

# Feedback on the Physiotherapy services and fees consultation paper

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Thank you for the opportunity to respond to WorkCover SA proposed changes within the *Physiotherapy Services and Fees: Stakeholder Consultation Paper, February 2012*.

On behalf of the Australian Physiotherapy Association (APA) SA Branch, I make the following comments:

#### **Fee Calculation Methodology and proposed fee increase**

1. The APA acknowledges the proposed increase of 3.6%. The APA believe that, in the absence of any conflicting data, it is a reasonable outcome to have had the CPI increase confirmed in the review process.
2. The APA notes that WorkCover has based the fee setting model on EPC Medicare data. WorkCover has stated in a meeting with the APA in December 2011 that it uses the 'percentage change in fees' to compare to CPI for the same period in determining if CPI represents a reasonable variation in fees for that period, not the actual value of those fees.

The APA is concerned by the use of Medicare rebate data for this purpose. While the APA does not have a clear understanding about the actual methodology used by WorkCover in interpreting this data, at this point the APA does not agree that Medicare data is representative of average private physiotherapy fees in South Australia.

The APA benchmarking survey showed that in an average private practice only 6% of clients seen are charged under the Medicare system. 94% of physiotherapy clients are charged at a different rate.

3. The Worker's Rehabilitation and Compensation Act states that gazetted fees will be based on the average charge to private patients for the relevant service. The current formula measures percentage change in fees, and compares this change to CPI for the same period. By comparing these changes, WorkCover will determine if CPI indexing will be applied to gazetted rate. This process fails to incorporate a broad view of average charges to private patients. It does not allow for any consideration of potential changes in service descriptors or related private patient charges.
4. The APA needs to have a better understanding of exactly what Medicare EPC data is used and how it is interpreted to ascertain whether the use of this data is a fair and reasonable reflection on average private patient fees.

The APA requests that WorkCover provide the APA with information on the following:

- What were the time periods used for measuring the change in Medicare service costs?
  - Exactly what data was collected from Medicare?
  - What system did WorkCover SA then use to interpret this Medicare data?
5. The APA will continue to investigate methods for gathering robust data on average private patient fees in South Australia that are acceptable to WorkCover. The APA will consult with WorkCover in regards to this matter to ensure that there is agreement on data gathering methods prior to actual collection of data.

## Review of fee item descriptors and guidelines

### Part-hour rounding to 6 minutes

The APA welcomes the amendment whereby *“any part of an hour should be billed proportionately and should be billed to the nearest 6 minutes”*.

From an accounting perspective, the APA has continuously maintained that it is reasonable to round a ‘part hour’ to 6 minutes, which is in line with standard business practices.

### Travel PT905

WorkCover stated in recent correspondence that it seeks to develop consistency between the service guidelines and schedules for all allied health professions. The APA believes there is an unreasonable anomaly in the physiotherapy service descriptors and schedule

- PT 905 Physiotherapy travel is @ \$134.60 per hour
- PS 905 Psychology travel is @ \$158.50 per hour (the full hourly service rate)
- WMG10 Medical doctor travel is \$241.50 per hour (the full hourly service rate for a medical doctor for other services)

The APA believes that travel for physiotherapists should be reimbursed at the full hourly rate, as it is for other health professions.

### Telephone Calls

The APA repeats its request from 2011 that the phone call descriptor (PT552) is expanded to encompass calls to *“anyone or any institution that is necessary to provide an effective physiotherapy service”*

Physiotherapists make many other telephone calls, for example:

- to gyms to find out about their personnel, their equipment and their protocols for accepting WorkCover clients. Physiotherapists may need to ask very specific questions about a gym’s equipment, opening times, accessibility (car parking, ramps etc) to determine suitability of facilities for that injured worker.

- to medical supply companies to order TENS units and other treatment aids for injured workers,
- to interpreters to check on their availability (and whereabouts if they are running late for an appointment).

Although these calls are not to another medical service provider, they are important for patient management

### **Outstanding issues from previous consultation**

The APA wishes to continue consultation in regards to matters that remain outstanding from previous submissions to WorkCover. The APA requests WorkCover SA's consideration of, and response to, the items below.

### **Management of patients with (or at risk of developing) Chronic pain**

The APA continues to advocate that outcomes for patients with complex chronic pain conditions will be enhanced if physiotherapists, accredited in the management of chronic pain, are able to treat them. The APA welcomes the recent involvement of WorkCover and EML in the Health Performance study.

### **Use of Interpreters as a complex item**

Again we refer you to our submission of 18<sup>th</sup> of May 2010 at Appendix B. The APA continues to advocate that a complex item should also be allowed where an interpreter is required.

WorkCover's response to this request last year in the letter of 23 June 2010 'noted' the issues raised around the extra time required to treat non-English speaking (ESL) patients.

WorkCover's response was that *"this issue is faced by all health professionals and consistent with the use of an average fee WC expects that some consultations will take longer or shorter depending on the needs of the patient."*

WorkCover has since released its "Interpreting and Translating Policy Document". In its September 2010 Policy, WorkCover clearly states that service providers should as a general rule *'double the time normally allowed for interviews without an interpreter'*.

The APA welcomes WorkCover's stated policy on appointments requiring interpreters and translators, and would furthermore encourage WorkCover to consider appropriate remuneration for physiotherapists who provide an extended consultation for this challenging client group.

According to this Policy, the duration of a consultation using an interpreter would be expected to be considerably longer than 30 minutes and be more complex in terms of putting in place a management plan with the patient.

### **Non Standard conditions and Removal of item code PT220**

The APA continues to be concerned that the removal of PT220 long consultations has disadvantaged a small number of patients with special conditions, such as acquired brain injuries and other neurological conditions. In these situations, the APA believes that having an hourly consultation would be appropriate. The APA requests that WorkCover reinstate this code for specific conditions, such as those described.

### **Item Code for Emails/ Faxes**

In the meeting with WorkCover SA in January 2011, the APA recommended an item number to reimburse practitioners when requests are made from case managers for other forms of communication, in the same way as phone calls and report requests are made. The APA requests that reimbursement for email or fax communications between physiotherapists and case managers or rehabilitation consultants is included in the descriptor.

### **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. A specialist physiotherapist is a Fellow of the Australian College of Physiotherapists. The APA has previously provided WorkCover with significant background information on this topic.

To facilitate injured workers' access to specialist physiotherapy services the APA urges WorkCover 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.

Where a specialist physiotherapist provided consultancy services to a physiotherapist with a complex case, the treating physiotherapist may retain overall responsibility for the client's ongoing physiotherapy treatment

The APA believes that the benefits to workers with complex and/or severe conditions would be substantial.

The APA would like to discuss this proposal further with WorkCover SA and progress this proposal quite separately from the Fee Review process.

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



APA(SA President)