

Feedback on WorkCoverSA

Physiotherapy services and fees consultation paper

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Thank you for the opportunity to respond to the *Physiotherapy Fee Schedule Consultation Paper January 2014*. On behalf of the Australian Physiotherapy Association (APA) SA Branch, I make the following comments:

Fee calculation methodology and proposed fee increase

The APA notes that WorkCoverSA is continuing to rely on Medicare data to evaluate the average fee increases for private patient physiotherapy services. Whilst analysing the increase in Medicare costs for private physiotherapy consultations from one year to the next may provide WorkCoverSA with an average percentage increase for Medicare physiotherapy consultations, the APA restates that we do not believe that this data is an accurate representation of what the average private patient pays for consultations (and corresponding annual increase), given the majority of physiotherapy services sit well outside of the Medicare system.

Nevertheless, WorkCoverSA has used 2012-13 Medicare data and found there has been a percentage increase in average private charges for allied health services (including physiotherapy) that is consistent with June 2013 annual Australian Bureau of Statistics Consumer Price Index – CPI of 2.4%.

Therefore, WorkCoverSA proposes to increase its physiotherapy fees by the annual CPI amount (2.4%), effective 1 July 2014. This will bring the hourly rate up from \$166.20 to \$170.20.

The APA accepts the proposed increase of 2.4% and commensurate rise in the hourly rate.

Review of service descriptions and policy

The APA notes that the existing *Physiotherapy Fee Schedule and Guidelines 2013* has been significantly shortened from some 40 pages to around 6 pages in length. This is a welcome simplification of the service descriptors, in that physios may have more flexibility in how they deliver services to injured workers, as long as treatment is in line with the Clinical Guidelines.

Further, the new Schedule is presented in two distinct sections – the *Physiotherapy Fee Schedule* and the *Physiotherapy Service and Payment Policy*.

Section 1: Physiotherapy Fee Schedule

The APA notes that a number of additions, deletions and amendments have been made to service items and related payment conditions, and makes comments as follows:

PT2XX Restricted consultation

The PT999 and PT212 has been deleted but replaced with a 'restricted consultation' whereby the physiotherapist would seek prior approval from the Case manager for extra time to treat complex injuries/conditions. The APA welcomes this opportunity to provide extended consultations to workers with special treatment needs, however makes the point that 30 minutes may not be sufficient to provide an appropriate service for all complex cases.

The APA discussed this new service descriptor with WorkCoverSA on the very first occasion that it was presented. At that time the APA proposed that this 'restricted consultation' should have a cap of 1 hour per service, but that any proposed service would need to be approved by the case manager prior to delivery.

In some situations, we anticipate that physiotherapists will request a block of three or four 30-40 minute consultations to provide a specific treatment program for a complex condition. In other situations though, the physiotherapist may request a block of four 60 minute consultations to deliver a different program. The onus would be placed on the physiotherapist in both scenarios to justify their proposed treatment plan and seek approval from the claims manager.

The APA asks that the descriptor for the 'restricted consultation' is modified to state: "\$170.20 per hour, up to a maximum of 1 hour per consultation."

PTXXX Worksite Visit

As discussed in separate submissions to WorkCoverSA, the APA does not support the complete removal of Medical Expert Rehabilitation Services (including Functional Capacity Evaluations, Job Analyses etc) from of the Physiotherapy Schedule and their integration into the Return to Work Services Fee Schedule.

Given that WorkCoverSA have chosen to implement this change despite the APA's position, the APA support the inclusion of a service descriptor that allows for a treating physiotherapist to visit the worksite to gain an understanding of the physical demands of their patient's work.

PTMP Physiotherapy Management Plan

The APA notes the formal inclusion of the Physiotherapy Management Plan item within the Schedule.

PT780 Independent Clinical Assessment:

At a meeting with WorkCoverSA on 16 December 2013, the APA requested consideration of allowing for these services to be extended past the maximum 4 hour cap with prior approval from the Case Manager. Ms Marcia Vernon agreed that time above the hours for the services of Independent Clinical Assessment will be granted by the case manager where it can be justified e.g. the need for an interpreter, multiple injuries and complex cases with "psychosocial factors".

PT760 Activities of Daily Living Assessments:

At the meeting with WorkCoverSA on 16 December 2013, the APA also requested consideration of allowing for the services of Activities of Daily Living Assessments to be extended past the maximum 4 hour cap with prior approval from the Case Manager. Ms Marcia Vernon agreed that time above the hours for the services of ADL's will be granted by the case manager where it can be justified e.g. the need for an interpreter, multiple injuries and complex cases with "psychosocial factors".

Section 2: Physiotherapy Service and Payment Policy.

Page 5 - What WC SA will not pay for

The APA notes that WorkcoverSA will not pay for non-attendance or cancellation fees for treatment services.

At our meeting on 16 December 2013 with WorkCoverSA the APA requested a return to the previous 2013 guidelines under PT999 for cancellation fees and non-attendance fees. Ms Marcia Vernon agreed that, where a case manager has specifically requested a Return to Work Service or Independent Clinical Assessment or Activities of Daily Living Assessment, and the worker fails to attend or the service is cancelled by the case manager within 24 hours of the appointment, a cancellation fee would apply as this is beyond control of the provider. The APA is of the view that this should apply to all non-treatment services.

Page 5 Restricted Consultation

The APA notes that *“the physiotherapist may apply to provide a restricted consultation for workers with... complex injuries/conditions which will be considered on a case by case basis by the case manager”*.

The APA, is very concerned as to how case managers will be educated to determine on a case by case basis, whether a patient with complex injuries/conditions do in fact merit a ‘restricted consultation’.

Case managers are not health practitioners, nor do they necessarily have any background in the provision of health care services and they will need to have the appropriate knowledge to be able to approve restricted consultations for patients.

Will all case managers be provided with training and the resources to make timely and appropriate determinations in relation to the complexity of an injured worker’s claim status and service needs? Perhaps the APA could assist WorkCoverSA in developing a set of criteria or identifying features for a patient who is complex, whereby it can demonstrated that these cases are deserving of this item number.

“The Physiotherapy restricted consultation form should be submitted to the case manager or self insured employer”.

This form does not appear to have been developed as yet. The APA asks WorkCoverSA if they are interested in our assistance to develop a ‘restricted consult application’ form?

“It is recommended that physiotherapists do not use the restricted consultation service until they have been advised in writing by the case manager that their application is accepted”

An ongoing concern for the APA in relation to this item is that, more and more, the onus is falling on the case manager to approve services in writing in order to keep treatment services moving along. If there are delays in approving treatments, the patient’s treatment is halted and their recovery and RTW hindered. Unfortunately, the feedback we receive from many APA members, regarding their experience in communications with case managers, is that generally they find it difficult to get anything in writing from case managers, even when making a simple request for an email reply acknowledging receipt of a report or confirmation in writing by email of a verbal approval to proceed.

How will WorkCoverSA ensure that case managers respond immediately to applications? Is there a time frame that we can reasonably expect a response in?

Can WorkCoverSA assure us that processes are in place to ensure all parties are cognizant of the need for this written trail of evidence?

Additionally, we ask if WorkCoverSA has educated the self-insurers on this requirement?

Page 5 - Aquatic and Exercise Sessions

The APA is pleased that WorkCover has removed the ban on providing a concurrent consultations and exercise or aquatic sessions. In many cases individual or group aquatic or exercise sessions are most beneficial if they commence as soon as possible the injury, so to have the ability to commence these sessions on the same day as the consultation is beneficial. It may also be a convenience for the worker so they do not have additional time off work to attend appointments.

The APA agrees that these concurrent consultations and sessions should only occur for a limited period of time.

Page 6 Activities of Daily Living Assessment and Report

The APA restates its position that suitably experienced physiotherapists should be able undertake the relevant training to continue to provide structural home modifications, as is the case with occupational therapists. Physiotherapists have similar skills in this area to occupational therapists, but in addition physiotherapy training gives far greater focus on pathology, biomechanical assessment and clinical reasoning skills. This allows physiotherapists involved in physical rehabilitation, to problem solve on-site.

There are also a number of physiotherapists who, in the past, have achieved outstanding outcomes in the provision of rehabilitation services including structural home modifications. The relatively new requirement to have had formal training for structural modifications should be equally available to both the OT and PT professions.

The APA also suggests some changes to provide greater clarification as follows:

Under Criteria Point 1

This would be expressed as *“A physiotherapist with less than the minimum required clinical experience may provide Activities of Daily Living services if supervised for a period of 12 months by a full-time physiotherapist who has conducted Activities of Daily Living Assessments for a period of at least 2 years.”*

Under Purpose

The APA believes it is essential that the following point from the 2013 Schedule Guidelines be added: *“Provide an indication of functional tolerances for determining work capacity”*.

Page 7 Activities of Daily Living Re-assessment

The APA suggests some changes to provide greater clarification as follows:

Under Purpose

The following point should be added:

“To teach or coach the worker in functional skills and use of aids and equipment supplied to maximize the worker’s functional abilities in Activities of Daily Living and work capacity”.

Page 8 Travel Expenses

The APA again restates its issue around, *‘excluding fuel costs and vehicle mileage’* as travel costs. Why are fuel costs and mileage not reimbursable, when clearly they are an extra expense to the travelling treating physiotherapist.

Outstanding Issue from previous consultations

Improving Access to Specialist Physiotherapy Services

The APA maintains the merits of an injured worker seeing a specialist physiotherapist to achieve a desired patient outcome. The APA again urges WorkCoverSA to adopt a referral model for specialist physiotherapy treatment whereby the injured worker has been assessed by a medical practitioner or treating physiotherapist as needing the specialist’s involvement or consultancy service. The treating physiotherapist may retain overall responsibility for the client’s ongoing physiotherapy treatment. The APA requests recognition of the higher level services provided by specialist physiotherapists to injured workers through development of appropriate service descriptors and remuneration.

Yours sincerely



Paul Wilcock
APA(SA) President