

# POLICY OPTIONS

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. In Australia, improved evidence on the benefits of multidisciplinary care for people with chronic disease has stimulated interest in the use of allied health services by patients with chronic disease. Use of these services can be inhibited by cost and waiting times. The Chronic Disease Management (CDM) items introduced by the Australian Government in 2005 provides Medicare rebates for individual allied health services to enable better access for patients with chronic disease. However, use of allied health services among the Australian population and what influences people's use have received little empirical attention in the context of policy change. In this study, analyses of data from the National Health Survey (NHS) and Australian Longitudinal Study of Women's Health (ALSWH), combined with a systematic review, were used to examine differences in utilisation of allied health services among people with chronic disease to determine who is more likely to use these services and how this relates to important social and demographic factors and health insurance coverage.

## Policy options

This study provided an opportunity to answer important questions about patterns of use of allied health services among the Australian population and how use might differ among people with chronic disease and different types of health insurance. The key benefit derived from this study is a representation of high and low users of allied health services and critical factors impacting use. This study reveals the high and low users of allied health services and potential inequities in use that require further empirical investigation, as well as the likely facilitators of use which warrant policy consideration.

The key recommendations from this study relate to:

- > **Longitudinal data:** Strategies to improve the quality of longitudinal data on allied health service use in the Australian population are recommended to assist with monitoring patterns of use over time and identification of potential disparities in access and unmet need among the population.
- > **Targeted research:** Further research is recommended to better understand the interaction of some population groups with use of allied health services, specifically older men and culturally and linguistically diverse (CALD) populations. This should aim to highlight potential barriers and unmet needs as a basis for developing targeted and equitable policy responses.
- > **Policy evidence base on allied health services:** Although administrative data on allied health service use exists, empirical research is recommended to improve the evidence base on relationships between allied health treatments, cost, quality of care, and health outcomes. This will inform policy programs, insurance products and models of financing, and assist in the development of evidence-based management guidelines for health professionals. Due to the complexities of studying allied health service use across a variety of case-mix and health care providers, it is recommended that in the first instance research should focus on specific diseases and allied health specialties.

- > **Consumer information:** Development of consumer information guides, which take account of health literacy and CALD populations, are recommended to improve population knowledge of allied health services and understanding of the benefits of services, to assist people in their discussions with health care professionals and decision-making.
- > **Health workforce data on allied health services:** A nationally coordinated state-based survey of all allied health services is recommended. This reinforces the recommendation of the National Health Workforce Planning and Research Collaboration. Although various surveys have previously been conducted these are in the main limited in reach and information. A nationally coordinated approach should routinely collect comprehensive detail including information on work settings and work sectors, training, expertise, patient groups, funding model and workloads.
- > **Medicare CDM items:** Review of the CDM policy is recommended to gain a better understanding of how it is being used and the interaction between different types of insurance, and to determine the appropriateness of the current eligibility framework in meeting the goal of improved access.
- > **Medicare CDM items:** Review of the Medicare reimbursement arrangements for allied health services is recommended to maintain a strong but affordable contribution from the private sector allied health service providers in meeting the needs of people with chronic disease.
- > **Financing arrangements for allied health services:** Review of the public and private coverage for allied health services as a whole is recommended to ensure that current and future financing arrangements do not impact adversely on those individuals with higher levels of need.

## Key findings

**Women are more likely to use allied health services than men:** The NHS survey data analysis suggests women are higher users of allied health services overall compared to men. Although age and sex interact differently for different types of allied health services, for women, use increases fairly consistently with age. For men, use increases over the younger age brackets and is fairly constant from age 35 onwards. Although age alone was not a significant predictor, use of allied health services increases steadily with age.

**Women's use varies at different stages of the life course:** Analyses of the ALSWH indicate a younger woman is more likely to use allied health services more sporadically compared to an older woman, and further, use accelerates significantly later in life.

**There are large differences in women's use of allied health services between states:** The likelihood of use of allied health services is greater for women living in Victoria, but substantially more so for the mid-aged and older cohort. This pattern is consistent for mid-aged and older women living in South Australia.

**The gender gap is greater post-retirement age:** The gender gap in use of allied health services is more evident over the age of 65. The fact that men, and particularly older men, seem to interact far less with allied health services warrants further investigation.

**People with non-English speaking backgrounds are less likely to use allied health services:** The analyses of both the NHS and ALWHS data show non-primary English speakers are far 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. Without further research it is difficult to explain these patterns.

**Health insurance is linked to use of allied health services, although the relationship is not straightforward:** Ancillary insurance, which covers allied health services, has a strong positive effect in determining use. However, people in good health with ancillary insurance have strong patterns of use as do those in poorer health, both with and without ancillary insurance. Of note, the magnitude of the gap between those with and without ancillary insurance is largest for those in good health and declines among people in poorer health. It is possible that people in good health use allied health services for minor health issues or for preventive or discretionary purposes. The pattern of use among people in poorer health without health insurance might suggest that they are either accessing services through other avenues or are willing to sacrifice in other areas to obtain these services.

**The relationship between insurance and allied health services is also reliant on other factors:** The systematic review generated a more dynamic conceptualisation of the relationship between use and insurance. This includes interactions between five key constructs: the patient (attitudes, knowledge and beliefs); the gatekeeper (attitudes, knowledge and beliefs); the insurance product/provider (features,

eligibility, and gate-keeper issues); the system (model of team health care delivery); and the allied health service provider (interpretations and perceptions of policy, front-line behaviours).

**Visiting a GP is associated with use of allied health services, independently of health:** In both 2001 and 2007-08 survey data GP consultations were significantly related to use, suggesting they might be important gate-keepers. Given use is independent of health, a critical question concerns the extent to which this is needs-driven. The systematic review indicated that belief in, or knowledge of, the benefits of allied health services might be influential in determining use. GPs might influence use through framing these benefits. Further, in Australia in the years since 2005, a GP-generated management plan is required to access Medicare-supported allied health treatments.

**Musculoskeletal conditions are most consistently associated with use of allied health services:** Of those chronic conditions considered in the NHS analysis, musculoskeletal conditions are consistently related to the likelihood of use of allied health services in both the 2001 and the 2007-08 samples. 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 use of allied health services though the magnitude is not strong:** Prior to the introduction of the Medicare CDM items, the use of allied health services was unrelated to the presence of diabetes (of any type). However, following the introduction, the odds of people with type 2 diabetes using an allied health service are nearly four times higher than those without diabetes, while for the 'Type 1 and other' groups it is more than five times higher. This suggests policy change might have influenced patterns of use. Respiratory and heart and circulatory conditions were not related to use of allied health services at either time point.

## Methods

Two methodological approaches were used to examine use of allied health services. First, the relationships between use of allied health services, selected important demographic characteristics, health status, health insurance coverage and policy change were examined by conducting statistical analyses of quantitative survey data that were collected using two rigorously designed national population surveys: the NHS and the ALSWH. To investigate relationships between use of allied health services, demographic factors, chronic disease and health insurance, data were drawn from the NHS conducted in 2001 and 2007-08. The ALSWH is a longitudinal population-based survey, which examines the health of over 40,000 Australian women over a 12 year period. Data from the three cohorts (younger, mid-aged and older women) were used to examine women's use of allied health services over the life course. Second, a systematic review was used to examine the question: "how does the presence of health insurance impact on allied health service use for people with chronic disease". For the purposes of this study, the focus was on those allied health services defined in the CDM items only ([www.health.gov.au](http://www.health.gov.au)).

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