

Mr. Stephen Bourke
Director - Hinchinbrook Therapy Centre

September 1st, 2005.

Hon. Alex Somlyay MP
Chair
House of Representatives Standing Committee on Health and Ageing
haa.reps@aph.gov.au

Dear Mr. Somlyay,

Re: Commonwealth Inquiry into Health Funding

I am writing in response to an article published in the National Rural Health Alliance Partyline publication Number 23, August 2005. As the Director of the Hinchinbrook Therapy Centre I am acutely aware of many of the problems faced by people in Rural Australia in accessing health services. The Hinchinbrook Therapy Centre, which was partly funded by the Commonwealth, provides the only private physiotherapy, dietetics and audiology services for over 40,000 square kilometers and a podiatry service.

The Rural Doctors Association of Australia has made a submission to the committee that "there is increased morbidity and mortality in rural areas". The shortage of doctors and allied health professionals and the lack of private sector investment (with the exception of private medical practice) are issues that have previously been raised with the committee.

The Federal Government's Rural Private Access Programme has started to take steps towards increasing access for rural Australians to services not normally funded under Medicare. This will have an impact on the services provided in the bush however I feel that even more needs to be done to ensure the provision of continued and ongoing allied health care to rural Australians. The introduction of Medicare rebates for allied health services – albeit in a very restricted and cumbersome manner - is another step in the right direction.

As a sole rural private physiotherapist I will briefly highlight some of the changes that I would call for to remove the inefficiencies, duplication and cost shifting that is currently encountered in my work practice.

1. Medicare Rebates for Radiological Investigation to extend beyond the Hip, Pelvis and Spine for Physiotherapy Referrals

As a physiotherapist I am a primary contact practitioner for many patients. Yet if I determine that the patient requires an x-ray (e.g. ankle injury; inability to weight bear since injury; bilateral bony tenderness) the patient is unable to obtain a Medicare rebate for the x-ray unless I refer them for a Medicare funded General Practitioner visit. This model of health care is inefficient for the patient and the General Practitioner and results in duplication of costs to Medicare. If physiotherapists were provided with rebates for x-rays beyond the hip, pelvis and spine greater efficiency and a reduction in costs to Medicare would result. Control of this process could be obtained by instituting Clinical Guidelines for the ordering of x-rays such as the Ottawa Ankle Rules and/ or restricting the physiotherapists who order x-rays e.g. only those with post-graduate qualifications.

2. Medicare Rebates for Patients Referred to Medical Specialists by Adequately Trained Allied Health Professionals

This is a similar argument for point number one. I am not proposing that all allied health professions or even all people within an allied health profession be granted this right. I do however struggle to understand for example how a titled Sports Physiotherapist who has a post – graduate degree in Sports Physiotherapy; has as an absolute minimum of six years work experience; has completed a level three sports physiotherapy course at the Australian Institute of Sport; is eligible to work at Olympic Games and with Australian Sporting Teams; and works closely with and routinely communicates with Orthopaedic Surgeons is unable to refer a patient to an Orthopaedic Surgeon under the current Medicare system. Rather the patient must attend a Medicare funded General Practitioner visit again duplicating costs to Medicare and creating inefficiencies for both the patient and the General Practitioner. A similar situation would also occur with some psychologists wanting to refer a patient to a Psychiatrist.

3. Direct Access to Allied Health Providers with Medicare Rebates

Access to Medicare rebates for Allied Health Services is currently controlled by General Practitioners; very limited; time consuming and paperwork heavy for the Allied Health Professional. The control of Medicare rebates via the development of Enhanced Primary Care Plans by General Practitioners is costly and inefficient. These costs could be lowered significantly if direct access to Allied health providers with Medicare rebates was provided. Any direct access granted would have to be restricted. One way to restrict the number of direct access Medicare rebateable visits per year could be proportional to ARIA category scores. For example people living in ARIA category 1 (Highly Accessible) could be granted one visit and people living in ARIA category 5 (Very Remote) could be granted five visits. A system like this would have a number of benefits. It would: - encourage health professionals and private practitioners to visit more remote locations reducing skilled health worker shortages; encourage private health investment in rural Australia; increase rural people's access to health services; start to

impact on the inequities of service that currently exist between rural citizens and their urban counterparts; and ultimately reduce the morbidity and mortality rates in rural areas.

4. Use of Electronic Claiming System for Billing the Department of Veteran Affairs and Medicare

The current paperwork systems utilised by the Department of Veteran Affairs and Medicare for billing are inefficient and costly. If greater use was made of technology such as HICAPS terminals by the Federal Government then cost and time reductions could occur increasing the efficiency of private businesses. For example the new Medicare Smartcard or a Veteran's Gold Card could be swiped through the terminal allowing for electronic funds transfer to occur without needing to send away paper bills and forms.

Yours Sincerely

Stephen Bourke