

AUSTRALIAN OSTEOPATHIC ASSOCIATION

SUBMISSION TO THE

SENATE COMMITTEE ON FINANCE AND PUBLIC ADMINISTRATION

IN RELATION TO ITS ENQUIRY ON

COAG RESPONSE RELATING TO HEALTH AND HOSPITALS

JUNE 2010

INTRODUCTION

The Australian Osteopathic Association (AOA) represents the interests of Australian osteopaths practising throughout the country. We have about 1500 members; representing round 85% of all registered osteopaths.

Further information about AOA is at Attachment 1. If the Committee would like any clarifications or additional advice, we will be happy to provide it.

THE OSTEOPATHIC PROFESSION

Osteopathy is a recognised allied healthcare profession. It is one of the ten professions about to be regulated under the National Scheme.¹

In brief, osteopathy is a mode of treatment of the whole person. Patients are treated through manipulation of the musculo-skeletal system.²

To practice in Australia, a qualified osteopath must undergo a five-year Masters degree at one of the Australian universities with osteopathy faculties, or meet comparable professional standards if they come from overseas.

OSTEOPATHIC PRACTICE IN AUSTRALIA

The main route of osteopathic service delivery to patients is the small, locally based, practice. Larger practices will have ten or more qualified professionals, but the model is that of the small business.

¹ The Scheme involves cooperative legislation by the States and the Commonwealth, most of which has now been passed in the various jurisdictions. The scheme comes into force on 1 July 2010, assuming all States and Territories have passed legislation by then.

² Although there are some similarities in treatment methodologies, osteopathy is not the same as chiropractic.

We estimated recently that annual fees paid to Australian osteopaths are of the order of \$200m. Of this, no more than \$25m is recouped by patients by way of Medicare or private health insurance.

Despite this low level of public subvention, the osteopathic profession is the fastest growing of any allied healthcare professional group. Our waiting rooms are always full and return business is an important part of total income.

Because of the economic facts of professional life, and the absence of any significant public assistance, osteopaths are less capable of delivering services to rural and remote patients or those in socially disadvantaged groups, including Indigenous people. However, we recognise that many in these groups could – and should – benefit from access to our treatments. In particular, we could make very significant contributions to the treatment and alleviation of pain in older people and other with chronic degenerative conditions.

WHAT OUR PATIENTS THINK

Clearly, however, people seek out and value osteopathic treatment. Clearly, too, those who do are prepared to pay for these treatments, largely from their own resources.

Clearly, therefore, the market is working. Osteopaths will continue to supply our services to that market, and beyond it to the groups mentioned above.

THE NATIONAL HEALTH REFORMS

This simple reality should give those responsible for the development of national health policy – as seen in the recent reforms – cause to reflect on why this is the case.

Policy makers might well look for answers to questions like these:

- Why do people, in increasing numbers, seek osteopathic treatments?
- Why do so many (85% of our patients) walk in off the street, unreferral?
- Why do we see so much repeat business?
- Why do so many come to us on the rebound from other treatment modalities that have not worked for them?

These are important issues in any review of national health priorities.

Moreover, when it comes to looking at Australians' most prevalent health problems – arthritis and joint problems; back pain, diabetes and obesity to name a few – any thorough review of our national health policy would quickly see just how often osteopathic treatment can cure or alleviate the condition.

The AOA therefore welcomed the reviews of the last couple of years. We pointed these things out in careful submissions. We offered to consult and inform the reviews. We signified our determination to work in clinical teams formed as needed, on the basis that our skills and capabilities were as well respected as we do to others'. We recognised – and said so – that patients who come to an osteopath may need on-referral when they present with a condition beyond our professional scope of practice.

However:

- none of the three reform committees consulted the AOA about our contribution to Australians' health. To our knowledge, none consulted or took evidence from any professional osteopath;
- none of their reports referred in any way to how our profession could contribute to Australians' health;
- no Government Minister consulted us – and indeed declined our offers to do so - during the well-publicised listening tours;

- there is no specific mention of our profession in the Government's announcements of the outcomes of the reviews.³

In a submission to the NHHRC, when we learned from its draft report that no mention was made of our contribution, we pointed out to them that they were entitled to take the view that osteopathy was irrelevant to their enquiry, perhaps grouping osteopathy with other modalities that are together sometimes called “alternative” healthcare. However, we pointed out also that, if they took such a view, they should say so, and give reasons. They did not do so.

WHAT CAN OSTEOPATHY CONTRIBUTE?

There is an obvious lack of consideration for our profession. That, of itself, may have limited significance in the wider arena of healthcare provision. However, it says something quite serious to our patients, whose numbers are constantly rising, and to the public generally, some of whom may be thinking of seeking our services

The message to our existing and putative patients is much the same as the message governments used to send to parents of children who chose to send them to non-State schools – that's your choice; now you pay for it.

We say that attitude is not good enough. It was not good enough in education and it's not good enough in provision of health services. Patients of osteopaths pay the Medicare levy but are denied freedom of choice. They likewise pay premiums for private health insurance for strictly limited schedules of benefits. Unlike medical practitioners, osteopaths receive no subsidies to improve the operation of their practices, or to provide rural or remote services.

³ References do appear here and there to “allied health professionals”. Here and there, too, this generic statement is followed by “such as nurses, psychologists, podiatrists, etc ...” but never osteopaths.

THE COAG REFORMS

AOA welcomes the reforms. The osteopathic profession stands ready to play its part.

However, these reforms seem to us to have been confined to issues of Commonwealth-State financial arrangements. These relate to the established institutions of illness-care, rather than looking to new and better ways of maintaining wellness.

In the process, many healthcare modalities – including but not limited to osteopaths – have been seen by the State and Commonwealth established agencies as irrelevant. Or at best, to be tolerated and never mentioned.

We ask the Committee to find that there is a great deal more to be done if healthcare reform, rather than settling a Commonwealth-State financial squabble, is to be achieved. In doing this, we respectfully submit that public policy is not only about hospitals and/or GP practice, but must recognise better the work and capabilities of allied health, such as the osteopathic profession – and many others.