AUSTRALIAN ALLIED HEALTH LEADERSHIP FORUM

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Subject: **Post-acute care, rehabilitation and prevention services in the COVID-19 response**

Recommendations

That the Deputy Chief Medical Officer:

- Note the contents of this brief that identifies:
  - an anticipated escalation of demand for post-acute care and rehabilitation services in community settings for patients recovering from COVID-19 and for patients with non-COVID related conditions that have been exacerbated by reduced access or avoidance of ambulatory care and elective surgery,
  - the need for targeted delivery of comprehensive primary healthcare for vulnerable community members with complex and chronic conditions through coordinated, best practice, multi-professional care in community settings, and
  - current barriers and policy considerations to enable the primary care sector, including allied health providers, to meet the current and ongoing need for priority services in the COVID-19 response period.
- Recommend to the Australian Health Protection Principal Committee (AHPCC) that to address the anticipated service demand for primary care services a cross-sector, multi-professional, inter-jurisdictional AHPCC working group is established to support planning, and to provide advice on policy options to inform strategies to address demand for priority services. The working group would consider and provide advice on policy options to:
  - address system-level barriers to use of the primary care multi-professional workforce, including the allied health workforce, in the response to COVID-19, and

- support the identification, scale and spread of successful integrated models of care for targeted comprehensive primary healthcare for vulnerable patients, and for post-acute care and community-based rehabilitation.

Key Issues

- There is an escalating need for a coordinated, primary care sector response to COVID-19 in relation to the:
  1. targeted delivery of comprehensive primary healthcare for vulnerable community members, and
  2. post hospital care for people:
     - recovering from COVID-19, both those who remained in the community and those who have been discharged following extended critical care/hospital stays,
     - whose health and function are now at risk due to interrupted planned care, and
     - who avoided accessing health services during the pandemic and are now at greater risk of adverse health outcomes because of delayed diagnosis and treatment[1].
- Allied health professionals[2] are critical to the delivery of post-acute and rehabilitation services, and to comprehensive risk factor management for community members with chronic and complex conditions.
- Current funding and policy levers for allied health primary care services are inadequate to support the mobilisation of the sector to meet anticipated demands. Government funding for allied health services in primary care is limited, with most allied health professionals operating in small private businesses with a fee for service or limited third party payer model.
- An inadequate response to rehabilitation needs has the potential to have an adverse impact on the aged care and disability sectors with an increased demand for care.

Background

- Targeted comprehensive primary healthcare for vulnerable community members is an essential component of the COVID-19 response.
  - Hospital avoidance is critical for this group as hospitalisation may increase exposure to COVID-19 resulting in poor health outcomes, and place increased bed pressure on hospital services during the COVID-19 response.
  - Best-practice, comprehensive and coordinated multi-professional care is required. Allied health professionals have the expertise and capacity to coordinate care

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[1] National Health Service, 2020. Four nations statement: Allied health professionals' role in rehabilitation during and after COVID-19. 15 May 2020 Version 1 at https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0450-AHP-Four-Nations-Statement-on-Rehabilitation.pdf.

[2] With the support of supervised Allied Health and other therapy assistants where available.

pathways for vulnerable community members and provide evidence-based intervention in collaboration with other members of the healthcare team.

- Post-hospital care and rehabilitation: COVID-19 positive patients
  - It has been estimated that 30% of patients will require facility-based care, and a further 20% will require home care following an acute episode of severe COVID-19[3]. International studies have found neurological symptoms are present in 36% of COVID-19 patients[4], although this rate is higher in patients with severe infections[5]. Evidence is mounting rapidly regarding the medium to longer term impacts of the virus.
  - Many existing facility and community-based rehabilitation services do not currently have the capability to adequately meet the treatment needs of patients with COVID-19 or to respond to potential future surges related to cluster outbreaks. There has been no planning within the primary care sector (including the allied health primary care sector) to examine or address these challenges.
- Post-hospital care and rehabilitation: non-COVID-19 patients
  - Based on limited international evidence, it is anticipated that delayed elective surgery and reduced access or reluctance to access primary and ambulatory care services for chronic conditions may produce an increase in disease burden and demand for rehabilitation and post-hospital care[6]. The service demand is likely to be more focussed on the community sector given the need to release hospital capacity as part of COVID -19 response planning.
  - As part of the COVID-19 acute sector planning, hospitals have reduced inpatient and ambulatory care rehabilitation services. Continued pressure from COVID-19 readiness requirements will favour early discharge and underutilisation of inpatient rehabilitation facilities, placing pressure on community services to deliver rehabilitation.
  - Effective post-acute care and rehabilitation is critical to patient flow from hospital to community, with service gaps representing a risk during hospital surge periods.
  - For communities at greatest risk to the impact of COVID-19, notably Aboriginal and Torres Strait Islander communities, where there is a pre-existing lack of access to health and rehabilitation services, in addition to food insecurity, poor housing and transport, the need for rehabilitation services will have been exacerbated. With the

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[3] Grabowski C, Joynt K (2020). Postacute Care Preparedness for COVID-19. Thinking Ahead. Journal of the American Medical Association (JAMA). *2020;323(20):2007-2008. doi:10.1001/jama.2020.4686*

[4] Mao L, Jin H, Wang M. (2020) Neurologic Manifestations of Hospitalized Patients with Coronavirus Disease 2019 in Wuhan, China doi:10.1001/jamaneurol.2020.1127.

[5] Helms J et al. (2020). Neurologic Features in Severe SARS-CoV-2 Infection. NEJM, DOI: 10.1056/NEJMc2008597.

[6] Lazzerini et al (2020). Delayed access or provision of care in Italy resulting from fear of COVID-19. The Lancet, DOI:https://doi.org/10.1016/S2352-4642(20)30108-5.

continuing need for vulnerable people to self-isolate, a strong case exists to increase home service options.

- Barriers to optimal use of allied health primary care system capacity include:
    - current funding and policy levers that have limited impact in enabling private allied health professionals' contribution to system-level healthcare demands,
    - the capacity of non-government organisations (not-for profit service providers) is currently under-utilised and could be harnessed through changes to funding and program targets and coordinated action of PHNs to target commissioning to COVID-19 response priorities,
    - MBS rules and processes that restrict allied health coordination of care, and
    - existing limitations to integrated care including IT inter-operability and communication processes between primary care organisations/businesses and with other sectors, and under-developed, uncoordinated or ineffective care pathways between the hospital and primary care/community sector providers.

Policy options

- A cross-sector, multi-professional, inter-jurisdictional working group auspiced by the AHPPC is required to support the Commonwealth Department of Health and other key agencies to assess demand, plan and implement strategies to address identified gaps in surge service capacity for:
    - comprehensive primary healthcare for vulnerable clinical groups and
    - community-based post-hospital care and rehabilitation demands for both COVID positive and non COVID patient.

  The format should be similar to the groups established for mental health and acute care responses and include members with expertise in allied health service provision in primary care and post-acute services. A priority output of the working group would be advice regarding the appropriate policy options and strategies to optimise the primary care sector, including the allied health primary sector, contribution to service capacity.
- The Commonwealth Chief Allied Health Officer role is urgently required to lead system planning work within the complex landscape of primary care and across multiple allied health professions. Calls for a Chief Allied Health Officer are long-standing [7] [8], this role is necessary to ensure patient health and safety and to optimise health system integration, efficiency and effectiveness.
- System-level barriers to optimal use of the primary care allied health workforce should be urgently addressed as part of the planning and response implementation process including

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[7] Mason Review (2013) - Review of Australian Government Health Workforce Programs (Australian Government, April 2013) – page 307.

[8] National Rural Health Commissioner (2020) Interim Report: Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia

opportunities to optimise use of current funding programs, and address gaps in current resourcing and coordination of critical services.

- Examples of successful integrated care initiatives to prevent hospitalisation and facilitate post-acute care and rehabilitation should be examined and considered for scale and spread to address anticipated service demand for community-based services during the COVID-19 response period.

Consultation

- This brief has been developed by AAHLF member organisation representatives.

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)

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