Committee Secretary
Health and Environment Committee
Parliament House
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Inquiry Into the Provision of Primary, Allied and Private Health Care, Aged Care and NDIS Care Services and its Impact on the Queensland Public Health System

Dear Members of the Committee,

AHPA appreciates the opportunity to contribute to this Inquiry. AHPA is the recognised national peak association representing Australia's allied health professions across all disciplines and settings. Our membership collectively represents some 140,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce of around 14,000 practitioners.

One of the strengths of allied health is its focus on prevention and early intervention within frameworks of wellness, recovery and reablement. For example, effective integration of allied health interventions, including diabetes education and exercise physiology, can prevent the development of illnesses such as Type 2 diabetes linked to over- or poor nutrition.

If a person has already developed an illness, the right interventions are likely to reduce further consequences. For instance, exercise and strength training for knee osteoarthritis are highly cost-effective interventions, compared to treatments such as arthroscopy which have been shown to be ineffective.

Preventive health and early intervention programs provided through allied health can maintain and improve patients' strength and functionality and increase their levels of wellness and wellbeing. This reduces aged care costs, as older Australians can be supported to live independently in the community, or at least remain living in their own homes for longer.

If allied health services were formally guaranteed in residential aged care, practitioners such as physiotherapists, exercise physiologists, occupational therapists, speech pathologists, podiatrists, osteopaths, social workers and music therapists could provide ageing Australians with the treatment they need. This would lead to improvements in quality of life and reduce the burden of disease, costly surgeries and hospital admissions, such as those associated with falls and musculoskeletal deterioration.

Allied health can also play a significant part in improving the health and wellbeing of people with dementia. There is currently a high dependence on restraints to manage patients with challenging behaviours, including people with dementia. Better access to services provided by allied health professionals trained in behaviour support helps to avoid this dependence. Cognitive rehabilitation, such as treatment provided through occupational therapy, psychology, social work, speech pathology, and music and creative arts therapy, can also be valuable in the early stages of dementia when new strategies can still be learnt. Allied health support for physical reablement is also important for greater mobility and pain management, which can in turn help to reduce verbal and physical aggression.

It is well known that the burden of disease is shaped by the social determinants of health. The greatest health inequities, including lack of meaningful access to treatment for chronic disease, are borne by those who already experience disadvantage, such as the poor, First Nations peoples and those in rural and remote areas. A significant portion of Australia's chronic disease burden could be prevented by screening and early intervention that addresses modifiable risk factors such as lifestyle or behavioural aspects. Person-centred, holistic, allied health helps to enhance equity of health outcomes.

Allied health therefore plays a key role in the Queensland public health system, but as elsewhere in Australia, the full value of allied health is not being realised. For example, allied health is poorly integrated into the aged care sector. People with dementia also do not routinely have access to allied health services for the purpose of reablement and rehabilitation, particularly if they are in residential aged care homes (RACHs). There is currently no way for people in RACHs to access funded allied health cognitive rehabilitation.

An integrated system that prioritised holistic care and prevention would fund allied health service provision from cradle to grave. However, the current approach is at best piecemeal and episodic. Only a few allied health treatments are funded under the Medicare Benefits Schedule (MBS). The MBS is not designed for treatment of chronic and complex physical and mental illnesses, because it provides funding for only a limited number of fixed-time appointments and requires patients to fund significant out of pocket costs, meaning that some of the most vulnerable people will not get treatment at all. Similarly, very low rates of funding for allied health treatment of veterans often make provision of these services unviable.

Overall, allied health services in the community are inadequately funded under inappropriate models, and allied health is not sufficiently integrated into primary care models of governance, workforce development, communication, data collection and research. These failures are underpinned by a lack of detailed support in health policy and practice for early intervention and prevention.

All of this places considerable pressure on primary care and the public health system, because effective intervention is deferred, thereby increasing the human and economic costs of healthcare.

AHPA would welcome the opportunity to expand on this short submission if that would be useful to the Committee.

Kind regards

Claire Hewat

Chief Executive Officer