



Australian Council of Deans of Health Sciences submission regarding the Medicare Benefits Schedule Review- Report from the Allied Health Reference Group, 2018.

The Australian Council of Deans of Health Sciences (ACDHS) welcomes the opportunity to provide comment regarding the Medicare Benefits Schedule Review- Report from the Allied Health Reference Group, 2018. ACDHS is the peak representative body of the Australian universities that provide pre-professional education in the allied health sciences. The Council adopts a whole of health system perspective and considers the development of an innovative and sustainable health workforce will best position Australia to address present and emerging health care demands.

ACDHS member universities include:

Central Queensland University	Monash University
Charles Sturt University	Queensland University of Technology
Curtin University	University of Canberra
Deakin University	University of Melbourne
Edith Cowan University	University of Newcastle
Flinders University	University of Queensland
Griffith University	University of South Australia
James Cook University	University of Sydney
La Trobe University	Western Sydney University

While it is noted that many of our members teach a broader range of health programs, the following professions fall within the remit of our Council:

Clinical exercise physiology/sport and exercise science	Pharmacy
Medical laboratory science	Physiotherapy
Nutrition and dietetics	Podiatry
Occupational therapy	Prosthetics and orthotics
Optometry	Medical radiation science
Orthoptics	Speech pathology

Improving access to services and developing a workforce to meet the health needs of Australians across sectors, services and settings are priority issues for ACDHS members. ACDHS members agree with the nine broad areas that The Reference Group's recommendations aimed to address, that is

- Ensure that clinical services align with best-practice guidelines.
- Increase access to allied health in primary care.
- Ensure that the list of eligible allied health professionals under the MBS reflects contemporary practice.
- Facilitate group-based allied health therapy where clinically appropriate.
- Ensure that patients with an Autism Spectrum Disorder (ASD), Pervasive Developmental Disorder (PDD) (Complex Neurodevelopmental Disorder (CND) or disabilities have adequate access to high-quality allied health services.
- Strengthen evidence base for the provision of allied health care in Australia.
- Improve access to allied health services in rural and remote areas.
- Change the delivery model and focus of allied health in Australian primary care
- Improve communication between allied health professionals and other health care professionals.

The recommendations have generally been well received, however, the following qualifying statements have been received on **Recommendation 14: Telehealth**

- the introduction of a new item for patients consulting with an allied health professional via teleconference is welcomed by members
- suggestions to introduce the telehealth item in the shorter, rather than longer term
- members support the recommendation for follow on work to detail the highest- value opportunities for allied health as described on p45
- while understanding the cautionary approach of defining the primary care provider for the patient as having had at least two face-to-face visits prior to commencing service delivery via telehealth, members consider this to be an additional barrier to access
 - a review of this recommendation would be welcome

The recommendations are an important first step in minimising out of pocket costs and improving access to services provided by the professions of allied health. Building an allied health research base and conducting a review of evidence on group allied health interventions are important to the provision of value based health care. ACDHS members are well placed to contribute to allied health research recommendations.

While recognising the primary aim of MBS is to improve access to services, members would welcome consideration of workforce development within the MBS. As significant proportions of each of the professions of allied health now work and provide services within the private sector, educating the future allied health workforce in practice settings across services and sectors will best equip clinicians of the future. Consideration of the role of students contributing *in part* to services billed to Medicare would be welcome.

Thank you once again for the opportunity to provide comment

