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Osteopathy and Osteopathy Australia

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. Our core work is liaising with state and federal government and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. Most registered osteopaths are members of Osteopathy Australia.

Osteopaths in Australia are university-qualified allied health practitioners registered with the Australian Health Practitioner Regulation Agency (Ahpra). Osteopaths complete either a dual bachelor's or bachelor's and master's qualification covering functions of anatomy, biomechanics, human movement, the musculoskeletal and neurological systems, as well as clinical intervention approaches, biomedical science including pharmacology which are all underpinned by a biopsychosocial management approach.

Osteopathy Australia thanks the Department of Health and Aged Care (the Department) for the opportunity to provide feedback on the Private Health Insurance funded Chronic Disease Management Program (CDMP).

1. Do you agree that practice nurses, mental health nurses and/or nurse practitioners should be added to the list of health professionals eligible for benefits under CDMPs?

Osteopathy Australia recommends that the Private Health Insurance (PHI) funded CDMP is properly reviewed before any reforms, such as expanding the list of health professionals eligible for PHI benefits under CDMPs, are considered. A review needs to investigate why uptake of the program is low and steadily decreasing (1), and what the associated barriers and enablers are. As part of this review, consultation and engagement should be conducted with the allied health sector and PHIs to help address low uptake issues and establish the appropriate scope of practice and required clinical governance frameworks.

Private Health Insurers should actively engage with the Department and allied health sector to provide clear information about which Private Health Insurers are accessing the program, how patients are identified to participate, and data on workforce involvement and usage. We suggest that existing

workforce data is evaluated to determine the current utilisation of the CDMP before it is expanded to additional professions. Evaluation of workforce data may include, who utilises current programs and which professions are providing these services. If the current allied health workforce is being utilised to its full potential, there should not be a need to expand the CDMP beyond the current workforce. Once this information is obtained and shared, more meaningful engagement with allied health professionals and peak bodies can occur.

Osteopathy Australia is concerned that there has been a lack of consultation on existing issues with the CDMP, such as its limited uptake. The consultation paper is too generic and does not provide the level of detail required to obtain meaningful sector-wide input. In particular, we are concerned that the inclusion of practice nurses, nurse practitioners and mental health nurses will shift the CDMP to be an extension of nurse and general practice-based care rather than the intended multidisciplinary team care provision.

All of the listed Medicare Benefits Schedule (MBS) items outlined in the consultation paper (10997, 93200, 93200, 93201, 93202, 93203, 82200, 82205, 82210, 82215, 81010, 93026 & 93029) can only be claimed if the nurse has acted under the guidance or through a referral from a medical practitioner. In particular, a practice nurse can only provide care under direct instruction from a general practitioner (GP), with the stated MBS items only being able to be claimed by the GP, not the individual nurse. Furthermore, the scope of practice of a registered nurse (RN) and an enrolled nurse (EN) is significantly different. EN's are required to work under the direct/indirect supervision of a RN at all times (2), yet the proposed reform indicates that a RN and EN can provide and claim for the same services. Similarly, credentialled mental health nurses are only authorised to provide Medicare funded pregnancy counselling services, not broader mental health services. While we recognise that the nursing workforce provides critical care in the health care system, we are concerned that their inclusion is to reduce costs to PHIs rather than seeking to improve clinical outcomes in the program.

The intended scope of practice and service provision of the proposed practice nurse, nurse practitioner and mental health nurses should be clearly defined. While the consultation states that the inclusion of these professions is to facilitate better access to mental health care, this is not clearly defined within the proposed legislative reforms. Clarity in the intended roles and responsibilities of these professions will reassure stakeholders about the future of the CDMP. Additionally, no criteria have been defined as to the expected credentialing, education and practice experience that the proposed nursing professions should hold, leading to concerns that these professionals are not guaranteed to have undertaken an appropriate level of training to independently assist patients with complex chronic disease care needs. Without clearly defined intentions and scopes of practice, these professions may be employed to provide services outside of their scope of practice and where an allied health professional may be better suited.

As part of the current Scope of Practice Review led by Professor Mark Cormack, it has been recommended that a matrix of skills and capabilities across all health professions is developed and

disseminated across the wider health sector. We recommend that this document can be used, once produced, to properly assess which professions are appropriate to provide services under the CDMP to ensure efficient use of the program and positive health outcomes.

Furthermore, the proposed amendment to Rule 12(2) of the Private Health Insurance (Health Insurance Business) Rules 2018 (PHI Business Rules) to change the terms 'allied health service' and 'allied health professionals' to 'health services' and 'health professionals' respectively, is too broad. More specific definitions such as 'allied health and nursing services' and 'allied health and nursing professionals' should be used to avoid confusion or potential misuse.

Osteopathy Australia also notes that the Department has previously considered these reforms as part of the Wave Two PHI reforms, with the decision not to proceed. It is unclear in the consultation material why these reforms have been revisited. Clear evidence should be provided as to why an expanded list of healthcare professionals is needed under the CDMP before they can be accurately considered.

2. How is it determined which health care professionals are eligible under insurer CDMP framework?

The list of eligible healthcare professionals has been defined under Rule 12(2) of the Private Health Insurance (Health Insurance Business) Rules 2018. These professions have been identified as having scopes of practices and capabilities aligned with providing care to and helping to prevent chronic disease. Any expansions to this list of healthcare professionals should be made with the consideration of capabilities, scopes of practice and the overarching clinical intention of the program to ensure that patients are still receiving multidisciplinary team care.

7. Are there any other aspects of chronic disease management programs which should be considered?

Osteopathy Australia recommends that the CDMP allows osteopaths and other allied health professionals, as providers of general treatment services, to have the ability to refer patients directly to the program and coordinate the provision of the program.

Rule 12(1)(c) of the PHI Business Rules outlines that a CDMP:

Is coordinated by a person who has accepted responsibility for:

i. *Ensuring the services are provided according to the plan; and*
ii. *Monitoring the patient's compliance with the agreed goals and activities specified in the plan.*

Osteopathy Australia suggests that allied health professionals can be instated as the coordinators of CDMPs as part of the multidisciplinary team. Allowing allied health professionals to directly refer into the program would help improve the program's awareness and encourage better access to services while also encouraging the use of multidisciplinary and preventative care.

We reiterate that more collaboration between PHIs and peak bodies is required so CDMPs can be used more effectively. Minimal information is publicly available on how CDMPs are implemented and facilitated, how patients and practitioners can participate, or which PHIs actively provide benefits under this program. Resources for allied health professionals on what the CDMP is and how to be involved, should be developed and distributed. Making this information readily available will help to encourage more practitioners to provide services under the CDMP, giving patients more flexibility, availability and choice, which will ultimately result in better health outcomes.

We would also like to highlight that questions 3 through 6 of this consultation can only be accurately answered by PHIs as CDMP policies and procedures vary between each PHI and each policy which are not made readily available to the public.

Osteopathy Australia would be happy to be involved in any further consultation and if any further information is required, please contact us on 02 9410 0099 and at clinicalpolicy@osteopathy.org.au

References

(1) Quarterly private health insurance statistics [Internet], Australian Prudential Regulation Authority, March 2024, cited 2024 Jul 18, Available from https://www.apra.gov.au/quarterly-private-health-insurance-statistics-0

(2) Fact sheet: Enrolled nurse standards for practice [Internet]. Nursing and Midwifery Board of Australia, updated March 2023, cited 2024 Jul 15, Available from https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurse-standards-for-practice.aspx