**From referral to reality: utilisation of Medicare-funded allied health services amongst people with newly diagnosed diabetes**

**Background and aim**: The Government introduced Medicare-funded allied health services almost two decades ago to facilitate a multidisciplinary approach to care; however, there is limited research investigating service use amongst people with diabetes. The aim of this study was to investigate how Medicare-funded allied health services are utilised by people with newly diagnosed diabetes, and the patient characteristics associated with receiving multidisciplinary care.

**Methods:** This cohort study used baseline survey data from the 45 and Up Study, Australia, linked to administrative health records. Newly diagnosed diabetes cases were ascertained using a combination of medical and pharmaceutical claims, hospitalisation data, and National Diabetes Services Scheme registrations up until December 2017. Medicare data (Medicare Benefits Schedule) were used to identify claims for general practitioner management plans (GPMPs), team care arrangements (TCAs), and diabetes-related allied health services up to 24-months post-diagnosis. Multivariable logistic regression models were used to identify patient characteristics associated with service use.

**Results:** A total of 12,694 individuals were identified with newly diagnosed diabetes. Approximately 60% received a GPMP and TCA. Of these eligible individuals, 75% (46% of the total sample) claimed for at least one allied health session within 24-months of diagnosis. Initial engagement and ongoing utilisation of services was highest for podiatrists (26% of total sample with ≥1 claim; 9% with ≥5 claims), and lowest for diabetes educators (6% with ≥1 claim, 0.2% with ≥5 claims). Women, individuals aged ≥60 years, with obesity, or a family history of diabetes had increased odds of accessing allied health services. In contrast, individuals from remote areas had lower odds of accessing allied health services.

**Conclusions:** This study reveals suboptimal uptake of Medicare-funded allied health services by individuals with newly diagnosed diabetes. Further research into barriers at the patient, practitioner, and policy level is needed to ensure equitable access to government-funded resources.