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Submitted to Consultation Draft - Primary Health Care 10 Year Plan
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Introduction

1 What is your name?

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3 Are you responding as an individual or on behalf of an organisation?

Organisation

4 What is your organisation type?

Peak/professional body

5 What is your organisation name?

Organisation:
Australian Council of Deans of Health Sciences

6 Do you consent to being named as having provided a submission to this consultation process?

Yes

7 Do you consent to your submission being published on the consultation hub?

Yes

8 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

Response:

ACDHS strongly supports the continuation of the MBS telehealth items for allied health and mental health care independent of Voluntary Patient registration (VPR). As observed in the ACDHS submission to the Primary Health Reform Steering Group draft recommendations (27 July 2021), there is a risk that those who do not sign on to the VPR may be discriminated against in terms of accessing the full range of health and social services and benefits.

As educators of allied health professionals, ACDHS must be central to the proposed updating of education and training content and delivery, and provider resources to support various forms of virtual care including remote monitoring and decision support. COVID-19 provided the impetus to develop new approaches to education and supporting clinical placements for students (e.g. University of Western Sydney used simulations to provide students with skills related to telehealth). For other students who were able to use telehealth on clinical placements the high level of digital literacy of the cohort was an advantage. The telehealth experience also provided important insights for students into cybersecurity, privacy, and confidentiality issues (University of Western Sydney).

9 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

stream 1: action Area B:

Allied health data strategy:

ACDHS welcomes and endorses the plan to develop a data strategy on allied health workforce and funding models as a Short-term action. However, we feel that the ambition should be stronger. In the medium term DoH should be moving into full implementation of the strategy. Likewise, options for future funding models, the AIHW data asset project, and data collection should be completed in the medium term.

Better access to allied health workforce data will advance health systems research and will support the development of a National Allied Health Workforce Strategy (Stream 2).

Suggest rewording the Medium-term actions to read:

Implement the data strategy on allied health workforce and trial new funding models.

And

Scaled up data collection from allied health practices that builds on the AIHW data asset project.

Other:

ACDHS supports taking action to deliver electronic record sharing to support multidisciplinary team care and welcomes the inclusion of aged care, disability, and community services in this action.

The proposed Primary Health Care data analytics centre of excellence is also supported, with security, confidentiality, and privacy safeguards.

As the University faculties engaged in higher education and research for allied health professionals, we support and request early engagement in the development of education and training frameworks, curriculum and continuing professional development to support confident uptake of digital health solutions.

10 Please provide your response to the listed actions under reform stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

stream 1: Action area C:

ACDHS notes the short-term action to build digital capability across the health workforce and would wish to be involved in the development of relevant education curriculum and resources to support the uptake and use of digital capability amongst allied health professionals.

11 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

stream 2: Action area A:

ACDHS agrees that mechanisms to support further development and strengthened implementation of multidisciplinary team-based care including continuing revisiting of funding arrangements and incentives should be implemented. ACDHS notes that allied health services will need to be included in any consideration of new Service Incentive Payments (SIPs) and Practice Incentive Payments (PIPs) to deliver quality bundles of care and improved outcomes for patient groups.

One area of developing need is the one in four COVID-19 patients who will go on to develop long COVID. The provision of models of care to deliver multidisciplinary care and rehabilitation for this group of patients will ensure that they can access the quality health care they need to recover and prevent avoidable hospital admissions.

12 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

stream 2: Action area B:

National Allied Health Workforce Plan:

ACDHS applauds the initiative to develop a National Allied Health Workforce Plan across health, aged care, and disability settings. Allied health currently represents around 25 per cent of the total health workforce and, in the primary care setting, allied health is the largest workforce involved in delivery of care – as identified under Stream 3 of the Plan. The health and social care industry is the fastest growing sector. Universities, who provide the pipeline of allied health professionals, must be deeply engaged in workforce planning.

The Allied Health Workforce Plan will frame the investment needed in University education including clinical education. The 22.7 per cent increase in students choosing to study allied health between 2013 and 2018 is already placing pressure on clinical training placements. In addition, the sustainability of the allied health academic workforce will come under pressure as many reach retirement age. These issues must also be tackled in the Workforce Plan.

This Workforce Plan is needed urgently as a basis for reforms in aged care, community, disability, and primary health settings. We strongly recommend that the Chief Allied Health Officer lead the development of the Plan with the support of stakeholders including ACDHS.

Suggest rewording of the Short-term action to:

The Chief Allied Health Officer lead the development and implementation of a National Allied Health Workforce Plan to optimise the allied health workforce and support the provision of high value care across health, aged and disability settings.

Other:

ACDHS supports actions to:

- better rewarding allied health participating in team care arrangements under MBS, and boosting the WIP to better support practices employing allied health staff;
- consolidating evaluations of promising service models of multidisciplinary care; and
- develop team-based care indicators into SIP.

ACDHS welcomes the opportunity to work with others on updating workforce education programs, accreditation, and compliance standards in multidisciplinary models of care.

13 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area C: Close the Gap through a stronger community controlled sector (300 word limit)

stream 2: Action area C:

ACDHS supports measures to strengthen Aboriginal Community Controlled Health Services and a move to a commissioning approach.

ACDHS members offer a range of engagement programs for Aboriginal and Torres Strait Islander youth to encourage career choices in allied health professions. As allied health education providers, we also take seriously our responsibility to ensure all graduates have the necessary skills, knowledge, and attitudes so that they can deliver culturally safe and appropriate care.

Building the capacity of the community-controlled sector with additional allied health clinical placements for both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander students is important to both build the allied health workforce and to ensure all future allied health professionals can deliver culturally safe care.

14 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

stream 2: Action area D:

Allied health student placements in regional, rural, and remote areas:

ACDHS supports the action to improve access to clinical placements in areas of market failure such as rural and remote health. Student placements are an important way to support relevant workforce growth and we strongly endorse the finding of the Rural Health Commissioner (Report on Improvement of Access, Quality, and Distribution of Allied Health Services in regional, rural, and remote Australia – June 2020) to increase clinical placements in small and medium rural towns, remote and very remote communities. In these areas of unmet need allied health professional student placements often go on to become part of the workforce.

In view of the considerable body of work already underway, we suggest re-phrasing and rewording the current Medium-term action to become a Short-term action:

Implement and evaluate scaled up allied health student placements in regional, rural, and remote areas.

As noted in the Short-term actions, there have already been considerable trials and interventions to address this issue. We strongly support the need to build on existing innovation and are aware that many innovative models and partnerships to support expanded clinical placements are underway. For example, the University of Queensland recently opened a new Rural Health Clinical Training Facility 700km from Brisbane, with students able to work with the local community and allied health providers.

Other:

We recommend that scaling up clinical placements be extended to Aged Care and Disability settings to assist with increasing allied health workforce requirements.

Funding reform could also consider targeted support for allied health supervision and education. Allied health practitioners in private practice are a valuable (and valued) source for student placements. A similar model to the PIP teaching payment for allied health practices would encourage education of students in this setting.

15 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

stream 2: Action area E:

No specific additional comments.

16 Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

stream 2: Action area F:

The focus of this Action Area is narrowly cast around health literacy and individual care, both important issues. Primary Health Care has an important role in population health; a broader approach will provide the opportunity to explore a prevention agenda. ACDHS notes that the National Preventive Health Strategy is due to be released shortly, before the end of 2021, yet is not referenced in this section. It is therefore unclear where the important role of primary care in prevention will be addressed.

Allied health professionals are an integral part of the preventive health workforce and are frequently in leadership roles in addressing population health issues, e.g., obesity, falls in older adults.

ACDHS recommends that the role of primary care in population health and preventive health be better addressed in the Plan and the proposed National Preventive Health Strategy referenced.

17 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

stream 3: Action area A:

No specific additional comments

18 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

stream 3: Action area B:

ACDHS supports exploring models for a national institute for primary health care translational research, and for mechanisms for sharing learnings from research and evaluation of primary care system innovations. However, overall, we consider that this section is a missed opportunity to identify some clear research priorities for the next 10 years.

The ACDHS views that there is great opportunity for research and evaluation to impact upon the effectiveness and efficiency of the Australian healthcare system by having a focus on health systems research, specifically care integration to deliver better health outcomes in areas such as care for the elderly and people with disability. Research into this area is not about disease-specific models, rather models of interdisciplinary primary care across health care settings.

Research into the use of new modes of health service delivery introduced in response to COVID-19 could further benefit implementation and patient care. Allied health practitioners have become engaged in COVID-19 vaccine delivery in some locations. This demonstrates that expanding the scope of practice of allied health practitioners can be safely achieved with appropriate training and credentialing.

COVID-19 has also forced health practitioners into more tele-health and virtual care models ahead of appropriately designed trials or economic modelling about benefits. Research approaches for introducing new technologies into primary health care may benefit from looking at the experience of the introduction of point-of-care testing.

19 Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

stream 3: Action area C:

ACDHS sits at the nexus between the health and higher education sectors, and we consider that the importance of the higher education sector in the delivery of the ambition of the Plan has been understated.

Universities are fundamental to providing the right number of appropriately credentialed allied health professionals to deliver the health system of the future. In the longer-term higher education policy and funding has the capacity to impact on patient care.

We agree with the proposed Future State with whole of system thinking, continuous quality improvement and multidisciplinary and value-based care as the norm, but we do not consider that there are adequate, concrete actions to get to this point.

University clinics run by several ACDHS member Universities provide health service delivery on campus as an important adjunct to teaching, and research. They are well positioned to partner with service providers and funders to explore and evaluate new models of care and contribute to the translation of such health systems research into policy and practice. For example, the University of South Australia is currently delivering a student-led \$780,000 pilot program to improve the health of people in disadvantaged suburbs, run in conjunction with supervisors at local health facilities and councils.

ACDHS considers that it could be appropriate for the Chief Allied Health Officer to take the lead in further strengthening collaboration across the higher education and health sectors to ensure that there is knowledge interchange and reciprocal learning across sectors.

Suggest rewording of the Medium-term action to :

Strengthen collaborative mechanisms across the health and higher education sectors in primary care in areas including the uptake of research into practice, through re-aligned updating workforce education and training programs as well as accreditation and compliance standards to reflect advances in models of care.

20 Please provide any additional comments you have on the draft plan (1000 word limit)

Additional comments:

ACDHS welcomes the opportunity to contribute to the Plan and acknowledges that several of the issues in our July 2021 written submission to the Primary Health Reform Steering Committee Draft Recommendations have been incorporated into the Draft.

As is reflected in this current submission, we would encourage the final Plan to be bold: timeframes do matter. We have noted that several actions have been placed too far out and have been reflected in our comments above.

ACDHS considers that establishment of the Chief Allied Health Officer (CAHO) position is an important step in recognising the pivotal role of allied health professionals currently and into the future across the health, aged care, and disability systems. As the CAHO position evolves and progresses, we anticipate that many long-standing and known challenges and barriers to the education, deployment and remuneration of allied health professionals can be addressed. Our experience to date has been of positive engagement in advancing these issues, and we look forward to the CAHO being provided with continuing, high level support from the Commonwealth Government.

ACDHS recommends that, as a key stakeholder in allied health education and research, we be included in all discussions and any working groups established to progress actions in these areas.

Additional Comments

We would recommend that consideration be given to the structure of the Plan in the following areas:

- The Plan is presented as Future Focussed, yet there is no section that systematically sets out the future challenges for primary health care. It is almost certain that further pandemics will emerge. The role of primary care services in health security and disease control is the most immediate example of a driver for change. Climate change will also have very real health implications. We consider that a forward leaning section is warranted and could be accommodated by moving the lengthy Section 3 Foundations for Reform, to an Annex.
- The absence of a cohesive logic across the Aims, Objectives, Enablers, three Reform Streams and Action Areas results in a disjointed approach without clear priorities and with some repetition. There could be scope to restructure the short-, medium- and long-term actions to:

1. Identify the key priority action to progress.
2. Set out the related short- and medium-term outputs and outcomes; and
3. Set out the longer-term outcomes (i.e., what will have been achieved by the end of the Plan).

A note on terminology:

While it is acknowledged in Section 1: Introduction that the Plan refers to Primary Care Services, the term Primary Health Care is used consistently through-out the document.

Consideration should be given to renaming the Plan: Future Focussed Primary Care Services.

Section 5. Implementation

Overall, we feel that this section should be stronger, for example:

- This section does not spell out implementation arrangements and resourcing in sufficient detail to be confident that the Plan will be realised.
- There is a need to identify who is responsible for progressing each key priority. This gap is evident by the very high-level responsibilities articulated in this section.
- Suggest that the Implementation Oversight Group has sub-committees and that these are listed in the Plan including indicative scope of work.
- It is unclear where the leadership responsibility for driving implementation of the Plan will be located in DoH. Will a new Division be established to drive this 10-year reform agenda?

ACDHS recommends that the Department of Education, Skills and Employment be included in the list of other Commonwealth Departments to be involved in implementation. Higher Education policy and programming has the potential to substantively influence the ambition of this plan.