Tasmanian Government
Department of Health

Our Healthcare Future Immediate Actions and Consultation Paper

Occupational Therapy Australia submission

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Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to make a submission to the Tasmania Government Department of Health's Our Healthcare Future Immediate Actions and Consultation Paper.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of December 2020, there were more than 24,000 registered occupational therapists working across the government, non-government, private and community sectors in Australia, including more than 350 in Tasmania (AHPRA, 2020).

Occupational therapists are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology and home modifications, and key disability supports and services.

Context – Role of Occupational Therapists in Primary Health

As the Australian population ages, our already overstretched health system, particularly our hospital networks, will come under increasing pressure. It is imperative, therefore, that Tasmanian Government policy focus less on the treatment of illness and more on the preservation of wellness.

Occupational therapists, with their expertise and experience in preventative care, and their holistic approach to a client's wellbeing, are uniquely suited to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time. They should, therefore, be afforded a prominent and strategic role in any future investment decisions. The below section highlights the role of occupational therapists in key areas of primary health.

Mental Health
Mental health service provision is a longstanding and core area of practice in occupational therapy. Occupational therapists work across the full spectrum of mental health, treating relatively common conditions, such as anxiety and mood disorders, as well as those which require more targeted interventions, such as psychosis, eating disorders and trauma-related conditions.

From a policy perspective, this expertise is nationally recognised and well-established. Suitably experienced occupational therapists are endorsed to provide Focussed Psychological Strategies through the Commonwealth Government's *Better Access* initiative and have been since its inception in 2006. Eligible occupational therapists also deliver psychological treatments for eating disorders under the Medicare Benefits Schedule (MBS).

Whilst occupational therapists utilise many of the same psychological therapies as other mental health professions, they are uniquely skilled in using 'occupations' to improve

wellbeing. Whether a client presents with physical health problems, mental health problems – or indeed both – the core focus of occupational therapy remains enabling participation in the activities of everyday life.

By understanding the person's individual roles, circumstances and environments, occupational therapists support them to develop goals relevant to their unique situation. For example, occupational therapists can assist people with mental health conditions to find meaningful work and undergo training to improve their career options, particularly where their ability to remain engaged for a sustained period has been affected by their condition.

Occupational therapists working in mental health assist their clients to:

- Develop ways to enhance their social connectedness and community engagement;
- Develop or restore qualities such as assertiveness, self-awareness and independence;
- Manage stress and emotions, including coping with grief and loss; and
- Engage in activities and roles that they find meaningful; both leisure and vocational, paid or unpaid.

Social Prescribing

Many countries are implementing policies to integrate health and social services, recognising that siloed health, community and volunteer-run services and activities are inadequate to meet the increasingly complex health and social needs of patients (RACGP & CHF, 2020).

Social prescribing is "a means of enabling GPs [general practitioners], nurses and other primary care professionals to refer people to a range of local, non-clinical services" (RACGP & CHF, 2020, p. iii). Social prescribing can address key risk factors for poor health, including social isolation, unstable housing, multimorbidity and mental health problems (RACGP & CHF, 2020). These factors are associated with low engagement in preventive activities and low levels of self-management for medical conditions (RACGP & CHF, 2020).

Furthermore, estimates suggest that approximately 20 percent of patients consult their GP for what are primarily social problems (RACGP & CHF, 2020). These problems are not best addressed through a clinical or pharmaceutical response; rather, interventions should address the person's physical and social environment. Activities which they may benefit from include disease-specific or mental health support groups, health and fitness programs, Men's Sheds, volunteering, book clubs and more.

Occupational therapists are ideally placed to act as 'link workers', connecting clients to suitable groups or activities. In fact, social prescribing is core to the profession. For example, OTA members report having facilitated engagement between local Men's Sheds and older clients in rural towns. Notably, participation in Men's Sheds has been linked with decreased self-reported symptoms of depression among retired men (Culph et al., 2015).

Falls Prevention

Occupational therapists also prescribe assistive equipment and home modifications. These are interventions which can significantly reduce the risk of injurious falls. Between 2009 and 2010, one in every 10 days spent in hospital by a person aged 65 years or older was directly

attributable to an injurious fall (AIHW, 2013). The average total length of stay per injurious fall incident was estimated to be 15.5 days (AIHW, 2013). According to one study, these hospitalisations typically incur costs of between $6,000 and $18,600 per incident (Watson et al., 2010).

An injurious fall can also be life threatening. Neck of femur (NOF) fractures – the most common kind of hip fracture – are associated with particularly high rates of premature death (AIHW, 2018). According to an Australian study, the mortality rate for patients admitted to hospital with a NOF fracture is 8.1 percent after 30 days and 21.6 percent within one year (Chia et al., 2013).

Even in less severe cases, a fall can impair an older person's long-term mobility and independence, often irreversibly. In such instances, they will require higher levels of assistance to continue living at home and may be forced to enter residential care. This situation is not only detrimental to the individual's quality of life, but also imposes a financial burden on an aged care system that is already failing to meet a growing demand (Royal Commission into Aged Care Quality and Safety, 2019).

A meta-analysis found that environmental interventions such as simple home modifications can significantly reduce fall risk, especially within high-risk groups (Clemson et al., 2008). Specifically, researchers observed a 39 percent reduction in falls among high risk participants and a 21 percent reduction overall (Clemson et al., 2008). Evidence suggests such measures are also cost effective, especially when targeted to specific high-risk groups (Frick et al., 2010; Wilson et al., 2017).

Consultation Questions

In relation to the specific questions posed in the consultation paper, the Tasmanian Division of OTA makes the following comments.

The UCC Feasibility Report 2019 identifies UCCs as a feasible service model for Tasmania. Are there other barriers and opportunities for implementing a model of urgent care in Tasmania not identified by the study?
The Urgent Care Centre (UCC) model provides an opportunity to identify people at high risk of decline and loss of function. If such a model were introduced, there would also need to be mechanisms in place for appropriate referrals to allied health teams so as to avoid repeat admission to the UCC or a hospital.

How can we make better use of telehealth, so people can receive care closer to home, and what are the barriers preventing utilisation of telehealth?
The Australian Government is to be commended for its timely amendments to the MBS to allow allied health professionals to deliver services via telehealth throughout the COVID-19 pandemic. This enabled the ongoing care of vulnerable Australians and ensured the short to medium term viability of many allied health practices.

In the case of occupational therapy, it appears the majority of services can be effectively delivered via telehealth. OTA is currently participating in a university-led study of just how efficacious such services are. Until such evidence-based findings become available, however, OTA is largely guided by the anecdotal evidence of highly experienced members – which is remarkably consistent. Members report that telehealth is well received by most – but not all – clients. Most – but not all – services can be delivered by telehealth very effectively.

OTA recognises the opportunities that technology presents for improved service delivery in rural, regional and remote areas. It should also be noted that e-mental health is an emerging area of practice for many occupational therapists and other mental health clinicians.

While the growth of telehealth might alleviate the problem of remoteness, there are obviously occasions when the health practitioner must be physically present with the client. This is particularly true of occupational therapists, who need to work with the client in the environment in which they are trying to function, such as their home, workplace or school.

Occupational therapists and other health professionals face a number of barriers to providing telehealth services to clients in rural and remote areas. These include access to videoconferencing technology in an appropriate clinical space, slow Internet speeds, and ensuring that patients have completed necessary tests and scans prior to a telehealth appointment. Older people may also require assistance to become familiar with the technology used to provide telehealth services.

The success of telehealth often depends on how clinicians adapt their practice/modify their services to work in a telehealth environment. There are a number of positive aspects, including improved care coordination for clients and the convenience of not having to travel a considerable distance to access services. OTA members report that, as a result of telehealth consultations, they can now see more clients in a day – a significant consideration in the context of a developing occupational therapy workforce shortage. Greater funding for telehealth service provision at both a federal and state level would also address many of the current challenges and might, in the longer term, prove a cost saving to the health system.

How can we make better use of our District Hospitals to enable maximum utilisation of beds in these facilities as a step-down from public hospitals and a step-up from the community to improve patient flow in acute hospitals and care in the community?
District Hospitals enable patients to regain function and improve their independence without the urgency associated with acute hospitalisation. During the COVID-19 pandemic, District Hospitals have proven a much more suitable environment for those without acute needs. OTA believes that all District Hospitals should have access to interdisciplinary teams of allied health professionals, including occupational therapists. These teams would support inpatients to improve their independence and functional capacity, enabling prompter recovery and sustainable discharge from hospital.

How can we strengthen the interface between hospital services and aged care to improve community healthcare for older Tasmanians?
Older people have access to certain allied health practitioners through MBS-funded mental health services such as *Better Access* and Access to Allied Psychological Services

(ATAPS). However, older people experiencing mental health challenges, especially those living in rural and remote areas, encounter multiple issues when seeking well-timed access to the required services, as well as the time and duration limits imposed on service delivery. Early intervention is essential in the initial stages of ageing and decline, and can lead to significant cost reductions by keeping people out of hospital. However, waiting times for services can be exceptionally long. There should be increased access to health services for older Australians, particularly those which can be provided in the home rather than hospital.

There is a need for a shift in priorities and an investment in more occupational therapists in the public health system, to reduce wait lists and enable reasonable time to be spent with each client. There are occasions when older clients should be seen in their own home, and while OTA acknowledges that providing such services often means occupational therapists see a smaller caseload, this drawback is outweighed by the longer-term cost benefits.

OTA members also advise that there is a duplication of services in the community, caused by groups and individuals providing similar services to those of occupational therapists while not being qualified practitioners registered with the Australian Health Practitioner Regulation Agency (AHPRA). This creates confusion and unreasonable risk for consumers.

How can we make the best use of co-located private hospitals to avoid public hospital presentations and admissions (by privately insured patients)?

OTA believes patients should receive their care in the most appropriate setting. Australia's public hospitals provide high quality medical care and are free of charge. They tend to be more widely accessible and offer more services than private hospitals. Public hospitals may have medical facilities which are better suited to a client's condition, compared with a private hospital. They are also usually equipped to handle more complex cases.

OTA understands that public hospitals are often the first choice for emergencies or acute health issues. Almost all emergency department and outpatient services in Australia are provided by public hospitals. OTA does not support people with private health insurance being encouraged to use their insurance to attend a collocated private facility, if it is not the best place for them to receive care.

The Tasmanian Government could reduce public hospital presentations and admissions by ensuring that occupational therapy services are adequately funded by private health insurers and available in the home or in private hospitals.

An ongoing concern to members of OTA is the lack of recognition of occupational therapy by Australian private health insurance funds. Some cheaper packages offered by private health insurers exclude occupational therapy altogether, while including other therapies with little evidence in support of their benefits. Many of the more expensive packages relegate occupational therapy to the status of an optional extra.

OTA believes it is critical that private health insurers are made aware of the efficacy of occupational therapy and are encouraged to incorporate its services in their basic packages. This would enable policy holders to access therapeutic services of proven value when the need arises.

At a time when government is focusing on the public health and economic benefits that flow from preventative medicine, OTA believes private health insurers should be encouraged to devote more energy and resources to preventative care when undertaking product design. While we recognise that many insurers offer customers benefits, such as discounted gym membership, that encourage healthy lifestyles, it is fair to say that there still exists a general belief that health insurance only 'kicks in' once someone is sick or injured.

In the case of elderly customers, for example, the health system and the private health funds would generate substantial savings by making even a modest investment in assistive technology and home modifications as prescribed by an appropriate allied health professional. As indicated above, there is also ample evidence to support the assertion that every dollar invested in falls prevention by a private health fund will save that fund multiple dollars.

How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?

The system needs to be easy to understand and access. One example that could improve access and timeliness for occupational therapy would be a single point of referral for occupational therapy in each region, streamed and triaged by skilled occupational therapists.

How can we best target our digital investment to improve the timely sharing of patient information across key health interfaces?

Despite the substantial amount of data collected in the healthcare system, the system continues to struggle to provide value-based, person-centred care. Data is collected in many different systems that often do not "talk" to each other, meaning clinicians could be missing vitally important information.

What digitisation opportunities should be prioritised in a Health ICT Plan 2020-2030 and why?

There needs to be investment in data reporting and analysis support for occupational therapists and other allied health teams, enabling them to utilise it for decision making and service evaluation and design.

OTA concurs with the Health Informatics Society of Australia (HISA, 2019, p. 2) position statement on allied health professionals in digital health:

> "Allied health professionals are an untapped potential in digital health. We are uniquely positioned to maximise the benefits achievable from digital health. The time for action is now. This position statement outlines four recommendations for immediate action.
>
> 1. Leadership – Create leadership roles in allied health informatics at major hospitals, public and private health services across the healthcare sector
> 2. Education – Develop informatics education for allied health
> 3. Teams – Ensure clinical informatics teams include a strong allied health presence to spark further innovation
> 4. Enable – Allied health informaticians to champion data quality standards, interoperability and information system governance."

What are the opportunities to develop a digital interface between hospitals and other care providers (such as GPs, aged care and the private system) to improve the timely sharing of patient information?

Generally, allied health information captured in the primary care sector resides in separate systems, siloed from the broader health system. For many allied health services, the majority of information continues to be collected on paper. By failing to keep up with the technology available in the healthcare sector, a significant barrier is created for the timely sharing of information along the patient journey. This affects medical and health professionals' capacity to make decisions based on a holistic view of the patient's medical history. Allied health must be involved in the advance of healthcare by moving away from paper and document-centric health information capture, towards more data-driven and technology-enabled information capture and use.

How can we use technology to empower patients with their own self-care?

Wearables, implantable devices, remote health monitoring via mobile phones, big data, artificial intelligence (AI) and social media are providing options for the way in which individuals seek and interact with healthcare services and have great potential to empower patients in relation to their self-care.

How do we ensure current facilities continue to be invested in appropriately, so they continue to be fit-for-purpose?

A key factor which impacts on people's willingness to interact with those delivering mental health supports is the environment in which services are delivered. Housing mental health services in buildings that promote a message of respect may have a positive impact on the community's perception of mental healthcare.

At present, the physical environment of both Community Mental Health Services in the northern region of Tasmania and Child and Adolescent Mental Health Services (CAMHS) sends an indirect message that publicly-funded mental health services are not valued as highly as other medical services.

While significant improvements have been made to the Launceston General Hospital over recent years, there is now a stark contrast between the environments in which medical services and mental health services are provided. This can convey a sense that people with mental illness and the staff treating them are somehow less worthy of investment. This could impact the overall willingness, or lack thereof, of people to return and receive treatment in these environments, as well as the recruitment and retention of staff.

OTA understands that the building which houses CAMHS is more akin to an accounting firm than a place where children and their families are welcomed and provided with a health service.

According to OTA members, the building where adult and older person's mental health services are provided is in general disrepair. The roof leaks in various locations and has for many years now. The environment has the feel of a mental health facility of the 1950s rather than the 21st century. There are holes in the walls in staff toilet areas where the plumbing has been fixed and the wall not patched, toilet cistern lids are missing and toilet roll holders broken. The central courtyard garden is often overgrown.

OTA members feel there is a lack of recognition of the impact that the environment has on the provision of a modern mental health services. Clinicians seek alternative buildings at times to see clients or run group sessions, as the ACMHS building is unsuitable. Hospitals could learn a great deal from other mental health services which have done significant work to make environments welcoming and appropriate for the services provided inside.

How should the Health Workforce 2040 strategy be further refined to guide and inform the development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?

Below is a snapshot of the most recent workforce data available for occupational therapists in Tasmania from the Commonwealth Government Department of Skills, Small and Family Business (2019). Key issues identified in the 'Occupation report for occupational therapist in Tasmania' include:

Current labour market rating: Shortage

Employers recruiting occupational therapists in Tasmania were unable to fill the majority of their vacancies. Vacancies were located across Tasmania and were for a variety of settings, including public and private hospitals, aged care facilities and private practices.

All employers sought qualified (at the bachelor or masters level) and suitably experienced applicants who were registered, or eligible for registration, with AHPRA. Employers considered 30 percent of qualified applicants unsuitable due to a lack of the required experience, for example, in a clinical setting or acute/sub-acute care or the ability to work independently.

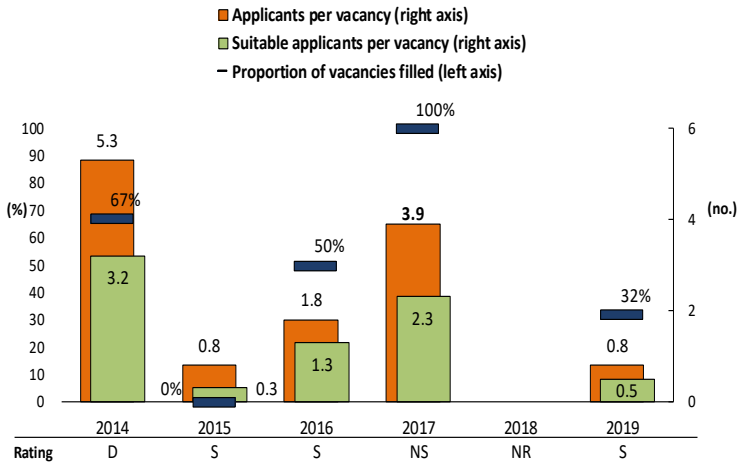
The majority of employers reported difficulties attracting suitable applicants for vacancies in Tasmania. Employers noted the perception that Tasmania offers limited opportunities for career development. In addition, there is no undergraduate training available in Tasmania for occupational therapists.

Demand and supply

- The AHPRA Performance Report: Tasmania indicates, as of March 2019, there were 312 occupational therapists whose principal place of practice was Tasmania. There has been a steady increase of occupational therapists: 309 as at March 2018, 291 as at March 2017 and 283 as at March 2016.
- The 2016 Census data shows 230 people identified as occupational therapists in Tasmania; 10.5 per cent were owner managers and 89.5 per cent were employees.

2019 Survey Results

Figure 1: Survey results, Occupational Therapists, 2014 to 2019



Key to ratings: D = Recruitment difficulty; S = Shortage; NS = No shortage; NR = No rating.

What steps can be taken to improve the State's ability to attract and retain health professionals in regional areas, particularly the North West?

The full-time equivalent (FTE) for occupational therapy is inadequate in the Tasmanian Health System to address the health needs of Tasmanians. Furthermore, subsequent challenges in recruiting to occupational therapy vacancies in the Tasmanian Health System were seen as an opportunity to reduce FTE in the 2019 Affordable Budget Establishment (ABE). As an example, occupational therapy services in the North face a 29 percent reduction in FTE.

On page 22 of the Consultation Paper, the Department notes, "Tasmania's health workforce needs to be better aligned to the current and future needs of the community." OTA believes that this requires addressing the insufficient number of occupational therapists in the public system.

There is a need to explore reasonable workloads, pay equity with mainland practitioners, professional development opportunities and support and career structure.

What innovations or changes are needed to our health workforce to more closely align our professional health teams with the future needs of Tasmanians?
In 2018, the National Health and Medical Research Council undertook a systematic review of occupational therapy approaches for people with cognitive and/or functional decline.

This review concluded:

"The economic impact of occupational therapy is a scarcely studied topic. Only a few studies have incorporated comprehensive and high-quality economic aspects into their evaluation of intervention effectiveness. However, the findings of this review suggest that there are trends towards the economic benefit of systematic, or multicomponent, occupational therapy interventions for people experiencing cognitive and/or functional decline. Interventions that combined a number of consultation sessions and focused on improving the home environment, the ability of the person and the skills of their caregiver were most dominant in being effective and less costly. To determine the feasibility and acceptability of occupational therapy in care of people with cognitive and/or functional decline, further economic evaluations should be conducted of the service and its delivery" (Rahja et al. 2018).

OTA believes that further research is required in this area by state and federal governments to better understand and demonstrate the cost benefit of occupational therapy so that the healthcare system can be better aligned to meet the future needs of Tasmanians.

How do we support health professionals to work to their full scope of practice?
Occupational therapy practice in Australia continues to expand steadily, and OTA seeks to support and encourage appropriate innovation through a broad definition of scope of practice.

Allowing occupational therapists to utilise their full scope of practice would make a considerable difference to the recruitment and retention of clinicians in the Tasmanian health system. There has to date been a loss of occupational therapists from the system due to numerous factors including:

- Dissatisfaction with the constricted scope of practice of occupational therapists due to FTE; and
- The reactive focused work, rather than prevention, early intervention, and evidenced-based services.

OTA encourages the Department to view its Occupational Therapy Scope of Practice Framework (2017).

How do we support Tasmanians to access the education and training they need to be part of the State's future workforce?
In Australia, the role of Clinical Nurse Educators (CNE) is to provide educational services for nurses, and a link with patients and the organisation. Traditionally, this was a face-to-face training role but the changing nature of healthcare – larger hospitals, ever increasing specialisation, health services that cover large geographic areas – has changed the role.

The CNE can now be more of a provider of a training service, where they facilitate training by other educators, and a provider of training tools. Having a similar model for allied health professions within in the Tasmanian Health Service would significantly increase access to education and training.

How could a State-wide Clinical Senate assist in providing advice to guide health planning in Tasmania?

There are a number of state and territory Clinical Senates. Each Senate provides a forum to canvas the views of health care professionals in decision making and the formulation of policy direction. The composition of these senates should ensure all health care professionals are represented. Of the current senates in Australia, some have no occupational therapy representation, and OTA would strongly recommend that if Tasmania develop a Clinical Senate, at least one occupational therapist should be a member.

How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement? Are there particular models of consumer engagement and participation that we should consider?

One example of meaningful engagement with consumers can be seen in the Peter MacCallum Cancer Centre's development of a Consumer and Community Engagement Compass (2020). This is a comprehensive strategy that covers all areas of community engagement for a three year period.

Consumers have expressed a willingness to be involved in the planning and delivery of Tasmania healthcare services but currently there are no clear pathways for this to occur.

What format would be best to engage our future health leaders?

Clinical leadership is at the forefront of healthcare reforms globally, as part of a strategy to improve decision-making, clinical governance and patient safety. Delivering on quality, safety and productivity is fundamental to effective public health services, and organisational and systems improvements rely on effective leadership. Allied health professionals, as organisation (and system) 'connectors', have a key leadership role to play in delivering on healthcare quality, safety and productivity.

In 2020, The Victorian Department of Health and Human Services, in partnership with Monash University, offered 90 emerging and growing allied health leaders (AHP Grade 2 and 3) working in public and community health services in Victoria an opportunity to participate in a leadership development opportunity in one of two Monash University units:

- Monash University, MPH5267 - Principles in healthcare quality improvement (60 places)
- Monash University, MPH5271 - Implementation and innovation in health care (30 places).

OTA notes that there is no occupational therapy representative on the Board of Primary Health Tasmania nor the Clinical Advisory Committee, and that the Board includes a number of GPs. There needs to be wider representation on the board if it is to support primary health in Tasmania more effectively.

OTA also encourages the Tasmanian Government to develop a leadership program for allied health professionals.

Conclusion

OTA thanks the Department of Health for the opportunity to comment on the Our Healthcare Future Immediate Actions and Consultation Paper. Please note that representatives of OTA would gladly meet with representatives of the Department to expand on any of the matters raised in this submission.

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