

Statement from the Australian Physiotherapy Association on physiotherapy in Urgent Care Clinics

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APA Position

The Australian Physiotherapy Association (APA) advocates for equal access to safe, high-quality, evidence-based health care. At the heart is our vision to ensure that all Australians have access to physiotherapy. Too many Australians cannot access the care they need. Health inequity is a longstanding challenge, and one that certainly didn't arrive with the pandemic. A worsening of inequality is now evident and this is deeply embedded in our structural and health system failures.

Faster treatment, better outcomes and lower costs are required to meet Australia's current and future health care needs. The solutions that will fix healthcare lies in valuing the skills of the entire health workforce – in integration, in lifting the structural barriers to strengthen access, and in streamlining the patient journey. There is a need to move beyond traditional structures and conventional primary care towards more integrated care models that include allied health services such as physiotherapy.

A key solution lies in the Federal Government's **Urgent Care Clinics**, whose function is to reduce pressure on emergency departments (ED) and make it easier for patients to access urgent, but not life threatening care. A more sustainable acute care pathway to reduce unnecessary ED presentations can be achieved through investment in urgent care clinics nationally. The APA calls on the Government to ensure publicly Funded First Contact Physiotherapy (FFCP) is encompassed in the Urgent Care Clinic model roll out.

Preamble

Australia can deliver a stronger health system now through some easy reform fixes. We can find efficiencies through addressing the structural barriers and by leveraging clinical expertise. Reform success is reliant on ensuring the best use of the health workforce, alongside structural reforms so that patients are connected to the most clinically appropriate and cost effective pathway. Central to our solution is a more prescriptive focus that prioritises advanced skills to facilitate more multidisciplinary, team-based approaches to deliver high-quality care.

The provision of bulk-billed urgent medical care will ensure families can see a doctor without needing to visit over-burdened hospital emergency departments. This is a significant and necessary step in reforming the health care system. To meet community demand, and reduce unnecessary ED presentations, Urgent Care Clinics must incorporate physiotherapists. To address vast unmet need in Australia, in physical and mental health care, these clinics should also incorporate psychologists. Physiotherapy and psychology should be prioritised as the next publicly funded first contact professions behind nursing. This is where the reforms should focus to fully utilise the health workforce beyond general practice.

¹ The Federal Government will provide \$235 million over 4 years from 2022–23 to commence the roll out of Urgent Care Clinics. This includes \$100 million over 2 years from 2022–23 to co-develop and pilot innovative models with states and territories to improve care pathways and inform program roll out.

Policy discussion

Optimal use of the existing health system involves valuing the skills of the entire health workforce. The physiotherapy workforce plays a critical role in primary care, prevention and rehabilitation, which are key to improving primary and community care. A focus on integrating physiotherapists into primary and community care through funding reform is long overdue. There is also a need to strengthen care at the primary and acute care interface through physiotherapy in urgent care.

Real reform would allow for stronger investment in publicly funded physiotherapy to allow access to physiotherapy as first contact practitioners. Success of the Urgent Care Clinic model will be dependent on ensuring optimal use of the scope of practice of non-medical health professions including bringing physiotherapy into these clinics.

Urgent Care Clinic national roll out

Physiotherapy is key to ensuring continuity of care across the primary and acute care interface by contributing to alleviating GP workload and diverting non-life threatening emergencies from EDs.

Rolling out FFCP in primary care, and as part of the urgent care clinic trials, will have key benefits both for patients and for the health system in the form of cost savings and better utilisation of resources, including the health workforce. A FFCP service would be provided by appropriately qualified Ahpra-regulated autonomous clinical physiotherapy practitioners who are able to assess, diagnose, treat and discharge a person without a medical referral – where appropriate.

Multidisciplinary rapid response teams

Strengthening the breadth and availability of community services for older Australians is also key to moving care out of the hospital and into the community. A key policy aim must be to drive multidisciplinary, integrated care closer to home. The availability of services must be proportionate to the size of a growing population. Care must reflect their needs regardless of setting, with a core aim to maintain mobility and self-care where possible. Reform being undertaken in the UK through the development of multidisciplinary rapid response teams to support the ageing population in the community with emergency help should be piloted.

Recommendations

The APA calls on the Commonwealth and state and territory governments to:

- 1. Prioritise a publicly funded First Contact Physiotherapy (FFCP) service in Urgent Care Clinics nationally.
- 2. Prioritise a FFCP service in the planned priority primary care centres for NSW and Victoria, and Walkin Centres in the ACT.
- 3. Encourage other states to adopt the model by prioritising a sustainable funding model including through the National Health Reform Agreement on a 50:50 cost-shared basis.
- 4. Develop a new pathway to activate multidisciplinary rapid response teams to support older Australians in the community with emergency help.

Conclusion

While we strive for optimal health care, our system often fails to connect the patient to the most clinically appropriate and cost-effective health care pathway. More coherence in policy settings to address the key barriers to accessing proven and cost-effective interventions will help to address the more complex challenges. Targeting spending on physiotherapy would bring more value for money by reducing the need for costly secondary care. The Urgent Care Clinic trial provides the opportunity to test a new more efficient pathway that provides better and faster access to diagnosis, treatment, and care of musculoskeletal pain and conditions.

Citation

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