Consumers Health Forum OF Australia

SUBMISSION

CHF Response to the Report from the Allied Health Reference Group

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Consumers Health Forum of Australia 2019
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Introduction

The Consumers Health Forum of Australia (CHF) is the national peak body representing the diverse interests of Australian healthcare consumers and those with an interest in health consumer affairs. CHF works to achieve safe, quality, timely healthcare for all Australians, supported by accessible health information and systems. We are pleased to respond to this Report from the Allied Health Reference Group (Reference Group).

Our positions are developed through consultations, research, and events like the Thought Leadership Roundtables involving consumers, health care providers, policy experts, academics and people in government. Further information about us and our publications can be found on our website, www.chf.org.au.

Thirty years following the creation of Medicare Benefits Scheme (MBS), a review is long overdue. CHF members believe that this review and a commitment to the regular evaluation of Medicare items is an essential to maintaining a world class health system and ensuring that funding is available for high value care.

CHF supports most of the recommendations made by this Reference Group to position AHPs to take on a greater role in keeping Australians healthy. The Main Themes that the Group has outlined address the challenges that consumers face in accessing allied health services as part of an MBS funded plan or otherwise.

General Comments

AHPs provide a broad range of services to improve the health and wellbeing of consumers. They are accredited and regulated based on a defined core scope of practice. There is significant evidence about the benefits that their care can have for patient recovery, wellbeing and capacity-building for self-management and prevention. This workforce is an important part of the multidisciplinary team providing specialist services to people such as older Australians and those with a disability, chronic disease, or facing mental health challenges.

The four major disease groups (cardiovascular diseases, cancers, chronic obstructive pulmonary disease and diabetes) account for 75% of all chronic disease deaths. All are linked to the four main behavioural risk factors (smoking, physical inactivity, poor nutrition and harmful use of alcohol)[1], which are likely to require ongoing support and management. This type of support is often best delivered by an AHP such as a dietitian or diabetes educator, an exercise physiologist, or a psychologist.

A recent report from the UK Health Foundation shows that people with long-term conditions spend less than one per cent of their time in contact with health professionals meaning that up

[1] Australian Institute of Health and Welfare, https://www.aihw.gov.au/reports-statistics/health-conditionsdisability-deaths/chronic-disease/overview

to ninety-nine per cent of their care is self-managed or managed with the support of a carer[2]. The report finds that those who can successfully manage their own health conditions had 38 per cent fewer emergency department attendances and eighteen per cent fewer GP appointments than those who were less able.

To alleviate pressures on other areas of the health system such as hospitals, we need to recognise the benefit of people successfully managing their own health. We expect the AHP workforce to play a critical role in meeting the challenges facing Australia's health and social care systems in the future. Current Medicare arrangements provide limited funding for these services and CHF is supportive of the Reference Group's focus on expanding access.

Response to the Recommendations

Key Recommendations:

Recommendation 1 – Encourage comprehensive initial assessments by allied health professionals

CHF supports this recommendation.

A longer initial assessment will promote person-centred care by allowing publicly funded AHPs to spend longer understanding a person's condition, history and preferences. CHF believes a longer assessment will encourage more shared decision making, build better relationships between people and their providers and ensure that goals and treatment plans are appropriate.

In addition to the clarification about when AHPs from the same practice might both claim an initial assessment, we also suggest providing an example for what would qualify as a "significant change in the degree of severity of the presenting complaint" (page 25) and outlining the best practice for shared decision making[3].

The limitations to prevent unnecessary use of this item seem reasonable and we support the suggestion of a review after 12 – 24 months to determine whether stricter regulations are required.

CHF is concerned that the descriptor for the proposed item number requires a face to face consultation to claim the item number. This is perpetuating the idea that face to face is always best and ignores later recommendations in the report to increase the use of telehealth. We don't think the report has made a strong case as to why this needs to be face to face.

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[2] UK Health Foundation, 2018, Self-management capability in patients with long-term conditions is associated with reduced healthcare utilisation across a whole health economy: cross-sectional analysis of electronic health records, https://qualitysafety.bmj.com/content/27/12/980.

[3] Australian Commission on Safety and Quality in Health Care, 2019, *Resources and Publications*, https://www.safetyandquality.gov.au/our-work/shared-decision-making/other-resources/.

Recommendation 2 – Expand allied health involvement under team care arrangements

CHF supports this recommendation

As identified in this report, the current GP Management Plan (GPMP) limit of five MBS funded AHP appointments per person despite their needs or the complexity of their condition/s does not promote person-centred care. Data shows that Australians already delay seeing a doctor or filling a prescription due to cost so we would expect that additional out of pocket costs associated with allied health services would deter many people from seeing an AHP.

As mentioned in the 'General Comments' section, many people with a chronic disease see an AHP for support to change behaviours negatively impacting their health. It is unlikely that one or two appointments with an AHP will support them in making long-term changes, so we support the option to stratify patients according to complexity and need. We believe that another consideration should be recency of diagnosis to recognise the importance of people gaining knowledge and confidence in managing a change in their health.

A 2008-09 survey of almost 9,000 patients across 290 general practices found that about half had two or more chronic conditions[4] and we can see from the table below that use of AHP services in Australia is growing.

Given this increase, CHF supports the Reference Group's proposal to measure both clinical outcomes and cost-efficiency (including hospitalisations) to determine the optimal number of AHP services through a phased pilot and follow-up piece. We would suggest also measuring levels of Patient Activation[5] to ensure the pilot also determines whether/how much additional appointments contribute to a patient's ability to self-manage their condition. CHF would like a government commitment to implement changes following the results of this pilot.

Recommendation 3 – Improve access to orthotic or prosthetic services

Recommendation 6 – Improved access to paediatric allied health assessments

Recommendation 7 – Improve access to complex paediatric allied health assessments for children with a potential ASD, CND or eligible disability diagnosis

Recommendation 8 – Encourage multidisciplinary planning for children with a potential ASD or eligible disability diagnosis

Recommendation 9 – Improve access to M10 treatment items as group therapy

Recommendation 10 – Improve access to M10 items for patients with severe speech and language disorders

Recommendation 11 – Improve access to the ASD and eligible disability assessment to people under 25

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[4] Harrison, C. Britt, H. Miller, G.C. and J. Henderson, 2013, *Multimorbidity*, https://www.racgp.org.au/afp/2013/december/multimorbidity/.
[55] Insignia, 2018, *Patient Activation Measure® (PAM®)*, https://www.insigniahealth.com/products/pam-survey.

CHF supports Recommendations 3 , 6 – 1 made by the Reference Group on the basis that they are understood to promote high quality care and improved access to best practice/affordable treatments for Australian consumers.

There is a great deal of evidence about the impact of intervention during childhood on adult health and on this basis, we support broadening the eligibility for access to AHPs for children and young people. CHF's Youth Health Forum highlighted the lack of youth appropriate services and the transition from child to adult services as areas of difficulty for many young people[6]. We are pleased to see recommendations to extend access to services up to the age of 25.

As highlighted in our General Comments, CHF members believe that the MBS items should be regularly evaluated and updated to ensure the health system funds best practices. Evaluating the cost-effectiveness of the changes to these items is a sensible approach, and CHF would like a government commitment to follow through with the changes if supported by evidence.

Recommendation 4 – Incentivise group therapy for chronic disease management

Recommendation 5 – Conduct a systematic review of the evidence for group allied health interventions

CHF supports Recommendation 5.

We believe that all care should be evidence based and that we should focus on high value care. To ensure the health system is sustainable it is imperative that we look at alternate models of care with a view to implementing lower cost models when they are seen to be effective. This recommendation is a high priority because it will inform the future directions of care.

Having said that we do not support Recommendation 4 at this time. Any move to incentivise the delivery of group models of care should be put on hold, pending the outcome of the systematic review outlined in Recommendation 5.

Recommendation 12 – Improve allied health collaboration during assessments

CHF supports the recommendation in line with feedback that we have received from our members about the benefits of involving AHP in care and the current barrier that referral requirements can have on timely access to care. We support interdisciplinary on-referring in the context of diagnosis to ensure people do not need to delay or meet the cost of getting a new referral in order to meet national diagnostic requirements.

To support integration of services and communication between health care providers, CHF suggests a requirement for the AHP to notify the referring GP or specialist of the on-referral. Such communication may help to make referrers more aware of the diagnostic requirements and better understand the scope of practice for different professions.

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[6] Youth Health Forum, 2018, *Call to Action*, https://chf.org.au/publications/youth-health-forum-call-action.

Longer-Term Recommendations:

Recommendation 13 – Support the codifying of allied health research and evidence

We support the allied health research base in principle because of the intention to build evidence around high value care and best practice. However, it will be important that consumers are involved at all stages from research priority setting, ethics approval, evaluation of outcomes, and positions of leadership. This is particularly important as we see the growing prominence of patient reported outcomes and experiences in understanding high value care. Patient perspectives can differ greatly from how health professionals measure outcomes and are essential given the proposed research base would assist in deciding what care should be funded through Medicare for example.

Recommendation 14 – Improve access to allied health services via telehealth

CHF supports this recommendation as all Australians, regardless of their age, income, background or location should have access to evidence-based allied health services. Consumers can struggle to access services for many reasons, and we have advocated to improve access to appropriate telehealth services across the broader health system, although we recognise that the needs of populations in rural, remote and regional areas must be a priority.

We raise the apparent contradiction between this recommendation and the requirement for the new assessment item in recommendation 1 to be a face to face consultation.

We are pleased that safety and the quality of outcomes is a priority in the Reference Group's recommendations, and that consumer views and feedback are included in the research.

Recommendation 15 - Pilot non-fee-for-service allied health payment models

CHF advocates for team-based care and bundled funding arrangements across primary health care in Australia. We are supportive of a pilot exploring ways for allied health services to be delivered in a timely and cost-effective way. We suggest that the research should also consider how a new model could work across the structures at different regional and local levels: needs and preferences vary significantly across Australian settings and populations. For example, how would the Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) be involved?

As mentioned in our answers to previous questions, we are supportive of the pilot approach, however it is important for consumer reported outcom0es and experiences to be measured and we would also want to see a government commitment to implement ongoing changes based on the outcomes.

Recommendation 16 – Enhance communication between patients, allied health professionals and GPs

CHF supported changes to include consumers and AHPs as part of case conferencing in our response to the GPPCCC Phase 2 Report[7] to enable consumers to take a more active role in the planning and making decisions related to their care. For these reasons, we support an education campaign for providers that will encourage shared decision-making practices consumers and agree that changes to clarify referrals will benefit consumers.

As stated by the Reference Group, consumers often find the current referral processes confusing and are generally the ones to incur the costs if a new referral form is needed. CHF supports measures that improve transparency and efficiency of communication between health care providers and with the consumer as sensible changes to make the health system easier to navigate and understand. We were pleased to see that the Australian Digital Health Agency (ADHA) has recently allocated funding for software vendors to make secure messaging systems compatible between different software[8]. With permission, a copy of eReferrals should also be sent to the person's My Health Record to assist with the aim of maintaining comprehensive health records.

Recommendation 17 – Allow non-dispensing pharmacists to access allied health items

CHF supports this recommendation and has previously advocated[9] for pharmacist professional services to be moved out of the Community Pharmacy Agreement funding. This would allow for alternative arrangements such as non-dispensing pharmacists to provide services in the general practice setting and be better integrated into team-based care through programs such as Health Care Homes. Such arrangements have seen positive results when implemented by the National Health Service in the UK.

Better integration of community pharmacists into primary health care settings like general practice or community health centres was strongly supported by consumers in a consultation CHF was commissioned to conduct by the Department of Health in 2016[10].

Recommendation 18 - Expand the role of allied health in the Australian public health care system

CHF supports this recommendation although we think that implementing it is outside of the scope of the MBS Review. We note that there are different approaches to this across the States and Territories and think this could usefully be put up through the COAG Health Ministers Council for discussion and action.

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[7] Consumers Health Forum of Australia, 2019, *CHF Response to the RACGP White Paper: Vision for general practice and a sustainable healthcare system,* https://chf.org.au/publications/chf-response-racgp-white-paper-vision-general-practice-and-sustainable-healthcare.
[8] Australian Digital Health Agency, 2018, *Secure messaging incentive for clinical software vendors*, https://www.digitalhealth.gov.au/about-the-agency/tenders-and-offers/secure-messaging-incentive-for-clinical-software-vendors.
[9] Consumers Health Forum of Australia, 2017, *Interim Report: Review of Pharmacy Remuneration and Regulation*, https://chf.org.au/sites/default/files/chf_submissions_on_interim_report.pdf.
[10] Consumers Health Forum of Australia, 2016, *Report on Consumer Consultation on Review of Pharmacy Remuneration and Regulation*, http://www.health.gov.au/internet/main/publishing.nsf/Content/review-pharmacy-remuneration-commissioned-research.