

WorkCover WA: Implementation Consultation Paper 25 – Fees Order for Allied Health Services

Submission by the **Australian Physiotherapy Association**

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Acknowledgement of Traditional Owners

The APA acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander Peoples today.

About the Australian Physiotherapy Association

The Australian Physiotherapy Association's (APA) vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy. The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups.

The APA represents more than 32,000 members. The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.

We are committed to professional excellence and career success for our members, which translates into better patient outcomes and improved health conditions for all Australians. Through our National Groups we offer advanced training and collegial support from physiotherapists working in similar areas.

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1. Executive Summary

Introduction

The Australian Physiotherapy Association (APA) is pleased to provide feedback to WorkCover WA on the proposed fees for compensable allied health services as part of the legislative renewal process to ensure a responsive and sustainable workers' compensation scheme. The APA shares your vision for a fair, accessible and cost effective workers' compensation and injury management scheme that works for all. We also welcome the collaborative approach to ensure our members' expertise and skill depth is duly reflected in any proposed fees order to be set by a future Ministerial Order from commencement of the new Act.

In setting new consultation fees, the APA is concerned that there are a number of disparities in the proposed fees, as set out in the consultation paper, which impact on the physiotherapy profession. These relate to how physiotherapy is measured against other regulated disciplines including **Occupational Therapy** services where there lies a significant disparity to physiotherapy, thus diminishing our value. In addition, there is a lack of skill differential applied to the exercise program services, specifically the fees scheduled for **Exercise Physiology** services. This is evident when valued against the advanced clinical competencies of physiotherapists in exercise prescription and implementation.

Overall, a more prescriptive skills focus is required in delineating fee levels to ensure the expertise and skillset of physiotherapists is appropriately remunerated. The APA would appreciate an opportunity to meet with WorkCover WA to discuss these disparities before moving the proposed fees for ministerial decision. The APA would also like to establish a new quarterly collaboration between WorkCover WA and the APA to ensure we can work more closely together during 2024 to ensure benefits for injured workers and the scheme as a whole. This would provide an opportunity to discuss issues of concern to physiotherapists and their clients, and to extend the relationship to collaborate on new approaches and models of care that encompass value-based healthcare through physiotherapy to better treat injured workers.

APA Position

Physiotherapists have a vital role in all third-party schemes across Australia. Here in Western Australia, physiotherapists play a leading role in the return-to-work process as experts in assessing capacity, helping to restore mobility, strength, and activity following an injury. Our members are committed to facilitating an early return to work to help minimise the impact that being away from work has on the mental health of their patient. For this reason, our key objective is to ensure that high-quality patient care and the value that our members provide to injured workers in the Western Australian Worker's Compensation scheme is recognised.

The proposed fee reset, as outlined, will require adjustment if they are to accurately describe the level of expertise and services provided by physiotherapists. There exists a noticeable disparity in the proposed fee structures between **Physiotherapy** and **Occupational Therapy** services, reflecting significant oversight in recognition of the expertise and skill set of these allied health professionals, and, in particular, the value and contribution of physiotherapists.

In respect to the treatment of **Exercise Program Services**, while we support the proposed freeze from the current hourly rate of \$221.50 per hour, the indefinite duration applied would not be feasible over time. The disparity between **physiotherapist** and **exercise physiologist** fees when comparing hourly rates of Exercise Program Services to specific physiotherapy clinical evaluation, diagnosis and treatment service rates needs urgent policy attention. There is significant opportunity to amend parts to reframe the Fees Order for Allied Health Services towards a policy vision that values, recognises, and strengthens the whole care that allied health disciplines provide while acknowledge the distinct and separate skills and service offering provided to patients.

Physiotherapists hold the required, recognised and specific diagnostic and clinical reasoning skills to ensure high-value treatment plans for injured workers. Physiotherapists have advanced skills in understanding the pathophysiology and pathoanatomy of injury and are experts in evaluating recovery timelines and pathways to health and return to work. As experts in mobility and function, what is unique to a physiotherapists' practice is their ability to use clinical reasoning that integrates unique skills and knowledge of core biomedical sciences, including understanding anatomy, neuroanatomy, functional neurology and pathophysiology, disease processes, pathology and exercise parameters to manage the patient's clinical condition and participation restrictions.

Physiotherapists provide specific functional exercise programs related to the needs of the injured worker. These exercise programs are specific to the injury, prescriptive to the pathology, provide therapeutic benefit and are targeted to RTW capacity. Simply applying a set rate across two very distinct disciplines, namely physiotherapists and exercise physiologists, disregards physiotherapists' expertise and dilutes specific clinical skill input. Further, applying a fixed fee level reduces clinical justification, diminishing expertise and risks the patient not getting access to the services they need.

In addition to ensuring skill differential is reflected in the proposed fee reset, the APA is also concerned that the proposed changes continue to undervalue physiotherapists with regard to the time that they spend with injured workers. Increased administrative requirements, along with often more complex biopsychosocial issues mean that physiotherapists generally spend more time dealing with workers' compensation clients than private clients. In a period of record high inflation, our members are facing increasing operating costs across a range of areas including rent, wages, interest rates, electricity and insurance, and practice viability must be factored.

Conclusion

The APA thanks WorkCover WA for the opportunity to provide input into further fee gazette increases. The APA is committed to improving the value of the health system. Physiotherapists constitute a valuable resource which is being utilised in many countries to streamline services and make them more efficient and cost effective. The APA recommends that the hourly rate for physiotherapy be raised to parity with occupational therapy. Further, we recommend stronger skill delineation between physiotherapy and exercise physiology to accurately capture the skill depth of our members. The APA welcomes transparent collaboration and clear processes underpinning fee reviews and will continue to work closely with WorkCover WA to assist with the implementation of these recommendations. The APA thanks WorkCover WA for their formal review of this submission.

2. Recommendations

The APA supports the strong focus on implementing changes to ensure a fair, accessible and cost effective workers' compensation and injury management scheme that works for all. In transitioning to value, it is essential that allied health disciplines are utilised effectively which requires a strong focus on core individual discipline strengths to drive better care. The APA has identified two key areas for adjustment within the proposed fee structure to ensure that physiotherapists are appropriately represented within the scheme for their clinical expertise and skill depth.

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|-------------------------|---|
| Recommendation 1 | The APA recommends that the hourly rate for physiotherapy be raised to parity with occupational therapy. |
| Recommendation 2 | The APA recommends a stronger skill delineation between physiotherapy and exercise physiology to ensure physiotherapists are accurately remunerated for their clinical expertise and value. |

3. APA's response to the proposed fees

The APA would like to draw attention to the following:

- The disparity between Physiotherapists fee orders and Occupational Therapists fee orders.
- The disparity between Physiotherapists and Exercise Physiologists fee orders.
- The APA seeks to establish quarterly engagement with WorkCover WA.

3.1 Disparity between physiotherapists and occupational therapists

The APA seeks to establish parity between Physiotherapists fee orders and Occupational Therapists fee orders.

There exists a noticeable disparity in the proposed fee structures between Physiotherapy and Occupational Therapy services, reflecting a potential misalignment in recognition of the expertise and skill set of these allied health professionals.

The proposed Initial Consultation fee for Physiotherapy (PA001) is \$111 (current \$88.70) encompasses a comprehensive assessment and treatment approach.

The proposed Standard Consultation fee for Physiotherapy (PB001) is \$90 (current \$78.05) involves an assessment of one specific body area or condition and PB002 consultation with a proposed fee \$118 (current \$98.60) involves 2 distinct areas of treatment per visit.

The proposed Group Consultation fee for Physiotherapy (PG001) is \$34 (current \$24.05) per person.

The proposed introduction of an initial fee for Occupational Therapy is \$148 which supersedes A121C Brief consultation (<15mins) current rate \$33.00 (<15mins).

The proposed Subsequent fee for Occupational Therapy is \$115 which looks to amalgamate A021Z Short Consultation current rate \$66.45 (15 to <30mins) and A022A Standard consultation current rate \$109.55 (30 to 45< mins).

The proposed Extended fee for Occupational Therapy is \$164.25 which looks to amalgamate A002B Extended Consultation current rate \$164.25 (45 to < one hour) and A002C Extended Consultation current rate \$219.25 (>one hour).


The proposed Group Consultation fee for Occupational Therapy is \$72.00 per person.

The proposed fee structures show a noticeable disparity between the valuation of Physiotherapy and Occupational Therapy services, with physiotherapy appearing to be undervalued. They highlight a concerning imbalance in the recognition and remuneration of the skills and expertise of physiotherapists in comparison to their occupational therapy counterparts.

Both professions, being AHPRA registered, contribute significantly to evidence-based treatment and support, playing integral roles in physical health, rehabilitation, and return-to-work programs.

Physiotherapists are adept at diagnosing and managing conditions across musculoskeletal, neurological, cardiovascular, and respiratory systems.

Achieving parity in fee structure is crucial in recognising the expertise and skill set of physiotherapists who provide high-quality and evidence-based patient-centred care that benefits the patient, the health system and delivering overall economic benefits. It is essential for aligning their contributions with other allied health professionals, fostering a more equitable healthcare landscape.

| | | |
|---|--|---|
| <p>A physiotherapist can diagnose</p> <p>Physiotherapists diagnose injuries and disorders associated with the musculoskeletal, cardiovascular and neurological systems.</p>  | <p>Physiotherapists use clinical reasoning for diagnosis and treatment</p>  <p>Physiotherapists have clinical skills across all anatomical and neurophysiological domains and use evidence-informed clinical reasoning to assist and advise the patient, their medical practitioner, caregivers and their healthcare team in ongoing management.</p> | <p>Physiotherapists are regulated under the National Scheme</p> <p>Physiotherapists must be registered with the Physiotherapy Board of Australia and meet the Board's registration standards to be able to practise in Australia.</p>  |
|---|--|---|

3.2 Physiotherapist and exercise physiologists fee orders for Exercise Programs

The APA seeks to clarify the differences between a physiotherapist and exercise physiologist's scope of practice and value to support a better understanding of the skill differentials and determination of the fee orders.

Both are allied health professionals who use physical activity to help people prevent, manage or recover from illness or injury and promote healthy lifestyles.

However, the APA maintains that physiotherapists are best positioned to lead clinical diagnosis, assessment, treatment plans and capacity assessments for RTW. Physiotherapists possess a comprehensive educational background that equips them with the expertise for diagnosing and managing various conditions involving the musculoskeletal, neurological, cardiovascular, and respiratory systems.

Physiotherapists may also diagnose and treat lymphatic conditions, incontinence and pelvic floor conditions and a range of paediatric presentations.

The APA seeks an amendment to address the disparity between a physiotherapist and exercise physiologist and establish parity between fee orders.

The **Physiotherapy initial (PA001)** proposed fee at \$111 encompasses a comprehensive assessment and treatment approach. The consultation includes a subjective assessment covering major symptoms, lifestyle dysfunction, and medical history. The objective assessment evaluates outcome measures, movement, muscle strength, and appropriate MSK, neurological and anatomical tests as indicated. The physiotherapist provides initial management, treatment, and advice, including a provisional diagnosis and treatment plan. The physiotherapist will give advice on self-management of the injury and recovery, pain management and provides treatment from a biopsychosocial approach. The consultation involves an in-depth discussion with the patient regarding working hypotheses, pathophysiology and pathoanatomy of the injury, treatment goals, and expected outcomes and recovery timeframes based on the working diagnosis. The documentation includes assessment findings, interventions, evaluations such as outcome measures and plans for future treatment and RTW goals. The treatment also includes a targeted, specific, restorative and prescriptive exercise plan that encourages and enhances rapid and appropriate RTW.

The **Exercise Based Program initial (EPE20)** with a proposed fee at \$221 per hour is specifically designed for exercise sessions. It includes a review of current medical and vocational status, communication with relevant parties, Physiological assessment/testing, screening questionnaires related to the workers level of function and program design based on assessments. Additionally, it involves coordination with exercise facilities and equipment, such as pool or gym-based activities.

The proposed fee for Physiotherapy services indicates a discrepancy in recognising the comprehensive skill set the consult brings to patient care through assessment and treatment approach. The comparatively higher cost of Exercise Based Program fee of \$221.50 per hour does not reflect the value of the specialised skills and expertise that physiotherapists contribute. This emphasises the need for a reconsideration of the perceived value of physiotherapy in comparison to exercised based programs.

The APA recommends that an appropriate fee increase for 2024 be raised to parity with Occupational Therapy.

| Year | 2023 | 2024 |
|---|----------|------------------|
| Physiotherapists fee order | | |
| Initial Consultation | \$ 97.20 | \$ 148.00 |
| Standard Consultation | \$ 78.05 | \$ 115.00 |
| 2 distinct areas of treatment per visit | \$ 98.60 | \$ 164.25 |
| Group Consultation | \$ 24.05 | \$ 72.00 |

3.3 APA and WorkCover WA

The APA seeks to establish quarterly engagement with WorkCover WA.

Establishing consistent communication channels, particularly through quarterly meetings, is important for optimising the operational experiences of physiotherapists within the scheme.

These meetings will allow for ongoing discussions regarding issues, goals and future projects. They will provide a dedicated platform for physiotherapists to share insights, challenges, and successes in delivering rehabilitation services.

Working in collaboration with WorkCover WA, the APA is committed to the ongoing development and improvement of Workers Compensation program.

Appendix 1

Background to the submission:

The below table details fees rates available to physiotherapists for particular items from 2020 to 2023.

| Year | 2020 | 2021 | 2022 | 2023 | Proposed 2024 |
|---|--------|--------|--------|--------|---------------|
| Physiotherapists fee Order | | | | | |
| Initial Consultation | 89.45 | 90.85 | 92.90 | 97.20 | 111 |
| Standard Consultation | 71.85 | 72.95 | 74.60 | 78.05 | 90 |
| Standard Report | 89.45 | 90.85 | 92.90 | 97.20 | 111 |
| Group Consultation | | | | | |
| Comprehensive Report (hr) | 203.90 | 207.05 | 211.70 | 221.50 | 221.50 |
| Occupational Therapy fee order | | | | | |
| Brief Consultation (<15min) | 30.40 | | 31.50 | 33 | |
| Initial Consultation | | | | | 148 |
| Subsequent Consultation (15 to <45 min) | 61.50 | | 63.5 | 66.45 | 115 |
| | 100.85 | | 104.07 | 109.55 | |
| Extended Consultation (>45) | 151.20 | | 157 | 164.25 | 164.25 |
| Group Consultation | | | | | |
| Report (hr) | | | | | 111 |



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|--|--------|--------|--------|--------|--------|
| Exercise Physiologists (as per Exercise Based Program fee schedule) | | | | | |
| Initial Consultation (hr) | 203.90 | 207.05 | 211.70 | 221.50 | 221.50 |
| Subsequent Exercise Consultation (hr) | 203.90 | 207.05 | 211.70 | 221.50 | 221.50 |
| Report (hr) | | | | 221.50 | 221.50 |