

# The importance of allied health

## A reflection on recent changes and goals for the future

The introduction of a new funding model for residential aged care (AN-ACC), as well as the legislation of allocated care minutes rising from the Royal Commission and aged care reform, has impacted the allied health workforce.

Since the new model has been in place, feedback from some allied health practitioners has revealed a general feeling of uncertainty, with reports of reduced hours of employment and job losses leading to some leaving the industry.

When introducing AN-ACC, the Australian Government Department of Health stated that “providers are required under legislation to make available allied health services to residents who need them”, with the new funding tool designed to allow residential aged care services, and allied health professionals, to provide the most beneficial treatments consistent with the residents’ individual care plans.

What steps need to be taken to make the new model work for clients, practitioners and service providers?

To discuss the current state of allied health, the problems, opportunities, and solutions, I gathered a group of physiotherapists from research, management and clinical practice to discuss the issues, including Dr Jennie Hewitt, physiotherapist and the lead researcher of the Sunbeam Trial, and Dr Michelle Guerin, physiotherapist and Academic Lecturer with research interest in improving the quality of health care.

Here is a summary of our recent round table discussion collective opinion.

### Benchmarking is important

A quality allied health service aligns with the benchmarks outlined by Allied Health Professionals Australia in their 2023 position statement:

1. development and implementation of a national care assessment and planning tool
2. benchmarks for service provision (eg. allied health care minutes/day, or allocating funds for allied health service provision)
3. multidisciplinary care
4. systematic monitoring and regulation of allied health quality and safety
5. comprehensive allied health data collection and reporting
6. workforce planning and support
7. integration to My Health Record.

### Care must be personalised

The care assessment tool must recognise the necessary items leading to the selection of appropriate person – centred services and resources.



L-R: Chief Operating Officer HUR Finland Lena Smeds-Furu, Physiotherapist & Research Lead HUR Australia Dr Tuire Karaharju-Huisman, Managing Director IMM Healthcare Malaysia Dr Jillian Yeoh and Physiotherapist & Academic Clinician Dr Jennie Hewitt, demonstrating HUR strength and balance equipment.

Communication, coordination and multidisciplinary team planning will enable appropriate referrals to allied health practitioners which will improve the resident’s care, including admission to residential care, following hospital discharge or when there are increased in care support requirements.

### Multidisciplinary collaboration

While many issues need to be solved, the new funding model has the potential for a positive impact on care provision, as allied health services can now be focusing on the individual’s assessed needs and goals, and allowing for care based on sound clinical reasoning.

The allied health scope now allows for more creativity, and collaboration between professions, such as physiotherapy, occupational therapy, speech pathology, podiatry and dietetics. The new model promotes evidence-based best practice, based on individual health concerns, with appropriate goal setting.

### Allied health leads to cost savings

Allied health services benefit residents on many functions such as general mobility, cognitive function, the prevention and care of pressure sores, and general social engagement.

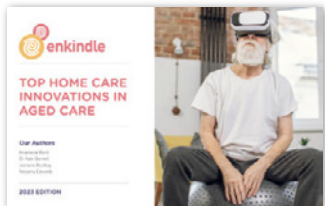
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These services can further lead to cost savings in many fronts. For example, improvements in mobility can lead to the reduction of care staff required for transfers.

Research evidence is also clear on the importance of exercise therapy in the reduction of falls. The implementation of the Sunbeam protocol, currently rolled out in hundreds of residential care facilities, lead to 55 per cent reduction of falls, with a potential cost saving of up to \$670 per fall avoided, leading to an estimated \$120 million saving for the Australian healthcare economy in the first year alone.

**Adequate funding is vital**

Peak bodies continue to advocate for separate funding for allied health providing an opportunity for therapist directed evidence-based care, based on clinical reasoning of the client's needs and goals, allowing the allied health practitioners to put their clinical skills fully in action.

Allied health practitioners working in residential aged care are passionate about their work and want industry to continue to value their services allowing residents to maximise their quality of life. If we want a quality aged care system, allied health must be an integral part of our service models.

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