AUSTRALIAN ALLIED HEALTH LEADERSHIP FORUM

ALLIED HEALTH IN PRIMARY HEALTHCARE – REDUCING HOSPITALISATIONS, IMPROVING DISCHARGE RATES AND AIDING RECOVERY

Purpose

This paper:

1. Summarises the role of Allied Health Professionals (AHPs) in:
    a. Reducing demand for hospital admissions by maintaining the health of vulnerable populations (a fundamental function of AHPs in primary health)
    b. Enabling throughput and reducing readmission for patients requiring hospitalisation and
    c. Facilitating discharge from hospital through post-acute, community-based care that aids recovery.
2. Provides examples of how the national COVID-19 response to date has impacted and could have benefited from increased, more strategic engagement of the allied health workforce.
3. Recommends actions to improve health system response capacity, alleviate acute care pressure and improve continuity of community-based health care.

Role of Allied Health Professionals (AHPs)

Reducing demand for acute health services, providing acute care services, facilitating safe discharge from acute settings and supporting recovery are fundamental to the practice of many AHPs. They contribute greatly to both patient outcomes and health system efficiency[1]. However, these functions are not always well understood or prioritised in health services, including Australia's.

With the challenges posed by the COVID-19 pandemic leveraging these assets is more crucial than ever to bolster overall health system capacity and reduce demand and pressure on acute health resources and staff.

Coordinated planning and utilisation of AHP capacity will help maintain community health, promote recovery and contain the impact of COVID-19 on service system capacity and cost. Key areas of AHP practice and expertise as they relate to managing the response to COVID-19 across the care continuum are summarised in Diagram 1 (on page 2).

Preventing Hospitalisations

A key strategy in protecting the population against the pandemic is to contain simultaneous demand for limited, high intensity acute care resources (including respirators) which are essential to minimise the mortality rate associated with COVID-19: the main reason for "flattening the curve". AHPs make two crucial contributions in this respect:

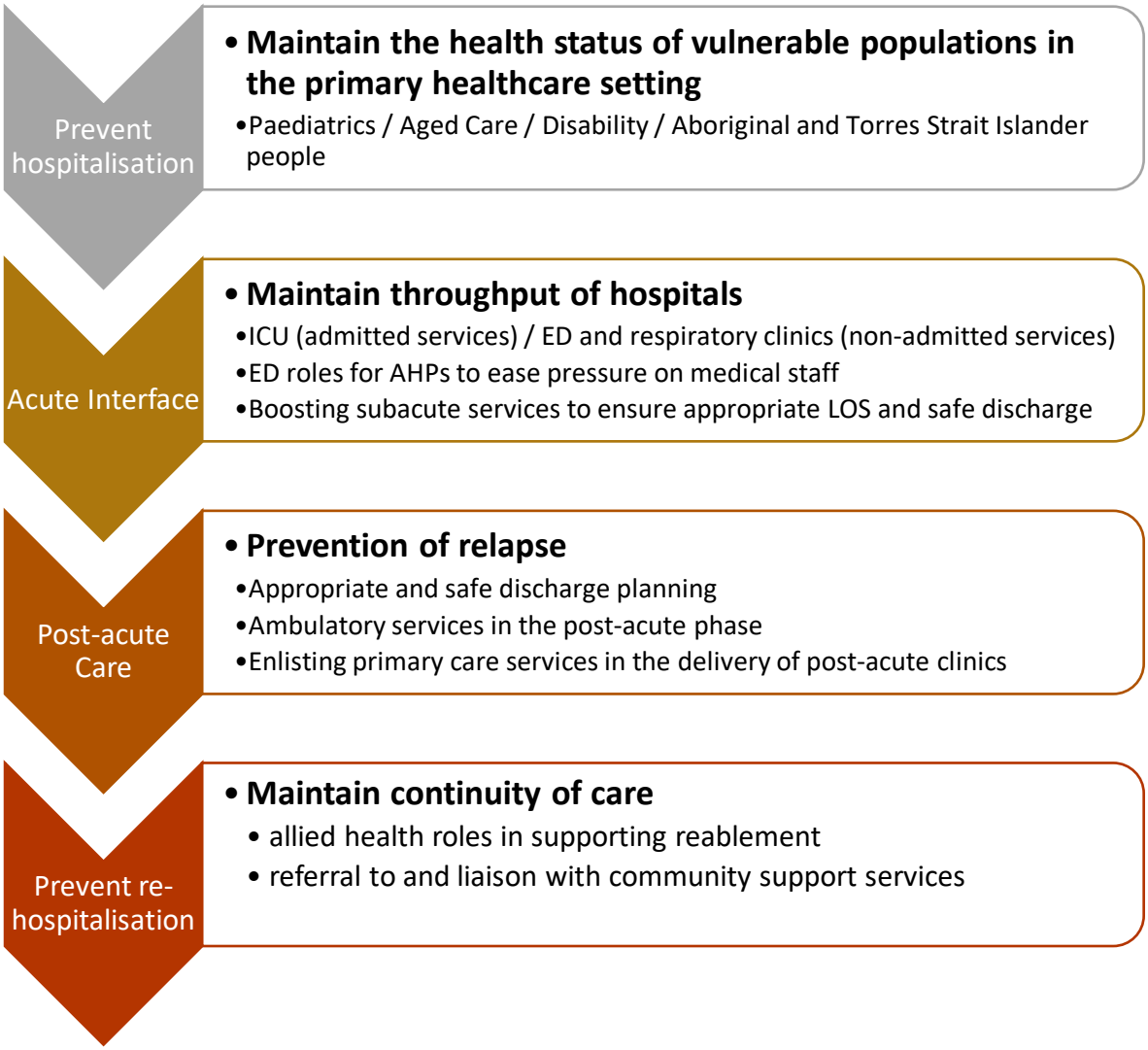
- Firstly, by maintaining treatment, health condition and resilience of vulnerable population groups, AHPs help balance demand on GP services and reduce avoidable hospital admissions;
    - This include, people with chronic disease, the aged, people with disability and paediatric patients, among others;

[1] Efficiency is understood to include the effectiveness of interventions to deliver a positive impact on patient outcome as well as the application of resources to attain that result.

- These are among the beneficial impacts of AHP interventions at any time but are a greater priority now as containing non-COVID-19 related hospitalisations enables finite acute setting resources to be focussed on the pandemic;
- AHP treatments can be crucial in preventing hospitalisations – e.g. physiotherapy, podiatry, dietetics, speech pathology, occupational therapy, psychology and social work, among many others[2];

In Australia, higher rates of avoidable hospitalisations and chronic health conditions tend to be correlated with areas of chronic AHP shortages[3].

Diagram 1: Allied health role managing upstream and downstream impacts of COVID-19



[2] In addition, many other AHP interventions have a less direct impact in containing avoidable hospitalisations, but improve healthcare quality and targeting and improve patient outcomes; including diagnostic triage, such as are provided by optometrists and orthoptists among others.

[3] In the COVID-19 situation, actions that enable patients to continue to access AHP treatment(s) will help contain avoidable hospitalisations: this includes, clear messaging about the importance of continuing with treatment, ensuring AHPs have adequate supplies of PPE as needed and facilitating telehealth servicing, wherever it is a viable and efficacious treatment option.

- Secondly, a large number of allied health professionals are experienced working in Emergency and ICU settings, some with particular skills in respiratory health and associated conditions (e.g. physiotherapists, occupational therapists and speech pathologists). They provide a ready and well-trained surge and potential back-up acute care workforce that could be leveraged with relatively minor facilitation and refresher/upskilling training.

Allied Health in the acute interface: maintaining throughput

AHPs bring skills and expertise including triage, directing and managing patients through efficacious care pathways which alleviate pressure on medical or other limited, resource intensive interventions. This could include non-COVID patients as well as COVID patients who may be treated effectively through AHP respiratory clinics, for example.

- As noted above, many AHPs work or are experienced working in acute care settings, including diagnostic services, pharmacy and various areas of physical and psychological assessment and treatment.
- These are clinical roles that contribute directly to the efficient flow and functioning of acute settings, complement the care of and alleviate pressure on medical and nursing staff.

Further, the spread and acuity of COVID-19 makes the earliest possible transition of recovering patients out of acute care settings a priority. This:

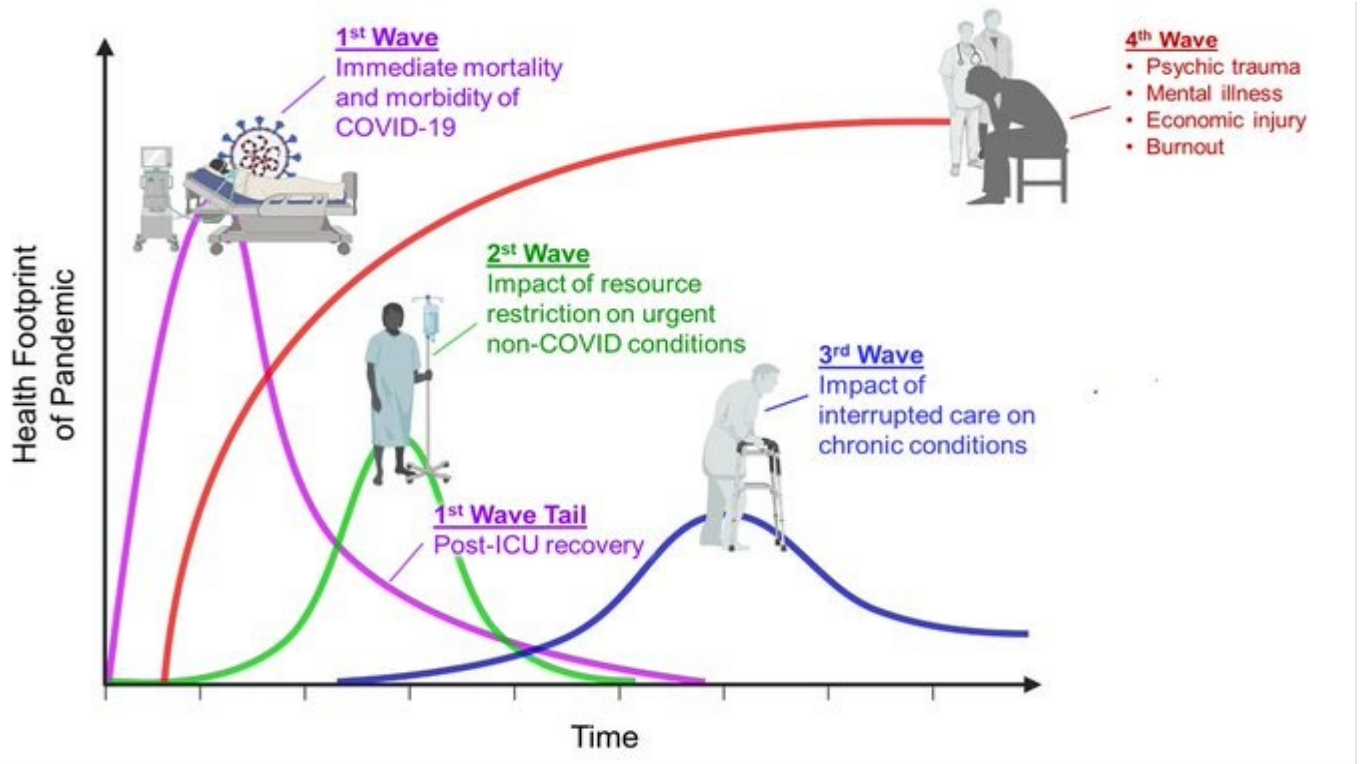
- Supports the best use of limited acute setting resources, to target patients with the greatest immediate need.
- Reduces the risk of potential compromise in the optimal treatment of each patient, which has been a devastating issue, widely reported in many nations overstretched by COVID-19.
- Emphasises a controlled balance between ensuring access to intensive care with contained length of stay.
- Allows recovering patients to be shifted to community-based care settings safely to support and enable recovery, removing them from acute settings where the risk of COVID or other infection is unavoidably high.
    - AHPs, including social workers, have expertise in discharge planning and ensuring appropriate continuity of care post-discharge.

Post-acute Care

The central role of AHPs in recovery and rehabilitation is generally better understood in the context of transitioning patients between acute and community-based settings (including aged and disability related care services). The interface between these segments of healthcare is often fraught, exacerbated by differing system, jurisdictional, funding or other parameters. Regardless, many AHPs work extensively with and across these service interfaces and are adept at securing the services patients need to enable safe discharge from hospital and the prospect of continuing care and recovery. In many cases, AHPs perform a detailed case-management role.

Diagram 2 illustrates the likely breadth and continuum of care needs COVID-19 patients will face from the need to access acute care services through potentially prolonged and complex recovery pathways. For each "wave" illustrated one or more forms of AHP intervention/care is likely to be required to support patient recovery.

Diagram 2: The longer term impact of COVID-19 [4]



AHPs provide vital services in the prevention, treatment and recovery of patients from injury, illness and disease, including COVID-19. The capacity of the more than 200,000 AHPs practicing in Australia to reduce the impact of and aid recovery from the COVID-19 pandemic should not be overlooked, underestimated or underutilised.

AHP roles and contribution – examples and issues

The following represents a small number of key issues and opportunities associated with the role of AHPs in addressing COVID-19 and future situations.

Work profile

Allied health professionals have a very different employment profile to medical and nursing workforces. Around 70% of AHPs work in the private sector, often in small practices and across health and other sectors. Allied health is the least distributed of the major health workforce groups, substantially worse than for nursing or hospital/GP services: a pattern replicated across private, public and community-based settings[5]. This impacts prevention, chronic disease management, avoidable hospitalisation rates and other factors heightening the risks of COVID-19 and response capacity in many communities.

[4] https://justanoldcountrydoctor.com/2020/04/14/will-health-care-infrastructure-survive-the-covid-19-pandemic/ accessed 16 April 2020

[5] This is due to a range of factors, including comparatively limited and/or fragmented employment and income options to support viable practice. It is crucial that the work currently being progressed by the National Rural Health Commissioner into allied health access and quality in rural and remote Australia continues.

Re-deployment of professions

The private AHP workforce has been majorly impacted by the COVID-19, notwithstanding measures to enable existing AHP MBS items to be available via telehealth. Other factors, such as the cessation of elective surgeries have reduced demand for public and private rehabilitation services provided by some AHPs.

This workforce could readily be leveraged to strengthen capacity to prevent hospitalisations, better manage acute care, and enhance post-hospital and community care.

- Such resources could be drawn on at short notice, provided coordinated mechanisms exist to facilitate it.
- Private practitioners could be contracted to service additional clients in need in the community with home visits and/or telehealth, whatever the situation allows.
- Situation-specific resourcing and coordination options could be used without complicating systems or raising concerns about MBS access and future cost issues.
- Specific, short-term commissioned service projects could be developed, utilising private practitioner capacity.

AHP treatment post-COVID19 infection

AAHLF is aware of increasing need for AHP treatment post-COVID19 condition. For example, an increase in dysphagia (swallowing problems) and voice disorders from extended period of intubation and ventilation requires significant care and treatment by speech pathologists, while other care interventions, particularly to assist in restoration of respiratory and general physical health, will be required by the cohorts recovering from COVID-19.

In some cases, this will mean increased demand for some practitioners beyond their usual caseloads. Planning (and in some cases, funding) for patients in recovery, outside of the acute hospital setting, is required.

There is increased need for allied health for those in acute care with COVID-19 and those once in the recovery stage.

- AAHLF has previously highlighted that some AHPs have expertise and/or recent experience in the ICU/Acute stage (including in respiratory care), while others could quickly upskill to refresh or attain expertise. This presents a ready, highly skilled potential surge workforce for both ICUs and respiratory clinics.
- To date, there has been little coordinated action to engage appropriate allied health professionals in the surge workforce, yet considerable effort directed at drawing in unqualified, less experienced and trained or retired (and at risk) personnel.
- An exception is NSW Health and the Australian Physiotherapy Association effort to develop and make broadly available upskilling training in respiratory health to bolster COVID-19 workforce capacity.
- Overseas, professional associations in hard hit nations are developing and providing greater guidance, training and clinical governance, where professions with certain competencies are being directed into front line roles, including where this would normally be extended scope for that profession.

Safety and quality of care

Allied health professional bodies and/or regulatory authorities are well placed to ensure the safety of patients, health care providers and the community is maintained through existing clinical governance arrangements and additional measures where required.

Future surge capacity

Noting, the situation is very fluid and Australia may have passed the initial threat of the acute care being overwhelmed. However, COVID-19 appears likely to require a surge capacity to be available for the foreseeable future and a substantial continuing capability.

- In the immediate future, capacity will continue to be needed for testing and contact checking.
- A major focus now could be to increase AHP access and capacity to prevent hospitalisations and maintain health and independent functioning in the community, at least until the pressure comes off the system.

Recommendations

AAHLF shows that, regardless of the present COVID-19 situation, the role and capacity of AHPs to prevent and reduce avoidable hospitalisations can be more adequately incorporated into Australia's health policy framework or funding systems, to further reduce present poorer health outcomes and higher system costs. AAHLF strongly recommends this should be a priority for early future policy consideration by the Commonwealth and, preferably, the COAG Health Council through AHMAC.

Further, as Governments move into evaluating the impact and initial COVID-19 response, developing strategies and planning for future pandemic threats AAHLF considers that work must include and be informed by:

1. A coordinated and complete health workforce utilisation and deployment strategy, including allied health professionals and capacity;
2. Strategies that
   a) deal with the immediate COVID-19 containment and treatment need;
   b) concentrate available resources to reduce pressure on ICUs /critical care resources (including prevention and recovery and discharge (as noted in this paper)
   c) ensure the continuing provision of pre-existing chronic disease (and other) care to maintain community health and wellbeing and health and contain other pressures on acute settings;
3. Include allied health experts at the beginning and throughout health system planning and decision-making processes; and
4. Establish as soon as possible a Commonwealth level Chief Allied Health Officer (CAHO) to inform and facilitate more comprehensive advice to Ministers and senior officials about the roles and potential of AHPs in promoting and improving health and wellbeing outcomes nationally.

Contacts

Further information on the various roles and interventions that AHPs do and can have in strengthening Australia's response to COVID-19 is available through the Australian Allied Health Leadership Forum (AAHLF).

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29 April 2020

AUSTRALIAN ALLIED HEALTH LEADERSHIP FORUM

The Australian Allied Health Leadership Forum (AAHLF) is a collaboration of national allied health peak organisations bringing together key Australian allied health sector and services.

- Australian Council of Deans of Health Sciences (ACDHS)
- Allied Health Professions Australia (AHPA)
- Indigenous Allied Health Australia (IAHA)
- National Allied Health Advisors and Chief Officers Committee (NAHAC)
- Services for Australian Rural and Remote Allied Health (SARRAH)