

Interim Report: Feedback Survey

The Sustainable Health Review Interim Report feedback survey consisted of 14 questions. The responses to the open feedback questions are detailed below. Responses to questions 9-12 have been published in a summarised report on the SHR website.

Your Personal Details	
1. Title	Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
2. First Name(s)	
3. Surname	
4. Contact Details	
5. Organisation	Australian Physiotherapy Association
6. Location	<input checked="" type="checkbox"/> Metropolitan <input type="checkbox"/> Regional WA <input type="checkbox"/> Outside WA
7. Are you providing a response on behalf of your group/organisation or as an individual? (Required)	<input checked="" type="checkbox"/> Group/organisation <input type="checkbox"/> Individual <input type="checkbox"/> Other, please specify: _____
Q8. Do you consent to your feedback being published, in summaries or in the Final Report? (Required)	
<input checked="" type="checkbox"/> I consent to my feedback being published <input type="checkbox"/> I consent to my feedback being published anonymously <input type="checkbox"/> I do not consent to my feedback being published	

The next two questions will allow you to provide more detailed feedback on how to maximise improvements in each of the Directions or suggest other areas or actions for the Sustainable Health Review Panel to consider to develop a more sustainable health system.

13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

Direction 1. Keep people healthy and get serious about prevention and health promotion

Physiotherapists are primary health practitioners and can educate people about active and healthy lifestyle. Physiotherapists are very well trained in diagnosis, management and treatment of musculoskeletal conditions. In a primary health context, utilising physiotherapists across the State Health System will reduce burden of disease on our hospital system. Physiotherapists can be incentivised by state funding mechanisms so that clients are managed at home in the community.

Regarding childhood obesity, physiotherapists can conduct preliminary screenings at schools, at community centres and day care centres to provide education and advice. Physiotherapists can run regular exercise programmes to address factors contributing to childhood obesity.

Australian Physiotherapy Association Western Australian Branch (APA WA) will be delighted to liaise and collaborate with DoH.

Direction 2. Focus on person-centred services

Person-centred services including delivery of physiotherapy in both primary and tertiary health care context will improve client compliance with the therapy goals. It will achieve clinically optimal outcomes and a speedy discharge. It is imperative to use physiotherapists' skills and knowledge base to achieve clinical outcomes.

Direction 3. Better use of resources with more care in the community

Physiotherapists can manage and treat musculoskeletal conditions as primary health practitioners by reducing load on the Health Care System. Use of telehealth to provide physiotherapy has good evidence to achieve clinical outcomes effectively and efficiently. Advanced scope physiotherapists working in Emergency Department in Public hospitals can help triage clients presenting with musculoskeletal conditions. It has been piloted and the results have been encouraging saving time and money as well as good customer satisfaction. Leveraging strength of physiotherapists employed by DoH as well as physiotherapists working in not-for-profit and private sectors, will assist in designing system for better utilisation of resources.

APA WA branch will be delighted to contribute to a working proposal.

Direction 5. New ways to support equity in country health

Physiotherapists in country areas can independently diagnose, assess and treat musculoskeletal conditions. They can work efficiently to reduce waiting list and improve accessibility in the community, if the system incentivises the achievement of clinical outcomes by utilising physiotherapists in primary health care roles.

13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

A pilot study in a small rural area will provide evidence for this suggestion.

Direction 6. Develop partnerships for Aboriginal health outcomes

Physiotherapists can work alongside General Practitioners and Aboriginal health workers to run Aboriginal health clinics to improve Aboriginal health outcomes. Physiotherapists can access clients at their homes thereby mitigating any accessibility issues to engage Aboriginal clients for education, prevention and management. Trial sites can be created, and outcomes monitored to ascertain successful achievement of outcomes.

Direction 8. Greater use of technology, data and innovation to support consumers, clinicians and drive change

Greater use of technology such as 'My Health record', telehealth and measurement of accurate variables to gauge outcomes will attract collaboration amongst team members. Physiotherapists if enabled through telehealth and advanced scope practice, will be able to reduce waiting list, reduce cost and provide service to clients in their homes. Such a change will produce a meaningful difference and will galvanise consumers and clinicians towards shared goals creating a win-win situation.

Direction 9. Harness and support health and medical research collaboration and innovation

There are indications for prioritising research for prevention and management of obesity in children; and design and implementation of the most cost effective models of care to provide services to clients at home in the community to reduce burden of disease. Physiotherapists in WA working at our local universities represent world class talent and are amongst one of the finest researchers in the world. APA WA will be delighted to collaborate with the Western Australian Health Translational Network on this front.

Direction 10. Develop a supported and flexible workforce

Physiotherapists with advanced scope practice and specialist skills can be more optimally utilised to triage clients, reduce waiting list, provide efficient and effective service as well as improve customer satisfaction after their experience with the local health care system.

Direction 11. Plan and invest more wisely

Current strategy of focusing on balancing the reduced access to GPs, MBS and PBS is greatly appreciated. Including physiotherapists as part of the team for fairer allocation of resources will leverage the planned investment and yield optimal return on time and money spent.

APA WA will be keen to collaborate and partner to assist in any measure to leverage this direction.

13. In regards to the 12 Directions, please provide detailed comments on how to maximise improvements in each of the Directions. Where possible, please indicate which Direction your comments relate to.

Direction 12. Building financial sustainability, strong governance, systems, and statewide support services

The involvement of consumer in designing and evaluating health services will certainly assist in trust building. The Australian Physiotherapy Association is working on educating consumers about physiotherapists and utilisation of physiotherapy. Physiotherapists can engage in education and promoting message of active lifestyle for improving consumer awareness and participation.

14. Is there anything else that the Panel has missed so far that is important in developing a more sustainable health system for Western Australia?

Currently, physiotherapists are under-utilised across the state health system both in the rural and metropolitan regions. Physiotherapists are adept at management and treatment of conditions across the wide scope of the profession, including but not limited to disability, cardio-respiratory, aged care, women's health, mental health, musculoskeletal, paediatrics, orthopaedics in primary, tertiary health settings as well as in the education and community sector. Addressing causes of non-communicable diseases / life-style factors to reduce burden of current and future disease in an ageing and expanding population is where the current physiotherapy workforce could be mobilised and utilised more effectively (from a cost & outcomes perspective).

Physiotherapists can be empowered/funded to undertake programs to sustainably increase physical activity, reduce obesity in the children and adults through to those not yet with a chronic condition to reduce risk factors for conditions that, when present, do create a burden to the health system. Enablement through telehealth, flexible incentives, data sharing as well as research (WAHTN) will help deploy physiotherapists to reduce waiting lists and reduce costs.

Physiotherapists with specialist skills and advanced scope practice when used in Emergency departments have been shown to be effective and clinically efficient. Prioritising utilisation of physiotherapists in primary and tertiary health care contexts is imperative and will multiply intangible outcomes for customer satisfaction and engagement.