

Our Healthcare Future

From: [REDACTED]
Sent: Friday, 12 February 2021 4:10 PM
To: Our Healthcare Future
Subject: Health Reform Submission

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Sir/Madam

Please find my health reform submission below.

If you require any further information, please do not hesitate to contact me.

Health Reform Submission

Lia Giovanovits - Physiotas

Question 11

How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?

- a) By supporting (through funding) free community sessions focused on educating the public regarding current best practice treatment, self-management, benefits of exercise and good nutrition in the management of common chronic diseases ie. Osteoarthritis, osteoporosis, diabetes**
- b) Educating health professionals in all disciplines about the benefits of education and exercise-based therapy in the management of these conditions.**
- c) Promoting and subsidising the provision of evidence-based education and exercise programs for the management of chronic conditions so that they are accessible to all, regardless of socioeconomic status**

Programs targeting vulnerable populations with evidence-based management and self-management support can reduce pain, disability, hospitalisation and emergency department presentation rates (Skou 2017, 2018, Lawn 2017) and can be delivered in both the private and public sector.

For example, osteoarthritis is the leading cause of pain and disability in the elderly and has been associated with higher levels of psychological distress and increased rates of comorbidities. This condition is more prevalent in people living in lower socioeconomic areas and regional and remote communities. (Australian Institute of Health and Welfare 2020).

In Australia in 2017/18 there were 269,214 hospitalisations with a principal diagnosis of osteoarthritis, a rate of 1,087 per 100,000 and a 38% rise in the rate of total knee replacements for osteoarthritis from 2005-06 to 2017-18, placing an increased demand on our hospital system (Australian Institute of Health and Welfare 2020).

Preventative management programs like the GLA:D program involving exercise and education have been shown to reduce pain and disability in patients with osteoarthritis and delay surgical intervention (Skou 2017, 2018).

There is also good evidence of education and exercise-based management for other chronic conditions like osteoporosis which also has high associated mortality and morbidity rates (Beck 2017, Australian Institute of Health and Welfare 2020)

These programs are already available in some locations in Tasmania and have shown similar results but due to cost and accessibility are not available to all individuals.

Awareness of the benefits of exercise in the management of chronic conditions is increasing but still it is common for patients and some health professionals to believe that surgery and pharmacological interventions are the only option.

Providing funding for both the community education sessions and exercise/education programs will increase health literacy in this area and also increase accessibility by reducing the financial cost to patients.

Some of the education sessions could be delivered online to reach more remote areas and individualised programs may be possible via telehealth or other online platforms to increase accessibility.

References are available on request.

Kind Regards

Lia Giovanovits



Lia Giovanovits, FACP

Specialist Sports and Exercise Physiotherapist
As Awarded by the Australian College of Physiotherapists 2018
MPHTY Sports Physiotherapy, MPHTY Musculoskeletal
Physiotherapy, BSc (Hons) Physiotherapy

t: 03 6334 0622

44 Howick St Launceston 7250

