce available to deliver these services, which includes the supply and distribution of allied health practitioners in all areas of practice, is vital to the success or failure of these economic and social reforms.

1. See eg Australian Government Department of Health, *Allied Health Workforce Data Gap Analysis – Issues Paper* (10 June 2022) and associated recommendations.

Build a Sustainable Allied Health Workforce (cont.)

The Solution

Fund the development of a national allied health workforce strategy.

Invest in the development and implementation of a nationally consistent survey of all allied health professionals.

Fund the implementation of a national repository for allied health workforce data.

As an interim measure (2 years), fund AHPA to work with the allied health peak bodies to enhance existing workforce data collection.

Facilitate Interoperable Sharing of Allied Health Information

Allied health professionals are integral to the multidisciplinary team. The client knowledge they share is important for professionals, consumers and their support networks to be able to improve an individual's health outcomes.

Interoperable electronic health systems across care settings are required to enable real-time sharing of holistic information wherever a consumer may access services.

A standard clinical terminology data set applicable to the Australian allied health practice context is needed before software developers can include allied health information into any interoperable electronic health system solution, including My Health Record.

The Problem

Multiple budget measures in response to the Strengthening Medicare Taskforce review target the need to expand the multidisciplinary care team to include a larger number and broader range of allied health professionals. Common to the success of each measure is the need for real-time sharing of holistic clinical information.

Seed funding is in place for the 2023/24 and 2024/25 financial years to begin the integration of allied health professionals into the My Health Record (MHR) and Provider Connect Australia (PCA) digital infrastructure. However, to ensure availability of information wherever a consumer may access services, much more is required than can be achieved in the funded program of work.

Key factors impacting the achievement of required outcomes include:

- The plan to modernise MHR infrastructure to enable real-time sharing between electronic health systems (full interoperability) will result in any immediate solution to integrate allied health into MHR quickly becoming outdated
- Additional information to that included within MHR needs to be shared among multidisciplinary care teams
- Full interoperability requires a standard clinical terminology data set applicable to the Australian allied health practice context, and this does not currently exist
- Current work to develop Australian standard clinical terminology datasets based on Fast Healthcare Interoperability Resources (FHIR) standards to enable full interoperability, includes very minimal information generated by allied health professionals.

The Solution

Fund a program of work, facilitated by the CSIRO, to develop a standard clinical terminology dataset for allied health practice to:

- Enable faster integration of allied health information into the modernised MHR
- Streamline inclusion of critical allied health information into Australian FHIR-based dataset standards
- Make it desirable for software developers of all electronic health systems to enable interoperable sharing of allied health information across care settings.

Provide funding from July 2025 to support the Australian Digital Health Agency and AHPA to complete the current program of work related to integration of allied health professionals in MHR.

Together these solutions will enable allied health professionals to participate in real-time sharing of information within multidisciplinary care teams, irrespective of care settings and audiences and without reducing time available for care delivery.

Promote Excellence in Residential Aged Care Allied Health Data, Analysis and Evaluation

The allied health-related reforms recommended by the Royal Commission into Aged Care Quality and Safety require provision of allied health services to aged care residents based on clinically assessed need. This has not yet been achieved. Government must work with the allied health sector and residential providers to collect and analyse quality detailed data and evaluate implementation outcomes.

The Problem

The Royal Commission found that allied health services are essential to maintain aged care residents' wellbeing and facilitate restoration of function, but that allied health is underused and undervalued across the aged care system. The Royal Commission called for allied health to become an intrinsic part of residential care, provided at a level appropriate to each person's needs.

However, despite ongoing aged care reforms, there is still no guaranteed needs-based provision of allied health in residential aged care, in contrast to nursing and personal care. The average amount of allied health care provided per resident per day is now just over half of the eight minutes found to be grossly insufficient by the Royal Commission.[2] Minutes for some individual allied health professions are so low that only four professions are individually represented in Quarterly Financial Snapshots (QFSs), ranging from 0.06 minutes for speech pathology to 2.73 minutes for physiotherapy, with provision of occupational therapy, allied health assistants and other allied health categories being too small to even feature in the data.[3]

While we know that many aged consumers are not receiving the allied services they need, there are also significant gaps in aged care data collection concerning the amount and quality of allied health services provided. For example, QFSs only provide the median for allied health staffing minutes, not the range. But some providers may be doing better than others, and if so, we need to learn why.

The Royal Commission also recommended clinically assessing each person to identify the allied health services they need. But in practice, assessors only determine the AN-ACC funding classification level. It is up to facility staff to identify any perceived allied health needs and deliver the right care, without any standardised tool to coordinate care planning. There is no public data on how, or even whether, appropriate clinical assessment of allied needs is undertaken.

Even if an individual resident is clinically assessed, Quarterly Financial Reporting (QFR) does not facilitate any detailed analysis of whether they actually receive the amount and types of services needed. For example, providers are not currently required to pay for some types of allied health services, but only to provide access to them.[4] In these situations, funding is not via AN-ACC but through sources like Medicare and consumers' pockets.

Because the Royal Commission recommended that aged care providers should generally provide the allied health that residents need,[5] we should know how much and what types of allied health services are not being paid for by providers and whether those residents' needs are being met in a sustainable and fair manner.

2. 4.26 minutes (Quarterly Financial Snapshot of the Aged Care Sector, Quarter 4 2022-23, April to June 2023, 16).

3. Ibid, 18. There is an associated allied workforce crisis in aged care: https://www.australianageingagenda.com.au/executive/allied-health-care-deficit-looms/ ; https://acdhs.edu.au/ ; https://ahpa.com.au/advocacy/summary-of-results-from-survey-of-allied-health-workforce-in-residential-aged-care-2023/ ; see also 'Build a Sustainable Allied Health Workforce' above.

4. Schedule 1 of the Quality of Care Principles sets out providers' obligations under the Aged Care Quality Standards.

5. Recommendation 69.

Promote Excellence in Residential Aged Care Allied Health Data, Analysis and Evaluation (cont.)

The Solution

QFSs provide comprehensive data, including by AN-ACC class and relevant demographics, on the provision of allied health in residential aged care across all regions.

Data from QFR is able to be disaggregated in deidentified form for each residential aged care facility.

Providers are required to report the amount and payment source of allied health service provision according to the relevant Item in Schedule 1 of the Quality of Care Principles.

The Department of Health and Aged Care works with AHPA, the Aged Care Quality and Safety Commission, residential aged care providers and other relevant stakeholders to:

- document and evaluate a sample of residential aged care provider assessment processes and pathways
- examine the issue of how median allied health minutes relate to the range, and to identify how to improve provider practice.

Ensure Best Practice Provision of Allied Health Supports to NDIS Participants

Allied health services (therapy supports) are vital to help NDIS participants maintain and improve function, build their capacity and access assistive technology.

Implementation of the reforms recommended by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and by the NDIS Review must involve the allied health sector, including in addressing underutilisation of therapy supports and ensuring sufficient allied health workforce capacity.

The Problem

Although therapy support utilisation receives little attention in NDIS data and analysis, examination by the allied health sector shows that utilisation rates (planned supports compared to actual payments) are much lower for allied health services than for plan utilisation overall.[6] For example, overall national utilisation is 77%, but for Capacity Building – Daily Activities (relevant to the majority of in-person Allied Health services) it is 56%. Participants such as First Nations peoples and those in rural and remote areas have particularly low utilisation rates, both overall and specifically for allied health.

A significant factor in allied health utilisation is whether participants can access services via an available and appropriately skilled workforce (see 'Build a Sustainable Allied Health Workforce' above). But to enable development and implementation of solutions which address the equity and access challenges, we also need to know more about allied health use in geographical utilisation 'hotspots', and be able to disaggregate utilisation by allied health profession and by participant characteristics and types of plan management.

The Disability Royal Commission and the NDIS Review have made extensive recommendations to enhance quality and safety in the NDIS, embed participants' human rights in all relevant legislation, and remove siloes like 'health versus disability'. The allied health sector supports these reforms but must be resourced to be able to sufficiently engage our members and collaborate with governments in what will be a long and complex implementation period.

6. Based on a one-off analysis (due to limited capacity) of NDIS Quarterly Report to Disability Ministers Q1 2022-2023 (September 2022), by AHPA's member Speech Pathology Australia.

The Solution

A 'Raise the Level' project, enabling the NDIA to work with peak allied health providers, Disability Representative Organisations, the NDIS Commission and researchers to identify data trends and address other barriers to equity in therapy support utilisation.

Resource AHPA to engage with governments and other stakeholders during the rollout of Disability Royal Commission and NDIS Review reforms, including for acting as a conduit to inform and consult individual allied health professions that provide NDIS supports.