EXERCISE & SPORTS SCIENCE AUSTRALIA

Our Healthcare Future: Advancing Tasmania's Health Tasmania Government

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EXERCISE & SPORTS SCIENCE AUSTRALIA (ESSA) SUBMISSION

RE: OUR HEALTHCARE FUTURE: ADVANCING TASMANIA'S HEALTH

Department of Health

Tasmanian Government

Dear Sir/Madam,

Thank you for the opportunity to provide feedback in relation to the Tasmanian Government's Our Healthcare Future: Advancing Tasmania's Health Exposure Draft (the Exposure Draft) [1].

Exercise & Sports Science Australia (ESSA) is the peak professional association for exercise and sports science professionals in Australia, representing more than 10,000 members comprising university qualified Accredited Exercise Physiologists, Accredited Sports Scientists, Accredited High-Performance Managers and Accredited Exercise Scientists.

It is noted that the Exposure Draft sits alongside the Healthy Tasmania Five Year Strategic Plan 2022-2026 to guide prevention activity [2] and these two documents provide the overarching strategic direction for health and wellbeing both inside and outside the health system. The Exposure Draft references several other guiding documents including Health Workforce 2040 to build a sustainable health workforce [3], and Rethink 2022 a collaborative approach to mental health service planning and delivery [4].

ESSA commends the Tasmania Government on the development of the Exposure Draft. It is pleasing to see a well-structured strategy encompassing key elements to work towards delivery of a health system aimed at enhancing health and wellbeing outcomes for the people of Tasmania. It is, however, unclear how engagement with the private sector, particularly allied health professionals is likely to occur, and in relation to the strategic ambitions highlighted in the Exposure Draft.

We welcome the opportunity to provide further detail if invited. Please contact ESSA Policy & Advocacy Advisor, Judy Powell on 07 3171 9688 or at Policy@essa.org.au for further information or questions arising from the following submission.

Yours sincerely

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1.0 ABOUT EXERCISE PROFESSIONALS

Accredited Exercise Physiologists (AEPs) are four-year university degree qualified allied health professionals. They provide services to people across the full health spectrum, from the healthy population through to those at risk of developing a health condition, and people with health conditions, a disability, aged related illnesses, including chronic, complex and mental health conditions [5]. Exercise physiology services are recognised by Australian compensable schemes including Medicare, the National Disability Insurance Scheme (NDIS), Department of Veteran Affairs (DVA), workers' compensation schemes and private health insurers. They are also employed in the public sector in every state of Australia except Tasmania. Australia's exercise physiology profession comprises over 7,000 AEPs nationally with 134 based in Tasmania.

AESs are three-year university degree qualified professionals who deliver exercise programs to Australia's well populations to prevent chronic disease, injury and disability, and improve health, fitness and performance. They empower, motivate and coach clients to adopt long-term behavioural changes. AESs work in numerous sectors spanning allied health as Allied Health Assistants (AHAs); the NDIS as Therapy Assistants; personal trainers in the fitness industry; coaches in sporting organisations; and as program coordinators in education and corporate health. There are more than 700 AESs working in Australia today.

2.0 SUMMARY OF RECOMMENDATIONS

Recommendation 1: that multi-disciplinary models of care including exercise physiologists be explored to strengthen services in the public and private health sector.

Recommendation 2: that better involvement of allied health in transitioning patients from hospital to in-home and community healthcare be explored.

Recommendation 3: that support be provided to allied health practices to introduce the latest developments in digital health and adopt the new digital health technology, with access to patient records on transition from public to private sector.

Recommendation 4: That the Tasmanian Department of Health explore the engagement of an underutilised and existing workforce such as the exercise and sports science professionals who already have the knowledge and skills to strengthen prevention interventions.

Recommendation 5: That the Tasmanian Department of Health ensure that consultation on health service co-design and delivery include clinicians:

- **Residing in metropolitan and regional, rural, and remote localities**
- **Employed in the public and the private sector.**

Recommendation 6: the profile wording in Health Workforce 2040 – Allied Health, reflect the core Professional Standards for Accreditation of Exercise Physiologists as follows '*Accredited Exercise Physiologists prescribe exercise to people across the full health spectrum to improve, maintain, or prevent decline of health related status and function, with a focus on clinical treatment for people with complex, chronic conditions and co-morbidities. AEPs provide education, advice, and support to improve health outcomes through a strong focus on behavioural change, self-management, reduced fear of movement, and increased self-efficacy in exercise to enhance function, capacity, performance, and quality of life.'*

Recommendation 7: that Health Workforce 2040 – Allied Health be updated to better reflect the status of the workforce, so that it can better inform evidence-based decision and policy making, providing more effective and efficient workforce policies and procedures.

Recommendation 8: that Health Workforce 2040 – Allied Health be updated to include profiles and data for allied health assistants as a workforce that can contribute to the health and wellbeing of the Tasmanian population.

Recommendation 9: that full engagement of the Health Workforce currently residing in Tasmania be explored in addition to recruitment from interstate.

Recommendation 10: that career pathways from university through to employment in the private and public sector be supported for allied health professions including exercise physiology.

3.0 BETTER AND MORE ACCESSIBLE COMMUNITY CARE

ESSA agrees that Tasmanians should receive well planned and coordinated, team-based care from multiple health professionals. Whilst this is acknowledged in the strategy, it doesn't specifically mention the role of allied health in relation to delivering better and more accessible community care. Australia's Primary Health Care 10 Year Plan 2022-2032, however, notes that with the existence of 200,000 allied health professionals across Australia, their involvement as a bridge for care transition between hospital and community needs to be explored [6].

Improvements to the system can be realised by mobilising the underutilised workforce of AEPs who specialise in clinical exercise interventions enhancing health, wellbeing, independence, and quality of life, particularly of older persons in community-based and residential aged care environments. ESSA notes that the strategy discusses the progression of new initiatives, the need to strengthen services in community health centres and the exploration of new and innovative models of care.

There are countless research publications supporting the utilisation of exercise to benefit those at risk of disease and those with existing conditions, directly impacting on the health and wellbeing of populations [7]. Tasmania could explore successful models of care operating in other jurisdictions that align with the vision of advancing Tasmania. Refer to Appendix A for examples of models of care delivered by exercise physiologists as part of a multi-disciplinary team, treating people with diabetes, cancer, and mental health. In other jurisdictions, the role of exercise physiologists is well established in the delivery of pulmonary rehabilitation and cardiac rehabilitation programs.

Rethink 2022 identifies four new areas for collaboration of which one is 'improving the physical health of people with mental illness' [4]. The integration of AEPs as part of a mental health multidisciplinary care team would satisfy delivery of this area of Rethink 2022. It would also fulfill recommendations outlined in the Equally Well Consensus Statement [8] , the Productivity Commission Mental Health Inquiry [9], and the National Mental Health Service Planning Framework (NMHSPF) [10].

ESSA members advise that some of the challenges around integration and coordination stem from access to patient information. Allied health professionals working in the private sector particularly experience a lack of connectedness across the health system, with little information shared like health history and test or scan results. The current challenges include the costs of secure messaging and software subscriptions, meaning that information exchange often relies on email and post/mail for referrals and delivery of reports.

The current system is fragmented and inefficient with administrative burden for clinicians because software is not digitally integrated resulting in additional handling to follow-up on medical records between health professionals. Considerable efforts will also need to be made to ensure that health system interfaces with other sectors like aged care, mental health and disability are compatible, user friendly and minimise the telling and retelling of stories to multiple providers.

The Aged Care Royal Commission Final Report: Summary notes [11]:

"There should be improved communication and collaboration between people working in the aged care system and people working in the health care system. We have heard evidence that there is inadequate sharing of health

information about older people as they move between the health and aged care systems. When older people are being transferred from hospital to residential aged care, the quality of the information provided in discharge summaries can be variable and the clinical handover processes unclear. We recommend nationally consistent hospital discharge protocols should be developed and implemented to ensure that discharges to residential aged care only occur once appropriate clinical handover and discharge summaries have been provided to and acknowledged by the residential care service."

It is unknown from the strategy how digital health will be supported to deliver integrated person-centred multi-disciplinary care and continuity of care; clinical decision support; quality improvements to the patient experience; population health and system research, policy and planning; data to inform investment and funding decisions; and the minimisation of errors and duplication.

Allied health digital infrastructure needs considerable investment to support the healthcare services delivered by the allied health sector. Rural allied health practitioners need even more support given they have fewer resources, higher patient to therapist ratios and less infrastructure than their counterparts in urban areas [12].

Recommendation 1: that multi-disciplinary models of care including exercise physiologists be explored to strengthen services in the public and private health sector.

Recommendation 2: that better involvement of allied health in transitioning patients from hospital to in-home and community healthcare be explored.

Recommendation 3: that support be provided to allied health practices to introduce the latest developments in digital health and adopt the new digital health technology, with access to patient records on transition from public to private sector.

4.0 STRENGTHENING PREVENTION

ESSA agrees with the direction of the Exposure Draft in Strengthening Prevention particularly in relation to:

'….. people living with chronic conditions are well supported to manage their condition and optimise their health and wellbeing…… Clinicians are supported to play a greater role in preventing chronic disease and promoting health and wellbeing and clinicians in training enter the workforce already prepared to implement preventive health approaches ….'

As noted in 1.0 of this submission, university qualified exercise professionals are equipped with the knowledge and skills to work with people across the full health spectrum and with people of all ages. Upon accreditation these exercise professionals have completed extensive practicum and are ready to join the workforce.

AEPs apply a person-centred approach to the delivery of services as they prescribe, implement, and evaluate safe and effective movement, physical activity, and clinical exercise-based interventions to optimise function, facilitate recovery, and maximise independence and participation in activities at home, school, work, and in the community. They work on prevention at the primary, secondary and tertiary level, improving and maintaining health status and function as well as supporting reablement.

AESs teach, coach and motivate clients to facilitate self-management of physical activity, exercise and healthy lifestyles; using models of behaviour change, scientific evidence and critical thinking, whilst accounting for individual factors and social determinants of health.

Healthy Tasmania Five-year Strategic Plan 2022-2026 highlights Tasmania's Report Card stating amongst a range of indicators that [2]:

- Half of Tasmania adults have one or more chronic conditions
- 3 out of 10 Tasmanian children (aged 2-17 years) do enough physical activity for good health

- Fewer than 2 in 10 Tasmanian adults meet the physical activity guidelines

Currently there are no AEPs employed in the public health sector in Tasmania and the engagement of AESs is mostly in the gym/fitness industry. This is a highly trained and severely underutilised workforce which has the potential to have a significant impact on supporting Tasmanians to prevent chronic disease and build exercise into their daily lives.

There is no mention in the current strategy of engagement of the exercise and sports science profession. This untapped workforce will be pivotal in transforming this report card, for Tasmanians to 'live more active lives'.

Recommendation 4: That the Tasmanian Department of Health explore the engagement of an underutilised and existing workforce such as the exercise and sports science professionals who already have the knowledge and skills to strengthen prevention interventions.

5.0 PARTNERING WITH CONSUMERS AND CLINICIANS

ESSA agrees with the ambition of partnering with consumers and clinicians, and working towards a future where, 'Clinicians are confident they can participate in health service co-design and delivery and have clear avenues for raising issues and solutions.'

Several consultation mechanisms have been identified for clinical involvement, however there is no indication of inclusivity and diversity in relation to geographic location and engagement of clinicians from different sectors.

Recommendation 5: That the Tasmanian Department of Health ensure that consultation on health service co-design and delivery include clinicians:

- **Residing in metropolitan and regional, rural, and remote localities**
- **Employed in the public and the private sector.**

6.0 BUILDING THE HEALTH WORKFORCE

ESSA is encouraged to observe in the Exposure Draft that the Department of Health is working towards:

'…. Tasmania encourages and supports the development of new, flexible and innovative health workforce roles and models to respond to the changing needs of the health system and the broader community…..Tasmania's public health sector has accurate workforce data to inform evidence based decision and policy making and to provide more effective and efficient workforce policies and procedures….'

It is a concern to ESSA, however, that the strategy is reliant on the Health Workforce 2040 report and particularly the section developed for allied health (published in 13 December 2019) [13]. The website states that there was a consultation on the Health Workforce 2040 Strategy in late 2020 with over 120 submissions and that the strategy was developed following this consultation. It would appear that Health Workforce 2040 has not been updated following this consultation as the only public document remains the version published in 2019. ESSA lodged a submission in February 2021 with over 40 recommendations and supported by 47 references.

The document published in 2019 is missing a significant portion of allied health workforce data and information. It is unknown if any recommendations made through the 120 submissions will be considered.

Health Workforce 2040 – Allied Health (2019) has a profile of Exercise Physiology [13], however, ESSA, as the sole accrediting body for AEPs has not been able to find records of being consulted on the development of this profile. Upon review, ESSA notes the Exercise Physiology Profile published is incomplete, as it does not reference the core skills of clinical exercise prescription. Further, ESSA's Professional Standards for Accreditation have since undergone their scheduled cycle review and were updated in June 2021.

Recommendation 6: the profile wording in Health Workforce 2040 – Allied Health, reflect the core Professional Standards for Accreditation of Exercise Physiologists as follows '*Accredited Exercise Physiologists prescribe exercise to people across the full health spectrum to improve, maintain, or prevent decline of health related status and function, with a focus on clinical treatment for people with complex, chronic conditions and co-morbidities. AEPs provide education, advice, and support to improve health outcomes through a strong focus on behavioural change, self-management, reduced fear of movement, and increased self-efficacy in exercise to enhance function, capacity, performance, and quality of life.'*

Health Workforce 2040 – Allied Health, presents public and private sector data for those allied health professions regulated by the Australian Health Practitioner Regulation Agency (Ahpra). It also contains public sector data on some allied health professions that are regulated through other means and employed by Tasmanian Health [13]. Data is missing from this report for allied health professions that are self-regulated or regulated through other means and working in the private sector. For example, the AEP workforce in Tasmania is larger than osteopaths, optometrists, and chiropractors, and comparable in size to podiatry, yet is invisible in this report. Another example is that The Tasmanian Branch of the Australian Association of Social Workers have over 400 members [14] – the profile in Health Workforce 2040 – Allied Health shows that there are 189 public sector social workers [13] and therefore there is a significant proportion not represented in this strategy.

Additionally, Health Workforce 2040 acknowledges the need to make 'better use of the assistant workforces, for example allied health assistants' [3]. AESs already work as AHAs in other jurisdictions and are an untapped group of well-trained exercise professionals in Tasmania that could be making a greater contribution to new and innovative models. The 2019 version of Health Workforce 2040 – Allied Health [13], does not have a profile for Allied Health Assistants included and exploration of this is important for health service delivery.

Recommendation 7: that Health Workforce 2040 – Allied Health be updated to better reflect the status of the workforce, so that it can better inform evidence-based decision and policy making, providing more effective and efficient workforce policies and procedures.

Recommendation 8: that Health Workforce 2040 – Allied Health be updated to include profiles and data for allied health assistants as a workforce that can contribute to the health and wellbeing of the Tasmanian population.

The Exposure Draft discusses the need to attract health professions to work in Tasmania. As noted above, the extent of the allied health workforce is unknown in the private sector and therefore exploration of and better utilisation of the local workforce should be considered in addition to recruitment. AEPs are not engaged at all in the public sector in Tasmania but have delivered great outcomes for populations in other jurisdictions. Appendix A, outlines examples of AEP models of care that if introduced, present an opportunity to deliver new, flexible, and innovative health workforce roles to respond to the high rates of chronic disease and mental illness.

Additionally, support for training and education, including career pathway for the local workforce should also be better supported. Currently, the Exercise Physiology course through UTAS has been put on hold due to low enrolments. ESSA members advise that without a public health career pathway, students are turning away from pursuing qualifications in this area. This contrasts with other jurisdictions where employment in the public sector is growing and is well supported through tertiary education institutions.

Recommendation 9: that full engagement of the Health Workforce currently residing in Tasmania be explored in addition to recruitment from interstate.

Recommendation 10: that career pathways from university through to employment in the private and public sector be supported for allied health professions including exercise physiology.

7.0 CONCLUSION

ESSA commends the Tasmanian Health Department on the development of the Exposure Draft. It is well structured and covers the key elements, however there are improvements that can be considered, ensuring that allied health clinicians such as AEPs working in the private sectors are fully engaged to facilitate the delivery of cost effective and evidence-based interventions.

8.0 APPENDIX

Case studies examples on models of care, with AEPs providing services as part of the multi-disciplinary team.

Model of Care: Community & Oral Health Diabetes Service, Qld Metro North Hospital & Health Service

This model of care is delivered as part of a multi-disciplinary service where the Accredited Exercise Physiologist (AEP) collaborates with other health professionals to provide holistic care for people with diabetes. People of all ages are catered for within the service including children, adolescents and adults, addressing both Type 1 and Type 2 diabetes. All people with diabetes attending the clinic are screened for sedentary lifestyle behaviours and provided with practical strategies to improve engagement in an active lifestyle.

For people diagnosed with Type 1 diabetes the following treatment is provided by an AEP:

- **Education** for children, adolescents and adults on exercise physiology and adaptions required for managing type 1 diabetes while being active. This may include overcoming the fear of hypoglycaemia. Family members and carers are also included in this education.
- **Development of an individualised glucose management plan** is very important, with specific advice on exercise within the plan covering instructions on insulin management, carbohydrate intake and exercise timing. Plans are updated as required considering the type and amount of carbohydrate required for specific exercise; insulin management pre and post exercise and when best to exercise safely.
- For children and adolescents **written advice is provided to schools** to advise on exercise and sport and is updated annually. The school management plan includes care at school camps, sports carnivals and other venues providing guidance for carers and teachers.
- For adults an additional **plan may be required for work purposes** if employment is of a physical nature.
- **Exercise assessment and prescription** of an exercise program may be required and will depend on the individual. At times, supervision of high-risk clients in group exercise sessions is undertaken, particularly for children and adolescents.

People with type 2 diabetes are referred to the AEP after a nursing assessment. Clients receive an exercise assessment and are prescribed a home exercise program or a supervised exercise program if they are considered high-risk. Like people with type 1 diabetes, an individualised glucose management plan is developed including instructions on insulin management, carbohydrate intake and exercise timing. This plan considers the type and amount of carbohydrate required for specific exercise and the percentage reductions in insulin prior to exercise.

Model of Care: Keeping the Body in Mind Program for people with mental disorders, South Eastern Sydney Local Health District (SESLHD)

The **Keeping the Body in Mind (KBIM)** program is a district wide program of SESLHD Mental Health for consumers of the service that was developed to prevent and address cardiometabolic health issues for those with a severe mental illness. The program is delivered by a multidisciplinary team including a nurse, exercise physiologist, dietician, and peer support worker.

KBIM is tailored to the young adult population, 15-25 years, who have experienced first episode psychosis and are currently taking antipsychotic medication. The program uses evidence-based model of care to provide a 12-week individualised program targeting lifestyle factors and providing support to bring about healthy changes to diet, exercise, smoking, sleep hygiene and managing stress to ensure long-term changes are maintained. The program includes the following types of support:

- **Health coaching** delivered by a nurse consultant using motivational interviewing techniques to improve adherence and increase motivation to participate in the program.
- **Dietetic support** is provided on a weekly basis by qualified dietitians to ensure nutritional adequacy and energy balance was maintained throughout the 12-week program.
- **Exercise program** delivered by exercise physiologists in accordance with the World Health Organization's recommendations for physical health participation, and the American College of Sports Medicine resistance training guidelines. The exercise physiologists also delivered tailored individualised programs taking into account individual psychiatric symptomology. The interventions were further tailored to ensure the intensity and volume of exercise were challenging whilst maximising enjoyment for participants.
- **Youth peer wellness** coaches were people who had a lived experience of a mental illness and were able to act as positive role models for the KBIM participants.
- **Antipsychotic medication monitoring** was conducted in addition to usual psychiatric care to manage the effects of medication on weight gain.

The KBIM programme has been evaluated and shown to successfully manage weight gain in young adults using antipsychotic medication. The integrated care provided by a multidisciplinary team, including exercise physiologists, has been an effective model of care in managing the physical comorbidities experienced by people with severe mental illness.

Oncology Service at the Survivorship Clinic and the Concord Repatriation General Hospital, Sydney.

This model of care is delivered as part of a multi-disciplinary service where AEPs collaborate with other health professionals (medical oncologists, nurses, dietitians, clinical psychologists) to provide holistic care for people with cancer. Adults of all ages are catered for within the service, including before surgery (considered as a 'pre-habilitation phase'), during active treatment (chemotherapy, radiation therapy or immunotherapy), and after treatment. All people with cancer, attending the clinic, are screened for sedentary lifestyle behaviours and provided with practical strategies to improve engagement in an active lifestyle.

People with cancer are referred to an AEP from any member of the treating team with reasons for referral varying greatly. For people diagnosed with cancer, the following treatment is provided by an AEP:

- Clients receive an initial assessment and are prescribed an individualised exercise program that may be delivered in a supervised group setting and/or as an unsupervised home exercise program. Development of an individualised exercise plan is very important, specifically covering exercise timing, type, frequency, and intensity, including plans for progression and regression based on stage of treatment and potentially related side effects. Individualisation is also vital to ensure comorbidities are addressed, which are common among this patient cohort. Plans are updated as required throughout the treatment phase to ensure exercise is completed safely.
- Education on exercise performance and adaptions required for managing cancer while being physically active are provided. This may include topics such as managing fatigue, symptom management, and safety implications, including infection control. Family members and carers are also included in this education where appropriate.
- For patients aiming to return to work, an additional plan may be required for work purposes if employment is of a physical nature.
- At times, supervision of high-risk clients in group exercise sessions is undertaken, particularly for patients with bone metastases, those with a high falls risk, or those with musculoskeletal or cognitive impairments.

- Services are delivered through both face-to-face and telehealth models of care, which allows flexibility for patients and is considerate of infection control risks associated with COVID-19 and immunocompromised patients.
- Patients who are deemed appropriate may be assessed and prescribed a home exercise program. If safe to complete unsupervised exercises, education is provided on technique and intensity to allow patients to self-manage at home. For those requiring more guidance on progression/regression, a review may be conducted face-to-face, via telehealth, or over the phone.

9.0 REFERENCES

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