Policy Paper:

Enhancing aged care services through allied health

March 2013
POLICY PAPER:
ENHANCING AGED CARE SERVICES
THROUGH ALLIED HEALTH

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AHPA’s call to action …

- AHPA strongly supports the Productivity Commission’s recommendations that the aged care sector moves towards enabling consumers, regardless of whether they live independently or within a facility, to ‘receive aged care services that address their individual needs, with an emphasis on reablement where feasible’ and that consumers should be able to access home-based or facility-based services.

- AHPA understands that in most parts of Australia, the biggest barrier to accessible allied health services in the aged care sector is funding.

- AHPA is keen to work with the sector to identify and implement consumer-focused, cost-effective solutions which improve access to clinical services provided by allied health professionals. This includes building upon the current access through Medicare and the inclusion of allocations within the Aged Care Funding Instrument linked to accreditation standards, aimed at ensuring the delivery of appropriate and quality allied health services.

- AHPA seeks the involvement of allied health professionals in the key areas of standards assessment and accreditation to assess compliance and ensure allied health services are being properly provided by appropriately skilled staff. Additionally, strong links between specified services and accreditation must be established to ensure relevant mechanisms for assessing the appropriateness of service provision. AHPA would also welcome the opportunity to work towards better integration of allied health professionals in the sector, including as employees of residential facilities and community health facilities to improve the skillset of the sector’s workforce, leading to enhanced access and consumer outcomes.

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Policy Paper:

Enhancing Aged Care Services through Allied Health

Position Statement

Enhancing aged care services through allied health

AHPA supports better access to services provided by allied health professionals for all consumers in the aged care sector. Access to ‘the right practitioner in the right place at the right time’ promotes better physical and mental wellbeing for the consumer, their carers and/or families, reducing the need for more costly health services, including residential care and hospital treatment. This is supported within the Productivity Commission Report (2011) on Aged Care that acknowledged that ‘Poor access to … allied health services affects the capacity of the aged care sector to deliver timely and appropriate care, and can result in unnecessary pressure on other parts of the health system’.\(^2\) The recommendations of the Productivity Report amount to widespread reform, particularly in relation to the role of allied health in the sector.

AHPA strongly supports the recommendations that the sector moves towards enabling consumers, regardless of whether they live independently or within a facility, to ‘receive aged care services that address their individual needs, with an emphasis on reablement where feasible’\(^3\) and that consumers should be able to access home-based or facility-based services. AHPA seeks the involvement of allied health professionals in the key areas of standards assessment and accreditation to assess compliance and ensure appropriate services are being properly provided. Additionally, strong links between specified services and accreditation must be established to ensure appropriate mechanisms for assessing the appropriateness of service provision. AHPA would welcome the opportunity to integrate allied health professionals into the sector, including governance, the provision of leadership to assistants and support staff and the development of effective multidisciplinary models of care.

AHPA also recognises the need to improve access to clinical services provided by allied health professionals. The introduction of an aged care stream into Medicare to build on services currently available to consumers in this sector would enhance access. Medicare packages designed to support consumers to remain living independently in the community for longer would enhance consumer outcomes and demonstrate cost-effective use of resources. Inclusion of specific funding within the


\(^3\) Ibid, p. xxii.
Aged Care Funding Instrument to enable access to allied health services is required, and should be linked to accreditation standards to ensure the quality and appropriateness of services delivered.

AHPA understands that in most parts of Australia the biggest barrier to accessible allied health services in the aged care sector is funding. AHPA strongly supports the Commission’s comments relating to ‘improving the means by which older Australians are able to more effectively access services by allied health practitioners’. To overcome access issues reported by the Productivity Commission, AHPA is keen to work with the sector to identify opportunities to adopt the recommendation that ‘health care services provided through aged care (such as nursing and allied health care), should be subject to charging arrangements consistent with those in the health care system’.  

To meet the future demands in the aged care sector, workforce redesign is essential and must be supported by relevant standards which ensure accessible allied health services are delivered by appropriately skilled allied health professionals to ensure safety and quality. AHPA believes the sector should consider expanding the opportunities to integrate allied health professionals as employees of residential facilities and community health facilities to improve the skillset of the sector’s workforce, leading to enhanced consumer outcomes. Accessibility to services should improve if the sector expands the role of allied health professionals to recognise and utilise their full range of skills, and resolves the funding inequities that limit the sector’s ability to attract and retain a skilled workforce of allied health professionals.

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2 ibid, p. 24.
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Background

In April 2010 the Council of Australian Governments (COAG) commissioned a report from the Productivity Commission on Caring for Older Australians.\(^6\) Published in June 2011, the report sought to develop options for redesigning Australia’s aged care system to ensure it could meet future challenges. The work was closely linked to outcomes of other health reform initiatives, including by the National Health and Hospitals Reform Commission which considered that significant reform was required to meet the challenges of an older and diverse population.

The broad-ranging work of the Productivity Commission sought to build on previous reports, develop regulatory and funding options, examine future workforce requirements, recommend transition arrangements, consider the alignment of regulation across the sector and assess the medium- and long-term fiscal implications of recommendations.\(^7\) The report noted that the aged care system was difficult to navigate, and that services and choice were limited and of variable quality. Further, coverage of services was inconsistent or inequitable and the workforce was not always sufficiently skilled and suffered shortages exacerbated by low wages.

Currently, over one million older Australians receive aged care services annually. This is expected to increase to 3.5 million by 2050. In 2010 the cost of providing aged care services was 0.8% of gross domestic product (GDP). The Productivity Commission projected that the cost of providing aged care services under a reformed model would rise to 2% of GDP by 2050.\(^8\) This fiscal challenge is faced by countries across the globe, particularly developed countries where the use of medical services by adults rises with age.\(^9\) As the World Health Organization identified in 2011, the ‘great opportunity for public health programs in the first half of the 21\(^{st}\) century is to keep older people healthy longer, delaying or avoiding disability and dependence’.\(^10\)

\(^7\) ibid, pp. vi–vii.
\(^8\) ibid, p. Xlii.
\(^10\) ibid, p. 23.
Enhancing outcomes for older Australians

Allied health professions\(^1\) have evolved rapidly over recent decades in response to the growing need for a health workforce with the capability to deliver specialised health services. Through their respective professional associations, the professions have sought to ensure the knowledge, skills and abilities of their professionals enable them to deliver safe, high quality health services. Access to ‘the right practitioner in the right place at the right time’ enhances the consumer’s health outcomes enabling them to participate in the community.

With principal responsibility for aged care planning and funding, the Australian Government aims ‘to ensure that all frail older Australians have timely access to appropriate care and support services as they age …’.\(^2\) This goal is in line with the Australian Charter of Healthcare Rights that states that ‘Everyone has the right to be able to access health care …’.\(^3\) There is evidence that access to services provided by allied health professionals promotes better physical and mental wellbeing for the consumer, their carers and/or families, reducing the need for more costly health services, including residential services and hospital treatment. Integration of allied health professionals into service delivery in the aged care sector has not kept pace with other areas, such as primary care and disability. This is at odds with evidence that higher utilisation of allied health services enables older people to live independently for longer within the community where they are able to contribute to society both economically and socially.

Beyond the provision of specialised allied health services, the aged care sector would also benefit significantly from better integration of allied health into other areas including governance, needs assessment, the provision of leadership to assistants and support staff and the development of effective multidisciplinary models of care. AHPA seeks the involvement of allied health professionals in the key areas of standards assessment and accreditation to assess compliance and ensure appropriate services are being properly provided. Additionally, strong links between specified services and accreditation must be established to ensure appropriate mechanisms for assessing the appropriateness of service provision.

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Improving equity of access to allied health services for older Australians

There is no doubt that the aged care sector is in urgent need of reform to ensure provision of the level and quality of health services that older Australians require both now and into the future. Allied health professions have evolved rapidly over recent decades in response to the growing need and strong demand for specialised health services. While the value of services provided by allied health professionals has been recognised in other sectors during this time, most consumers in the aged care sector are yet to benefit from these services, as access remains very limited.

In 2009, 49% of older Australians had five or more long-term conditions and this rate increased to 70% in those aged 85 or over. In June 2010 almost half of the residents of government-funded aged care facilities had medium to high needs for complex health care services with similar numbers having a diagnosis of dementia.14 This data highlights the significant opportunities to utilise the services of allied health professionals to improve the quality of life, mobility and independence of these consumers. But, as reported by the Productivity Commission, there appears to be some disconnect as whilst the levels of acuity continue to rise, the sector’s skilled workforce has been shrinking.15

The limited access to services provided by allied health professionals in the aged care sector is most likely a culmination of several factors. As many allied health professions have only emerged in recent decades, there is a lack of knowledge regarding the services on offer and the outcomes that can be achieved. Potentially this knowledge gap is across the sector, including those who conduct needs assessments as well as the consumers themselves. Further, the few Medicare benefits on offer are aimed at consumers in low care settings and who have the capacity to contribute towards the cost of the health services. These packages are restricted by budgetary constraints, rather than being needs or outcomes based, and their capacity to enhance outcomes for consumers in the aged care sector – many with five or more complex conditions – through services provided under these packages is extremely limited. Finally, for consumers in high care residential facilities, services provided by allied health professionals are funded by the facility though the government subsidy received by the facility does not adequately allow for the costs incurred.

Low utilisation of services provided by allied health professionals is contrary to evidence which suggests that access to ‘the right practitioner in the right place at the right time’ can enhance the physical and mental wellbeing of older Australians, enabling them to remain independent for longer and contribute to the community both socially and economically, as well as reducing the need for more expensive services. This is supported within the Productivity Commission report which acknowledged that ‘Poor access to … allied health services affects the capacity of the aged care sector to deliver timely and appropriate care, and can result in unnecessary pressure on other parts of the health system’. These access issues acknowledged by the sector increase the importance of embedding allied health professions within the current reform and redesign processes.

AHPA strongly supports the recommendations that the sector moves towards enabling consumers, regardless of whether they live independently or within a facility, to ‘receive aged care services that address their individual needs, with an emphasis on reablement where feasible’ and that consumers should be able to access home-based or facility-based services. The introduction of an aged care stream into Medicare to build on services currently available to consumers in this sector would enhance access. Medicare packages designed to support consumers to remain living independently in the community for longer would enhance consumer outcomes and demonstrate cost-effective use of resources. Inclusion of specific funding within the Aged Care Funding Instrument to enable access to allied health services is required, and should be linked to accreditation standards to ensure the quality and appropriateness of services delivered.

While we recognise the benefits of a consumer-led model of care in the sector, we would like to work with the sector to ensure that relevant standards are introduced which ensure accessible allied health services are delivered by appropriately skilled allied health professionals to ensure safety and quality, thus enhancing consumer outcomes and reducing their future need to access more expensive health services.

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Consumer-focused and sustainable health services for older Australians

We note the sector reports that difficulty attracting allied health professionals limits consumers’ access to services. While there are varying estimates of the number of allied health workers within the sector, information from our member organisations indicates that there are very few allied health professionals employed in the sector in a clinical capacity. It is therefore assumed that the allied health workforce consists overwhelmingly of assistants and support workers requiring high levels of supervision. The difficulty attracting allied health professionals is most likely the result of a number of factors including poor remuneration and career paths for employees, and inadequate facility funding, and Medicare benefit packages that generally do not take into account the cost of delivery of the service including travel.

As allied health professionals have operated on the periphery of aged care to date, it is also likely that our workforce has difficulty negotiating the sector, as it functions differently to others. The recommendation that aged care training is incorporated in entry level education for allied health professionals is welcomed by AHPA and its member organisations.

To meet the future demands in the sector, workforce redesign appears essential. Presently, it appears that allied health professionals are generally utilised on a contract basis to provide clinical services rather than employees in the sector. However, in other sectors they hold significant roles that extend beyond the delivery of health services to clinical leadership, quality assurance and management. AHPA believes the sector should consider expanding the opportunities to integrate allied health professionals as employees of residential facilities and community health facilities to improve the skillset of the sector’s workforce, leading to enhanced consumer outcomes. Importantly, the benefits of fully utilising the breadth of skills of allied health professionals within the aged care sector extend beyond enhanced consumer outcomes to reducing the demand for additional health services including hospital treatment.

Funding models that ensure older Australians can access quality health services

AHPA understands that in most parts of Australia the biggest barrier to accessible allied health services in the aged care sector is funding. In some rural and remote areas, as well as Indigenous communities, ...

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severe workforce shortages may be a further contributing factor. AHPA strongly supports the Commission’s comment regarding ‘improving the means by which older Australians are able to more effectively access services by allied health practitioners’. To overcome access issues reported by the Productivity Commission, AHPA is keen to work with the sector to identify opportunities to adopt the recommendation that ‘health care services provided through aged care (such as nursing and allied health care) should be subject to charging arrangements consistent with those in the health care system’. Further, funded tele-consultations should be considered where appropriate to assist with access issues arising from workforce shortages or maldistribution.

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19 ibid, p. 225.
20 ibid, p. 24.
Appendix 1 – Definition of allied health

The allied health workforce in Australia is comprised of allied health professionals and technicians, assistants and support workers who work with allied health professionals.

In this definition, Allied Health Professions Australia (AHPA) aims only to define the allied health professions and their professionals.

Background

In both the international and national domain there is no universally accepted definition of allied health professions. Instead, a range of definitions are used in various sectors. A variety of professions are listed as allied health professions by various government authorities and departments, health service providers, health funds and tertiary institutions. It is well accepted that the allied health subset of the Australian health professions does not include medical, nursing or dental professionals.

Professions Australia has defined ‘a profession’ as: ‘a disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others. It is inherent in the definition of a profession that a code of ethics governs the activities of each profession. Such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. Further, these codes are enforced by the profession and are acknowledged and accepted by the community.’

AHPA’s Definition of ‘Allied Health Professions’

AHPA uses and builds on Professions Australia’s definition of a profession with additional specifications:

An allied health profession is one which has:

- a direct health consumer care role and may have application to broader public health outcomes
- a national professional organisation with a code of ethics/conduct and clearly defined membership requirements
- university health sciences courses (not medical, dental or nursing) at AQF Level 7 or higher, accredited by their relevant national accreditation body
- clearly articulated national entry level competency standards and assessment procedures
- a professionally defined and a publicly recognised core scope of practice
- robust and enforceable regulatory mechanisms

And has allied health professionals who:

- are autonomous practitioners
- practise in an evidence-based paradigm using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function
- may utilise or supervise assistants, technicians and support workers.
About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) is the national peak body for the allied health professions in Australia, with 18 national associations as member organisations. Collectively, these organisations with their members in public, private, not-for-profit, rural and regional services across Australia, work together to provide an effective voice for over 57,000 allied health professionals.

As the largest peak body representing and advocating for the role of allied health professions in Australia, AHPA provides unified advice to government and key stakeholders across a broad range of issues, seeking to improve the health and wellbeing of all Australians.

Australia has a well-developed workforce of allied health professionals who utilise their specialised knowledge and skills to improve consumer outcomes. Allied health professionals work autonomously, as part of multidisciplinary teams and are available to supervise other health workers, including assistants and technicians. AHPA and its member organisations consider the role of appropriately trained and regulated allied health professionals is vital to the delivery of safe and effective health services, and ensuring the community has access to ‘the right practitioner in the right place at the right time’.

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Member organisations:

- Audiological Society of Australia
- Australasian Podiatry Council
- Australian and New Zealand College of Perfusionists
- Australian Association of Social Workers
- Australian Music Therapy Association
- Australian Orthotic Prosthetic Association
- Australian Osteopathic Association
- The Australian Psychological Society
- Australian Sonographers Association
- Chiropractors’ Association of Australia
- Dietitians Association of Australia
- Exercise & Sports Science Australia
- Occupational Therapy Australia
- Orthoptics Australia
- Society of Hospital Pharmacists of Australia
- Speech Pathology Australia

Associate members:

- Australian Diabetes Educators Association
- Australian Association of Practice Managers