

One Health System  
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**Re: Comment on White Paper Exposure Draft - Delivering Safe and Sustainable Clinical Services**

To Whom It May Concern:

Thank you for providing Exercise & Sports Science Australia (ESSA) with the opportunity to submit feedback regarding the *White Paper Exposure Draft – Delivering Safe and Sustainable Clinical Services*. ESSA is a professional association representing more than 4,500 members including university qualified Exercise Scientists, Sports Scientists and Accredited Exercise Physiologists (AEPs). As an industry stakeholder, ESSA has several comments regarding this White Paper Exposure Draft.

We note on page 17 of this Exposure draft a profile of the Tasmanian primary health care system identifies “-2,141 allied health practitioners, including... exercise physiology...the majority of whom work in community based settings”. **ESSA is pleased to see that the Tasmanian government recognises the value of AEPs. However, we would like to highlight that AEPs are still a largely underutilised workforce in the Tasmanian hospital and community health setting**, with a recent workforce audit identifying only 4.5% of this workforce are employed in Australian hospital settings<sup>4</sup>. Furthermore, evidence strongly supports the significant value of AEP interventions for a myriad of health conditions including patients within cardiovascular, rheumatologic, pulmonary, neurological, and immune diseases and disorders<sup>3</sup>, yet there was a limited workforce identified and supported within these respective departments<sup>4</sup>. **ESSA contends that AEPs require greater support within the Tasmanian health system to ensure that the specialised skill set of this workforce is best leveraged to optimise patient outcomes and provide significant value to the health system and community.**

**ESSA advocates increased support for the provision of Exercise Physiology services within acute, subacute and rehabilitative hospital and community settings.** For example, increased engagement of the AEP workforce will assist with filling the “*gaps in rehabilitation services in North and Northwest Tasmania*” as outlined in this White Paper. Appropriate clinical exercise interventions can ensure patient access to early intervention

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and accelerate return to health and independence, minimising risk of complications arising, reducing hospital length of stay and associated healthcare costs. Through accelerating patient access to early intervention, an AEP can also positively contribute to reducing demands on limited resources and the strained medical and nursing workforce. For example, congestive heart failure admissions result in ~9.9 days of hospital bed occupancy per patient and account for 105,526 bed days nationally<sup>1</sup>. However, patients who receive an AEP prescribed home-based exercise intervention incur 1.2 less hospitalisations and 7.8 less occupied bed days per person than those patients receiving usual care, accomplishing significant cost savings and optimising patient outcomes<sup>2</sup>.

An AEP specialises in exercise prescription for chronic disease and injury and equipping patients with the self-management skills to maintain health and independence following hospital discharge. For example, during hospitalisation older people experience significant functional decline, loss of independence, decreased quality of life, and if not provided adequate support post-discharge, an increased rate of re-admission<sup>5,6</sup>.

Increased engagement of allied health in the community and primary health care setting will facilitate superior continuity of care for discharged hospital patients and individuals at risk of hospital admission. Allied health can effectively improve patient symptom management, detection of risk factors, appropriate intervention, and patient self-management<sup>3</sup>. Specifically, an AEP intervention in the community setting positively influences primary outcomes such as emergency health service use and functional ability and secondary outcomes such as health related quality of life, patient satisfaction and cost effectiveness<sup>7</sup>.

This Exposure Draft primarily focusses on the acute hospital system. **We are supportive of ongoing communication and engagement with peak professional allied health associations, such as ESSA, as reform progresses into the primary and community sectors. Specifically, ESSA advocates AEP representation on the proposed clinical advisory groups and we are supportive of engagement with AEPs and other allied health to ensure the new preventative health policy, *A Healthy Tasmania*, is firmly embedded into the Tasmanian health system.** ESSA welcomes the opportunity to provide additional feedback to help inform the optimal reform of the Tasmanian health system. Please contact [Katie.lyndon@essa.org.au](mailto:Katie.lyndon@essa.org.au) if you require additional information.

Kind Regards,



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### **Exercise & Sports Science Australia [www.essa.org.au](http://www.essa.org.au)**

Exercise & Sports Science Australia (ESSA) is a professional organisation which is committed to establishing, promoting and defending the career paths of university trained exercise and sports science practitioners. ESSA's vision is to achieve member excellence in exercise and sports science that will enrich the health and performance of every Australian. As the peak professional body for exercise and sports science in Australia, ESSA's mission is to empower our members by providing strategic leadership in exercise and sports science through advocacy, support of professional networks and the promotion of excellence in education, research and professional practice.

### **Accredited Exercise Physiologists**

AEPs are federally recognised allied health professionals that specialise in clinical exercise interventions for patients with existing chronic and complex medical conditions or injuries, or those at high-risk of developing these. These interventions are provided by exercise delivery including health and physical activity education, advice and support, and lifestyle modification with a strong focus on achieving behaviour change with the aim of optimising physical function, health and wellness. As part of a multidisciplinary team, AEPs work with clients with a range of medical conditions including cancer, diabetes, cardiovascular disease, mental illness, pulmonary disease, osteoarthritis and obesity.

### **References**

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