

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

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Health care 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.

Initial results indicate good uptake of previously unavailable services across primary care, residential aged care and acute/sub-acute care across a broad geographical area.

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)
- Public/MLHD 7%(19)

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.