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Services for Australian
Rural and Remote Allied Health

Federal Budget Submission 2017-18

December 2016

About SARRAH

Services for Australian Rural and Remote Allied Heath (SARRAH) exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being.

SARRAH is nationally recognised as the peak body representing rural and remote Allied Health Professionals (AHPs) working in the public and private sectors.

SARRAH's representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Paramedics, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

These AHPs provide a range of clinical and health education services to people who live in rural and remote Australian communities. AHPs are critical in the management of their clients' health needs, particularly for those with a disability, chronic disease and complex care needs including aged care.

AHPs work across the health continuum and they have significant roles in health, welfare, education and disability sectors.

The AHP, particularly in rural and remote areas, is required to adapt to workforce shortages and is well versed in the interprofessional and team approach to health care. It is noteworthy that in many smaller and more remote communities, people in need of primary health care are reliant on nursing and allied health services because of workforce gaps. If these professionals are well supported, then the need to access specialist and hospital services will be reduced.

The importance of the contribution to health care of the professions that SARRAH represents is acknowledged by the Government through funding of scholarships including professional development schemes. It is repeatedly demonstrated that skilled and supported AHP services are essential to improving the quality of life and better health outcomes for rural and remote communities.

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that AHP services are basic and core to Australians' health care and wellbeing.

Current Situation

Australia's current economic conditions are placing pressure on the Australian Government's budget. SARRAH recognises that the cost of health care is growing and that the Government is seeking to deliver health care services more efficiently and effectively. The previous and current Australian Governments have, to varying degrees, responded to escalating pressures on the health system by making commitments to health system reform. Many of the reforms focus on improving access to services, improving chronic disease outcomes and reducing pressure on our hospital system. This can be achieved by implementing funding models for primary health care that support multidisciplinary team based care, prevention of illness and management of chronic disease and disability, and care coordination.

People residing in rural and remote Australian communities face a number of major health challenges. Critical issues such as health inequality especially for Indigenous people, workforce shortages, ageing population, chronic disease, mental illness and health system costs require immediate action if we are to have a viable and sustainable health system in rural and remote Australia. SARRAH is concerned that the previous three Australian Government Budgets have cut funding to programs that are needed to build accessible and effective health care system for rural and remote Australians. We urge the Government to recognise that even in a constrained fiscal environment, investing in an efficient and effective health care system is an investment in the long term prosperity of Australia.

SARRAH has developed and provided submissions to the Australian Government Department of Health on a range of health reform initiatives. This Federal Budget submission offers the government practical recommendations and targeted initiatives to assist in providing primary health care services to rural and remote Australian communities.

Recommendations

Health Reforms

SARRAH recommends rolling out structural reform in rural and remote areas where inequity of health outcomes and access to services is greatest, to achieve immediate and significant gains. SARRAH supports:

1. Shifting the focus of Primary Health Networks to a governance structure that reflects the multi-professional primary health care workforce.
2. Implementing blended primary health care payment models which:
    a. provides equitable funding and incentives for all health services (i.e. not limited to general practice);
    b. supports services provided by multiple health professions; and
    c. pays for coordination of care.

    In rural and remote areas, the payment model must recognise that the business model for allied health private practice is often not financially viable. If allied health services are to be available to these populations, other types of organisations and service providers should be paid to provide primary health care services, for example, rural hospitals providing an allied health clinic. Incentive payment models also should be adjusted for rural and remote areas. Incentive payments are not usually designed to meet the full cost of providing a service. But in rural and remote settings there are few opportunities to cross fund services from other sources. Consequently, grant funding mechanisms should be used to support chronic disease prevention and management programs in rural and or remote Australia where the Medicare Benefits Schedule (MBS) arrangements are not effective at overcoming market failure. Such arrangements could be put in place through the Primary Health Networks.
3. Developing and adopting national access and utilisation targets to multi-professional services. It is critical that these targets for rural and remote areas are benchmarked against urban levels of service provision to address inequity. AHP service distribution and patient outcomes also need to be measured across Australia.

4. Implementing the recommendations in *The Mason Review of Australian Government Health Workforce Programs,* particularly in relation to issues of accessibility to allied health services and improving health outcomes. SARRAH is well placed to be an active partner with government in developing and implementing efficient and effective national allied health programs.

5. Providing funds to build on SARRAH's report titled *The impact of allied health professionals in improving outcomes and reducing the cost of treating diabetes, osteoarthritis and stroke*. The report identified $175 million in annual savings that could be made to the Federal health budget through preventative health care offered by AHPs. This figure is based on only eight key areas where there is economic evidence that allied health interventions can save money on specific health outcomes arising from diabetes, osteoarthritis and stroke. The report also found that a stronger evidence base was needed to identify the full scope of savings to the health system if allied health interventions are used to manage the broader range of chronic diseases. SARRAH recommends funding a project to conduct, a '**Cost-benefit analysis on up to eight pilot sites across Australia**' at a cost of **$7m** over 2 years.

6. Reforming the MBS to ensure that consumers in rural and remote Australia can access allied health services directly rather than requiring a referral from a GP. This would result in AHPs being first contact service providers. Consequently, AHPs practising in rural and remote settings would be able to claim direct payment from Medicare for services. Other recommended reforms to the MBS include expanding the primary health care items to better reflect the health needs of consumers residing in rural and remote Australia and the capacity of private AHPs to provide services. Equity of access to AHP services in rural and remote areas could be significantly improved through funding support for technology based AHP consultations in rural and remote areas where locally based AHPs are not available. SARRAH acknowledges that the government has established an MBS Review Taskforce during 2015 and our specific recommendations have been made through that process.

Investment in Technology

SARRAH supports long term efficiencies and cost savings through increased investment in technology such as e-Health across Australia particularly for AHPs in rural and remote settings. This increased investment will be enhanced by:

- reforming models of care to achieve efficiencies in service delivery and greater access to multi-professional clinical expertise;
- investing in clinical governance mechanisms, training and development; and
- providing AHPs with financial support to use telehealth and improve patient access to allied health services.

SARRAH believes that the MyHealth Record must include both registered and non-registered (self-regulated) professions in order to reduce poor health outcomes and associated costs. To further build on the uptake of the MyHealth Record, Primary Health Networks could increase their role in supporting AHPs within their region to sign up for and use this technology.

Health Workforce Scholarships

SARRAH recognises that there are benefits to consolidating the Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) and other scholarship programs under one program and one administrator (as announced in the 2015-16 Budget). We also acknowledge that the planned Health Workforce Scholarship Program (HWSP) will focus on addressing geographic maldistribution issues and include a rural return of service. However, SARRAH has two main areas of concern with the HWSP, namely the potential to treat allied health inequitably compared with the nursing and medical workforces, and the cuts to total scholarship funding.

There is a critical lack of research, data and evidence related to the allied health workforce as a whole in Australia, compared with that available on the nursing and midwifery and medical professions. SARRAH believes the lack of data and research about the allied health workforce and the contribution it makes to health outcomes reflects a wider inequity in the allocation of resources for allied health.

SARRAH is very concerned that the funding for health workforce scholarships will be cut by $72.5 million over four years under the HWSP. The evaluation SARRAH has conducted on the NAHSSS scholarships, it currently administers, has clearly demonstrated that without the scholarship funding, AHPs and allied health students would not be able to access education and continuing professional development activities without the support of the scholarships. The availability of scholarships directly contributes to developing the future rural and remote allied health workforce and also supports existing AHPs to remain in these settings.

SARRAH recommends that funding for allied health scholarships under the HWSP be set at the level of **NAHSSS Allied Health scholarships in 2010-11** which was **$12.14m**, reversing the funding reductions and cuts applied over the last 5 years.

Workforce Data

SARRAH has long argued that there is a lack of allied health workforce data and this gap needs to be addressed to inform workforce modelling, policy and program development. There is a lack of reliable, consistent and contextual data on the allied health workforce, including the self-regulated professions, such as the:

- size and distribution of allied health professions;
- areas of allied health shortages;
- demand for allied health services;
- information about availability of allied health services – particularly in rural and remote locations; and
- recruitment and retention factors including why AHPs go to and stay in rural and remote settings.

The diversity of the allied health workforce is also significant, and there are inconsistencies in the professions that are recognised across the jurisdictions.

SARRAH supports the need for accurate and comprehensive national data on size, skill mix, work practices and distribution of the multi-professional workforce and all its components, not just limited to registered professions. More than five years ago, a rural allied health workforce study was carried out in three states and the Northern Territory. However this approach was ad hoc

and under-resourced with no funding available for national analysis. Longitudinal workforce studies have been undertaken for medicine and nursing for many years, the data from which informs many national workforce initiatives.

The lack of equivalent data for AHPs significantly hampers the development of policy and workforce initiatives that are inclusive of all major health professions. SARRAH recommends the funding of an '**Australian Allied Health Workforce Study**' at a cost of **$1m** over 2 years.

Mentoring for Rural and Remote Workforce

SARRAH supports the establishment of a National Rural and Remote Allied Health Mentoring Scheme to provide support for new graduates and AHPs new to rural and remote practice, and managers of AHP services in rural and remote communities. Mentoring is a critical component to AHP retention throughout rural and remote Australia and consequently SARRAH strongly recommends:

- Funding of a **National Rural and Remote Allied Health Mentoring Scheme** to reduce isolation of allied health graduates by connecting them with experienced rural and remote AHPs at a cost of **$1.9m** over **3 years.**

SARRAH supports e-Learning strategies to improve the recruitment and retention of AHPs in rural and remote Australia which is the aim of the Rural Health Multidisciplinary Training Programme Framework. To support the Framework, SARRAH recommends:

- Funding of an **Online Continuing Professional Development Program** at a cost of **$0.75m** over 3 years.

Closing the Gap

SARRAH supports an increased allocation of funding for Indigenous health, particularly recognising the key role that AHPs contribute to 'Closing the Gap'. SARRAH believes that greater effort is required to increase numbers of Indigenous health professionals in the workforce, including as AHPs, to improve the cultural competence of the Australian health care system.

Client Support

SARRAH supports the call for enhanced client support. For example:

- Increase health promotion and preventative care activities including oral health.
- Provide greater capital infrastructure for rural and remote areas, including the facilitation of access to AHPs for sub-acute care.
- Recognise the importance of access to assistive equipment, aids and other supportive devices and resources and call for reform of the systems of management and distribution.
- Expand the Patient Assistance Travel Scheme to include AHP services in rural and remote Australia.

Summary of Recommendations

A summary of project recommendations and budget impact are contained in the table which follows.

TABLE: Summary of Project Recommendations and Budget

Title of Project	Outcomes	Budget Bid
Cost benefit analysis of Allied Health early interventions	Establish up to eight pilot sites across Australia to conduct a cost benefit analysis on high impact allied health interventions, providing a base to support greater investment by governments across Australia.	**$7m** over 2 years
Primary Health Care and MBS reform	Implement MBS reforms improving access to AHP services building on primary health care and prevention strategies. Implement blended primary health care payment models including grant funding for rural and remote allied health services.	**NA**
Health Workforce Scholarship Program	Funding for allied health scholarships under the HWSP be set at the level of NAHSSS Allied Health scholarships in 2010-11, reversing the funding reductions and cuts applied over the last 5 years.	**$4.9m** annual top up
Australian Allied Health Workforce Study	A research study providing information and data on the distribution and work characteristics of the Australian allied health workforce.	**$1m** over 2 years
National Rural and Remote Allied Health Mentoring Scheme	Increase education and support for AHPs practising in rural and remote Australia.	**$1.9m** over 3 years
Online Continuing Professional Development Program	Access to an online continuing professional development program for AHPs in rural and remote Australia.	**$0.75m** over 3 years