

## A public–private partnership model for a rural physiotherapy service

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### Introduction

Healthcare accessibility and sustainability are priorities for health services. Achieving accessible and equitable health service delivery for rural and remote Australia presents significant challenges, for example in managing service gaps and recruitment/retention of appropriately skilled health professionals. There is a need to explore new ways to facilitate health service delivery in rural settings.

Alternative models of service delivery such as utilising Allied Health Assistants have strong potential to provide long-term solutions to chronic service gaps. However such service models remain dependent on accessing experienced allied health professionals to provide clinical assessment/care planning for clients/consumers, and training and supervision of Allied Health Assistants.

Private sector physiotherapists with established practices in rural and regional communities present an opportunity to develop effective business models to address service gaps. These businesses have made a long-term commitment to their communities and are less likely to suffer from the recruitment and retention issues experienced by public health organisations.

The aim of this project was to test the viability of a business model that utilised three different funding streams (local health district, Medicare Local and private) to establish a physiotherapy service to rural communities in south western NSW. Target clientele included acute and post-acute clients of the local health district, patients with chronic disease referred under a GP Management Plan, and privately funded clientele. The private physiotherapist outreached from a regional township to two rural communities where service gaps in physiotherapy had been identified. Allied Health Assistants were utilised to enhance the service between visits from the physiotherapist. Shared governance arrangements were established between the local health district and the private physiotherapist to train and supervise allied health assistants.

### The problem: a long-term service gap

The township of Finley in south west NSW had limited access to physiotherapy services, with services provided from a large regional hospital two days per week on an outreach basis to the local health service administered by Murrumbidgee Local Health District (MLHD). However the service was frequently suspended during periods of staff shortages, sometimes for months at a time, as service managers prioritised limited resources around the needs of a large acute hospital service.

In response to this inability to maintain a regular service, local health service managers assumed control of the funding for the Finley physiotherapy service and in the early months of 2014 began to assess options for providing a physiotherapy service that met the needs of Finley Health Service and the community it serves. It was acknowledged that a new approach was required, as filling vacancies in physiotherapy positions has been a significant issue for MLHD for some time. Chronic vacancies existed in sites across the district, and part-time vacancies were especially difficult to fill. A range of strategies had been put in place to attract physiotherapists, including appropriate grading of sole positions at a senior level, and advertising broadly such as through the NSW Rural Doctors Network in order to attract relocation assistance.

The Local Health Advisory Group (LHAC) had lobbied MLHD and Hume Medicare Local (ML) to establish physiotherapy services. In all, LHAC lobbied for six years to establish the service that was viable and sustainable. Consequently, upon the establishment of the program, significant community support was already well established.

Concurrently, the Hume ML had identified a clear need for physiotherapy services in the area in and surrounding the communities of Finley, Jerilderie, Tocumwal, Berrigan and Urana through its comprehensive needs assessment, given the demographic of the population and the predominance of obesity and osteoarthritis. A collaborative of agencies that included the Local Health Advisory Council,

councils, aged care facilities and Murrumbidgee Local Health District (MLHD), commissioned a project to investigate the viability of a private Physiotherapy service in the region that would provide services to these communities. The resulting report demonstrated that by utilising a number of funding streams including MLHD funds to provide services into health facilities, privately funded aged care facilities, Commonwealth flexible allied health funding (previously known as Rural Primary Health Service Funding) and accessing the Medicare Benefits Scheme Chronic Disease Management item numbers (previously Enhanced Primary Care) funding, a private physiotherapy service would be viable.

### The pilot

At the commencement of the pilot the three principle parties (HML, MLHD and Back on Track Physiotherapy) met to discuss the scope of the proposed service, in particular the use of Allied Health Assistants (AHAs) as a means to enhance the service between visits from the physiotherapist. It was important to establish the nature of the interface between the visiting physiotherapist and the AHA in terms of workload allocation and training in accordance with the MLHD governance framework for Allied Health Assistants.<sup>1</sup> Taking the lead, the physiotherapist employed an AHA in addition to those AHAs employed by MLHD, to support the slow-stream rehabilitation services that are typically required at small rural hospitals. This allowed the Physiotherapist to work to “top of scope”, performing initial assessments, developing care plans and undertaking reviews, while more routine interventions were performed by the AHA and billed at a lower rate than services provided by the physiotherapist.

Funding for Hume Medicare Local Allied Health Services program was established to assist the Hume Medicare Local to improve the regional planning and coordination of primary health care services and to address the health needs and priorities of their local communities. The funding used was previously known as Rural Primary Health Service (RPHS) funding which brought together More Allied Health Services (MAHS) Program, Regional Health Services (RHS) Program, Multipurpose Centre Program (MPC) and Building Healthy Communities in Remote Australia program. From 1 July 2013, RPHS funding for the program was provided through Hume Medicare Local.

The target groups are those who are at risk of poor health outcomes due to socioeconomic or geographical disadvantage who have a chronic condition (minimum of 6 months). Preference is therefore given to concession card holders referred by their GP, other health professionals or themselves.

The private physiotherapy company accessed multiple income streams, including:

- private clientele
- compensable clientele ie. Workcover, TAC/CTP, DVA
- bulk billed physiotherapy consultations under Chronic Disease Management plans
- Hume Medicare local funded outpatient physiotherapy services
- inpatient services funded through Murrumbidgee Local Health District.

Multiple income streams allowed the private physiotherapy company an opportunity to expand their services in to these communities, with minimal risk, and low ongoing costs.

### Expanding the service

Until this project there was no local physiotherapy service accessible to the communities of Berrigan and Jerilderie shires. This had significant impact on the quality of care provided to admitted patients and aged care residents in these communities, and impacted on the capacity of MLHD base hospitals accessing appropriate step-down care close to home for residents of these communities.

Hume ML analysis of data provided during the pilot indicated the need continued to be unmet by the level of service initially determined. In addition to this the identified needs of the surrounding towns of Jerilderie and Berrigan remained unaddressed. Through discussion with the LHAC, MLHD, the contracted physiotherapist and local general practices, a recommendation for service expansion to the towns of Jerilderie and Berrigan was made, signalling Phase Two of the project commencing in mid-November 2014.

## Governance

For the purpose of the project, MLHD undertook to purchase physiotherapy services from Hume ML, who held the contract with the physiotherapy provider. A service agreement was established between Hume ML and MLHD that outlined the nature, scope and costs of the service MLHD was purchasing, and described the credentialing and insurance coverage of the contracted physiotherapist necessary to ensure compliance with NSW Health procurement rules. The service agreement referenced the MLHD guideline for the governance of allied health assistant roles and a copy was provided to the physiotherapist.

The physiotherapist utilised some MLHD facilities to conduct business, which included a mix of public and private patients, attracting a daily lease fee. Where this occurred license agreements were developed between MLHD and the physiotherapist to cover public liability for private clients visiting MLHD facilities.

Regular communication has been a key feature of the project, with regular meetings between HML, MLHD and the principal physiotherapist to resolve issues as they arise. Common issues included clarifying referral criteria and approval processes for recommended interventions, which were refined as the project evolved.

## Outcomes

During the pilot project period there were 754 physiotherapy and allied health assistant occasions of services across the following funding streams:

- Compensable 1%(3)
- DVA 3%(7)
- EPC 6%(17)
- HML 77%(210)
- Private 6%(15)—physiotherapy consults only
- Public / MLHD 7%(19).

Initial results of the pilot indicated strong uptake during the initial period of the pilot for services previously unavailable across primary care, residential aged care and acute/sub-acute care across a broad geographical area. In the latter stages of the pilot over subscription of available services in Finley occurred.

Phase two of the project is now in place across four localities. There is capacity to expand the service to include private residential aged care clients in the region.

Such collaborative activities increase the likelihood of developing consistent yet flexible service delivery models that meet the needs of rural communities, address service gaps in primary health service provision and support sustainable business development for private sector allied health.

## Discussion

Equity of access to Allied Health services in rural and remote locations is a key issue for health administrators and the broader community. The impending introduction of the National Disability Insurance Scheme and Aged Care reforms will see a greater emphasis on client choice regarding funds expenditure. Allied Health Professionals operating their own businesses in rural locations have made a long-term commitment to their communities and are less likely to suffer from the recruitment and retention issues experienced by public health organisations. These service providers are well positioned to provide a responsive and flexible service that meets the needs of rural communities in the face of these reforms.

Health service delivery is complex, comprising many layers of services, providers and structures but somewhat lacking coordination.<sup>2</sup> The Finley Physiotherapy project is an example of successful cross-sector collaboration resulting in a positive outcome for rural communities.

Keys to this success include:

- a clear governance structure and role delineation for stakeholders
- regular communications with all parties addressing issues as they arose
- optimal use of the allied health assistant workforce, bolstered by a well-established governance framework
- a well-functioning primary health organisation (Hume Medicare Local) acting on an identified need and coordinating the stakeholders toward the establishment of a new service
- an established Allied Health Directorate within MLHD to build strategic and business relationships with primary care organisations and allied health providers, and ensure governance of the services provided
- a private practitioner well-positioned to engage with the national health reform agenda.

NSW Health is investing in an integrated care strategy, where hospitals work in partnership with the primary care sector and community based services to ensure people with chronic and complex care needs stay healthy and out of hospital. More can be done to facilitate the involvement of private sector service providers in the development of integrated, teams-based models of care. This will be a challenge in engaging with a range of providers delivering goal-oriented interventions in the primary care setting. Practice support similar to that provided to General Practice may be necessary to ensure that private allied health practitioners can participate in a coordinated approach to teams-based primary care. Further work is required to optimise the procurement processes at both state and federal government levels for generating compliant service agreements to facilitate private-public partnerships.

The Finley Physiotherapy project has demonstrated the viability of an integrated service model that targets chronic disease and aged care, contributing to a whole-of-sector approach to integrated care, critical to reducing duplication, fostering better use of health resources and ultimately improving patient experience and people's health.<sup>2</sup>

## References

1. MLHD 2011\_012 Allied Health Guidelines: Clinical Governance for Allied Health Assistant Roles
2. Reform of the Federation White Paper: Roles and Responsibilities in Health  
[https://federation.dpmc.gov.au/sites/default/files/issues-paper/Health\\_Issues\\_Paper.pdf](https://federation.dpmc.gov.au/sites/default/files/issues-paper/Health_Issues_Paper.pdf)

## Presenter

**Cathy Maloney** is Director Allied Health at Murrumbidgee Local Health District in south western New South Wales. She is a Board Director for Murrumbidgee Medicare Local, and a member of SARRAH's Advisory Committee. Cathy is an Allied Health Professional with close to 30 years' experience as a Physiotherapist. In that time she has enjoyed very diverse roles in both private and public sectors, including community health, private practice and workplace rehabilitation. Pursuing an interest in persistent pain states and exercise as therapy led Cathy to complete a Master of Science in Medicine (Pain Management) in 2008. Having worked the majority of her career in rural and regional settings, Cathy understands the challenge of delivering health services across large geographical areas. She is passionate about improving access to health services in rural communities by supporting organisations, clinicians and clients through the development of contemporary service delivery models.