



The Secretariat
House of Representatives Standing Committee on Health , Aged Care and Sport
PO Box 6021
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CANBERRA ACT 2600

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Consultation: House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and Repeated COVID Infections

Introduction

The **Australian Council of Deans of Health Sciences (ACDHS)** represents the university faculties engaged in pre-professional education and research for allied health sciences. As the educators of allied health professionals, ACDHS sits at the nexus between healthcare and education sectors. More information is available at <https://acdhs.edu.au/>

ACDHS welcomes this opportunity to contribute to the House Standing Committee on Health, Aged Care and Sport Inquiry into Long COVID and Repeated COVID Infections (the Inquiry).

Allied health professionals comprise almost a third of the country's healthcare workforce and deliver over 200 million health services annually¹. Allied health services are an essential component of the health, aged and disability care systems in Australia.

The allied health students that graduate from ACDHS member institutions are vital to overcoming current workforce shortages and to the delivery of new services such as those supporting people with long COVID. Healthcare services that supervise students on clinical placement benefit from the challenges they bring to traditional ways of thinking and working. Students on placement can combine clinical and research roles to help transform healthcare services. Adequate provision for and removal of barriers to student clinical placements must be integral to service planning for long Covid.

Although the community is now learning to "live with" COVID-19 the healthcare systems have not returned to business as usual. Severe disruption to the supply of the health workforce remains, and the consequent pressure on our health, aged and disability care services means they are now stretched to the point of crisis.

¹ Allied Health Professions Australia at <https://ahpa.com.au/what-is-allied-health/> Accessed on 3 November 2022



An estimated 4.7% of Australians have had or have post-COVID 19 syndrome². Furthermore, there are currently over 50,000 new COVID infections each week³ and rising as we face a further wave of the pandemic. The Inquiry has called for best practice responses regarding the prevention of long COVID and/or repeated COVID infections both in Australia and internationally (Term of Reference #6). Comprehensively addressing prevention of transmission should be prioritised. Illness prevention saves money, lives and delivers the best public return on investment. Prevention received a stronger focus before vaccines and treatments became available in Australia. At that time ACDHS, in collaboration with the Australian Allied Health Leadership Alliance, developed the Infection Prevention and Control in Allied Health – teaching curriculum framework⁴. With the rapid introduction of vaccines and treatments for COVID-19, Government leadership (at all levels) has diminished with regard to prevention of COVID transmission. The most important first step in limiting the impact of long COVID and repeated COVID infections is to enhance preventive measures.

It is understood that the Inquiry could be used to make policy recommendations to Government. There are a plethora of national health strategies and frameworks, so any long-COVID policy/strategy should be time-limited, adequately funded, and prepared with its ultimate integration into broader policy and programming in mind. Australia's Primary Health Care 10-year Plan 2022-2032⁵ is one example of an existing, highly relevant policy that could include elements of the response to long-COVID in its implementation.

This ACDHS submission addresses three Terms of Reference.

TOR 3 Research into the potential and known effects, causes, risk factors, prevalence, management, and treatment of long COVID and/or repeated COVID infections in Australia

Long COVID is an emerging and poorly understood condition. ACDHS acknowledges and welcomes the Commonwealth Government commitment of funds under the Medical Research Future Fund (MRFF) to improve understanding of COVID including its longer-term impacts in Australia. Research is an important tool to better respond to long-COVID and the impact of repeated infections, however it is recognised that the availability of comprehensive data could be many months away and that urgent health system action is required.

ACDHS wishes to raise three issues in this context:

- health systems research;
- health workforce research; and
- facilitating rapid uptake of innovation and evidence into practice.

The COVID-19 pandemic demonstrated the health systems' capacity to rapidly innovate and adopt new ways of working, particularly through the use of telehealth in primary care and the virtual hospital, as noted

² Biddle N. Korda R. (October 2022) The experience of COVID-19 in Australian, including long-COVID – Evidence from the COVID-19 Impact Monitory Survey Series, August 2022. ANU Centre for Social Research and Methods, National Centre for Epidemiology and Population Health.

³ <https://www.health.gov.au/health-alerts/covid-19/case-numbers-and-statistics> accessed on 17 November 2022

⁴ <https://acdhs.edu.au/wp-content/uploads/2021/09/Infection-Prevention-Control-Curriculum-Framework-2021-FINAL-1.pdf>

⁵ Future focussed primary health care: Australia's Primary Health Care 10 Year Plan 2022-32. Commonwealth Department of Health 2022.



by the Productivity Commission⁶. States and Territories, supported by general practice, are now stepping up to deliver multidisciplinary services that meet the rehabilitation needs of people with long COVID. General practice can utilise current chronic disease management Medicare Benefits Schedule (MBS) items to provide support to people with long-COVID. Embedding evaluation into the design and delivery of specialised clinics as well as capturing primary healthcare data will assist with understanding the impact of a range of clinical treatments and service models. One barrier to this is the difficulty in extracting consultations related to long-COVID under the MBS chronic disease management items. The Government is supporting the Australian Institute of Health and Welfare to develop a national COVID-19 register and linked data set from patient experiences across hospitals, primary care and the pharmaceutical benefits scheme. It is hoped that this work will provide primary care data, however, this task would be more straightforward if there were to be MBS items specifically tailored to the needs of patients with long-COVID.

The longer-term impact of COVID is one of a constellation of pressing healthcare workforce issues requiring attention through national workforce planning underpinned by robust research and data. It is concerning that Australia has fallen behind in national health workforce research and planning since the abolition of Health Workforce Australia in 2014. Healthcare workers continue to be at the forefront of the COVID-19 response, experiencing first-hand the impact of repeat infections, long-COVID and burnout. Healthcare workforce research that identifies the extent of these issues, impact on the productivity of the health system, and effective strategies to mitigate these adverse experiences is clearly warranted. Anecdotal information indicates that workforce absenteeism due to the longer term sequelae of COVID also continues to impact on the ability of universities to secure student clinical placements, thus impeding the supply of new graduates.

Given the rapid expansion of research, a conceptual framework is warranted, with a plan for research into prevention, detection and management of long COVID. This would ensure a comprehensive approach to research and establish mechanisms for timely and efficient dissemination of findings. National strategic planning and dissemination of evidence is a key Commonwealth role.

ACDHS recommends that health systems and health workforce research, together with mechanisms to disseminate research findings be incorporated into a national framework for research into long COVID and/or repeated COVID infections.

TOR 5: The impact of long COVID and/or repeated COVID infections on Australia's overall health system, particularly in relation to deferred treatment, reduced health screening, postponed elective surgery, and increased risk of various conditions including cardiovascular, neurological and immunological conditions in the general population.

Protecting the occupational health of the health workforce is imperative for the sustainability of our health system. Prior to the COVID-19 pandemic there were already significant allied health workforce shortages in addition to maldistribution, and universities faced continuing challenges in securing clinical placements for education of students. Over and above the impact of long COVID and repeated COVID infections on individuals, this long tail of COVID is leading to both decreased capacity to deal with existing demand for

⁶ Productivity Commission 5 year Productivity Inquiry: The Key to Prosperity - Interim Report 1 (3 August 2022) Pg 43
<https://www.pc.gov.au/inquiries/current/productivity/interim1-key-to-prosperity/productivity-interim1-key-to-prosperity.pdf>



health services and is hampering future capacity to sustain the health workforce through the influence on availability of student placements.

The Director General of the World Health Organisation, Dr Tedros Ghebreyesus has said that long-COVID has:

“added a significant burden to health workers and the health system overall, which is still dealing with additional waves of Covid-19 infection and the knock-on backlog of essential medical services that have been severely disrupted. The world has already lost a significant number of the workforce to illness, death, fatigue, unplanned retirement due to an increase in long-term disability, which not only impacts the health system, but is a hit to the overarching economy.”⁷ “

Evidence to the Inquiry has already identified that Australia’s healthcare workers appear to be particularly at risk of long-COVID⁸. There will also be continuing and growing demand on the health system for access to rehabilitation in community settings for patients with long-COVID. It is not clear that Australia has settled on the right health system model to address this growing problem.⁹

Worker absences and the lack of clinical supervisors impacts on the availability of clinical placements for students. Without placement completion students are unable to graduate; reducing the supply of a qualified health workforce. Although there can be significant variation across allied health disciplines and jurisdictions, impediments to accessing quality clinical places is already a key bottleneck to supplying the critical future allied health workforce.

ACDHS recommends that new ways to grow student clinical placements should be explored, such as: allowing supervised student delivered services to be claimed on the MBS; and introducing incentives for private practicing allied health professionals to have students on placement similar to those provided to GPs for medical students.

ACDHS recommends that adequate provision for exposing allied health students on clinical placement to treatment of patients with long-COVID both in specialist multidisciplinary clinics and in primary care will assist in developing the future workforce to identify and treat long-COVID effectively and efficiently.

TOR 6: Best practice responses regarding the prevention, diagnosis and treatment of long COVID and/or repeated COVID infections, both in Australia and internationally.

Australia is faced with a large current and increasing burden of long-COVID. This burden is due, in large part, to the failure of preventive measures while there is ongoing transmission.

Multidisciplinary clinics for the management of long-COVID have been established in States and Territories, mostly associated with acute hospital settings. Good practice approaches are emerging, and these should be captured and widely disseminated.

⁷ <https://www.theguardian.com/society/2022/oct/12/long-covid-who-tedros-adhanom-ghebreyesus>

⁸ Professor L Irving. 12 October 2022 Public Hearing. Standing Committee on Health, Aged Care and Sport, Parliament of Australia, Impact of long COVID and repeated COVID infections.

⁹ <https://www.theguardian.com/australia-news/2022/oct/12/doctors-struggling-to-meet-demand-of-patients-seeking-help-for-long-covid-inquiry-told>



The Royal Australian College of General Practitioners clinical guidance for patients with post-COVID-19 conditions¹⁰ and associated patient resource is welcomed. In the guidance multidisciplinary models of care, using MBS funded chronic disease management plans, team care plans, and case conference items are identified as suitable for clinicians to use when managing patients with long COVID.

The current General Practitioner (GP) workforce shortage in Australia has drawn high profile attention¹¹. Overseas models such as the first contact practitioner¹² aim to assist GPs to manage their workload more efficiently.

In Australia current MBS rules and processes restrict the role of allied health professionals and limit services to five individual services per calendar year (from one discipline or in combination). This arbitrary cap on services does not reflect evidence-based practice and is not adequate to deliver effective rehabilitation for long COVID. There is scope for better utilisation of allied health professionals to assist patients with long-COVID who require intensive rehabilitation over many months. There are overseas examples of models of long COVID management that have a structured approach across the continuum of care^{13,14} from which Australia could learn.

Australia could benefit from a more systematic rehabilitation approach that links patient need with an appropriate and accessible level of service. Access to and models for community rehabilitation services in Australia differ across the jurisdictions, but there is likely to be a need for additional rehabilitation services of all types¹⁵. Long-COVID patients who require rehabilitation to restore physical, cognitive and emotional health and wellbeing but do not qualify for either aged care or disability services, can fall into gaps in the health system. This is particularly the case for people disadvantaged by distance, race, or socio-economic barriers and other vulnerable groups who frequently have very limited access to community rehabilitation¹⁶

Current funding and policy levers for allied health primary care and rehabilitation services are inadequate to support the access to services 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.

ACDHS recommends that options to improve access to the level and type of allied health led community rehabilitation services appropriate to the need for patients with long-COVID be explored, including:

- **supporting Primary Health Networks to deliver the necessary long-COVID allied health rehabilitation services**
- **amending the MBS to allow specific items for treatment of long-COVID and under these items:**

¹⁰ <https://www.racgp.org.au/getattachment/8c5b3936-5551-4b94-81d4-614e2b69da51/Caring-for-patients-with-post-COVID-19-conditions.aspx> accessed on 29 October 2022.

¹¹ For example <https://www.smh.com.au/healthcare/health-minister-to-focus-on-terrifying-trend-of-gp-shortfall-20220730-p5b5vc.html>

¹² <https://www.england.nhs.uk/gp/expanding-our-workforce/first-contact-physiotherapists/> accessed on 31 October 2022

¹³ Parkin A, Davison J, Tarrant R, et al. A Multidisciplinary NHS COVID-19 Service to Manage Post-COVID-19 Syndrome in the Community. *Journal of Primary Care & Community Health*. 2021;12.

¹⁴ Pohar Manhas K, O'Connell P, Krysa J, Henderson I, et al, Development of a Novel Care Rehabilitation Pathway for Post-Covid Conditions (Long Covid) in a Provincial Health System in Alberta, Canada, *Physical Therapy*, Vol 102, Issue 9 September 2022.

¹⁵ Graham S, Cameron I. A survey of rehabilitation services in Australia. *Aust Health Rev* 2008: 32(3) 392-399

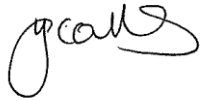
¹⁶ Cairns T, Geia L, Kris S, Armstrong E, O'Hara A, Rodda D, McDermott R & Barker R. Developing a community rehabilitation and lifestyle service for a remote Indigenous community. *Disability and Rehabilitation* Vol 44, issue 16 2022.



- **additional sessions claimable by allied health under team care arrangements**
- **allied health professionals to be funded as care coordinators for community rehabilitation.**

Thank you for the opportunity to respond to the Inquiry. If you have any questions on the ACDHS response then please do not hesitate to contact ACDHS at secretariat@acdhs.edu.au.

Yours faithfully



Jen Coulls
Executive Officer

