

Australian Physiotherapy Association Submission



Submission by the
Australian Physiotherapy Association

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Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Senate Joint Select Committee's inquiry into the Australian Government's response to the COVID-19 pandemic.

The APA believes the Australian Government's response to COVID-19 was appropriate and agile, and that a number of initiatives introduced warrant extension.

The pandemic has had a significant impact on physiotherapy, Australia's largest allied health workforce with over 35,000 registered physiotherapists, and their patients.

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. We acknowledge their commitment and selflessness and recognise the importance of their work.

The private physiotherapy sector has been severely impacted by COVID-19. Half of physiotherapists in the private sector are receiving or waiting for JobKeeper and JobSeeker payments and 73% report severe income losses.

The reasons for the severity of the impact on private practice are mass appointment cancellations caused by fear of transmission, confusion about whether physiotherapy is an essential service and a lack of access to Personal Protective Equipment (PPE).

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 are safe and cost effective, where clinically appropriate. We believe they should continue to be funded and expanded post COVID-19 to keep access open to all Australians.

The APA is currently undertaking a comprehensive evaluation of telehealth outcomes and would welcome the opportunity to contribute to any evaluation of telehealth that may be undertaken by government.

Mass cancellation of appointments have the potential to have a significant impact on the health of Australians whose conditions have remained untreated during COVID-19, or for those who developed new conditions during lockdown – therefore a strong, sustainable physiotherapy sector must be supported. This will be only more important to help prevent injury resulting from a lack of sports training during the lockdown that will inevitably increase burden on emergency departments and GPs.

The fast-changing landscape of COVID-19 and the need for central coordination of allied health specific information, responses and consistency, has exposed the need to appoint a federal Chief Allied Health Officer.

Like counterparts in medicine, nursing and mental health, the allied health sector requires senior leadership to enhance the Federal Government's understanding of the sector and be a conduit for its professions.

Summary of Recommendations

Recommendation 1

That MBS telehealth provision of physiotherapy be made permanently available.

Recommendation 2

That a specific MBS item number be introduced for all physiotherapy services.

Recommendation 3

That a federal Chief Allied Health Officer be appointed to:

- provide a centralised point of contact to provide urgent advice to ensure safe and compliant practice by allied health providers
- bring deep understanding of the allied health sector to government and ensure all essential services in the primary health care sector are considered in decision making
- promote the role of allied health in all settings, including ICU and pandemic response
- lead, coordinate and integrate a consistent approach among state and territory Chief Allied Health Officers where possible
- reduce duplication of effort by peak associations and state and territory Chief Allied Health Officers
- connect allied health and all jurisdictions to the Primary Health Care Network
- promote interdisciplinary coordination and messaging
- coordinate consistent messaging and information sharing to and among allied health professionals
- coordinate a consistent approach to training and upskilling within allied health

Recommendation 4

That the JobKeeper and JobSeeker initiatives be extended until January 2021 for all healthcare workers to enable safe and high quality care to continue; ensure stability of the sector and support unemployed practitioners until employers rebuild businesses.

Recommendation 5

That the Federal Government continue reforms around Private Health Insurance and encourage the sector to retain telehealth as a service delivery mechanism for physiotherapy.

Recommendation 6

That the Federal Government fund the development of a national minimum data set for allied health that includes workforce data to ensure the right resources are available and prepared in the event of future pandemic events.

Recommendation 7

That the Federal Government conduct a review of unmet demand for physiotherapy to understand how to improve access to physiotherapy for Australians and streamline a complex funding landscape.

Introduction

The Australian Physiotherapy Association (APA) welcomes this opportunity to make a submission to the Joint Select Committee on the Australian Government's response to the COVID-19 pandemic on behalf of the physiotherapy profession.

The physiotherapy profession is a fundamental provider of high quality, safe services for Australians of all ages in all settings and it is important they are able to access it when and how they need it.

Physiotherapy is effective and provides economic value in treatment of Australians across their entire lifespan, from paediatrics to aged care, including:

- cardiorespiratory conditions
- maintaining and improving mobility
- pain management
- falls prevention and reduction and minimising harm from falls
- musculoskeletal injuries
- pelvic health conditions
- maintaining and improving continence
- behavioural and psychological symptoms of dementia
- improved functioning.

COVID-19: Physiotherapy on the frontline

What they do

Physiotherapists play a critical role in treating cardiorespiratory patients in ICU across Australia. They work as part of multidisciplinary teams and undertake respiratory management of intubated and spontaneously breathing patients.

Physiotherapists clear obstructed airways, maintain and improve lung volume, optimise oxygenation, and prevent respiratory complication.

The Novel Coronavirus (COVID-19) has been shown not to respond to some interventions traditionally used to ventilate patients. Physiotherapists have required to understand the illness and adjust their approach accordingly.

Physiotherapy is also crucial in the rehabilitation of survivors of COVID-19, to counter the debilitating effects on their strength, mobility and function.

COVID-19 impact - workforce

In the early stages of the pandemic, public hospitals initiated workforce planning and preparation to target resources and public health interventions in preparation for possible high levels of morbidity and mortality.

At this time, demand for physiotherapists in ICU was anticipated to be high.

Physiotherapists from private practice, underutilised as a result of COVID-19-related cancellations, were a readily available workforce to relieve the burden on the public health system. Many have been trained and prepared to assist and could:

- be diverted from private practice into public hospitals to assist with the anticipated increased demand
- treat non-urgent patients – for example, those presenting with low grade musculoskeletal and soft tissue complaints – diverted away from emergency departments to relieve the burden on hospitals

In the absence of a federal Chief Allied Health Officer, the APA contacted each state and territory Chief Allied Health Officer to understand how the physiotherapy workforce could be mobilised and upskilled to relieve the burden on the public health system.

While the anticipated demand for physiotherapists did not eventuate, the APA continued to offer assistance to work with each jurisdiction to communicate developments and surge workforce employment opportunities and upskill the workforce in preparation.

COVID-19 impact – clinical interventions

In late March 2020, it became clear that specific guidance for COVID-19 acute care physiotherapy was urgently required to prepare the workforce to meet the then anticipated high demands for physiotherapists; ensure infection control and adjust treatment interventions to the specific needs of COVID-19 patients.

The NSW Department of Health and the APA developed a comprehensive ICU cardiorespiratory course to provide physiotherapy staff with a refresher in cardiorespiratory physiotherapy practice for intensive care to plan for potential roles of physiotherapy in the management of COVID-19 patients. The course has been completed by 4,273 physiotherapists from more than 30 countries.

The APA has also worked with all jurisdictions to identify all appropriate guidance materials and distributed them to the profession.

Physiotherapists on the frontline - challenges/opportunities

Despite the availability of a strong workforce prepared to assist in reducing the burden on the public sector, any future plan to mobilise that workforce cannot be operationalised without Federal Government support and coordination.

While the anticipated demand has not yet eventuated, there is an opportunity to explore mechanisms to use private sector physiotherapists if required in the future.

This includes the streamlining of information flow to create more effective communication of clinical and workforce information.

In the absence of a federal Chief Allied Health Officer, the burden of ensuring an adequately resourced, trained and mobilised allied health workforce fell to peak associations and state and territory Allied Health Officers, who were required to deal with the associations individually. There is an opportunity to take a more coordinated approach.

The Commonwealth's *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)* states: "Coordination and communication at the national level will be particularly important during our current active response." We believe a federal Chief Allied Health Officer would support that aim.

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 difficult to measure and improve quality ensuring a consistent approach to care.

Recommendation

That the Federal Government fund the development of a national minimum data set for allied health that includes workforce data to ensure the right resources are available and prepared in the event of future pandemic events.

COVID-19: physiotherapists in the community

What they do

Physiotherapists use evidence-based interventions to help people affected by injury, illness or disability through movement and exercise, manual therapy, education and advice. They maintain health, independence and function for people of all ages, helping patients to manage pain and prevent disease and unnecessary surgery.

They work in home, in residential facilities and in private practices with many vulnerable cohorts including veterans, older Australians and those in rural and remote areas.

Private practice makes up the majority of the profession and is a great contributor to the health of the community and the Australian economy.

In 2018-19, the size of the physiotherapy profession was (according to IbisWorld):

- a. about \$1.8 billion in revenue
- b. about 6,700 businesses
- c. about \$870 million in wages paid to about 26,000 employees.

COVID-19 impact on physiotherapy private practice

Mass cancellations of physiotherapy appointments began in early March 2020.

Consumers not only feared transmission of the virus but heeded early government messaging to cancel all non-essential health appointments in order to free up services for the COVID-19 response.

Physiotherapists told us in the APA COVID-19 Impact survey that they were:

- unsure if physiotherapy was classified an essential service and therefore should remain open
- overwhelmed by a duty to assess the risks of transmissions and safety of practice without clear Federal Government guidance

- not always able to access commercially available PPE and not allocated PPE from the National Medical Stockpile until late May 2020
- concerned about the consequence on consumers of discontinuing care.

The aforementioned survey of APA membership, conducted in early May 2020, found that 73% of respondents working in private practice have experienced a moderate or severe impact on their personal income and employment.

Two thirds of private practices reported revenue losses of up to 29% in March 2020. This was compounded with 30%-45% decreases in earnings in April 2020 for half of private practices. A further 22% reported revenue losses of between 50%-75% that month.

On 22 March 2020, physiotherapy was deemed an essential service by the Federal Government causing members considerable angst as they attempted to assess the risk of transmission against a sense of obligation to remain open and provide care to a dwindling number of patients.

For most practices, it meant remaining open and continuing to pay business costs despite significantly reduced income.

In the absence of a federal Chief Allied Health Officer to provide sector specific leadership and guidance, each peak association worked with state Chief Allied Health Officers and others stakeholders to understand the employment, health and consumer implications of the essential service status.

COVID-19 impact on consumers

The real cost of cancelled appointments during COVID-19 is to the health and wellbeing of patients. This includes war veterans, people with disabilities, older Australians who ceased care in their homes or residential aged care facilities, those living in rural and remote areas and women with pelvic health issues.

Those who have not continued treatment or sought treatment during this time could see severe regression in conditions that affect their mobility, function and independence.

Those undergoing post-surgical rehabilitation programs who have not continued their therapy are also at risk of serve setbacks in condition, some of which may require additional surgery to address.

The financial cost of this mass discontinuation of care will ultimately be paid by the Commonwealth.

We expect more serious and chronic conditions to develop among those whose mobility and function have declined during the COVID-19 period and remained untreated.

Economic relief

The APA welcomes the Federal Government's economic relief measures - predominantly JobKeeper, JobSeeker, cash flow boosts delivered as credits in the activity statement system and commercial leasing relief measures - that have provided significant support to the physiotherapy private sector.

The aforementioned APA COVID-19 Impact survey of members found that 39% of private sector members are receiving or waiting for JobKeeper payments, with a further 10% relying on JobSeeker support payments.

Private practices have stood down a large proportion of their staff as a result of decreased demand for services.

Recommendation

That the JobKeeper and JobSeeker initiatives be extended until January 2021 for all healthcare workers to enable safe and high quality care to continue; ensure stability of the sector and support unemployed practitioners until employers rebuild businesses.

Telehealth – improving access to health care

COVID-19 has demonstrated that telehealth is a safe and effective mechanism to increase access to health services, including physiotherapy, where clinically appropriate.

The APA has advocated for the introduction of funding for telehealth – consultations via videoconferencing or phone – for many years, to address inequity in access to health care across Australia.

We are concerned that many Australians, particularly those people from diverse backgrounds, are not receiving adequate access to services. They include Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) individuals, those living in rural and remote areas, those who identify as lesbian, gay, bisexual, transsexual or intersex (LGBTI), or have mobility or mental health conditions.

During COVID-19, the Federal Government enabled telehealth via MBS-funded Chronic Disease Management plans. The plans enable patients with chronic diseases to access up to five allied health appointments, as referred by a GP.

We welcome the initiative and would like to see access to physiotherapy via MBS-funded telehealth retained and extended further.

We know there has been a long-term maldistribution of allied health professionals in rural and regional Australia, and the negative impact that this inequity of access has on rural people. Rural and regional Australians do not have access to the same health care as their metropolitan counterparts.

It is also clear that many Australians – whether due to mobility, pain, mental health or economic reasons – would benefit from access to telehealth consultations on an ongoing basis.

Physiotherapists are very clear that telehealth is not suitable for all clinical interventions. The APA developed extensive telehealth guidelines and a series of webinars and video resources for members to guide them in its use.

The APA is also currently undertaking an extensive evaluation of the outcomes of telehealth use on patient progression to guide future application of its use.

As a first contact primary health care profession, patients do not need a referral from a GP to access the clinical expertise of physiotherapists, and this first contact approach should be applied in any future MBS funding provision.

Funding of allied health services, including physiotherapy, is fragmented and complex which affects utilisation.

As an example, during COVID-19, the APA worked intensively with all funders to understand if, when and how telehealth service delivery was being enabled. These were:

- Department of Veterans' Affairs
- National Disability Insurance Scheme
- Private Healthcare Australia
- Individual private health insurers
- state-based workers' compensation schemes
- state-based road accident schemes, and
- Primary Health Networks.

The APA collated and communicated the various parameters of each telehealth funder to our members. It is unclear if consumers were aware of the changes and how quickly.

We have had some recent correspondence from Private Healthcare Australia, with positive feedback from insurers (their members) about the safe adoption and effective outcomes of telehealth by physiotherapists.

We believe the fragmentation of funding is leaving many Australians without access to physiotherapy, particularly as many drop out of private health insurance extras cover. Out of pocket costs for all allied health providers are a significant barrier to access.

Fragmented funding results in a lack of clarity and consistency that is confusing for service providers and consumers. There is an opportunity to review utilisation and unmet demand to identify how the funding landscape can be made easier to navigate for providers and consumers.

Recommendation

That MBS telehealth provision of physiotherapy be made permanently available.

Recommendation

That the Federal Government encourage the private health insurance sector to continue to reform and to retain telehealth service delivery for physiotherapy.

Recommendation

That the Federal Government conduct a review of unmet demand for physiotherapy to understand how better to improve access to physiotherapy for Australians and streamline a complex funding landscape.

Personal Protective Equipment (PPE)

Despite being declared an essential service, physiotherapists in the private sector were unable to access PPE from the National Medical Stockpile.

It has become evident there is a lack of understanding of the work of allied health providers at a number of levels.

The APA COVID-19 impact survey of members indicates that many believe the use of PPE is necessary as both patients and staff believe it would reduce transmission of the virus.

PPE was commercially available in limited supply, to those with existing relationships with suppliers, at inflated prices.

On 22 April 2020, the Federal Government announced a limited allocation of 500,000 masks to be distributed to allied health professions via federally-funded Primary Health Networks (PHNs).

Significant work was undertaken by the APA and other allied health peak associations to contact each of the 30-plus PHNs to confirm how the PPE would be distributed.

Before distribution could begin, eligibility criteria were required to be developed by the Department of Health.

Many of the PHNs were not expecting the announcement and required time to develop application and distribution processes.

A central point of contact acting as a conduit between PHNs and the allied health sector may have reduced duplication of effort and streamlined communications about distribution of PPE.

Access to sector specific information

Physiotherapists, like all allied health professionals, require clear, consistent and timely information about COVID-19 response measures and their impact on the professional practice.

This was evident in the large numbers of practitioners registering for Federal Government webinars for allied health professions.

In the absence of a federal Chief Allied Health Officer, initial webinars were conducted by senior medical representatives from the Department of Health and other health professions, such as nursing. While useful, a notable number of specific allied health questions were unable to be answered in the forum and were taken on notice.

South Australia's Chief Allied Health Officer was enlisted to lead the information session and bring greater depth of knowledge about the complexities of allied health to the forum in late May.

The rules governing provision of clinical groups and classes across jurisdictions created confusion among physiotherapists as restrictions eased.

The clinical nature of these group interventions, and their delivery to patients undergoing clinical physiotherapy treatment, provides a clear distinction from general fitness and wellness classes that were not permitted at that time. However, this distinction had not been communicated to the profession by government.

In mid-late May, the APA wrote to the Chief Allied Health Officers in each state and territory to determine if our interpretation of the latest restrictions pertaining to group physiotherapy interventions was correct. The matter required urgent attention and responses.

This clarification again highlighted the need for a centralised point of contact for such matters, through a federal Chief Allied Health Officer.

Physiotherapists in the community - challenges/opportunities

The COVID-19 pandemic exposed a significant gap in the central leadership and communication as it pertains to allied health.

In the absence of a federal Chief Allied Health Officer to be the central, authoritative point of contact, peak associations worked with state and territory Chief Allied Health Officers to understand the implications of decisions and restrictions; identify issues, disseminate information and provide health and workforce advice.

It resulted in unnecessary duplication of effort and potential for inconsistency between professions within the allied health sector.

Similarly, a conduit between PHNs and the allied health sector, to coordinate the distribution of PPE, would have created greater efficiencies.

Recommendation

That a federal Chief Allied Health Officer be appointed to:

- provide a centralised point of contact to provide urgent advice to ensure safe and compliant practice by allied health providers
- bring deep understanding of the allied health sector to government and ensure all essential services in the primary health care sector are considered in decision making
- promote the role of allied health in all settings, including ICU and pandemic response
- lead, coordinate and integrate a consistent approach among state and territory Chief Allied Health Officers where possible
- reduce duplication of effort by peak associations and state and territory Chief Allied Health Officers
- connect allied health and all jurisdictions to the Primary health Care Network
- promote interdisciplinary coordination and messaging
- coordinate consistent messaging and information sharing to and among allied health professionals
- coordinate a consistent approach to training and upskilling within allied health.

Conclusion

The APA believes the Federal Government responded effectively to contain COVID-19 and support the economy. We have identified opportunities to improve coordination and consistency across jurisdictions; improve access to health care to all Australians and to mobilise the physiotherapy workforce during the COVID-19 period. We would welcome the opportunity to work with the Federal Government on any future initiatives to do so.

Australian Physiotherapy Association

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 28,000 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.