



**All moves to reduce access to allied health through Medicare must be stopped. This little-publicised trend to reduce access to allied health currently available through the Better Access initiative and possibly the chronic disease management (EPC) items on the Medicare schedule is not in the interests of health consumers – it will make it more difficult and costly for people with chronic and/or complex conditions to access allied health treatments.**

Allied health professionals (AHPs) deliver over 112 million consultations every year to the Australian population. Collectively, their range of skills is huge: they work in every setting from schools to hospital emergency departments and intensive care, and offer expertise right across the spectrum of illness and disability, lifestyle issues, welfare and wellness programs.

In public hospitals, community health centres, and other government-funded institutions, access to allied health skills is likely to be free or subsidised. But most allied health professionals are in private practice, and Medicare rebates are available for only a very limited range of services, on referral from a GP.

Now, it seems, even that limited range of Medicare-funded services is under threat. Two key areas of Medicare-funded allied health consultations – for mental health and for diabetes – are being modified in ways which appear likely to reduce Medicare-funded access to allied health.

This is not reform – it is regression. Real reform would include expanding, not contracting, access to Medicare where optimum patient care requires this.

### **Mental health – the Better Access debacle**

In the May budget papers this year, the Government announced that social workers and occupational therapists would no longer be eligible for Medicare-funded consultations within the Better Access program, as of July 2010. In the face of a considerable public outcry, the Government has put this decision on hold until April next year, but has not agreed to reverse it. *More details are set out in the AHPA's background paper No 4.*

### **Diabetes initiative**

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. *More details are set out on the AHPA’s background paper No. 5*

### **The Chronic Disease Management (CDM) Medicare items**

For the past six years or so, patients with chronic and/or complex conditions have been able to obtain limited Medicare rebates for consultations with allied health practitioners, on referral from their GP. Eligible patients can claim a maximum of five allied health services per calendar year.

Similarly, residents of aged care homes whose GP has contributed to a care plan prepared by the residential aged care facility may also have access to these allied health items.

Five Medicare-subsidised consultations a year, to cover all allied health professional services, is clearly a very modest program. But the Government’s intention, as indicated through the Diabetes initiatives, is to whittle away even this small amount of support.

If packaged funding models are adopted they need to acknowledge the significant role of allied health professionals in chronic disease management, rather than provide a token amount based on historical underfunding which does not support best practice.

### **What Medicare SHOULD fund**

Allied Health Professions Australia (AHPA) believes that the Chronic Disease Management program needs a substantial review. Medicare-funded referrals to allied health professionals should be based on consumer needs, not bureaucratic convenience; and there should be a variety of funding models. There is no rational basis for setting a ‘five consultations a year’ limit: some people with chronic and complex conditions may need to see several different allied health professionals, possibly for a series of visits; while others may need fewer than 5, or none at all.

Medicare funding for case management and care coordination for people with chronic and complex conditions should be available to all professionals who do this work, not just to GPs.

Funding should take into account social disadvantage, and the special difficulties faced by patients in rural and remote areas with limited access to health professionals of any discipline.

And decisions on the introduction and retention of Medicare items for health services should be evidence-based; funding should be provided for evidence-informed services which are shown to be effective.

### **Where do our political parties stand on this?**

AHPA calls on all political parties to support the expansion of Chronic disease management Medicare items, based on the principles of:

- Consumer need rather than bureaucratic convenience

- Equitable access to demonstrably-effective services provided by all health professionals, not just GPs and medical specialists
- Expansion, and not reduction, of access to effective allied health professional services
- Prevention, not just cure – a major focus on preventing the development of lifestyle-related health problems, based on large-scale community programs.

## **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
- Hospital pharmacists
- Occupational therapists
- Orthoptists
- Orthotists and prosthetists
- Osteopaths
- Podiatrists
- Psychologists
- Radiographers and radiation scientists
- Social workers
- Sonographers
- Speech pathologists
- Allied health in rural and remote Australia