

## Investing In Allied Health

**Rik Dawson**

**Director**

**Agewell Physiotherapy**



## Outline

1. The effects of ageing and its impact on Reserve Capacity
2. Geriatric Giants of ageing – costs to aged care
3. Evidence based treatments of common diseases associated with ageing
4. Allied Health in Aged Care – What is out there?
5. The role of Physiotherapy in RACF

## Outline

6. Agewell Physiotherapy Service Delivery Mode
7. Positive Resident outcomes
8. Cost of Physiotherapy
9. Future direction of Physiotherapy – How it can reduce costs
10. Summary – Future directions of Allied Health in Aged Care

## The Effects of Ageing

### Physical

- Reduction in Muscle Mass and Strength
- Reduction in Bone Density
- Reduction in Cardiovascular fitness
- Reduction in Cognitive Function

## The Effects of Ageing

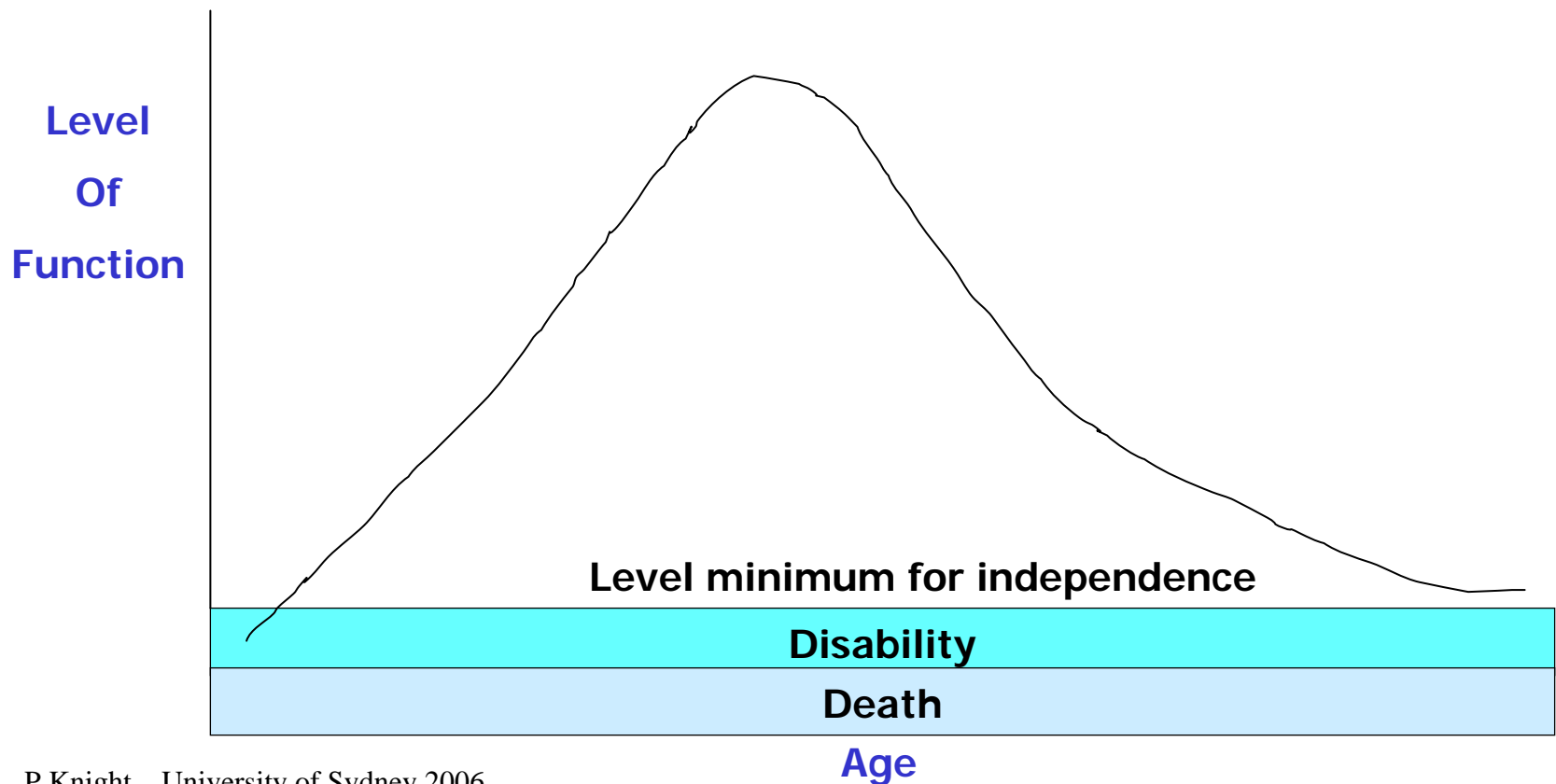
### Psychological

- Increased incidence of depression
- Decreased quality of life

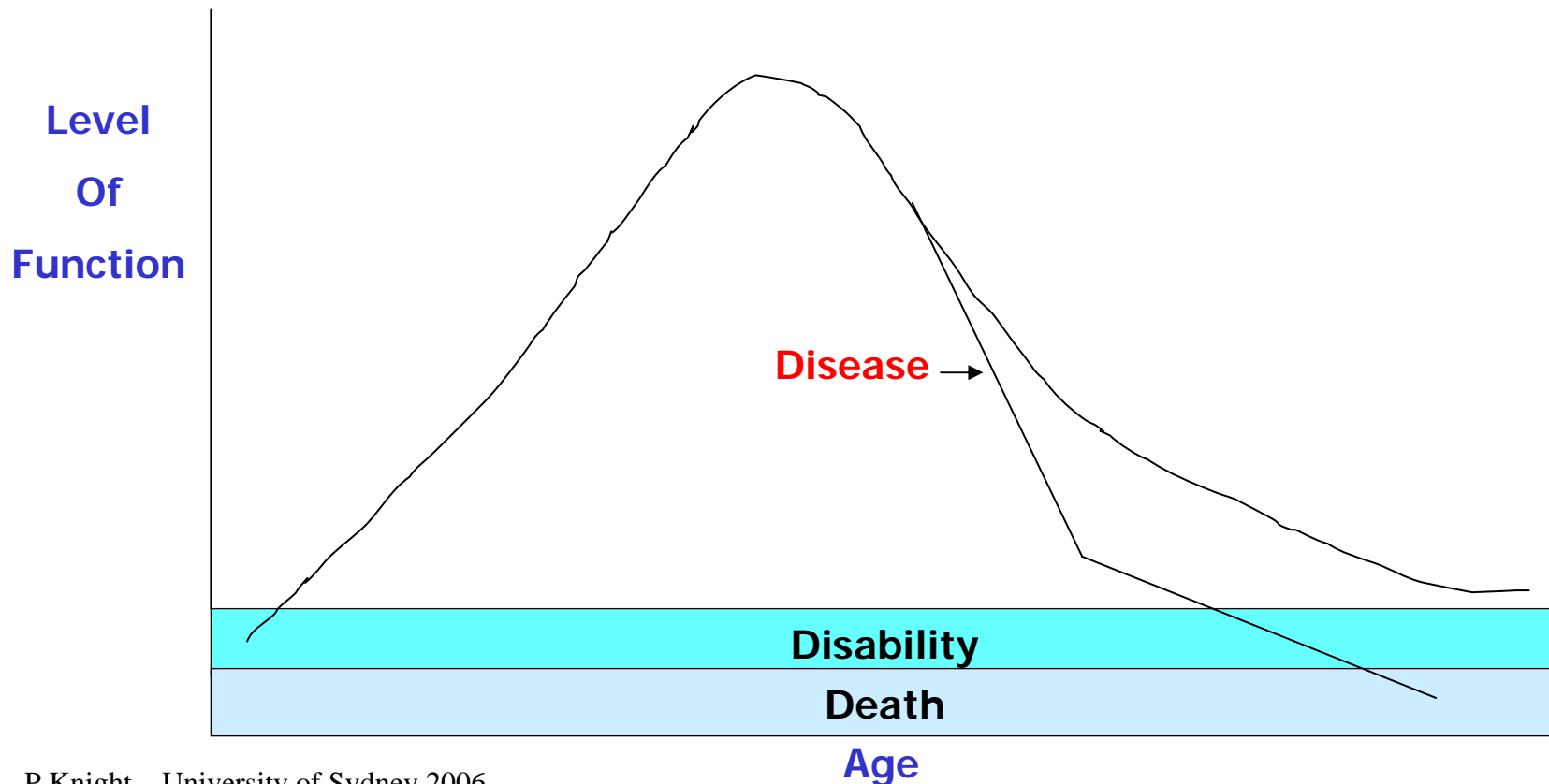
## Reserve Capacity

- Bodies physical and psychological response in times of stress
- Decreases with ageing

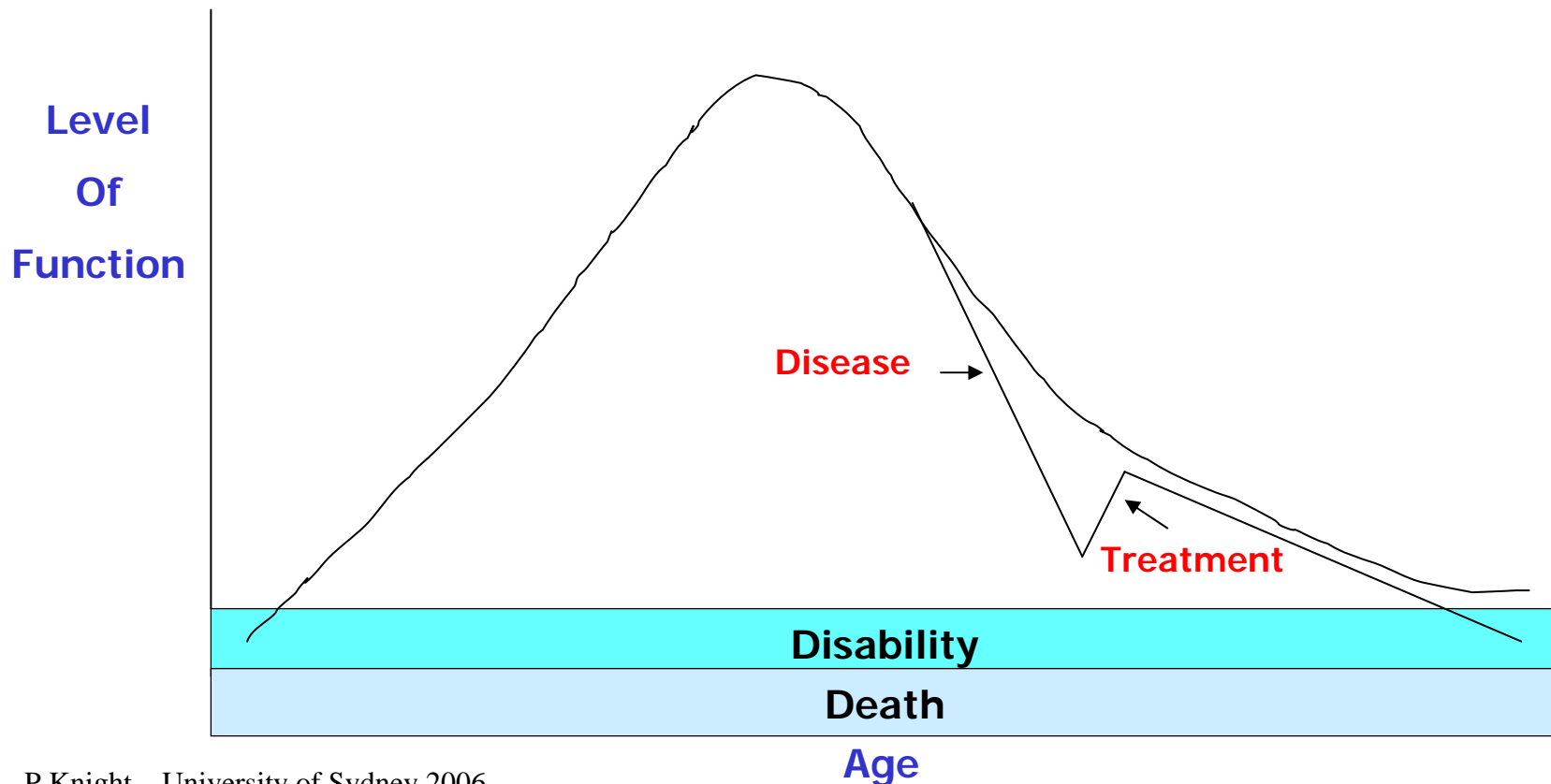
## Reserve Capacity Normal Functional Decline



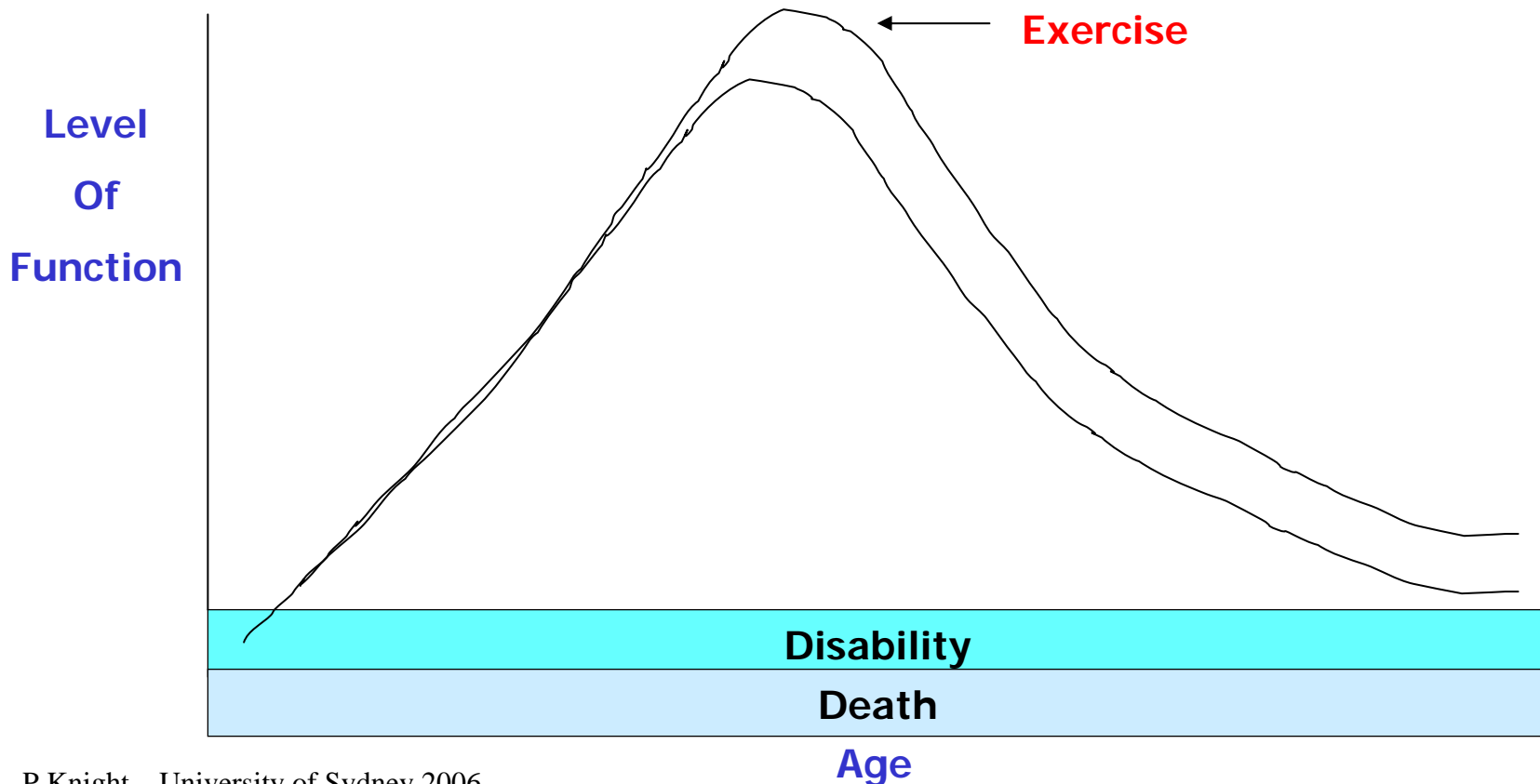
## Ageing + Disease = Disability



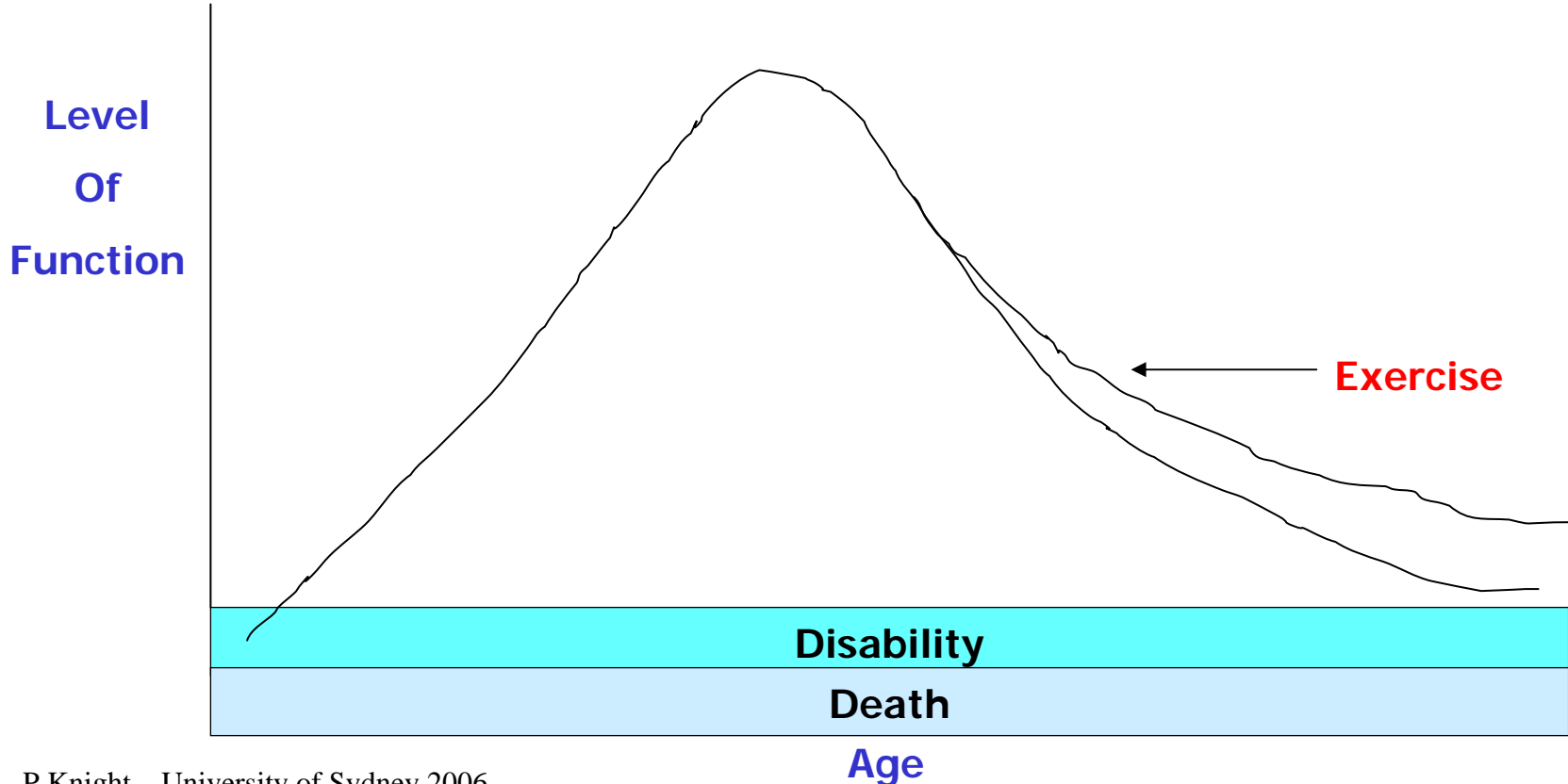
## Disease modifying treatment effect on Reserve Capacity



## Greater Peak Capacity



## Delayed Functional Decline



## The Ageing Myth

Myth: Ageing is expensive to treat


Truth: The cost of disease modifying treatment is much more than the cost of modifying the Ageing effect.

Aged Care providers need to find cost effective ways to provide function enhancing treatments to save money and enhance profits.

## Geriatric Giants

- Immobility
- Incontinence
- Falls
- Dementia
- Osteoarthritis

## Osteoarthritis – Evidenced Based Treatments

- Exercise
  - Lose 5 kgs
  - Physiotherapy
  - Medication
  - Surgery
- Highly Effective
- 
- A diagram consisting of two vertical arrows. The left arrow points upwards, starting from the level of 'Medication' and ending at the level of 'Exercise'. The right arrow points downwards, starting from the level of 'Exercise' and ending at the level of 'Surgery'.
- Increasing Cost

## Role of Allied Health in Aged Care

- Provide low cost treatments that aim to maintain and improve the functional abilities of ageing people to help them maximise their independence and raise their quality of life.
- Allied health has a role to play in:
  - Rehabilitation
  - Palliative care
  - Resident lifestyle such as enhancing resident choice, dignity, cultural and leisure opportunities.

## Allied Health and Education

Allied Health can enhance skill levels of staff in Residential Aged Care through education. For example:

- Physiotherapy – manual handling and contracture management
- Dieticians – menu planning
- Speech Pathologists – feeding and swallowing Ax
- Occupational Therapists – adaptive equipment

Feedback from staff has shown that Allied Health Education has increased nursing skill level, job satisfaction and staff retention.

## Goals of Physiotherapy for people living in Residential Aged Care

- Maintain and/or improve joint range of movement
- Maintain and/or improve muscle strength
- Maintain and/or improve balance in standing & walking
- Maintain and/or improve walking patterns, endurance & independence
- Maintain and/or improve skin integrity
- Maintain and/or improve continence

## Goals of Physiotherapy for people living in Residential Aged Care

- Reduce falls
- Reduce pain
- Improve resident quality of life

The goals of physiotherapy in Residential Aged Care are consistent with those of rehabilitation in general

## Physio's Primary Goal- Mobility

Consequences of immobility are numerous and costly:

- Direct costs include treatments for chest infections, contractures, incontinence, pressure areas and increased incidence of dementia .
- Indirect costs include sick leave due to manual handling injuries, nursing agency costs and increased insurance premiums.

Physiotherapists are **advocators** for maximising resident mobility.

## Physiotherapy Service Delivery Model

The Australian Physiotherapy Association states that Physiotherapists working in Aged care should;

- Assess all residents upon admission to a RACF using a standardised assessment form
- Devise a problem list with objective and measurable goals on a care plan
- Use evidence based research to plan effective treatments
- Teach the treatments to the Physiotherapy Assistants and the nursing staff where it is applicable
- Evaluate the programs on an individual needs basis
- Gather data for resident outcome and benchmarking purposes and continual improvement strategies

## Physiotherapy Delivery Support

- High Care – 100 Bed Facility
- Physiotherapist = 12 hours/week
- Physio Assistant = 43 hours/week

\* Based on APA and Agewell Physiotherapy guidelines

## Physiotherapy Delivery Support

- Low Care – 100 Bed Facility
- Physiotherapist = 5 hours/week
- Physio Assistant = 33 hours/week

\* Based on APA and Agewell Physiotherapy guidelines

## Functional Mobility

High Care	Low Care
20% Improved	34% Improved
63% Maintained	53% Maintained
17% Deteriorated	13% Deteriorated

\*Agewell Physiotherapy Statistics 2004 / 2005

## Joint Range of Movement

High Care	Low Care
11% Improved	31% Improved
78% Maintained	61% Maintained
11% Deteriorated	8% Deteriorated

\*Agewell Physiotherapy Statistics 2004 / 2005

## Exercise Tolerance

High Care	Low Care
Unable to test	71% Improved 19% Maintained 10% Deteriorated

\*Agewell Physiotherapy Statistics 2004 / 2005

## Falls Rate Reduction

High Care	Low Care
20% – 54 %	One class per week = 24%

\*Agewell Physiotherapy Statistics 2004 / 2005

## Resident Satisfaction

High Care	Low Care
97%	100%

\*Agewell Physiotherapy Statistics 2004 / 2005

## High Care Profit

RACF	Cost of Physio	Profit from RCS
High Care	\$2.16 / bed / day \$80,000 pa	\$6.07 / bed / day \$211,000 pa

\*Agewell Physiotherapy Statistics 2004 / 2005

## Low Care Profit

RACF	Cost of Physio	Profit from RCS
Low Care	\$1.62 / bed / day \$60,000 pa	\$5.38 / bed / day \$196,000 pa

\*Agewell Physiotherapy Statistics 2004 / 2005

## Financial Outcomes of enhanced Physiotherapy in Nursing Home Setting

1. Przybylski et al 1996 conducted a study in Canada looking at the impact of increasing physio from 1 F/T physio and 0.8 Physio Assistant per 200 beds to 1 F/T Physio and 0.8 Physio Assistant per 50 beds high care residential aged care facility.

## Financial Outcomes of Enhanced Physiotherapy in Nursing Home Setting

### 2. Results

- Improved functional mobility
- Improved levels of cognition
- Improved psychological well being

Archive Physical Medical Rehabilitation Vol 77, June 1996

## Financial Outcomes of enhanced Physiotherapy in Nursing Home Setting

3. The nursing homes involved were able to reduce nursing staff levels and the net profit once the cost of physio was removed was \$283 per bed per year or \$28,300 pa for a 100 bed high care facility

## Future Directions of Falls in RACF's

Report to the Commonwealth Department of Health and Ageing under the National Falls Prevention for Older People Initiative in 2003 states by 2051:

- Total health costs attributable of falls related injury will increase three fold to \$1.375 billion pa.
- This will require an additional 3320 high care beds in residential aged care.
- The falls related cost to nursing homes in 2001 was 92.2 million and in 2051 it will be \$261.4 million.

## Future Directions of Falls in RACF's

To maintain cost parity, falls prevention strategies will need to deliver a 66% reduction in falls rates.

Current evidence shows that physio can reduce falls from 20 - 54%.

Physiotherapy needs to be an essential service to high and low care RACF's to reduce the cost of falls to aged care providers.

## Summary

Allied Health Services need to be delivered at a level that allows prompt assessment and treatment.

Physiotherapy interventions that include falls prevention and rehabilitation style service delivery can produce many positive outcomes.

## Summary

1. Significant physical, psychological and functional improvements to residents
2. Reduce the workload on nursing staff which can lead to greater job satisfaction and staff retention
3. Currently attracts a significant profit for Aged Care Providers under Question 19 in the RCS
4. Reduce the running costs for Aged Care Providers and enhances overall profit.

## Summary

- An investment in Allied Health builds the non-financial capital of RACF's by improving resident satisfaction with their living standards, and family satisfaction with the care provided.
- Many RACF's use the positive results of physiotherapy as a successful marketing tool.
- As the population ages investing in Allied Health will be increasingly important in residential aged care.

