

Allied Health Professions Australia Response to the Productivity Commission's Draft Report on Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services

AHPA interest in this consultation

Allied Health Professions Australia (AHPA) represents 22 national allied health associations and collectively works on behalf of their 100,000 allied health profession members. Those allied health professionals provide services across the primary, acute and tertiary sectors in metropolitan, rural and remote settings. They provide key services to people experiencing a wide range of health and health-related issues including chronic illnesses, aged related health frailty and ill health or disability. AHPA and its members are committed to ensuring that all Australians, regardless of their socioeconomic status, can access safe, evidence-based services to support them to realise their potential for physical, social, emotional and intellectual development.

Introduction

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide comment on the Productivity Commission's Draft Report on Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services.

AHPA strongly supports the intention to improve the ability of consumers to make informed choices about the human services they access. AHPA also agrees with the recognition that not every consumer can or will want to exercise choice. We also note that funding structures play an important role in driving consumer choice and are not specifically currently addressed within the paper.

This is a particular issue for the allied health sector where services may not be well funded and where the resulting out of pocket costs may lead consumers to either not access services or to utilise a better funded medical alternative even where that medical option may not be the best or most preferred option. This is particularly relevant in relation to competition and contestability—unless there is a level playing field, unequal support and incentivisation of different providers of a service may distort the market and make genuine competition impossible.

AHPA supports the Commission's finding that in many cases there may not be the necessary basis for competition and that competition is a means to an end and should only be pursued when they improve the effectiveness of service provision. Given the growing challenge of workforce shortages such as the availability of appropriate allied health services for people with disabilities, the benefits of competition must be carefully balanced with the need to ensure the right services are available to consumers.

AHPA notes that the report currently provides no specific focus on the role of allied health services. AHPA believes that there is a need to look more closely at the role of allied health providers in relation to some of the areas addressed by the report to improve options for consumers.

Our response focuses on two key areas:

1. **Section 4.3:** Supporting end-of-life care in aged care
2. **Section 9:** Patient choice

Commentary on Section 4.3 Supporting end-of-life care in aged care

AHPA agrees with the Commission's finding that end-of-life care in residential aged care needs to be better resourced and delivered by skilled staff, so that its quality aligns with that available to other Australians (p14). As people approach the end of their lives, they are likely to experience illness and disability and may also experience mental health issues. Allied health interventions can help improve quality of life and functionality—from assistance with hearing or visual deterioration, to medications management, to functional limitations. They can also play a vital role in supporting people to deal with any emotional trauma associated with the recognition that they are coming to the end of their life.

Unfortunately, many aged care residents are limited in their access to allied health services. Key funding programs such as the Medicare Better Access to Mental Health Services and Chronic Disease Management programs are both inaccessible to older people living in residential aged care. Instead, residents of aged care facilities depend on private funding or funding through the Aged Care Funding Instrument. The design of the Aged Care Funding Instrument means that it does not provide an effective means of accessing allied health services. The instrument's focus is on day-to-day, high-frequency care needs and on funding the operation of residential aged care homes rather than individual wellness and restorative care.

The lack of access to allied health services and the negative impact this has on people living in residential aged care is increasingly being recognised. The recently released Alternative Aged Care Assessment, Classification System and Funding Models Final Report identified a range of factors likely to reduce access to allied health funding under the Instrument, in particular, that the current aged care funding model has no provisions for reablement and restorative care programs to address potentially reversible functional decline. These issues are exacerbated by Aged Care Assessors who frequently lack sufficient knowledge about allied health services, which results in these not being identified during the assessment process.

Allied Health Professions Australia (AHPA) and its members believe that a range of changes are required to improve access to vital allied health services:

1. Eligibility restrictions for Medicare funding should be removed to ensure consistent access to services in the community and in residential aged care.
2. Aged care funding requires reform to provide explicit funding for wellness. The implementation of key recommendations in the Alternative Aged Care Assessment report could be an important foundation for reform.

3. Increased training must be provided for Aged Care Assessors and workers to assist them in identifying a broader range of needs including needs relating to sensory loss, communication impairment, and psychosocial needs, as well as how to work with older people to develop shared care planning.
4. Increased research into goal setting and outcome measurement for individual wellness goals in aged care should be funded.

Commentary on Section 9: Patient choice

AHPA is strongly supportive of work to improve patient choice in particular with regards to public outpatient services and allowing patients to choose the most appropriate outpatient service. We support the notion that providing greater choice can facilitate patients taking on a more central role in how public hospital services are offered as well as improving patient outcomes by empowering them to have more control over their own healthcare (p259).

However, AHPA notes that while the Report states patient choice should be supported by the best-placed healthcare professionals as well as ongoing improvements in user-oriented information (p261), we have strong concerns that the subsequent discussion is limited in its scope and fails to acknowledge that allied health outpatient services may be an important choice for patients.

Our key issues and feedback with regards to patient choice are:

1. If the intent of the Commission is to offer choice only insofar as it relates to access to medical specialists, then the scope of the report and recommendations should be adjusted accordingly and this should be clearly noted. However, if the intent is to provide greater contestable options for patients being referred to public outpatient clinics, then there are other contestable pathways available to patients that should also be considered. We believe key pathways that should be considered in the report include outpatient clinic services that are allied health-led. Allied health-led clinics have been shown to provide more timely and effective patient care and should not simply be excluded from the focus of the report without justification. AHPA also notes that there are a range of allied health primary health care options, including supported self-management, which are effective and appropriate options that should be available to patients prior to referral to an outpatient clinic.
2. Providing a referral to an outpatient clinic rather than specifying a specialist by name is not just about training opportunities for the medical team, it is about providing a patient with choices about what care to choose, where to receive that care and who to receive the health service from. A growing body of evidence has demonstrated that allied health-led models of care within public specialist outpatient clinics (such as orthopaedics, Ear Nose and Throat, gastroenterology and gynaecology clinics) have reduced waiting time and waiting lists for category 2 and 3 patients and led to positive patient outcomes and high levels of patient satisfaction.

3. Providing greater patient choice and contestability should also consider enabling allied health professionals to make referrals to specialist outpatient clinics rather than the circuitous route a patient is frequently required to make from an allied health professional to the GP to the specialist clinic. This referral pathway provides no improvements to care but adds significant costs to the health system and consumer, both in direct costs and in terms of the time lost by practitioners and consumers.

Conclusion

AHPA strongly recommends the Commission more explicitly investigate the potential roles of allied health professionals in the settings under investigation or provides further information about why there has been a decision made to limit the scope in this way. This applies particularly to Chapter 9 and the exclusive focus on referral pathways to medical specialists. If the Commission chooses to expand the focus to consider other equally viable and effective pathways, AHPA believes it will be making an important decision in support of greater patient choice. We hope our feedback and recommendations support the Commission in expanding its focus and invite the Commission to engage with the allied health sector as work on the report continues.