



AUSTRALIAN
PHYSIOTHERAPY
ASSOCIATION

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INTRODUCTION

The world has changed since our first submission to the 2021 Budget process. The COVID-19 pandemic has demonstrated the strength of Australia's high-quality healthcare system and simultaneously exposed weaknesses that are impacting our most vulnerable community members and our ability to respond to crises.

The Federal Government's response to COVID-19 has been appropriate and agile via innovation and ensuring access to healthcare for COVID and non-COVID patients. A number of initiatives introduced warrant extension.

The introduction of telehealth service delivery has opened a gateway to health care for many Australians who previously could not access treatment due to their location, mobility, economic status or personal circumstances.

MBS funding of telehealth has demonstrated that video conferencing consultations are safe and cost effective, where clinically appropriate.

Physiotherapy via telehealth should continue to be funded and expanded post COVID-19 to keep access open to all Australians. The APA is undertaking a comprehensive evaluation of telehealth and will make the findings available when complete.

The pandemic has exposed weaknesses in the healthcare and aged care systems. The digital divide is one of them, particularly among older Australians.



While telehealth has been made available, it has had poor take up among older Australians and this can be remedied with digital education and access to technology.

A large number of physiotherapists are among teams of frontline health workers in Intensive Care Units (ICU) across the country where they play a crucial role in cardiorespiratory interventions and survivor rehabilitation. Many other physiotherapists are providing crucial care and human connection with older people in the community and residential aged care.

In the residential aged care sector, the restrictions on movement and exercise put in place to reduce risk of COVID-19 transmissions are perversely having life-threatening consequences on older people. An archaic funding model forbids appropriate care to be administered. We call on the government to address this immediately.

We also call on the Federal Government to embrace a future funding model that enables physiotherapists and other registered allied health practitioners to provide proactive, preventative care alongside the treatment of acute and chronic conditions.

Physiotherapists also work closely with women suffering from debilitating impacts of birth trauma who can afford to privately fund their care. Many women are forced to live with painful and untreated conditions post childbirth due to lack of public funding. We are calling on the Federal Government to remedy this situation.

With so many important reviews of the healthcare system underway, we look forward to the Federal Government's full response to the Royal Commission into Aged Care; the Productivity Commission Inquiry into Mental Health; and the completion of the 10-year Primary Health Care Plan and the National Preventive Strategy.

FUNDING REFORM

Women's Health: birth trauma

The rates of difficult deliveries and births using instruments are increasing in Australia - leaving a significant proportion of Australian women with painful and, in many cases, lifelong conditions if left untreated.

Perineal tears, pelvic floor damage, incontinence and prolapse can be managed and treated, but there is currently no public funding for treatment of physical post-natal trauma.

We call on the Federal Government to remove cost barriers to appropriate diagnostic tools and ante-and pre-natal care.

IN AUSTRALIA, THERE ARE 347,000 BIRTHS PER YEAR:

35%

of these are
caesareans

65%

are vaginal
deliveries

OF THE 225,550 VAGINAL DELIVERIES:

73%

of vaginal births will
experience some
degree of tearing
(164,651 women per year)

3%-6%

anal sphincter
injury rate

10%-20%

rates of muscle
detachment in
pelvic wall

30%– 65%

rate of muscle
detachment in
pelvic wall if
forceps are used

The economic cost of birth-related injuries to an individual and the Australian economy is significant.

Birth trauma injuries affect women's ability to return to work and exercise, their sexual function and intimate relationships, activities and lifestyle choices.

One third of Australian women are living with incontinence. In 2010, the reported total health system expenditure on incontinence was \$271 million and projected it to increase to \$450 million in 2020. Productivity loss due to incontinence was estimated at \$34.1 billion due to lower than average rates of employment for those with incontinence.ⁱⁱ

Preliminary findings of new research by the Nous Group and Australian Physiotherapy Association show that physiotherapy treatment of stress urinary incontinence can save the health system \$16,000 per person in ongoing medical costs.ⁱⁱⁱ

We know that women are more likely to elect a caesarean for a second birth if there have been impacts to the pelvic floor from the first birth and has not recovered well.

The cost of a caesarean to the Australian Government is significant: theatre costs, increased length of stay, requirement of PBS funded analgesia, increased hospital staffing costs in the way of midwives, obstetricians to perform the surgery and anaesthetics. We also know that the baby is more likely to go to the neonatal intensive care unit after a caesarean with associated specialist staffing costs.

Child birth is the main aetiological factor for prolapse.^{iv} Post childbirth, 10 to 20 per cent of women will need surgery due to prolapse with a further 30 per cent requiring a repeat surgery.

We know that a preventative and educative approach is important during pregnancy. Supervised pelvic floor exercise in pregnancy that is taught correctly in a one-on-one setting reduces rates of post-natal urinary incontinence.

Antenatal access to physiotherapy provides an “unbiased” source of information to enable women to make informed decisions regarding their mode of delivery and also manage continence, prolapse and pain symptoms.

Postnatal care should include assessment and management of conditions including urinary incontinence, faecal/flatal incontinence, prolapse, levator avulsion, perineal pain/dyspareunia, other pelvic floor dysfunctions, and musculoskeletal pain.

RECOMMENDATIONS

Provide Medicare-subsidised access to physiotherapy assessment and management via GP referral for all Australian women during pregnancy and up to one year postpartum. That is, one session antenatal, five sessions postnatal and a further five physio sessions where needed.

Provide In-hospital access to imaging services that diagnose physical birth trauma. Early diagnosis will help reduce future surgery for conditions such as prolapse and incontinence.

Provide access to referrals to tertiary urogynaecological and/or colorectal services.

Increase funding for treatment of childbirth injuries to reduce out-of-pocket costs to families.

FUNDING REFORM

Aged care: immediate action

One of the unintended consequences of COVID-19 has been to demonstrate the importance of mobility on the quality of life and independence of older people and the role of physiotherapy in enabling consumer-centred care.

While well meaning, infection control measures have had the perverse effect of accelerating physical, mental and emotional decline due to restrictions on physical activity.

Lack of mobility leads to reduced balance and increased falls, which are the leading cause of preventable deaths in residential aged care facilities and occur three times more often than in the community setting.^v

Falls are often traumatic, including reduced independence or injury (including hospitalisation) and death.

Tailored physiotherapy-led exercise programs can reduce the number of falls experienced by older people in residential aged care by 55 per cent.^{vi}

During COVID-19, evidence has emerged of increased falls among older people. Fiona Stanley Hospital in Western Australia reported a doubling of hip fracture presentations year on year from June 2019 to June 2020.^{vii}

Anecdotally, practitioners at hospitals in other states have also reported increases in falls during the pandemic believed to be the result of deterioration resulting from lack of mobility.

The care available to older people in residential aged care is restricted under provision 12.4a and 12.4b of the Aged Care Funding Instrument (ACFI) guidelines to massage therapy and pain management involving technical equipment.

- 12.4a – one session per week (used by 10% of residents)
- 12.4b – four sessions per week (used by 52.62% of residents)

Other high quality, consumer-centred and evidence-based treatment options – including tailored, individualised exercise programs – are available within physiotherapy's broad scope of practice but unable to be delivered under the provisions.

FUNDING REFORM

Aged care: ongoing reform

COVID-19 has also demonstrated that restrictive models of care that deny older people access to and choice of treatment should no longer be funded.

The APA supports a two-tiered aged-care funding model distributed via residential aged care facilities, independently assessed and overseen.

It would include a foundation layer for ongoing care determined by the needs of the older people and assessed by an independent tool.

This must be supplemented with a substantial layer of funding for short-term or episodic care encompassing restorative and reablement care to help prevent injury and decline and to post illness or falls.

RECOMMENDATIONS

Immediately amend ACFI provisions 12.4a and 12.4b to temporarily enable high-value exercise provision to older people in residential aged care by Australian Health Practitioner Regulation Agency-registered practitioners. With no change to frequency of treatment or funding proposed, this is cost neutral measure to address the health impacts of COVID-19 restrictions on RACF residents.

Introduce a two-tiered funding model that funds the ongoing, independently assessed care needs of older people, supplemented with a substantial additional layer of allied health funding for restorative and reablement care (such as strengthening and mobility programs).

PRIMARY HEALTH CARE

Telehealth

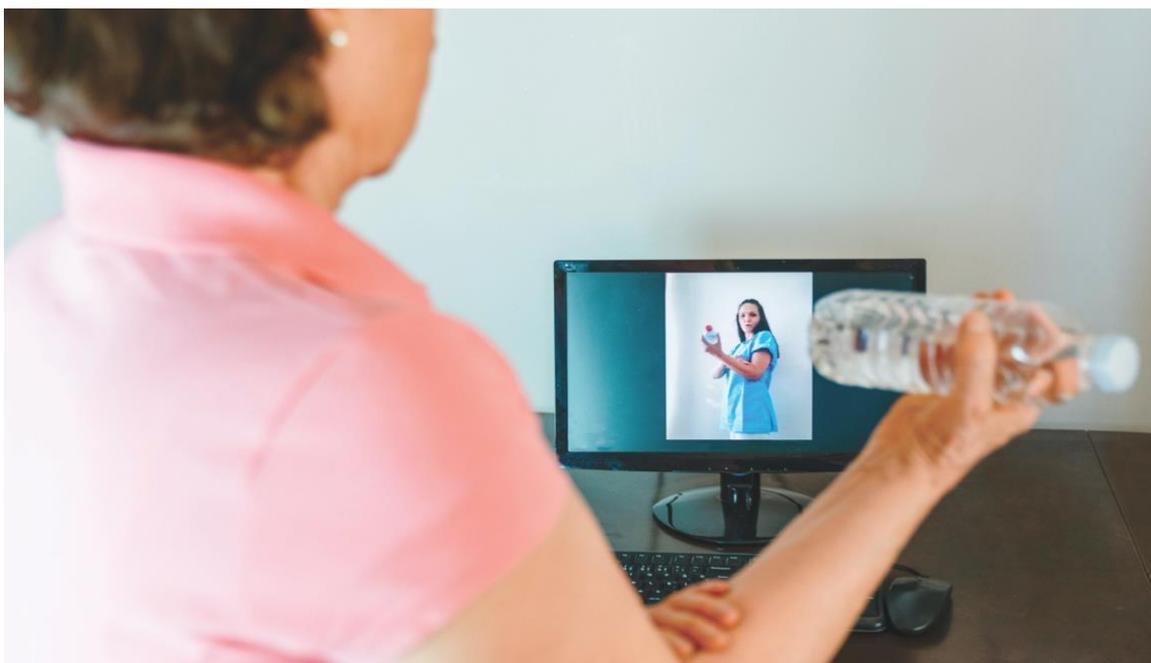
The introduction of telehealth service delivery has opened a gateway to health care for many Australians who previously could not access treatment due to their location, mobility, economic status or personal circumstances.

We believe all Australians, regardless of location, demographics or socio-economic status, should be able to access high quality and safe care in the environment of their choosing.

MBS funding of telehealth has demonstrated that video conferencing consultations for physiotherapy services are safe and cost effective, where clinically appropriate.

We call on the Federal Government to make the expansion of Medicare funded telehealth arrangements for physiotherapy permanent.

The APA is conducting a comprehensive evaluation of telehealth services provided by physiotherapists during COVID-19. The results of the preliminary evaluation show the majority of consumers accessing telehealth services feel safe and secure during and after the consultation. The results suggest that consumers find the services received of a high quality and comparatively effective to face to face. Overwhelmingly, consumers that accessed telehealth services sought services for a chronic conditions and had an established relationship with the provider for that condition – demonstrating that continuity of care had been maintained.



They also reveal that consumers are driving demand for a hybrid model of telehealth and in-person care into the future. Although consumers enjoyed the convenience and accessibility of telehealth, it is clear there is value attached to face-to-face consultations and there has been a rapid return to in-clinic care on reopening.

Ongoing unrestricted access to telehealth items is essential to continuing access to care, improving the standard of care delivered, developing best practice hybrid models and to building the evidence base for the future.

Difficulty in accessing physiotherapy services can be a result of multiple barriers, not only geographic. Video-consultations can lower the barriers for patients to receive advice and support. This includes people living in rural locations, those who are homebound and older people with limited capacity to travel to a clinic.

Frailty and immobility can reduce access at any distance and should not make vulnerable patients ineligible – therefore we also believe that telehealth has broader application and that the restrictions should be based on clinical need, not geographic location. However, we also recognise that the most immediate access crisis is in rural and remote settings.

RECOMMENDATIONS

Provide ongoing unrestricted access to physiotherapy via telehealth through the MBS as a standalone item number and through Chronic Disease Management Plans.

Provide access to research and support activity funding to promote the ongoing development and improvement of telehealth models of care.

Provide technology and support resources to older Australians to enable access to telehealth.

WORKFORCE

Data collection and sharing

The global pandemic has exposed a weakness in the government's toolkit to support responsive and coordinated surge and emergency workforce mobilisation.

In the absence of a national minimum data set for allied health that includes workforce data, it is difficult to quickly access meaningful data upon which to base decision-making; have oversight of the allied health workforce and measure and improve quality ensuring a consistent approach to care.

We call on the federal Government to establish a national minimum allied health data set to:

- enhance responsiveness to economic and health changes, for example, meeting the needs of an ageing population.
- assist in planning responsiveness and workforce agility, particularly in times of crisis, for example COVID-19 and bushfires.
- identify areas of acute need, for example by identifying shortages of practitioners, training and other resources in regional and remote areas.
- enable better workforce planning, and support economic analysis to provide transparency of value for funding and service delivery.

Data collection and analysis to identify the supply and demand factors impacting the physiotherapy workforce will support better understanding of the critical risks and opportunities facing the workforce, and build cumulative insight and consensus on these risks and opportunities to inform future action planning.

This should include collection of data to support a better understanding of both supply and demand factors. From a demand side this should include information about:

- Career pathways and professional development, including availability of clear career pathways and continuing professional development
- Training and availability of placements, including graduate training opportunities and the availability of work placements to accommodate them
- Workforce recruitment and retention including geographical location
- Succession and workforce planning including funding sources of physiotherapy roles and activities
- Skill mix, including the combinations of activities or skills needed for the physiotherapy profession to deliver appropriate services to consumers / patients

From a supply side this should include data collection, about information about:

- Population demographics and treatment incidence of complex and chronic disease
- Focus and access to services as determined by government funding and expenditure on physiotherapy services (e.g. NDIS, My Aged Care)
- Scope of practice, including scope of roles performed by physiotherapists
- Models of care utilised to support care including primary and preventative care and patient centric models including awareness of integrated care and whole of health service awareness
- Consumer expectations and awareness of physiotherapy services based on community knowledge and perceptions, and visibility of key programs
- Service coverage and consumer accessibility based on geography

This will help to deliver health services where most needed, encourage the development of digital health solutions and is essential to underpin effective allocation of resources.

This data has a broader application and could also be used to identify a national minimum service access standard to enable Australians access to allied health professionals regardless of where they live.

RECOMMENDATION

Develop an Allied Health Workforce Dataset that enables informed decision making and identifies opportunities for better workforce utilisation.

REFERENCES

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- ii The Economic Impact of Incontinence on Australia Report, Deloitte Access Economics and Incontinence Foundation Australia, 2011
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- iv Dietz HP. Pelvic organ prolapse - a review. *Aust Fam Physician*. 2015;44(7):446-452.
- v Progressive Resistance and Balance Training for Falls Prevention in Long-term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program: J Heitt, S Saing, S Goodall 2018
- vi Progressive Resistance and Balance Training for Falls Prevention in Long-term Residential Aged Care: A Cluster Randomized Trial of the Sunbeam Program: J Heitt, S Saing, S Goodall 2018
- vii APA Aged Care Royal Commission Investigation into the Impacts of COVID-19 on Aged Care Supplementary [submission](#)