

PHYSICAL THERAPY FOR DECONDITIONING IN RACFs

Presented by
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Learning Objectives

At the completion of this module participants will be able to:

- Understand the physiological aspects of deconditioning.
- Describe the impact COVID-19 has had on residents of RACFs with particular reference to deconditioning.
- Summarise the benefits of physical therapy to promote and improve independence and quality of life.
- Identify the key components of the new MBS item numbers for allied health service provision to aid in the process of reconditioning.

Some context.




- Result of the Royal Commission inquiry into the Quality and Safety of Aged Care within Australia
- Final report tabled March 2021
- 148 wide ranging recommendations for the fundamental reform of the aged care system
- 3 most relevant to this presentation

Recommendation 3


“The Australian Government should urgently create Medicare Benefits Schedule items to increase the provision of allied health services, including mental health services, to people in aged care.”

“Any barriers, whether real or perceived, to allied health professionals being able to enter residential aged care facilities should be removed unless justified on genuine public health grounds. “

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Recommendation 38

“To ensure residential aged care includes a level of allied health care appropriate to each persons needs, by no later that 1 July 2024:

- Arrangement between aged care provider and allied health for provision of services as required
 - Employ or retain range of allied health providers
 - Ensure provision of care to residents in accordance with their individual care plans”
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Recommendation 61

“Create new MBS items by 1st November 2020 for allied mental health practitioners providing services to RACF residents”

- psychologists
- occupational therapists
- social workers

This will be discussed in more detail in the final webinar.

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Deconditioning



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What is deconditioning

Physical, psychological and functional decline as a result of prolonged inactivity and associated loss of muscle strength

[ncbi.nlm.nih.gov2005 Jun;101\(6\):16-20.](https://pubmed.ncbi.nlm.nih.gov/2005/Jun/101(6):16-20)

“ If you don't use it, you lose it”



What is deconditioning

Can occur at any age


Occurs faster amongst the elderly and usually more severe

Frequently associated with hospitalisation in the elderly


Only takes 2 weeks of physical inactivity to lose almost 30% of strength

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Signs of deconditioning

- Functional loss
 - Inability to complete some of the ADLs
 - Diminished muscle mass and strength
 - Muscle shortening-contractions
 - Changes to joint structure- stiffness
 - Marked loss of leg strength
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Leading to

- Increased risk of falls
 - Increased Frailty
 - Increased risk of pressure areas
 - Immobility
 - Loss of ability to perform any/all ADLs
 - Depression
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Immediate impact of reduced physical activity

- Cardiovascular, respiratory and metabolic deconditioning
 - Loss of strength and balance
 - Insulin resistance and increased fat mass
 - Increased social isolation
 - Decreased mental health and well being
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Long term impact of reduced physical activity

- Falls
- Depression
- Type 2 diabetes
- Cardiovascular disease
- Musculoskeletal problems



The good news



- The effects of deconditioning can be reversed
- Can take twice as long to achieve
- Mild case
 - Deconditioning- 2 weeks
 - Reconditioning- 4 weeks

The impact of COVID-19



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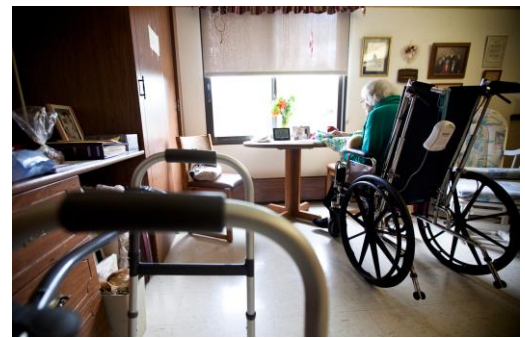
Impact of COVID-19

- COVID-19 has been the greatest challenge the Aged Care sector has ever faced.
- The Aged Care sector is overworked, under-resourced and now traumatized as a consequence of COVID-19

Impact of COVID-19

- COVID-19 pandemic will be proceeded by a deconditioning pandemic and a reconditioning program needs to be implemented
- First aim- reverse the effects of deconditioning and improve quality of life for residents

The statistics




- As of 1st October 2021, there have been:
 - 728 deaths in RACF in Australia
 - 661 Victoria
 - 62 NSW
- There have been 592 cases in RACF in NSW


<https://www.health.gov.au/resources/covid-19-cases-in-aged-care-services-residential-care>

Contributing factors

Access to healthcare has reduced as a result of pandemic

- No service provision
 - provided in reduced capacity or digitally
 - Many unwilling to access these services
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Contributing factors

- Residents quarantined in room for weeks
 - no social/family contact-support
 - RACF workers focus shift to infection control
 - Agency and temporary staff
 - Unfamiliarity for the resident
 - Allied health and other service providers unable to attend
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What the evidence tells us



- Exercise is the best prescription
- prescribe exercise as an intervention
- Number one intervention is resistance exercise
- 30-80 minutes, 1-5 times per week for 6-36 weeks has shown significant improvement in muscle strength and physical performance
- Significant improvement in mental health

A proven program in RACFs




Tsugawa et al, Psychoger, 2020)

What should be provided


Intensive therapy

- Delivered by allied health or care staff as on a temporary basis.
- Designed to allow the resident to reach a level of independence, after which maintenance therapy will meet their needs

Maintenance Therapy

- Delivered by allied health or care staff and is designed to maintain residents' level of independence.
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Services to refer to


- What services should be considered?
 - Physiotherapy
 - Diagnose and treat injuries
 - Exercise Physiologist
 - Exercise and fitness regime
 - Occupational Therapist
 - New ways to do things
 - Change environment to suit needs
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Temporary MBS items



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Allied Health Initiative


- 10th December 2020 to 30th June 2022
 - Temporary MBS items available to improve access to multidisciplinary care for residents of RACF
 - 5 additional physical therapy services and 2 additional exercise physiology group therapy services
 - Total of 10 individual and 10 group sessions per calendar year
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Implemented in recognition that

- Residents of RACF are at high risk of deconditioning as result of restricted activity
- Many residents have contracted and recovered from COVID-19 and require rehabilitation to restore functionality and mobility



Eligibility requirements

- Currently being managed under:
 - Multidisciplinary care plan
 - GP Management plan
 - Shared care plan
 - Team care arrangement
 - Aboriginal and Torres Strait Islander Health assessment
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MBS temporary item numbers for GPs

COVID-19 – TEMPORARY ACCESS TO ALLIED HEALTH IN RACF – GP/OMP ITEMS

GP Multidisciplinary Care Plans		
Service	Existing items	RACF Face to Face (F2F) Only
Professional attendance by a general practitioner at a residential aged care facility to prepare or amend a multidisciplinary care plan	731	93469
Professional attendance by a general practitioner at a residential aged care facility to perform a health assessment of a resident who is of Aboriginal or Torres Strait Islander descent	715	93470
OMP Multidisciplinary Care Plans		
Professional attendance by a medical practitioner (other than a general practitioner, and specialist) at a residential aged care facility to prepare or amend a multidisciplinary care plan	232	93475
Professional attendance by a medical practitioner (not including a general practitioner, specialist or a consultant physician) at a residential aged care facility to perform a health assessment of a resident who is of Aboriginal or Torres Strait Islander descent	228	93479

What the changes mean


Initial Program:

- Up to 5 allied health services for full range of providers
- 8 group sessions for residents with Type 2 diabetes in any combination
 - Dietitian
 - Exercise Physiology
 - Diabetes educator




What the changes mean


New program:

- Up to 10 allied health services with the additional 5 for physical therapy- additional 5 must be face to face
 - Physiotherapist
 - Exercise physiologist
 - Occupational therapist
 - Up to 10 groups sessions, with additional 2 for exercise physiology
- 


MBS requirements

- Allied health provider must be registered with Medicare
 - Provider must be listed in original care plan
 - Feedback must be provided to practitioner after first and final service
 - Referral must be on appropriate form
 - Services must be at least 20 mins long
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What's new

- Introduction of a once only initial consultation per resident
 - Must be minimum of 30 minutes
 - Is part of 10 total sessions
 - Higher MBS rebate \$82.60
 - Can be claimed by each provider engaged in care, but only once per calendar year
 - Must be provided face to face
 - Flag fall for first resident \$41.65
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But wait....

- Allocation/distribution of services?
 - The initial 5 EPC visits must be used before new services can be referred.
 - How is this tracked?
 - Relies of feedback from allied health
 - Regular care plan review
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Aboriginal Torres Strait Islander health assessments

- Can be conducted every 9 months
 - Allows referral to allied health under new temporary item numbers
 - Additional 5 physical therapy
 - Additional 2 group exercise physiology services
 - Attracts flag fall fee
 - Continues to provide access to 10 follow up sessions by practice nurse or Aboriginal health worker
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In addition

- Targeted measure focused on aged care homes that have experienced COVID-19 outbreaks
- PHN's to commission **group** allied health services
 - Physiotherapy
 - Exercise Physiology
 - Occupational Therapy




What is required


Allied health provider will:

- Meet with RACF staff to identify eligible residents
 - Undertake a one-on-one assessment to identify individual needs
 - Provide a six month, twice weekly group session
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Important to be aware

- Under the Aged Care Act 1997, RACFs are required to provide specified allied health services to eligible residents at no cost
 - Be aware of what is available
 - Referrals should be for services currently unavailable, but deemed necessary
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DVA Treatment Cycles

- Introduced in October 2019
 - One treatment cycle equals 12 visits, or 12 months, whichever comes first
 - Can have as many treatment cycles as clinically necessary
 - Can have multiple treatment cycles concurrently
 - Initial consult must create patient care plan
 - Final consult must complete end of cycle report
 - RACF eligibility based on care level classification
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The short version

- The impact of COVID-19 on the physical and mental health of our elderly has been profound
- Only by working collaboratively can we make changes
- Review, refer and discuss
- Improve health outcomes and quality of life
- If we don't use them...

WE WILL LOSE THEM

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Thank you.

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