Allied Health Professions Australia

Submission

Consultation on expanding the list of health professionals eligible for risk equalisation of private health insurance benefits under chronic disease management programs

Submitted via email to PHIconsultation@health.gov.au

Introduction

Allied Health Professions Australia (AHPA) thanks the Department of Health and Aged Care (the Department) for the opportunity to provide feedback on the proposal to expand the list of health professionals eligible for private health insurance (PHI) benefits under chronic disease management programs (CDMPs).

In responding, we note that the focus of this consultation appears to be insurers rather than the allied health sector and the clinicians providing CDMP services. Despite the current status of the CDMP as an allied health-focused program, there has been no engagement with AHPA or any of the peak associations in the sector to discuss the proposed changes and the consultation was not communicated to the sector, despite our active participation in previous consultations on CDMPs. The majority of the questions also focus on relatively technical questions about how different insurers implement CDMPs for their policyholders.

Despite this, AHPA is responding in good faith and has encouraged our members to also respond. It is our hope that the lack of engagement has been an oversight, and that the Department is intending to undertake, or will consider, additional work to better engage with allied health professionals and to shift focus on the clinical design and delivery of CDMPs. It is our view that there are significant opportunities to better draw on allied health providers, many of whom provide PHI general treatment (also known as ancillary) funded services, as referrers and entry points to CDMPs and to help drive better design of CDMPs.

The work that those allied health professionals already do gives them both a good understanding of the health needs of individual consumers with chronic conditions and an understanding of the PHI fund that they hold policies with. Given that insurers have well-established challenges identifying relevant candidates due to their lack of detailed clinical knowledge about consumers, referral and program entry points should be a focus for discussion with clinicians and the sector, not just insurers. Similarly, focusing on how to apply best practice approaches for key chronic conditions under CDMPs would provide a

better policy focus for government and is far more likely to lead to improved consumer outcomes than pre-emptive workforce changes.

AHPA also notes that the Department previously considered this reform proposal as part of the Wave Two PHI reforms led by the previous government, making the decision not to proceed. It is not clear in this consultation paper what has changed or why this is being revisited. At that time, AHPA and the broader sector expressed the same strong concerns about the narrow focus on an expanded focus and the lack of focus on improving the clinical effectiveness of CDMPs.

Responses to the consultation questions

1. ***Do you agree that practice nurses, mental health nurses and/or nurse practitioners should be added to the list of health professionals eligible for benefits under CDMPs?***

AHPA argues strongly that practice nurses, mental health nurses and/or nurse practitioners should not be added to the list of health professionals eligible for benefits under CDMPs *unless and until further policy work is undertaken by the Department in conjunction with industry and the allied health sector to consider the impact of expanding the program to workforces with fundamentally different scopes of practice and varying levels of training and credentialling. This should include the development of models of care and clinical governance arrangements that ensure the safety, effectiveness and quality of services for consumers*. The Australian government must play a role in guiding industry, and setting standards for CDMPs, to ensure effective, clinically driven use of the government and consumer funds invested in private health insurance rather than on commercial decisions and the profitability of services.

While AHPA strongly supports the role and expertise of nurses in a wide range of settings and within their scope and expertise, it is our view that the Department has failed to set out any need for the proposed expansion. The policy document provides no explanation of the issues that the Department or individual insurers are seeking to address by expanding the list of eligible professions. This lack of focus on clinical quality implies that the motivation behind the change may be cost reduction rather than quality and consumer outcomes. This reflects previous consultations on this issue where insurers made clear that their interest was additional flexibility to use potentially lower cost workforces, rather than working with the allied health and medical sectors to improve the clinical effectiveness of the programs.

In the absence of any detail about what specific issues an expansion to include nurses will address, and with no consideration in the consultation paper about how the scopes of practice of allied health professionals and nurses align or differ, it is difficult to understand why government is seeking to support this change. It is not clear if the Department is aware of the crucial differences in scope between allied health professionals and nurses in relation to the delivery of chronic disease-focused services and why those differences might be relevant.

We note for example that the consultation paper appears to suggest that existing eligibility to provide Medicare-funded services means that nurses have the necessary scope and expertise to provide CDMP services. It does not detail how that scope aligns with a CDMP model of care, and fails to account for the requirement that practice nurse Medicare items are extremely narrow in scope and services must meet the following criteria:

"The service is provided on behalf of and under the supervision of a medical practitioner"[1]

We also note that while credentialled mental health nurses are authorised to provide Medicare-funded pregnancy counselling services, they are not authorised to provide broader mental health services. It is not clear that there has been any consideration about differences between the scope and intentions of the M8 Pregnancy Support Counselling program and the services that sit under a CDMP. Without careful consideration of the overall scope of a mental health nurse, and consideration of the extent to which substitution with allied health mental health professional services are appropriate for people with chronic mental health conditions, changes should not be made.

AHPA further notes that only credentialled mental health nurses are eligible for Medicare, with credentialling defined as certified by the Australian College of Mental Health Nurses. However, the current consultation outline and draft wording of the proposed changes to Rule 12(2) do not refer to a particular credentialling program or what the specific criteria related to registration, education, practice experience, professional development, and professional integrity will be. This differs from the explicit reference to the organisations and credentialling programs outlined in regulations associated with allied health professions such as mental health occupational therapy and must be adjusted.

In light of the current work being undertaken as part of the Scope of Practice Review led by Professor Mark Cormack, and the proposal being developed as part of that review for

[1] Item descriptor for Item 10997. See https://www9.health.gov.au/mbs/search.cfm?q=+10997&Submit=&sopt=S.

a matrix of skills and capabilities, AHPA suggests an immediate pause to the proposed reforms to allow that work to be undertaken is appropriate. Waiting for the matrix to be developed will support government to better understand the scopes of practice of the eligible allied health professions, and the scopes of practice of the practice nurse, nurse practitioner and mental health nurse workforces, and to ensure that any role substitution is appropriate to the needs of consumers receiving CDMP services.

AHPA also argues that the apparent push for entry into the funding of general practice-based services by private health insurers represents a substantial policy shift that requires a significantly more detailed policy focus and consultation. In doing so, consideration should be given to whether investing in an approach that is likely to reduce access to allied health and result in a more medical approach to chronic disease best aligns with evidence about achieving improved consumer health outcomes.

2. ***What is the process for identifying a patient to participate in a chronic disease management program?***

It is AHPA's understanding that private health insurers typically use a combination of approaches to identify eligible patients. Internal claims data may be used to identify patients with multiple hospitalisations, after which the insurer may proactively approach them to offer entry into a CDMP. Insurers may also use their marketing and policyholder communication channels to provide information about CDMPs that they offer and the eligibility requirements for these. In either case, insurers then undertake an internal assessment to determine eligibility.

A key challenge with this approach is that insurers are working with extremely limited information about their policyholders and may be dependent on self-selection. This limits the extent to which services can be targeted towards those with the greatest need and provided in a timely fashion. This is likely to be one of the most significant factors limiting the effectiveness of CDMPs and should be a key focus for any policy reform work.

It is AHPA's further understanding that there is limited capacity for allied health professionals to refer clients to CDMPs, even if they are providing services for potentially eligible chronic conditions funded by an insurer. This is a significant missed opportunity. It would not be difficult to develop easily accessible resources for allied health professionals and medical professionals outlining the available CDMPs offered by different insurers and their eligibility criteria. This in turn would allow timely and appropriate referrals to be made.

3. *How is it determined which health care professionals are eligible under insurer CDMP framework?*

The list of eligible healthcare professionals has been legislated based on the relevant scopes of practice and clinical capabilities of those professions. AHPA supports potential changes to that list of eligible professions, provided it is done so based on an understanding of the issues being addressed by an expansion and with proper consideration of how the scopes and expertise of those additional professions aligns with patient need. Consideration of clinical governance arrangements is also essential.

4. *What information is considered in developing the written plan?*

It is AHPA's understanding that the content included in written plans will vary based on the program design parameters developed by the individual insurer.

5. *What is the process to ensure the person is provided with a copy of the plan and their consent to the plan is obtained?*

It is AHPA's understanding that the processes followed by clinicians will be based on each insurer's CDMP processes and the needs of individual consumers.

6. *How does coordination, monitoring, review of the plan, and provision of relevant services occur?*

As insurers do not provide information about how they run their CDMPs, AHPA is not able to provide detailed feedback on how coordination, monitoring, review and provision of services occur. However, we understand there is significant variation in insurer programs and processes. It also appears clear from expenditure data on CDMPs that provision of relevant services is not occurring effectively with expenditure focused on coordination rather than the delivery of services focused on achieving outcomes for consumers.

7. *Are there any other aspects of chronic disease management programs which should be considered? The Department welcomes all feedback, including additional measures or proposals to address the issues outlined in this paper.*

AHPA and its members support broader work to increase the volume of private health insurer-funded health services and supports provided outside of hospital settings, particularly where these are better aligned with need rather than the arbitrary annual session or value limits that apply across Medicare and PHI general treatment policies. CDMPs are a key opportunity to address ongoing issues many Australian consumers have accessing much-needed allied health supports due to current Medicare and PHI funding limitations.

However, it is not clear that the changes proposed will achieve those outcomes. We have not been able to identify a compelling argument for why the workforce needs to change or how the proposed workforce changes will result in increased access to services or improved consumer health outcomes. The issue of proposing reforms with no clear policy rationale or evidence of outcomes was a key issue during the previous government's Wave Two reform consultation activities. CDMPs should be seen by the Commonwealth as a key means to provide targeted support in areas where Medicare is currently limiting access, providing improved outcomes for those with chronic conditions and overall value for PHI policyholders. This may result in savings to Medicare that can be re-focused to increase access to allied health services for key priority groups.

AHPA reiterate our strong concern about the lack of focus on the clinical scopes of practice and expertise of nurses and how proposed role substitution will occur with appropriate clinical governance processes in place. While there is overwhelming evidence for the role of allied health professionals and multidisciplinary care to improve outcomes and overall costs associated with chronic conditions, we do not believe that the case has not been made for a broader workforce.

It is our view that the proposals arising from the current Commonwealth Scope of Practice review are highly relevant and that the proposed development of a matrix outlining different scopes of practice and capabilities for health professions should be undertaken prior to any CDMP workforce changes. The matrix should then form the basis for informed, clinical-led decisions about the most appropriate workforce.

This should occur alongside broader work to focus on identifying and addressing the key issues undermining CDMPs. We encourage the Department to collate and share the responses provided by insurers to questions 2 to 7 of this consultation in the form of an updated discussion paper that delves more deeply into the issues and opportunities associated with CDMPs and how those are delivered. We further encourage the Department to consider a more active role in guiding the design and delivery of CDMPs, given its role in co-funding those services through current Commonwealth rebate and incentive structures.

About Allied Health Professions Australia

Allied Health Professions Australia (AHPA) is the recognised national voice for allied health professions, representing and advocating for the role of allied health professionals in health, aged care, disability, education and all systems where allied health services have a role. We represent 27 national allied health associations members and a further 13 affiliate members. AHPA collectively represents some

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165,000+ allied health professionals who provide services across a range of health settings, as well as disability, aged care, education, justice, community services and more in Australia.

Allied health professions provide crucial support for people experiencing disability, chronic illness, and a wide range of other health issues. Allied health professionals represent almost a third of the country's health care workforce and deliver over 200 million health services annually. However, access to allied health services still lags behind medical care. Only by ensuring that allied health services are fully integrated into our health system, and accessible across the country, will we ensure that we are delivering world class support for every Australian.