

**Feedback on the Draft Document/Submission
One Health System Green Paper**

**Presented to Department of Health & Human
Services, Tasmania**

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Executive Summary

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.

The physiotherapy profession continues to make a valuable contribution to healthcare in Australia. Physiotherapists deal with patients at all stages of the lifespan, working with acute and chronic patients, and assisting people to self-manage their conditions.

Physiotherapy management of patients within the community assists in reducing unnecessary presentations to Emergency Departments and in reducing avoidable hospital re-admission.

To ensure best practice standards and optimal patient outcomes an effective community physiotherapy service as part of a multi disciplinary team needs to be planned and resourced adequately.

Current service provision levels lack the capacity to provide adequate services to ensure best outcomes for patients.

About the APA

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 16,000 physiotherapists and their patients. APA members are registered with the Physiotherapy Board of Australia, have undertaken to meet the APA Code of Conduct, are expected to use the latest research in practice and often have further and/or specialist qualifications.

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

Vision

To be a focus of excellence for the global physiotherapy community.

Belief

All Australians should have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

Mission

To evolve into a more member-centric organisation that gives value to members and to support our belief.

APA Tasmania Green Paper Submission

Background

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with non-autonomous state and territory branches and specialty subgroups. The Association has considered and sought feedback on the Tasmanian State Governments Green Paper on health, *One Health System*. APA Members across the state were canvassed for their input based on their professional and practical experience working within and through the Department of Health and Human Services.

The APA recommends

- **Community based physiotherapy services need to be appropriately defined, resourced and planned**
- **Achieving best practice in standards of service delivery by ensuring a robust physiotherapy workforce and career opportunity for graduates**
- **The Government adopt strategies to implement physiotherapy services which are effective in helping to reduce hospital admissions and re admissions across a wide range of health conditions. Such strategies include:**
 - **The inclusion of physiotherapists in hospital emergency departments**
 - **The establishment/expansion of physiotherapy orthopaedic and neurological screening clinics**
 - **Greater recognition of the importance of public/private partnerships between public sector organisations and private physiotherapy providers**
 - **Facilitation of physiotherapy programs to address chronic musculoskeletal conditions, chronic pain, chronic obstructive pulmonary disease and falls prevention**
- **The Government support physiotherapists to work to their full potential, by supporting such extensions of scope as prescribing rights for physiotherapists.**

Discussion

Primary Health Care

The APA is concerned that the terms 'primary health' and 'community health' are used interchangeably in the document. It is confusing to read and does not convey the distinctions – particularly that community health specifically refers to government funded public health services.

This is of particular concern as the general public may not be aware of the scope and range of services provided by physiotherapists in the community health sector.

The paper acknowledges the existence of allied health professionals in rural and regional areas however it does not reflect the essential front line role that Physiotherapists play in addressing health for the Tasmanian community.

The role delineation framework focuses very much on what needs to be provided in acute care without any reporting or focus on what needs to be provided in the community. The available evidence shows that physiotherapy intervention at a community level is effective in reducing admission and re admission for a range of health conditions. If services are to be community based, they need to be appropriately defined, resourced and planned.

Physiotherapy is a cost effective and efficient primary health resource in managing increasing the chronic disease burden within the Tasmanian health system.

Effective primary care to prevent and manage chronic conditions

The APA considers that an integrated approach of coordinated health services is required to promote and maintain safe primary and community care to consumers and communities. The APA supports the provision of affordable, early access to multi-disciplinary treatment services. In particular, early intervention at the acute stage of pain development may reduce the chronicity of pain, optimise recovery and encourage quicker return to work.

Complex and chronic pain is a serious health issue in Australia. The APA Position Statement on Pain Management recognises that 1 in 5 Australians experience chronic pain. Further, Much of the pain experienced in the community can be effectively diagnosed and treated in primary care settings. As primary contact clinicians, physiotherapists effectively treat conditions where peripheral damage to musculoskeletal tissues is a major contributor to pain. Many painful conditions completely resolve and some which are linked to chronic diseases such as osteoarthritis respond significantly to physiotherapy but without total resolution of pain.

The APA contends that a strong private health sector decreases the burden on hospital services in both the short and long term. Being primary contact professionals with excellent communication skills, physiotherapists focus on early intervention to flag preliminary signs of chronicity and to prevent acute and sub-acute conditions from developing into chronic pain. As such, physiotherapists encourage patients to self-manage their pain and recovery at the early stages of injury to prevent a condition deteriorating to chronicity, which by that stage, may require surgery or admittance to hospital for treatment. For instance, a physiotherapist would effectively manage the condition of knee osteoarthritis to maximise function and productivity and save a Commonwealth-funded knee replacement. The APA considers that to reduce hospitalisations for otherwise preventable conditions, a strong and innovative primary care sector needs to be encouraged.

It is largely accepted that the longer a worker remains absent from work, the more likely they are to remain off work on a long-term or permanent basis. This highlights the need for early intervention in the provision of health care services, to ensure that injuries are treated early and to prevent acute conditions progressing to chronic conditions that prevent return to work. Early intervention improves health, social, financial, interpersonal and intrapersonal outcomes by promoting recovery and preventing long-term disability and work loss.

COPD – Chronic Obstructive Pulmonary Disease

Rates of COPD continue to rise worldwide. In Australia, 4.5 million people are expected to be impacted by COPD by 2050. The COPDX plan is a comprehensive guideline for the management of

COPD in Australia and New Zealand and is designed to provide support and assistance to all health professionals involved in the management of established COPD as well as exacerbations of COPD.

Pulmonary rehabilitation is a physiotherapy intervention recommended in the COPDX plan and its objective benefits of increasing exercise tolerance, decreasing dyspnoea and improving quality of life as measured on quality of life scale (CRDQ and St George) are well known. People with COPD require cohesive service delivery to provide long-term support and optimal management of this chronic disease.

Falls Prevention

Accidental falls are the most common injury resulting in hospitalisation in Tasmania, and the third most common cause of injury-related deaths, after suicide and self-inflicted injury, and transport accidents. Most hospitalisations and deaths associated with accidental falls occur in persons aged 65 years and over. Many falls can be prevented. Fall and injury prevention needs to be addressed at the point of care and from a multidisciplinary perspective.

Managing many of the risk factors for falls (eg delirium or balance problems) will have wider benefits beyond falls prevention. Engaging at risk patients themselves is an integral part of preventing falls and minimising harm from falls.

Best practice in physiotherapy falls and injury prevention includes implementing falls prevention strategies, or identifying falls risk and implementing targeted individualised strategies that are resourced adequately, monitored and reviewed regularly.

Physiotherapists play a pivotal role in the preventative education, treatment and rehabilitation of falls patients. Multi-factorial interventions (ie a combination of interventions tailored to the individual) are effective for reducing the rate of falls in the community setting. In the community setting single interventions including specific exercise programs and home safety programs combined with tailored health plans can reduce falls and the number of fallers.

Older people should be encouraged to exercise to prevent falls. Certain programs have been shown to be effective and largely focus on balance training. When conducted as a single intervention, home environment interventions are effective for reducing falls in high-risk older people.

Arthritis and musculoskeletal conditions

Arthritis and musculoskeletal conditions are more prevalent than any other National Health Priority Area.

The prevalence of musculoskeletal conditions is statistically significantly higher in Tasmania (31.7%) than for Australia as a whole (27.7%). This is most likely because the prevalence of musculoskeletal conditions as a whole increases with age and Tasmania has an older population than Australia as a whole (Health Indicators Tasmania 2013).

With Tasmania's ageing population a focus on prevention and self determination is going to be required to control the rise in the negative health effects of arthritis and musculoskeletal conditions.

Physiotherapists have a role to play in all both as individuals and as members of a multidisciplinary team. A range of interventions are used by physiotherapist. Community and home based interventions include assessment, individualised treatment, education, exercise regimes. Providing

adaptive technology, addressing workability, and providing a comprehensive package of care is an essential component of physiotherapy care.

Gaps in the Green Paper:

Service Availability

The APA must emphasise the need for public and private sector to work along-side to complement one another, rather than compete. This is necessary to ensure that the Australian public healthcare system remain complementary viability and reliability for the long term.

Rural and remote areas remain disadvantaged in terms of access to physiotherapy services as the private practices that are vital to ensure appropriate access in metropolitan regions are often unviable in rural communities. When a private practice closes the public system is expected to take on their case load, and those who are privately insured and or otherwise have the capacity to contribute to the cost of their own healthcare must rely solely on publicly funded services.

Transport & Accommodation

Transport and accommodation can be costly for rural patients requiring treatment in major centres especially for those requiring special assistance (for example people who require the use of a wheelchair). Hidden costs include time away from work and making childcare arrangements. These costs add to an already stressful time for patients. Whilst Patient Transport Assistance Scheme (PTAS) covers part of the cost there is a requirement to pay upfront and then claim back which is an issue for many families who may not have the means to pay.

Aligning arrangements when a range of healthcare appointments are needed is vital to reduce the burden on patients and their families. In many cases, separate appointments on separate days, compounds the problem of high accommodation costs, time away from home and work, and the need to make childcare arrangements. Streamlining services to facilitate such co-ordinated care is vital to improving the healthcare journey for patients, and reducing costs to patients and the system.

Aids & Equipment Provision

The patients of physiotherapists need appropriate provision of aids and equipment to support their progress to independence. This is particularly so for people undergoing rehabilitation, who have a disability requiring physiotherapy treatment, or are children who are developing skills. Addressing this is at the outset will lead to reduced costs further along the treatment pathway. Paediatric rehabilitation equipment is an area that is difficult to fund in Tasmania (e.g. standers, second skin garments, walkers, speech devices) and often requires significant time from therapists and families writing multiple submissions to achieve this.

Currently all children in the North West with funding packages from Better Start for Children with Disability (Disability or Autism) cannot purchase publicly funded paediatric physiotherapy services as these need to be provided by a private practitioner only. Some public centres, such as St Guiles are able to undertake these services as they are part funded for public services but can also treat private patients. To access Paediatric Physiotherapy children are required to travel to at least

Launceston or receive service from a generalist physiotherapist. The outcome is that they have two therapists which can cause problems with continuity and consistency.

Examples of evidence based cost effective Community health services

Physiotherapists in hospital emergency departments

Within hospitals, the efficient operation of emergency departments (EDs) is crucial to achieving better health outcomes for consumers.

A South Australian External Review of Hospital Performance and Ambulance Ramping showed that the efficient functioning of the ED and therefore the most effective treatment of patients was 'a whole of hospital issue, and indeed more broadly still, a whole of system issue, including community based care and inter-hospital systems.' While the report's recommendations continue to be implemented, patient flow, the availability of beds and the reduction of waiting times was expected to improve with reform.

In 2014, Health Workforce Australia (HWA) published the final report of the Expanded Scopes of Practice Program Evaluation: Physiotherapists in the Emergency Department Sub-project. Allocating specific patients to the physiotherapist for management contributed to a sense of greater overall efficiency in the ED. Numerous respondents asserted that having the physiotherapist on the ED team had improved patient flow, reduced waiting and helped meet the National Emergency Access Target (NEAT).

In a randomised trial comparing the cost effectiveness of different ED healthcare professionals in the management of soft tissue injury, results indicated that physiotherapists with extended skills successfully managed patients with soft tissue injuries and achieved clinical outcomes that were equivalent to routine care by doctors.

Physiotherapy in the ED improves patient outcomes and reduces the rate of return visits to the ED. Patients also reported high satisfaction with physiotherapy services in the ED, secondary to improvements in function. Inclusion of physiotherapy services in EDs improves both the efficiency and continuity of care. An improvement in the continuation of care supports a safe return home and return to the community.

Physiotherapy led orthopaedic and neurology screening clinics

Over the last 10 years, Australian physiotherapists have increasingly become involved in the care of patients who have been referred for surgical intervention. One such example is the physiotherapy screening of patients on the orthopaedic waiting list at Ballarat Health Service. In this model, a musculoskeletal physiotherapist screens patients referred by GPs to an orthopaedic surgeon, filtering and treating patients who could benefit from conservative treatment and reducing the number of appointments on the orthopaedic wait list.

These types of roles demonstrate that physiotherapists are more than capable of dealing with patients in need of specialist care. An analysis of physiotherapy led orthopaedic and neurosurgery screening clinics Queensland has found that 58% of the patients referred by a GP did not require surgical consultations at all and 83% were referred for conservative physiotherapy management rather than surgery. The same review found that patients, GPs and medical specialists had high levels of satisfaction with the clinics.

This type of innovation is one that better utilises the time of Medical Specialists, provides a better pathway of care for patients, and better utilises the expertise of physiotherapists.

Physiotherapy telephone triage

Access to Physiotherapists via telephone / videoconference - triaging can assist in the re-organisation and prioritisation of sometime lengthy orthopedic and other outpatient waiting lists. This method offers a low cost, high return option to an institution with concerns about managing its orthopedic waiting list. The high returns are in terms of cost savings and societal benefits such as improvements in patients' access to timely and appropriate care, which will potentially decrease morbidity.

Physiotherapy prescribing rights

In 2013, Health Workforce Australia took the first steps to prescribing rights for physiotherapists, with its consultation process and publication of the Health Professions Prescribing Pathway. This document outlines the steps needed to ensure quality and safety standards are maintained and even improved when endorsing new professions to prescribe.

Physiotherapists can rapidly identify if patients respond quickly to treatment and quickly adjust their prescription medication and physiotherapy treatment as necessary. This may help to reduce a patient's dependence on medications and prevent avoidable hospital admissions.

Current legislation means a physiotherapist must refer their patient back to a medical practitioner for prescription medications and to administer medication. The additional medical practitioner visit means patients may experience delays in treatment and carry the cost of gap payments to visit the GP. It also takes up the patient's and GP's time, as well as healthcare resources.

Currently in Australia, physiotherapists are only able to add a proportion of the increased value of which they are capable. The Health Professions Prescribing Pathway (HPPP) and UK autonomous prescribing models present a significant opportunity to effect system-wide change that would provide value for money and the greatest benefit to consumers, improve access and choice and reduce health inequalities.

There is a rigorous system already in place in Australia to monitor and regulates the safe and wise use of medicines. The physiotherapy profession seeks no change to that framework. Physiotherapists who wanted to be able to prescribe would undergo training through the university and clinical training system that is already in place, and be endorsed to practice.

Wider prescribing rights for suitably qualified and regulated physiotherapists provide a means to improve the patient experience and make our healthcare system more sustainable.

Other programs

The APA supports continued investment in Medicare locals, and subsequently in the new Primary Healthcare Networks (PHN). PHNs administer a number of programs including GP after-hours services, mental health services, immunisation, Aboriginal & Torres Strait Islander health, women's health and many more.

The Tasmanian Medicare Local (TML) has had a strong allied health link starting from the divisions of general practice, including the General Practice North West Board. The TML is representative, with the same amount of allied health representatives as GP's and community members sitting on

the Strategic Planning Council, and APA strongly supports the continuation of this allied health involvement when transitioning to the new PHN.

The TML has continued the work of the general practice divisions including secure electronic referrals and letters between allied health staff, GP's and other referrers including orthopaedic surgeons. This reduces the paper trail and risk of patients slipping through the gaps.

Other successful programs run through the TML include the implementation of a chronic pain program which is being implemented in the regions of Tasmania which have high medication abuse, low literacy and high unemployment.

Another program involves working to address the local Aboriginal health issues, including chronic disease management as the incidence of chronic diseases is high amongst Aboriginal communities. Physiotherapists working with the TML have implemented a structured chronic disease exercise program to reduce cardiovascular risks.

The TML has also funded Aged Care allied health treatments, where there was a gap in the services available. This has improved the Aged Care provision of allied health services.

Further, the TML also commenced pre- and post- natal assessments, education and treatment in isolated and rural areas where there was a lack of local service provision. This has been taken up by the local communities and shown to be a great success.

The APA supports the further implementation of health programs that target the needs of the local community and focus on identifying existing health gaps and subsequently implementing programs that address local community health needs.

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