



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA



MONASH University

Utilisation of Allied Health Services

Michele Foster¹ Michele Haynes¹ Martin O'Flaherty¹
Geoff Mitchell¹ Elizabeth Skinner² Terry Haines^{2,3}

¹University of Queensland

² Monash University

³ Southern Health Victoria



Background

- ▶ Emphasis on multidisciplinary care for people with chronic disease
- ▶ Improve access to allied health services
 - Out-of-pocket costs and system barriers
- ▶ Medicare rebates for allied health services
 - Discipline-specific evaluations
- ▶ Allied health services can be viewed as “discretionary”^{1,2}

¹Foster *et al.* (2009) *Aust J Primary Health*; ²Foster & Mitchell (Under review) *Health Expectations*.

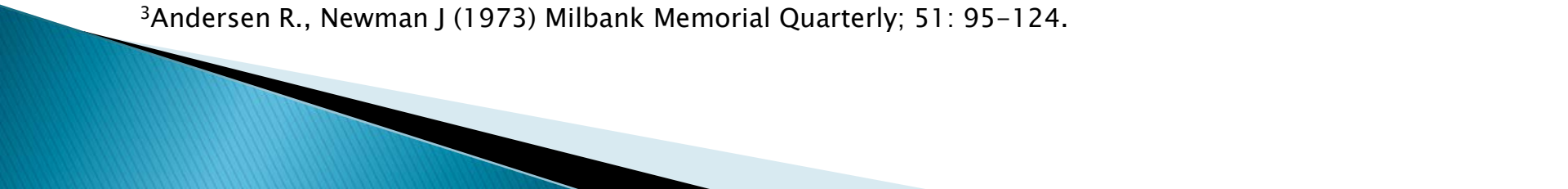




Theoretical approach

- ▶ Interest in use of allied health services and influence of health insurance
- ▶ Use of health services linked to combination of factors
- ▶ Social, demographic, structural (predisposing), economic and other situational (enabling) and health-related (need) factors³

³Andersen R., Newman J (1973) Milbank Memorial Quarterly; 51: 95-124.





Research Aims

- ▶ Examine how key variables interact with use of allied health services among people with chronic disease
- ▶ Examine how health insurance coverage might influence use of allied health services



Methodology

1. Systematic review
 - Meta-analysis and critical, narrative synthesis

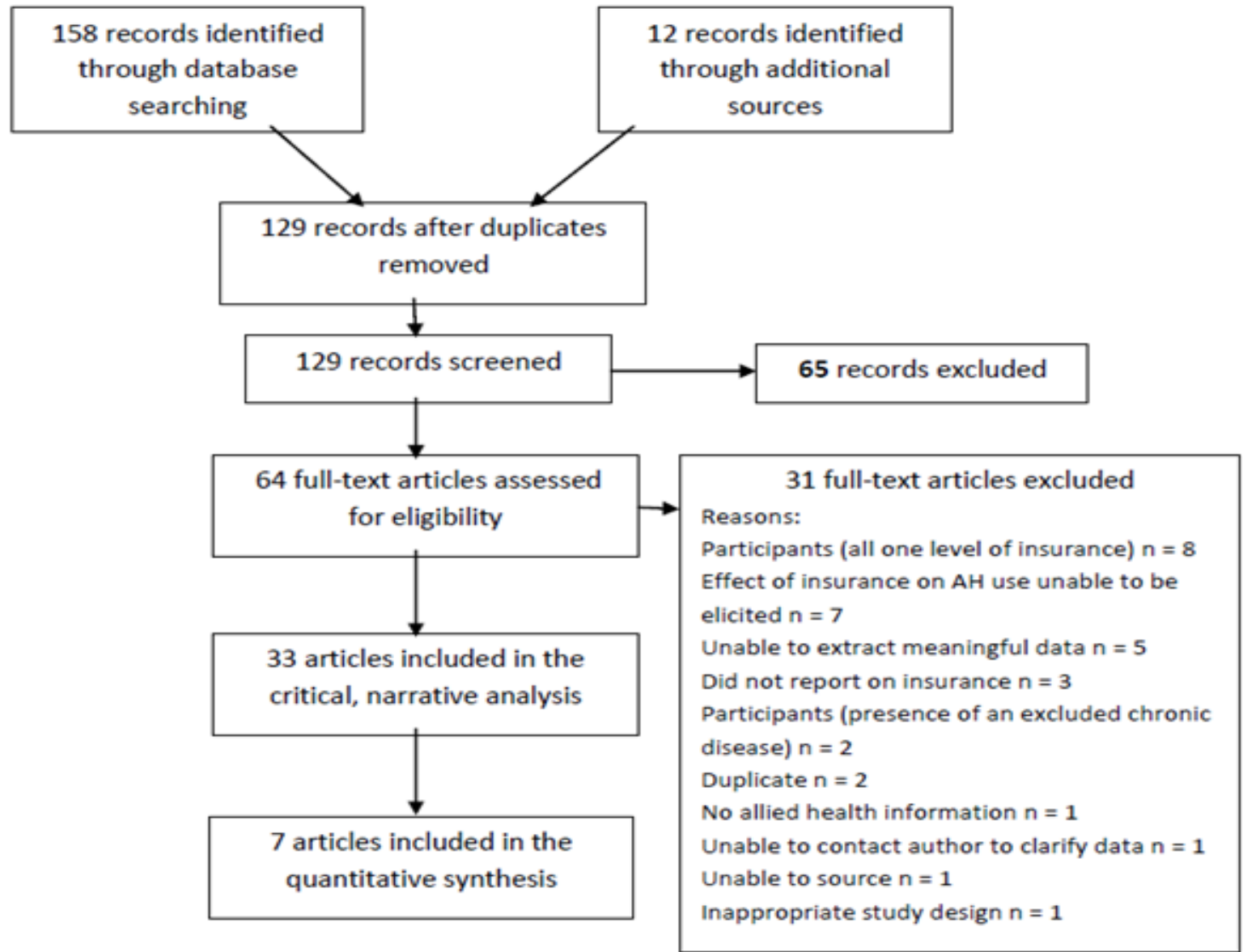
2. Survey data analysis
 - National Health Survey (NHS) and Australian Longitudinal Study of Women's Health data
 - Some data restrictions due to changes in question wording over time/between cohorts

Systematic review*

- ▶ Health insurance and use of allied health services
- ▶ Factors influencing use amongst people with chronic disease independently of health insurance
- ▶ How health insurance influences use
- ▶ Develop a conceptual model

*This component of the APHCRI project was led by A/Professor Terry Haines, Monash University

Figure 6. Flow chart of studies and their selection for the review





Key findings systematic review

- ▶ Social and demographic (predisposing)
 - Age and use inconsistent
 - Ethnicity and use varied (clinical population, type of service)
 - Education and use varied (type of service)
- ▶ Economic and situational (enabling)
 - Income and use inconsistent
- ▶ Health-related (need for service)
 - Comorbidity and severity
 - Physician visits linked to more frequent use



Key findings systematic review

- ▶ Features of the insurance product
 - Administrative (gate-keeper role, containment)
 - Eligibility, limits, quantity
 - Reimbursement and out-of-pocket costs
- ▶ ‘gate-keeper’ factors
 - Knowledge, perceived benefits
- ▶ Provider factors
 - Willingness to provide services
- ▶ Factors related to the patient
 - Knowledge, perceived need, cost and benefit



Survey data analysis

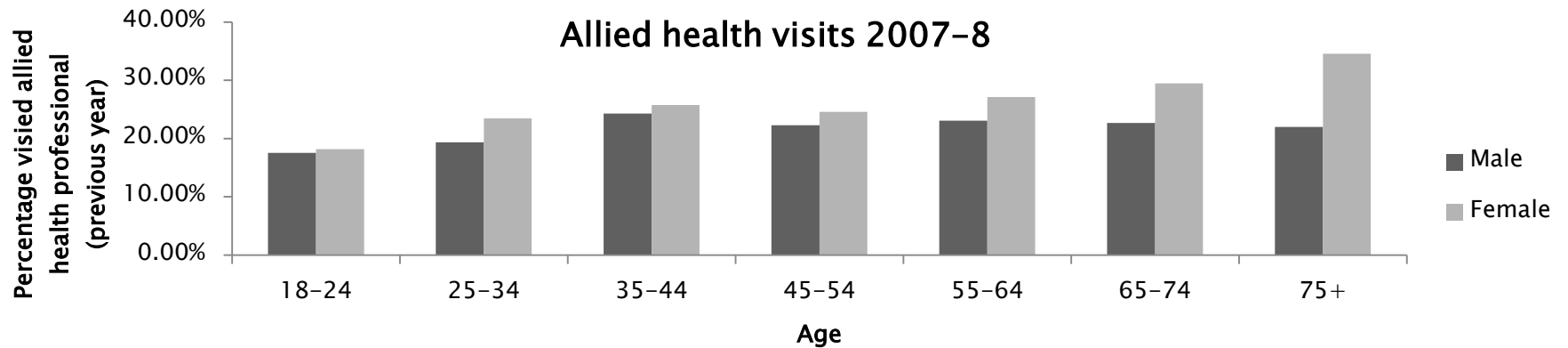
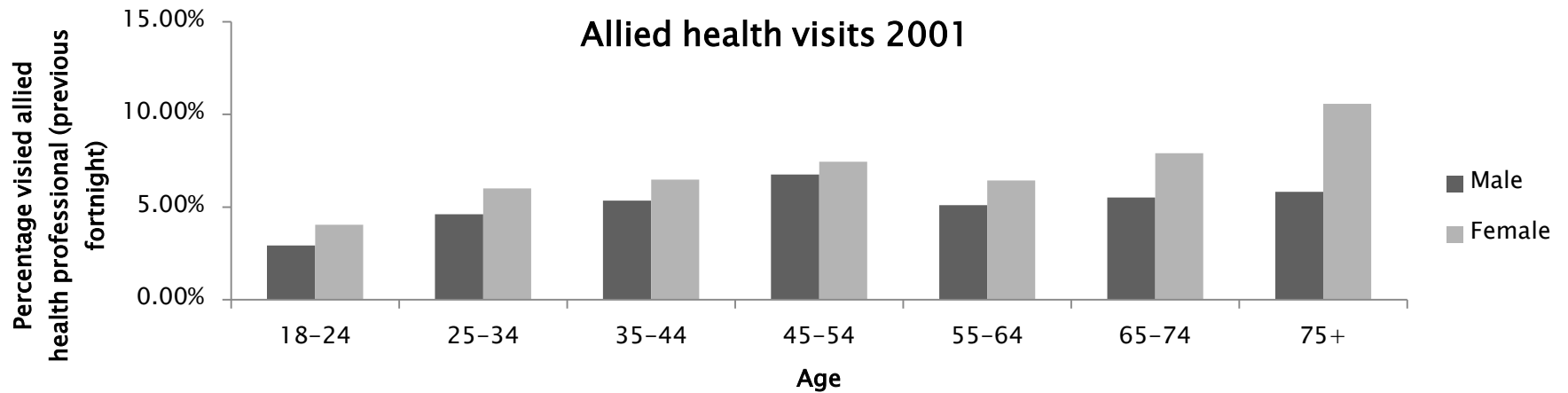
- ▶ NHS 2001 and 2007–08
 - Key outcome: ‘visits/use’ allied health
 - Previous 12 months
 - Descriptive analyses to explore patterning of key demographic, health status, health care variables
 - Logistic regression models to examine predictors of use of allied health service

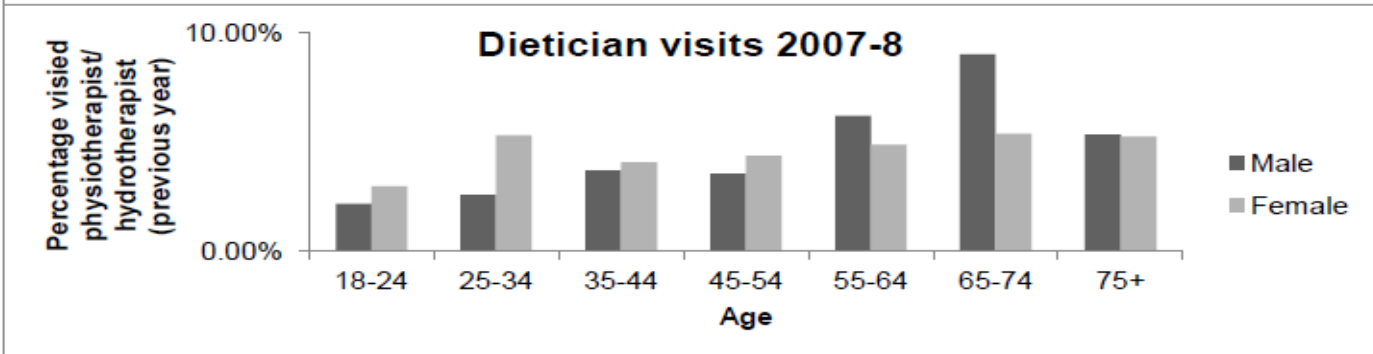
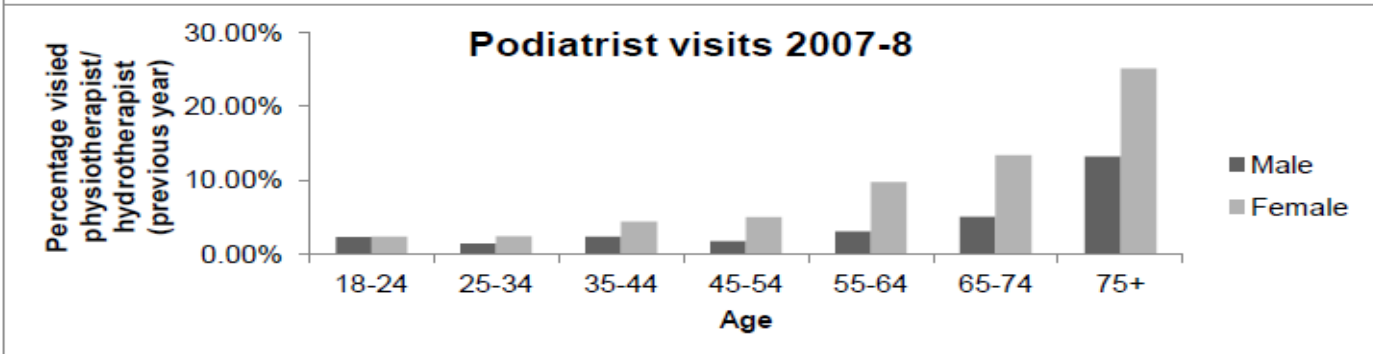
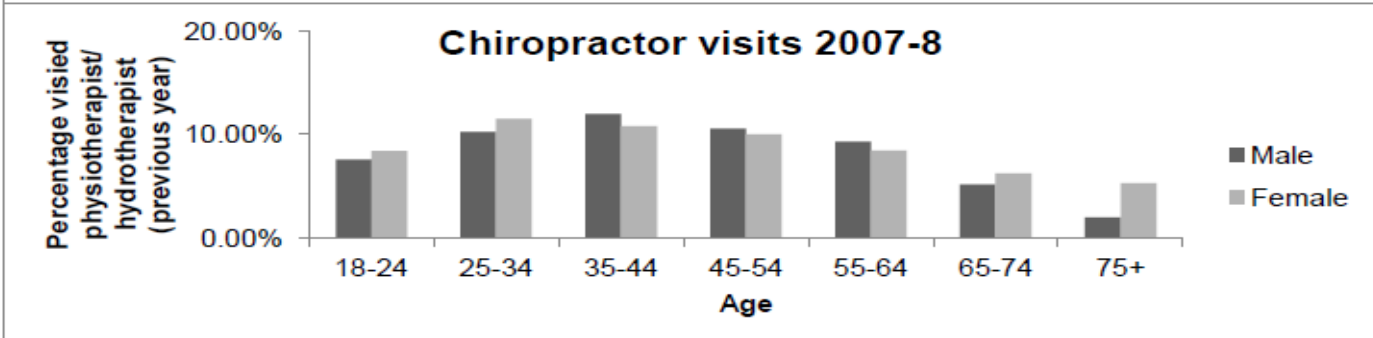
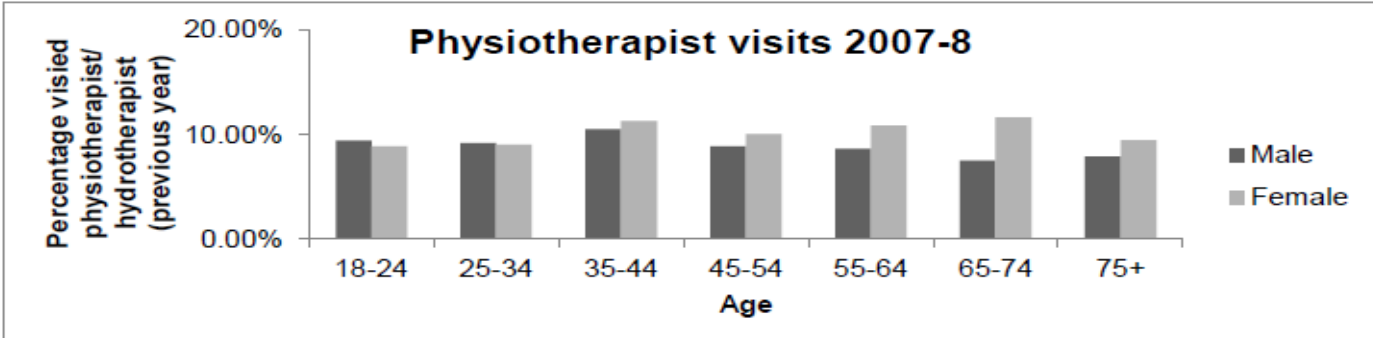


Key finding #1

- ▶ Women more likely to use AHPs than men
- ▶ The size of the gender gap is greater post-retirement age

Age and Sex







Key finding #2

- ▶ Speaking language other than English at home less likely to use AHPs

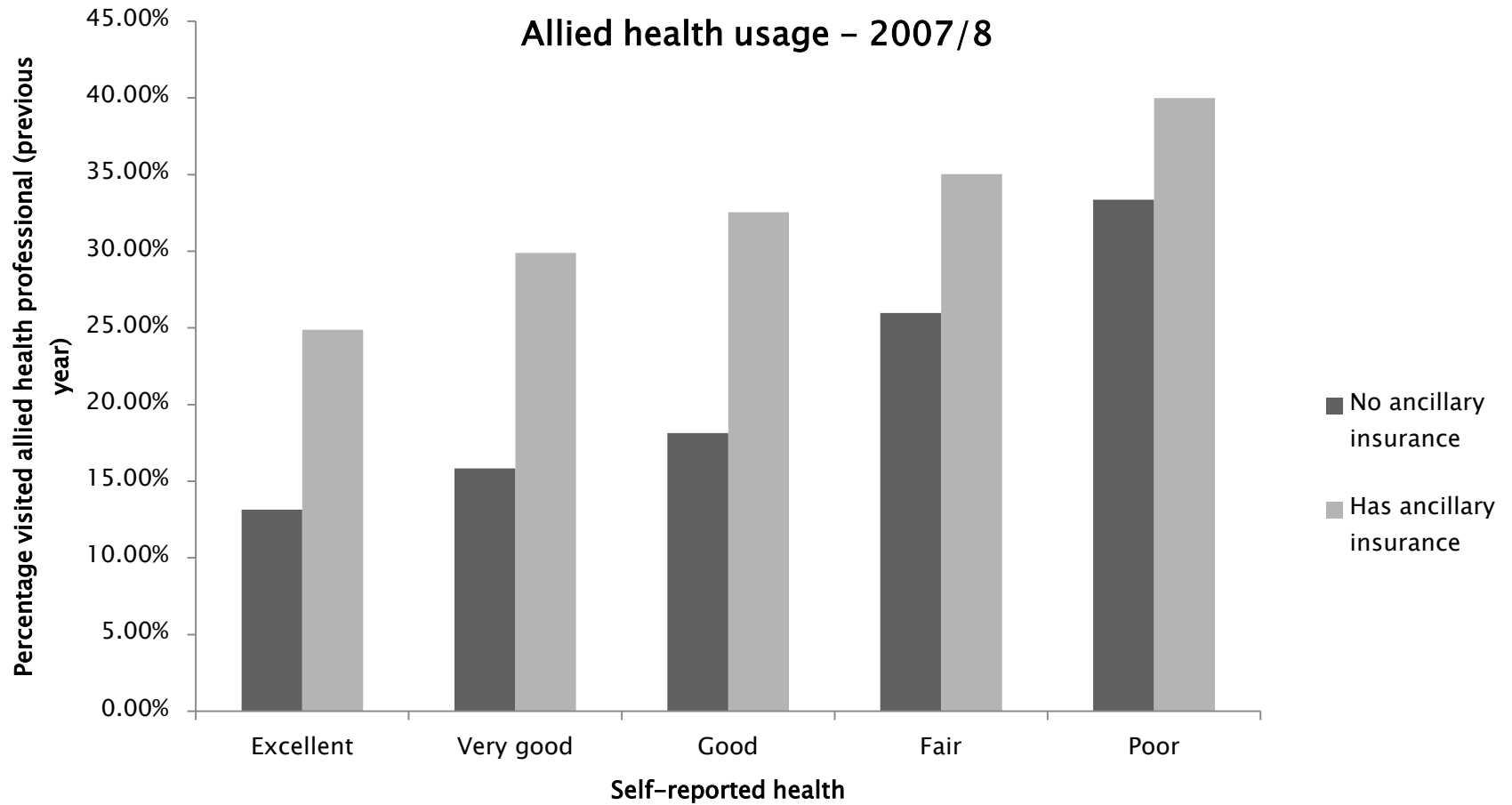
	2001	2007-8
English language proficiency		
<i>English only</i>	1.00	1.00
<i>Well/very well</i>	0.94	0.45***
<i>Not well/not at all</i>	0.97	0.49***



Key finding #3

- ▶ Ancillary insurance has a strong positive effect on use
- ▶ Interesting three way relationship between ancillary insurance, general health and allied health service use

Key finding #3



Key finding #4

- ▶ Visiting a GP is associated with visiting an AHP, independently of health

	2001	2007-8
GP contact		
<i>Visited GP past fortnight</i>	1.74***	-
<i>< Annual checkups</i>	-	1.23**
<i>6 monthly/annual checkups</i>	-	1.29***
<i>Monthly/3 Monthly checkups</i>	-	1.61***

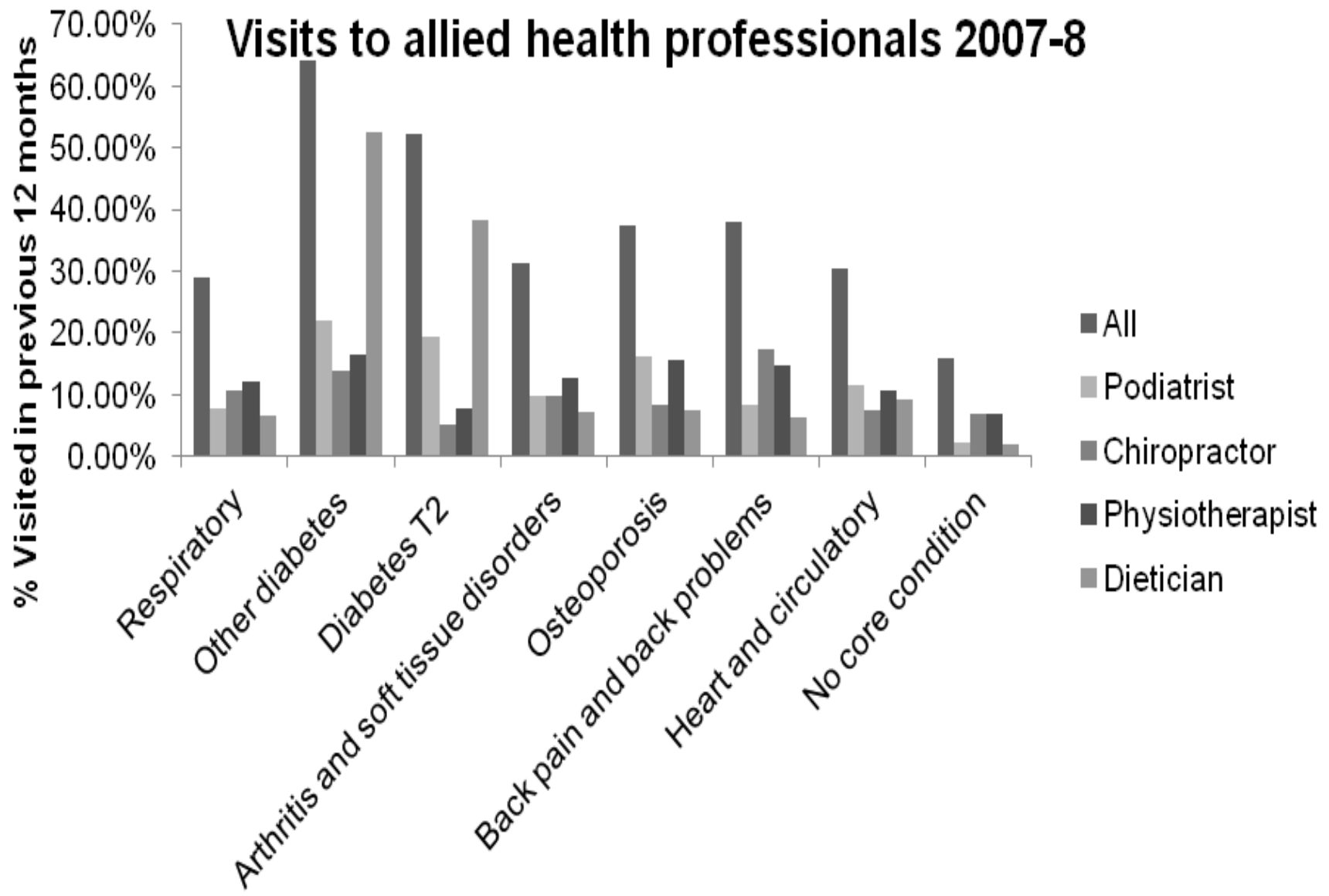


Key finding #5

- ▶ Musculoskeletal conditions are the most consistently associated with AHP use
- ▶ However, diabetes has the largest effect in the 2007–8 analysis



Visits to allied health professionals 2007-8





	2001	2007-8
Chronic conditions		
<i>Respiratory</i>	1.05	1.12
<i>Other Diabetes</i>	1.51	5.26***
<i>Diabetes Type 2</i>	1.24	3.78***
<i>Arthritis and soft tissue disorders</i>	1.46***	1.44***
<i>Osteoporosis</i>	1.15	1.36***
<i>Dorsopathies and other musculoskeletal</i>	2.68***	2.24***
<i>Heart and circulatory</i>	0.93	1.05



Policy message:

- ▶ High and low users of allied health services
 - Linked to need?
 - Over-use?
 - Financial hardship?

- ▶ Use by men and CALD populations
 - What is clinically significant?

- ▶ Targeted research with different population groups



Policy message:

- ▶ Importance of health professional as ‘agent’
- ▶ Potential disparities where there is poor access to GPs⁴
- ▶ Balance discretion and guidance
- ▶ Improving evidence base and communication about benefits

⁴Bywood et al. 2011 PHCRIS Policy Issue Review



Policy message

- ▶ Ancillary insurance linked to AHP use
 - Use increases with both poorer health and uptake of insurance
 - People in poor health with/without ancillary are high users
- ▶ Extent of financial hardship – publicly v. privately funded
- ▶ Complexity surrounding insurance product



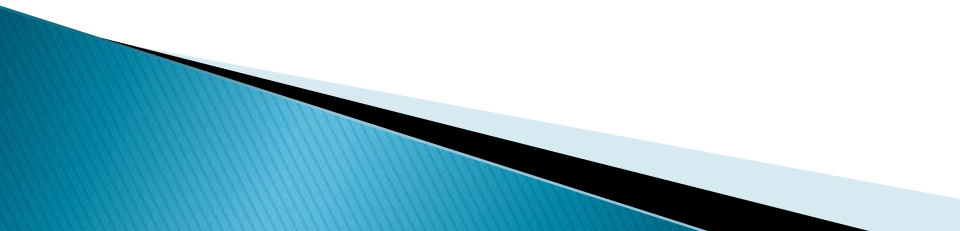
Policy message

- ▶ Possible but unknown influence of policy environment
- ▶ Diabetes suggest potential of CDM policy
 - High users podiatry and dietitian services in NHS 2007–08 data
 - Increased uptake CDM items and podiatry services since 2005⁵
- ▶ Unknown mix and shifts between public/private¹

⁵Cant & Foster 2011 *Aust Health Review*; ¹Foster et al (2009) *Aust J Primary Health*



Policy message

- ▶ Use of allied health services is conceptually complex
 - ▶ Potential multiple factors of influence and other drivers (e.g. patient preference)
 - ▶ Is it equitable use?
 - Need, severity, timing, affordability
 - ▶ Is it effective and cost-effective use?
 - Limited evidence base
- 



Policy message

- ▶ Other contextual factors impacting use
 - Programs for specific groups
 - Distribution of services, inc. public and private
 - Market forces
- ▶ Quality longitudinal data is important
- ▶ Limitations of NHS data and systematic review

Acknowledgements

- ▶ Research team: Michele Haynes, Martin O'Flaherty, Geoff Mitchell (UQ), Elizabeth Skinner, Terry Haines (Monash)
 - ▶ Project funded by the Australian Primary Health Care Research Institute, supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy
- 