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Dear James

Thank you for the opportunity to respond to the *Proposed Comcare NT Physiotherapy Schedule*.

The Australian Physiotherapy Association (APA) is the peak body representing the interests of Australian physiotherapists and their patients. The APA is a national organisation with 19,000 members and has Branches and specialty groups in all states and territories.

The APA (NT) represents 100 members out of an estimated physiotherapy workforce of 180. The majority of our NT members are involved in the 19 private practices in the NT. Eleven practices treat Comcare patients.

It should be noted here that the list of practices provided to the APA by Comcare is not up-to-date, as there are now two new additional practices in Darwin. There is also only one practice in Alice Springs – Red Centre Physiotherapy closed some 18 months ago.

In relation to the specific schedule proposals, the APA provides the following feedback:

- **Removal of Level 2 Distinctions**

PA003 Initial Consultation – one area, Level 2 physiotherapist (\$146.70)

PL003 Standard Complex Level 2 – 1 hour (\$219.95)

The proposal to remove the distinction between the Level 1 and Level 2 physiotherapy services is a major disappointment and concern to all of the NT practices. Previously the Level 2 fee-for-service recognised titled and specialist physiotherapists and paid them accordingly.

After consulting with all of the NT practices that provide Comcare services, the APA concurs that it does not agree to the removal of higher fees for level 2 physiotherapy services for a number of reasons.

Historical perspective:

It is important to firstly understand how the distinction between level 1 and level 2 Physiotherapists in the current NT Schedule came about, and why it has continued to this day.

According to our longer-term NT members in the 1990's, the first Comcare schedules were put in place after initial discussions between Comcare and the AMA (NT) in relation to medical

practitioner's fees and services. Comcare agreed to allow Comcare patients access to the same list of medical practitioners services and would pay the same corresponding fees that private patients pay. The list of medical services and fees is published annually on the AMA website and is still matched by Comcare today.

At the same time, a similar arrangement for physiotherapy services was put in place by Comcare, without any negotiation with our Association. That is to say that Comcare adopted the same list of physiotherapy services and fees being paid by private patients for Level 1 and Level 2 physiotherapy services.

Since the 1990's, when the APA recognised experienced physiotherapists through its titling process, most if not all NT physiotherapy private practices have had a tiered structure of billing.

A level 1 physiotherapist in the NT is accepted as being a physiotherapist with less than 5 years experience and no additional post graduate qualifications. A level 2 physiotherapist is titled with a post graduate Masters Degree in a related physiotherapy discipline, or may be a Specialist Physiotherapist.

Over the past few years, private patients, TIO and Comcare patients alike choose to see the physio they need depending on the complexity of their condition. For example, they may see a level 2 physio and pay the equivalent of \$220-\$260 per hour. If their problem is less complex they may see a new graduate or level 1 physiotherapist and pay for the time based on \$170-\$200 per hour.

The increased hourly rate in the NT is entrenched and has been over many years in the market. The principle that physiotherapists with training and higher expertise are there to treat more complex conditions and often able to achieve better treatment outcomes for patients in a shorter timeframe is well accepted.

'NT in line with other states'

It is noted that Comcare's main reason for the removal of level 2 codes is to *bring the NT fee schedule into line with other states* that do not have higher fees for more experienced physiotherapists.

The APA acknowledges that other states' Comcare schedules do not provide any distinction between Level 1 and level 2 physiotherapists, offering just the one set hourly rates for all physiotherapy services, regardless of the physiotherapist's experience.

It is also true to an extent, that in all other states, other compensable bodies such as WorkCover do not generally differentiate between highly experienced physiotherapists and new graduates in terms of hourly fees that are paid. However, TIO in the NT does pay higher fees for more experienced physiotherapists.

It should be equally acknowledged that there are increasing exceptions to this standard approach as more compensable bodies realise the benefit and improved patient outcomes that are possible when a physiotherapist with special expertise is engaged. For example, in Victoria higher fees are being paid to physiotherapists who have completed 'Early Intervention Training'.

Similarly in Queensland, QComp recognises, engages and pays for expertise of specialist physiotherapists. Return to Work SA do the same on a pre-approval basis and most recently started recognising the value of physiotherapists who have demonstrated experience in managing complex chronic pain, with a new hour long consultation item.

So far from supporting the view that the NT should come into line with other states by dropping the level 2 distinctions, the APA's view is that all other states should actually come into line with the NT.

Physiotherapists deserve to be remunerated as recognition of the further training that titled/specialist members undertake and have the expertise to apply in the clinical setting.

Within private practice nationally, it is common for physiotherapists with higher qualifications to realise higher fees for private patient consultations. The same should be true in the compensable arena and the APA will continue to lobby that this occurs.

This fee structure is the same as that adopted for the medical profession and others, including dentists and chiropractors.

Supply-Demand Context

Fees for service will understandably be different in each state, as evidenced by comparing each of the Comcare schedules for different states.

All compensable bodies, in negotiating a fee for service, take into account what the average private patient is prepared to pay for a service. Clearly if a state has an over supply of physiotherapists, is of a lower socio-economic demographic, or has a smaller population, there will be more competition between practices to attract a market share of private patients. Fees for service will be lower, and the fees which a compensable body is prepared to pay will reflect that.

If the fee being offered by the insurers for a particular service is not in line with the fee being paid by a private patient, then the practice or physiotherapist may choose not to take on compensable work at all. This already occurs in all states – and usually it is the physiotherapist with special expertise and who is in demand by full fee paying private patients, who will not see injured workers, because the rates are so low. The unfortunate reality is that injured workers with complex problems may not be able to access the expertise they require.

The NT on the other hand enjoys the highest fees for service compared with all states. This needs to be similarly put into context of supply versus demand. The NT is in a unique situation where there is an under supply of physiotherapists, relative to the demand for physiotherapy. This is the historical and current reality.

There are less than 20 physiotherapy practices in the NT and all report that they have more work than they can manage. Attracting and keeping staff is a constant concern for practice owners and salaries need to be high to firstly attract staff from interstate and secondly offset the high cost of living in the NT. As a result, fees for service paid by private patients and compensable bodies alike are set accordingly higher.

The private patient rates in the NT are between \$220-\$260 per hour for experienced level 2 physiotherapists and \$170-\$200 per hour for level 1 physiotherapists. Most practices invoice on

that respective hourly rate, according to the time spent – with standard consultations mostly 30 minutes.

This tiered fee structure is appropriate and ongoing for NT Practices which have to invest a lot financially (time and travel) into PD and skill development for their new grads. All costs and overheads and PD attendance are higher in the NT.

Practices have indicated that there has never been any intention to drop the hourly rate or time for Comcare patients. They all have indicated their opposition to Comcare's proposal to remove higher hourly rates for level 2 Physiotherapists.

Patient Outcomes

The APA has always advocated strongly for recognition of the improved patient outcomes that can be achieved through treatment by a specialist or titled physiotherapist.

An APA-titled member holds a clinical Masters Degree or equivalent and a specialist physiotherapist is a Fellow of the Australian College of Physiotherapy. These distinctions clearly identify the increasing level of expertise within the physiotherapy profession.

Evidence has clearly demonstrated that experienced physiotherapists have higher levels of knowledge in managing musculoskeletal conditions than medical students, physician interns and residents, and all physician specialists except for orthopaedists^[i]. When magnetic resonance imaging (MRI) was used as the gold standard, the diagnostic accuracy of experienced physiotherapists for clients with musculoskeletal injuries was found to be as good as that of orthopaedic surgeons and significantly better than that of non-orthopaedic providers^[ii].

The APA is also strongly of the view that specialist and titled physiotherapists should receive higher rebates for the specialised treatment services that they provide.

The APA's *National Physiotherapy Service Descriptors* provide more guidance around titled and specialist physiotherapists and fees for service:

http://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Resources/NationalPhysiotherapyServiceDescriptors_HR.pdf

Return to Work outcomes

Comcare patients (and compensable patients in general) tend to be more complex and have more co-morbidities compared with other patient groups and they especially need good quality health care and treatment by the best and most qualified physiotherapist for their condition.

However if Comcare fails to recognise treatment services provided by specialist or titled physiotherapists by removing the Level 2 fees for service, there will probably be a significant disincentive for specialist and titled physiotherapists to treat Comcare patients.

In fact, the feedback from the NT practices is unanimous in that, should the removal of higher fees for Level 2 go ahead, specialist and titled physiotherapists are not going to want to treat Comcare patients, and Comcare patients will therefore be seen by new graduates or less-qualified physiotherapists.

This is not good for the patient, and may prolong the treatment time significantly.

Titled and specialist physiotherapists often achieve better clinical and health outcomes for the patient in a shorter timeframe, which in effect, saves money to Comcare because the patients recover more quickly and can return to work and full function earlier.

Above all, it is the compensable patients who should have access to the best health professional for their condition. We advocate for patient-choice and that healthcare should be patient-centred. Comcare patients, just like private patients, need to have choice between health professionals.

- **Standard Consultation \$75**

The NT Practices and the APA note the removal of Code *PB001 Standard Consultation – one area, Level 1 physiotherapist (\$60.15)*. The only standard consult fee is a uniform \$75.30 for physiotherapy services, regardless of level of experience.

This is an overdue increase on the standard consultation fee currently paid to Level 1 physiotherapists, but of no joy for level 2 physiotherapists – many of whom have indicated they will no longer do the original assessment at \$116 nor will they be involved in any one hour consultations for complex cases at \$146 per hour.

The overriding issue, in relation to the fee paid for a standard consultation, is that the Comcare Schedule has been short of the market rate for many years. They have always been set at far lower levels than private patients or local insurers, such as the TIO.

The current hourly rates paid by Comcare for both level 2 and level 1 are \$10-20 below what private patients pay in most practices. When this hourly rate is translated across to a standard consultation of 26 minutes (\$75) it is still below the average private patient fee. Most practices have 30 minute consultations which equates to a \$90-\$100 standard consultation fee for Level 1 physiotherapists or \$110-\$130 for a level 2 service. Those practices that do have 20 minute consultations are charging private patients \$80 for a level 1.

It comes down again to supply and demand factors and the fact that Comcare may need to match the going market rates if they want to access services.

This fact as it appears, has been tacitly acknowledged by Comcare which has over many years been paying practices on the time/invoice presented – not on the Schedule at all.

At the end of the day, private patients can see the physiotherapist that they need depending on the complexity of their condition and the treatment time that they require. Comcare patients deserve the same quality of care that everyone else enjoys.

Other Schedules

There is also concern that the Physiotherapy Fee Schedule is considerably below what other allied health professions receive, for example the chiropractors and the osteopaths. A chiropractic consultation costs \$95 for 15 minutes and \$108 for 15 to 30 minutes, with a charge of \$216 for an hourly consultation.

Similarly, osteopath fees are much higher in the NT, with osteopaths charging \$173 for a 30-65 minute consultation, \$134 for a 31-50 minute consultation and \$86 for a consultation of less than 20 minutes.

It is interesting to note that the chiropractic practice Schedule still includes distinctions and higher fees for higher credentials.

The only other point to make is that in previous years, the CPI has been applied to the fee Schedule and this year there is no CPI increase to any of the fee schedules

Communication and timeliness

A final piece of feedback expressed by most NT practices was general dissatisfaction with communication and slowness of approvals, payments and response rates from Comcare in general.

Practices are expected to provide timely Treatment Management Plans and apply for any extras such as splints, materials and exercise equipment required for patients under Comcare yet rarely hear back from Comcare and are expected to chase up approval prior to supply. This prolongs recovery and wastes valuable clinical practice time chasing up on outstanding communications.

As a result, of all the above points, the APA does not support the removal of tier Level 2 and contends that the tiered Level 1 and Level 2 structure should be retained as an incentive for specialist and titled physiotherapists to treat Comcare patients and achieve the best health outcomes for these patients.

Yours faithfully



Marcus Dripps
President

^[i] Weale, A.E. and G.C. Bannister, Who should see orthopaedic outpatients-physiotherapists or surgeons? Ann R Coll Surg Engl, 1995. 77: p. 71 - 73

^[ii] Daker-White, G., et al., A randomised controlled trial. Shifting boundaries of doctors and physiotherapists in orthopaedic outpatient departments. J Epidemiol Community Health, 1999. 53: p. 643 – 650