

**AUSTRALIAN GOVERNMENT
THE TREASURY**

2017-18 PRE-BUDGET SUBMISSION

**OCCUPATIONAL THERAPY AUSTRALIA (OTA)
SUBMISSION**

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Introduction

Occupational Therapy Australia welcomes the opportunity to make a pre-Budget submission to the Federal Government.

Occupational Therapy Australia is the professional association and peak representative body for occupational therapists in Australia. As of September 2016 there were more than 18,000 nationally registered occupational therapists working across the government, non-government, private and community sectors in Australia. 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, assistive equipment prescription, home modifications and chronic disease management, as well as key disability supports and services.

While Occupational Therapy Australia recognises the economic challenges confronting the nation and accepts the necessity of budgetary restraint, we contend that several existing Federal Government measures are short sighted and in fact amount to false economy. The 2017-18 Federal Budget should serve as an opportunity to re-evaluate these measures and ensure that future spending – and future savings – are more effectively targeted.

This submission outlines a number of economic proposals that we argue will lead to more efficient spending and better health outcomes for consumers.

Summary of recommendations

- The Federal Government should reverse the MBS indexation pause and increase Medicare rebates in line with the Consumer Price Index to enable health professionals to continue to provide affordable services for all Australians.
- The Federal Government should continue to invest in Primary Health Networks and a holistic approach to chronic disease management, including greater investment in raising community and GP awareness of the role of allied health professionals.
- Funding should be provided to address any outstanding problems with the NDIS payment portal, and to improve the quality of training provided to NDIS Planners. There also needs to be continued investment in workshops and training programmes for service providers that promote evidence based interventions for people with disability.
- Funding should be provided to increase support for workers in rural and remote areas, including financial incentives to attract workers to these areas, and ongoing support for workers through initiatives such as the Rural Health Multidisciplinary Training (RHMT) Programme and the Rural Health Outreach Fund.
- The Federal Government should continue to invest in mental health services, such as the Better Access to Mental Health initiative and programmes and services to assist people with mental illness into meaningful work. Additionally, funding should be provided to upskill the mental health workforce in preparation for the Digital Mental Health Gateway.
- There should be greater investment in home care for older Australians to enable more people to remain living at home for longer. Other key investments in aged care should include workforce development initiatives and ensuring equity of access for different population groups.
- Consideration should be given to the creation of a national aids and equipment scheme to address current inconsistencies across states and territories.

- Funding should be provided to increase support for carers. This should involve raising awareness of carers' needs, developing programmes and initiatives to facilitate carer engagement in a range of activities, improving the accessibility of information about support services, and commissioning research into evidence based support models.

Recommendation 1: Reverse the MBS indexation pause

The wisest investment the Federal Government could make to improve the health of the nation would be to reverse the pause in the indexation of the Medicare Benefits Schedule (MBS).

As medical practitioners and allied health professionals are forced to raise their fees in order to cover rising service delivery costs, more Australians will decide they can no longer afford to seek medical care and allied health services. This will inevitably translate into worsening public health, and greater costs to government, down the line. Indeed, Occupational Therapy Australia contends that no other government measure better reflects the false economy of thinking only in the short term.

The freeze on Medicare rebates has had a profoundly negative impact on occupational therapists working in MBS funded service delivery roles across primary health, mental health, veterans' affairs and chronic disease management. The fees charged by private practice occupational therapists have to cover practice costs including staff, and operating expenses such as rent, equipment, electricity, computers and insurance. The indexation pause means that many private practices are now underfunded, requiring an increase in fees charged and rendering services unaffordable for many Australians. This measure is likely to increase pressure on hospital emergency departments, thereby increasing pressure on the public health system.

Occupational Therapy Australia calls on the Federal Government to reverse this savings measure and ensure that all Australians are able to access the services they need and deserve.

Recommendation 2: Continue to invest in Primary Health Networks and a holistic approach to chronic disease management

Targeted spending on primary health care is another means of addressing the health needs of individuals before they become more acute. As such, it represents a longer term investment in the health of the community. We call on the Federal Government to continue to invest in primary health care in addition to traditional spending items such as hospitals, infrastructure and the cutting of surgery waiting lists.

The allocation of more than \$400 million in last year's Federal Budget for Primary Health Networks (PHNs) was promising news for the millions of Australians affected by chronic disease.

However, while the creation of Primary Health Networks tasked with addressing local population health needs is a positive initiative for local communities, Occupational Therapy Australia believes there should be greater investment in raising community and GP awareness of the vital "value add" provided by allied health professionals. This will enhance the holistic nature, and therefore the effectiveness, of primary health care.

We remain concerned that the centralised role of GPs in the new Health Care Homes will limit the role and influence of allied health professionals in chronic disease management.

Occupational Therapy Australia supports a multidisciplinary approach to the prevention and management of chronic disease, involving allied health professionals, GPs and carers. This could best be achieved by contracting allied health professionals such as occupational therapists to consult at Health Care Homes and ensuring they have a greater role in the development of patient care plans.

Recommendation 3: Enhance the National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is an initiative of historic significance, and one that rightfully enjoys the support of all political parties. Given its potential to enhance the quality of life of nearly half a million Australians, it is important that we get it right.

The implementation of the full scheme is revealing problems that need to, and can be addressed before roll out is complete. During the early stages of full roll out, there was significant feedback that the new NDIS payment portal was proving difficult to navigate. While it appears that these issues have now been largely resolved, any outstanding issues need to be addressed as a matter of urgency and additional funding provided if necessary.

The disability workforce needs ongoing support while the NDIS is being rolled out. Funding should continue to be provided for workforce readiness initiatives in the form of workshops and training programmes that promote evidence based interventions for people with disability. This should include training for allied health professionals to assist them to transition to the NDIS.

Feedback from our members currently providing services to NDIS participants suggests that NDIS Planners with limited or no experience in disability services are often unaware of the purpose and value of the work done by allied health professionals. Some Planners are also unaware of the crucial role occupational therapists play in assessing the functional needs of people with disability, leading to the development of plans that do not capture participants' needs, with resultant need for a plan review. Occupational therapists are skilled in assisting people with disability to manage ongoing functional impairment. As such, Occupational Therapy Australia believes there should be an increase in dedicated funding for the training of Planners and stands ready to help in the development and delivery of that training.

There continues to be a lack of clarity around the supports to be provided to those people with a disability who are not eligible for NDIS funding. This is particularly worrying for those currently receiving state funded support in jurisdictions where the State Government is withdrawing from its role as a service provider. The 2017-18 Federal Budget is a timely opportunity to deliver funding certainty to Australians with disability who are living with the fear of "falling through the cracks" which are emerging between the NDIS and state-run disability services.

Recommendation 4: Address the maldistribution of the health and disability workforce

The roll out of the NDIS is revealing gaps in disability services across the nation. There is little point in developing a tailored care plan for an individual if the necessary people are not available to deliver the required services.

Unsurprisingly, disability workforce gaps are most evident in outer regional and remote locations. This has long been the case and also reflects the maldistribution of the broader health and community services workforce. Rural and remote workforce shortages are also evident in the mental health and aged care sectors. Some of the key issues include the difficulty of recruiting and retaining

workers, high turnover rates, inadequate availability of senior/experienced staff, and an oversupply of part-time and casual workers.

The Federal Government should work to address this maldistribution as a matter of urgency, ensuring those Australians living outside our major cities and regional centres have access to quality health and community services. In the longer term it should ensure that the training of allied health professionals involves regular rotations through regional and remote locations. Evidence indicates that this significantly increases the likelihood of trainees returning to settle and work in such a location.

As per the 2017-18 pre-Budget submission provided by Services for Australian Rural and Remote Allied Health (SARRAH)¹, Occupational Therapy Australia believes that greater funding should be provided for the collection and analysis of allied health workforce data at a national level. This would assist with analysing the current distribution of the allied health workforce and identifying gaps.

Occupational Therapy Australia endorses recommendation 6 in SARRAH's 2017-18 pre-Budget submission, which calls for reforms to the MBS to ensure that consumers in rural and remote settings can access allied health services directly rather than requiring a referral from a GP.

Workers in rural and remote areas should continue to be supported through initiatives such as the Rural Health Multidisciplinary Training (RHMT) Programme and the Rural Health Outreach Fund. Access to telehealth to support clinical care, supervision, support, mentoring and professional development needs should be greatly enhanced so that frontline clinicians can better support rural health consumers. This is in line with SARRAH's call for greater investment in technology such as e-health in rural and remote settings.

Additionally, financial incentives should be provided to allied health professionals opting to work in designated areas of workforce shortage. The Assistant Minister for Rural Health recently announced funding to enhance medical support in rural settings. Occupational Therapy Australia believes that incentives of this nature should be extended to allied health professionals to attract and enable them to live, work and actively contribute to communities across rural and remote Australia. The development and implementation of such a system should be a priority for the new office of the National Rural Health Commissioner. Funding and resources must be made available to support the functions of the Commissioner, including engagement with a broad spectrum of key stakeholders across the health sector, such as allied health professionals.

Recommendation 5: Invest in mental health services

The Federal Government should continue to invest in mental health services, such as the Better Access to Mental Health initiative and programmes and services to assist people with mental illness into meaningful work. In particular, the new Disability Employment Framework should outline pathways to meaningful employment for people with mental illness. Such investment benefits the individual concerned and the community in which he or she has just become a more productive member.

Other priorities for mental health funding include housing, education and initiatives to enable social and community participation.

¹ http://sarrah.org.au/sites/default/files/docs/sarrah_federal_budget_submission_2017-18_-_final.pdf

Occupational Therapy Australia calls on the Federal Government to invest in further research into how the needs of people with psychosocial disability can be measured. This would also provide clarity around eligibility for government assistance programmes such as the NDIS.

Occupational Therapy Australia is concerned that the needs of those with less severe mental illness, or whose illness fluctuates over time, are sometimes overshadowed by those with more pronounced mental illness. Accordingly, we urge the Federal Government to provide funding for programmes and services for people whose condition may fluctuate over time, affecting their ability to remain in the workforce for a sustained period. We also call for greater investment in suicide prevention measures and other mental health prevention strategies in addition to funding for interventions and treatment.

The Federal Government should also invest in upskilling the mental health sector workforce to ensure it is ready and able to navigate the new Digital Mental Health Gateway.

Recommendation 6: Invest in aged care

As Australia's population ages it is imperative that the aged care sector be structured in a way that not only meets the particular needs of individuals but makes the most efficient use of resources.

To this end, Occupational Therapy Australia endorses greater investment in home care as opposed to residential care, thereby enabling older people to remain in their own homes for longer. While funding for residential care is obviously important, most Australians report they would rather age in their own homes for as long as possible. Investment in the aged care sector should, as much as reasonably possible, reflect this wish.

Greater funding is required to reduce waiting lists and ensure that older Australians are able to access an appropriate level of care when they need it. As noted in Occupational Therapy Australia's submission to the Aged Care Legislated Review, there is an inadequate supply of level 3 and 4 home care packages for clients with complex needs. Many clients are instead being allocated level 1 or 2 packages which are designed for those with lower level care needs. This is clearly unsatisfactory.

As reported in *The Sunday Age* of 8 January this year, tens of thousands of elderly Australians in nursing homes are being denied mental health treatment because of a Medicare regulation that deems such residents not to be "in the community". These people are often coping with the psychological consequences of recent and profound loss – often the loss of their spouse, the loss of the family home and most of their material possessions, the loss of independence – and as such are in clear need of mental health treatment. The regulatory exclusion of these people from such treatment is discriminatory and should be reversed to ensure their access to appropriate care.

Occupational Therapy Australia believes it is imperative that there be greater investment in aged care workforce development, to help meet the challenge of rising demand for care. We support an integrated approach to workforce development to ensure that aged care staff are able to develop transferable skills and work across sectors.

There must also be adequate funding to ensure equity of access to care for those from different population groups, such as those with special needs and those from culturally and linguistically diverse (CALD) backgrounds. Additionally, we call on the Government to invest in initiatives to improve access to allied health services such as occupational therapy in community and residential care, as this can vary considerably depending on where a client lives.

Finally, Occupational Therapy Australia renews its call for the Department of Health to review the functionality of the My Aged Care website, online portals and contact centre – and, if necessary, to invest in improvements to ensure the system is easy for both providers and consumers to navigate.

Recommendation 7: Develop a nationally consistent approach to aids and equipment

Occupational Therapy Australia joins with the National Aged Care Alliance (NACA) in calling for a nationally consistent approach to prescribing and accessing aids and equipment. Funding for a national programme would alleviate inconsistencies in terms of the types of aids and equipment available in each state and territory, eligibility criteria and subsidy levels.

There is also scope to align such a programme with the NDIS Assistive Technology Strategy to ensure that both systems have similar approaches and reflect the aged care/disability interface.

Additionally, funding should be provided for research into the benefits of Smart Assistive Technology to ensure that older Australians have access to the latest technological innovations that are designed to enhance their mobility and independence.

Recommendation 8: Increase support for carers

We strongly urge the Federal Government to increase support for carers, including spouses, partners, children and siblings. Carers tend to have limited capacity to engage in meaningful occupations, particularly if they are caring for someone with a severe illness or disability.

Many carers find that they are forced to give up full time employment and move to a part time or casual role, while others stop working altogether. This can have a significant impact on household finances and a carer's personal relationships.

A recent report released by Anglicare highlights the fact that carers' needs are not currently being met under the NDIS.² Concerns have been raised that respite programmes will be discontinued, while carers have reported finding it difficult to locate information about available services.

Occupational Therapy Australia recommends that the Department of Social Services review the functionality of the National Carer Gateway to improve its accessibility for carers. Additionally, funding should be provided to raise awareness of carers' needs and to develop programmes and initiatives to facilitate carer engagement in paid work and other activities. There is also a need for the Federal Government to commission research into best practice, evidence based support models for carers of all descriptions.

Summary of recommendations

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² https://www.anglicare.org.au/sites/default/files/Carers_Report_Digital.pdf

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- There should be greater investment in home care for older Australians to enable more people to remain living at home for longer. Other key investments in aged care should include workforce development initiatives and ensuring equity of access for different population groups.
- Consideration should be given to the creation of a national aids and equipment scheme to address current inconsistencies across states and territories.
- Funding should be provided to increase support for carers. This should involve raising awareness of carers' needs, developing programmes and initiatives to facilitate carer engagement in a range of activities, improving the accessibility of information about support services, and commissioning research into evidence based support models.