



To: Minister Hunt
Adviser: Annette Panzera

Subject: MEETING WITH ALLIED HEALTH PROFESSIONS AUSTRALIA

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|----------------------------|------------------------|--|--|
| Minister Hunt | | Date: / / | |
| Comments: | | | |
| Contact Officer: | <i>Louise Riley</i> | <i>Assistant Secretary, Primary Health and Palliative Care Branch, Primary Care Division</i> | Ph: (02) 6289 ^{s22} Mobile: ^{s22} |
| Clearance Officer: | <i>Simon Cotterell</i> | <i>First Assistant Secretary, Primary Care Division</i> | Ph: (02) 6289 ^{s22} Mobile: ^{s22} |

Date / Time: 20 February 2020 at 10am

Location: Room 1, Level 12, City Convention Centre, Victoria University, 300 Flinders Street, Melbourne.

Purpose: To discuss allied health professional contribution to primary health care and the Chief Allied Health Officer role in the Department of Health.

| Key Attendees/Speakers: | Title: | Organisation: | Mobile No: |
|--------------------------------|-------------------------------|--|-------------------|
| Ms Claire Hewat | Chief Executive Officer (CEO) | Allied Health Professions Australia (AHPA) | ^{s47F} |
| Ms Gail Mulcair | AHPA Board Chair | AHPA, also CEO of Speech Pathology Australia | 1300 368 835 |

Key Matters:

- AHPA will advocate for a greater role in primary health care for allied health professionals, including but not limited to the recommendations of the MBS Review of Allied Health.
- AHPA will also likely advocate for the Chief Allied Health Officer position within the Department of Health to be a dedicated position that is occupied by an appropriately senior executive officer with allied health expertise.

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Discussion Guide:

The key to our good health outcomes is a strong primary health care system, underpinned by Medicare and the Pharmaceutical Benefits Scheme. This system includes a broad range of services, such as health promotion, prevention, screening and detection, early intervention, treatment of acute conditions and management of chronic conditions.

Allied health professionals play a key role in delivering these services. As the second largest workforce after nursing and midwifery, allied health professionals are delivering high quality health care every day, particularly in rural areas.

Allied health's role in the collaborative care model is important. One part of collaboration is good communication. There has been considerable government investment in the My Health Record. The government acknowledges that allied health access to these records has been challenging. AHPA's work with the Australian Digital Health agency is important work on how to improve access for allied health professionals.

As the focus of health care continues to shift more towards patient-centred, integrated and coordinated care and away from disease-focused interventions, we are seeing a stronger focus on the whole person. This gives allied health professionals an important role in providing care that optimises a person's functioning and ability to live as independently as possible.

The health system does not function in isolation. A number of people utilising the health system also have disabilities, and may be older Australians who also have access to government-funded services targeted at older persons. The government acknowledges that allied health professionals work across all of these sectors.

There are workforce challenges in the allied health sector, including increasing demand for services as our population ages, and the National Disability Insurance Scheme progresses to full roll out.

There is also some good work looking at rural and remote solutions to service Australians living in these areas, across all sectors, including health, disability and ageing.

As we move forward, there is no obvious pathway to resolve the key workforce issues; however, we can look to build a solution. The solution would include a mix of sustainable funding streams to ensure the health and wellbeing of all Australians.

I understand many of your members will be contributing to the Allied Health Roundtable to inform the Primary Health Care 10 Year Plan after this meeting. It is important to engage in the process and put your views forward to enable workable solutions for the Australian community.

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Facts and Figures:

- The allied health workforce is estimated to be 300,000 professionals. It is the second largest clinical workforce in the health sector after nursing and midwifery.
- Allied health professionals regulated by the Australian Health Practitioners Regulation Authority are: Chiropractors, Medical Radiation Practitioners, Occupational Therapists, Optometrists, Osteopaths, Pharmacists, Physiotherapists, Podiatrists and Psychologists.
- Allied health self-regulated professionals are: Sonographers, Orthoptists, Orthotists/Prosthetists, Audiologists, Speech Pathologists, Social Workers, Diversional Therapists, Dietitians, Exercise Physiologists, Genetic Counsellors, Music Therapists, Arts Therapists, Perfusionists and Rehabilitation Counsellors.
- Allied health professionals work across a number of sectors. In addition to working across the health sector from acute to primary care, they also work with clients in other sectors and settings including disability, aged care, child protection, social services and education.
- Total funding for allied health through the MBS in 2017-18 was \$1.4 billion. This includes a range of allied health services, including:
 - \$509.3 (36.4%) million for MBS mental health services provided by mostly psychologists, with some provided by social workers and occupational therapists; and
 - \$483.8 (31%) million for MBS allied health services in chronic disease management. The most common services were provided by podiatrists, physiotherapists and dietitians.
- In 2017-18, Private Health Insurers paid \$903.9 million for allied health services as part of the general treatment (ancillary) benefits. This included \$427 million (47%) for physiotherapy services, and \$292 million (32%) for chiropractic services.
- In 2018-19, approximately \$237 million was provided for allied health services through the aged care Commonwealth Home Support Programme. On 7 September 2019, additional funding of \$150 million over 3 years was announced to meet increased demands for these services.
- In addition, more aged care allied health services are provided through Home Care Packages, which are designed to provide a coordinated package of services tailored to meet a person's specific care needs. Allied health services may be provided as part of the clinical services in the Package.

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Budget/Financial Implications: Nil

Key Stakeholder Engagement:

Ms Lisa Studdert, Deputy Secretary, met with the Australian Allied Health Leadership Forum (AAHLF), of which AHPA is a member, in November 2019. Professor Brendan Murphy also met with AAHLF in January 2020. The CAHO role was discussed at both of these meetings. Ms Hewat and Ms Mulcair were both present. AHPA has previously stated that there should be a dedicated, full time CAHO in the Department of Health with allied health expertise.

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Other issues raised by AHPA representatives:

- There are service gaps for people who cannot afford out of pocket expenses for Medicare subsidised services. The current listing of five services for allied health professionals under the MBS Chronic Disease Management plans is regarded as not sufficient.
- Access to the My Health Record and secure messaging infrastructure is not currently available to allied health providers
- Lack of recognition of the role of allied health professionals by consumers and other health professionals;
- There are significant allied health data gaps especially for self-regulated professions;
- Perceived lack of engagement by PHNs regarding allied health.
- Workforce challenges:
 - Most professions listed for chronic disease management also work across ageing and disability sectors.
 - The overall demand for allied health services is growing strongly. Demand for services in disability and ageing are also growing strongly.

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MINISTERIAL INFORMATION REQUEST

MB20-000554

Date Sent to MO: 21/2/20

MINISTER: Greg Hunt

Issue: **MIR: - Chronic Disease Management referral to allied health services (Pat Conaghan MP obo ^{s47F})**

Response:

- There is nothing to prevent ^{s47F} from receiving five podiatry or other allied services under the MBS Chronic Disease Management (CDM) arrangements, contrary to the advice from her doctor.
- Medicare continues to provide benefits for up to five allied health services from eligible providers each calendar year (1 January to 31 December), for eligible patients. These arrangements have been in place for a number of years.
- Patient eligibility is a clinical judgement of the treating GP, in discussion with the patient, to determine the most appropriate type and number of allied health services required under Medicare CDM arrangements.
- To be eligible for CDM allied health service items, a patient must have developed a GP management plan (GPMP) and Team Care Arrangements (TCAs) with their usual GP.
- A copy of the GPMP and any TCA information must be offered to the patient to ensure a shared understanding of the care plan. This is a requirement of the MBS items, outlined in the Medicare explanatory notes.
- Effective communication with patients is a key element of good care, as is facilitating patients' access to their medical information, outlined in the Medical Board of Australia Code of Conduct.
- If ^{s47F} is concerned that she does not have a sufficient explanation of her referral to allied health services, she should request a copy of her care plan (if she does not already have one) and discuss it with her GP again.

MBS Chronic Disease Management items

- The CDM arrangements are designed for patients with a chronic medical condition who require a structured approach to their care.
- For the purposes of these items, a chronic medical condition is defined as a medical condition that is terminal or has been (or is likely to be) present for six months or longer. Eligible conditions include (but are not limited to) asthma, cancer, cardiovascular disease, diabetes, musculoskeletal conditions and stroke.
- The GPMP and TCA arrangements enable GPs to plan and coordinate the care of patients with complex conditions requiring ongoing care from a multidisciplinary team.

- A GPMP does not expire. As such, it is not necessary to have a new plan prepared to receive additional referrals for allied health services.
- Nor do referrals to allied health professions expire until the number of services the GP has specified on the referral form have been used. When patients have used all of their referred services, or require a referral for a different type of allied health service under their GPMP, they need to obtain a new referral from their GP.
- Depending on the patient's circumstances and needs, a GP may choose to undertake a formal review of the GPMP and/or TCA (MBS Item 732). This provides the opportunity to discuss alternative allied health services. A GPMP may also be reviewed by a patient's GP during a standard consultation.

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Minister **Greg Hunt**

PDR Number **MB20-000554**

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Division/Branch **Medical Benefits Division**

Adviser/DLO Comments:

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