SUBMISSION TO THE SENATE SELECT COMMITTEE ON MEDICARE

New inquiry

Prepared by the

Australian Physiotherapy Association

December 2003

Authorised by

APA President, Katie Mickel

Australian Physiotherapy Association
3/201 Fitzroy Street
St Kilda Vic 3182
Tel: (03) 9534 9400
Fax: (03) 9534 9199
Email: national.office@physiotherapy.asn.au

www.physiotherapy.asn.au

INTRODUCTION

This submission follows and should be read in conjunction with, the APA's submission to the first inquiry by the Senate Select Committee on Medicare. The APA appreciates the opportunity to comment on the Government's proposed MedicarePlus package. This submission also responds to some aspects of the first inquiry's report, *Medicare – healthcare or welfare?*

The submission covers:

- the APA's concerns about the lack of attention to the allied health workforce in the MedicarePlus package;
- funding of physiotherapy clinical education;
- the APA's response to the first inquiry's statements on Medicare; and
- allied health and the APA's response to MedicarePlus initiatives on aged care.

A summary of the APA's recommendations in this submission is presented below.

Summary of recommendations:

- That the MedicarePlus package implement measures to address physiotherapy workforce shortages such as:
    - Programs to attract physiotherapists back to the workforce;
    - Rural incentives;
    - Support for clinical education for physiotherapists undertaking specialist training (see below for information on the need for support for undergraduate clinical education); and
    - Support for public hospitals to attract and retain physiotherapists.

- That the Federal Government fund a comprehensive study of the supply of and demand for physiotherapy services over the next ten years.

- That the Federal Government commit to fund undergraduate physiotherapy education as a clinical discipline.

- That the accreditation of physiotherapy degree courses not proceed unless it can be demonstrated that the clinical education program is adequate to prepare graduates to practice as first contact, primary health care practitioners.

- That the Federal Government creates MBS item numbers for the evidence-based management of incontinence and knee joint osteoarthritis by physiotherapists.

- That Divisions of General Practice should not operate as funding bureaucracies.

- That the Federal Government fund the involvement of all health professionals in the Enhanced Primary Care program.

- That the Commonwealth Government allocate funds to develop policies leading to a pilot of a federally funded Multidisciplinary Care Centre (see Appendix 3).

- That the Federal Government permits residents of aged care facilities and their families to choose which health services they prefer to utilize. Residents should be able to choose to access general practitioners, physiotherapists, occupational therapists, pharmacists or podiatrists and the services should be funded to a set level per resident by the government.

WORKFORCE MEASURES

The APA acknowledges that workforce shortages are problematic across the health professions. The MedicarePlus package puts forward some sensible remedies to address the shortage of doctors and nurses but largely ignores other health professions.

Physiotherapy is essential to the management of a range of injuries, disorders and diseases. Physiotherapy extends from health promotion to injury prevention, acute care, rehabilitation, maintenance of functional mobility, maintenance of the best achievable health in people with chronic illness, patient and carer education and occupational health. Physiotherapists are first contact practitioners who are a key element of primary care in Australia. Physiotherapy management is important in relation to the seven designated National Health Priority Areas. See Appendix 1 for further information.

There is a shortage of physiotherapists across Australia and shortages are critical in many rural and specialist areas. Senior physiotherapists around Australia are reporting critical staffing shortages, particularly in public positions. Comments from members of the APA's Physiotherapists in Leadership and Management Special Group indicate the breadth and scale of the problem.

> *We have had two fulltime staff vacancies for the last three months which have been advertised 6 times in the Sydney Morning Herald and internet etc. We have had two applicants… I have just had another staff member resign yesterday, so now I am three fulltime staff members down (one third of our rotating staff). So far I have had to cut the following services- Chronic outpatients, Hydrotherapy and one Community Centre. APA member, outer-urban NSW.*

An APA member from Tamworth reports that it took five years to recruit a physiotherapist to Narrabri despite widespread advertising; while another member from Toowoomba received no applications for an advertisement and says that every year it has become worse. In Taree, an APA member has been unable to replace a physiotherapist who is on one year's leave without pay, leaving him reliant on spasmodic locum support. A member from the Northern Territory has not had any replies from advertisements that have been running all year. Many health professions are experiencing recruitment difficulties in rural and remote areas but in physiotherapy there are also clear problems in urban areas:

- "Finally after nine months we received one application for a senior cardiac position", APA member, public sector, NSW.
- "We received a very low level of applications for a Grade one position", APA member, public sector, Melbourne.

- "We have been intermittently advertising a position since July. We will take somebody full-time or part time and still we can't fill the position", APA member, private sector, Melbourne.
- "Mid-year vacancies are common. The consequences are increased workload for remaining staff and compromised patient care", APA member, public sector, Perth.
- "I have had to downgrade services because I can't find enough experienced physiotherapists. This has led to reduced opening hours and an inability to send speakers to schools", APA member, private sector, Perth.

As professionals, physiotherapists feel they have a responsibility to contribute to society beyond their paid work. For years private sector physiotherapists have given talks at schools on topics from posture care to careers in physiotherapy. Workforce shortages are seriously impacting on the capacity of physiotherapists to continue to provide this free service to the community.

Impacts of staffing shortages range from the need to prioritise patients to reduced service delivery, less training, compromised quality of service, less staff flexibility and reduced budgets due to forced savings.

Vacancies and job advertisements are indicative of workforce shortages but there are no definitive data sources that quantify the extent of the problem because there has not been a national study of the physiotherapy workforce. The APA has repeatedly requested that the government fund such a study and offered to assist in its conduct, to no avail.

Waiting lists, reports from members and labour market surveys make it abundantly clear that there is currently a critical shortage of physiotherapists. This is likely to worsen as the population ages further and the demand for physiotherapists, essential to health care for the elderly, increases. Action must be taken now to address immediate shortages and a workforce study is needed to determine future demand for physiotherapy services and the supply that will be needed to meet that demand.

Recommendations:

- That the MedicarePlus package implement measures to address physiotherapy workforce shortages such as:

    - Programs to attract physiotherapists back to the workforce;
    - Rural incentives;
    - Support for clinical education for physiotherapists undertaking specialist training (see below for information on the need for support for undergraduate clinical education); and

- Support for public hospitals to attract and retain physiotherapists.

- That the Federal Government fund a comprehensive study of the supply of and demand for physiotherapy services over the next ten years.

CLINICAL EDUCATION

The APA notes that the MedicarePlus package provides a range of measures supporting the education of doctors and is disappointed that these measures do not extend to physiotherapists.

There are a range of education issues currently impacting on the physiotherapy workforce. The most pressing matter is that of clinical education.

Physiotherapy schools around Australia report that they are experiencing significant difficulties in providing clinical education for physiotherapy undergraduate students. The funding per student currently allocated for physiotherapy education is insufficient for clinical education. Physiotherapy is a clinical discipline and should be funded as such.

On graduation physiotherapy students are eligible to register as physiotherapists and to undertake first contact practice, ie to accept patients directly for treatment without the need for a referral from a medical practitioner. There is no requirement for an intern year prior to registration, as there is for medical graduates and certain other health professionals.

This lack of requirement for further pre-registration clinical training means that very heavy emphasis must necessarily be placed on the clinical education program component of the undergraduate program. It must be comprehensive, of a high standard and well supported with adequate supervision in order to ensure patient safety and make certain that an adequate level of competency is reached across a diverse range of skills and settings before the student finishes their undergraduate course.

The current Department of Education, Science and Training relative funding model provides universities with remuneration for each physiotherapy student at a level provided to behavioural science/social science courses. This takes no account of the cost of providing a comprehensive clinical education component and the intensity of supervision required to ensure each student reaches a level of safe and effective practice.

Physiotherapy should instead be funded as a clinical discipline, so that the per annum allocation for a physiotherapy student is adequate to ensure an appropriate level of clinical training. Given that there are approximately 3000 physiotherapy undergraduates at any one time, provision of clinical education funding at the level provided for medical students would cost approximately $24 million per annum. To bring funding up to the level of nursing education would cost approximately $7 million per annum. The APA believes that additional funding within this range would substantially improve the clinical education of physiotherapists.

Recommendations:

- That the Federal Government commit to fund undergraduate physiotherapy education as a clinical discipline.

- That the accreditation of physiotherapy degree courses not proceed unless it can be demonstrated that the clinical education program is adequate to prepare graduates to practice as first contact, primary health care practitioners.

EXTENDING MEDICARE

The APA notes with disappointment that the Select Committee report, *Medicare – healthcare or welfare?,* rejects extending Medicare to include health care provided by health professionals other than doctors. The committee agrees with the evidence presented to it but declined to recommend an extended scope for Medicare.[1] Below the APA responds to the concerns raised by the committee.

> *Firstly, the cost implications are very large, requiring an increase of Commonwealth funding of potentially $3-4 billion, while the savings generated via improved access to primary care and allied health professions, could emerge in areas of health care currently funded by the states and territories, which may necessitate renegotiation of funding and the allocation of roles.*[2]

The APA's proposal would not lead to uncontained additional expenditure. The proposal contains expenditure to care for specific conditions for which there is an evidence base, namely knee joint osteoarthritis and incontinence.

The APA understands that health care expenditure must be contained but submits that excluding evidence-based management by non-medical professionals wastes resources, places unnecessary demands on the general practice workforce and reduces patient choice.

In its submission to the committee, the Australian Consumers' Health Forum notes that consumers who may benefit from the services of other health care professionals currently visit a general practitioner because it is less expensive.[3] The APA supports this view and argues that consumers should have access to services proven to be effective and cost effective via the Medicare system. The APA further contends that if consumers attend one appointment with a physiotherapist instead of one appointment with a general practitioner that there will be no net cost increase to Medicare.

> *Secondly, the inclusion of an extensive range of allied health services on the MBS may trigger an explosion of supply-induced demand, with resulting blow-outs in Medicare funding.*[4]

The APA does not propose that an extensive range of services be included in the MBS and recommends that only those for which there is sound evidence be

[1] Senate Select Committee on Medicare. *Medicare – healthcare or welfare?* October 2003, pp vxiii-xix.
[2] Ibid.
[3] Above at 1, p135.
[4] Ibid.

funded via Medicare. On the basis that only services for nominated conditions are funded, the APA disputes the argument that there would be a supply-induced demand. For example, the existence of an MBS item for physiotherapy management of incontinence will not cause continent patients to seek physiotherapy for incontinence.

The Continence Foundation of Australia supports the APA's proposal for the creation of an MBS item for physiotherapy management of incontinence. In its recent letter to the Minister for Health the foundation says

> *The proposal not only increases patient treatment choices but also proposes a reduction in cost to the community through more cost-effective management of incontinence.*[5]

The APA respectfully requests that the committee re-examine this matter.

> *Thirdly, extending allied health on the MBS also raises the issue of which services would receive priority for Medicare funding and which would miss out.*

Again the APA's proposals address this issue: only those interventions for which there is a strong evidence-base should be prioritised.

> *For these reasons, the Committee does not advocate any broadening of the scope of services covered by the MBS. While there is a legitimate need to enhance access to allied health, the Committee considers there are more targeted and effective mechanisms for addressing the issue. These include enhancing successful aspects of current initiatives, such as the More Allied Health Services program, the funding of primary health care teams, or providing funding for shared access to resources via groups such as the Divisions of General Practice.*

The committee is aware of the APA's concerns, highlighted in the previous submission to the committee, regarding the More Allied Health Services (MAHS) program. There are also concerns in relation to the funding of primary care via Divisions of General Practice. As demonstrated by the experience of the MAHS program, when Divisions of General Practice control funding allocation for all primary care services, medical services are given precedence.

Table 1 below sets out the allocation of MAHS funding. It demonstrates that there is a clear bias toward nursing services at the expense of true allied health services.

[5] Letter to Minister for Health from Barry Cahill, CEO, Continence Foundation of Australia, 1 December 2003. Copy in Appendix 2.

The APA acknowledges that the Department of Health and Ageing includes nursing services within its definition of allied health services, but respectfully suggests that the inclusion is inappropriate. Nursing is a wide-ranging, core health service. Allied health professionals provide autonomous professional services while registered nurses largely provide complementary care to doctors.

Definition notwithstanding, Table 1 clearly demonstrates that the Divisions are not distributing MAHS funding broadly enough.

Table 1: Relative Allocation of MAHS Funding to Health Professionals

Type of Allied Health Professional	**Full Time Equivalent (FTE)**		**Percentage (%) of total FTE**	
	April 2002	October 2002	April 2002	October 2002
Psychologists	31.8	36.6	19.34%	21.98%
Dieticians	17.1	17.3	10.40%	10.39%
Registered Nurses	17.7	16.4		
Registered Nurse - Diabetes Educator				
Registered Nurse - Mental Health	5.3	6.4	Tot: 28.04%	Tot: 30.15%
Registered Nurse - Asthma Educator	4.6	5.6		
Registered Nurse – Other	18.5	21.8		
Social Workers	10.3	13.4	6.27%	8.05%
Podiatrists	9.9	9.7	6.02%	5.83%
Counsellors	12.5	9.0	7.60%	5.41%
Aboriginal Mental Health Workers	6.0	8.5	3.65%	5.11%
Physiotherapists	8.9	8.5	5.41%	5.11%
Occupational Therapists	4.5	3.9	2.74%	2.34%
Aboriginal Health Workers	2.2	3.1	1.34%	1.86%
Speech Pathologists	2.3	2.0	1.40%	1.20%
Audiologists	0.6	0.5	0.36%	0.30%
Mental health Workers	5.0	N/A	3.04%	0.00%
Other	7.2	3.8	4.38%	2.28%
TOTAL	**164.4**	**166.5**		

Source: National summary of allied health services funded under the More Allied Health Services (MAHS) Program, Department of Health and Ageing, April and October 2002.

There is a clear bias toward services that are provided in conjunction with GP services, namely nursing services. These services accounted for 28 per cent of the total services in April 2002 and for 30 per cent in October 2002.

Physiotherapy services account for only around five per cent of the MAHS allocation. Programs at two Divisions in the period ending October 2002 accounted for at least two FTE. This means that there is very little physiotherapy being delivered in the remaining 64 rural Divisions, namely a maximum of 6.5 FTE, or 0.1 FTE per division.

As discussed in its previous submission to the committee, the APA has concerns about the Enhanced Primary Care (EPC) program. In the 2002-03 budget, $4.8 million was budgeted for case conferencing under EPC while the budget for 2003-04 dropped by 73 per cent to just $1.3 million. Such a massive decrease suggests that the program is underutilised and unsuccessful – if doctors were billing for case conferencing then the budget allocation would not have dropped so dramatically. An interesting contrast is the GP assessments under EPC which received a 26 percent budget increase. This program involves only doctors.

Elements of the EPC program designed to facilitate multidisciplinary care are underutilised because the program does not remunerate all members of the health care team for the services they provide

The APA strongly supports the utilisation of primary care teams to manage the community's primary health needs. In relation to some conditions services could be provided via Medicare. For other services the Federal Government should fund primary health care teams but decisions regarding funding allocation should not be made by general practitioners.

In its 2004 budget submission the APA recommends that the Federal Government should allocate funds to develop policies leading to a pilot of a Federally funded Multidisciplinary Care Centre. An extract from this budget submission is contained in Appendix 3.

Recommendations:

- That the Federal Government creates MBS item numbers for the evidence-based management of incontinence and knee joint osteoarthritis by physiotherapists.

- That Divisions of General Practice should not operate as funding bureaucracies.

- That the Federal Government fund the involvement of all health professionals in the Enhanced Primary Care program.

- That the Commonwealth Government allocate funds to develop policies leading to a pilot of a federally funded Multidisciplinary Care Centre (see Appendix 3).

AGED CARE

The APA notes that MedicarePlus provides for the introduction of a new Medicare item for comprehensive medical assessments for new and current residents of aged care facilities, attracting a rebate of around $140. The overall commitment to aged care under the package is $48 million and none of this is allocated to therapeutic services or preventative health care by professionals other than doctors.

Maintaining mobility is crucial to the quality of life of older Australians. Mobility factors are often critical in determining whether a person can remain at home or have to live in a residential care facility. Likewise, mobility is important in determining the level of funding an aged care facility receives for a resident. Physiotherapists are the experts in maintaining and restoring mobility yet no funding is allocated to this critical service.

The MedicarePlus package says that funding for doctors is needed because:

> *Aged care homes are finding it increasingly difficult to keep the services of GPs who can provide regular consultations for residents. This is especially the case where a resident does not have a regular doctor.*

Aged care homes also find it very difficult to retain physiotherapists and the APA argues that residents are less likely to have a regular physiotherapist than a regular doctor. Measures are needed to attract physiotherapists to residential aged care facilities and there needs to be a greater focus on therapeutic services.

Practitioners such as occupational therapists and speech pathologists also provide vital services to residents and the package includes no funding for their services.

Recommendation:

- That the Federal Government permits residents of aged care facilities and their families to choose which health services they prefer to utilize. Residents should be able to choose to access general practitioners, physiotherapists, occupational therapists, pharmacists or podiatrists and the services should be funded to a set level per resident by the government.

APPENDIX 1

The National Health Priority Areas initiative is Australia's response to the World Health Organization's global strategy on health reform. The initiative recognises that strategies for reducing the burden of chronic disease need to operate across the continuum of care, from prevention through to treatment and management.[6]

The designated health priority areas are:

1. asthma;
2. cancer control;
3. cardiovascular health;
4. diabetes mellitus;
5. injury prevention and control;
6. mental health; and
7. arthritis and musculoskeletal conditions.

Physiotherapists administer treatments relevant to all of the above. The APA is particularly pleased to see the addition of arthritis to the list. Patients commonly present to physiotherapists with symptoms of arthritis so APA members are cognizant of the debilitating effects of the condition.

A brief description of some of the types of treatments (relevant to these areas) that physiotherapists can offer is presented below. Evidence supporting the effectiveness of many of these treatments is presented in the appendices.

Asthma

A variety of interventions are commonly used to treat patients with asthma, including breathing control, sputum clearance techniques and graduated exercise. There is evidence describing considerable benefits for patients with asthma when treated with breathing interventions.

People with asthma benefit from fitness programs provided by physiotherapists, lessening reliance on PBS subsidised medications. Treatments are appropriate for both acute and chronic stages of asthma.

Cancer control

Physiotherapists assist patients with pain management, rehabilitation following treatment for cancer and in the management of lymphoedema. Treatment can

[6] Web 1: National Health Priorities and Quality, http://www.health.gov.au/pq/nhpa/#nhpa.

reduce complications and therefore length of stay in hospital and reliance on other health services. Physiotherapy is beneficial in the treatment of lymphatic conditions.

Cardiovascular health

In theory cardiovascular disease (CVD) is largely preventable by lifestyle changes. A vital lifestyle change is exercise and physiotherapists are experts in designing appropriate exercise programs and teaching patients how to adhere to them. Early intervention can reduce morbidity thus improving the patient's wellbeing and reducing reliance on drugs and expensive interventions.

Exercise programs must be carefully tailored for each individual's current level of fitness and morbidity. Physiotherapists are experts in assessing fitness and prescribing exercise programs, for people with pathology.

One consequence of CVD is stroke. When a patient is unlucky enough to suffer a stroke, she or he can experience movement impairment and paralysis. Physiotherapists specialise in re-educating normal movement, helping patients to regain the maximum level of independence in their lives. Without physiotherapy rehabilitation many stroke victims would not enjoy maximum mobility.

Physiotherapy is highly effective in cardiopulmonary rehabilitation and assists in the reduction of complications following cardiothoracic surgery.

Diabetes mellitus

The use of exercise in managing diabetes is well documented. Physiotherapists are well placed to advise on exercise strategies for these patients. Increasingly physiotherapists are becoming involved in diabetes prevention programs and providing services to at risk individuals.

Physiotherapists assist with management of the consequences of diabetes dealing with foot disorders, balance difficulties and protective strategies to prevent further damage.

Physiotherapy interventions can also assist in balancing cholesterol levels and improving insulin regulation, through safe exercise programs, in some patients.

Injury prevention and control

Many physiotherapists work in industry instructing on manual handling techniques and posture correction. They make a substantial contribution to injury prevention in this way. They also work with sports people, the elderly and the

general population strengthening muscles and improving balance to reduce falls and other accidents.

There is a lack of recognition by employers that workers can be trained to use their bodies more effectively to reduce injuries. Physiotherapists deliver the training workers need and promote its benefits to employers.

Mental health

Physiotherapists are trained to assist patients with mental health problems with fitness regimes and relaxation techniques, which contribute to improved self-image and general wellbeing. Exercise has been demonstrated to be effective in the treatment of clinical depression. There is also evidence that exercise training may be an alternative to antidepressants for treatment of depression in older persons.

Depression is commonly associated with back pain: by helping sufferers to manage their pain, physiotherapists can help to lessen the symptoms of depression.

Arthritis and musculoskeletal conditions

The treatment of arthritis and musculoskeletal conditions is a core function of physiotherapy practice. Patients with arthritis benefit from joint mobilisation, electrotherapy, hydrotherapy and muscle strengthening exercises. Physiotherapy reduces arthritic pain and reliance on drug therapy. Unlike pharmaceuticals, physiotherapy has minimal side effects and no contraindications.

Musculoskeletal physiotherapy encompasses the majority of work done in private practice. Physiotherapists treat back and neck pain; muscle strains, spasms and contusions; joint injuries; tendinitis and bursitis; and muscle imbalance or weakness. Physiotherapy is vital for patients following surgery, sporting injury and workplace and road accidents.

Physiotherapy modalities are critical to the treatment and management of people with disabilities that have a musculoskeletal element. Quality of life is improved by therapy, education and prescription of aids etc. Physiotherapists teach people with disabilities and their families how to improve mobility and teach carers how to reduce the risk of musculoskeletal injury.

APPENDIX 2

1 December 2003

The Hon. Tony Abbott
Minister for Health and Ageing
Parliament House
Canberra ACT 2600

Dear Mr Abbott

Re: Australian Physiotherapy Association Policy on Continence and Medicare Budget Submission 2004

The Australian Physiotherapy Association has submitted to you its Budget proposal for 2004-2005, outlining their objectives for improving Australia's health system and minimising increases in cost. The APA's submission to the Senate Select Committee on Medicare outlines their policy that physiotherapy management of incontinence should be rebateable under Medicare and sets out evidence in support of their position. Physiotherapists offer effective treatment for incontinence and have worked closely with the Continence Foundation of Australia to improve patient awareness of and access to treatment.

Physiotherapy as outlined in the submission is crucial to many mainstream procedures with low-cost, non-invasive treatment helping to keep many Australians suffering from bowel and bladder problems out of hospital and doctors surgeries. Referral to a physiotherapist for incontinence problems is included in medical practice guidelines and research supports that whilst incontinence alone is rarely the only factor in admission to an aged care facility, improved management of incontinence in our elderly population will not only improve quality of life but can delay admission thereby reducing the cost and strain on aged care facilities and budget.

The Continence Foundation of Australia has considered the APA's submission and strongly supports their proposal seeking the introduction of an MBS item number for physiotherapy management of both urinary and faecal incontinence. The Foundation believes that the APA submission to the Senate Select Committee provides strong evidence supporting the efficacy of physiotherapy management and the case for patients having access to a rebate for physiotherapy associated with the management of their incontinence. The proposal not only increases patient treatment choices but also proposes a reduction in cost to the community through more cost-effective management of incontinence. The Foundation submits that the APA's submission supports the public benefit that would accrue from increasing patient access to physiotherapy as a primary health care service. Their proposal also indicates the evidence that non-invasive physiotherapy treatment for incontinence is effective and can reduce reliance on medical and surgical intervention.

We trust that the APA submission will be given your favourable consideration.

Yours faithfully

BARRY CAHILL
Chief Executive Officer
Incontinence Foundation of Australia

APPENDIX 3

This appendix is an extract from the APA's 2004 Budget Submission.

Multi-disciplinary care centres

A pilot to test out this new approach to the management of chronic and complex conditions could offer the Commonwealth Government improved ways of delivering cost-effective care to the rising numbers of Australians with such conditions

The APA believes that the Commonwealth should fund the management of chronic illness by multidisciplinary teams. The best way to achieve this goal is to establish Federally funded Multidisciplinary Care Centres.

Such centres would provide best practice treatment for specified chronic illnesses such as diabetes, cancer and heart disease.

Centres could operate as first contact facilities, possibly with triage nurses assessing clinical eligibility then referring patients to the appropriate practitioner to manage their care. The selected practitioner could confirm the triage nurse's differential diagnosis and work with the patient to develop a care plan.

The facilities could be staffed by staff specialists, salaried health care officers, consultants and administrative staff. Centres would be appropriate learning environments for student clinical education and internships. They could also operate as facilities for public health education centres.

The philosophy of the centres should be to promote self-management to the greatest extent possible and provide best practice care at the lowest possible cost. A condition of accessing the centres could be that patients agree to try the most cost effective available treatment first, only moving to more expensive treatments if the cheaper option failed.

Multidisciplinary Care Centres would provide chronically ill Australians with access to all the services they need to manage their conditions.

Health service delivery, particularly in primary care, is improved when delivered by multidisciplinary teams.[7] The multidisciplinary approach in primary care is becoming more important as the body of health care knowledge continues to

[7] Saunders D. Primary Health Care and Population Health: an international perspective. Presentation at Public Health Education and Research Workshop, Canberra, 3 May 2002.

grow beyond that which it is possible for one person to learn. It is useful in the management of chronic diseases, acute musculoskeletal injury and a range of syndromes and neurological disorders.

A range of surveys of general practitioners during recent years have indicated that GPs value the involvement of physiotherapists in multidisciplinary teams. For example, when asked about improving quality of care for musculoskeletal conditions, 85 percent of GPs said that more resources for primary care physiotherapy would lead to reduced prescription of non-steroidal anti-inflammatory drugs.[8] This would reduce the strain on the Pharmaceutical Benefits Scheme and avoid exposing patients to the unwanted side effects of these medications.

Multidisciplinary teams have also proven effective in rural and regional settings in terms of improving the quality of care, attracting and retaining health care professionals[9] and in providing support and encouragement for team members. What is more, multidisciplinary approaches promote safe health care and are preferred by consumers as they promote patient-centred care.[10]

[8] Roberts C, Adebajo AO, Long S. Improving quality of care of musculoskeletal conditions in primary care. *Rheumatology (Oxford)* 2002:41;503.
[9] Taylor J, Blue I, Misan G. Approaches to sustainable primary health care service delivery in rural and remote South Australia. *Aust J Rural Health* 2001:9;304.
[10] Safety and Quality Council, Consumer Vision for a Safer Health Care System. Report of a consumer workshop, Sydney, 17 May 2001.
http://www.safetyandquality.org/articles/Publications/consumer.pdf