Allied Health Professions Australia

Level 8, 350 Collins St
Melbourne VIC 3000
ABN 60 083 141 664

P +61 3 8676 0634
E office@ahpa.com.au

www.ahpa.com.au

Australian Commission on
Safety and Quality in Health Care
GPO Box 5480
Sydney, NSW, 2000

By email (medsafety@safetyandquality.gov.au)

13 October 2020

Re: Consultation on the Quality use of Medicines and Medicines Safety Phase 1 Discussion paper

Allied Health Professions Australia (AHPA) welcomes the opportunity to provide feedback on the Australian Commission on Safety and Quality in Health Care's (the Commission) Phase 1 discussion paper on Quality Use of Medicines and Medicines Safety in aged care. We acknowledge in particular the support of Exercise and Sports Science Australia (ESSA) in the development of this response. We also note that in responding to this paper, AHPA has consulted with its broader membership to ensure our response acknowledges the valuable roles of different allied health professions in relation to the support of older Australians.

Allied health professionals are a crucial part of the aged care workforce, improving the health and functional independence of older people through the use of reablement and restorative care-focused interventions. The diverse range of supports provided by allied health professionals include preventive care, communication, diet and safe eating, restoring function and addressing functional loss, rehabilitation, mental ill-health, behaviour management. The allied health workforce is diverse and includes key professions such as audiology, exercise physiology, music and creative therapy, occupational therapy, physiotherapy, psychology, social work and speech pathology.

While the allied health role may in some cases be independent of other supports and services, when best practice is applied it is often part of multidisciplinary supports that complement or reduces the need for medical interventions. This includes the use of medicines, particularly in areas such as pain management, management of mental ill-health, and managing complex behaviours such as those that may be exhibited by older people with dementia or other types of cognitive decline. The allied health role in those scenarios is well recognised and based on a strong evidence base. Yet our health and aged care systems remain rooted in medical models that fund some interventions and don't fund others. Access to allied health services, particularly in residential aged care, is highly restricted and results in an inappropriate dependence on pharmacological interventions.

AHPA argues that:

- **Best practice use of non-pharmacological interventions are well understood and well-identified but cannot currently be resourced by most aged care homes.**
- **Inappropriate use of pharmacological interventions arises from the funding disincentives in aged care, whereby the health system covers the cost of pharmacological interventions as well as acute interventions, allowing cost shifting from aged care to health.**

Allied Health Professions Australia

Level 8, 350 Collins St
Melbourne VIC 3000
ABN 60 083 141 664

P +61 3 8676 0634
E office@ahpa.com.au

www.ahpa.com.au

At the same time, the current Aged Care Funding Instrument (ACFI) penalises aged care providers for achieving improvements in the functional capacity of older people by reducing funding, removing any value in investing in allied health interventions.

- **Urgent funding reforms are required that commit Australian aged care homes to a reduction in the proportion of older Australians receiving medications and an increase in the availability of, and use of, allied health supports across areas such as pain management, mental ill-health and behaviour management.**
- **The Commission has an important role to play in collating and developing improved clinical standards and advocating for the funding of appropriate non-pharmacological care.**

Clear guidance and appropriate clinical standards for the safe use of medications will be critical to driving these changes and we call on the Commission to use its influence to call for funding changes, increased reporting, and the development and implementation of stronger standards for the use of pharmacological interventions in aged care.

The case for change

The need to reduce the use of medications, particularly psychotropic medicines, in aged care has been widely discussed as part of the Royal Commission into Aged Care Safety and Quality. A key focus has been the use of psychotropic medication. Expert witnesses such as Edward Strivens, a geriatrician, have reported that around 80% of people in residential care may on some form of psychotropic medication despite only a small proportion of people actually benefitting from the medication.[i] Strivens argued that '*the use of medication should never be a substitute for good quality care and non-pharmacological management strategies are always and should always be the first step and we shouldn't be using strong medications as a substitute for care.*' [i]

Unfortunately, despite recognition that age care facilities may be overly reliant on the use of pharmacological approaches to manage behaviour, and that overuse of medications may be harming older people, it's not clear that research and evidence is translating into the necessary changes in funding or practice. The Carnell and Paterson *Review of the National Aged Care Regulatory Process*[ii] found that medication was being used in residential aged care as a first and quick response to behavioral issues. This is supported by other contemporary research showing a significant increase in the use of psychotropic medications once older people enter aged care.[iii] The Carnell and Paterson review identified several factors as key contributors to this including a lack of access to mental health and allied health professionals and a lack of the knowledge, skills and time to implement non-pharmacological interventions. Given the well-documented nature of these issues, and the slow rate of reform of aged care funding, it is difficult to support an ongoing lack of access to mental health supports delivered by psychologists, mental health occupational therapists and social workers and funded by Medicare under the Better Access program.

AHPA also notes that there is a growing body of evidence supporting the role of exercise in managing and preventing mental illness. Recent evidence guides published by the Royal Australian and New Zealand College of Psychiatrists and the Mental Health Commission of NSW[iv] recommend referral to,

Allied Health Professions Australia

Level 8, 350 Collins St
Melbourne VIC 3000
ABN 60 083 141 664

P +61 3 8676 0634
E office@ahpa.com.au

www.ahpa.com.au

or engagement with dedicated allied-health professionals with expertise in exercise prescription, such as an exercise physiologist, to promote improved health outcomes of people living with a mental illness.

Similar issues apply in relation to pain management for older people. Current practice in relation to pain management recognises that medication is only a partial solution and that allied health interventions are an important and appropriate response. The Department of Health's Strategic Action Plan for Pain Management notes that '*a holistic approach to pain management, known as multidisciplinary pain management, is the best way to minimise the impact of pain, reduce disability and improve function and wellbeing.* [v] Similarly, the Australian Pain Management Society's 2018 Report *Pain in Residential Aged Care Facilities: Management Strategies* argues that *'appropriate tailored physical activity can ease chronic pain in the long term'* and that '*where residents have medical conditions or disabilities (for example, stroke), the physical activity program should be overseen by a suitably qualified health professional (for example, a physiotherapist or an exercise physiologist)'.*[vi]

Here too, evidence has shown clearly that funding under the current ACFI is not meeting the needs of older Australians. The Australian Government's 2011 *The Review of the Aged Care Funding Instrument*[vii] identified issues in relation to pain management, and that*:*

- *'the interventions specified by ACFI, such as therapeutic massage and the application of heat packs, are too narrow and not consistent with contemporary best practice.*
- *there are other care modalities with better evidence-based support that could be included such as exercise, distraction and psychological interventions; and*
- *the list of allied health professionals able to provide directives and particular interventions is too restrictive and should be broadened to include other allied health professionals.'* [viii]

The importance of non-pharmacological interventions as an alternative or adjunct to medication is strongly supported by best practice medical and other guidelines. For example, the Royal Australian College of General Practitioners' (RACGP) Aged Care Clinical Guide suggests that clinicians should, '*wherever possible, use non-drug treatments either alone or as an adjunct to medication in preference to medication'.*[ix] This guidance also applies in relation to other chronic conditions, where a reliance on pharmacological interventions is likely to exacerbate issues around polypharmacy. Conversely, improved use of non-pharmacological interventions is an important support for clinicians addressing issues of polypharmacy.

Despite extensive evidence for the need to support non-pharmacological interventions, the ACFI lacks the capacity to appropriately identify need for, and fund access to, allied health services.[x] These issues in relation to allied health funding under the ACFI are well-documented and may be carried over into the proposed Australian National Aged Care Classification (AN-ACC) funding instrument due to its reliance on ACFI-based modelling. The 2017 *Review of the Aged Care Funding Instrument Report* found that '*Accredited Exercise Physiologists (AEPs) are not currently recognised in the list of Health*

Allied Health Professions Australia

Level 8, 350 Collins St
Melbourne VIC 3000
ABN 60 083 141 664

P +61 3 8676 0634
E office@ahpa.com.au

www.ahpa.com.au

Professionals in the ACFI User Guide (page 38). However, their practices fit strongly into the planned Therapy Program and their inclusion is recommended in the new R-ACFI Therapy Program model" (page 36).[xi]

These issues are widespread in relation to allied health and include funding only a narrow range of services (heat packs, massage, technical equipment), not aligned with contemporary evidence-based for physiotherapists and other professions providing pain management services. They also include failing to fund a number of professions, despite strong evidence of their role in managing pain, mental ill-health or behaviors of concern. For example, despite high rates of communication issues there is no funding under the ACFI for communication-based interventions, delivered by speech pathologists, which may address behavioural issues. Similarly there is no funding under the ACFI for interventions to manage anxiety or cognitive decline delivered by creative arts and music therapists.

The impact of these funding restrictions is that the aged care workforce is dominated by non-clinical care staff, who represent 70.3% share of the direct care workforce. By way of contrast, allied health professionals represent only 1% of the workforce.[xii] In light of the ever-increasing complexity of typical aged care residents, it is clear that best practice care cannot be provided without urgent changes to staff resourcing, supported by appropriate funding.
In closing, AHPA reiterates our call for the development of stronger clinical standards, supported by changes to aged care funding and access to allied health services for older Australians. While we recognise the vital role of medications, and the importance of careful medical and pharmacological management of medications use for older Australians, we argue that the most urgently needed and effective responses will be based on access to genuine, multidisciplinary care with strong allied health involvement.

We thank the Commission for its consideration of our feedback and encourage further engagement with AHPA and the allied health sector in relation to questions, clarifications, or the development of policy responses and clinical guidelines.

Sincerely,

Claire Hewat
Chief Executive Officer

Allied Health Professions Australia

Level 8, 350 Collins St
Melbourne VIC 3000
ABN 60 083 141 664

P +61 3 8676 0634
E office@ahpa.com.au

www.ahpa.com.au

About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) is a collegiate body consisting of 19 national allied health association members and a further 11 affiliate members with close links to the allied health sector. The AHPA membership represents some 130,000 allied health professionals working across a wide range of settings and sectors. A significant proportion of those allied health professionals provide care to older Australians.

Allied health professionals represent almost a third of the country's health care workforce and deliver over 200 million health services annually. Access to allied health services continues to be significantly lower in rural and remote regions leading to poorer health outcomes. By ensuring that allied health services are fully accessible across the country will we ensure that Australia has an integrated, comprehensive health care system which delivers world class health care.

Please visit www.ahpa.com.au for further information about us.

---

[i] Strivens E, 2019, Statement to Royal Commission into Aged Care Quality and Safety', transcript, *Royal Commission into Aged Care Quality and Safety*, 2019 [cited 2019 Aug 12] Available from https://agedcare.royalcommission.gov.au/hearings/Documents/transcripts-2019/transcript-13-february-2019.pdf .

ii Carnell K, Paterson R. Review of National Aged Care Quality Regulatory Processes. [Internet]. Australia: Department of Health; 2017 [cited 2019 Aug 12]. Available from https://www.health.gov.au/sites/default/files/review-of-national-aged-care-quality-regulatory-processes-report.pdf .

[iii] https://www.mja.com.au/journal/2020/212/7/dispensing-psychotropic-medicines-older-people-and-after-they-enter-residential

[iv] Australian, R. and N.Z.C.o. Psychiatrists, Keeping Body and Mind Together. Improving the physical health and life expectancy of people with serious mental illness. 2015.

[v] Department of Health. National strategic action plan for pain management [internet]. Canberra (AU): Commonwealth of Australia; 2019 [cited 2019 Aug 12]. Available from https://www.painaustralia.org.au/static/uploads/files/national-action-plan-final-02-07-2019-wfpnnlamkiqw.pdf .

[vi] Goucke CR, ed. Pain in Residential Aged Care Facilities: Management Strategies, 2nd Edition. Sydney: Australian Pain Society; 2018

[vii] Australian Government Department of Health and Ageing, 2011, The Review of the Aged Care Funding Instrument, Canberra: Australian Government Department of Health and Ageing.

[viii] Australian Government Department of Health and Ageing, 2011, The Review of the Aged Care Funding Instrument, Canberra: Australian Government Department of Health and Ageing.

[ix] Royal Australian College of General Practitioners (RACGP), 2020, RACGP aged care clinical guide (Silver Book). RACGP. [Cited 2020 Sep 25]. Available from https://www.racgp.org.au/silverbook.

[x] Commonwealth of Australia, Community Affairs References Committee. Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices and ensuring proper clinical and medical care standards are maintained and practised, Final Report. [Internet]. Canberra, ACT: Commonwealth of Australia [2019 Apr 19]. Available from https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024266/toc_pdf/EffectivenessoftheAgedCareQualityAssessmentandaccreditationframeworkforprotectingresidentsfromabuseandpoorpractices,andensuringproperclinicalandmedicalcarestandardsaremaintainedandpractised.pdf;fileType=application%2Fpdf .

[xi] Rosewarne R, Opie J, Cumpston R, Boyd V, Kikkawa, A. Review of the Aged Care Funding Instrument Report, Part 1: Summary Report [Internet]. Melbourne (AU): Applied Aged Care Solutions Pty Ltd; 2017 [cited 2019 Aug 12]. Available from https://agedcare.health.gov.au/reform/review-of-the-aged-care-funding-instrument-report .

[xii] Aged Care Workforce Strategy Taskforce, Department of Health. A Matter of Care Australia's Aged Care Workforce Strategy. [Internet]. Canberra (AU): Commonwealth of Australia [2018 Jun]. Available from https://agedcare.health.gov.au/sites/default/files/documents/09_2018/aged_care_workforce_strategy_report.pdf