Australian Music Therapy Association

Consultation response: private health insurance reforms - second wave

Response to consultation 2: expanding home and community-based rehabilitation care

About the Australian Music Therapy Association

The Australian Music Therapy Association (AMTA) is the peak body for music therapy in Australia. AMTA represents Registered Music Therapists (RMTs), music therapy students and advocates for music therapy access on behalf of the community. Our mission is to enable, advance and advocate for excellence in music therapy.

AMTA is responsible for registering music therapists, accrediting music therapy courses, and maintaining professional standards and ethics. A member organisation of Allied Health Professions Australia (AHPA) and National Alliance for Self-Regulating Professions (NASRH), AMTA supports Registered Music Therapists (RMTs) to use research-based practice that actively promotes the health, wellbeing and functioning of Australians.

RMTs work in private practice and in allied health teams in hospitals, residential facilities, community services and schools. They use evidence-based music therapy techniques to promote better health outcomes for vulnerable and unwell Australians.

AMTA welcomes the opportunity to provide this response to proposed reforms to private health insurance.

Summary

- **The AMTA strongly recommends the inclusion of music therapy within rehabilitation services,** in inpatient, home and community-based rehabilitation programs.
- Music therapy is an evidence-based allied health profession. **Registered Music Therapists (RMTs) are essential members of the multidisciplinary care team for rehabilitation.**
- Music therapy provides a unique service in rehabilitation, particularly in relation to communication and memory, and for patients who are resistant to other interventions.
- Music therapy complements other interventions, increases motivation, and can be a preferred treatment modality for people requiring rehabilitation.
- Music therapy as an evidence-based psychological treatment option that can be delivered at an efficient cost.
- **AMTA strongly recommends including music therapy in rehabilitation services**, to complement other services and meet a currently unmet need for people requiring rehabilitation.

Which procedures and/or MBS item numbers should have a rehabilitation plan?

AMTA recommends inclusion of music therapy as an option in rehabilitation planning.

How prescriptive should the plan be, regarding the type of care services to be included? What exemptions if any should be available?

Rehabilitation plans should take into account the preferences and goals of the patient and support person or carer. The Royal Australian College of Physicians and Australasian Faculty of Rehabilitation Medicine (AFRM) Standards for the provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Hospitals February 2019 highlight expected components of rehabilitation service provision. Included within these standards is the range of allied health services required, including music therapy "as required".

The AMTA strongly recommends the inclusion of music therapy within rehabilitation services, in inpatient, home and community-based rehabilitation programs.

Music therapy is a powerful intervention that can both complement other treatments and meet a need that is not met by other rehabilitation services[1-4]. Registered Music Therapists (RMTs) work within multidisciplinary teams (including occupational therapists, social workers, speech pathologists and others) and independently. They have a critical role in delivering care that supports patient clinical outcomes, health and wellbeing.

Music therapy is an evidence-based profession, with proven impacts in rehabilitation:

- Increasing potential for neuroplastic changes[5] and motor improvements
- Increasing motivation via immediate auditory feedback, leading to more repetitions, and a greater chance for neuroplastic changes and recovery[6,7]
- Connections of cortices, via audio-motor coupling and entrainment in physical rehabilitation exercise program[8,9]
- Improving communication for people with acquired and neurodegenerative conditions[10-14]
- Addressing neurobehavioral disorders following brain injury[2]
- Improving respiratory function[15]
- Improving quality of life, mood and depressive symptoms[16-19]
- Improving gait, movement, and upper limb function[1,19-29]

Music therapy interventions are truly person-centred, supporting people to address multiple goals simultaneously (e.g., communication, cognition, physical and emotional)[30-32].

Music therapy for rehabilitation can be delivered face-to-face, in group settings and through telehealth. Music therapy for rehabilitation is relevant across the lifespan – i.e., from infants to paediatrics, to young people, to adults, to geriatric populations, and for many different diagnoses, including traumatic brain injury (TBI), stroke, brain tumour, neurodegenerative conditions.

What mechanisms should be in place to ensure compliance with developing and reviewing a rehabilitation plan?

Rehabilitation plans must support patients' active choice- and decision-making wherever possible. Plans must take into account the patient's holistic needs and not be constrained by treating discipline. Access to allied health, such as music therapy, form a vital component of rehabilitation planning.

Review of rehabilitation plans must involve the consumer, their support person or carer, be scheduled, and include outcomes measurement.

Existing systems may provide example mechanisms for compliance:

- MBS Enhanced Primary Care Program
- Team Care Arrangements
- systems used for DVA, CTP, or Workers Compensation
- specific privately funded rehabilitation programs, e.g. PD Warrior https://royalrehab.com.au/private-hospital/day-rehabilitation-programs/pd_warrior/

It is expected that the plan would be developed in consultation with the patient and potential rehabilitation providers. Which parties should the rehabilitation plan be made available to once created?

Rehabilitation planning should be a collaborative process including all involved providers with the patient, their support person or carer in the centre. Rehabilitation plans should be developed, monitored, and updated by the rehabilitation providers (including allied health) involved in the patient's care, insurer, patient and the patient's primary care provider.

What arrangements, if any, should be in place to assist medical practitioners identify appropriate home or community based rehabilitation services and oblige insurers to fund these services?

Home or community-based rehabilitation planning should take a team approach and address the breadth of patients' needs, preferences and goals. Service criteria should ensure access to appropriate, high-quality and safe care, and be developed in conjunction with medical practitioners, nursing and allied health professions. Medical practitioners and multidisciplinary teams should consider a range of supports for people in home or community-based rehabilitation.

Rehabilitation planning should take into account and plan for the mental health and wellbeing of patients. Primary care currently uses DASS-21 as a tool for mental health referral in the community. The DASS-21 can be used to identify patient needs and support referrals to psychosocial supports and music therapy in the context of rehabilitation.

Access to allied health professionals should form a key component of rehabilitation planning for home and community-based rehabilitation. **The AMTA recommends access to music therapy for home and community-based rehabilitation.**

AMTA supports comprehensive rehabilitation assessment and planning by medical practitioners who:

- are educated in the variety of treatment options and health professions qualified to provide evidence-based interventions in rehabilitation
- work through different options with the patient, their support person or carer

- work with consumers to determine their preferred treatment options.

Music therapy is a powerful intervention that can complement other treatments and meet an otherwise unmet need in rehabilitation services. Education around reasons for referral and how to refer to an RMT would be provided to rehabilitation professionals and care coordinators through an AMTA-led initiative.

What transition arrangements and timeframe would be appropriate to implement this reform?

AMTA welcomes additional, specific consultation about changes to rehabilitation programs. AMTA recommends establishing an expert advisory group with broad allied health and consumer representation to progress the development of service models for rehabilitation.

AMTA recommends inclusion of music therapists in allied health rehabilitation services.

What are appropriate metrics for measuring the impact of this proposal?

AMTA recommends impact is measured by:

- the choices, outcomes and experiences of people with living with mental health issues
- the experience of those delivering care
- service quality and population health
- sustainable costs[33].

Outcomes & experiences of care	• person-reported experience and outcome measures • utilisation of other healthcare and support services, particularly inpatient and residential services • social participation • increased workforce participation • housing • experiences of and reliance on carers
Experience of those delivering care	• person-centred experience measures • staff satisfaction
Service quality and population health	• increased workforce participation • economic participation
Sustainable costs	• cost vs benefit analysis • utilisation of other healthcare and support services, particularly inpatient and residential services

What is the regulatory burden associated with this proposal?

AMTA recommends the inclusion of well-regulated allied health professionals in home and community rehabilitation. Allied health regulation structures are already in place, including:

- Allied Health Professions Australia (AHPA) representing broad allied health
- the National Alliance for Self-Regulating Professions (NASRH) sets requirements for professions equivalent to registration for allied health, and
- individual profession-based bodies.

AMTA is responsible for registering music therapists, accrediting music therapy courses, and maintaining professional standards and ethics. AMTA is a member organisation of AHPA and NASRH.

AMTA strongly recommends inclusion of music therapy in rehabilitation services, to complement other services and meet a currently unmet need for people requiring rehabilitation.

Introduction of new, previously unregulated workforces would result in additional regulatory burden.

Service providers: what services would you deliver under this proposal?

Music therapy can have far-reaching impacts on clinical, health and wellbeing outcomes of people in rehabilitation. Music therapy is often recommended for patients who are unmotivated or non-compliant with other therapies. Music is motivating and distracting from pain, also cognitively demanding and can utilise multiple areas of the body and brain concurrently. Music stimulates automatic rhythmic movements and can organise movement and encourage endurance in repetitive practice. Music therapy is particularly indicated for people with communication disorders and cognitive impairments or behavioural issues. Music therapy that includes singing can provide a form of high-intensity vocal and respiratory exercise.

RMTs work with patients in areas of:

- Speech/language rehabilitation[0-14,10,19,34]
- Non-verbal expression/coping[35]
- Pain management[36,37]
- Upper limb rehabilitation (functional recovery and strength)[1,24,28,29,38]
- Lower limb rehab (including gait rehab)[35]
- Cognitive rehabilitation[9,31,32,39,40]
- Neurobehavioural rehabilitation[2-4,35]
- Familial/couple/partner/carer therapy[41]
- Mood, mental health and wellbeing and quality of life [14,19,27,31,34,42-44]
- Adjustment to daily life and identity changes[3,43,45,46].

Music therapy is a powerful and evidence-based intervention that can complement other services and meet a currently unmet need for people requiring rehabilitation.

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