Australian Government
Medical Services Advisory Committee
Protocol Advisory Sub-committee

Feedback Survey

Application 1385 - Shared Medical Appointments (SMAs) for Type 2 Diabetes Management

Thank you for taking the time to complete this feedback form on a draft protocol to consider the options by which a new intervention might be subsidised through the use of public funds. You are welcome to provide feedback from either a personal or group perspective for consideration by the Protocol Advisory Sub-Committee (PASC) of MSAC when the draft protocol is being reviewed.

The data collected will be used to inform the MSAC assessment process to ensure that when proposed healthcare interventions are assessed for public funding in Australia, they are patient focused and seek to achieve best value.

This feedback form should take 10-12 minutes to complete.

You may also wish to supplement your responses with further documentation or diagrams or other information to assist PASC in considering your feedback.

Responses will be provided to the MSAC, its subcommittees and the applicant with responses identified unless you specifically request deidentification.

While stakeholder feedback is used to inform the application process, you should be aware that your feedback may be used more broadly by the applicant.

Please reply to the HTA Team

Postal: MDP 853 GPO 9848 Canberra ACT 2601

Fax: 02 6289 5540

Phone 02 6289 7550

Email: HTA@health.gov.au

Your feedback is requested by ***21 March 2015*** *to enable the collation of responses to be provided to PASC to consider during its deliberations.*

PERSONAL AND ORGANISATIONAL INFORMATION

1. What is your name? - Australian Physiotherapy Association (APA)
2. Is the feedback being provided on an individual basis or by a collective group?

❑ Collective group. Specify name of group (if applicable) - Australian Physiotherapy Association (APA)

4. What is your e-mail address? nada.martinovic@physiotherapy.asn.au
5. Are you a:
   a. General practitioner
   b. Specialist
   c. Researcher
   d. Consumer
   e. Care giver
   f. Other (please specify) - Australian Physiotherapy Association (APA), representing physiotherapists in private and public practice settings across Australia

Australian Government

Medical Services Advisory Committee

Protocol Advisory Sub-committee

Feedback Survey

MEDICAL CONDITION (DISEASE):

The medical conditions for the proposed intervention are Pre-Diabetes and Type 2 Diabetes Mellitus.

PROPOSED INTERVENTION:

Shared medical appointments are medical appointments carried out in a group of consenting patients by a General Practitioner (GP) and other health professionals. Although the health professionals involved in shared medical appointments can vary, the model proposed includes 8-12 patients, an accredited GP and at least a trained Facilitator (e.g., practice nurse, diabetes educator, dietitian, psychologist, or other allied health professional).

CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

1) Describe your experience with Pre-Diabetes and/or the proposed intervention in the draft protocol?

Physiotherapists support people at high risk of type 2 diabetes to modify their lifestyle to prevent the onset of diabetes and reach their goals for a healthier life. Some physiotherapists administer the *Life!* program in their clinical settings. This program is government funded and physiotherapists successfully deliver the program as a group course, involving a one-on-one introductory session and five 90 minute group sessions run across a six month period, primarily lead by a physiotherapist and often facilitated by a dietitian who provides knowledge, skills, support and expert advice needed to make lifestyle choices to prevent the onset of type 2 diabetes.

Physiotherapists have recently been acknowledged by the Australian Diabetes Educators Association (ADEA) as a category of health professional eligible to complete training to became credentialed Diabetes Educators.

2) Describe your experience with Type 2 Diabetes Mellitus and/or the proposed intervention in the draft protocol?

Physiotherapists are trained as facilitators in this area and many are experienced in the risk assessment and education of those at risk of type 2 diabetes mellitus. Physiotherapists are an invaluable part of the shared healthcare team for those at risk with pre-diabetes and type 2 diabetes mellitus as physiotherapists routinely work in multi-disciplinary settings, together with general practitioners and other allied health providers. Physiotherapists currently provide a range of active interventions in group exercise settings which incorporate the provision of knowledge for health promotion, peer support and enhanced empowerment to achieve patient weight loss and exercise goals.

3) What do you see as the <u>benefits</u> of this proposed intervention for the person involved and/or their family and carers?

The benefit of this proposed intervention is streamlined access to GP's and allied health professionals able to provide those at risk and their family or carers with knowledge and enhanced empowerment, as well as access to appropriate programs to achieve their health goals, which prevent or manage type 2 diabetes mellitus.

4) What do you see as the disadvantages of this proposed intervention for the person involved and/or their family and carers?

None

5) How do you think a person's life and that of their family and/or carers can be improved by this proposed intervention?

By funding and streamlining the ongoing access to the range of healthcare professionals with the capacity to provide evidence-based health promotion interventions, this intervention will make a difference to people's lives, through the prevention of type 2 diabetes mellitus.

6) What other benefits can you see from having this proposed intervention publicly funded on the Medicare Benefits Schedule (MBS)?

Apart from the access benefits outlined above to those at risk, the APA believes that the greatest benefit of this proposed intervention will be the collaboration between the GP's and allied health professionals in the delivery of care and health promotion to those at risk. General Practitioners are in an ideal position to identify and support the management of those at risk. Physiotherapists who have delivered the *Life!* Program described above, were provided with feedback from referring general practitioners that they would have referred more people to the program if it was funded on the Medicare Benefits Schedule (MBS). Although the *Life!* program was publicly funded, the methodology of the funding was foreign to GP's, who had a more thorough understanding of the MBS as a funding mechanism. The APA believes that more people at risk of developing Diabetes would benefit from the program, should it be provided through the MBS

INDICATION(S) FOR THE PROPOSED INTERVENTION AND CLINICAL CLAIM

7) Do you agree or disagree with Pre-Diabetes as an eligible population for the proposed intervention as specified in the proposed management flowcharts (page 16 and 17 of the protocol)?

❑ Strongly agree

Why or why not?

Physiotherapists apply advanced clinical reasoning to formulate and deliver appropriate, individualised, evidence-based exercise, lifestyle and behavioral modification programs to support a person with diabetes. Physiotherapists constantly review and modify programs in accordance with each individual's preferences, response to the program, co-morbidities and any intercurrent illness. Physiotherapists are also well trained to identify evolving medical/health issues and to refer the person with diabetes to appropriate health professionals.

Specifically, physiotherapists are experts in exercise prescription and there is a volume of literature on the efficacy of exercise prescription in preventing the onset of type 2 diabetes mellitus. The Position Statement, *Chronic Disease and Physiotherapy*, published by the Australian Physiotherapy Association (2010) provides that: *"half of all adults do not get enough physical activity – a significant risk factor for the development of chronic diseases such as type 2 diabetes, cardiovascular diseases, some cancers and musculoskeletal conditions.*[i]*"*

For most people with type 2 diabetes mellitus, exercise is recommended for diabetes management and can be undertaken safely and effectively[ii].

Physiotherapists assist people who are at risk of developing or have a chronic disease to safely optimise their level of physical activity. They also help people with chronic diseases to safely and effectively manage their own care.

There are a number of distinct ways in which physiotherapists can actively contribute to decreasing the burden of chronic disease in Australia:

- physiotherapists can prescribe and implement therapeutic exercise at an individual or group level, and lead exercise and education classes for people who have been diagnosed with or are at risk of developing chronic diseases such as type 2 diabetes;
- physiotherapists prescribe exercise therapy to improve glucose control in people with or at risk of developing diabetes[iii];
- physiotherapists can provide education that takes place in a variety of settings, ranging from one on one consultations to formal group education sessions including disease specific self-management classes;
- physiotherapists have a thorough understanding of the biopsychosocial influences that are important in long-term diseases - all factors important to enable self-care for chronic disease[iv,v];
- co-morbidities and complications are common in chronic diseases such as type 2 diabetes and cardiovascular disease[vi]. This can complicate self-management and the provision of therapy. Physiotherapists have the expertise, including a broad skill base and an excellent knowledge of pathology and its impact on exercise prescription, to effectively manage many aspects of care for people with chronic disease;

Where there is evidence for the efficacy of physiotherapy interventions, such interventions should be funded through the MBS. Mechanisms to assess the clinical efficacy and cost effectiveness of treatments for chronic diseases currently listed on the Medicare Benefits Schedule (MBS) are limited. The APA believes that emphasis should be placed on the development of these mechanisms. Funding must be flexible enough to ensure that people with chronic disease are not denied access to innovative and cost-effective treatments, including classes and self-management education sessions run by skilled health professionals such as physiotherapists.

The current funding mechanisms that support multidisciplinary team care limit the ability of people with or at risk of developing chronic diseases to pay for adequate levels of physiotherapy service, particularly where co-morbidities exist. Supervised group programs are a cost effective way of preventing and managing many chronic diseases, yet funding restricts the affordability of group sessions for people who would benefit most from these services.

8) Do you agree or disagree with Type 2 Diabetes Mellitus as an eligible population for the proposed intervention as specified in the proposed management flowcharts (page 16 and 17 of the protocol)?

❑ Strongly agree

Why or why not?

Under the proposed plan, everyone with type 2 diabetes mellitus or pre-diabetes would be entitled to attend shared medical appointments. The APA supports group care, involving appropriate referrals to allied health professionals if necessary, to improve self-management and health outcomes for patients with type 2 diabetes mellitus or pre-diabetes.

9) Do you agree with the proposed delivery model of the intervention for the Pre-Diabetes population (page 6-7 and page 12-14 of the protocol)?

❑ Yes

Why or why not?

The benefits have already been described above, including streamlined access and collaborative healthcare.

10) Do you agree with the proposed delivery model of the intervention for the Type 2 Diabetes Mellitus population (page 6-7 and page 12-14 of the protocol)?

❑ Yes

Why or why not?

The APA supports the model of shared medical appointments and understands that these will be bulk-billed. The APA supports that allied health professionals, such as physiotherapists, should be reimbursed through the proposed item number .

11) Do you agree or disagree with the comparator for the proposed intervention for the Pre-Diabetes population as specified in the current management flowchart (page 16 and 17 of the protocol)?

❑ Agree

Why or why not?

The APA believes that group allied health services under MBS items (81100 to 81125) are collectively a second relevant comparator for patients with pre-diabetes and apply to services provided by eligible diabetes educators, on referral from a GP. Physiotherapists have recently been acknowledged by the Australian Diabetes Educators Association (ADEA) as a category of health professional eligible to complete training to became credentialed Diabetes Educators and the APA supports the classification of allied health professionals in the second relevant comparator.

12) Do you agree or disagree with the comparator for the proposed intervention for the Type 2 Diabetes Mellitus population as specified in the current management flowchart (page 16 and 17 of the protocol)?

❑ Agree

Why or why not?

The APA believes that group allied health services under MBS items (81100 to 81125) are collectively a second relevant comparator for patients with type 2 diabetes mellitus and apply to services provided by eligible diabetes educators, on referral from a GP. Physiotherapists have recently been acknowledged by the Australian Diabetes Educators Association (ADEA) as a category of health professional eligible to complete training to became credentialed Diabetes Educators and the APA supports the classification of allied health professionals in the second relevant comparator.

13) Do you agree or disagree with the clinical claim (outcomes) made for the proposed intervention for the Pre-Diabetes population?

❑ Strongly agree

Why or why not?

It is suggested that shared medical appointments produce better clinical outcomes. The APA supports improved integration between GPs, nursing staff and allied health. Specifically, the Consultation Protocol provides that better integration between health care professionals could improve overall diabetes management and increase the chance that adverse events are identified early. The APA supports early intervention, as we believe that early intervention is necessary to flag early signs of chronicity, particularly in the pre-diabetes population and to improve the overall health of this population prior to the onset of type 2 diabetes mellitus.

14) Do you agree or disagree with the clinical claim (outcomes) made for the proposed intervention for the Type 2 Diabetes Mellitus population?

❑ Strongly agree

Why or why not?

It is suggested that shared medical appointments produce better clinical outcomes. The APA supports improved integration between GPs, nursing staff and allied health. Physiotherapists routinely work in multi-disciplinary settings, together with general practitioners and other allied health providers. Physiotherapists are also well trained to identify evolving medical/health issues and to refer the person with diabetes to appropriate health professionals for management of their condition. Improved integration between GPs, nursing staff and allied health allows for knowledge sharing and peer support and the patient's care is managed by a team of health professionals with specific health knowledge, to manage the patient's condition holistically and achieve best health outcomes for patients with type 2 diabetes mellitus.

---

15) Have all associated interventions been adequately captured in the flowchart for the Pre-Diabetes population (page 16 and 17 of the protocol)?

❑ Yes

If not, please move any misplaced interventions, remove any superfluous intervention, or suggest any missing interventions to indicate how they should be captured on the flowcharts. Please explain the rationale behind each of your modifications.

---

16) Have all associated interventions been adequately captured in the flowchart for the Type 2 Diabetes Mellitus population (page 16 and 17 of the protocol)?

❑ Yes

If not, please move any misplaced interventions, remove any superfluous intervention, or suggest any missing interventions to indicate how they should be captured on the flowcharts. Please explain the rationale behind each of your modifications.

ADDITIONAL COMMENTS

17) Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed intervention?

As mentioned, physiotherapists provide a range of active interventions in group exercise settings. Currently, physiotherapists have access to item number 10960 for Chronic Disease Management (CDM). The APA submits that physiotherapists should be able to deliver interventions for the item number 10960, in addition to existing eligible providers that have access to other item numbers, specifically other eligible providers can use referral items 721 or 725 for assessment for suitability for group services and also items 81105, 81115 or 81125 to a maximum of 8 group services in a calendar year.

18) Do you have any comments on this feedback form and process? Please provide comments or suggestions on how this process could be improved.

No

Thank you again for taking the time to provide your valuable feedback.

If you experience any problems completing this on-line survey please contact the HTA Team

Phone 02 6289 7550
Postal: MDP 853 GPO 9848 Canberra ACT 2601
Fax: 02 6289 3561

Email: HTA@health.gov.au

---

[i] Position Statement, Chronic Disease and Physiotherapy, Australian Physiotherapy Association (2010), available from: http://physiotherapy.asn.au/images/Document_Library/Position_Statements/2012%20chronic%20disease.pdf

[ii] Medicine & Science in Sports & Exercise: December 2010 - Volume 42 - Issue 12 - pp 2282-2303 SPECIAL COMMUNICATIONS: Joint Position Statement from http://journals.lww.com/acsm-msse/Fulltext/2010/12000/Exercise_and_Type_2_Diabetes__American_College_of.18.aspx?WT.mc_id=HPxADx20100319xMP

[iii] Yassine, H., Marchetti, C., Krishnan, R., Vrobel, T., Gonzalez, F., & Kirwan, J. (2009). Effects of Exercise and Caloric Restriction on Insulin Resistance and Cardiometabolic Risk Factors in Older Obese Adults-A Randomized Clinical Trial. The Journals of Gerontology: Series A Biological sciences and medical sciences, 64A(1), 90-5

[iv] Effing, T., Monninkhof, E. M., van der Valk, P. P., Zeilhuis, G. G. & Walters, E. H., et al. (2007). Self-management education for patients with chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews(4): CD002990.

[v] Ries, A. L., Bauldoff, G. S., Carlin, B. W., Casaburi, R. & Emery, C., et al. (2007). Pulmonary Rehabilitation: Joint ACCP/AACVPR Evidence-Based Clinical Practice Guidelines. Chest 131(5 Suppl): 4S-42S

[vi] Australian Institute of Health and Welfare (2008). Diabetes: Australian facts 2008. Diabetes series no. 8. Cat. No. CVD 40. Canberra, AIHW.