

**Feedback on Healthy Tasmania Five Year Strategic  
Plan – Community Consultation Draft**

**Presented to the Department of Health  
and Human Services, Tasmania**

**February 2016**

**Authorised by:**

Maree Webber  
President, Tasmanian Branch  
Australian Physiotherapy Association  
Level 1, 1175 Toorak Rd  
Camberwell VIC 3124  
Phone: (03) 9092 0888  
Fax: (03) 9092 0899  
[www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

## Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Department of Health and Human Services – Healthy Tasmania Five Year Strategic Plan.

We recognise that the major challenge facing modern health systems internationally 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.

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 are keen to see the Tasmanian Government use its funding and regulatory capacity to sharpen the focus on population health gain through improved urban- and facility-planning.

Although we support the use of targets, we are keen to ensure that the targets are SMART – specific, measurable, achievable, realistic and time-specific. Targets need to be set only where there is dedicated resourcing provided to achieve the target.

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.

We see a number of barriers to involving people in the decisions about which services to start / commission. It needs to be clear that the preferred model of commissioning is joint commissioning.

It will be important that government tailor consultations about commissioning services for consumers, including refining the models of consultation to accommodate the existing levels of health literacy and community participation of high priority communities.

Structures that support physiotherapists who wish to become health service managers, as a way of facilitating improved commissioning are necessary. Ensuring that commissioning is well-informed will require government to fund the participation of physiotherapists in commissioning discussions.

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.

Models that are successful in other locations, and relatively novel in Tasmania, including telephone outreach by physiotherapists and prescribing by physiotherapists should be adopted.

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.

## 1 Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Department of Health and Human Services – Healthy Tasmania Five Year Strategic Plan.

We recognise that the major challenge facing modern health systems internationally 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 18,000 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 and/or specialist 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 Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft (the Consultation Draft).

## 2 Commentary on questions raised in the Healthy Tasmania Five Year Strategic Plan – Community Consultation Draft

### 2.1 Do you see value in pursuing a health-in-all-policies approach in Tasmania? What are the costs, benefits, opportunities and risks?

We see value in pursuing a health-in-all-policies approach in Tasmania.

Risk factors for poor health are frequently mediated by influences outside the health sector. As a result, policies in a wide range of contexts need to be aligned to the achievement of better population health outcomes. Two illustrations are outlined below.

#### 2.1.1 *Some cultural norms need to be addressed to achieve population health gain*

We are aware of the important role that cultural norms play in creating and maintaining health.

In that context, government can play an important role in investing in a range of strategies to create social norms that create and support good health. Tactics might include:

- The use of social, other electronic, and print media to create role models and address stigma
- The use of requirements in funding programs.

Media needs to be used to both promote participating in healthy activities, and also to reduce the stigma experienced by some people who seek to participate in healthy activity. People who are less fit, more overweight or have a disability, for example, can experience stigma during their attempts to participate in mainstream health activities. There needs to be a systematic approach to tackling this stigma.

For example, support programs for community sporting clubs could include both sufficient funding, and a requirement that each club implement an evidence-based sports injury reduction program. Sporting clubs might be required to run a second hand equipment/uniform pool to assist in ensuring that potential participants from low income backgrounds are able to participate. Each support program that includes any element of food preparation and provision could include a requirement to adhere to particular standards about provision of fresh food.

The creation of a consistent presence of risk reduction tactics will assist in creating a circumstance where healthy action is the norm.

Recommendation 1:

The Australian Physiotherapy Association recommends that the Tasmanian Government use its media presence to create role models for healthy activity, and address the stigma associated with people participating in health-promoting activity.

Recommendation 2:

The Australian Physiotherapy Association recommends that the Tasmanian Government refines its program guidelines across portfolios, with the aim of using program funding to strengthen cultural norms of healthy activity.

### 2.1.2 *The built environment needs to be addressed to achieve population health gain*

It is clear to us that the built environment can be a focus of consistent improvement to achieve population health gains.

The focus on built environment can often require a long term focus.

Urban planning and facility planning (especially in the health and education sectors) can create population health gains. The presence of easy corridors to ride to school or to undertake pre- and post-work activity are important considerations for funding agreements and local government planning.

Recommendation 3:

The Australian Physiotherapy Association recommends that the Tasmanian Government use its funding and regulatory capacity to sharpen the focus on population health gain through improved urban- and facility-planning.

## 2.2 Do you think the targets will be effective in driving the change Tasmania needs to see in health outcomes?

Although we support the use of targets, we are keen to ensure that the targets are SMART – specific, measurable, achievable, realistic and time-specific.

Targets need to be set only where there is dedicated resourcing provided to achieve the target.

## 2.3 What targets would you like to see the Government adopt to reduce health inequities in the target areas outlined above?

Broadly, 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.

These populations include:

- Aboriginal and Torres Strait Islander people
- People with mental health issues (especially those who are young)
- Communities with lower socio-economic capacity
- Young people in the transition from high school who in a period of making their own choices about risk-taking behaviour (e.g. alcohol consumption, health eating and driving), and
- Parents of children through avenues such as Child and Family Centres or Child Health and Parenting Service nurses in order to foster healthy habits at a young age.

We are also aware of changes in thinking about ‘populations’ including the concepts of ‘urban tribes’ as populations, and the proposition that communities can be seen as having ‘vertical’ and ‘horizontal’ factors that define them. Such notions can play an important role in defining a target population.

Research suggests that the modes of influence can be substantially different for the different populations, and that, as a result, different modes of action will be needed for these different populations.

### Recommendation 4:

The Australian Physiotherapy Association recommends that the Tasmanian Government prioritise populations with the largest health inequity in its Healthy Tasmania Five Year Strategic Plan, and that it include in its consideration contemporary concepts of communities.

## 2.4 Are there any alternative governance principles, strategies or enablers that would better support the shift to a more cost-effective model for preventive health in Tasmania?

Although Tasmania has a comparatively low rate of physiotherapists per head of population, when compared to the rest of Australia, the role of physiotherapists can be used to support a shift to a more cost-effective model for preventive care in Tasmania.

Physiotherapists can play a key role in health coaching and behaviour change. However, funding needs to be allocated in ways that facilitate this role.

This would require an investment in additional physiotherapy resources. There are number of studies that show the economic benefit of this approach.

**Recommendation 5:**

The Australian Physiotherapy Association recommends that the Tasmanian Government make additional investments in physiotherapy focused on preventive care as one of the enablers of a shift towards more cost-effective models in Tasmania.

## 2.5 What are the issues that we would need to address to effectively engage key stakeholders and community groups in the commissioning process?

We see a number of barriers to involving people in the decisions about which services to start / commission.

Firstly, there is a degree of scepticism about the good faith of government when involving people in the discussion. We are concerned that, in some cases, decisions are made prior to the consultations, resulting in sham consultation.

Commissioning needs to be distinguished from 'joint commissioning'. Joint commissioning requires a funder to work closely with its partners, including service providers, service users and carers, and communities to assess local needs; and then, having identified the resources that are available, to jointly plan how to best use those resources.

**Recommendation 6:**

The Australian Physiotherapy Association recommends that the Tasmanian Government make clear that its preferred model of commissioning is joint commissioning.

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.

**Recommendation 7:**

The Australian Physiotherapy Association recommends that the Tasmanian Government make a sustained and funded program for improving health literacy amongst Tasmanians a priority in the Healthy Tasmania Five Year Strategic Plan.

We are concerned that involving people in commissioning services will be substantially undermined by a lack of willingness by the Tasmanian Government to tailor consultation to the realities of end-users of services.

**Recommendation 8:**

The Australian Physiotherapy Association recommends that the Tasmanian Government tailor consultations about commissioning services for consumers, including refining the models of consultation to accommodate the existing levels of health literacy and participation of high priority communities.

In Tasmania, there are few structural supports for physiotherapists to progress through a career that results in undertaking a senior managerial position in the health system.

This absence of deliberate and structured exposure to opportunities and support to become a senior manager deprives the state of the specific expertise in design of the health care system that physiotherapists can bring. As a result, commissioning of health services lacks the knowledge base of physiotherapy, particularly in the fields of promoting movement, activity and exercise.

**Recommendation 9:**

The Australian Physiotherapy Association recommends that the Tasmanian Government design structures that support physiotherapists who wish to become health service managers, as a way of facilitating improved commissioning.

We are concerned that, in many cases, we bear the costs of our involvement in critical consultations. Often this is both inequitable and unsustainable. It also conveys a message that our involvement has no value.

**Recommendation 10:**

The Australian Physiotherapy Association recommends that the Tasmanian Government fund the participation of physiotherapists in commissioning discussions.

## 2.6 How would a shift to anticipatory care models improve outcomes for patients and the delivery of health services?

There is increasing research on the physiotherapy management of chronic conditions that suggests that 'light-touch' models of physiotherapy can improve outcomes for patients, and improve the cost-effectiveness of the delivery of health services. Modalities such as assertive outreach using phone-based support services, and 'booster sessions' are the subject of such research.

Amongst the challenges is the ability to tailor the sequencing and spacing of assertive outreach and booster sessions to optimise cost-effectiveness at both population and individual/client level. This requires more initiatives to be funded and evaluated.

**Recommendation 11:**

The Australian Physiotherapy Association recommends that the Tasmanian Government fund physiotherapy services, particularly in the community (and including services provided in the non-government sector), to provide and evaluate anticipatory care models.



## 2.7 What are the enablers and barriers that exist within the current structure of the health system in Tasmania (that are the responsibility of the Tasmanian Government) that will need to be considered in supporting implementation of the new direction for preventive health outlined in this Consultation Draft?

We are concerned about a number of barriers to achieving a material shift towards preventive care in Tasmania.

For example, we are concerned about the willingness of the government to make budget allocations that reflect the long-term population health gains made by investing in primary prevention, early identification and intensive interventions following the identification of potentially chronic health conditions.

We are concerned that the comparative inequities in access to high quality health professionals between urban Tasmania and more distant areas will remain – preventing a material shift towards preventive care across the state.

### Recommendation 12:

The Australian Physiotherapy Association recommends that the Tasmanian Government continue to reduce its reliance on previous funding levels as a basis for allocating health funds and continue to allocate funding based on addressing comparative inequities in access to health services.

We are concerned that the Tasmanian Government will see private ownership of health services as a barrier to providing equitable funding to some communities. We believe that there are opportunities to achieve the benefits of economies of scale in some regions through careful consideration of the service consolidation in the non-government sector.

### Recommendation 13:

The Australian Physiotherapy Association recommends that the Tasmanian Government engage in joint commissioning of health services with the aim of strengthening access to services through sustainable non-government services.

## 2.8 Where do you think the current actions we are taking on prevention and promotion have proven effective in improving the health of Tasmanians?

### 2.8.1 *Physiotherapy-led orthopaedic and neurology screening clinics should be used*

Over the last 10 years, Australian physiotherapists have increasingly become involved in the care of patients who have been referred for surgical intervention. In Tasmania, three such examples of this are:

- Osteoarthritis Hip and Knee Joint Clinic at Royal Hobart Hospital
- Spinal Assessment Clinic at Royal Hobart Hospital
- Orthopaedic Early Intervention Service at North-West Regional Hospital.

With these types of models, a physiotherapist screens the referred patients, filtering and treating patients who could benefit from conservative treatment and reducing the number of appointments on the 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.

Recommendation 14:

The Australian Physiotherapy Association recommends that the Tasmanian Government fund physiotherapy-led orthopaedic and neurology screening clinics.

*2.8.2 Physiotherapists with primary contact roles in hospital emergency departments should be used*

There is both increasing evidence of the value of primary and secondary contact models of physiotherapy within emergency departments; and a national network of physiotherapists who have successfully implemented these models.

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.

Recommendation 15:

The Australian Physiotherapy Association recommends that the Tasmanian Government fund primary and secondary contact models of physiotherapy in hospital emergency departments.

## 2.9 What are some examples of other evidence-based initiatives the Government could consider to effectively target key risk factors and chronic diseases in the community?

### 2.9.1 *Physiotherapy telephone triage should be considered*

We are formal partners to a study, funded by the National Health and Medical Research Council (NH&MRC) that will study the integration of exercise counselling and support into a musculoskeletal help-line for people with knee osteoarthritis. Additionally, access to physiotherapists via telephone / videoconference-triaging can assist in the re-organisation and prioritisation of outpatient waiting lists. This method offers a low cost, high return option to an institution with concerns about managing its orthopaedic 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 decrease morbidity.

Recommendation 16:

The Australian Physiotherapy Association recommends that the Tasmanian Government fund evidence-based models of telephone outreach by physiotherapists.

### 2.9.2 *Prescribing by physiotherapists should be considered*

In 2013, Health Workforce Australia took the first steps to prescribing rights for physiotherapists, with its consultation process and publication of the Health Professionals 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.

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.

Current Tasmanian 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.

We support the rigorous system already in place in Australia to monitor and regulates the safe and wise use of medicines and are underway with developments in education and clinical governance that will provide a robust foundation for safe prescribing by physiotherapists.

Recommendation 17:

The Australian Physiotherapy Association recommends that the Tasmanian Government amend the relevant legislation to allow for prescribing by physiotherapists in both government operated and non-government operated settings.

*2.9.3 Maintenance of successful programs should be considered*

Some programs run by the organisations that preceded Primary Health Tasmania (PHT) provide examples of initiatives the Government could consider to effectively target key risk factors and chronic conditions in the community.

These programs include GP after-hours services, mental health services, immunisation support, Aboriginal and Torres Strait Islander health programs, and women's health initiatives.

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.

Recommendation 18:

The Australian Physiotherapy Association recommends that the Tasmanian Government continue to support the development of e-health initiatives by Primary Health Tasmania, including a focus on bringing the read/write access of physiotherapy to the same level of integration.

Other successful programs run through the organisation preceding PHT include:

- implementation of a chronic pain program in regional areas
- an Aboriginal health program in which physiotherapists have implemented a structured chronic disease exercise program to reduce cardiovascular risks
- Aged Care allied health treatments, where there was a gap in the services available
- pre- and post- natal assessments, education and treatment in isolated and rural areas where there was a lack of local service provision.

Recommendation 19:

The Australian Physiotherapy Association recommends that the Tasmanian Government continue to support successful initiatives funded and managed by Primary Health Tasmania.

### 3 Conclusion

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.