

Australian Podiatry Association

PRE BUDGET SUBMISSION

2019 -20



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Podiatry
Association

ABOUT THE AUSTRALIAN PODIATRY ASSOCIATION

The Australian Podiatry Association (APodA) is the national peak body for podiatrists in Australia. The APodA represents the interests of podiatrists across the nation. Following a recent merger of State Podiatry Associations and the Australasian Podiatry Council, the newly structured Australian Podiatry Association is the only national body for podiatrists representing over 2500 podiatrists across all States and territories.

CHRONIC DISEASE MANAGEMENT

The APodA acknowledges that the problem of chronic disease in Australia will continue to expand with an increasing and ageing population. According to a recent report from the Australian Institute of Health and Welfare, almost half of all Australians suffer from at least one chronic disease.

Under Chronic Disease Management (CDM) plans, patients with chronic illness have access to only five subsidised services with allied health practitioners, including podiatrists, per year.

After these treatments, there is a funding hole where the patient receives no funding opportunities to manage their condition. The funding abyss that follows initial diagnosis and assessment means patients may not have the financial means to maintain preventative treatment leading to complications going untreated until it is too late.

This often leaves patients with a single option of hospitalisation and expensive and traumatic treatment. The patient may place an even greater burden on hospital system as their condition worsens. Incentives should be in place to ensure care is provided to patients at the earliest time possible rather than leaving it too late.

DIABETES

In 2014-15 approximately 1.2 million Australians had diabetes and cost an estimated \$6 billion per annum. Type 2 diabetes is overrepresented among Aboriginal and Torres Strait Islander persons, with 12.8% of people aged 15 years and over returning test results showing that they had the disease in 2014-15. Based on current projections, up to 3 million Australians over the age of 25 years will have diabetes by the year 2025.

At \$6 billion annually, the healthcare costs of diabetes to the Australian economy are already enormous. Further rises in the numbers of people with diabetes will add substantially to this figure, and argue strongly for investment in prevention, early detection and improved management of diabetes.

FOOT TREATMENTS AND COMPLICATIONS

Annually, there are around 10,000 hospital admissions due to diabetes related foot ulcerations and recent evidence suggests that each year, in excess of 4,300 amputations are due to diabetes. Each of these amputations costs the Australian healthcare system \$26,700 plus aftercare costs.

Best practice research indicates that improved access to podiatry services for patients with foot complications from diabetes would prevent future hospitalisations and amputations, recouping the costs of these services in turn. Cost savings from the implementation of best practice research was estimated in 2012 as being up to \$397 million annually.¹ Whilst saving money is a positive achievement, ultimately it is about saving people's lives.

Chronic disease management involves a complex array of primary care professionals who test, diagnose, prescribe medicines, treat symptoms and consequences of disease and support patients to understand their disease, identify the signs, symptoms and risk factors, and to develop resources and skills to seek help to manage this lifelong condition.

Current access to allied health arrangements are inequitable and exacerbate the disparity in health outcomes between those from higher and lower socioeconomic strata. Evidence clearly demonstrates poorer outcomes for minority or marginalised groups, those experiencing disadvantage, and those in rural and remote regions.

Changes will be required to ensure schedule fees and service durations are aligned to consumer requirements and to minimise out of pocket expenses.

The current MBS funds a range of services that have been demonstrated to be 'low-value' interventions and fails to fund other services that are recognised as representing best practice. Annual service limits must be adjusted, and referral pathways improved to increase the accessibility and use of best practice interventions. The current limit of five services per annum in total for allied health chronic disease service is too little to achieve adequate health outcomes

It is the position of the Australian Podiatry Association that the current model of treatment and funding accessible to patients with diabetes-related foot complications is insufficient to handle the scale of this problem in Australia.

ENDORSEMENT TO PRESCRIBE SCHEDULED MEDICINES

In the management of diabetes and high-risk patients, timely treatment with scheduled medicines is critical to prevent severe infections and reduce the risk of lower extremity amputation. However, in Australia, few podiatrists have attained endorsement to prescribe. This is despite strong evidence which suggests the value of podiatrist prescribers in saved treatment costs outweighing the cost of training.² This is a situation that must to be rectified thorough further research on supporting podiatrists to become endorsed prescribers, and similar programs to facilitate podiatrists becoming endorsed prescribers.

Consultations with podiatrists have been subsidised under Medicare since 2004. Under current arrangements, however, patients who require podiatric related medicines are obliged to follow a visit to the podiatrist with a visit to a General Practitioner (GP) for a prescription, in order to access subsidised medication under the PBS. This is problematic for a number of reasons:

- Avoidance of unnecessary referral. At present when a patient requires a prescription medicine that attracts no PBS subsidy via podiatric prescription, the podiatrist is required to refer the patient to a general practitioner so that they can obtain a GP issued PBS prescription for the same medication

- The process of referral back to a GP for a 'prescription consultation' is time consuming and costly for patients, especially those patients in rural areas where distance compounds this situation. It also impacts on the health budget as a patient fee can be incurred at every consultation

- Although there are other professionals who provide similar services, podiatrists are frequently the provider of first choice as they specialize in the foot and lower limb. Providing access to subsidised podiatric medicines improves choice for patients and affirms patients' confidence in podiatrists as trained health professionals. Being able to obtain a prescription that attracts a subsidy (in the same manner as when they attend a General Practitioner) allows patients holistic care from their chosen health practitioner



1 Australian Podiatry Association Submission to the Inquiry into Chronic Disease Prevention and Management in primary health care, August 2015

2 Implementing a podiatry prescribing mentoring program in a public health service: a cost-description study, Couch, A. A Et Al, Journal of Foot and Ankle Research 2018

RECOMMENDATIONS

Recommendation 1: Urgent adjustments are required to increase both the maximum number of annual services and the duration of services to bring them in line with standard practice. APodA recommends an initial longer duration assessment is made available annually for each profession included in the management plan, and further recommends that the five annual session cap is increased to a maximum of 12 sessions available to newly diagnosed patients or those displaying higher risk

Recommendation 2: Immediate adjustment to the duration and dose of service condition in order to address issues of accessibility and limited capacity to achieve the consumer health outcomes for which they are intended.

Recommendation 3: Review the schedule fee for podiatry and other allied health services to ensure that these are sufficient to support universal access to podiatry and allied health services and keep out of pocket costs to consumers at a reasonable level

Recommendation 4: Changes are recommended to be made to the care setting/location of service limitations currently imposed on item number 10962 to enable consultations to be delivered via telehealth

Recommendation 5: Allow podiatrists to make direct referrals for imaging and pathology services and to other health professionals where appropriate and within their scope of practice

Recommendation 6: Enable Podiatrists to prescribe subsidised medicines under the Pharmaceutical Benefits Scheme (PBS)

Further Enquiries

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