Inquiry into childhood rheumatic conditions

Submission by Osteopathy Australia to the Standing Committee on Health, Aged Care and Sport

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Contact

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Recommendations

Osteopathy Australia thanks the Standing Committee for the opportunity to give feedback for this important consultation opportunity into childhood rheumatic conditions. Our submission in the main refers to juvenile arthritis, but our recommendations are broadly applicable to childhood rheumatic conditions overall. Our recommendations are that:

Recommendation 1: the Standing Committee should recognise the importance of early allied health professional and primary practice service access in offsetting need for more intensive hospital services and improving participatory outcomes for children and their caregivers.

Recommendation 2: the Standing Committee should recommend that the National Disability Insurance Scheme (NDIS) make clear entitlements to a funding package enabling allied health and osteopathic services for children with rheumatic conditions and core activity limitations. While rheumatic conditions are health conditions, their impacts cross into the disability continuum; symptom management services for acute flair ups and supports to assist children and their families to move, function and cope despite enduring symptoms each play a role in good management.

Recommendation 3: the Standing Committee should recommend that an additional five Medicare CDM sessions be funded in a calendar year for children with moderate to severe rheumatic conditions graded using a consistent needs assessment tool. These additional CDM sessions should enable access to a suitably qualified allied health professionals offering neuromusculoskeletal adjunctive therapeutics.

Recommendation 4: the Standing Committee should recommend Commonwealth rebates for childcare services engaging local allied health professionals to support children with diagnosed rheumatic conditions in situ. This recommendation would help children beneath the NDIS serviceability threshold and aim to prevent needs from escalating to a point where more costly NDIS services come into play and/or intensive hospital services are needed.

Recommendation 5: the Standing Committee should recommend that the Commonwealth, states and territories plan a co-funding model allowing for allied health professionals to be engaged in primary and high school educational settings for relevant students. This recommendation would help children beneath the NDIS serviceability threshold and aim to prevent needs from escalating to a point where more costly NDIS services come into play and/or intensive hospital services are needed.

Recommendation 6: the Standing Committee should recommend that the Australian Institute of Health and Welfare explore means to broaden its data reporting framework for childhood rheumatic conditions; in particular, research data should:

- Establish prevalence in Australia and the difference between prevalence rates for various rheumatic conditions beyond juvenile arthritis

- Ascertain reasons why hospital admissions for rheumatic conditions occur in the early years and system improvements needed at the community or primary practice level for admission prevention/rates reduction

- Report on service pathways used by children and their families in the community and changes to these pathways over time

- Report on the average per person cost to Medicare of health care services used by children and their families compared to hospital-based care

- Compare clinical outcomes achieved through primary practice services and service delivery in community settings versus hospital settings.

Osteopathy and its role in rheumatic conditions

Osteopaths are government regulated allied health professionals applying adaptable and diverse clinical management approaches. Osteopaths complete a dual Bachelor or Bachelor/Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to function and uses client-centred biopsychosocial approaches in managing presenting issues. Evidence informed reasoning is fundamental to case management and clinical intervention.

Osteopaths are consulted for advice on rehabilitation programs, pain management, physical activity, ergonomics, positioning, posture, and movement in managing a diverse range of neuromusculoskeletal functional impairments and needs, including rheumatic conditions and associated activity limitations. In managing rheumatic conditions, osteopaths prescribe skilled clinical exercise, including general and specific exercise programming for functional improvement in activities of daily living, pain management interventions, and manual therapies.

Most osteopaths are consulted within primary care practices as a key source of allied health advice for tens of thousands of people per week. Osteopaths work within hundreds of primary health care practices, both osteopathy specific and interdisciplinary.

About Osteopathy Australia

Osteopathy Australia is the national peak body for the osteopathic profession. We promote standards of professional behaviour over and above the requirements of Australian Health Practitioner Regulation Agency (AHPRA) registration. A vast majority of registered osteopaths are members of Osteopathy Australia.

Our core work is liaising with state and federal government, statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), AHPRA, the Australasian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), schemes in each jurisdiction and nationally, and other professional health bodies through our collaborative work with Allied Health Professions Australia (AHPA). Osteopathy Australia is committed to supporting the health care system and planning initiatives for all people with rheumatic conditions, including children; our commitment is reflected through our involvement in informing the *National Strategic Plan for Arthritis* (2019)[i] for which we participated as key stakeholders. Drawing on our breadth of experience in system planning, our understanding of the system challenges and the clinical experiences of our members, we are pleased to offer comment to the parliamentary inquiry *childhood rheumatic diseases* and thank the Standing Committee on Health, Aged Care and Sport for considering our recommendations.

Importance of early community-based management for childhood rheumatic conditions including juvenile arthritis

Rheumatic conditions in children, including juvenile arthritis, are often long term and persistent, raising potential for costly hospital admissions and activity avoidance. Fear or avoidance of movement, pain, joint immobility/stiffness are possible signs and symptoms.

While rheumatic conditions comprise a relatively small share of all paediatric health conditions impacting children, these conditions are not insignificant in the national paediatric hospital intake statistics for overall neuromusculoskeletal conditions. Between years 2017 and 2018, juvenile arthritis alone accounted for 9.1% of all paediatric hospitalisations for neuromusculoskeletal conditions.[ii] Childhood rheumatic conditions can become serious and cause long lasting and even permanent tissue and joint damage, compounding longer term hospitalisation risk moving into adulthood. Up to half of all children with rheumatic conditions like juvenile arthritis have continuing symptoms for more than 10 years post initial diagnosis.[iii]

Children with rheumatic conditions may have difficulty participating in age-appropriate activities, including play, recreation, and schooling owing to postural, positioning or movement issues, and pain. Thus, childhood rheumatic conditions are not merely health conditions, but are conditions causing disability. Families and carers are impacted by workforce participation balancing constraints and can also be shutout of social and economic opportunities.

Early management at a community level through allied health advice, support and primary practice services is essential to:

- Optimise the potential of relevant children before the onset of crisis or need for intensive service delivery
- Increase participatory opportunities and facilitate comprehensive involvement in education and age-appropriate activities
- Reduce childhood hospital admission costs, particularly now and for the foreseeable future as hospital networks nationally are or become constrained by pandemic management and must allocate a growing share of resources to this effort
- Reduce adulthood hospital admission costs arising from inadequate early management of childhood rheumatic conditions
- Encourage movement and management habits that support children to take up educational and work opportunities as they mature, and thus contribute to the economy and society.

Recommendation 1: the Standing Committee should recognise the importance of early allied health professional and primary practice service access in offsetting need for more intensive hospital services and improving participatory outcomes for children and their caregivers.

Recommendation 2: the Standing Committee should recommend that the National Disability Insurance Scheme (NDIS) make clear entitlements to a funding package enabling allied health and osteopathic services for children with rheumatic conditions and core activity limitations. While rheumatic conditions are health conditions, their impacts cross into the disability continuum; symptom management services for acute flair ups and supports to assist children and their families to move, function and cope despite enduring symptoms each play a role in good management.

What works in early community management, barriers to accessing what works and how to increase access

Community-based medical and allied health interventions each have a role in early community management for childhood rheumatic conditions. Allied health professionals, including osteopaths, may offer a range of cost sensitive adjunctive therapeutics.

Adjunctive therapeutics an osteopath or other suitably trained allied health professional may offer are tailored health promotion and pain management education, age-appropriate manual therapies, heat therapies, stretching, flexibility and strengthening routines for joint mobility and muscle use, hydrotherapies, positioning and ergonomic strategies, and/or toy prescription for age-appropriate movement and development. Each of these interventions are acknowledged for their role in reducing inflammation, pain, encouraging mobility and preventing further damage.[iv]

Accessing these interventions can be problematic. Unless a child is covered by private health insurance or the NDIS for disability related impacts, Medicare's Chronic Disease Management Program (CDM) is the only funding option. The CDM, as the standing committee may be aware, is limited to five consultations per patient for chronic physical conditions in a single calendar year. This is not adequate for children with moderate to severe rheumatic conditions; the consequence is that these children and their families are often displaced from services once CDM items end. They are then, for no other option, reliant on hospital services.

Beyond qualified health professional interventions and advice in the form of formal one-to-one consultations, early childhood/ preschool, primary and high school educational settings are typically not funded or resourced to support good physical functional outcomes for children with rheumatic conditions beyond the general curriculum or course. Activity prescription in the naturalistic context, positioning and movement prescription, and injury prevention strategies in context are not the remit of teachers nor care workers. Teachers and childcare workers are trained in teaching and childcare, not in clinical management in naturalistic environments. Skilled allied health professionals, including osteopaths, are however available to childcare and educational settings for children with rheumatic conditions and can be better integrated into activities for affected students.

Recommendation 3: the Standing Committee should recommend that an additional five Medicare CDM sessions be funded in a calendar year for children with moderate to severe rheumatic conditions graded using a consistent needs assessment tool. These additional CDM sessions should enable access to a suitably qualified allied health professionals offering neuromusculoskeletal adjunctive therapeutics.

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diagnosed rheumatic conditions in situ. This recommendation would help children beneath the NDIS serviceability threshold and aim to prevent needs from escalating to a point where more costly NDIS services come into play and/or intensive hospital services are needed.

Recommendation 5: the Standing Committee should recommend that the Commonwealth, states and territories plan a co-funding model allowing for allied health professionals to be engaged in primary and high school educational settings for relevant students. This recommendation would help children beneath the NDIS serviceability threshold and aim to prevent needs from escalating to a point where more costly NDIS services come into play and/or intensive hospital services are needed.

Research and reporting- need for additional Commonwealth action

There are limited regular comprehensive research reports into childhood rheumatic conditions in Australia. Any reports or insights are ad hoc, contain inconsistent information and decades or longer pass between release dates. The Australian Institute of Health and Welfare typically oversees reporting efforts. Its available statistics are heavily focused on hospitalisation rates to the exclusion of other indicators pertinent to understanding rheumatic conditions in the early years and their impact. A broader reporting framework for use at set intervals over time is needed, however it is acknowledged that additional data collection tools or surveys may need to be prepared to enable systematic regular reporting.

Recommendation 6: the Standing Committee should recommend that the Australian Institute of Health and Welfare explore means to broaden its data reporting framework for childhood rheumatic conditions; in particular, research data should:

- Establish prevalence in Australia and the difference between prevalence rates for various rheumatic conditions beyond juvenile arthritis
- Ascertain reasons why hospital admissions for rheumatic conditions occur in the early years and system improvements needed at the community or primary practice level for admission prevention/rates reduction
- Report service pathways used by children and their families in the community and changes to these pathways over time
- Report on the average per person cost to Medicare of health care services used by children and their families compared to hospital-based care
- Compare clinical outcomes achieved through primary practice services and service delivery in community settings versus hospital settings.

References

[i] Australian Government Department of Health (2019), *National Strategic Action Plan for Arthritis,* Canberra

[ii] Australian Institute of Health and Welfare, 'Juvenile Arthritis' [online web report]; https://www.aihw.gov.au/reports/phe/258-1/juvenile-arthritis/contents/summary

[iii] American Academy of Orthopaedic Surgeons, 'Juvenile Arthritis' [online]; https://orthoinfo.aaos.org/en/diseases--conditions/juvenile-arthritis

[iv] Australian Institute of Health and Welfare (2008), *Juvenile Arthritis in Australia*, Arthritis Series Report Number 7, Canberra