

Modernising Western Australia's Workers
Compensation Laws: implementation
proposals for regulations and administrative
instruments

OTA submission

Occupational Therapy Australia

December 2023

Introduction

Occupational Therapy Australia (OTA) thanks WorkCover Western Australia (WorkCover WA) for the invitation to provide feedback on the key proposals for regulations and administrative instruments intended to support the new *Workers Compensation and Injury Management Act (2023)*. OTA has limited its response to address proposals surrounding fee orders for allied health services and workplace rehabilitation services (implementation consultation papers 25 and 26). This submission was prepared in consultation with OTA members involved in providing services to WorkCover WA injured workers.

OTA is the professional association and peak representative body for occupational therapists (OTs) in Australia. As of September 2023, there were over 30,000 registered OTs working across Australia, including over 4,000 working in Western Australia.

OTs are allied health professionals whose role is to enable their clients to participate in meaningful and productive activities. OTs can assist in the prevention of workplace injuries and plan strategies for a successful return to work after an injury or illness, both physical and/or mental health related. After a work-related injury or illness, OTs work with individuals to maximise their independence and facilitate their participation in activities of everyday life.

OTs work with a variety of stakeholders to implement strategies for an injured worker's successful return to work. OTs work with the injured workers on engaging in activities that are meaningful to them. OTs can provide the following services:

- Assessment and rehabilitation of skills in self-care, home duties and driving.
- Physical rehabilitation to improve coordination, strength and movement.
- Assistance with community or work reintegration.
- Mental health and wellbeing assessments and interventions.
- Cognitive and memory assessment and retraining.
- Home assessment and modification.
- Prescription of, and education in the use of, adapted equipment.
- Vocational rehabilitation services.
- Care coordination, case management, transition services including discharge planning, client advocacy and onward referral to relevant services.

OTs are regulated by the Australian Health Practitioner Regulation Agency (AHPRA).

Feedback

Ancillary fees

Travel

OTA does not support a reduced travel fee.

WorkCover argues that ancillary items are not related to the direct treatment of workers. This stance is inaccurate, especially in the case of OT services, where the consideration of an injured worker's environment is an essential aspect of their treatment. If implemented, this proposal will disproportionately affect OTs. OTs may need to prioritise work that does not require extensive travel to ensure that their rising business costs can be met. This would negatively impact injured workers living in remote and rural regions and result in poorer return to work outcomes.

One member notes:

"I had a client funded under Worker's Compensation who had a back injury resulting in persisting pain. I was asked to provide recommendations for strategies from a pain management perspective for the client to be able to engage in a graduated return to work program. The client worked in a factory. I was required to travel to the factory to observe the work tasks and the client in the environment, to provide suitable recommendations. It took me 1.5 hours to travel to the client's workplace and back. If I had been unable to bill for this at my full hourly rate, I would have lost income, compared to seeing clients in my office. Regardless of whether we are seeing the client face to face, writing a report, or driving to an appointment, our time is just a valuable. If we can't travel to the location, we can't provide the service."

In addition, the proposed travel fee does not accurately reflect the true cost of this service, which is at least equivalent to the hourly fee. Travel poses additional expenses in addition to the time lost, such as the operational costs associated with vehicles. The proposed approach deviates from the practices of other insurance schemes, such as the National Disability Insurance Scheme (NDIS), which compensates for travel time at the hourly rate and provides an additional non-labour travel fee.

Reports

OTA does not support an initial flat fee of \$111 for allied health reports.

OTs should be included amongst the allied health professions that can bill at their standard hourly rate. No reason has been provided that would exclude OTs from the exceptions in place for this proposal. Like physiotherapists, OTs are required to develop complex and comprehensive reports.

An example includes the 'activities of daily living assessment and report' which explains a worker's level of functioning in relation to different activities, such as their work duties. This assessment requires that OTs explore a worker's abilities, limitations, and the environmental factors influencing their functional independence. This requires specialised observational and analytical skills and a deep understanding of the workers goals and preferences to ensure interventions are not only effective but also tailored to the client's unique needs. Preparing this detailed report involves synthesising a substantial amount of information, providing a thorough analysis, and making recommendations that address existing challenges and support the worker to enhance their overall quality of life and thus preventing other issues such as secondary mental health injuries. This report is not an ancillary service, it requires a high level of OT expertise. A flat fee of \$111 diminishes the expertise and time required to prepare this type of report.

Communication

OTA supports the proposed changes.

Our members have noted that the proposed change will support a consistent approach and better communication between providers.

Case conferences

OTA supports in principle, a new item to allow allied health providers to bill for communications.

The proposed change allows for a maximum of 30mins for each communication (and a maximum of 60 minutes per claim). Our members have communicated that these types of case conferences can extend up to 60 minutes. OTs seldom initiate and lead case conferences, making it challenging for them to ensure adherence to a 30-minute timeframe. Imposing such a limit is thus unreasonable given OTs have limited influence in this matter. OTA also calls for no cap on the number of conference calls permitted per claim

and that the costs incurred for travel permitted, should travel be necessary. Requiring prior approval for communications over 60 minutes and travel would be more reasonable.

Consultation types

Brief, short, and standard consultations

Retiring the brief (<15 mins), short (15-30 mins) and standard consults (30-45 mins) are unlikely to affect OTs, who typically require at least 60 minutes per consultation. However, these changes may affect hand therapists providing services to injured workers.

Extended consultations

OTA does not support this proposal.

This proposal represents a substantial reduction in fees for OTs. Extended consultations (equal to or greater than one hour) should remain at \$219.24. All other allied health professionals have been awarded an increase in initial consultation fees, except for exercise-based services, for which the fees have remained the same.

The consultation paper provided by WorkCover indicates that in determining fee adjustments, WorkCover considered a reduction in fees for exercise program services. The paper goes on to say that a decision was made to refrain from implementing a fee cut in recognition of the potential challenges such a significant reduction would impose on service providers, especially within such a short timeframe. The proposed fee cut for OTs is significantly more substantial than that considered for exercise program services. The same consideration should be applied in this instance for OTs.

If implemented this proposal may jeopardise WorkCover's ability to attract and retain OTs, which will ultimately affect WorkCover clients. As one member noted:

"The fee change is significant and highly impactful on OT services. It is damaging for our profession and will result in less people being able to receive this essential therapy."

Standard group consultations

OTA supports this proposal.

OTA notes that this proposal does not change the current fee for this item.

Treatment management plans

OTA supports this proposal.

OTA notes that this proposal represents a modest increase of the current fee for this item.

Workplace rehabilitation services

OTA supports this proposal.

OTA notes that this proposal does not change the current fee for this item.

Indexation

OTA supports this proposal.

OTA notes that replacing the requirement for a Ministerial fee order with automated indexation may improve efficiencies within the Scheme.

Other issues

Mental Health Occupational Therapy

OTA urges WorkCover WA to introduce a mental health OT fee schedule.

Occupational therapists have a long history of delivering early intervention, prevention, and treatment of mental health disorders in many settings. However, the specific mental health skills of occupational therapists are not always recognised or used to their full potential by funding bodies, government, and private insurance schemes.

OTA notes that the Scheme does not officially recognise mental health OTs. Despite this, we have received reports from several mental health OTs that they receive referrals for their mental health services, typically in the form of 'persistent pain referrals'. One member noted:

"The sector that I work in is complex pain management and mental health. All appointments are 60 minutes. The service delivered is in line with clinical psychology. (Mental health OTs are required) ... to have additional training and undertake certain obligations to uphold the professional requirements to deliver 'focused psychological therapy'. This is in line with clinical psychology, and I find it quite extraordinary that the Insurance Commission is not mindful of this."

The introduction of a mental health fee schedule for OTs would be a great step towards ensuring that OTs receive better recognition for these skills. This recognition will support more timely access to mental health services, which will in turn improve return to work outcomes for workers.

Earlier this year, OTA launched the 'OTA Mental Health Endorsement' program, which offers assurance to clients, employers, and funding schemes that an OT has the necessary skills and experience to deliver best practice mental health services. The program also ensures that requirements for endorsement and quality practice are profession-led. More information about the role of OTs in mental health and the endorsement program is available on [OTA's mental health website landing page](#).

OTA has been working with several workers compensation schemes to assist them to develop mental health fee schedules and policies for OTs. The workers compensation schemes in South Australia, Victoria and Queensland now recognise mental health OTs, and require that these providers have an 'OTA Mental Health Endorsement'.

OTA would be happy to discuss this proposal further with WorkCover representatives and assist in the development of a mental health fee schedule.

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