



“A new solution to keep Allied Health in
Nursing Homes in the AN-ACC”

Helping to solve falling allied health levels
without more spending, penalties and risk of
financial gain to providers. Ensuring older
residents have the physio and allied health
they and we as a community need.

**AAC - Allied Aged Care Submission to the Aged
Care Amendment (Implementing Care Reform)
Bill 2022 [Provisions]**

(August 12th, 2022)

**AAC – ALLIED AGED CARE Submission and Solution to
keeping Allied Health in the AN-ACC funding model**

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August 2022

Chair, Senate Standing Committee on Community Affairs
C/O the Committee Secretary
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator,

**AAC Health Group (including Allied Aged Care) Submission to the Aged Care Amendment
(Implementing Care Reform) Bill 2022 [Provisions]**

Preamble –

Thank you for the opportunity for our team at AAC Allied Aged Care, a physiotherapy and allied health professional provider in regional areas, to provide a submission to the Senate Committee on Community Affairs in relation to **The Aged Care Amendment (Implementing Care Reform) Bill 2022 [Provisions]**. We are writing only in regard to allied health and the parts of the bill that allied health relates to. We are not asking for this care reform bill to have more funding, or changes to include allied health minutes. We are asking for a consideration of a new way of providing allied health. Although AAC Allied Aged Care have developed this model, we do not do so for commercial benefit but to provide older people with a way to provide allied health without being stuck between one of 2 current positions

1/ Option 1 **“Damned if we do”** Government and Department of Health continuing as they have for the last year to say that allied health is expected to be provided solely at nursing homes cost from increased overall funding. Why would they even with penalties when its not required, they are under financial distress and can just say they can’t find them which will be a self fulfilling prophecy?

2/Option 2 **“Damned if we don’t”** Nursing homes who say they are in financial distress and willing to risk penalties and non compliance, and may well just say they can’t find allied health (which will soon be true). They for whatever reason will take their chances.

And neither they, nor allied health providers want to see a return to the days of “perverse incentives to provide massages to older residents with frail paper like skin”. Allied health at least was there, even if it had allied health only because it gave financial benefit. The 2 above options already have caused less than we had in the Royal Commission which was inadequate.

Because the 2 current options alone means that older people are stuck between a rock and a hard place. They can’t even choose to pay for physio and allied health currently, as that is not clearly out in the open as an option.

Being in allied health nursing home limbo leaves our mums, dads and valued elders who built our country without the physio and allied health they need and will need to manage pain, prevent falls and move well and have a good quality of life they deserve and paid taxes to be able to have. And in a pandemic with more cost and load on already over-worked nurses even before care minutes come in, and taxpayers with admissions to hospitals.

There has to be another way. And there is. AAC have come up with a solution we believe that solves this impasse. And we’ve done it by being flexible ourselves. Listening to the minister and Professor Hartland who said they will listen to solutions not calls for more funding and minutes. AAC did both for the last year, along with professional associations. Now we have changed and adapted to focus on a solution that

- Does not need more funding
- That does not need more penalties and compliance

- That means a home is expected and able to realistically provide some allied health
- And a resident or their family in a way that they can afford can choose and pay for some additional allied health they can afford as well.

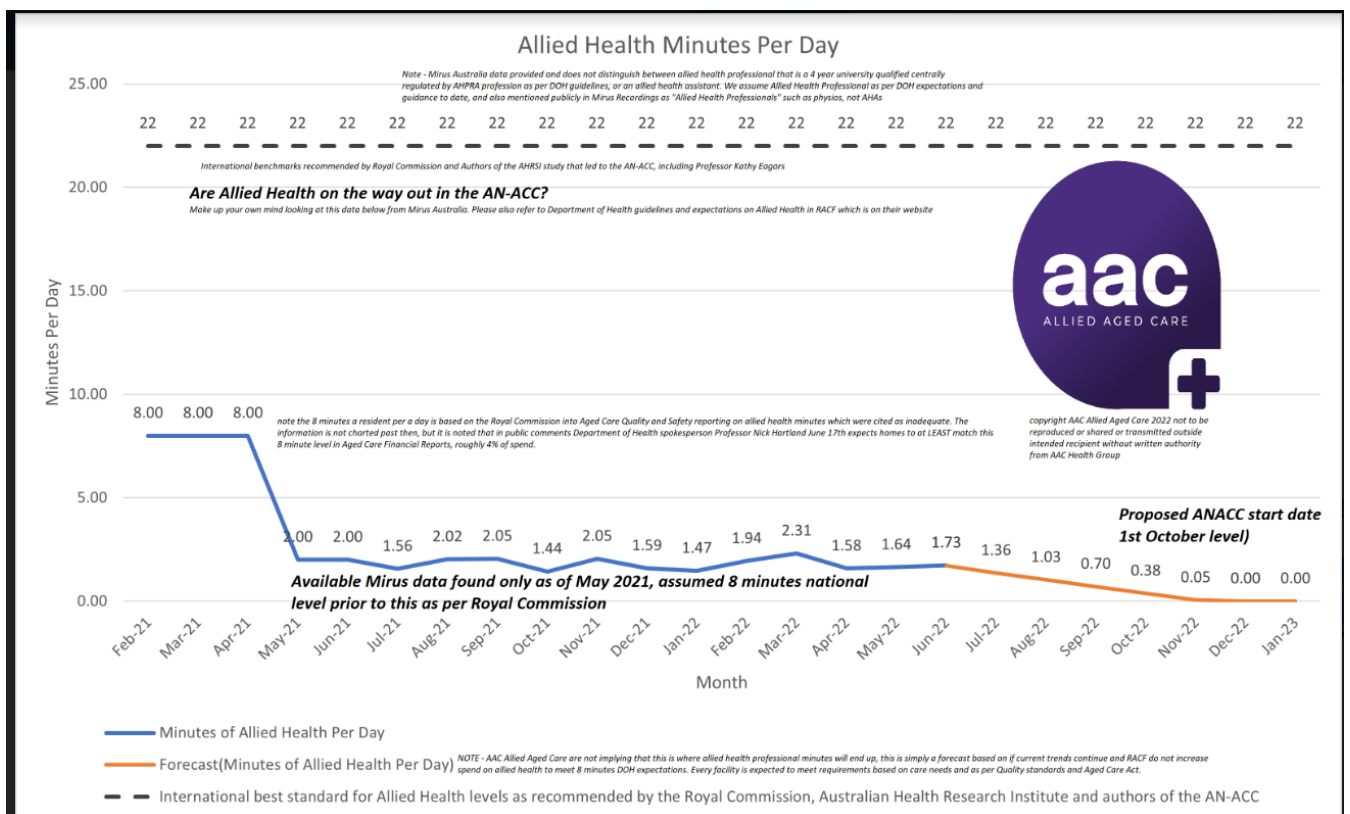
We believe that the model we have trialed and are happy to be passed on to anyone will helping to solve falling allied health levels without more spending, penalties and risk of financial gain to providers. Ensuring older residents have the physio and allied health they and we as a community need

The current position of Allied Health

- AAC applaud the Albanese government and Minister Anika Wells for keeping their election promises to look after aged care residents such as Pat and Jack Cook, home care package recipients in Cairns. Allied health though for the Cooks and others continues to be left out.
- Sadly, though right now and even more so after 1st October 2022, if older residents in the community now like the Cooks are in or go into a nursing home, they will very likely have no or minimal access to allied health professionals that they need to stop falling and manage pain and other conditions effectively. The elephant in the room is that even now for older residents like the Cooks in a nursing home if they want a physio, they will have to pay huge amounts for this themselves at an out-of-pocket cost only a few can afford. And it is very likely that as allied health levels continue to fall in the leadup to October, they won't be able to find a physio even if they can afford to pay for one.
- This is despite the fact that it is not in doubt that older people need Allied health as the Royal Commission established and is already well recognised by all parties as essential for older people's care. Physio alone reduces falls 55%. 60-80% of nursing home residents have under-diagnosed or treated pain, that physio and allied health (and not just massages) help reduce without needing more pain medications that lead to harmful polypharmacy, constipation, falls decreased quality of life and preventable deaths. Allied health is a human right for older people to have access to at a cost they can afford.
- Yet this government, despite its extra commitments to nursing and other areas being welcomed, has not at all shifted from the rhetoric and statements on allied health that the Morrison government made when they were in Opposition. Simply keeping an eye on falling allied health levels and threatening providers has not been enough and will not be enough in the future either. More penalties and talk of "tough cop on the beat" won't be enough either.
- Despite billions in extra funding for homes, nursing homes have showed no sign of paying for an allied health service in the AN-ACC. This is despite for over a year now Department of Health and previous and current government continuing the same approach of faith in allied health continuing despite no evidence it is even being maintained.
- The allied health continuing in AN-ACC argument boils down to a) the restorative nature of the AN-ACC incentivising reablement such as physiotherapy to help mobility

b) threats of penalties and sanctions of homes if they do not meet expectations of 8 minutes a resident a day from an allied health professional (university educated AHPRA registered health professional as stated publicly Nick Hartland June 17th Future Aged Care Summit Sydney)

None of these are working and a different approach is needed. There has been a continued and continuing rapid decline in allied health levels. The current allied health levels are 1/5th of what they were just 2 years ago and are headed to being non-existent by the end of 2022 (see graph)



- There is an urgent need from government to come up with a different solution to stop the tragedy for older people, their families, our communities and taxpayers being affected by not having physiotherapists and allied health at nursing homes.
- Falls are reduced by physiotherapists alone 55%. Physiotherapists and allied health reduce pain of residents and improve quality of life. 60-80% of residents have under-diagnosed, and undiagnosed pain from multiple conditions.
- With less physios and allied health there will be more falls, more and cost and load on nurses' hospitals and taxpayers.
- AAC and many other providers can show your esteemed committee that despite assurances from Department of Health and your government that you still expect the providers to maintain allied health levels as per the Quality standards and Aged Care act, this is simply not the case for allied health providers and the residents we care for already going with less than 1/5th of the allied health they had 2 years ago that the royal commission considered inadequate.
- We can cite and show publicly and privately within our service agreement obligations will create case studies showing that nursing homes are cancelling contracts, cutting hours, sacking physios and OTs all over the country in the leadup to the AN-ACC and beyond. We have seen absolutely no indication at all that nursing home providers are concerned or worried about further "tough cop on the beat" rhetoric, financial penalties and sanctions from the Aged Care Quality and Safety commission.
- We do not believe even higher financial penalties and compliance will change this course of action from nursing homes, or get allied health professional minutes
- Equally we do not believe in the current fiscal environment, and the painful lessons learnt of providers taking advantage of the ACFI funding model, it is reasonable or advisable now to simply fund more physiotherapy and allied health professional minutes. To do so would be to simply create another perverse incentive such as existed in the ACFI that could be manipulated by unscrupulous allied health providers under the direction of a nursing home.
- We have serious concerns about financial reporting being accurate even with forensic accountants as has been discussed investigating allied health minutes, it is hard to know for sure unless there is a punch in/out system independently monitored, random spot checks and expensive and difficult audits.

- Nursing homes are continuing as advisors such as Mirus Australia and Provider Assist have advocated, to continue to remove allied health professionals such as physiotherapy and OT in particular, and replace the work that they do with cheaper and unqualified alternatives ie those calling themselves diversional therapists acting outside their scope of practice and qualifications.
- Having unqualified unskilled workers doing the work of University Educated Allied Health professionals governed by AHPRA risks frail older residents' health and safety.
- Physiotherapy and allied health are vital for older Australians to manage pain, prevent falls, and keep older people moving. That is not in dispute and well recognised in research and government and Department of Health publications.
- Mums and dads currently Residential Aged Care receive 8 minutes per a resident per a day of physiotherapy and allied health. Many, including the Royal Commission said this was inadequate and more was recommended in Recommendation 38. The government accepted this recommendation.
- The government has responded to concerns about this lack of funding by saying the Quality Standards and strengthened compliance will ensure nursing homes still need to provide allied health.
- The Quality Standards however are part of the old ACFI model, and they are so vague and non-specific they are unenforceable which is why we don't have enough allied health right now. The Quality Standards from this system are not suitable for a completely different funding model with only 13 resident classifications without significant amendment.
- Residents and their families are very concerned about how mum and dad will get physio if it is not mandated in terms of minimum minutes and clear who pays for this.



Background and AAC - AAC Allied Aged Care is a private Pty Ltd company which started in 2015 to provide much needed allied health (physiotherapy and occupational therapy) every day to older residents living in Residential Aged Care facilities.

Our CEO and sole director Alwyn Blayse is a physiotherapist who has worked and continues to work in aged care and regional areas for the last 22 years. We typically work in regional QLD locations like Cairns, Goondiwindi, Mackay, Atherton, Noosa, Gympie, Kilcoy, Toowoomba that struggle to find and retain physios and other allied health. We have previously submitted to this committee in November 2021 on the allied health issue in Nursing homes as well as to the QLD government Health and Environment Committee.

There is a widespread allied health shortage already in aged care. Even before COVID the Australian Physio Council said there was a shortage of 6000 physiotherapists. 62% of aged care facilities don't get access to regular physio and allied health right now. We've had letters of support from Opposition members George Christensen, Warren Entsch, Llew O'Brien and David Littleproud about the difficulty of finding allied health especially for older residents in nursing homes in these regional areas. This was confirmed in public evidence at the Senate Community Affairs Committee that AAC provided as a submission and public evidence in November 2021. Senator Nita Green ALP and Senator Janet Rice from the Australian Greens heard from others such as Paul Sadler and Sean Rooney at ACSA, Camilla Rowshorne from Palliative Care Australia, OT Australia, The Australian Physiotherapy Association, Services for Regional and Remote Allied Health, and many others that allied health is a vital part of aged care.

We have been closely following for the last 12 months the Royal Commission and the government's response to this in terms of replacing the current ACFI funding system with the proposed AN-ACC system starting in October 2022. We were very concerned about the shortage of detail around allied health, as well as the lack of separate dedicated funding for physio and allied health in the AN-ACC. We and others in our industry such as the Australian Physiotherapy Association are on record that they believe this will lead to significant less physio and allied health for older people than they receive now. This seems to be opposite of what the Royal Commission recommended, and the government said they would provide when they accepted recommendation 38 that more allied health access was needed.

AAC launched a campaign at our own cost to "stop the death of allied health" in September 2021 because we found most people, we spoke with were unaware that physiotherapy and allied health wouldn't be funded from October 2022. We were concerned and felt the public had the right to know what would happen if their mums and dads needed physiotherapy after October 2022. And many others in our community agreed, such as public figures Danny Green, Tracey Spicer, David Campese, and 20,000 people who signed a petition lodged at the senate by Senator Janet Rice on their behalf on March 30th, 2022. Many who didn't sign the petition or since have come to us are concerned that their parents on pensions will not be able to afford physiotherapy and allied health, and that the nursing homes won't provide anything other than very basic and infrequent physio like a falls review.

We started this campaign and are funding ourselves privately from our company, at considerable cost, because we believe that physiotherapy and allied health are essential to older people and a lot of older people cannot advocate for themselves. Despite government assurances to the contrary, without separate, dedicated funding in the AN-ACC, older people will not magically get physiotherapy and allied health. Nursing homes in financial distress and regional areas especially won't.

cannot be expected to provided physio and allied health if they are not funded and required to, with defined amounts of allied health prescribed.



So what is the solution? A better and new way to ensure allied health

We work on the frontline in nursing homes and can assure you that despite the best intentions of this bill that the end result of the current AN-ACC funding model will be the death of physiotherapy and allied health in aged care, with residents getting significantly less allied health than they are getting now. This is confirmed by one of the authors of the new funding AN-ACC model themselves Professor Kathy Eagar, and many other people who we will include in this submission. We ask the committee and the government to urgently include a new solution that is

1/ Not more funding for allied health that we called for in our previous submission, and allied health and other organisations are calling for.

2/ There needs to be serious and urgent action-based approach of rolling out a new model of care that has an element of means tested user pays for allied health model.

3/ This model would mean that typically a home would spend money on the assessments and reviews required under the Aged Care Quality Standards and Aged Care Act, but could afford to do so, and be enforced to do so also under the current model without further legislative change.

4/ A resident then if able could choose from a selection of client centred allied health services that they would like to access at their cost. They could utilize existing funding available through Medicare Enhanced Primary Care Schemes, DVA, NDIS, and private health funds in part or whole for these allied health services. There would need to be consideration for an allied health “safety net” in some form for those without funding to offset some of the cost, or the means to pay any gaps that exist.

5/ The savings from any allied health safety net would be offset by not increasing costs and load on hospitals, nurses with more older people falling and being admitted from side effects of not having allied health.

How much would it cost? Our model to date has shown

1/ 1/10 of spend from previous allied health cost under ACFI for a digital/telehealth only option

2/ 33% cost to a nursing home previous allied health spend

3/ Remaining cost paid for by residents using funding that they have access to such as medicare, DVA, NDIS and private health. If they choose to spend extra and can afford they can. Overall by being there in this model allied health can still offer a cheaper and more affordable out of pocket cost than intermittent visits.

Further comments on the need for allied health were included in our November 2021 submission please refer to them specifically for

1/ definitions of allied health professionals and risk of other less qualified carers and others being counted as “allied health minutes”

Conclusion - We would like to thank the committee for their time considering the needs of older Australians and particularly in relation to the rights of older people to access physiotherapy and allied health. The ANACC and the extra funding the government has committed to provide is a great opportunity to improve an outdated system and replace with a quality and simpler system built on re-ablement and rehabilitation. We believe that the ANACC and its stated purpose of rehabilitation and re-ablement and more restorative care, can occur and can be achieved with our solution to allied health. Making sure older people can access the physio and allied health they need is too important an issue to risk getting it wrong.

To make sure allied health remains we need a new solution. We have outlined in broad strokes what it could look like. The detail is important and we and others can add it. But we need to consider a different way than this bill provides.

More penalties, compliance and hopes that in the long run homes will realise the AN-ACC model will help them and residents financially are not and will not work in time to save allied health.

Allied health want to work with government, DOH and providers on a realistic solution such as we've provided, that doesn't lead to the need for more funding, changes to this bill, or a service that residents and facilities can't afford.

We can provide far more detailed information on the current information from nursing homes we and others work at of the true situation of allied health, as well as the details of our allied health solution we are very happy to share with others who can investigate and refine more.

Thank you again for your consideration and care of older Australians.

Alwyn Blayse M.A.P.A BPthy MAICD
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