

# KEY MESSAGES

Utilisation of allied health services by people with chronic disease:  
Differences across health insurance coverage and policy change

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## Policy context

With the global burden of disease, building the evidence base for the use of health services and what influences patterns of use is of critical policy importance. The emphasis on multidisciplinary care for people with chronic disease has stimulated interest in the use of allied health services by patients with chronic disease. The Chronic Disease Management (CDM) items introduced in 2005 provide Medicare rebates for individual allied health services to enable better access for patients with chronic disease. In this study, analyses of data from the National Health Survey (NHS) and Australian Longitudinal Study of Women's Health (ALSWH), and a systematic review, were used to examine patterns of allied health service use, and how use might differ among people with chronic disease and different types of health insurance.

## Key messages

Use of allied health services differs according to gender, but for women, also varies at different life stages and by geography. While women are more likely than men to use allied health services this trend is more evident over the age of 65. Younger women are likely to use allied health services more sporadically compared to older women, with use accelerating significantly later in life. Women living in Victoria and South Australia generally show higher patterns of use.

People with non-English speaking backgrounds are less likely to use allied health services, and for older women who are non-primary English speakers there is a substantial difference in use compared to other age groups.

Health insurance has a positive effect in determining use of allied health services. However, the relationship is not straight-forward with people in good health and poor health, both with and without insurance, showing strong patterns of use. The effect of insurance is also influenced by other factors such as patient and provider attitudes and beliefs; features of the insurance product/provider; and institutional and delivery system features.

Visiting a GP is associated with use of allied health services, independently of health. Musculoskeletal conditions are most consistently associated with use of allied health services and specific groups such as 'Arthritis and soft tissue disorders' and 'Back pain and other back problems' are significantly associated with use of podiatrists, chiropractors, physiotherapists and dietitians.

Policy change appears to have some effect on increasing use of allied health services and this is most apparent in patterns of use by people with diabetes prior to and following introduction of the CDM items. This study reveals the high and low users of allied health services and potential inequities in use, which require further investigation, as well as the likely facilitators of use which warrant policy consideration.