



Background papers on key health policy issues

THE DIABETES MANAGEMENT INITIATIVE

AHPA is concerned about the recently-announced Diabetes management package, since it puts a limit on available funding for all health treatments for diabetics, not just those relating to their diabetes. As a result, the package could effectively reduce, rather than expand, access to allied health services for diabetics who enroll in this scheme. With Australia facing a major epidemic of diabetes, any potential reduction in treatment options is not in Australia's interest, and must be avoided.

Allied health professionals have for many years been at the frontline of the fight against diabetes. This is because the prevention and management of type 2 diabetes is largely about lifestyle choices rather than medical intervention - good weight management, healthy nutrition and plenty of physical exercise.

Australia has close to 120,000 allied health professionals: they comprise 18% of the health workforce. They are crucial in any reform of Australia's health and hospital services, and certainly to the effective control of diabetes.

Allied Health Professions Australia - AHPA – welcomes the Federal Government's recognition that more action is needed to halt this major and fast-growing chronic disease. But the details so far released of the \$450 million diabetes voluntary care package cause AHPA deep concern. AHPA believes it will effectively reduce, rather than expand, access to allied health professionals; and it urges the Government to undertake detailed negotiations with AHPA to resolve these issues.

- The Government proposes allocating around \$1,200 a year for every enrolled diabetic patient to cover the full range of general practice and primary health care expenses– for all their health conditions, not just those associated with diabetes.
- On top of this, the average general practice will also receive around \$10,800 a year, paid partly on the basis of performance in providing better care and improving health outcomes.

- For each diabetic who 'enrols' with a general practice, their access to fee for service Medicare funding ceases. The estimated value of this is pooled and provided to the general practitioner to 'coordinate and manage the care' of the patient.
- \$250 is quarantined for allied health services. This is the same amount as is currently available under the Chronic Disease Management (CDM) items in Medicare – i.e. the package offers no increase in funds available to diabetics to access treatment from allied health.
- The cornerstones of treatment for type 2 diabetes are diet and exercise, with or without medication. The vast majority of people with type 2 diabetes are overweight and require significant treatment and support over an extended period to achieve their goals. This will be extremely difficult under the proposed package.
- The '5 visits per year per patient' to all allied health under the CDM Medicare items are demonstrably inadequate, as it is impossible to meet best practice guidelines for diabetes with this restriction. AHPA and individual professions have been highlighting this inadequacy since the inception of these items in 2004. Allied health professionals can over time help people with complex conditions, including those related to multiple health problems, co-morbidities and difficult social situations; but on a tight budget per diabetic patient, these problems are unlikely to be adequately dealt with.
- There does not appear to be any opportunity for practitioners to charge a 'gap fee' under this initiative. If this is the case, allied health practitioners in private practice will be unable to afford to provide treatment to people with type 2 diabetes, especially those practitioners who require more than 20 minutes to undertake consultations.
- It is unclear what arrangements will be made for those with type 1 and gestational diabetes.
- If the funds are pooled to employ allied health practitioners in medical centres, this is likely to produce piecemeal outcomes. Only the largest general practices could afford to employ experienced private practitioners; in smaller medical centres, limited funds may result in a 'revolving door' of inexperienced new graduates. This outcome may not produce optimum results for patients and could well undermine existing allied health private practices.
- The funding arrangements (\$10,800 based on performance) provides an economic incentive for GPs to see less complex cases, leaving people with more complex conditions to fall through the cracks. Diabetes lies along a continuum of care, and inadequate funding at any point along this continuum means that diabetics with more challenging conditions may be in danger of not receiving appropriate treatment. In the longer term, this could lead to an increase in hospitalisations.
- This initiative will add another layer of complexity to already complex arrangements for managing diabetes. Not everyone will choose to enrol with a general practice. Already Australia has the Medicare CDM items (which will remain for those not enrolled); Department of Veterans' Affairs (DVA) items, and free services available through community health and designated diabetes education centres. Many people seek treatment using their health insurance extras cover, and some people just pay upfront with no financial support.

- There is no opportunity for endocrinologists to refer directly to allied health practitioners under Medicare; this has been a significant problem with the current Medicare CDM items, and remains a difficulty with the new government proposals. Endocrinologists can refer if the patients are being treated via DVA or have their own health insurance - which again adds unnecessary hurdles and complexity to patient care.
- Much of the work of managing diabetes (especially self management) and keeping patients well is that done by allied health but it appears under the proposed program that it will be the GP practice which is rewarded for good outcomes – allied health gets nothing.
- AHPA is concerned that the diabetes initiative is the ‘thin end of the wedge’ and that this model is planned for all chronic disease management – which would be very much a retrograde step.

About AHPA

Allied Health Professions Australia (AHPA) is the national peak body for major health professions and their representative bodies other than medical practitioners, nurses and unions. AHPA works to represent the interests of the allied health professions sector, particularly to the Federal Government; and to provide a vehicle for liaison and discussion between the professions themselves.

Members of AHPA include associations of the following professions:

- Audiologists
- Chiropractors
- Diabetes educators
- Dietitians
- Exercise physiologists
- Occupational therapists
- Orthoptists
- Orthotists and prothetists
- Osteopaths
- Pharmacists
- Podiatrists
- Psychologists
- Radiographers and radiation scientists
- Social workers
- Sonographers
- Speech pathologists
- Allied health in rural and remote Australia