



**EXERCISE ENRICHES THE
HEALTH OF ALL AUSTRALIANS**

2019 FEDERAL ELECTION PRIORITIES



Founded in 1991, Exercise & Sports Science Australia (ESSA) is the peak professional body and accrediting authority for over 7,000 university qualified and Accredited Exercise Physiologists, Exercise Scientists, Sports Scientists, and High Performance Managers.

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As a nation, our major focus has been on treating disease rather than preventing it before costly medical care is needed. In 2012-2013ⁱ, \$5 billion was spent on cardiovascular disease in hospitals, and in 2010ⁱⁱ, \$14.6 billion was spent on diabetes. On the other hand, chronic disease prevention accounts for about \$2 billion in expenditure each year, or \$89 per personⁱⁱⁱ. This is 1.34% of all health spending with most of the balance spent on treating disease and injuries after they occur.

Early intervention in respect to chronic disease pays dividends. For example, with an illness such as heart disease, if caught early, it can mean the difference between short-term treatment and prolonged health problems. Early detection and intervention can also mean reduced spending on complex, advanced diseases, such as diabetes.

Many preventive health interventions are cost-effective. Some promote health and reduce costs overall because of the reduced need to treat expensive diseases. Others allow Australians to live longer and better quality lives and come at a reasonable cost to the health system^{iv}.

The value of exercise in preventing and managing a range of chronic diseases and maintaining and enhancing quality of life is well evidenced by research.

In residential aged care, incorporating an “exercise program is an effective means to preserve independence levels by maintaining or improving the ability to perform activities of daily living^v”.

Within the disability sector, exercise programmes designed to increase cardiorespiratory fitness, muscle strength and mobility provide benefits that enhance lifestyle activity and quality of life while reducing risk of secondary disorders for many disabilities including autism^{vi} and multiple sclerosis^{vii}.

Physical activity and exercise are not only an effective part of treatment for people with a mental illness alongside standard care^{viii}, but can also help protect against future episodes of mental illness^x.

Moving forward, promoting a culture of health through exercise (rather a culture of ill-health through treating disease) can help prevent or delay some of the chronic conditions that lead to high health costs and early death and ensure Australians can live their lives to the fullest.

PRIORITY POLICIES FOR THE 2019 FEDERAL ELECTION

Exercise & Sports Science Australia (ESSA) is calling on candidates for the 2019 Federal Election to support these policy priorities to ensure all Australians are provided with better access to exercise professionals to enrich their health:

- 1. Provide better access to exercise physiology by removing GST from exercise physiology.**
- 2. Provide better access to exercise physiology for people with chronic disease through Medicare.**
- 3. Provide better access to exercise physiology for people with disabilities through the National Disability Insurance Scheme.**
- 4. Provide better access to exercise physiology and exercise science for at risk populations by developing a national physical activity strategy.**

1. Provide better access to exercise physiology by removing GST from exercise physiology.

All Medicare allied health services except one are exempt from the Goods and Services Tax (GST). Exercise physiology services remain the only allied health service where the Australian Government applies GST to the cost of a consultation.

Accredited Exercise Physiologists (AEPs) are university-trained allied health professionals who specialise in evidence-based, clinical exercise interventions for patients at risk of, or living with, chronic and complex medical conditions or injuries. AEPs are regarded as part of the allied health workforce within the Commonwealth's health workforce policy planning.

A recent Deloitte Report^{xi} found clinical exercise interventions by AEPs efficacious and highly cost-effective in the Australian health care setting. Deloitte identified a high return on investment for accredited exercise physiology services in treatments of people with chronic conditions, notably pre-diabetes and diabetes, mental illness and heart failure. Examples of benefit to cost ratios for AEP interventions are:

- Pre-diabetes – 6.0
- Type 2 diabetes – 8.8
- Mental illness (depression) – 2.7
- Chronic heart failure – 6.2
- Chronic back pain – 14.6
- Osteoarthritis – 4.0
- Rheumatic diseases – 4.2

Australian AEPs lead the world as recognised allied health service providers within Federal health and aged care systems:

- Medicare,
- Department of Veterans' Affairs,
- the National Disability Insurance Scheme, and
- the Aged Care Funding Instrument.

AEPs also provide treatment and consultations for general clients privately and work within the

- workers' compensation system,
- private health insurance schemes, and
- State Government health services.

Exercise physiology services were not exempted from GST when the GST legislation was passed in 1999. The profession had grown substantially since its inclusion in Medicare in 2006 to the extent that two exercise physiology services (Items 10953 and 8115) were listed in the Top 10 in-scope items by service volume in 2016-2017 in the recent report^{xii} from the Allied Health Reference Group as part of the Medicare Benefits Schedule (MBS) Review.

Currently, most exercise physiology services attract GST. Services charged to clients under the Medicare system (either bulk-billed or direct to clients who claim rebates) are GST-free, as are some hospital services.

Exercise physiology meets all the requirements to be classified an eligible GST-free health service, yet it continues to attract GST.

In February 2018, ESSA was accepted for full membership of the National Alliance of Self-Regulating Health Professions (NASRHP), meeting all standards (Category 1 and 2) at 100% level, as outlined in the NASRHP membership standards and application requirements, to self-regulate and accredit practitioners within the profession.

The NASRHP standards system for exercise physiologists and other low risk allied health professionals mirrors the professional standards of the 15 professions regulated by the Australian Health Practitioner Regulation Agency (AHPRA).

The services provided by many other self-regulating health professions including dietitians, social workers, audiologists and speech pathologists are exempt from GST. Other professions outside NASRHP and AHPRA like acupuncture are also exempt from GST.

The taxing of exercise physiology services increases the cost of this service to all Australians both directly and indirectly through additional administrative costs on practitioners and adds an additional barrier for Australians to maintain good health.

Removing the GST from exercise physiology services will help those Australians who most need allied health care intervention, including those living with chronic or complex medical conditions, those with a disability and people who cannot afford private health insurance.

ESSA'S CALL TO ACTION

Classify exercise physiology as an eligible GST-free health service to create a fairer and more effective health system for the benefit of those Australians who cannot afford to pay GST.

2. Provide better access to exercise physiology for people with chronic disease through Medicare.

The delivery of exercise physiology services under the Medicare Benefits Schedule (MBS) supports the vision of the National Strategic Framework for Chronic Conditions: “All Australians live healthier lives through effective prevention and management of chronic conditions^{xiii}”.

The current restriction of five individual allied health sessions over a twelve-month period is insufficient to treat chronic conditions using evidence-based, best practice clinical guidelines, particularly where consumers have more complex health issues or display higher risk factors.

Some patients may require multiple sessions with one or more allied health professionals in order for their care needs to be properly assessed and managed. Most people will need more than one allied health session – one to assess and a minimum of one but generally more to provide an intervention.

Research confirms that AEPs are effective in getting people with chronic conditions to exercise. A NSW lifestyle intervention^{xiv} provided six sessions (an initial assessment, four individual consultations with a dual-qualified dietitian and exercise physiologist, and a final assessment) and aimed to modify behaviours to improve physical activity in GP referred patients with a mental illness. The study showed that cardiovascular fitness, muscular endurance, and psychological well-being improved in 80% of those who completed the program.

Another study^{xv} in Western Australia showed that more than 95% of patients who completed a formal healthy lifestyle exercise program, co-ordinated by an exercise physiologist with a range of individual, group, and team exercises over 30 minutes to 1 hour per day in a forensic mental health facility, self-reported the program was helpful in improving fitness, physical well-being and mood.

Of significance are the benefits of AEPs in providing more complete and effective multi-disciplinary care through translating exercise advice given by GPs in primary care^{xvi}.

ESSA'S CALL TO ACTION

Increase the number of Medicare Chronic Disease Management allied health services items to a minimum of ten services per annum.

3. Provide better access to exercise physiology for people with disabilities through the National Disability Insurance Scheme.

People with a disability also experience poorer physical health. Based on a recent report^{xvii}, people living with a severe or profound disability:

- 46% undertake no physical activity versus 31% for those without disabilities
- 1.7 times as likely to be obese as those without disabilities
- have a higher prevalence of various types of long-term health conditions
- 3.3 times as likely to have three or more long-term health conditions as those without disability (74% versus 23%)

Current literature supports the efficacy of exercise interventions into various disability-based conditions and, in many cases, definitively improves the functional capacity outcomes of patients.

Disabilities^{xviii} that can benefit from exercise physiology services include, but are not limited to:

- Progressive neurological conditions – MS, PD, MND
- Stroke, traumatic or acquired brain injury
- Spinal cord injury
- Mental health – PTSD, depression
- Pain management, fibromyalgia, arthritis/RA
- Asperger's
- Developmental delay
- Chronic fatigue syndrome
- Autism
- Muscular dystrophy
- Cerebral palsy
- Brain injury
- Amputation
- Paraplegia
- Parkinson's disease
- Multiple sclerosis and other neurological conditions
- Blindness
- Deafness
- Intellectual disability
- Down syndrome

Currently, the NDIS has categorised exercise physiology under the “Health and Wellbeing” category as opposed to including it in both the “Daily Living” and “Health and Wellbeing” categories. Exercise physiology’s current categorisation limits a person with a disability to achieve improved independence through limited access to essential therapy support. All other allied health providers have been included into the “Daily Living” category, but the lack of understanding of the exercise physiology profession has resulted in this miss-categorisation.

ESSA’S CALL TO ACTION

Immediately re-classify exercise physiology within the National Disability Insurance Scheme to be included in the “Daily Living” category in addition to the “Health and Well Being” category.

4. Provide better access to exercise physiology and exercise science by developing a national physical activity strategy.

The World Health Organisation ranks physical inactivity as the fourth leading risk factor for overall morbidity^{xxix}.

Low cardiorespiratory fitness due to inadequate physical activity has the greatest contribution to all-cause mortality over and above obesity, hypertension, smoking, high cholesterol and diabetes^{xx}.

The 2016 Ding global study^{xxi} using a conservative methodology estimated the financial cost of physical inactivity in 2013 to be 0.46% of Australia's total health care costs for five major chronic diseases attributable to inactivity: coronary heart disease, stroke, type 2 diabetes, breast cancer and colon cancer.

For Australia, the same study estimated the total cost of physical inactivity was \$805 million, \$640 million in direct costs spent on healthcare and \$165 million in indirect costs measured by the loss in productivity via premature mortality (disability, absenteeism, presenteeism [compromised productivity at work due to ill health], informal care, and other non-medical costs were not estimated)^{xxii}.

Of the direct costs, the total loss in tax revenue through public healthcare expenditure was \$425 million (66.4% of the total). \$91 million (14.2% of the total) was spent by the private sector on physical inactivity-related diseases (e.g. health insurance companies). The amount households paid for out-of-pocket expenses due to physical inactivity-related diseases was \$124 million (19.4% of the total).

According to the Australian Institute of Health and Welfare (AIHW), physical inactivity was responsible for 2.6% of the total burden of disease and injuries in Australia in 2011^{xxiii}.

ESSA'S CALL TO ACTION

Develop and resource a National Physical Activity Plan with funding provided for physical activity programs across at risk population groups.

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