Australasian Podiatry Council
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b. The impact of additional costs on access to affordable healthcare and the sustainability of Medicare

The proposed $7 GP co-payment may have a concerning impact on the ability, or willingness, of people to visit their doctor for health issues that they consider minimal, but that have the potential to quickly become serious if left untreated. From a podiatric viewpoint, and in regards to pensioners and older individuals with diabetes, this is particularly concerning, as injuries sustained to the feet in this demographic require immediate assessment by a GP to potentially trigger the current Chronic Disease Management (CDM) Plan and access to podiatric care. The $7 GP co-payment, which essentially removes financially disadvantaged individuals ability to access free healthcare under Medicare, may be enough of a deterrent to seeing a doctor in the early stages of an illness or injury, in the belief that the problem will heal on its own, or doesn't warrant the cost. In the case of a foot injury in the diabetic population, this mindset is extremely dangerous. Minor foot injuries, such as a cut or a blister, can quickly escalate into ulcerations due to poor circulation, and ulcerations in turn deteriorate to the point of requiring emergency tertiary care, or even amputation, in a very short period of time. Given that GPs remain the gateway to the healthcare system for the vast majority of patients, removing entirely bulk-billed treatment for the most disadvantaged in the community will negatively impact the entire health system, and the patients accessing it.

c. The impact of reduced Commonwealth funding for health promotion, prevention and early intervention

Podiatry, and messaging related to the importance of proper foot health and foot care, is already vastly overlooked in terms of Commonwealth-initiated health promotions or funding. Proper endorsement of foot health and foot care has the potential to yield substantial potential results, both economically and socially. Preventing foot ulcerations, amputations and emergency tertiary care by investing in Medicare-funded podiatry services, and promoting this to the public, along with foot health and foot care generally, has the potential to save over $400 million annually. It may also reduce the very high rate of avoidable lower-limb amputations that occur in Australia every year, a figure that places us among the worst in the developed world. Reducing Commonwealth support for these initiatives would almost guarantee that this messaging remains largely unheeded, despite the best efforts of the Australasian Podiatry Council and other non-profit podiatry bodies.

e. Improvements in the provision of health services, including Indigenous health and rural health

Indigenous Australians are currently 38 times more likely to require a lower-limb amputation due to diabetes than non-Indigenous Australians. Free and readily-available foot health checks and advice on managing diabetic feet are urgently needed in Indigenous communities. By preventing lower-limb amputations, not only will the government save considerable money in emergency tertiary care and ongoing rehabilitation cost, but they will also be enabling affected individuals to maintain an infinitely higher quality and longevity of life, evidenced in the fact that, post-amputation, the 5-year mortality rate is as high as 50%.

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f. The better integration and coordination of Medicare services, including access to general practice, specialist medical practitioners, pharmaceuticals, optometry, diagnostic, dental and allied health services

It is essential that podiatry, and allied health services generally, are better integrated into the healthcare plans of Australians, particularly those with diabetes and circulatory issues. The current CDM Plans do direct a large amount of services through to podiatrists, however the Australasian Podiatry Council does not believe that these are being used as effectively as possible. Thus, the APodC proposes that diabetes be removed from the CDM Plans and allocated a separate item number under Medicare, triggered by a diabetic foot health check referred for by a GP. This would enable high-risk patients to access podiatry care as needed, while removing CDM patients who currently access podiatry for services not related to the treatment of their primary chronic disease. This would also open a line of communication between the GP, performing the original health check and any follow-up assessments and initiating Medicare support, and the podiatrist, who would be managing the acute care stage of treatment. This collaborative relationship, with information fed back to the GP from the podiatrist and vis versa, and a clear line of sight between the initiation of a Medicare item and the delivery of appropriate care, would better facilitate long-term, sustainable integration and coordination of services for the patient.

More generally speaking, and for patients not eligible for allied health services under chronic disease management, the healthcare system needs to be restructured to allow access to allied health services under Medicare, through GP referrals. As the entry point to subsidised healthcare, GPs should be able to refer onto allied health practitioners with access to a Medicare item number to provide funding or a subsidy for the patient. Allied health practitioners, with particular reference to podiatrists, who are already in compliance with prescribing guidelines and have access to training and rights as endorsed prescribers, should then be granted access to PBS subsidies for specified medicines. They should also have increased access to MBS subsidies for advanced diagnostic imaging referrals and pathology. Essentially, this would allow patients to transition through the healthcare system without backtracking constantly through GPs, costing them and Medicare unnecessary money. This logical system retains GPs as the cornerstone of the healthcare system, but integrates better access to allied health, and additional required services, at subsidised prices currently available only to GPs.