



Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years

**HOUSE OF REPRESENTATIVES
STANDING COMMITTEE ON AGEING**

Submission by the
Australian Physiotherapy Association

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Terms of Reference:

The House of Representatives Standing Committee on Ageing will inquire into and report on long term strategies to address the ageing of the Australian population over the next 40 years.

Introduction

The Australian Physiotherapy Association (APA) welcomes the opportunity to put forward its views on key issues relevant to population ageing and its impact on Australian health services.

This paper is brief: the APA would be pleased to provide more details or make a verbal presentation to the Committee.

After preliminary comments about the APA and the scope of physiotherapy practice, there is a Summary of Key Issues, followed by more detailed comments on each of the issues raised. A Summary of Suggested Actions is given at the end of the document.

About the APA

The Australian Physiotherapy Association is the sole voice of the physiotherapy profession in Australia and leads the profession internationally. Physiotherapists must be fully qualified and eligible for registration with the Physiotherapists' Registration Board in their respective State or Territory to be eligible for full APA membership.

Australia has approximately 11,300 registered practising physiotherapists. The APA has more than 10,000 members, representing the vast bulk of registered and practising physiotherapists in Australia.

The APA is a member of the Health Professions Council of Australia, the peak organisation for allied health professionals.

Physiotherapy and Older Australians

Physiotherapists are mainstream primary contact health practitioners who help people retain or regain mobility, independence and quality of life. Their work is highly effective, low cost, and non invasive.

Many physiotherapists are in private practice; others work in hospitals, community health centres, aged care and rehabilitation facilities. Patients who want to see a

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physiotherapist in a publicly funded facility usually require a medical referral; however, no referral is needed to see a physiotherapist in private practice.

Key physiotherapy treatment areas of particular relevance to older people include:

- **During and after acute illness and injury** – intensive care, open heart surgery, road accident trauma, stroke and head injury; rehabilitation to regain mobility and independence.
- **Prevention, treatment and management** – for continence, falls, stroke, fractures, Parkinsons Disease, and chronic conditions such as osteoporosis, arthritis, breathing problems, obesity, asthma and diabetes.
- **Disability** – to overcome movement difficulties caused by cerebral palsy and other congenital disabilities.
- **Occupational health** – to avoid injuries resulting from repetitive strains and poor lifting and manual handling techniques. The risk of such injuries can increase with age.
- **Residential care** – physiotherapy for aged care residents significantly assists in optimising mobility, rehabilitation and quality of life.

‘Ageing is not an illness, it is a life journey to be celebrated’

- Kevin Andrews, Minister for Ageing

LONG-TERM AGEING STRATEGIES - SUMMARY OF KEY ISSUES

The APA believes the Commonwealth and State Governments should act on the following issues, in order to provide better health care for older Australians.

Governments need to put more focus on preventative health care for older Australians. It is effective, and will help cut spiralling health costs.

- Technology and drugs push health care costs up.
- Prevention saves money.
- More early intervention programs are needed.
- Community programs need to be strengthened.

Physiotherapy is an important health service for older people. It should be universally available, and subsidised where necessary.

- Low cost prevention programs should be universally available.
- Physiotherapy should be available and affordable to all who need it.
- Restore adequate rehabilitation services.
- Increase hospital physiotherapy services.
- Rural and remote communities need better access to physiotherapy services.

Residential aged care needs to be overhauled. In particular, physiotherapy services need to be increased

- People in residential care need more physiotherapy.
- Less paperwork, more hands-on care needed.

National workforce issues must be addressed, to tackle widespread shortages of physiotherapists.

- The national shortage of physiotherapists is impacting on optimum healthcare.
- Aged care physiotherapists need better pay and career structures.
- Rural workforce issues must be addressed.
- More support is needed for clinical training.

Governments need to untangle funding and cost-shifting problems, to provide effective aged care services.

- The Commonwealth Government should take the lead in establishing patient-centred and transparent joint funding arrangements for health and aged care services across Australia.

More physiotherapy research is needed in areas of crucial importance to older Australians.

- The evidence base for physiotherapy is strong and growing exponentially, but additional research is needed in areas of particular relevance to older Australians.

MORE DETAILED COMMENTS ON ISSUES RAISED

Governments need to put more focus on preventative health care for older Australians. It is effective, and will help cut spiralling health costs.

- **Technology and drugs push costs up.**

Contrary to the view often put about that the ageing of the population is a major burden on government expenditure, the Australian Institute of Health and Welfare (AIHW) notes that government expenditure on older Australians is not going up, and in fact went down in recent years.

*'As a proportion of government outlays on health, welfare and social security, expenditure on older Australians declined from 35.7% in 1989-90 to 32.1% in 1995-96, and since then has largely stabilised.'*¹

Health costs are predicted to rise not primarily because the population is ageing, but because of increasing expenditure on high-cost technology and pharmaceuticals.

The Government's Intergenerational Report² makes it clear that population ageing in itself contributes in only a small way to rising health costs.

Non demographic factors (such as new PBS pharmaceuticals and greater use of diagnostic procedures) have been the key drivers of real health spending over the past decade, and will continue to be so in the future.

'Of all the components of Commonwealth health expenditure, spending on PBS subsidies is projected to grow the fastest...'

Most of the projected growth in health spending reflects the increasing cost and availability of new high technology procedures and medicines, and an increase in the use and cost of existing services...'

*The ageing of the population is also projected to require increased health spending... However, this is projected to have a much smaller effect on spending than the growing cost of new health care technology, increasing use of services and strong consumer demand and expectations.'*³

¹ Older Australians at a Glance 2002. Australian Institute of Health and Welfare. Page 61.

² Intergenerational report – 2002-03 Budget Paper No. 5. Issued 14 May 2002.

³ Ibid – Part III: projections for spending and revenue. Pages 4 and 5.

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- **Prevention saves money.**

Rising health costs should be tackled by funding more services and programs which prevent or minimise the development of illness, particularly in older people. At present, such programs represent only about 2% of health expenditure.

The Australian Physiotherapy Association urges Australian governments to increase expenditure on preventative health programs from 2% to 10% of total recurrent health expenditure over the next 10 years.

Preventative health programs for older people which urgently need increased funding include those relating to arthritis and osteoporosis, and programs which reduce the risk of falls in the elderly.

The current Federal Government has stated its commitment to making prevention a fundamental component of a more effective and sustainable healthcare system.

In November 2002, the Minister for Health and Ageing, Senator the Hon. Kay Patterson, announced details of a soon-to-be released Department of Health and Ageing study, 'Returns on Investment in Public Health', which has identified major savings from illness prevention measures over the past three decades.

For instance, she said, savings of \$155 had been identified for every \$1 spent on immunisation against measles since 1970.⁴ In the same way, preventative health care programs for older people could save many millions of dollars.

Some 80% of health problems associated with older age are considered to be able to be prevented or postponed, the Australian Institute of Health and Welfare noted recently.⁵ Since medical and pharmaceutical services for people aged 65 and over costs at least \$2,800 million a year⁶, a saving of 80% would represent massive financial benefits.

Yet public health spending to promote good health and prevent illness in Australia represents less than 2% of total recurrent health services expenditure – or just \$931 million in 1999-00.⁷

Falls prevention is an area where increased expenditure would reap high returns. In NSW alone it has been estimated that no other single injury including road trauma, costs the health system more than a falls injury. Admissions to hospital for falls related injuries, particularly among older people is currently estimated to cost \$324.2 million each year. By 2050 it has been suggested that with the changing demographics this will escalate to \$644.7 million per year, or 200 beds in acute care facilities and 1200 new Residential Aged Care Facility places.⁸

⁴ Media release – 'New Study backs Government's Preventative Approach to Health Care – November 25, 2002.

⁵ Older Australians at a Glance 2002. AIHW. Page 69.

⁶ Ibid, page 60.

⁷ Media release – 'Public health less than 2% of health expenditure'. AIHW. 13 December 2002.

⁸ Web reference: www.health.nsw.gov.au/public-health/health-promotion/improve/injuryprev/fall

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Several physiotherapy trials and reviews conclude that tailored exercise can reduce the risk of falls. Known risk factors such as weakness of lower limb muscles and poor balance are potentially modifiable by exercise.

- **More early intervention programs are needed.**

The main emphasis in aged care needs to shift from providing care toward the end of life, to providing better health programs before mobility and independence begin to deteriorate. Frailty in old age is not a constant decline but can be slowed and reversed.

Australia needs to develop adequate early intervention and pro-active services to elderly people, strenuously aimed at maintaining an independent lifestyle wherever possible. Services need to be innovative, flexible, comprehensive and affordable.

Aged care service teams should be developed within organisations and communities, to provide a continuum of service – at home, pre-admission, in hospital, after discharge, within the community, and in Residential Aged Care Facilities.

- **Community programs need to be strengthened.**

Australia needs to put more resources behind preventative health programs and community supports for independent living. To keep people out of residential aged care, measures that underpin a healthy old age need to begin well before retirement.

Much could be achieved by encouraging people to develop an 'exercise and wellness' plan for retirement, in the same way as they need a financial retirement plan. The APA fully supports the Commonwealth Government's measures to introduce 'Lifestyle scripts' for General Practitioners to use alongside their prescriptions for pharmaceuticals. Physiotherapy programs and services should be included in these lifestyle scripts, particularly for older people.

Exercise and strength programs are also proving effective in tackling osteoporosis, arthritis and other debilitating conditions, and these need to be made more widely available.

To preserve the option of independent living, home-based services for the frail aged need to be much more widely available.

With the move to early hospital discharge, there has not been an associated shift in resources to the community. Publicly funded community health services are declining in many areas; and locating appropriate services is beyond many older people.

The particular problems of rural and remote communities, including indigenous populations and isolated health professionals, also need to be addressed.

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Community Care packages work well, but there is a need for many more short-term 'packages' to provide allied health and other care, particularly if there is little or no social support for the patient at home. Day Therapy Centres are also effective in keeping people out of Residential Aged Care Facilities, and need to be adequately funded across the country.

Day Therapy programs are achieving good results in keeping people out of Residential Aged Care Facilities; however, adequate funding needs to be provided across the country.

Home-based programs also need to be made more widely available. Frail aged patients often become isolated in their home with reduced exercise levels; this can lead to many problems, including falls. Physiotherapists need to be resourced to research and develop programs that can be implemented in the patient's own home to prevent these injuries occurring.

SUGGESTED ACTIONS

The Australian Physiotherapy Association urges Australian governments to increase expenditure on preventative health programs from 2% to 10% of total recurrent health expenditure over the next 10 years.

Preventative health programs for older people which urgently need increased funding include those relating to arthritis and osteoporosis, and programs which reduce the risk of falls in the elderly.

To maximise opportunities for independent living in the community, more early intervention, home based services and community care packages are needed. Services need to be innovative, flexible, comprehensive and affordable.

Physiotherapy programs and services should be included in the lifestyle scripts issued by General Practitioners, particularly when these are given to older people.

Physiotherapy is an important health service for older people. It should be universally available, and subsidised where necessary.

- **Low cost prevention programs should be universally available.**

Low-cost preventative and health maintenance programs, run by physiotherapists for such conditions as arthritis, osteoporosis and diabetes, should be universally available. At present, however, this is by no means the case.

The new National Health Priority Area for Arthritis and Musculoskeletal Conditions offers the opportunity to put major funding in place for physiotherapy-based preventative and health maintenance programs, and the APA urges the Commonwealth Government to do so. Recent research commissioned by the Federal Government has shown the cost-effectiveness of such programs.

- **Physiotherapy should be available and affordable for all who need it.**

Public patients who do not have private health cover tend to have minimal access to physiotherapy in the community. Consideration needs to be given to a funding mechanism for aged pensioners and disadvantaged patients, as is seen in the pharmaceutical area. The APA is keen to be involved in working up a model with the Department of Health and Ageing for this service development.

Options might include restricted coverage through Medicare for targeted groups such as Enhanced Primary Care patients; and/or inclusion in basic health insurance rather than as an optional ancillary service.

A funding mechanism is needed for aged pensioners and disadvantaged patients who otherwise may have difficulty accessing needed physiotherapy.

- **Restore adequate rehabilitation services.**

Acute care and casemix rewards early discharge from hospital. Coupled with greatly reduced hospital rehabilitation services, the result is that patients are sometimes discharged before they are fully mobile; and may be consigned to a Residential Aged Care Facility as a result.

Acute hospitals now tend to have few – or no – slow stream rehabilitation beds: rehab is not a priority and not seen as a tertiary activity. Many hospitals do not recognize the importance of early rehabilitation because they are geared to acute episodes. Within the community, there is a general shortage of rehabilitation facilities; and cost can be a problem for some patients.

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It is essential that shortfalls in rehabilitation services be addressed, in order to keep people mobile, strong and independent. Patients recovering from major surgery when they are over 75 years often have a particular need for rehabilitation services.

- **Increase hospital physiotherapy services.**

There is a critical funding shortfall in Australian public hospitals, which has particularly impacted on physiotherapy and other allied health services.

These services have suffered from casemix funding formulas and cost-shifting between the Commonwealth and the States, and there are now widespread shortfalls in in-patient, out-patient and emergency department physiotherapy services.

Hospitals facing reduced funding tend to cut staff in non-acute areas - cuts fall disproportionately on physiotherapists and other allied health staff. The staff who remain may find themselves focussing on treatment of acute patients, to the detriment of older patients who are not acutely ill.

In acute hospitals without geriatric units, there is often little recognition that aged patients can have multiple problems – not just the one for which they were admitted. All older patients should be assessed on admission by an aged care team. Better awareness of geriatrics is needed among all acute hospital staff.

Hospital Outpatient Departments can have waiting lists of up to 6 weeks. If patients have to wait too long for physiotherapy the outcome is much less than optimal, and some elderly people will not be able to maintain the mobility needed for an independent lifestyle. Outpatient Departments need to be funded so that chronic problems are not put on 'the slow list' in favour of acute or young people's services.

All private hospitals which admit patients through accident and emergency units should have allocated beds for stroke patients, and should ensure their staff members are trained in stroke management. Stroke and other neurological patients need timely and skilled physiotherapy in order to avoid a further decline in their condition.

- **Rural and remote communities need better access to physiotherapy services.**

There are far too few physiotherapists practicing in remote and/or Indigenous health care for the benefits of physiotherapy to be realised. The main potential benefits are in preventive health (eg prevention of diabetes), rehabilitation and restoration of physical independence (eg after limb loss or stroke), and maintenance of the functional levels of the frail elderly. The consequences are increased morbidity and preventable death and increased requirements for high cost medical evacuation, hospital care and institutional care placement. The fundamental problem is a lack of physiotherapy positions available, and not just recruitment difficulties.

The More Allied Health Services (MAHS) should directly and immediately address the issue of inadequate physiotherapy services addressing rural and remote aged care.

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Funding arrangements for Enhanced Primary Care need to be established so that private sector physiotherapists and other allied health professionals can be paid for their time.

General Practitioners working in rural and remote areas need the support of well elaborated allied health and nursing teams to achieve good outcomes for older Australians.

Aboriginal Medical Services should be supported to directly employ physiotherapists and other allied health staff. To date there has been extremely limited employment of physiotherapists by Aboriginal Health organizations and consequentially there has been a limited response in aged care in many situations.

SUGGESTED ACTIONS

The APA urges the Commonwealth Government to use the new National Health Priority Area for Arthritis and Musculoskeletal Conditions to put major funding in place for physiotherapy-based preventative and health maintenance programs for older people.

A funding mechanism needs to be developed for aged pensioners and disadvantaged patients who otherwise may have difficulty accessing physiotherapy.

It is essential that shortfalls in rehabilitation services be addressed, in order to keep people mobile, strong and independent. Patients recovering from major surgery when they are over 75 years often have a particular need for rehabilitation services.

Governments need urgently to address the shortfall in physiotherapy services affecting communities in rural and remote areas. In particular, increased access to physiotherapy is needed for people in indigenous communities.

Residential aged care needs to be overhauled. In particular, physiotherapy services need to be increased

- **People in residential care need more physiotherapy.**

The APA believes that Australia could save millions of dollars - and significantly reduce the number of older people moving into aged care facilities - if there were more physiotherapists working in aged care.

About half of physical disability in old age occurs through disuse, often when people are confined to bed while ill or injured. There is clear research evidence that if elderly people are in bed too long, they can lose their ability to move about and manage independently. Once this happens, their future can be bleak, and they may have no option but to move into residential care.

This is a tragedy. With appropriate and timely physiotherapy interventions, many more elderly people could stay mobile and independent enough to manage in their own homes – so freeing up hundreds of hospital and aged care home beds around Australia.

For residents already in aged care facilities, physiotherapy services are often quite inadequate.

Mostly it is residents who have had an acute event - such as a hip fracture or stroke – who receive the limited physiotherapy services currently available. Other long-stay residents tend to miss out on these services, and so their physical condition continues to deteriorate. This reduces their quality of life, their mobility and independence, which in turn pushes up aged care costs. These unfortunate outcomes are largely avoidable.

Australia needs to establish minimum standards of acceptable service, with regular reviews to avoid the possibility of on-going substandard services. As a minimum, all residents should be assessed by a physiotherapist at least twice a year, and treatment provided as needed.

At present many residents miss out on physiotherapy. Often it is only residents who have private insurance 'extras' cover or have DVA funding who can access physiotherapy.

Staff levels generally remain below that which would permit a high quality service to residents. Latest figures indicate that there are only about 600 physiotherapists in Australia's 3,000 or so aged care facilities, trying to meet the health needs of more than 140,000 older Australians.

Funding should be directed towards physiotherapy services for low care residents as well as high care- the preventive aspects of early intervention would result in significantly better outcomes for low care residents.

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- **Less paperwork, more hands-on care needed.**

Accreditation and funding guidelines do not reflect best practice in terms of physiotherapy care for residents.

It would seem that Physiotherapists in Residential Aged Care Facilities are primarily employed to handle the paperwork, not the patient, in order to maintain government funding for the facility.

This is a totally unacceptable situation. Minimum ratios of therapy time per resident must be set; and the cost of accreditation paperwork should not come out of the 'care' dollars, which it does at present.

Physiotherapists have estimated that the time they actually spend with residents – as opposed to filling in forms about them – averages about 10 minutes per resident per week. This is appalling.

The Commonwealth needs to re-focus on ensuring optimum patient care through its funding mechanisms: care designed to maximise mobility, strength and independence.

SUGGESTED ACTIONS

Australia needs to establish minimum standards of acceptable service in Residential Aged Care Facilities. Staff levels need to be increased, and minimum ratios of physiotherapy time per resident must be set.

Physiotherapy services need to be available at optimum levels for low care residents as well as high care, since early intervention offers the prospect of significantly better outcomes for low care residents.

The cost of accreditation paperwork should not come out of the 'care' dollars, which it does at present.

National workforce issues must be addressed, to tackle widespread shortages of physiotherapists.

- **The national shortage of physiotherapists is impacting on optimum healthcare.**

Physiotherapy is an essential and very cost-effective part of best-practice healthcare, and yet there are widespread shortages across the country, particularly in specialized areas such as gerontology.

Such shortages are often linked to poor pay and career structures in the public and community sectors, lack of recognition and support, and lack of incentives to work in rural and remote areas.

Better availability of physiotherapy services can save the Government money, through such measures as reduced need for anti-inflammatory drugs and by shortening hospital stays.

There is a need to build multi-disciplinary approaches into the under-graduate education of doctors, nurses, physiotherapists and other allied health professionals; and to increase university funding levels for physiotherapy students to at least that for science students.

One aspect for consideration is the need for better and more timely workforce data. Data from the Australian Institute of Health and Welfare, and from the Australian Bureau of Statistics, tends to be several years out-of-date even before it is published, and there is no timely, repeated, coordinated or consistent data collected at state and national levels.

- **Aged care physiotherapists need better pay and career structures.**

Working with older people needs to be made more attractive as a career option. This means not just better pay and career paths, but better undergraduate training and greater recognition of specialist skills.

Hospital management tends not to recognise and appreciate the depth of knowledge of physiotherapists who make a career choice to work in aged care.

Within residential aged care, minimum ratios of physiotherapists to residents need to be established and implemented. Residential Aged Care Facilities should not be permitted to claim that residents have 'physiotherapy' unless this is delivered by a physiotherapist.

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- **Rural workforce issues must be addressed.**

Depending on location, the number of physiotherapists per 100,000 people in rural and remote areas ranges from about one-tenth to one-third of that in metropolitan areas. This is clearly unsatisfactory, and impacts particularly on older people who may have difficulty in travelling long distances to the nearest physiotherapy service.

In order to improve health outcomes for people in rural and remote areas, funding is needed for education and training programs that lead to retention of experienced physiotherapy staff in non-metropolitan areas.

The government has implemented various schemes to encourage doctors to work in regional and rural Australia, however such measures are unlikely to provide the whole answer without adequate support from physiotherapists and other allied health professionals. The APA believes that one way forward is to institute an Allied Health Incentive Scheme, to encourage physiotherapists and other allied health professionals to work beyond the cities.

In many rural areas where there are no private practice physiotherapists, the hospital outpatient department provides people's only access to physiotherapy. Often, however, outpatient departments have received disproportionately high funding cuts, in order to protect funding for inpatient hospital services, and are often unable to provide the level of service needed by the community. These cuts are not in the interests of the patients, and reduce access and equity in health services provision.

- **More support is needed for clinical training**

Hospital-based clinical training is underfunded at both undergraduate and new graduate level.

The training of the next generation of physiotherapists, at both undergraduate and new graduate level, is being jeopardised by funding shortfalls associated with clinical placements in major teaching hospitals. This situation is being made worse by cost-shifting practices between State and Federal administrations.

Clinical education is the key to a skilled workforce in the health-care system. But there are at present shortfalls in funding for physiotherapy clinical training at both undergraduate and new graduate level.

A crucial element of the training of Australia's undergraduate physiotherapists – clinical placements in teaching hospitals – is being severely affected by university funding cuts. Whereas this hospital training role is recognised and funded for doctors and nurses, it is considerably under-resourced for physiotherapists.

The Commonwealth needs to increase university physiotherapy funding levels per EFTSU (Effective Full Time Student Unit) to at least that for science students. This would allow additional funding to be allocated to support clinical placements.

The undergraduate physiotherapy course is four years' long in all States, and over this time, students are required to undertake approximately 1,000 hours of supervised

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clinical practice. There are close to 3,000 physiotherapy undergraduates in Australian universities at present, with about 800 in the fourth or final year.

Because of funding shortfalls, universities are finding it increasingly difficult to fund these clinical practice requirements. In some cases they are reducing the direct funding to hospitals to pay for clinical training. Elsewhere, university research and general staff are being reduced in order to sustain the growing costs of clinical education.

Hospitals are also facing considerable difficulty in financing the supervision of student placements. Some are being forced to reduce the number of students they can take; and there is a clear risk that, without adequate supervision, the quality of the student experience through these placements could decline.

In addition, hospitals face a similar problem in supervising the training of newly graduated physiotherapists. Whereas the Commonwealth funds Medical Education Officer positions to oversee the training of newly-graduated doctors in public hospitals, no such support is available for physiotherapy graduates

The Australian Physiotherapy Association believes that a minimum funding allocation to hospital physiotherapy departments should be 0.05 EFT per new graduate physiotherapist. This will allow hospitals to appoint Physiotherapy Education Officers to manage their training needs.

The Australian Physiotherapy Association believes that proper clinical education is a crucial issue for the future of quality health services in Australia, and is far too important to be put at risk by cost-shifting between universities and hospitals.

SUGGESTED ACTIONS

Australian governments urgently need to address national workforce shortages in the physiotherapy profession.

Measures to deal with national physiotherapy shortages include tackling the poor pay and career structures in the public and community sectors, lack of recognition and support, and lack of incentives to work in rural and remote areas.

Within residential aged care, minimum ratios of physiotherapists to residents need to be established and implemented.

The Australian Physiotherapy Association urges the Government to provide dedicated and increased funding for physiotherapy clinical training.

Within public hospitals, the Commonwealth should provide direct funding of .05 EFT per new graduate physiotherapist, so that Physiotherapy Education Officers can be appointed.

At University level, the Commonwealth needs to increase physiotherapy funding per EFTSU (Effective Full Time Student Unit) to at least that for science students.

Governments need to untangle funding and cost-shifting problems, to provide effective aged care services.

- **The Commonwealth Government should take the lead in establishing patient-centred and transparent joint funding arrangements for health and aged care services across Australia.**

Difficulties caused by cost-shifting between Commonwealth and State Governments are well known, and were clearly identified in the Senate Report on Public Hospital Funding (December 2000).

Equally problematic is the 'funding divide' between the Commonwealth and the States, so that for example 'doctors and drugs' are considered a Commonwealth cost, and 'hospitals and allied health' are considered a State cost. The reality is that good health care requires a seamless delivery of the most appropriate services at the optimum time, regardless of the funding source.

In relation to aged care, the Commonwealth Government should take the lead in establishing patient-centred and transparent joint funding arrangements for health and aged care services across Australia. There needs to be a single pool of funding for aged care and disability services: patients are missing out on services because of the complexities of State, Commonwealth and local government funding.

The current Commonwealth/State funding model causes a lack of clarity in responsibility and accountability, as well as duplication of effort.

Budget shortfalls are all too often met by cutting funding to allied health services including vital aspects of physiotherapy; and this has led to a widespread decrease in public-sector physiotherapy services.

Consumers are the ones who suffer most from the cost-shifting 'game', and the frail aged waiting in State-funded hospitals for Federally-funded residential facility beds are a classic example.

Physiotherapy needs to be recognised and funded as a core treatment modality, crucial in getting people home from hospital more quickly, and in minimising re-admissions.

Specifically, there needs to be a dedicated line of funding to ensure that physiotherapy services within public hospitals are adequately funded. Physiotherapy services are being disproportionately affected by cost-shifting and other funding problems between the Commonwealth and the States.

Public hospital funding arrangements need to be revised to ensure there is specific recognition of, and funding for, physiotherapy services. This recognition needs to be included in Australian Health Care Agreements between the Commonwealth and the States.

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Physiotherapy should be a key component of such service areas as injury prevention and management, cardiovascular disease management, rehabilitation, chronic disease management, palliative care and mental health – programs which are recognised and funded through the Australian Health Care Agreements.

Within the States, public hospitals need to be encouraged to allocate adequate funding specifically to physiotherapy services, to ensure that patients have access to the services they need.

At present, it is often the case that designated funding for the management of a particular group of patients goes directly into public hospital operating budgets for recurrent expenditure, without particular allocation to the Physiotherapy component.

SUGGESTED ACTIONS

The Australian Physiotherapy Association urges the Commonwealth Government to take the lead in establishing patient-centred and transparent joint funding arrangements for health services across Australia.

Physiotherapy should be recognised as a Core Treatment Modality within the public health sector.

The Australian Health Care Agreement 2003-8 should provide direct funding for crucial physiotherapy services.

More physiotherapy research is needed in areas of crucial importance to older Australians.

- **The evidence base for physiotherapy is strong and growing exponentially, but additional research is needed in areas of particular relevance to older Australians.**

There are now over 3,000 randomised controlled trials and systematic reviews evaluating physiotherapy interventions indexed on the Physiotherapy Evidence Database run by the University of Sydney. A high percentage of these are relevant to gerontology.

Research has also shown that:

- Physiotherapists deliver programs which can decrease falls and fractures in elderly people
- That enhanced physiotherapy can improve outcomes post fractured hip
- That community based exercise provided by a physiotherapist can maintain physical and functional abilities, prevent falls and increase quality of life
- That walking programs in residential aged care facilities improve sleep, walking distance, physical ability, continence and depression.

Areas of needed research identified by members of the Australian Physiotherapy Association include:

- Effectiveness of physiotherapy in enabling elderly people with mobility deficits to remain living in their own homes.
- Improving and widening the number of effective objective assessment tools physiotherapists use.
- Using the teaching universities to analyse the volumes of data available in aged care facilities.
- Appropriate exercise delivery for different groups – eg nearing retirement, living at home, living in hostels or Residential Aged Care Facilities. Impact of exercise in the very old.
- The effectiveness of strength training 12 months post joint replacement to improve stability and mobility.
- Prevention of illness/injury in the frail aged, and those with complex, multiple and/or chronic physical problems.
- Prevention programs – eg falls; evaluation of exercise programs (including how to facilitate), compliance to prevent Type 2 Diabetes, hydrotherapy, Tai Chi, cost effectiveness of regular review of mobility.

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- Falls prevention strategies particularly in the demented population and frail population.
- Effect of maintaining or increasing functional mobility on injury risks to staff working in residential care – increased mobility may reduce staff injury risk.
- Increased knowledge of physical norms in age groups – 50-60, 60-70, 70-80 etc.
- Quality of life benefits (including socialisation) from group exercise programs.
- Physio-therapeutic effects in the management of leg ulcers.
- Manual handling systems.

SUGGESTED ACTION

The Australian Physiotherapy Association urges the Commonwealth Government to greatly increase funding available for priority areas of research of particular relevance to older Australians.

SUMMARY OF SUGGESTED ACTIONS

- The Australian Physiotherapy Association urges Australian governments to increase expenditure on preventative health programs from 2% to 10% of total recurrent health expenditure over the next 10 years.
- Preventative health programs for older people which urgently need increased funding include those relating to arthritis and osteoporosis, and programs which reduce the risk of falls in the elderly.
- To maximise opportunities for independent living in the community, more early intervention, home based services and community care packages are needed. Services need to be innovative, flexible, comprehensive and affordable.
- Physiotherapy programs and services should be included in the lifestyle scripts issued by General Practitioners, particularly when these are given to older people.
- The APA urges the Commonwealth Government to use the new National Health Priority Area for Arthritis and Musculoskeletal Conditions to put major funding in place for physiotherapy-based preventative and health maintenance programs for older people.
- A funding mechanism needs to be developed for aged pensioners and disadvantaged patients who otherwise may have difficulty accessing physiotherapy.
- It is essential that shortfalls in rehabilitation services be addressed, in order to keep people mobile, strong and independent. Patients recovering from major surgery when they are over 75 years often have a particular need for rehabilitation services.
- Governments need urgently to address the shortfall in physiotherapy services affecting communities in rural and remote areas. In particular, increased access to physiotherapy is needed for people in indigenous communities.
- Australia needs to establish minimum standards of acceptable service in Residential Aged Care Facilities. Staff levels need to be increased, and minimum ratios of physiotherapy time per resident must be set.
- Physiotherapy services need to be available at optimum levels for low care residents as well as high care, since early intervention offers the prospect of significantly better outcomes for low care residents.
- The cost of accreditation paperwork should not come out of the 'care' dollars, which it does at present.
- Australian Governments urgently need to address national workforce shortages in the physiotherapy profession.

Australian Physiotherapy Association

- Measures to deal with national physiotherapy shortages include tackling the poor pay and career structures in the public and community sectors, lack of recognition and support, and lack of incentives to work in rural and remote areas.
- Within residential aged care, minimum ratios of physiotherapists to residents need to be established and implemented.
- The Australian Physiotherapy Association urges the Government to provide dedicated and increased funding for physiotherapy clinical training.
- Within public hospitals, the Commonwealth should provide direct funding of .05 EFT per new graduate physiotherapist, so that Physiotherapy Education Officers can be appointed.
- At University level, the Commonwealth needs to increase physiotherapy funding per EFTSU (Effective Full Time Student Unit) to at least that for science students.
- The Australian Physiotherapy Association urges the Commonwealth Government to take the lead in establishing patient-centred and transparent joint funding arrangements for health services across Australia.
- Physiotherapy should be recognised as a Core Treatment Modality within the public health sector.
- The Australian Health Care Agreement 2003-8 should provide direct funding for crucial physiotherapy services.
- The Australian Physiotherapy Association urges the Commonwealth Government to greatly increase funding available for priority areas of research of particular relevance to older Australians.

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