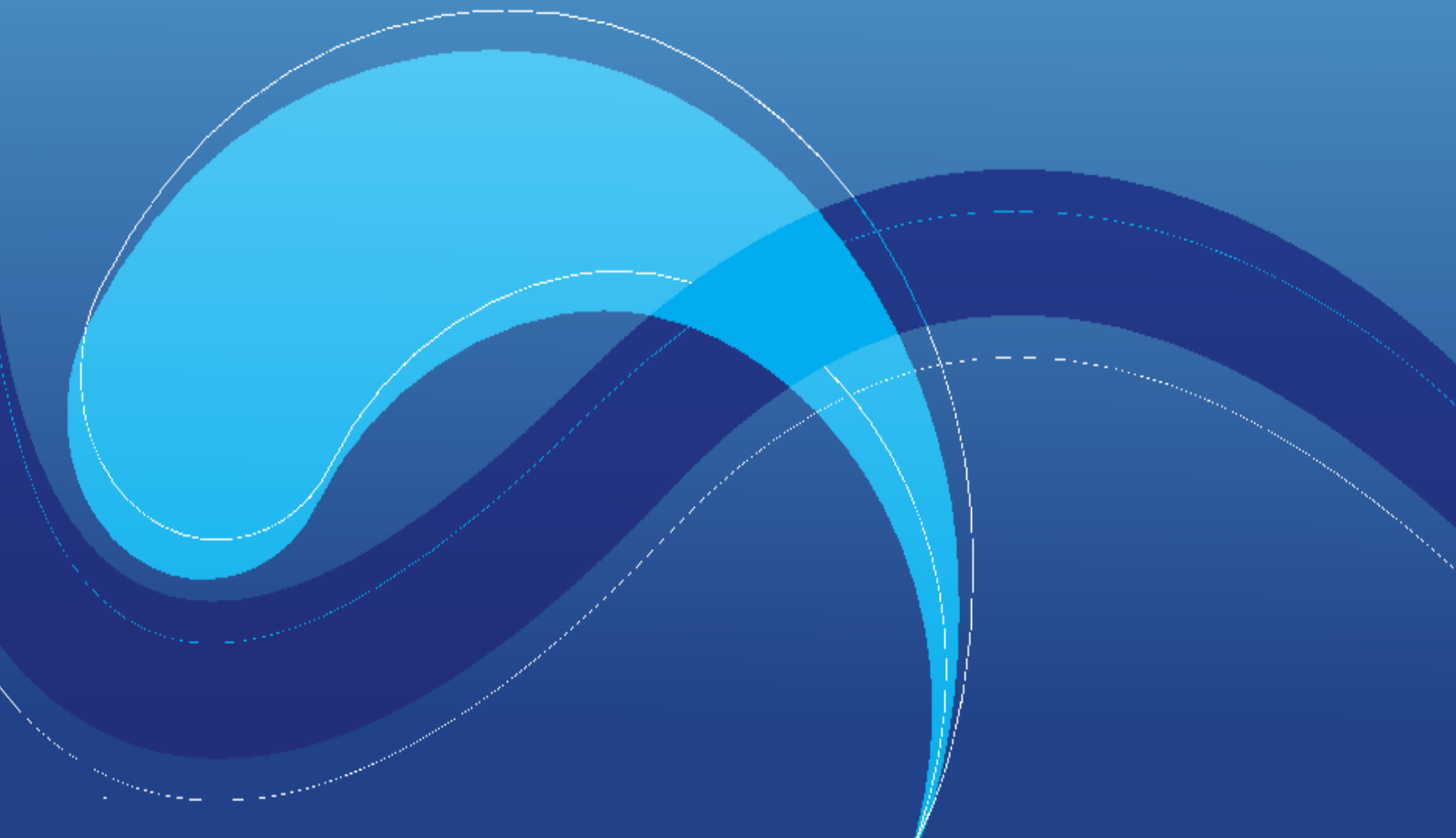
2022-23 BUDGET

Pre-budget submission by OSTEOPATHY AUSTRALIA

JANUARY 2022



Pre-Budget Submission 2022-23: Osteopathy Australia

Both the draft *Primary Health Care (PHC) 10 Year Plan* and the *National Preventative Health Strategy* identify access and equity as priorities in the health sector. Osteopathy Australia would like to see a true commitment to these principles through measures in the budget to support greater access to allied health services.

Over the past few years, several commitments have been made by the Federal Government around increasing allied health involvement in the delivery of primary health care, chronic disease management, and the care and support sector, yet most of these commitments have not been accompanied by necessary funding in budgets. We urge the Government to deliver on these commitments in the 2022-23 budget, and we have highlighted below some key areas needing attention.

DIGITAL HEALTH

The draft *PHC 10 Year Plan* and the *National Digital Health Strategy* both recognise the importance of enabling all healthcare providers to contribute to and use health information in My Health Record (MHR) on behalf of their patients to improve quality and efficiency of care for the benefit of individuals, the healthcare system and the economy. It is therefore extremely disappointing that these goals have not yet been realised for allied health providers, despite commitments to deliver these outcomes by 2022. With allied health representing approximately one-third of the health workforce, they need a platform to share information and reports securely with other health practitioners to enhance multidisciplinary collaborative care. The draft *PHC 10 Year Plan* suggests that there is still considerable work to be done over the next three years to develop secure messaging and software infrastructure to support allied health interaction with general practice and MHR. The first critical step of enabling allied health to have full access to MHR must be addressed as a matter of urgency. Funding to support full access to MHR by allied health providers should be prioritised to achieve equity with other providers and to actually make MHR a useful tool by not denying one third of the health workforce the ability to upload clinical records.

Recommendation: That the Government provide funding support to enable allied health professionals to obtain full access to My Health Record prior to the end of 2022.

MEDICARE REFORMS AND CHRONIC DISEASE MANAGEMENT

Funding reform is urgently required to address existing access and equity problems associated with the fee-for-service approach. This issue has been discussed frequently in the past, but to date there has not been enough action from the Government to progress these reforms. The fee-for-service approach has particularly adverse impacts on continued and coordinated care for people with chronic and complex health needs. The patient journey for many of these patients is unnecessarily convoluted and costly, given the prohibitive out-of-pocket costs often involved in receiving appropriate ongoing care. Wealthier patients may be able to afford the necessary levels of private health insurance to reduce their out-of-pocket costs, but this then raises the equity issue. All members of the population need to be

able to access quality care for chronic conditions, and with the growing burden of chronic disease, this should be a top priority.

The Australian health system needs as many neuromusculoskeletal health professionals as possible, including osteopaths, to help treat projected increases in the burden of musculoskeletal conditions and chronic pain. Musculoskeletal disorders are estimated to be Australia's most costly health condition in terms of health expenditure, costing over $12.5 billion and accounting for 10.72% of expenditure allocated to disease groups in 2015-16.[i] Having the right workforce in place to meet emerging health challenges is not resolved by simply increasing the number of GPs and practice nurses. The role of osteopaths and other allied health professionals in preventive health needs to be acknowledged and supported. Currently there is not an effective system to manage preventive health in the musculoskeletal space, and virtually no funding to support those with musculoskeletal conditions, beyond the chronic and pharmacological aspects. Osteopaths and other allied health workers could be making a significant impact on reducing hospitalisations in this area. The *Chronic Diseases in Australia* report[ii] highlights the potential, and as yet underutilised, role of the allied health professions in the management of chronic and long-term conditions. There needs to be a proper assessment of how the whole health workforce, including all types of allied health professionals, can be best utilised. Truly innovative funding reform is also required now.

In the interim, we strongly support the recommendations from the MBS Review Taskforce and urge that these recommendations be implemented in their entirety. Furthermore, bridging funding should be allocated to support the development of innovative funding models for allied health. We are asking the Government to introduce a range of measures that will improve the efficiency and effectiveness of the health system, and specifically to reform Medicare so that allied health practitioners have equitable access when treating chronic disease management patients. For many patients with chronic or pain related conditions, the current upper limit of five Medicare rebated allied health sessions under the Chronic Disease Management (CDM) program is woefully inadequate due to complexities, multimorbidity and/or biopsychosocial issues.[iii] While usage data suggests some patients may not require many visits, chronically ill patients typically have a variety of complex needs, and there is a need to provide some systemic flexibility so that the managing GP can work with the patient and allied health providers on the best outcome for that patient. In consultation with other allied health professions, Osteopathy Australia would be willing to assist with the creation of a standardised need assessment tool that could be used to identify those patients needing more than five annual allied health consultations. This may help to balance the Government's economic considerations with a more comprehensive approach to health care provision.

Recommendation: That the Government provides the means to conduct trials of alternative funding mechanisms for allied health Medicare CDM services.

Recommendation: That access to services under the CDM program be based on patient need, rather than being capped at a set number of services, and that this is supported through adequate funding (e.g. through block or blended payments). This was recommended by the PHC Reform Steering Group for implementation within three years.

Recommendation: That initial assessment appointments of more than 40 minutes be introduced for allied health professional services under Medicare CDM referrals. This should be funded at an appropriate increment above the standard fee – e.g. 20-30%.

Recommendation: That recently introduced MBS allied health case conferencing items be expanded to include case conferencing initiated by any member of the care team, not just the GP/medical practitioner. This would be more equitable and foster genuine multidisciplinary collaborative care.

Recommendation: That the Government provides direct project funding to Medicare to study the cost-benefit of direct referral from allied health practitioners to appropriate medical specialists. Implementation of direct referrals should improve efficiency and patient experience, and costs should theoretically be offset by a reduction in GP consultation fees.

Recommendation: That the Government fund a cost-benefit analysis of the current process of having allied health practitioners refer their clients back to GPs to obtain referrals for simple x-rays on musculoskeletal issues beyond the spine. We believe there could be considerable cost savings to the MBS if osteopaths and other musculoskeletal allied health practitioners were able to make direct medical imaging referrals for musculoskeletal conditions of the upper and lower limbs.

PRIMARY CARE RESEARCH

Research into identifying quality allied health interventions and treatments should be supported. In particular, the World Health Organisation has consistently identified musculoskeletal conditions and low back pain as the leading cause of global disability and activity limitation[iv], so research into effective allied health interventions to manage musculoskeletal conditions should be funded, as it is an issue of global significance. Research into primary care interventions could also be aimed at prevention of hospital emergency department presentation, or ward admission and/or readmission. We already know that rehabilitation is often a much better alternative than knee arthroscopy or spinal fusion surgery, which cost far more than a program of physical rehabilitation. Ultimately, a focused research effort and a commitment to implementing the findings could save the hospital system significant costs.

Recommendation: That funding pools available to allied health researchers through bodies including the National Health and Medical Research Council and Primary Health Networks (PHNs) be increased. This could be achieved through setting quotas for allied health research projects or setting aside a percentage of funding for allied health research proportionate to the allied health segment of the health workforce. The Government should ensure that criteria for funding access is equitable for all allied health professionals, enabling projects to occur for existing and emerging/new interventions with potential to inform how the global impact of musculoskeletal disease could be managed or minimised.

Recommendation: That a primary care research stream be funded that is focused on how primary care and conservative management of musculoskeletal conditions can positively impact on hospital costs.

RURAL & REMOTE ACCESS TO OSTEOPATHY & ALLIED HEALTH

Ensuring access to quality health services in rural and remote areas has long been a challenge. There has been significant growth in non-metropolitan populations in recent years, partly due to people moving away from cities in response to COVID. If this trend continues, there will be an even greater need to implement effective strategies to attract and retain an adequate health workforce to serve the needs of these communities in the future. Recently the Government announced plans to waive the HECS/HELP debt of doctors and nurse practitioners agreeing to work in rural and remote areas, in an effort to alleviate health workforce shortages in these areas. Allied health professions need to be included in such a scheme if increased consumer access and equity is the goal.

Recommendation: That the Government extends the scheme to waive HECS/HELP debts of health professionals working in rural and remote areas to allied health professionals. We also suggest that this scheme be extended to health professionals who have moved to rural and remote areas in the last three years, as a way of supporting and retaining those professionals to continue to work in these communities.

Recommendation: That the Government continues to fund professional development and support schemes such as Rural Health Pro and expands rural practice incentive programs (such as GP support) to allied health professionals.

CARE AND SUPPORT SECTOR

REGULATORY ALIGNMENT

We support the goal of streamlining and aligning regulation between disability care, aged care and veterans' care and support, as the current operational and program fragmentation between these three program areas is problematic. A key focus of reforms associated with improving regulatory alignment in the care and support sector should be on establishing a streamlined process for all health and allied health professions to qualify for approval to provide services consistent with the full scope of practice of each profession across the care and support sector.

Under models of consumer or person directed care, the emergent role of government is to facilitate a diverse marketplace of providers from which consumers can select services in keeping with the fundamental principle of 'choice' and a light touch regulatory role. Regrettably, many clients of funded ageing, disability and veterans' care services do not enjoy a choice of provider, and this is often due to arbitrary and inconsistent reasons like limited broker or scheme knowledge, misconceptions, or lack of awareness of scheme rule flexibilities. There is also a need for government agencies to engage more with allied health to improve their understanding of how diverse allied health professions can contribute to delivering evidence based quality care.

Recommendation: That allied health professions be supported to work to their full scope of practice across the care and support sector. This would help to address workforce issues in the care and support sector.

Recommendation: That the Government introduce a minimum induction training package for all care and support sector workers and broker education programs to ensure workers and relevant agency staff are trained in person centred care, enabling, strength based care, and balancing of duty of care and dignity of risk. Broker education programs should include giving all NDIS and home care package brokerage and care planning organisations consistent training on the rights of clients to select providers of their choice and the process involved in selecting from a full range of providers. All people deserve a consistent service experience.

DEPARTMENT OF VETERANS AFFAIRS (DVA)

Remuneration for osteopaths working with veterans has effectively been frozen over the past decade, with no increases in rebates beyond CPI adjustment, and from 2013-2018 there was not even any indexation of fees. There is a significant shortfall between the DVA fee schedule and the average rates for osteopathic treatment, resulting in a reluctance by experienced osteopaths to provide services to DVA patients and a tendency for this less lucrative work to fall to more junior practitioners, if it is taken up at all. To ensure access to quality care, the fee schedule should be updated to fairly remunerate osteopaths for the time it takes to perform increasingly complex consultations. If the Government does not want to increase the DVA schedule fees, perhaps practitioners should be allowed to charge gap fees, as is the case with Medicare items, as this would at least potentially make delivery of services to DVA clients more financially viable.

Recommendation: That the DVA schedule fees for OM11, OM70 and OM71 be raised by at least 10%.

Recommendation: That the DVA schedule fee for initial consultation (OM10) be raised by 20%, to reflect the extra time needed for history taking and assessment in the initial consultation.

Recommendation: That osteopaths and other allied health professionals be supported to provide veterans with the full range of services that are within their professional scope of practice.

Recommendation: That all allied health professionals accredited by the Australian Lymphoedema Association be allowed to provide lymphoedema services to veterans.

AGED CARE

The Royal Commission recognised the urgent need to include allied health in aged care, yet despite a raft of proposed reforms, the Government has failed to fully recognise the need to include the provision of allied health services in its funding plans. We are particularly concerned about the lack of recognition of allied health in the new residential aged care funding tool and the impact this will have on consumers and other care workers who rely on support from allied health professions.

In order to address ongoing workforce problems, the full range of qualified allied health practitioners must be allowed to provide services appropriate to each client's needs. To

maintain quality standards of clinical care, it would be inappropriate to allow allied health assistants or personal care assistants with insufficient training to take on expanded roles that should be performed by qualified allied health practitioners. We hope this is not being considered as a cost saving measure, as it would severely compromise quality. Allied health assistants have a valuable role to play in aged care, but this is to assist qualified allied health practitioners, not replace them.

To ensure an adequate supply of allied health professionals, facilities/aged care providers should be allowed to engage whichever registered or regulated allied health professionals necessary to provide services within their scope of practice and should not be restricted to engaging allied health professionals from specified professional groups. This would allow facilities/aged care providers to fully utilise local practitioner markets - not all local markets have the same distribution of allied health professionals. Allowing a more diverse range of allied health professionals to provide services within their scope of practice to aged care clients would also foster a more person centred approach to care, by giving clients more autonomy to make choices in determining how their health needs are addressed, which may in turn contribute to enhancing psychosocial wellbeing, dignity and quality of life of older Australians.

Falls prevention, reablement and pain management are key focal areas for osteopaths working in aged care. Falls prevention work in Residential Aged Care Facilities to date has largely been limited to reviewing residents post falls. Ideally all residents should be assessed for fall risk on a regular basis, and as a minimum, on admission. We support the development of a best practice needs identification and care planning assessment tool, as per the Australian Health Services Research Institute's Recommendation 9 in the consultation paper for the Proposal for a new residential aged care funding model, and we recommend that fall risk assessment should be included in that tool.

Nonpharmacological interventions for persistent musculoskeletal pain are widely acknowledged as best practice first line approaches for maximising mobility and function across age groups, including older people in residential care. The Commonwealth Government has already acknowledged this general point in its *National Strategic Plan for Pain Management (2019*), developed jointly with Pain Australia.[v] Good early management approaches can cap the long term higher costs associated with more intensive interventions.

Recommendation: That budget measures are introduced to increase access to allied health services by aged care clients. This could include permanently increasing MBS subsidies, as well as providing funding for specific initiatives. In any case, the Government needs to specify how it will ensure that adequate funding will be provided for the delivery of the full range of quality allied health services required to meet the needs of aged care clients.

Recommendation: That all allied health professionals, including osteopaths, be supported to work to their full scope of practice in aged care settings and that appropriate funding and professional development opportunities be provided to encourage more allied health professional to work in the sector.

Recommendation: That a best practice needs identification and care planning assessment tool be developed in consultation with allied health professions for use by Residential Aged Care Facilities.

Recommendation: That fall risk assessment be included as part of initial clinical assessment of residential aged care clients on admission, and that ongoing support is provided for early and regular assessment by qualified musculoskeletal practitioners, including osteopaths, to effectively manage fall risk.

Recommendation: That the Government introduce measures to ensure residential aged care facilities engage allied health practitioners in a timely manner to prescribe exercise, give lifestyle advice and offer education as first line providers in the management of persistent musculoskeletal pain. Allied health providers should be engaged at an early point whenever a pain condition does not require specific surgical intervention or pharmacological management prior to surgery.

NDIS

The NDIS Corporate Plan (2020-2024) sets out the long term strategic and operational objectives for fulfilment by the scheme, either through finetuning of existing requirements or more comprehensive reforms. Aspirations 3 and 6 from the plan prioritise both the creation of a more diversified market of providers and financial sustainability.

At present, a limited pool of allied health practitioners can be formally registered to provide services under specific registration clusters. As a result, a restricted market has been created in rural, regional and metropolitan areas, where providers are able to charge the maximum amount for scheme services owing to an absence of robust competition.

To overcome this, the NDIS should support allied health professionals, including osteopaths, to work to their full scope of practice. We suggest that funding should be provided for an NDIS internal project to develop profession group approval guidelines that are transparent and available to the public, as currently there are only eligibility guidelines for provider registration at a service level. Osteopaths are AHPRA registered, and have a scope of practice including gross, fine motor and graded movement interventions, as well as clinical program design and progression. Osteopaths are accepted within functional capacity assessment services funded by several states and territories and in community based rehabilitation settings, where enablement or reablement is the clinical goal, not unlike the NDIS.

Supporting allied health professionals to work to their full scope of practice would allow clients greater choice of provider from an expanded pool of suitably trained allied health professionals. This would create more competition between those professionals to attract and retain clients, with downward cost pressure given the potential for clients to ‘vote with their feet’.

Recommendation: That the NDIS support allied health professionals, including osteopaths, to work to their full scope of practice.

COVID-19 ECONOMIC SUPPORT FOR SMALL BUSINESS OWNERS

COVID-19 continues to impact on osteopathic practices and other small businesses, so we ask that you recognise this as an ongoing issue into the 2022-23 financial year.

Recommendation: That the Government continue to provide tax relief, GST exemptions and grants, and consider other mechanisms to support small businesses into 2022-23.

Recommendation: That the Government introduce tax offsets for purchases of infection control and PPE to assist small businesses with increased compliance and infection control costs incurred over the last two years.

ABOUT OSTEOPATHY AUSTRALIA

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession and consumer's right to access osteopathic services. Our core work is liaising with state and federal governments, all other statutory bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. As such we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas Osteopaths) and other professional health bodies through our collaborative work with Allied Health Professions Australia. Our role is also to increase awareness of osteopathy.

Please contact Kylie Monro, Senior Policy and Advocacy Adviser, if you have any questions about this submission: kmonro@osteopathy.org.au or (02) 9410 0099.

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[i] Australian Institute of Health and Welfare (2019) 'Disease Expenditure in Australia' Accessed from https://www.aihw.gov.au/reports/health-welfare-expenditure/disease-expenditure-australia/contents/summary

[ii] Willcox, S. (2014) 'Chronic diseases in Australia: The case for changing course', Australian Health Policy Collaboration Issues paper No. 2014-02. Melbourne: Australian Health Policy Collaboration.

[iii] P.J. Orrock, K. Lasham, C. Ward. 2014. Allied Health practitioners' role in the Chronic Disease Management program: The experience of osteopathic practitioners. International Journal of Osteopathic Medicine (2015) 18, 97-101

[iv] Cieza, A., Causey, K., Kamenov, K., Hanson, S. W., Chatterji, S., & Vos, T. (2020) 'Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019', The Lancet, 396(10267), 2006-2017.

[v] *National Strategic Plan for Pain Management (2019*)
https://www.painaustralia.org.au/static/uploads/files/national-action-plan-11-06-2019-wftmzrzushlj.pdf