



Pre-Budget Submission

2023-2024

Submission by

Australian Podiatry Association (APoDA)

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Australian Podiatry Association

The Australian Podiatry Association (APodA) is Australia's national peak body representing podiatrists.

The Association is steeped in a long history of integrity and community care and advocating for the profession.

The APodA is committed to advancing podiatry to improve foot health in the community and to improve national standards. The positive impact of podiatric care changes the lives of one in five Australians who suffer from foot pain.

It is through the profession's support the APodA can direct advocacy efforts to emphasise removing or minimising barriers to providing a better quality of life for all Australians.

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Podiatry remains a keystone in developing a contemporary, resilient and advanced healthcare system

In this 2023 Pre-Budget submission, the APodA seeks to reinforce the role of podiatrists in addressing many of Australia's current and future burdens of diseases.

In collaboration with governments, our fellow healthcare colleagues and the Australian public, podiatrists are now, more than ever, have an instrumental role to play in the development of new and improved pathways that will not only optimize a patient's healthcare journey, but lead to reduced workforce pressures and encourage the development of a blended healthcare model¹.

The APodA recognizes that Australia's current healthcare ecology is a complex mix of service providers and other health professionals spread far and wide. What is evident is that now it is even more imperative to implement initiatives that drive improvement; increase affordability; provide better equity of access; reduce variability in health outcomes, and place a greater emphasis on prevention – all the while keeping our approach person focused².

Striving forward has its challenges, however through a unified approach, the utilisation of existing healthcare and government policy levers, and a drive for standardising value-based care, we can continue to support Australians' health now and into the future effectively.

Podiatry in building a better and more resilient Australia – Our Focus



¹ <https://www.podiatry.org.au/advocacy/resources/stepping-up-podiatry-2030-report>

² Starfield, B. (2011). Is patient-centered care the same as person-focused care?. *The Permanente Journal*, 15(2), 63.

Summary of Recommendations

Recommendation 1: Access to PBS

Podiatrists and podiatric surgeons with endorsement for scheduled medicines be permitted to prescribe medicines that attract a subsidy under the Pharmaceutical Benefits Scheme (PBS). This will benefit those that currently have trouble with accessing appropriate services due to socioeconomic challenges³.

Recommendation 2: Improved access to Diagnostics

Podiatrists, as a key member of the multidisciplinary primary health care team, be permitted access to MBS subsidised referrals for patients for clinically appropriate imaging (CT and MRI) and pathology tests. This will increase efficiencies for patients and minimise the servicing required to be sent to another healthcare provider for the referral for the same diagnostic services⁴.

Recommendation 3: Value-Based Care

The development of a project funded to focus on a specific population where there is a strong evidence base on the benefit of multidisciplinary interventions such as a pilot that focuses on outcome measures, digital integration and vascular assessments for diabetic patients.

Recommendation 4: Workforce sustainability and resilience

Support primary health care best practice through the development of a consistent and reliable data collection and to support workforce planning whilst addressing longstanding workforce shortages.

Utilise policy levers to support minimising cost of living pressures through parental and childcare support for healthcare workers

Recommendation 5: Digital Transformation - Digital inclusion and integration

The development and execution of a project that combines the broad spectrum of clinical practice software providers used by Allied health practices with the leadership and support of the Australian Digital Health Agency and the guidance of the Allied Health Professions Australia (AHPA).

³ Graham, K., Matricciani, L., Banwell, H., Kumar, S., Causby, R., Martin, S., & Nissen, L. (2022). Australian podiatrists scheduled medicine prescribing practices and barriers and facilitators to endorsement: A cross-sectional survey. *Journal of Foot and Ankle Research*, 15(1). <https://doi.org/10.1186/s13047-022-00515-w>

⁴ APodA. (2020). *Access to Advanced Diagnostic Imaging - Podiatry*. APodA. Retrieved January 26, 2023, from <https://www.podiatry.org.au/documents/item/2118>

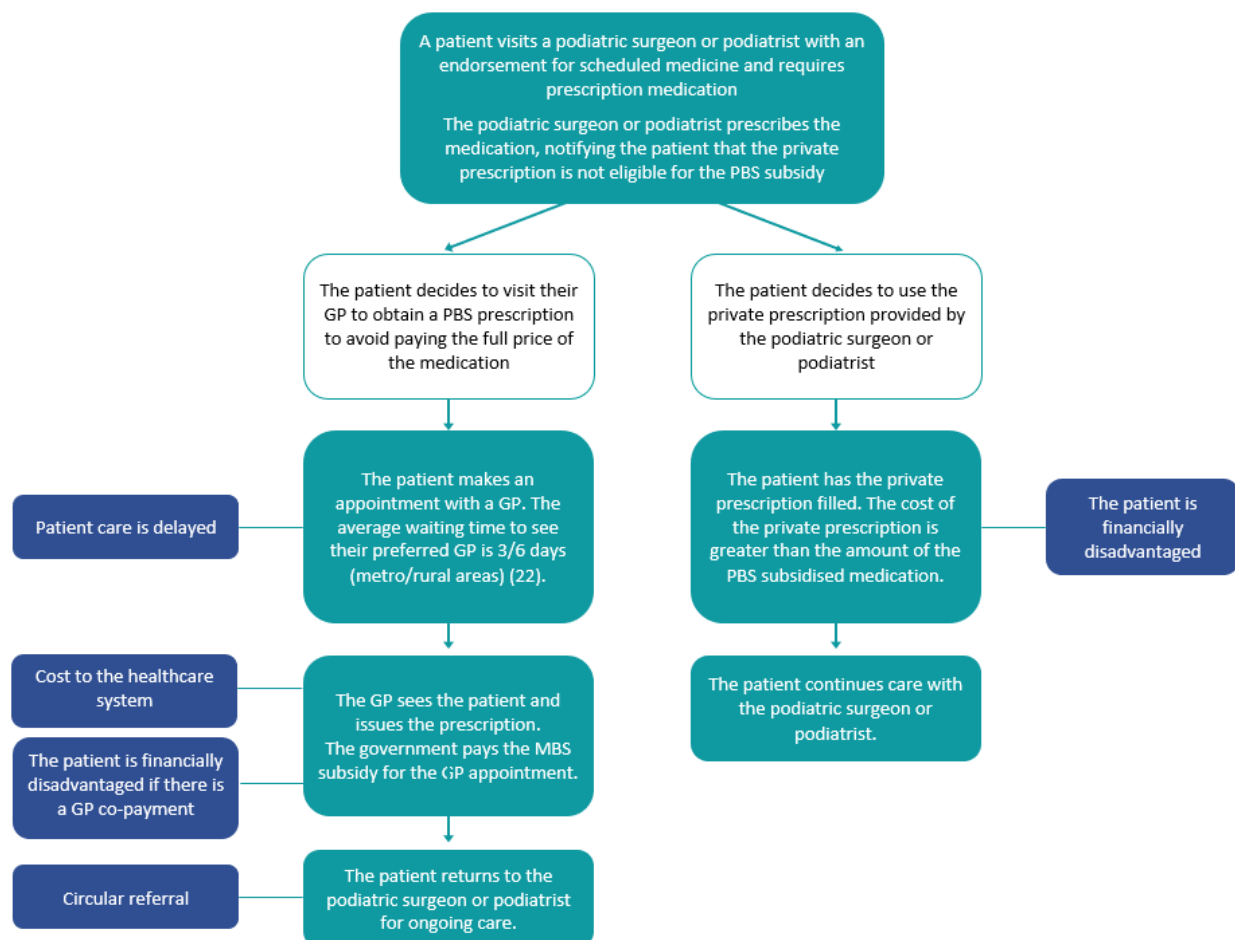
Recommendations Explored

Access to PBS

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 amputation⁵. Non-medical prescribing has been shown to improve access to medicines for communities, promote workforce flexibility, contribute to the quality of care and provide a cost-effective alternative to medical prescribing⁶.

Despite the important role of podiatrists in the treatment of complex and life-threatening health conditions, podiatrists with endorsement for scheduled medicines are not eligible to write prescriptions that will attract PBS subsidies and count towards an eligible patients PBS safety net.

Figure 1 summaries the issues that are subsequently described in detail below (Courtesy Griffith University – Centre for Applied Health Economics.)



⁵ Couch, A. G., Foo, J., James, A. M., Maloney, S., & Williams, C. M. (2018). Implementing a podiatry prescribing mentoring program in a Public Health Service: A cost-description study. *Journal of Foot and Ankle Research*, 11(1). <https://doi.org/10.1186/s13047-018-0282-1>

⁶ Courtenay, M., Carey, N., & Stenner, K. (2011). Non medical prescribing leads views on their role and the implementation of non medical prescribing from a multi-organisational perspective. *BMC Health Services Research*, 11(1). <https://doi.org/10.1186/1472-6963-11-142>

The inclusion of subsidies for podiatrist-prescribed medicines under the PBS may also be associated with several benefits. Some of the benefits identified during the survey include:

- the monitoring of scripts under the PBS would allow for the inclusion of podiatrist-prescribed medicines into quality use of medicines initiatives (such as the Opioid Stewardship Programme⁷ and the Antimicrobial Stewardship Programme⁸);
- the avoidance of script-redirected to medical prescribers, to receive PBS-subsidy, may reduce the likelihood of complications in time-sensitive conditions (such as diabetic foot ulcers); and
- the recognition of podiatrist-prescribed medicines under the PBS would bring the profession in-line with other non-medical prescribing professions, including optometrists, nurse practitioners, and dentists.
- The associated benefits in clinical outcomes may produce additional health budget and societal cost-savings which were not considered in the current analysis.

In analysing, possible financial implications of PBS-subsidy to podiatrist prescriptions, it is expected there will also be an accompanying MBS-fee cost-offset.

As it stands a proportion of podiatry scripts are currently redirected to a primary-care prescriber in order for patients to receive PBS subsidy. These consultations are associated with a MBS (item 23) fee. Through the inclusion of PBS subsidy for podiatrist scripts, there will be scope to remove the need for patients to be redirected to primary-care prescribers, hence offering a cost offset to the health budget.

⁷ <https://clinicalexcellence.qld.gov.au/improvement-exchange/queensland-opioid-stewardship-program-qosp>

⁸ <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/diseases-infection/antimicrobial-stewardship>

Case studies reflecting impact to Podiatry Patients

Case Study 1

Betty is a 78 year old person with low vision who has presented to her podiatrist for a painful corn between her toes, which requires some treatment several times a year. It has become very painful in the past 24 hours, and when her podiatrist checks the problem, she notes that the corn has broken down and become macerated with redness and a localised infection. Betty receives a diagnosis of peripheral vascular disease leading to the risk of a potential amputation which in an otherwise healthy person would not be a factor.

Betty is given a prescription for the antibiotic dicloxacillin but is concerned about costs as she is a full pensioner and this prescription won't count towards her PBS Safety Net. It has been recommended that Betty fill this prescription at her regular pharmacy to ensure that her script is placed within her Webster pack (medication dispensary pack –due to her poor eye sight).

Her script will not be recorded on the PBS quality insurance system, nor will it be entered on her My Health Record. Non-PBS cost = \$10-\$15 per pack of 24

Case Study 2

Malcolm is a 73 year-old pensioner with Type 2 diabetes, who is seen by his local podiatrist in small regional town. Due to foot complications from his diabetes, he has developed an ulcer under his left foot, which is being treated by his podiatrist with a range of modalities to remove pressure from the wound. The wound requires immediate treatment with oral antibiotics, and the GP practice he attends has no appointments until next week. His podiatrist has endorsement in scheduled medicines and is able to supply an appropriate prescription for amoxicillin with clavulanic acid. His podiatrist explains that podiatrist prescriptions do not attract PBS subsidies and even though Malcolm has reached the PBS Safety Net threshold for the year, he will still need to pay a full private fee at his local pharmacy to get this medication today.

As a pensioner, Malcolm is concerned about the effect that this additional cost burden will have on his weekly expenses and asks if he can wait until next week to see his GP for a prescription. His podiatrist advises this will place him at risk of a worsened and more serious infection that could place him at risk of amputation.

Malcolm's private script will not be recorded on the PBS quality insurance system, nor will it be entered on his My Health Record. Non PBS cost = \$10-13 per pack of 10.

Therefore timely access to a prescription of medication that would cost Malcolm \$10 could potentially save up to \$74,944 if left untreated.

Improved access to diagnostics

Diagnostic Imaging

Australian podiatrists can refer patients for selected diagnostic imaging services under the Medicare Benefits Scheme (MBS); presently, these services include foot and ankle x-rays and musculoskeletal ultrasounds of the foot and ankle. Podiatrists can also refer patients for more advanced diagnostic imaging services, namely, computerised tomography (CT) scans and magnetic resonance imaging (MRI); however, these services are not covered by Medicare when referred by a podiatrist and as such this results in a cost burden to patients between \$300 to \$1000.

As a vehicle for driving person-focused, value-based approach there exists an opportunity to streamline care and services. This can be achieved by granting podiatrists access to refer under MBS for following items; 55834 and 55835 (ultrasound), 56619, 56625, 56659 and 56665 (computed tomography) and 63311, 63331, 63345, 63301, 63304 and 63307 (magnetic resonance imaging), with limited scope under these items for referrals of the foot and ankle only.

By reducing the need for patients to seek additional medical appointments in order to gain a MBS eligible CT or MRI referral, podiatrists stand to aid in the reduction of non-essential referrals to the primary healthcare services, resulting in a possible easing of workforce strain and a MBS fee cost offset.

By supporting the current scope of podiatry with access to MBS, there exists the opportunity to lead to further blended case models for a better overall experience for people seeking care.

Culturing & Sampling

As lower limb experts, podiatrists examine, assess and treat nail, skin morphologies and pathologies. In providing efficient and streamlined treatment and care, often there is a need for wound swaps, nail or skin samples to be sent for pathology assessment.

Under current arrangements, patients who require podiatric-related diagnostic culturing or sampling are obliged to follow a visit to the podiatrist with a visit to a General Practitioner (GP) as a means to access subsidised and timely diagnostic services.

With a lens on offering patients value care and reducing double handling, resulting in added pressure on our primary health networks, we recommend podiatrists be granted access to refer under MBS for the following items; 69300, 69303, 69306, 69312, 69318.

Through the access to MBS eligible pathology there is scope for podiatrists to aid in the reduction of non-essential referrals to primary healthcare services, supporting the easing of workforce strain and a MBS fee cost offset.

Value-Based Care

The paradigm shift needed to facilitate value-based care for the sustainable change to healthcare will require involvement from a wide range of stakeholders, policy makers and professional groups. As highlighted in the Digital health section of this submission, the integration with professional practice and recording appropriate patient measures is a key aspect of this journey. Podiatrists are a key contributor to the team management of patients with Diabetes.

This population set has huge health, social and financial implications for Australia. This lends itself to the development of a pilot around value based care that that focuses on outcome measures, digital integration and vascular assessments for diabetic patients. Funding for a multidisciplinary project with the aim of delivering value-based care and leading the way with outcome focused services would be an essential step forward on this necessary part of healthcare reform.

The APodA recommends:

- Improving cost and outcome data collection, analysis and access among government and providers, aiming for seamless, low-cost collection and adequate flow of information.
- Supporting provider education, training and innovation by identifying and promoting best practice care, developing provider assistance tools and training packages, and promoting peer-to-peer learning.

The above proposals are supported by the Deeble institute as identified in its recent paper describing a roadmap to scalable value-based payments.

Workforce – Sustainability and resilience

Allied health primary care minimum dataset - incorporating all relevant sectors and integrated with other health, care and support data systems

Consistent and reliable data collection is essential to providing best practice health, care and support sector interventions, addressing workforce shortages, and planning for future needs.

Data mapping and gap analysis are necessary to pinpoint allied health workforce shortages and devise subsequent tailored support strategies. A quantum increase in targeted funding and an expansion to all relevant care and support sectors are urgently needed to form a meaningful picture of the Australian allied health workforce at national, regional and local levels in primary health, aged care, disability, education and social services.

Data and ensuing analysis of service outcomes and demographics, together with enumerating and mapping the locations of practitioners according to specific allied health disciplines, will enable the identification of where, how and why Australians are missing out on the allied health care they need.

Cost of living pressures for healthcare workers

The pressures on the Healthcare workforce have been widely highlighted due to the COVID-19 pandemic. The macroeconomic situation has given no relief to healthcare workers. Rising inflation has taken an

imposing lead on the race with wages for healthcare workers. The cost of living for healthcare workers is a prominent and often unspoken pressure on this highly valued part of the essential workforce.

APodA recommends that policy levers be utilized with the current pressures on the workforce and the reported shortage of Podiatrists and also a steady stream leaving the profession, that the lever of cost of living pressures is one that would have a substantial impact on the current workforce and also on attraction to the profession.

Parental and childcare support

As highlighted by the cost-of-living pressures, another unique aspect of the Podiatry workforce (along with large parts of the healthcare workforce) is the disproportionate number of women. The available workforce data also highlights that there is a significant gap in the demographic of females who leave the workforce for maternal leave. A large number do not return to the workforce. The APodA believe that more should be done to support women seeking to return to the workforce after childbirth.

Digital Transformation - Digital inclusion and integration

The 2022-23 Federal budget saw an encouraging investment of \$107.2 million to modernize our healthcare system to aid in delivering Australia's Long-Term National Health Plan.

With a focus on connecting Australian with health services, including GPs', nurses, specialists, midwives, allied health and mental health, the current phase and strategy firmly focused on primary health initiatives and organisations.

The APodA supports the Government's strategy and sustained approach to improving and integrating health initiatives such as Myhealth record. Still, there remain gaps between private practice allied health inclusion and effectively assessed interoperability in such programs.

Podiatrists play an essential role in the multidisciplinary team care of a patient, particularly for patients with complex and chronic conditions, such as diabetes. Specifically, for the podiatry profession that attracts prescribing rights, improving medication safety is a key benefit, as well as enhanced patient self-management, reducing time gathering information and avoiding duplication of services.

In support of the Government's support towards modernising our healthcare system, we request for the development and execution of a project that brings together a broad spectrum of clinical practice software providers used by Allied health practices with the leadership and support of the Australian Digital Health Agency and the guidance of the Allied Health Professions Australia (AHPA).



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