

Feedback on Our Healthcare Future consultation

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Department of Health – Our Healthcare Future.

We see value in pursuing a health-in-all-policies approach in Tasmania. For example, government can play an important role in investing in a range of strategies to create social norms that create and support good health. In addition, we believe the Tasmanian Government should use its funding and regulatory capacity to sharpen the focus on population health gain through improved urban- and facility-planning.

We would like to see targets expressed in terms of reductions in health inequality. Our members have made clear to us that they support the prioritisation of populations well-known to have inequitable health outcomes and populations who have key instrumental roles in promoting health. However, we are keen to see contemporary notions of ‘community’ used in considering which populations to target.

Additional investments in physiotherapy focused on preventive care will be one of the enablers of a shift towards more cost-effective models in Tasmania.

There is increasing research on the physiotherapy management of chronic conditions that suggests that ‘light-touch’ models of physiotherapy, such as assertive outreach using phone-based models and ‘booster sessions’, can improve outcomes for patients, and improve the cost-effectiveness of the delivery of health services. Optimising this model for the Tasmanian context requires more initiatives to be funded and evaluated.

Amongst the barriers that exist within the current structure of the health system in Tasmania that will need to be considered in supporting implementation of the new direction for preventive health are a reliance on previous funding levels as a basis for allocating health funds. The Tasmanian Government will need to focus on shifting the allocation of funding to a model based on addressing comparative inequities in access to health services.

Across the range of primary, secondary or tertiary prevention, physiotherapy has provided cost-effective models to target risk factors and chronic conditions. These models span prevention of pivot injury in sport, through physiotherapy-led orthopaedic and neurology screening clinics and primary contact physiotherapy roles in hospital emergency departments.

The government also needs to continue investment in successful programs supported by Primary Health Tasmania, and continue investment in e-health infrastructure.

We are committed to helping the Tasmanian Government improve the health of Tasmanians.

This submission reflects our willingness to collaborate with the Tasmanian Government to embed safe, cost-effective, high quality practice and support innovation.

Summary of Recommendations

The APA recommends:

1. Further exploration of the broader applications of telehealth, including the role it plays in supporting access to preventive care services and improving the standard of care delivered.
2. A focus on improving access to allied digital health to enable safe and usable e-solutions for real time joining, including in to address the access crisis is in rural and remote settings. In addition, addressing non-geographic barriers to accessing preventive ?care
3. Innovative models of care, including reform of primary care that allows patient access to physiotherapy as first contact practitioners.
4. Facilitation of programs to address chronic musculoskeletal conditions, chronic pain, chronic obstructive pulmonary disease and falls prevention.
5. The introduction of telehealth coordinator positions in each health district/service and the use of telehealth champions, such as an allied health assistants to facilitate this service and support access for some at risk groups.
6. That physiotherapists should be further used and deployed to build literacy skills in patients.
7. Increased use of physiotherapists in supporting evidence-based preventive health care across key areas, including: falls prevention, sports injury prevention and physical activity promotion.
8. The development of e-health initiatives, including a focus on bringing the read/write access of physiotherapy to the same level of integration as GP clinics.
9. The use of multidisciplinary teams focused on treating existing chronic conditions in primary health care, as well as supporting health promotion and preventive care.
10. The use of a diverse range of partnerships in different industries and sectors and across different geographical locations, including rural and remote, through private health, local, State and Federal Government and community partnerships to ensure preventative measures meet at risk and diverse populations needs.

Introduction

We recognise that the major challenge facing modern health systems is how to ensure that quality services are available to all citizens at an affordable price. We also recognise that fiscal sustainability is a concern for all health systems across Australia.

We believe that all Australians should have access to safe, high quality physiotherapy in order to optimise the health and wellbeing of individuals, families, communities, and the nation as a whole. We recognise that the programs funded by the Tasmania Government are integral to achieving access to physiotherapy.

The APA is physiotherapy's peak body, representing the interests of over 20,000 physiotherapists and their patients.

Our members are registered with the Physiotherapy Board of Australia; have undertaken to meet our Code of Conduct, are expected to use the latest research in practice and often have further qualifications.

We set a high standard for professional competence and behaviour and advocate for best practice care. It is our belief that all Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The Tasmanian Branch of the Australian Physiotherapy Association (APA) represents over two thirds of the total number of registered Physiotherapists in Tasmania.

The Association's consultation with members has formed the views contained in this submission. It takes the form of brief commentary on a number of the questions raised in the Our Healthcare Future consultation paper.

Physiotherapists in the community

What they do

Physiotherapists use evidence-based interventions to help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health, independence and function for people of all ages, helping patients to manage pain and prevent disease and unnecessary surgery.

They work in homes, residential facilities and private practices with many vulnerable cohorts including veterans, Aboriginal and Torres Strait Islanders, older Australians and those in rural and remote areas.

Private practice makes up the majority of the profession and is a great contributor to the health of the community and the Australian economy.

In 2018-19, the size of the physiotherapy profession was (according to IbisWorld):

- about \$1.8 billion in revenue
- about 6,700 businesses
- about \$870 million in wages paid to about 26,000 employees.

COVID-19 impact on physiotherapy private practice

Mass cancellations of physiotherapy appointments began in early March 2020.

Consumers not only feared transmission of the virus but heeded early government messaging to cancel all non-essential health appointments in order to free up services for the COVID-19 response.

Physiotherapists told us in the APA COVID-19 Impact survey that they were:

- unsure if physiotherapy was classified an essential service and therefore should remain open
- overwhelmed by a duty to assess the risks of transmissions and safety of practice without clear

Federal Government guidance

- not always able to access commercially available PPE and not allocated PPE from the National Medical Stockpile until late May 2020
- concerned about the consequence on consumers of discontinuing care.

The aforementioned survey of APA membership, conducted in early May 2020, found that 73% of respondents working in private practice have experienced a moderate or severe impact on their personal income and employment.

Two thirds of private practices reported revenue losses of up to 29% in March 2020. This was compounded with 30%-45% decreases in earnings in April 2020 for half of private practices. A further 22% reported revenue losses of between 50%-75% that month.

On 22 March 2020, physiotherapy was deemed an essential service by the Federal Government causing members considerable angst as they attempted to assess the risk of transmission against a sense of obligation to remain open and provide care to a dwindling number of patients.

For most practices, it meant remaining open and continuing to pay business costs despite significantly reduced income.

In the absence of a federal Chief Allied Health Officer to provide sector specific leadership and guidance, each peak association worked with state Chief Allied Health Officers and others stakeholders to understand the employment, health and consumer implications of the essential service status.

COVID-19 impact on consumers

The COVID-19 pandemic has demonstrated the strength of our high-quality healthcare system and simultaneously exposed weaknesses that are impacting our most vulnerable community members and our ability to respond to crises. The response to COVID-19 has been appropriate and agile via innovation and ensuring access to healthcare for COVID and non-COVID patients. The pandemic has also exposed weaknesses in healthcare provision to vulnerable populations which should be considered for future planning.

The real cost of cancelled appointments during COVID-19 is to the health and wellbeing of patients. This includes war veterans, people with disabilities, older Australians who ceased care in their homes or residential aged care facilities, those living in rural and remote areas and women with pelvic health issues.

Those who have not continued treatment or sought treatment during this time could see severe regression in conditions that affect their mobility, function and independence.

Those undergoing post-surgical rehabilitation programs who have not continued their therapy are also at risk of serve setbacks in condition, some of which may require additional surgery to address.

The financial cost of this mass discontinuation of care will ultimately be paid by the Commonwealth.

We expect more serious and chronic conditions to develop among those whose mobility and function have declined during the COVID-19 period and remained untreated.

Reform Initiative 1 - Better Community Care

Improved use of Telehealth

Increase access to well developed and funded digital solutions. A current prevention area of focus should be continued development of novel ways of supporting preventive health care, including telehealth opportunities. It is recommended that there is further exploration of the broader applications of telehealth, including the role it plays in supporting access to preventive care services and improving the standard of care delivered. Telehealth could play a key role in best practice hybrid models and to building the evidence base for the future.

The APA Physiotherapy Research Foundation and Melbourne University is currently conducting a comprehensive evaluation of telehealth services provided by physiotherapists during COVID-19. The preliminary evaluation results show the majority of consumers accessing telehealth services feel safe and secure during and after the consultation. The results suggest that consumers find the services received of a high quality and comparatively effective to face to face.

We also recommend a focus on improving access to allied digital health to enable safe and usable e-solutions for real time joining, including in to address the access crisis is in rural and remote settings. In addition, addressing non-geographic barriers to accessing preventive health services, including physiotherapy services. For example, frailty and immobility can reduce face to face access for some groups. The APA also recommends the introduction of telehealth coordinator positions in each health district/service and the use of telehealth champions, such as an allied health assistants to facilitate this service and support access for some at risk groups.

There should also be a focus on further supporting allied health practices to upgrade their digital and data systems to the extent of GP practices. Often videoconferencing and other technologies are inaccessible and different sites can have incompatible technologies creating access barriers.

Building health literacy, self-management and preventative health approaches

Contemporary models of health service design promote the role of consumers at all levels of the health system – from governance to end-use. In order for consumers to be authentically involved, the Tasmanian Government needs to fund a sustained suite of activities that assists Tasmanians to improve their health literacy.

Translating and communicating health information to all stakeholders in a collaborative and accessible way is essential to improving health literacy and good public health messaging. The APA recommends that physiotherapists should be further used and deployed to build literacy skills in patients.

Physiotherapists routinely interact with high-risk populations in need of preventive care in primary health care settings, hospitals, and community health services, and can embed health promotion and prevention activities into routine care. Physiotherapists are perceived by the general public as highly credible and trusted health care practitioners. The physiotherapy profession plays a vital role in improving health information communication and translation, including in the areas of mental health and wellbeing, and women's health. Targeted communication and engagement could also be directed to help overcome psychological distancing, enhance motivational issues, address perverse incentives and information asymmetry to support prevention based lifestyles and behaviours. We also suggest a focus

on action to build information and literacy skills to public and private practitioners and affordable training, including in ongoing professional development training where preventive education is embedded in high quality patient care

Early intervention and prevention programs

The APA recommends increased use of physiotherapists in supporting evidence-based preventive health care across key areas, including: falls prevention, sports injury prevention and physical activity promotion. Physiotherapists have a unique skill set in promoting physical activity with specific clinical populations, including older adults, people with neurological conditions such as stroke, pregnant and post-partum women and people with cardiovascular disease. This includes greater use of physiotherapists to support empowering their patients to take a more active approach to manage their own chronic conditions. Physiotherapy interventions are evidenced based,¹ unique in pattern of practice (prolonged visits, over prolonged periods of time),² often consist of elements of empowerment and self-management, education, and more frequently emphasising the person and the environment in rehabilitation, elements that are common in health promotion principles.³ Physiotherapists should also be included in mental health and wellbeing care programmes to facilitate early intervention and reduce the instance of chronic physical health issues such as diabetes and metabolic syndrome Health Promotion and Physiotherapy, as well as to support integrating health promotion into rehabilitation given the growing burden of chronic conditions and the interest in efficient, effective, ethical health promotion interventions.^{4,5,6}

Better use of hospital beds to improve patient flow

There should be a greater focus on improving access to physiotherapy services for all Australians, particularly priority populations that stand to benefit the most from physiotherapy to support prevention and maintenance of chronic conditions. Physiotherapy provides nonmedical and non-surgical alternatives, through education and physical activity. In particular this should include greater use of, and access to generalist and advanced practice physiotherapists to reduce hospital and medical clinic wait lists, reduce costs, and improve outcomes for patients.⁷

Reform Initiative 2 - Modernising Tasmania's Health System.

We recommend a focus on improving access to allied digital health to enable safe and usable e-solutions for real time joining, including in to address the access crisis is in rural and remote settings. In addition, addressing non-geographic barriers to accessing preventive health services, including physiotherapy services. For example, frailty and immobility can reduce face to face access for some groups.

There should also be a focus on further supporting allied health practices to upgrade their digital and data systems to the extent of GP practices. Often videoconferencing and other technologies are inaccessible and different sites can have incompatible technologies creating access barriers.

It will be critical to targeting key risk factors and chronic conditions that secure transmission of electronic referrals and letters between allied health staff, GP's and other referrers is achieved. This reduces the paper trail and risk of patients slipping through the gaps. It is the inevitable way of the future.

We recommend and support the development of e-health initiatives, including a focus on bringing the read/write access of physiotherapy to the same level of integration.

Reform Initiative 3– Planning for the future

The APA supports investment in workforce development to closer link with contemporary models of care. Allied health does not get Practice Incentive Payments (PIPs) or other incentives, especially in remote and regional areas. If incentives that apply to General Practice are deemed effective and necessary, then the Government should consider extending these to physiotherapy.

We strongly recommend the use of multidisciplinary teams focused on treating existing chronic conditions in primary health care, as well as supporting health promotion and preventive care, for example multidisciplinary pain management. These approaches should include the increased use of physiotherapists, as they provide high quality care as part of medical teams. These teams should be from a variety of professions including GPs, nurses, allied health professionals, community workers, population health professionals, health promotion workers and educators, Aboriginal and Torres Strait Islander health workers and culturally and linguistically diverse health workers. The services that these teams deliver should reflect local community and population health needs.^{8,9}

The APA strongly supports the need for partnerships with a range of different sectors to address prevention in a range of social, economic, cultural and environmental influences on health. Partnerships with a wide range of groups, people and communities is essential, including with Aboriginal and Torres Strait Islander, LGBTQIA+, culturally and linguistically diverse backgrounds, and people and communities with disability. It is imperative to ensure meaningful partnerships are developed and preventative measures meet at risk and diverse populations needs. We strongly recommend the use of a diverse range of partnerships in different industries and sectors and across different geographical locations, including rural and remote, through private health, local, State and Federal Government and community partnerships.

For example, to support increased exercise and physical activity, greater collaboration with town planners and built environment specialists, as well as local councils to increase cycling networks and improve end of trip facilities would encourage improved incidental physical activity. Similarly, engaging with stakeholders in aged care and disability would ensure the built environment is suitable for older people and people with disability. In addition taking a collaborative approach, and building cross sector approaches, including all tiers of government, not for profit and private sector to develop policies using social prescribing and behavioural economics approaches to incentivise walking and riding as a better choice over driving or public transport.

The success of planning will depend on leadership and collaboration both vertically - across national, state and local governments, and horizontally - across multiple sectors including the community and within the health sector itself. Approaches that promote collaboration will enhance the effectiveness overall and ensure the health and wellbeing of all is protected in the most efficient and informed manner. This should also include investment in human resources across government and the health sector more broadly to prepare for, respond to and adapt to predicted health threats, including from climate change.

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