AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

Feedback on the Physiotherapy services and fees consultation paper

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Presented to WorkCoverSA

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Thank you for the opportunity to respond to both *WorkCoverSA Physiotherapy Services and Fees: stakeholder consultation paper January 2013* and the proposed changes within the *Physiotherapy Fee Schedule and Guidelines 2013-14.*

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

WorkCoverSA Physiotherapy Fees and Services: Stakeholder Consultation 2013

The increase in average private charges for allied health services (including physiotherapy) has been analysed using 2011-12 Medicare data. This increase has been compared to the June 2012 annual Australian Bureau of Statistics Consumer Price Index – CPI (1.2%).

The APA accepts that both information sources indicate similar outcomes, and that it is therefore proposed to increase physiotherapy fees by the annual CPI amount (1.2%), effective 1 July 2013. This will bring the hourly rate up from $164.20 to $166.20.

The APA accepts the proposed increase of 1.2% and commensurate rise in the hourly rate.

Physiotherapy Fee Schedule and Guidelines
Section 1: Returning to Work and the Role of the Health Provider

The APA is in agreement with most of the changes proposed in this section. We make the following specific comments:

- **PT 415 Individual Aquatic Physiotherapy Session**

We refer to page 12 specifically where a patient has engaged in a hydrotherapy session '*a subsequent consultation cannot be charged on the same day'.*

There is the potential for a patient to start aquatic physiotherapy session, be it an individual or group aquatic session, on the same day as the original consultation, especially if it is a convenience for the worker so they do not have to miss two days off work. It also may be deemed that treatment should commence as soon as possible after injury.

Similarly there may be instances where there are efficiencies in commencing an exercise session (individual or group) on the same day as the consultation.

We make the above points, especially in consideration of an injured rural worker who potentially would travel to Adelaide or the nearest major town for a physiotherapy and hydrotherapy or exercise session on the one day, which is significantly more convenient, and more cost effective for all involved.

We do not understand why WorkCoverSA have introduced the change whereby an injured worker cannot commence hydrotherapy on the same day as a consultation. It would help us to make a determination if we understood what the problem was? Is it WorkCoverSA's concern that a physiotherapist, who starts by providing hands on treatment, then progresses to the hydrotherapy session on the same day, may be double dipping?

- **PT 780 Independent Clinical Assessment**

We draw attention to a minor typo on page 15, last line, "*service provided by an physiotherapist…*".

- **Item PT907 Travel Expenses**

We refer to page 23, Note 1, '*excluding fuel costs and vehicle mileage'* as travel costs.

The APA requests an explanation from WorkCover SA as to why fuel costs and mileage are not reimbursable, when clearly they are an extra expense to the travelling treating physiotherapist.

- **Item PT999 guidelines**

In relation to the section on page 24, "*Examples of activities and services that are not appropriate for reimbursement under item number PT999*", we note there is a new inclusion of dot point 3: *'Non - attendance or cancellation fees for treatment services'.*

Non - attendance or cancellation fees specifically for 'treatment services' not reimbursable.

The APA assumes this means non-attendance for medical expert rehabilitation services appointments is chargeable under the service code for which the non attendance or cancellation occurred.

Physiotherapy Fee Schedule and Guidelines
Section 2: Medical Expert Rehabilitation Services

The APA is in agreement with most of the changes proposed in the section but make the following comments in relation to specific items:

- **PT 760 ADL assessment and report**

In relation to pages 26-27 in the draft *Physiotherapy Fee Schedule and Guidelines 2013-14*, the APA notes that there are no proposed changes at all to PT760.

However a Position Paper titled '*Activities of Daily Living home modification service delivery January 2103'* was circulated for comment on 25th January 2013, well after receipt of the *Draft Fee Schedule and Guidelines 2013.* The Position Paper proposes changes to the ADL service provision.

The main thrust of the Position Paper is the requirement of critical skills and competencies as set out in page 7. This requires physiotherapists with 2 or more years of clinical practice to complete additional training in non-structural home modifications e.g. rails, shower hoses, slip resistant matting, altering clothes line heights etc (see page 6 and 7). OT's on the other hand, when it comes to non-structural home modifications, are considered competent by virtue of their undergraduate training,

In relation to the future provision of structural home modifications, OT's can provide such services but after completion of extensive training. Physiotherapists will not have access to this training so will not qualify to provide 'structural' home modifications.

This is inequitable and also contrary to the absence of changes in the *Draft Fee Schedule and Guidelines 2013*. Physiotherapists have similar training in this area to OT's, 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 numbers of physiotherapists working in domiciliary care or physical rehabilitation services who are experienced and competent in the prescription of non-structural home modification services, and who have been performing these services effectively for decades. There are also a number of physiotherapists who have had training in the provision of rehabilitation services including structural home modifications.

To exclude these professional medical experts by way of shutting out the entire physiotherapy profession is discriminatory. At the very least, all the suggested formal training for structural modifications should be equally available to both the OT and PT professions.

While the APA will respond in more detail to the Position Paper, as requested by 28th February 2013, in relation to the PT 760, we can only make comment on what is detailed in the paragraphs on page 27. The draft fee schedule describing non-structural and structural home modifications are not marked for review. The whole service is not marked for review.

The APA agrees that the ADL service guidelines should stand as they are written in the draft fee schedule and guidelines.

- **PT 700 Functional capacity evaluation and report.**

We refer to page 28 and reiterate the objection to a cap on the fee for this service. The APA believes it is unreasonable that this is the only service in the Schedule where is a cap on the time/fee for FCE services while other services do not.

The argument exists for those FCE's which take longer when:

- an interpreter is required,
- where the worker has a complex condition and/or
- have more than one body part injured or more than one injury.

The APA requests that in the above circumstances and/or other circumstances where it is unlikely that the FCE can be completed within 7 hours, the service provider should request up to a further 2 hours extra time from the case manager.

- **Validity and reliability…**

Referring to page 32, the APA would like clarification about WorkCover's expectations in relation to physiotherapists describing the patients 'sincerity of effort' whilst undergoing going FCE and other tests for maximal effort.

We refer specifically to the following paragraphs:

> *"Evaluation of performance'*
>
> *A number of methods have been identified for testing maximal effort during a functional capacity evaluation. None of these has been adequately researched. Determining maximal effort during a functional capacity evaluation is complex and multifactorial. The physiotherapist should use all available data and observations from the entire evaluation not just from one single test when determining maximal effort.*
>
> *Validity is not a measure of sincerity of effort. The terms 'valid' or 'invalid' should not be used to describe a worker's performance in the functional capacity evaluation. These terms are used to judge the validity of the functional capacity evaluation system.*
>
> *Behavioural features do not preclude the performance of a clinically worthwhile functional capacity evaluation. Whatever performance is demonstrated should be used to inform the results and conclusions of the functional capacity evaluation."*

According to the Oxford Dictionary, Oxford University Press 2013, the definition of 'valid' (*adjective) is in "having a sound basis in logic or fact; reasonable or cogent'.*

It is in this sense, the APA believes it is appropriate to describe the level of a worker's participation in the FCE, as being *'valid'* or *'invalid'*. However WorkCoverSA in these paragraphs are stating that *'valid'* or *'invalid'* should not be used. We ask what other description should be used in its place?

We note that WorkCoverSA reserves the use of the term 'validity/valid' to apply only in the statistical, experimental or methodological context, as is used in the remaining paragraphs below?

> *Validity refers to the ability of an instrument to measure what it purports to measure. The validity of the test or test procedure is not affected by the worker's participation and the test remains valid regardless of the worker's performance. Reliability is the stability or dependability of a measure.*
>
> *There are functional capacity evaluation systems/instruments for which there is an acceptable level of validity and/or reliability and others for which currently there is insufficient validity and/or reliability. However, no functional capacity evaluation system/instrument has demonstrated moderate to high validity in all areas and no functional capacity evaluation system has been comprehensively investigated for all relevant aspects of reliability. Physiotherapists should be aware of the validity and reliability of the functional capacity evaluation system/s and individual test components they choose to administer.*

We can see here that the definition of 'validity' and 'reliability' are being interchanged when it comes to describing soundness of a test or assessment, i.e. 'testing process is a valid process or "scores in the assessment are reliable and a true indication."

Validity and reliability have different meanings, they are not interchangeable words.

It may be true to say the FCE test and outcome measures process may be 'valid', but if the patient is not performing to a level that would be considered 'valid' then the overall 'reliability' is undermined.

There is clearly considerable confusion and the APA suggests that these paragraphs be rewritten to take into consideration what the precise definition and contextual use of 'validity/reliability' is.

Outstanding issues from previous consultation

- **PT 212 - Complex Item**

The APA continues to advocate that outcomes for patients with complex chronic pain conditions will be enhanced if physiotherapists, experienced in the management of chronic pain, are able to treat them.

Obviously until there is appropriate reimbursement to these service providers for the time taken to provide this level of expertise, it will be difficult to ensure patients have optimal level of access.

The APA has made extensive submissions on the inclusion of complex chronic pain in the PT212 descriptor since 2009.

The APA has on several occasions in the past acknowledged that not all physiotherapists are experienced in managing chronic pain, however equally there are many physiotherapists already working with claimants with compensable injuries who have the necessary expertise to manage complex chronic pain and achieve successful outcomes for workers suffering from complex chronic conditions.

In our submission of 18 March 2010 to WorkCover, the APA proposed a new PT220A descriptor item that would allow a physiotherapist, experienced in complex chronic pain management, to apply for the extra time necessary to better manage a patient's chronic pain condition.

Our proposed PT220A Complex Consultation of more than 30 minutes duration was as follows:

> *The consultation will involve all of the elements of a long subsequent consultation and because of the complexity of psychosocial influences on physical wellbeing, will require time for assessment of beliefs, attitudes, obstacles to recovery, readiness to change and activity profiling.*
>
> *Validated tools will be used to measure these influences and to establish baseline functional capacity. Subsequent complex management will involve education re pain neurophysiology, collaborative goal setting, pacing and graded exposure to increased activity levels leading to the restoration of psychological, physical and occupational function.*
>
> *This type of consultation is particularly directed towards intermittent use in the management of chronic pain patients using an evidence based management approach. Progress in the management of the above influences and increased functional capacity will be recorded through appropriate outcome measures and questionnaires.*

The APA maintains that our PT220A descriptor proposed in March 2010 would still be very appropriate in ensuring clear delineation of what outcomes could be expected by physiotherapists with experience in chronic pain management. In effect, if a physiotherapist was asked to justify the use of this code, then he/she would have to demonstrate the documented use of validated measurement tools, outcomes, sophisticated interdisciplinary management approaches.

The APA is disappointed our PT220A proposal has not eventuated over three years now, despite clear interest shown repeatedly by WorkCoverSA in a pilot or trial application.

Failure to provide appropriate chronic pain management to workers is likely to result in ongoing compensable issues. Appropriate evidence-based pain management education and retraining can facilitate a more prompt return to work and increased quality of life for the worker. Delivery of such services cannot take place in a usual appointment time due to their complex nature.

- **Pain Management – Group Program by physiotherapists**.

The APA would like WorkCoverSA to re-consider the inclusion of a new item to include physiotherapists in the provision of group education for workers and an appropriate fee for that service.

WorkCoverSA's 23 June 2010 response to our proposal to introduce a group based service item delivering pain management education was that *"delivery of such education programs will be considered as part of the proposed work to be undertaken in developing a service based pain management strategy within the next two years"*

The APA would like an update on any progress in relation to this.

- **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 WorkCoverSA with significant background information on this topic.

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

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 WorkCoverSA 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.

- **Students and WorkCoverSA**

One final issue we would like to raise for further discussion is the current policy by WorkCoverSA of not allowing students to treat WorkCoverSA patients under the supervision of the treating registered physiotherapist. The APA believes that this contributes to the problem of shortages in placement opportunities for student physiotherapists.

Practical experience is a vital part of the training of the next generation of physiotherapists. When working in a placement, the supervising physiotherapist maintains the overall responsibility for the treatment of the patient, thus ensuring that the quality of service is maintained. We ask WorkcoverSA to consider accepting financial responsibility for health care services provided by a student under the supervision of a registered physiotherapist.

Yours sincerely

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