



**Feedback on the Disability Care and Support
Issues Paper**

Presented to Productivity Commission

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Executive Summary

The physiotherapy profession has long been regarded as an important provider of services for people with disability. Fundamental to the work of a physiotherapist is to work positively and in partnership with people with disability and their families to address needs and improve outcomes. Physiotherapists work within the International Classification of Functioning (ICF) Framework to provide evidence based therapeutic interventions of high quality that seek to build on the individual's strengths, and address impairment or problems relating to activity and participation within the relevant environment. An appropriate level of physiotherapy can promote social inclusion by optimising a person's function and encouraging participation in the economic and social life of the community.

Physiotherapists have for many years been concerned about the disparate and uncoordinated way disability services are funded and provided. Physiotherapists working in the disability sector are front-line health practitioners and are acutely aware of the issues in the existing system.

The Australian Physiotherapy Association (APA) commends the Australian government for requesting that the Productivity Commission undertake a public inquiry into a long-term disability care and support scheme. Addressing the issues raised in the Productivity Commission's issue paper on Disability Care and Support, the APA makes the following recommendations:

Eligibility

- Eligibility criteria should be based on individual need using the International Classification of Functioning, Disability and Health (ICF).
- Existing disabilities should be covered by the scheme; however, support for Australians with a short-term disability needs to be managed with a different model of funding.
- Eligibility for children with disability to receive support from the scheme should be re-assessed annually.
- A flexible arrangement for eligibility re-assessment should be set in place for adult Australians with long-term disability.

Responsibility for decision making

- Funding should be person-centred, flexible and carer-focused.
- Funding can be based on the Consumer Directed Care (CDC) model, however the extent to which the model should be implemented should depend on the further evaluation of the CDC initiative.
- Service navigators should assist Australians with disability and their carers prioritise and advise on their short and long-term care needs. Physiotherapists are well-placed, appropriately qualified and possess the relevant skills to play the role of service navigators.
- The Federal Government should establish a national organisation to implement and administer the scheme.
- The national organisation should perform the overall allocation of funds through extensive and regular consultation with a representative panel of service providers including physiotherapists.
- Service providers need to accurately indicate the range of services provided.
- Provider fees should not be prescribed and there should be no restriction on the number of services accessible to people with a disability.

- The national organisation will need to be tasked to monitor the outcomes of various services and supports to prevent misuse of individualised funding.

Nature of services

- Service providers need to maintain adequate records of clients. These should be subjected to audits by the national organisation administering the scheme.
- The scheme should provide support for improved access to casual respite care.
- There should be scope for co-payments.
- Governments at all levels must address legislative and regulatory barriers preventing health professionals from optimising their contribution to the health and wellbeing of all Australians.
- Service providers fully engage the potential for support workers such as physiotherapy assistants to work in a collaborative role providing care and support to the fullest extent appropriate to their training and expertise.
- The Federal Government must address the barriers to adoption and application of new technologies such as telerehabilitation.
- The national organisation should establish service provider networks to encourage and facilitate the sharing of ideas.

Needs assessment

- Needs assessments should be performed by appropriately trained and adequately skilled health professionals such as physiotherapists. A physiotherapist in a service navigator role can contribute to the needs assessment.
- Assessment tools need to consider the potential for a person with disability to improve.
- Eligibility for support and aids should not necessarily be affected by the presence of existing aids.
- A strengths-based assessment should be included to identify the individual supports needed for a person with disability.
- Barriers to improved liaison between service providers should be lifted to reduce any potential for duplicate assessments.

Service coordination

- Service navigators can also assist in the coordination of disability services.
- Disparate funding streams and data reporting systems must be harmonised to reduce administrative duplication and bureaucratic red tape.
- Funding should not be discontinued at arbitrary points such as when a young person turns eighteen.
- Service providers must be supported to utilise team models such as interdisciplinary or transdisciplinary practice where it is best suited for the individual.

Workforce issues

- Specific training in disability services, assessment and treatment of severe disability and catastrophic injury should be introduced into pre-clinical units, and the national organisation should manage volunteer programs to promote interest amongst new physiotherapists in working in the disability sector.

- The Federal Government needs to introduce incentives to improve the recruitment and retention of physiotherapists, particularly in the remote and rural regions of Australia.
- Remuneration, career pathways and professional development for physiotherapists working in the disability sector should be commensurate to that of their colleagues working in other sectors.

Governance and infrastructure

- Data reporting systems need to be harmonised.
- A research unit should be funded within the national organisation administering the scheme.
- A systematic, national approach should be taken to identify and examine innovative practices.

Australian Physiotherapy Association

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with state and territory branches and specialty subgroups. The APA corporate structure is one of a company limited by guarantee. The organisation has approximately 12,000 members, some 70 staff and over 300 members in volunteer positions on committees and working parties. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing. The APA has a Platform and Vision for Physiotherapy 2020 and its current submissions are publicly available via the APA website

www.physiotherapy.asn.au.

Feedback on the Disability Care and Support Issues Paper

Background

The Australian Physiotherapy Association (APA) commends the Australian Government for requesting that the Productivity Commission undertake a public inquiry into a long-term disability care and support scheme.

The physiotherapy profession has long been regarded as an important provider of services for people with disability. Fundamental to the work of a physiotherapist is to work positively and in partnership with people with disability and their families to address needs and improve outcomes. Physiotherapists work within the International Classification of Functioning (ICF) Framework to provide evidence based therapeutic interventions of high quality that seek to build on the individual's strengths, and address impairment or problems relating to activity and participation within the relevant environment. An appropriate level of physiotherapy can promote social inclusion by optimising a person's function and encouraging participation in the economic and social life of the community.

Physiotherapy can also address the increase in demand for health professionals who can manage the 'late effects' of disability, such as functional impairment syndrome, frequently seen when an individual with a lifelong moderate to severe disability reaches the age of forty.^{1 2}

Physiotherapists have for many years been concerned about the disparate and uncoordinated way disability services are funded and provided. Physiotherapists working in the disability sector are front-line health practitioners and are acutely aware of the issues present in the existing system.

In Australia, there is evidence to confirm that people with a severe or profound core restriction are surviving to the older ages.^{3 4} The impact of having larger numbers of people ageing with moderate and severe disability over the next few decades is not well understood, however Australian physiotherapists acknowledge that the impact on the quality of life for those affected, and the financial impact on the Australian community, is likely to be profound.

Over the course of putting together this submission, the APA has invited physiotherapists working in the disability sector to offer insights into the existing disability system – and several have highlighted instances where Australians have been failed by a system which has at times denied access to the services that they desperately need. In the words of one APA physiotherapist:

Jamie is a 10 year old boy who has had a severe disability since he was born. He has been diagnosed as having Dandy Walker syndrome... He requires multiple pieces of equipment to help in his daily care and management. Such things include a wheelchair, a toilet and shower seat, a special high / low bed for sleeping and dressing, etc. These equipments can be requested..., but on request Jamie's name is put on a waiting list and prioritised with other requests across [the state].

Jamie has required a wheelchair since he was three years old and he has grown considerably since then. He has been on the waiting list for a new chair for over two years now and in that time has grown considerably but is still not considered to be at the top of the list because he already has a chair. He is transported in his chair in the car and this is becoming more of a hazard due to the poor support that his chair now gives him because of the poor fit.

For parents of children like Jamie, the costs are particularly high in terms of equipment, treatment and time, and although they do get some carer support time, it is a twenty four

hour a day job attending to his needs and care. It is very frustrating to then have to fight for every piece of specialised equipment which he requires and to continually seek the assistance of the charitable bodies that support these children.

Eligibility

Inclusion in the scheme

The APA believes that classification based solely on a measurement of severe or profound disability is not appropriate for determining eligibility for assistance, in particular when intellectual or learning disabilities are involved. Furthermore, eligibility criteria identifying a person with disability through matching a diagnosis of disability against a list of 'recognised disabilities' encourages the labelling and conversely mislabelling of certain conditions to gain access to funding schemes. In an experience related to by one APA physiotherapist:

Today I had to refuse services to a sixty year old intellectually disabled man who is 'too good' to access our local services for rehab and unable to access a carer to assist him to attend our group gym or hydrotherapy classes. We are not able to provide long term [personal] supervision and he has no family support.

As disability can be seen as an interaction between a person's functional capacity, expected roles in society and individual goals, funding to support access to disability services should aim to improve an individual's level of activity and participation to improve their capacity.

The APA believes that it is more appropriate to create eligibility criteria based on identifying the supports that are required to meet a person's core limitations and enable them to participate in the community, encapsulating the severity of disability and an individual's capacity to perform core functions. These criteria should be aligned with the International Classification of Functioning, Disability and Health (ICF).⁵

The APA recommends that

- Eligibility criteria should be based on individual need using the International Classification of Functioning, Disability and Health (ICF).

Coverage of short-term disability and existing disabilities

The scheme should cover existing disabilities, however, support for Australians with a short-term disability expected to last less than 12 months should be managed with a different model of funding.

Eligibility needs to be assessed annually for children and regularly (for example between 3-5 years) for long-term disability in adults. The APA believes that this is best managed through a flexible arrangement where a maximum duration between re-assessments is set in place.

The APA recommends that

- People with existing disabilities are covered by the scheme; however, support for Australians with a short-term disability should be managed with a different model of funding.
- Eligibility for children with disability to receive support from the scheme should be re-assessed annually.
- A flexible arrangement for eligibility re-assessment should be set in place for adult Australians with long-term disability.

Responsibility for decision-making

Providing Australians with disability and their carers more decision-making power

Funding should be person-centred, flexible and carer-focused. To support this, the APA believes that eligible Australians with disability should be provided an appropriate level of funding per year to manage their own care. The existing funding model based on Consumer Directed Care (CDC)⁶ can provide flexibility, however the extent to which the CDC model should be applied to the scheme should be subject to the outcomes of a further evaluation of the CDC initiative.

Navigating a complex system

It can be extremely difficult to navigate through the Australian disability support system unassisted. Australians with a disability and their carers can find it difficult to complete the required forms and are also often unaware of the range of different disability support services available.

Furthermore, the needs of people with disability can change throughout their lifespan and often it is difficult for people with disability or their carers to create a long term plan for future care needs, such as the number of wheelchairs required, how often should therapy be provided and when specific interventions are needed.

The APA believes that health professionals, such as social workers, psychologists, occupational therapists and physiotherapists, can play the role of a 'navigator' and 'planner' of disability services for people with a disability and their carers. In cases where an individual's mobility is limited by disability, physiotherapists are ideally placed and possess the appropriate training and knowledge to engage with the specific care needs (including the likely progression of an individual's condition) of people with disability.

Physiotherapists already engage in a number of activities, including assessing an individual's capacity to move and keep moving, providing therapy to maximise function, mobility and for falls prevention, and prescribing appropriate supports and aids. Physiotherapists also build strong rapport with the individual with disability and their carers, can help raise their self-esteem and can anticipate or solve problems related to their disability. One APA physiotherapist described the breadth of her role:

Lately John has been very keen to drive. As his physiotherapist part of my role is to achieve that goal. Maximising his strength, range of motion and co-ordination is a given, but as John started driving lessons it became apparent he would need extra time to get his learner's permit, required a modified car to achieve this as well as a current vision assessment as his driving instructor noted he had problems with depth perception.

My physiotherapy role changed: helping him advocate for extra lessons prior to decisions being made about his capacity to LEARN to drive, liaising with an optometrist and occupational therapist to assess his vision and visual co-ordination and helping him find the best modified car to suit his physical needs.

The physiotherapist as a service navigator can work collaboratively with a person with disability, their carers, and other health professionals to prioritise and advise on short and long-term care needs, and introduce them to the various funding, supports and services that are available.

The scheme should also recognise this role of service navigators who assist in the completion of funding applications. This can often be time consuming and compensation is required for the work involved.

The APA recommends that

- Funding should be person-centred, flexible and carer-focused.
- Funding can be based on the Consumer Directed Care (CDC) model; however the extent to which the model should be implemented should depend on the further evaluation of the CDC initiative.
- Service navigators should assist Australians with disability and their carers prioritise and advise on their short and long-term care needs. Physiotherapists are well-placed, appropriately qualified and possess the relevant skills to play the role of service navigators.

Responsibilities of governments and service providers

To support the consumer-directed model of funding, the APA recommends that the Federal Government establish a national organisation to implement and administer the scheme. The overall allocation of funds should be managed by the organisation through extensive and regular consultation with a representative panel of disability service providers including physiotherapists.

Service providers should indicate to consumers the range of services available. However, it should remain the decision of Australians with disabilities and their carers to determine how funds are spent and what services and / or supports should be purchased. Guidelines on appropriate use of funding should be developed and the assistance of a disability support service navigator such as a physiotherapist is crucial to support the consumer-directed model.

The APA contends that the scheme would be best delivered without a prescribed fee schedule or a restriction on the number of services that can be purchased. Fee schedules stifle innovation, restrict the quality of services, are subject to constant disputes and are extremely difficult to maintain at appropriate levels.

Funding mechanisms should not prevent Australians with disability and their carers from access to professionals with the appropriate expertise, including access to specialists such as specialist physiotherapists. In South Australia, for example, WorkCover SA fees are scheduled and the legislation restricts workers from being charged above the scheduled fee. Without differential rebates for specialist physiotherapists, injured workers are effectively denied access to specialist physiotherapists. This legislative barrier to access must not be replicated in any new scheme.

To prevent misuse of individualised funds, the national organisation should be tasked with monitoring outcomes of services and support. This will be explained in further detail in the following section.

The APA recommends that

- The Federal Government establishes a national organisation to implement and administer the scheme.
- The national organisation will perform the overall allocation of funds through extensive and regular consultation with a representative panel of service providers including physiotherapists.
- Service providers need to accurately indicate the range of services provided.
- Fees should not be prescribed, and there should be no restriction on the number of services provided.
- The national organisation will need to be tasked to monitor the outcomes of various

services and supports to prevent misuse of individualised funding.

The nature of services

Physiotherapy services for people with disability

Accessible person-centred physiotherapy services tailored to individual needs and available within a variety of settings in the local community are important in optimising function and participation, and reducing the effects of disability. For some individuals with a disability, physiotherapy across the individual's lifespan in a range of areas, such as musculoskeletal, cardiorespiratory and neurological physiotherapy can help to maximise health and well-being.

As previously stated physiotherapists can also play the role of a disability support service navigator for Australians with a disability and can assist in the short and long term planning of an individual's care needs.

Monitoring quality, outcomes and cost-effectiveness of services

The national organisation administering the scheme should also be tasked with monitoring the quality, outcomes, and cost effectiveness of services and support. Service providers should maintain adequate records that can:

- Demonstrate how they worked with a client with disability to determine the goals of interventions
- Document the use of clinical outcome measures to support the effectiveness of their intervention against the client's goals, and
- Identify the use of evidence-based interventions, and where there is insufficient evidence in the literature, be able to provide evidence of outcomes.

The APA contends however that cost-effectiveness and outcomes of care can be difficult to ascertain for people with long-term disability as short-term gains can often be intangible. In such circumstances the maintenance of function is a significant outcome.

Casual respite

The APA believes that the scheme should also support improved access to casual respite care. Carers are often family members of the person with disability, and providing care can be tiring, frustrating, and extremely demanding. Some carers have poor or no access to respite services, which significantly impacts on their own health and wellbeing. As an APA physiotherapist explained:

Family carers often entrust other family members with essential (care needs) meaning that parents often can't go back to work. If they do go back to work, often to pay for essential equipment and services for their child, they have grandparents mind the child with a disability. They often feel as if they have asked too much of immediate family members, so they rarely get any R and R or anything personal done.

Co-payments

Australians with disability and their carers should have the right to access the level of service, qualification and / or experience of a disability service provider that they consider appropriate. There should therefore be scope to make co-payments for the support and services required.

The APA recommends that

- Service providers need to maintain adequate records of clients. These can be subjected to audits by the national organisation administering the scheme.
- The scheme should provide support for improved access to casual respite care.
- There should be scope for co-payments.

Encouraging innovation

The APA believes that the capacity for services to provide innovative services is dependent on a model of funding that is flexible, not overly bureaucratic, and that rewards good practice. The government at all levels must establish processes which identify and seek to remove barriers to innovative practice within the health system.

Workforce innovation

It is clear that disability services and Australia's health system in general is in need of reform to meet a range of long-term challenges, including access to services, the growing burden of chronic disease, the ageing population and the costs of emerging new health technologies.

A review of the workforce is critical to the success of any health reform agenda. The health workforce of twenty years ago was substantially different from today's, which in turn will be substantially different in another twenty years. Any changes to our health workforce should be focussed on optimising the use of existing human resources, streamlining efficiencies to reduce costs while maintaining quality, and improving access to and coordination of health care for all Australians.

Innovation and close collaboration among health care professionals is the key to providing efficacious and evidence-based care. There currently exist many barriers to innovative practice including both legislative and regulatory. These barriers serve to prevent health professionals from optimising their contribution to the health and wellbeing of all Australians.

The physiotherapy profession continues to evolve to meet the needs of clients, health care organisations and the health care system.

Physiotherapists are trained to work collaboratively as members of health care teams to minimise impairment and maximise activity, participation and quality of life. The APA supports a review and amendment of current legislative and regulatory barriers to optimise utilisation of skills of physiotherapists and other allied health professionals.

The APA is concerned that the most highly qualified members of the physiotherapy profession, such as those members who have obtained fellowship of the Australian College of Physiotherapists, are prevented from making a greater contribution to the health of Australians because of bureaucratic intransigence regarding their scope of practice.

It is important to also acknowledge and fully engage the potential for support workers such as physiotherapy assistants to work in a collaborative role providing care and support to the fullest extent appropriate to their training and expertise. For more information on physiotherapy assistants and other support workers please see the APA position statement on Working with a Physiotherapy Assistant or Other Support Worker (Attachment A).

New technologies

The APA believes that telehealth technologies such as telerehabilitation can help to overcome barriers to treatment such as:

- Physical distance from health facilities
- Physical impairment preventing or restricting attendance at a local service
- Lack of clinicians or specialists in a geographic area⁷
- Lack of transportation.

While telerehabilitation has perhaps the most potential to facilitate the delivery of physiotherapy services in rural and remote areas, its usefulness is not limited to these locations. Telerehabilitation can facilitate the provision of physiotherapy services to people in metropolitan areas where some or all of the barriers listed above may be present.

However, a number of barriers and issues must be addressed before these technologies can become an integral part of healthcare. These include:

- Third party payers such as private health insurers, Medicare Australia⁸, state and territory WorkCover and Motor Accident authorities have not traditionally provided rebates to the clients of physiotherapists for telerehabilitation services.
- There is a significant cost involved in establishing telerehabilitation within a service. Wider acceptance and increased incentives are needed to encourage private practitioners to purchase telerehabilitation equipment and invest in new technologies to expand their service delivery capacity.⁹
- There are significant logistical and geographical issues around infrastructure in remote and rural regions which constitutes a barrier to the successful implementation of telerehabilitation within these communities. Inequities between remote, rural and metropolitan health services must be addressed to ensure that people in rural and remote areas, who are among the most likely to benefit from telerehabilitation services, have equitable access to relevant technologies.¹⁰
- Training at the undergraduate and postgraduate level in the appropriate use of technologies as telerehabilitation practice is generally not included in university course curriculum.

With the maturation of telerehabilitation technologies, and the rapid increase in the speed and quality of the telecommunication infrastructure they rely upon, telerehabilitation consultations are not only feasible, but can be very effective in the remote management of clients. It is therefore vital that barriers be removed to make equitable access to expert physiotherapy services achievable.

Please refer to the APA's position statement on telerehabilitation (Attachment B) for more information.

Sharing of ideas

The national organisation should encourage and facilitate the sharing of innovative methods of service delivery through establishing service provider networks.

The APA recommends that

- Governments at all levels address legislative and regulatory barriers preventing health professionals from optimising their contribution to the health and wellbeing of all Australians.
- Service providers fully engage the potential for support workers such as physiotherapy assistants to work in a collaborative role providing care and support to the fullest extent appropriate to their training and expertise.
- The Federal Government addresses the barriers to adoption and application of new technologies such as telerehabilitation.
- The national organisation establishes service provider networks to encourage and facilitate the sharing of ideas.

Needs assessment

The APA believes that the tool used for assessing eligibility for the scheme and the tool used for assessing the level of support required to meet an individual's needs should be distinct and separate. Assessment of needs should be performed by health professionals with the appropriate skills and adequate knowledge, such as physiotherapists. A physiotherapist in a service navigator role can also contribute to the needs assessment of a person with disability.

Needs assessment should consider the potential for an individual with disability to improve with specific therapy and intervention, or with the appropriate supports and aid. In the words of one APA physiotherapist:

Having worked as a physiotherapist in predominantly the physical rehabilitation sector for over ten years I have seen a disparity in the options available for individuals who are not paediatric or over sixty five years of age. As you can well imagine gaining a disability in your prime productive years is a devastating event. This is made worse by the paucity of funding for services and supports for people with disabilities that are under sixty five years of age. As a physiotherapist I have seen amazing strength of individuals to rehabilitate post such events and to live with ongoing disability. It would be fantastic to have their care needs recognised with future planning to ensure that there are financial, vocational, avocational, social and health supports including residential facilities for individuals under sixty five years.

Further to that, the APA contends that eligibility for support and aids should not be affected by the presence of existing aids in some cases. In an example related by another APA physiotherapist:

The Jackson family has three children with Duchenne Muscular Dystrophy (DMD). [The third child] is now 9 years old and is fast reaching the time when he is no longer safe to walk in the school setting and is unable to wheel himself in a wheelchair except on level ground. [He] now requires a powered wheelchair, but again he must go on the waiting list and he has a low priority because he already has a manual chair.

A strengths based assessment can benefit the child in the above example. It should focus on the individual's goals for community participation and identify what supports (in the above case, a powered wheelchair) are needed to enable the desired level of participation to happen.

The APA also contends that barriers to improved liaison between service providers should be lifted to reduce any potential for the duplication of assessments.

The APA recommends that

- Needs assessments should be performed by appropriately trained and adequately skilled health professionals such as physiotherapists. A physiotherapist in a service navigator role can contribute to the needs assessment.
- Assessment tools need to consider the potential for a person with disability to improve.
- Eligibility for support and aids should not be affected by the presence of existing aids in some cases.
- A strengths-based assessment should be included to identify the individual supports needed for a person with disability.
- Barriers to improved liaison between service providers are lifted to reduce any potential for duplicate assessments.

Service coordination

The APA supports the notion of a coordinated disability services system based on the following principles:

- Person and carer centred
- Access to a range of services from which the individual may choose
- Sufficiently flexible to accommodate individual need and circumstances
- Outcomes focused
- Integrated support across the lifespan of the individual with disability and across the continuum of care.

Service navigator can also coordinate services

The APA believes that physiotherapy has a vital role to play in the initiation, facilitation and provision of care for people with a disability. This ranges from involvement in working with people with a disability and their carers in goal setting and planning long term management, to specific physiotherapy interventions which optimise health and well-being.

As previously discussed, physiotherapists are well-placed to assist people with disability and their carers navigate through the disability support services system. As an extension of the navigator role, physiotherapists can also assist in the coordination of services. Physiotherapists are appropriately trained and possess the skills and knowledge to assume a lead role in this process.

Barriers to coordinated services

At present, the multiple funding streams and different data reporting systems are barriers to services coordination. Different funding streams result in administrative duplication and the complex paperwork required of some of these streams occupies an excessive amount of a clinician's time.

APA members have also talked about the existence of service gaps for young adults transitioning to adult care services. In one example:

It appears that in the ACT, therapy services including physio are reasonably well accessible from birth to eighteen years when many of these services are provided through the educational services teamed with Therapy ACT. The problem arises when the disabled person becomes an adult. There is a huge gap in the ability to access regular ongoing physiotherapy services due to the lack of funding and resources. This is an overlooked

group and in my opinion the ramifications of this is that the costs to the taxpayer in the long-term are greater.

Service providers need to recognise the person and carer-centred approach to the scheme and enable the individual with disability or their carer to coordinate services. Service providers also need to utilise team work models, such as interdisciplinary or transdisciplinary practice, that is best suited for the individual.

The APA recommends that

- Service navigators referred to earlier can also assist in the coordination of disability services.
- Disparate funding streams and data reporting systems are harmonised to reduce the amount of administrative duplication and bureaucratic red tape.
- Funding should not be discontinued at arbitrary points such as when a young person turns eighteen.
- Service providers utilise team models such as interdisciplinary or transdisciplinary practice where such is best suited for the individual.

Workforce issues

The APA believes that there is a need to address the waning interest from new physiotherapy graduates to work in the area of disability care and support.

To encourage new physiotherapists to work with people with disability, physiotherapy students could be introduced to specific training in disability services, assessment and treatment of severe disability and catastrophic injury during pre-clinical units. Volunteer buddy programs managed by the national organisation referred to early could also be set up to buddy physiotherapy students with a young person with disability, or to support leisure activities for people with disabilities such as disabled surfing or skiing.

The APA also believes that there is a need for government to introduce incentives, similar to those provided to GPs, to improve the recruitment and retention of physiotherapists particularly in the remote and rural regions of Australia. In addition, remuneration, career pathways and professional development for physiotherapists providing services to people with disability and their carers should also be commensurate to that of physiotherapists working in other sectors.

The APA recommends that

- Specific training in disability services, assessment and treatment of severe disability and catastrophic injury are introduced into pre-clinical units, and that the national organisation manages volunteer programs to promote interest amongst new physiotherapists in working in the disability sector.
- The Federal Government introduces incentives to improve the recruitment and retention of physiotherapists, particularly in the remote and rural regions of Australia.
- Remuneration, career pathways and professional development for physiotherapists working in the disability sector should be commensurate to that of their colleagues working in other sectors.

Governance and infrastructure

Promoting research and innovation in the scheme

Embedding harmonised data collection systems and standardised measurement of process and outcomes in models of service will collect evidence that can be used to demonstrate efficacy and cost-effectiveness.^{11 12}

Funding should be reserved for the development of a research unit within the national organisation administering the scheme. This research unit should be responsible for collecting de-identified data containing outcome measures. A systematic, national approach should also be established and managed by the national organisation to identify and examine effective initiatives being employed by service providers in states and territories. This process can be assisted by the service provider network referred to earlier in the submission.

The APA also believes that improved liaison and collaborative team work arrangements between disciplines will expand the capacity to develop innovative practice.

The APA recommends that

- Data reporting systems are harmonised.
- A research unit should be funded within the national organisation administering the scheme.
- A systematic, national approach should be taken to identify and examine innovative practices.

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Working with a Physiotherapy Assistant or Other Support Worker

Background

The global work force shortage of allied health professionals is impacting on the recruitment and retention of health professionals such as physiotherapists. At the same time there are increasing demands for services provided by physiotherapists due to changing demographics, altered patterns of health and disease, improved technology and increased consumer expectations and resources.¹

A consequence of these pressures in our health system has been the increased utilisation of support workers to augment the role of physiotherapists by undertaking some of the duties that require less developed skills.

A support worker, or any other person requiring supervision to assist a physiotherapist, may be drawn from a range of workers. The roles and titles of these workers will vary according to the environment in which they work. There is currently no national consensus on a single name for this group of workers and these titles may include:

- Physiotherapy assistant
- Allied health assistant
- Rehabilitation assistant
- Physiotherapy aide
- Community Assistant
- Personal care attendant
- Hydrotherapy aide
- Exercise therapist
- Therapy aide
- Sports trainer

The Australian Physiotherapy Association defines a physiotherapy assistant as a health care worker who works under the supervision of a registered physiotherapist and holds a Certificate IV in Allied Health Assistance (Physiotherapy) or equivalent. These workers have a range of skills which allow a physiotherapist to confidently delegate a higher level of tasks than other support workers.

Support workers who assist physiotherapists but who do not hold the relevant Certificate IV qualification or equivalent are not deemed by the Australian Physiotherapy Association to be physiotherapy assistants. For the purposes of this paper the term *support worker* describes a person who has tasks delegated to them by a registered physiotherapist.

The process of delegation involves the physiotherapist allocating work to a support worker who then has responsibility for the completion of that task. In this situation the support worker is responsible for completion of the task however the registered practitioner retains accountability.²

Delegating tasks to a support worker depends on the relationship that exists between that worker and the physiotherapist. There are a range of factors that a physiotherapist must consider when deciding whether an activity could appropriately be undertaken by a support worker. Principally this involves determining whether the person to whom the task is delegated has the appropriate role, level of competence, training and experience to carry it out. Physiotherapists are ultimately accountable for ensuring that the support worker has the necessary skill level to perform the delegated task.

Choosing tasks to be undertaken by support staff is a complex activity and much depends on the physiotherapist's professional opinion. Any physiotherapist delegating tasks to a support worker must supervise the individual performing the task however the nature of this supervisory relationship may be direct or indirect, or may be a combination of the two.

In determining the amount, form, quality and type of supervision required by a support worker in performance of the task, the physiotherapist must take into account several factors. These include the practice setting and type, the nature of the task, the acuity of the patient's condition, the complexity of the patient's needs and the degree of judgment, decision making required for modification of treatment based on the patient's response. These factors must be considered in context with education, training, skills, job experience, personal attributes, abilities and competence of the support worker.³

A support worker may perform adjunctive roles in the delivery of the physiotherapy service or physiotherapy management plan as specified by the supervising physiotherapist.

The APA position

The Australian Physiotherapy Association recognises that it contravenes all state and territory Registration Acts in Australia for anyone other than a registered physiotherapist to use the title physiotherapist or imply that they are a physiotherapist.

The position of the Australian Physiotherapy Association is that:

- A physiotherapist is legally responsible for the delivery of all physiotherapy services and must ensure that any delegated intervention is within the support worker's education, training, experience and skill.

- A physiotherapist is always directly accountable for a client's physiotherapy management regardless of the amount of care provided by the support worker.
- If a support worker assists in the delivery of a physiotherapy service, the physiotherapist must be able to demonstrate a satisfactory level of supervision for the service provided.
- A physiotherapist must ensure that support workers behave in a manner consistent with the APA Code of Conduct and the four Ethical Principles on which the Code is based.
- If a physiotherapist is unable to demonstrate a satisfactory level of supervision for a particular service it can not be defined as physiotherapy. Notwithstanding this a support worker may engage in general health related services within his or her education, training, experience and skill whilst under the broad guidance of a physiotherapist.
- Support workers (other than physiotherapy assistants) should hold a minimum qualification of Certificate III in a field relevant to their area of work however in some circumstances equivalent on the job training may be considered adequate.
- It is deemed to be a physiotherapy consultation on any given occasion of service, for the purposes of itemisation and coding, where all elements of a consultation, as specified in the National Physiotherapy Service Descriptors⁴ are met irrespective of the involvement of a support worker or other person requiring supervision.

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Telerehabilitation and Physiotherapy

Background

Definition

Telerehabilitation is a term used to describe the provision of rehabilitation across the spectrum of acute, sub-acute and community settings at a distance, using telecommunications technology as the service delivery medium.¹ Telerehabilitation relates to the services delivered by a number of health disciplines including physiotherapy. It may involve the full spectrum of client care including the client interview, physical assessment and diagnosis, treatment, maintenance activities, consultation, education and training.

Telerehabilitation utilises a broad range of technologies to facilitate physiotherapy treatment. These include technologies such as the videophone, hardware videoconferencing systems, personal computer based videoconferencing systems with dedicated software tools, sensor technologies and extensive, fully immersive virtual reality systems with and without client feedback.

Image based technologies can be successfully used for the remote diagnosis and management of clients. Sensor based telerehabilitation utilises sensor technologies such as tilt switches, accelerometers and gyroscopes to sample and quantify movement through three-dimensional space.

Virtual reality based telerehabilitation systems make use of configurable computer-generated three-dimensional virtual environments to elicit specific movement and motor responses by the client. The virtual environment can be displayed to the client via computer screen. Fully immersive environments are possible with the use of head-mounted visual displays and haptic feedback devices. Physiotherapists are able to manipulate these environments to incorporate key rehabilitation concepts such as task repetition, feedback and motivation which have been demonstrated to result in the learning of new motor skills which translate to the real world.^{2 & 3}

Benefits

Telerehabilitation services can help to overcome such barriers to treatment as:

- Physical distance from health facilities
- Physical impairment preventing or restricting attendance at a local service
- Lack of clinicians or specialists in a geographic area⁴
- Lack of transportation.

While telerehabilitation has perhaps the most potential to facilitate the delivery of physiotherapy services in rural and remote areas, its usefulness is not limited to these locations. Telerehabilitation can facilitate the provision of physiotherapy services to people in metropolitan areas where some or all of the barriers listed above may be present.

Other benefits of telerehabilitation include:

- Potential transportation cost and time savings from the perspective of both the healthcare system and the client
- Mentoring and professional development opportunities for less experienced clinicians participating in telerehabilitation consultations with senior or specialist physiotherapists
- Continuity of client care that can be achieved through the remote provision of services

- Heightened ability to control the timing, intensity and sequencing of the intervention
- Potential environmental impacts of reducing travel⁵
- Rehabilitation of a client in their own social and vocational environment.⁶

Limitations

Given the technological requirements of telerehabilitation and the lack of physical proximity between the clinician and the client, some limitations are evident:

- Adaptive technologies may yet need to be developed to facilitate telerehabilitation with clients who have a severe level of impairment
- As traditional physiotherapy requires significant physical contact between clinician and client, a conceptual shift in thinking and a willingness to adapt some approaches will be required for the successful integration of telerehabilitation into the profession⁷
- Circumstances may sometimes require that a physiotherapist, physiotherapy assistant or other appropriately qualified health professional attends a telerehabilitation consultation with the client in order to adequately compensate for the lack of physical contact between clinician and client
- Further clinical research is needed to set minimum technical specifications and standards, validate clinical protocols, investigate the effectiveness of clinical interventions, report client and clinician satisfaction, and establish the cost-effectiveness of telerehabilitation
- Practitioners should be aware of medico-legal implications in the practice of telerehabilitation. Alternative methods of overcoming issues such as informed consent should be considered, and could include such arrangements as the recording of a verbal message of consent to visual or audio recordings and treatment. Risk-management protocols regarding liability and working with assistants or other therapists may also need to be implemented.

Barriers

There are a number of barriers and issues which must be addressed before these technologies can become an integral part of healthcare. These include:

- Third party payers such as private health insurers, Medicare Australia⁸, state and territory Workcover authorities and Motor Accident authorities have not traditionally provided rebates to the clients of physiotherapists for telerehabilitation services
- There is a significant cost involved in establishing telerehabilitation within a service. Wider acceptance and increased incentives are needed to encourage private practitioners to purchase telerehabilitation equipment and invest in new technologies to expand their service delivery capacity⁹
- There are significant logistical and geographical issues around infrastructure in remote and rural regions which constitutes a barrier to the successful implementation of telerehabilitation within these communities. Inequities between remote, rural and metropolitan health services must be addressed in order to ensure that people in rural and remote areas, who are among the most likely to benefit from telerehabilitation services, have equitable access to relevant technologies¹⁰
- Training at the undergraduate and postgraduate level in the appropriate use of technologies for telerehabilitation practice is generally not included in university course syllabuses.

With the maturation of telerehabilitation technologies, and the rapid increase in the speed and quality of the telecommunication solutions they rely upon, telerehabilitation consultations are not only feasible, but can be very effective in the remote management of clients. It is therefore vital that barriers be removed in order to make equitable access to expert physiotherapy services achievable.

ATTACHMENT B

The APA position

It is the Australian Physiotherapy Association's (APA) position that:

- Telerehabilitation offers significant benefits to physiotherapists and their clients and can improve access to physiotherapy services
- While there are many benefits to the use of telerehabilitation, care must be taken to ensure client safety and appropriateness of treatment when choosing to deliver physiotherapy services through telerehabilitation
- Appropriate, evidence based technologies should be chosen to deliver telerehabilitation services
- Technical standards, specifications and clinical guidelines on the use of telerehabilitation need to be developed
- Governments and third party payers should provide rebates for telerehabilitation services
- Government assistance should be provided to physiotherapists wishing to invest in telerehabilitation equipment
- Telerehabilitation is a useful complement to local rehabilitation services but should not be considered a substitute for the employment of physiotherapists based in the community
- Inequities between remote, rural and metropolitan health services must be addressed to ensure access to telerehabilitation services.

Clinicians using telerehabilitation for diagnosis and service provision should ensure that they consider the following:

- Physiotherapists should adhere to the APA Code of Conduct at all times regardless of the mode of service delivery
- Physiotherapists should ensure that they recognise the limitations of the technology in use, and employ clinical decision-making skills when considering the most appropriate way to deliver services
- Physiotherapists should ensure that they recognise any limitations of their own scope of practice
- Appropriate privacy and security measures should be taken when using any form of online or electronic communication or consultations with clients. Physiotherapists must abide by all state and federal privacy, security and record keeping legislation
- Clinicians must take particular care to ensure that they are aware of interstate legislative requirements when treating clients across state and territory borders
- In order to provide the best possible service and to reduce associated costs, it may be appropriate for physiotherapists in private practice to form partnerships with local public health services and/or public or private corporations.

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