Feedback to the Australian Commission on Safety and Quality in Health Care

Consultation Paper on ‘Practice-level indicators of safety and quality for primary health care’.

October 2011
INTRODUCTION

Services for Australian Rural and Remote Allied Health (SARRAH), welcomes the opportunity to provide feedback on the consultation paper for ‘Practice-level indicators of safety and quality for primary health care’.

SARRAH is nationally recognised as a peak body representing rural and remote Allied Health Professionals working in both the public and private sector. SARRAH’s representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

It is important to stress that in rural and remote areas of Australia most Allied Health Professionals are employed in primary health care roles from the public sector. These Allied Health Professionals provide a range of clinical and health education services to individuals who live in rural and remote communities.

Allied Health Professionals are critical in the management of their clients’ health needs, particularly in relation to chronic disease and complex care needs. Often Allied Health Professionals assume care coordination roles in remote communities as they provide a consistency of service that is not provided by locum medical and nursing staff.

Allied Health Professionals work across the primary and acute health care services continuum as well as the human services system in areas of disability, education, child and family protection and workplace rehabilitation. In a recent United States study it was found that 60 percent of the human services workforce can be identified as Allied Health Professional (http://www.futurehealth.ucsf.edu/Public/Center-Research/Home.aspx?pid=88).

The Allied Health Professional, particularly in rural and remote areas, is required to adapt to workforce shortages and is well versed in the interdisciplinary and team approaches to health care, especially for management of chronic disease and to improve health behaviour. It is noteworthy that in many smaller and more remote communities, people in need of primary health care are even more reliant on nursing and allied health services because of workforce issues. If these local health professionals are well supported then the need to access specialist and hospital services will be reduced.

It is repeatedly demonstrated that skilled and supported Allied Health Professional services are essential to improving the quality of life and better health outcomes for rural and remote communities.

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that Allied Health Professional services are basic and core to Australians’ primary health care and wellbeing.

SARRAH applauds the work done by the Australian Commission on Safety and Quality in Health Care for working to create standards for all primary health services.
1. Underpinning Assumptions

Although the development of a nationally agreed upon framework for primary health care is a huge leap forward there are a number of issues presented by the document which SARRAH poses concerns including:

- The first is that there is a standard way of counting Allied Health Professional services providing primary health care services in Australian generally and in rural and remote Australia specifically. The consultation paper assumes that all or most primary health care services are directly Medicare funded but this is not true. The majority of primary health care services are provided by state managed public sector employed Allied Health Professionals. When the Medicare Locals were announced, states like New South Wales quickly incorporated public sector primary health services into the acute service system so they were less visible as primary health services. When considered in the light of these structural changes the practice-level indicators document is equally as dangerous because it fails to acknowledge the range of primary health services provided by public sector Allied Health Professionals and over inflates the role of the Medicare funded sectors (as per page 12). SARRAH has repeatedly advised the Department of Health and Ageing that there are structural disincentives for Allied Health Professional to assume private practice especially in rural and remote communities.

- The second main concern pertains to the risk that there is an unintended consequence of the practice-level indictors of safety and quality in primary health care for entrenching the status quo. The document is laced with terms, concepts and phrases that assume that General Practitioners are the entry point and gateway to the health care system. SARRAH believes that although Australia’s health care system delivers highly effective tertiary and primary health services, that there are fundamental flaws in that the current system of General Practitioners managing and coordinating care acts as a funnel where all patients are sent into a costly and unsustainable acute and tertiary services health system. It is essential that any process which is developed to support the primary health sector allows for greater flexibility and does not constrain innovation. The current document entrenches the General Practitioner role.

- The third issue is that all quality systems that support Allied Health Professional practice either in the acute or primary health care sectors must allow for profession or discipline specific approaches as well as multidisciplinary opportunities. Research and experience has provided many examples on how Allied Health Professional (unlike medicine and nursing) groups must have specific clinical governance arrangements for both. This needs to be overt in any safety and quality system developed for Allied Health Professionals.
2. Specific Points

- On page 8, point 5, dot point 2. This would be strengthened by changing it to “supported by a clear evidence based rationale”.

- On page 14 in the table where conventional ambulatory care is described, it is erroneous and describes users are consumers of the care they purchase. This is not reflected in reality within Australia and SARRAH believes that the description is more reflective of the United States health care system. The source of the table should be appropriately referenced. There is a great deal of mention of the United States whereas the excellent work from Scotland is ignored. SARAAH does not believe that this is appropriate as the United States health care system does not organise Allied Health Professional services in a similar manner to Australia.

- The example provided in Table 5 on page 19 is a clear demonstration of an “old-fashioned” way of thinking about primary health care in that it does not reflect the reality of rural and remote Allied Health Professional practice.

- On page 20, line 5. SARRAH does not believe that the statement about Aboriginal and Torres Strait Islander health is strong enough nor does it support the equal partnership. This is a major opportunity which will be lost if not corrected.

3. Consequences

Neither within the acute health services system nor the primary health care system is there dedicated resources allocated to support specific quality enhancement by Allied Health Professionals. Within the public sector formal quality units across Australia include nursing and medical supports (but no Allied Health Professional dedicated resources).

Within the Medicare system, the “old” Divisions of General Practice had significant incentives provided by the Commonwealth to develop quality improvement processes and accredit practices. No such incentives or infrastructure was supplied to the private sector Allied Health Professional service system. As a result, if the Australian Commission on Safety and Quality in Health Care expects the national implementation of the practice-level indicators consideration must be given to support both private and public sector development.