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MEDIA RELEASE

More community healthcare needed in COVID-19 planning as chronic disease rates pressure hospitals

- Allied health experts call for more community-based care models to cope with COVID surge
- ‘Long COVID’ shown to affect one in four people who catch the virus, leading to an increase in chronic disease sufferers and the need for more rehabilitation services. The UK now has two million cases of the syndrome, Australia has no plan to handle it.
- Integrated care models in local areas with allied health providers in conjunction with GPs could tackle pandemic induced chronic disease and save \$320 million in unnecessary hospital admissions.
- Allied Health Professions Day will focus on these issues on October 14th.

Allied health educators are calling for an increase in community-based models of care to keep hospitals and emergency departments functioning as more people are affected by chronic health conditions, including an estimated one in four pandemic patients who will go on to develop ‘long COVID’ syndrome.

Professor Esther May, Chair of the Australian Council of Deans of Health Sciences (ACDHS) representing universities providing undergraduate education in allied health sciences, said chronic disease rates in Australia were likely to increase with a surge in COVID cases as the country opens up and 20 to 30 percent of people remain unvaccinated, increasing the numbers of people at risk of long-term complications from the virus.

The ACDHS comments come in the lead up to Allied Health Professionals Day on October 14.

“Providing integrated community health clinics overseen by GPs to provide rehabilitation services is absolutely vital right now as this will ensure all patients can access the quality healthcare they need to recover, while protecting emergency departments,” Professor May said.

Studies have shown as many as one in four COVID-19 patients will go on to develop long COVID, even when the disease was mild. The condition can affect breathing, energy levels, hearing, sensory systems, and mental health. (<https://bit.ly/3vOfW9E>). In response, countries like the UK have recognised the social and economic threat presented by COVID-19 complications and have established a network of local community clinics run by GPs and allied health specialists to assist with multidisciplinary care for the estimated two million people affected in England.

Professor May said provision of primary care in community settings would assist in assessing, treating, and preventing a number of complicated chronic conditions, and would reduce unnecessary hospital admissions estimated to cost more than \$320 million each year.

“The Australian focus is still firmly centred on acute hospital services and how they will cope with a massive increase in COVID infections, but we should be looking more broadly at how all three pillars of healthcare can support each other at this time—including hospitals, GPs and community allied health -- and how those resources can be maximised in the face of thousands of hospital admissions each week, and an increase in long-term chronic disease.

“We have thousands of people living with long-term conditions like obesity, diabetes, Parkinson’s and cancer who need ongoing care and rehabilitation services, and this will increase with the large number of COVID-19 patients who go on to develop long COVID syndrome.”

Professor May said a lack of resourcing of primary care solutions had added to issues in finding clinical placements for graduating allied health students.

“During the COVID-19 threat there are important ways allied health students on placements can add value to community services.

“Allied health represents 25 per cent of the total health workforce. Along with doctors and other health specialists, our graduates play a vital role on the frontline. We have students preparing to enter the profession in crucial areas including physiotherapy, occupational therapy, clinical exercise physiology, podiatry, dietetics, psychology and social work and, like nurses, they will be in demand during the next wave of COVID-19.”

Professor May said the ACDHS would like to see more community settings available for students to develop a real-world experience particularly in aged care, disability care, and rehabilitation.

“There are few incentives for either the public or the private sectors to move beyond the traditional ‘business as usual’ models of care, but we need to rapidly increase training avenues beyond the hospital system to ensure our future allied health professionals can hit the ground running.”

In 2019, the Federal Government announced plans to examine reforms of primary health care delivery through the 10-Year Primary Health Care Plan. Professor May says she hopes greater consultation with allied health professions will result in a more outcomes-driven and cost-effective approach.

“COVID-19 has shown us we need a more flexible and integrated model of care which is patient-centred. More collaboration and communication across primary, acute, community, social, disability, and allied health care will bring better health outcomes and the ability to plan for more innovative care models in local areas.”

[Allied Health Professions Day 14th October](#)

Allied Health Day is an international event celebrating and bringing together the allied health professional community.

Allied health professionals have been working on the frontline in hospitals in Australia’s response to COVID-19 and adapting to new methods of service delivery in primary care. From the ICU to community-based rehabilitation, allied health professionals have an important role to play in physical and mental recovery for COVID-19 survivors.

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For more information, available case studies and interviews:

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