

**Submission to the Caring for Older  
Australians Inquiry**

**Presented to the Productivity Commission**

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## Executive Summary

Physiotherapists provide an important service to aged care recipients assisting them to maintain independence and physical function. The APA is concerned that current funding practices do not allow physiotherapists to deliver the therapy that many older people require. Gaps in service are found across the spectrum of aged care ranging from RACFs (Residential Aged Care Facilities) and management of chronic disease in the community to in-hospital care for people awaiting aged care placement.

The APA has made a number of recommendations for improvement of physiotherapy provision in aged care listed below:

- Improved funding for low intensity, longer term physiotherapy for recipients of aged care.
- A proportion of the \$280 million funding over four years in the recent Federal budget for long stay older patients in public hospitals should be allocated towards low intensity, longer term physiotherapy to allow future residents to maintain optimal function while awaiting placement
- Significantly increase the number of sessions (currently five per year) allowed under the Medicare CDM program.
- Provide a broad framework that allows physiotherapists to make their own decisions about the amount of physiotherapy care they provide to recipients of CDM item physiotherapy.
- Provide incentives for physiotherapists to implement chronic disease management strategies (e.g. referral to exercise groups, self-management courses where appropriate) for residents that are linked to improved health outcomes.
- Remove the gatekeeper role of doctors for physiotherapy care CDM arrangements. The APA feels that the GP gatekeeper role is a waste of GP time and simply results in GPs being paid to do a physiotherapist's administrative work.
- The Australian Government should implement more flexible funding mechanisms that promote independence of residents and rewards RACFs for improvements in residents' function and quality of life – not for maintenance of dependent states. This could include:
  - Bonus payments for RACFs when improvements in client's functional status are demonstrated (or maintenance of functional status for residents in whom decline is expected)
  - Reduction of the administrative and structural constraints of the CDM model to allow more physiotherapy treatment for residents of RACFs
  - Less prescription of the physiotherapy role in the ACFI and less emphasis on passive treatments (e.g. electrotherapy). A greater emphasis needs to be placed on active treatments (e.g. exercise) that promote independence.
- Any CDC models implemented should include a range of physiotherapy services which can be "purchased" by a client or client's representative. They should also:
  - Contain costs.
  - Provide flexibility for consumers to use their funds as they see fit, within reason.
  - Provide adequate protection for consumers.
  - Provide assistance for residents and their families in navigating the potentially complex range of choices that will be available to them.
  - Place no unreasonable restrictions on access to physiotherapy services (i.e. akin to 5 sessions per year as in the CDM model)
  - Not have a medical profession "gatekeeper" role for the provision of physiotherapy services.

- Issues regarding supervision and development of physiotherapists need to be investigated in order to reduce professional isolation and make aged care a more attractive option for physiotherapists. Increased professional development provision for allied health assistants also needs to be considered.
- Provide funding for professional development of physiotherapy staff to make aged care a more viable alternative.
- Provide funding for the development of the aged care physiotherapy workforce. Similarly, the “teaching nursing homes” initiative could provide a welcome addition to the training of physiotherapy students– akin to the contribution teaching hospitals make to the training of physiotherapists. This will likely augment the provision of aged care student clinical placements in physiotherapy courses.
- In addition, physiotherapists have a potentially important role in assisting nursing homes and their staff to create safer workplaces. Physiotherapists:
  - Are ideally placed to identify functional limitations at an early stage of development and to implement corrective strategies that prevent deterioration of work ability and health.
  - Are ideally placed to advise individuals, employers and government about strategies to prevent injury and maintain the work ability of individuals and work groups, including older Australians;
  - Offer a wide range of services to older working Australians with age-related deterioration in function, or who have or who are at risk of developing the effects of injury and disease (both acute and chronic);
  - Develop strategies to minimise age-related problems and help older workers maintain their health and productivity, begins with young workers and continuing throughout their working lives.
- Finally, APA specialist and titled Occupational Health Physiotherapists have a high level of expertise and experience for assisting individuals and employers to identify potential health and safety problems and develop, implement and manage programs to maintain the work ability and health of ageing Australian workers.

The aim of all aged care workers is to provide holistic, person-centered care for older people. The implementation of many of these strategies will allow physiotherapists to provide the best evidence-based physiotherapy care possible.

### Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 12,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website

[www.physiotherapy.asn.au](http://www.physiotherapy.asn.au).



## Acronyms

ACFI – Aged Care Funding Instrument

APA – Australian Physiotherapy Association

CDM – Medicare Chronic Disease Management items

MBS – Medicare Benefits Scheme

RACF – Residential Aged Care Facility

RCS – Resident Classification Scale

CDC – Consumer Directed Care

## Questions from the Issues Paper addressed in this submission

The Commission invites comment and evidence on the main strengths and weaknesses of aged care services — community, residential, flexible and respite care — as they are currently configured.

Are the aged care services that older Australians require available and accessible? Are there gaps that result in a loss of continuity of care? Is there sufficient emphasis within the current system on maintaining a person's independence and on health promotion and rehabilitation? How might any inadequacies in the system be addressed?

Should there be greater emphasis on consumer-directed care in the delivery of services, and would this enable more older Australians to exercise their preference to live independently in their own homes for longer with appropriate care and support?

What are the key issues concerning the current formal aged care workforce, including remuneration and retention, and the attractiveness of the aged care environment relative to the broader health and community care sector?

Views are sought on reform options to secure a larger, appropriately trained and more flexible formal aged care workforce into the future. In particular, views are sought on the need for and nature of reforms to models of care, scopes of practice, occupational mix, service delivery, remuneration, education, training, workforce planning and regulation.

How effective has the aged care system been in addressing these objectives? What changes, if any, should be made to the objectives? What are the implications of such objectives for any redesign of the current system?

What are the critical funding implications and concerns arising at the interface of the aged care system with the disability and hospitals systems?

Are current subsidies sufficient to provide adequate levels of care? What are the minimum benchmark levels of care in each of the service areas and how should they be adjusted over time to meet changing expectations?

## Caring for Older Australians

### Background

Physiotherapy helps older people to maintain optimal health and independence. Specific programs designed by physiotherapists have been shown to improve strength, balance and functional ability in older people dwelling in the community<sup>1,2</sup>.

Older people in the community or in residential care have the right to access physiotherapy to prevent and manage chronic illness and to maintain maximum physical capacity. Many of the chronic diseases that contribute to poor health later in life, such as type 2 diabetes, cardiovascular diseases, osteoporosis, and arthritis can be prevented or managed by physiotherapists in conjunction with other health professionals. Some specific areas where physiotherapists have particular expertise are falls prevention<sup>3,4,5</sup>, exercise<sup>1</sup>, rehabilitation<sup>2,6</sup> and incontinence<sup>7,8</sup>.

Provision of physiotherapy services is limited by several factors. These include the number of visits that are funded (e.g CDM [Chronic Disease Management] items, private health insurance), restricted access to physiotherapy available through ambulatory care services, waiting lists, and a limited supply of physiotherapists in rural and remote areas. For Australia to redesign health services around people, and provide more coherent, comprehensive aged care services, the issue of endless waiting periods older people face needs to be addressed. These include waiting for elective surgery, waiting for placement, waiting for care and in some cases waiting for physiotherapy.

### Key Concerns

The Australian aged care system has many strengths and provides community and residential services to over 900,000 aged people in Australia<sup>9</sup>. A range of residential services are available, offering both accommodation and nursing for people requiring high and low level care. Community care is also provided that allows many older people to remain at home. The demand for aged care services is increasing<sup>9</sup> and the demand for community aged care services will probably remain high. This factor, combined with reduced cost of community care (compared to residential aged care) necessitates the need to maintain functional independence of older people. Moreover, physiotherapists have a range of skills that can help improve mobility, continence and reduce the risk of falls in the frail elderly, thus promoting independence and increasing quality of life. The proportion of aged care services provided in the community has increased from 2% in 1995 to 22% in 2010<sup>9</sup>.

Despite the range and quantity of government subsidised aged care provided, the Australian Physiotherapy Association (APA) has a number of key concerns. These include funding for physiotherapy under the Acute Care Funding Instrument (ACFI), lack of support for management of chronic conditions, poor uptake of CDM items, gaps in aged care physiotherapy service (in RACFs –

Residential Aged Care Facilities, the community and hospitals), lack of choice and flexibility of services, physiotherapy workforce issues and the high risk of injury in aged care workers. These issues are further addressed below.

### Gaps in physiotherapy service provision for older people

Gaps in physiotherapy service provision in the aged care sector is of concern to the APA. This issue will be considered from the perspective of community and residential aged care services, and a person in a hospital/disability service awaiting placement.

RACF residents often do not receiving the levels of physiotherapy treatment that they require<sup>10</sup>. In 2009, the APA conducted a survey of physiotherapists working in aged care facilities<sup>10</sup>. Over half of those surveyed believed that not every resident in the RACF that they worked at received all of the physiotherapy treatment required from a qualified physiotherapist, while less than half of the physiotherapists surveyed believed that client's therapy needs were met<sup>10</sup>. Less than half of the participants thought that the clinical consultation time for residents was adequate. Physiotherapists often need to spend longer times with older residents compared to younger people<sup>11</sup>. Similarly, there is a large unmet need for low intensity, longer term rehabilitation for older people in RACFs. Specified care and services required to be provided for high care residents excludes "intensive long-term rehabilitation service required following serious illness, injury, surgery or trauma"<sup>12</sup>. This type of physiotherapy may not be provided to low care residents by an RACF even though residents may need longer periods of physiotherapy to optimize function. In addition, over half of the physiotherapists indicated that the cause of the lack of provision of physiotherapy to residents of RACFs was either lack of funding for physiotherapy or lack of physiotherapy hours<sup>10</sup>.

The APA maintains that access to an appropriate level of physiotherapy must be available for future aged care recipients when they are waiting in hospital, so that optimal function can be maintained. The APA is of the view that there is likely to be fewer services provided to a hospital patient once he/she has been assessed as going to a residential aged care facility (RACF). Tight budgets in hospitals and high workloads for physiotherapists dictate that such clients' needs are often prioritised lower than clients who are not going to RACFs. There is little recent local research on this matter, but a study from a Canadian journal stated that families of long stay patients have complained that their relatives are not getting enough physiotherapy<sup>13</sup>. Similarly, there is a perception that these future residents will receive an adequate amount of physiotherapy/rehabilitation when they move to an RACF. However, aged care physiotherapists believe half of the residents in RACFs are not having their therapy needs met<sup>10</sup>.

The demand for aged care services is increasing<sup>9</sup> and the demand for community aged care services will probably remain high. This factor, combined with reduced cost of community care (compared to residential aged care) necessitates the need to maintain functional independence of older people. Moreover, physiotherapists have a range of skills that can help improve mobility, continence and reduce the risk of falls in the frail elderly, thus promoting independence and increasing quality of life.

### Recommendations

- Improved funding for low intensity, longer term physiotherapy for recipients of aged care.
- A proportion of the \$280 million funding over four years in the recent Federal budget for long stay older patients in public hospitals should be allocated towards low intensity, longer term physiotherapy to allow future residents to maintain optimal function while awaiting placement.

### Better support for management of chronic conditions in older people

The 2007-08 National Health Survey<sup>14</sup> estimated that 75% of Australians had a long term condition (defined as lasting 6 months or more). Many of these people would benefit from physiotherapy management. Back pain / discogenic disorders were the fourth most common long- term disorder for both males and females, while osteoarthritis ranked 11<sup>th</sup> for males and 8<sup>th</sup> for females<sup>14</sup> and was among the top five most common long term conditions for people aged 55 and over<sup>14</sup>.

There is a significant level of chronic disease in our population. One common pathway for older people with chronic conditions to access physiotherapy services in the community is via CDM arrangements, which require a GP referral before therapy can be commenced. The APA would like to see certain CDM item numbers better utilised by GPs for residents of RACFs.

In the APA survey of its members working in aged care facilities, only 30% stated that Medicare funding was used for allied health in their facility<sup>10</sup>. Common reasons that physiotherapists offered for a lack of use of these items was that doctors were either not prepared to, or too busy to contribute to care plans, or that RACFs were not aware of Medicare funding for this purpose<sup>10</sup>. Indeed, from June 2009 to May 2010, there was 50614 claims made for CDM item 731 (this item refers to the contribution of a medical practitioner to a multi-disciplinary care plan for a patient in a RACF)<sup>15</sup>.

There was a total aged care resident population of 175,472 (as of June 2008)<sup>18</sup>. Therefore, only one-third of all residents in RACFs had a medical practitioner contribute to their multi-disciplinary care plan<sup>15</sup>. Many recipients of government subsidised residential aged care do not receive vital therapeutic services that could promote their independence, and save the government money in the long term. The APA feels that too little credence is given to the weight of evidence supporting physiotherapy as a cost effective way of improving the functional independence of older people with chronic health conditions. In summary, improvements need to be made to the way physiotherapy is currently funded under CDM items.

### Recommendations

- Significantly increase the number of sessions (currently five per year) allowed under the Medicare CDM program.
- Provide a broad framework that allows physiotherapists to make their own decisions about the amount of physiotherapy care they provide to these clients.
- Provide incentives for physiotherapists to implement chronic disease management strategies (e.g referral to exercise groups, self-management courses where appropriate) for residents that are linked to improved health outcomes.
- Remove the gatekeeper role of doctors for physiotherapy care under this arrangement. The APA feels that the GP gatekeeper role is a waste of GP time and simply results in GPs being paid to do a physiotherapist's administrative work.

### Aged Care Funding Instrument and physiotherapy in RACFs

Enhancement of residents' mobility and dexterity, continence, risk of falls and pain management are not effectively funded under the Aged Care Funding Instrument (ACFI) Model. Funding for passive pain relief treatments is a worthy, but active treatments should also be well funded.

An APA survey in 2009 of physiotherapists working in RACFs identified significant concerns about the Aged Care Funding Instrument (ACFI)<sup>10</sup>. Over half of the physiotherapists surveyed believe the ACFI has compromised evidence-based practice in the management of pain. The ACFI does not explicitly or implicitly prescribe particular health care interventions (including allied health services and therapies) to maximise mobility and dexterity. It does not negate the responsibility of aged care providers to provide care planning and care intervention programs, however ongoing care documentation which was required to secure funding under the RCS is not required for the ACFI.

In addition, Physiotherapists believe that the current funding model (ACFI) does not provide incentives for the most appropriate intervention strategy to be carried out by the most appropriately qualified health practitioner. For example, the complex health care section of ACFI allocates funding specifically to residents who require therapeutic massage, the application of heat packs, and/or pain management involving technical equipment specifically designed for pain management<sup>23</sup>. The allocation of funds to pain management is commendable, as this area has long been neglected in aged care, however the definition of what may constitute pain management is problematic as is the lack of requirement for training in the delivery of such modalities as therapeutic massage and the application of heat packs.

Physiotherapists working in aged care facilities are being pressured to give directives that attract this funding, resulting in limitations on their capacity to prescribe the most appropriate and clinically effective treatment. They are experiencing a loss of autonomy which potentially poses a significant danger to residents, as interventions are being driven by funding requirements rather than clinical appropriateness. Physiotherapists need to be able to choose appropriate treatments from a range of techniques that they judge to be beneficial to their clients. The choice of treatment should be limited by the funding model.

### Recommendations

- The Australian Government should implement more flexible funding mechanisms that promote independence of residents and rewards RACFs for improvements in residents' function and quality of life – not for maintenance of dependent states. This could include:
  - Bonus payments for RACFs when improvements in client's functional status are demonstrated (or maintenance of functional status for residents in whom decline is expected)
  - Reduction of the administrative and structural constraints of the CDM model to allow more physiotherapy treatment for residents of RACFs
  - Less prescription of the physiotherapy role in the ACFI and less emphasis on passive treatments (eg electrotherapy) especially in pain management. A greater emphasis needs to be placed on active treatments (eg exercise) that promote independence, manage pain and manage function.
  - The APA recommends that the funding instrument be amended to provide incentives for the provision of the most appropriate intervention as directed by the most appropriately qualified health practitioner.
  - The APA contends that funding should support evidence based, best practice principles.

### Increased choice of services

The APA supports consumer directed care (CDC) models of funding in principle. The APA believes that a CDC model could improve choices for older people (or their nominees) to implement care as they see fit. Under current funding arrangements, physiotherapy services are often restricted by funding (e.g CDM model) or due to cost (e.g private fee for service). Giving clients access to more physiotherapy services could help them maintain independence.



## Recommendations

- Any CDC models implemented should include a range of physiotherapy services which can be “purchased” by a client or client’s representative. It should also:
  - Contain costs.
  - Provide flexibility for consumers to use their funds as they see fit, within reason.
  - Provide adequate protection for consumers.
  - Provide assistance for residents and their families in navigating the potentially complex range of choices that will be available to them.
  - Place no unreasonable restrictions on access to physiotherapy services (i.e. akin to 5 sessions per year as in the CDM model)
  - Not have a medical profession “gatekeeper” role for the provision of physiotherapy services.

## Physiotherapy workforce Issues

The increase in life expectancy of Australia’s population will mean that in future there will be more older people requiring physiotherapy<sup>11</sup>. However, physiotherapists working in aged care settings potentially have less satisfying work experiences than their colleagues in other areas of practice. They are commonly more isolated, have less access to specific professional development and less supervision<sup>18</sup>.

Without these support structures, the role of physiotherapy in aged care is not as appealing as in other settings. In addition, there has been less emphasis on aged care compared to other areas of practice in undergraduate and post-graduate physiotherapy training<sup>18</sup>, so there is likely to be less incentives, or opportunity for physiotherapists to enter aged care or pursue it as a primary career choice. Measures need to be taken to ensure that physiotherapists (and physiotherapy assistants) can access the professional development and support that they need to advance their careers in aged care.

In the recent budget, a number of funding initiatives were announced. These include \$0.5 million over 2 years to research aged care staffing levels<sup>19</sup>, \$59.9 million to training of aged care staff in nursing and personal care courses<sup>19</sup> and \$211.2 million for various training and workforce development strategies in the aged care system<sup>19</sup>. The APA recommend the use of some of this funding for research into staffing levels for physiotherapists in aged care, and professional development for the physiotherapy aged care workforce. This could take the form of support with postgraduate training or attendance at physiotherapy conferences/courses. We also suggest further training for nursing/personal care staff in mobility/dexterity/falls prevention for older people.

### Recommendations

- Address issues regarding supervision and development of physiotherapists in order to reduce professional isolation and make aged care a more attractive option for physiotherapists. Increased professional development provision for allied health assistants also needs to be considered.
- Provide funding for professional development of physiotherapy staff to make aged care a more viable alternative.
- The APA strongly recommends that funding be made available for the development of the aged care physiotherapy workforce. Similarly, the “teaching nursing homes” initiative could provide a welcome addition to the training of physiotherapy students—akin to the contribution teaching hospitals make to the training of physiotherapists. This will likely augment the provision of aged care student clinical placements in physiotherapy courses.

Some of these measures could help ensure that older people in our community receive the physiotherapy they need in a timely manner from an aged care physiotherapy workforce that is valued and adequately re-numerated. While physiotherapy is a relatively small component of overall aged care service provision, for many older people it is an important component of their care helping ensure that their overall physical, psychological and social needs are adequately addressed.

### Increased risk of injury to aged care workers

The aged care workforce is at a particularly high risk for lower back pain (LBP). For example, of the WorkCover claims in South Australia in 2006-2007, three of the nine occupational categories with the most LBP were aged care related jobs<sup>20</sup>. The National Rural Health Alliance reported in 2005 that the aged care workforce is getting older, with the average age in 2003 being 43.1 years, putting this group at an even higher risk due to LBP increasing with age because of degenerative changes<sup>21</sup>. A systematic review on effective manual handling training conducted by the Health and Safety Executive (2007) supported multi-element ergonomics interventions, especially when including risk assessment, observation of workers in their working environment, individually tailored training and the redesign of equipment<sup>22</sup>.

### Recommendations

- Physiotherapists have a potentially important role in assisting nursing homes and their staff to create safer workplaces. Physiotherapists:
  - Are ideally placed to identify functional limitations at an early stage of development and to implement corrective strategies that prevent deterioration of work ability and health.
  - Are ideally placed to advise individuals, employers and Government about strategies to prevent injury and maintain the work ability of individuals and work groups, including older Australians;
  - Offer a wide range of services to older working Australians with age-related deterioration in function, or who have or who are at risk of developing the effects of injury and disease (both acute and chronic);
  - Develop strategies to minimise age-related problems and help older workers maintain their health and productivity, begins with young workers and continuing throughout their working lives.
- APA specialist and titled Occupational Health Physiotherapists have a high level of expertise and experience for assisting individuals and employers to identify potential health and safety problems and develop, implement and manage programs to maintain the work ability and health of ageing Australian workers.

### Conclusion

Access to timely and adequate levels of physiotherapy is an important component of many older peoples' health care, helping them to live independently and remain physically active. Unfortunately, access to physiotherapy is often delayed and limited. The APA believes that physiotherapy is under-funded in aged care and the aged care physiotherapy workforce also suffers lack of professional support and isolation. The Government needs to take measures to ensure that older people can access appropriate levels of physiotherapy in order to maintain physical function. Good access to physiotherapy is an important health issue for older people, and will become more prominent in the future as people live longer.

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