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Supporting older Australians

Background

Australians are living longer. This is due to a number of medical and social factors that have resulted in reduced infant mortality, fewer young people dying in motor vehicle accidents and fewer older men dying from heart disease.¹ On average, Australian males born in in 2007-09 will live to 79.3 years, and females to 83.9 years, an increase from 47.2 years and 50.8 years respectively in 1881-1890.² Presently, Aboriginal and Torres Strait Islander people have lower life expectancy compared to non-Indigenous Australians³, and Closing the gap has been identified by the Council of Australian Governments as a priority in health policy.

Likewise, the number of older Australians and the proportion of the population who are aged over 65 years are also increasing – there are nearly 2.7 million Australians between the age of 65-84 years and more than 415,000 over the age of 85 years in 2011.⁴ This is due to a number of factors such as population growth, changes in birth rates, and death rates falling for conditions such as cancer, cardiovascular disease, chronic obstructive pulmonary disease, asthma and injuries.⁵

The Australian Bureau of Statistics projects the total number of Australians above the age of 65 years is projected to increase exponentially to more than 6 million by 2051. The Productivity Commission in its report on *Caring for Older Australians* estimates that by that same time, over 3.5 million older Australians will be using the aged care system each year.⁶

It is imperative that the Australian aged care system, encompassing services provided within residential aged care facilities, services provided by a range of schemes for older Australians in the community, and services for Aboriginal and Torres Strait Islander people requiring aged care needs to be comprehensive yet sustainable, equitable and flexible to provide older Australians with the support and care that they need.

Role of physiotherapists in aged care

According to the Australian Institute of Health and Welfare, the most common long-term health conditions affecting older Australians include cardiovascular diseases such as heart disease and stroke, musculoskeletal conditions such as arthritis and osteoporosis, and respiratory diseases such as chronic obstructive pulmonary disease.

Physiotherapists are primary contact practitioners and are highly qualified and trained to treat and manage the physical function limitations associated with these conditions. Physiotherapy is an important component of care in residential aged care facilities as well as enabling at risk older people to remain in the community through rehabilitation and restorative care. It is widely acknowledged that adequate levels of physiotherapy can help older Australians improve or maintain optimal function, health and well-being.

Physiotherapists can assess the suitability of particular interventions and modalities for movement related dysfunction, neurological⁷ and musculoskeletal disorders and can prescribe appropriate treatments for these conditions, as well as effectively work in other areas of rehabilitation including

fall and injury risk minimisation^{8 9 10}, incontinence management and education¹¹, prescribing exercise appropriate for the individual¹³, and rehabilitation^{14 12}. Physiotherapists also possess the appropriate qualifications and training to oversee workplace health and safety, provide resident lifestyle and wellness advice and undertake staff training in residential aged care facilities.

As identified by the Productivity Commission, 'the care needs of older Australians vary, as ageing is a unique experience.'⁶ Older people 'want to remain independent and in control of how and where they live their lives, continue to be connected and relevant to their families and communities, and be able to exercise some measure of choice if they require care.' Physiotherapists can play an important role in keeping older Australians healthy in the community by maintaining optimal function and wellbeing, and restoring lost function. Specific programs designed by physiotherapists have been shown to improve strength, balance and functional ability in older people dwelling in the community^{13 14}.

Barriers to access to physiotherapy

Within residential aged care facilities and in the community, many older Australians face barriers impeding access to an optimum level of physiotherapy for their conditions or individual care needs.

For example, there may be limited or no physiotherapists available onsite or in the local area to provide treatment. This may be caused by workforce barriers, such as poor integration of physiotherapists into aged care multidisciplinary teams, and the attrition of physiotherapists working in the aged care sector. Physiotherapists working in aged care are more isolated, have less access to specific professional development, and receive less peer support and mentoring.¹⁵ A shortage of suitably qualified and trained physiotherapy assistants can also increase the physiotherapy workload and decrease job satisfaction.

Older Australians, particularly those living in rural and remote areas of Australia, face additional barriers related to distance and access to transport. These barriers are further complicated if they have conditions that prevent them from travelling unassisted.

Access to physiotherapy may also be limited by barriers such as:

- A lack of a broad, consistent national framework for physiotherapists to autonomously decide about the amount of physiotherapy care provided to older Australians in residential aged care facilities.
- Financial barriers as a result of funding mechanisms like the Aged Care Funding Instrument (ACFI)¹⁶, which have led to inadequate funding for physiotherapy rehabilitative and restorative programs like falls prevention and the management of functional incontinence.
- Financial barriers to managing chronic health conditions through the Medicare Chronic Disease Management items, which limits claims to any five allied health services in a given year. Chronic disease management plans can also only be set up by a general practitioner, which may affect the timely provision of care. Further to this, the Medicare Chronic Disease Management program and ACFI are poorly integrated.

The APA position

In a rapidly aging population, physiotherapists have an increasingly significant and vital role in the Australian aged care system. The position of the APA is that

- Appropriate levels of physiotherapy can maintain optimum levels of mobility and dexterity, improving the health and wellbeing of older Australians, and prevent or slow the progress of more serious conditions, particularly in people with long term musculoskeletal,

neurological, cardiovascular or respiratory conditions. This will also decrease future demand on health resources.

- Older Australians should be supported to live independently in their own homes and the Australian aged care system must prioritise the maximisation of mobility and support interventions such as physiotherapy that can promote functional independence in older people.
- As recommended by the Productivity Commission in its report *Caring for Older Australians*, the Australian Government must ensure that the aged care system focuses on maintenance and restoration, as well as taking a reablement approach to the provision of care and support services.⁶
- Older Australians with dementia should not be excluded from rehabilitation.¹⁷
- Care provision and intervention, including those that are provided in residential aged care facilities, should be guided by evidence-based best practice. Health practitioners including physiotherapists must have autonomy to clinically assess the most appropriate care that an individual needs. Access to the most appropriate care must be supported by funding mechanisms and governance arrangements.
- Funding instruments must not dictate the type or frequency of treatments and interventions without strong evidence, and it is crucial that there must not be perverse incentives for any one type of modality or treatment.
- It is critical that payment for physiotherapy services should reflect the true cost, variety and complexity of the services.
- Funding for physiotherapy services must be adequate to support both physiotherapists and physiotherapy assistants working in aged care to receive remuneration that is commensurate to their colleagues working in the other sectors, and to provide appropriate opportunities for professional development.
- Physiotherapy assistants or other support workers should be supervised by a physiotherapist to provide physiotherapy and physiotherapy programs (see [APA position statement on Clinical Governance](#) and [APA position statement on Working with a Physiotherapy Assistant or Other Support Worker](#)).
- To further facilitate the provision of physiotherapy to older Australians living in rural and remote regions of Australia, governments and aged care service providers should explore the use of technologies such as telerehabilitation (see [APA position statement on Telerehabilitation and Physiotherapy](#)).
- Recognising the diversity of cultures within Australia, including care provided to Aboriginal and Torres Strait Islander people, health practitioners need to ensure the availability of culturally appropriate aged care services.
- Governments and service providers need to work collaboratively to reduce the current gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

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