

## **ACC Submission on Draft Report**

### **Review of the Way in which Physiotherapy Services are Funded and Accredited by ACC**

**24 August 2007**

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## Introduction

ACC welcomes this opportunity to make a submission on the draft report of the Review of the Way in Which Physiotherapy Services are Funded and Accredited by ACC.

The draft report makes a number of recommendations relating to process improvements to enhance ACC's relationship with the physiotherapy sector. ACC has identified several work streams as a result of these recommendations, some of which are already underway. Other work streams will be initiated once the Reviewer's recommendations are finalised.

This submission:

- responds to some of the draft report's comments and recommendations. The topics discussed include:
  - ACC payments to physiotherapists;
  - the Endorsed Provider Network (EPN) contract;
  - monitoring and fraud; and
  - ACC32 process.
- provides further information sought by the Reviewer;
- clarifies an inaccuracy within the report; and
- lists the next steps for ACC.

## ACC Response to Draft Report Comments/Recommendations

This section provides feedback and additional information about some comments and recommendations made in the draft report on the following:

- ACC payments to physiotherapists, including pricing assumptions and indexation of regulation payments;
- the EPN contract;
- monitoring and fraud; and
- other topics such as the ACC32 process, Activity-based Programme referrals, and analytical advice.

### ACC Payments to Physiotherapists

#### Pricing assumption

The draft report suggests that a sustainable level of payment per hour, where a co-payment is not permitted, is unlikely to be less than \$138 per hour (excluding GST) (pg 3 1.12).

The model from which the \$138 per hour price was derived included a fixed asset assumption to which ACC had no input. A change to the fixed asset base has a considerable impact on the price suggested by the Reviewer.

#### *Fixed assets*

Deloitte initially modelled an average capital base of \$57,000 per practice. During the review, this was changed to a base of \$175,000, based on notional facility and set-up costs provided by the New Zealand Society of Physiotherapists (NZSP) for a brand new four-bed physiotherapy practice in Auckland. ACC did not have input into the assumption and disagrees with the use of \$175,000 as the set-up cost for a physiotherapy practice. Deloitte have also noted in the joint KPMG and Deloitte June 2007 report<sup>1</sup> that they have concerns with using this capital base (pg 31).

The set-up costs for this four-bed practice are not representative of the true cost of setting up an average physiotherapy practice. The \$175,000 set-up cost for this practice included prices for:

- a gymnasium facility for Activity-based Programmes. While Activity-based Programmes are physiotherapy-based services, they are not covered by the EPN contract or regulations, so the fixed-asset component associated with the gymnasium should be excluded;
- an excessive number of computers i.e. one computer between two physiotherapists plus an additional four computers in the physiotherapists' room; and
- items that are not fixed assets such as magazines, stationery, general supplies, and advertising.

Using the NZSP inventory, but removing the excess assets and items that are not fixed assets, ACC has estimated the fixed asset set-up cost for a four-bed physiotherapy practice as \$85,150 - refer Appendix 1. This estimate is based on published prices.

A reduction in the capital base from \$175,000 to the revised estimate of \$85,150 reduces the additional Deloitte estimate of fixed assets from \$138.52 per hour to \$125.90 per hour.

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<sup>1</sup> KPMG and Deloitte, Review of the way in which physiotherapy services are funded and accredited by ACC, Physiotherapy practice costing and pricing review, KPMG and Deloitte independent response to queries raised during the review. Wellington, June 2007.

#### *Further research/analysis*

ACC agrees that further analysis and research is needed to ensure that a sustainable price can be reached for physiotherapists. The draft report recommends that if a single level payment is to be set nationally, then it should be determined by reference to practices in high cost, high volume metropolitan areas (pg 42 5.43). Following up on this recommendation, to try and gain a better understanding of what the assumptions for remuneration rates, capital, and return on investment should be (pg 51 5.80.2), ACC approached NZSP for access to a number of regulation physiotherapists that meet these criteria - see Appendix 2. Unfortunately NZSP has declined this request - see Appendix 3.

ACC appreciates that due to the current funding constraints there would be a degree of circularity in the information that ACC requested. For this reason ACC intended to use the information to gain a better understanding of the market place, rather than use the information to benchmark the assumptions used for remuneration rates, capital, and return on investment.

ACC will continue to work further in this area, as directed by the Reviewer.

#### **Indexation of regulation payments**

The draft report suggests that an amendment to the Injury Prevention, Rehabilitation, and Compensation Act 2001 (IPRC Act) would be prudent to enable indexation to occur (pg 55 5.98).

At the request of the Minister for ACC, the Department of Labour has provided advice on an option for reviewing and adjusting the regulated amounts that ACC contributes towards all treatment. This proposes that ACC conduct an annual review of the amounts prescribed by regulations, and report the findings of that review and any recommendations for changes to the regulated rates to the Minister for ACC.

This advice has been included in the Injury Prevention, Rehabilitation, and Compensation Bill, which is scheduled to be introduced in September 2007.

## **The EPN Contract**

This section discusses proposed changes to the EPN contract as a result of recommendations in the draft report.

### **EPN name**

The draft report recommends that ACC cease using 'Endorsed Provider' name for this contract (pg 63 6.30). ACC will review the contract name and seek another name that better reflects the contract.

### **Contract termination notice period**

The standard contract termination notice period for ACC contracts is three months. However, the Reviewer recommends that ACC consider lengthening the 'no-fault' termination period for EPN contracts (pg 65 6.44). ACC will revise the termination period in all ACC contracts for a 'no fault' situation to six months. We will initiate contract variations to reflect this change.

## **Monitoring and Fraud**

This section provides further information on:

- the ACC Fraud Unit review;
- the structure of monitoring, risk and assurance, and fraud;
- change of approach within the former monitoring team; and
- the reviewer's comments on fraud and regulation providers.

### **ACC Fraud Unit Review**

The draft review of ACC's Fraud Unit has been completed. This was sent to the Reviewer on 22 August 2007. The review report has been released to staff for consultation and feedback on the findings and recommendations. The results of the feedback will be considered by ACC's Executive Leadership Team and Board Audit Sub-committee in mid September. The final decisions regarding the recommendations of the review will be issued to staff and the public on or about 25 September 2007.

### **Structure of Monitoring, Risk and Assurance, and Fraud**

ACC's monitoring, audit, and fraud work are undertaken by separate units within the organisation. These units are the Rehabilitation Service Development teams, the Relationship Management team (formerly the Monitoring team), the Practice Audit team, and the Fraud Unit.

Monitoring of contracts is undertaken by the Rehabilitation Service Development teams following the monitoring activities identified in the service monitoring plans. Anything requiring further follow-up and investigation is forwarded to the Relationship Management team. The Relationship Management team guides providers towards best practice behaviour and contract compliance.

The Practice Audit team's role is to audit provider's practices and services to determine whether or not the goods and services provided match ACC's requirements. They also ensure that payments and contributions initiated by the provider are appropriate.

ACC's Fraud Unit is responsible for detecting, investigating and prosecuting fraud. It has teams that investigate claimants and providers. It is this unit that performs investigation audits when there is reason to suspect fraudulent activity.

### **Change of Approach within Monitoring**

ACC is in the process of implementing changes to the team formerly known as the Monitoring team, and expects these to be completed by December 2007. These changes will result in ACC better reflecting the interdependence and ongoing relationship with providers, including physiotherapists. A key focus of the team will be education.

The team has been located in the regions to enhance relationships with providers within each area. Each of the three areas has a small team of relationship managers whose role is to provide a contact point and constant support for the provider's business or practice.

The Relationship Management team will focus on providers identified by ACC as requiring additional contact for various reasons, including clarifying new contracts and service requirements, and data analysis that shows the business is markedly different from similar providers, and other triggers such as a referral from the payments processing team regarding documentation. This team will have an emphasis on building the relationship between ACC and the provider.

An important outcome of this change in approach is that the education focus of the team will now be undertaken by a relationship manager on a face to face basis. This personal, supportive approach should help to enhance and strengthen the relationships between ACC and providers.

### **Monitoring information**

The draft report suggests that more information is made available for providers regarding the monitoring process (pg 83 7.59). This information should include:

- the objectives of the monitoring process;
- the process by which it is conducted; and
- the various outcomes that may arise.

ACC will initially make this information available to providers on the ACC website.

### **"illogical focus on regulation providers rather than EPN providers" (Pg 8, pg 93 7.107)**

**"a working assumption that there was less scope for concern about inappropriate service provision or fraud on the part of EPN providers" (Pg 94 7.103)**

During Quest III ACC focused on regulation providers because there were few EPN providers (in pilot areas only) for the period over which the analysis of fraud risk was undertaken. The EPN was introduced nationwide in April 2004, and although Quest III began in April 2004, data for analysis was taken from between 1 September 2003 and 31 January 2004.

As the EPN contract was not nationwide during the analysis period, it was considered reasonable to focus on the largest proportion of physiotherapists, i.e. regulation physiotherapists, which also captured those physiotherapists who went on to take up an EPN contract. There was no intention, either then or now, to treat EPN providers any differently from regulation providers.

There has been no working assumption by ACC that there was less or more scope for concern about inappropriate service provision or fraud on the part of EPN providers. As Mr Le Roux stated at the Hearing, it is ACC's view that it is equally possible for there to be fraud risk for physiotherapists under the EPN as well as the regulations.

## Other Topics

This section discusses comments and recommendations regarding:

- the ACC32 process;
- Activity-based Programme referral;
- analytical advice; and
- the ACC Treatment Provider Handbook 2007.

### ACC32 Process

The Reviewer has been advised by claimants and physiotherapists that in their experience the maximum number of treatments approved under an ACC32 form was 12 (pg 102 9.31). ACC would like to reiterate that when approving additional treatment there is no system or process limit on what can be approved.

Additional treatment requests are considered on an individual basis with consideration to the following factors:

- nature and severity of injury;
- treatment plans and information provided on the ACC32, to establish if treatment is necessary and appropriate for the purpose of restoring the claimant to the maximum extent possible and practicable;
- medical information and recommendations from specialist reports or findings;
- information from the case manager/Branch Medical Advisor e.g. if the case manager is trying to help a claimant to stay at or return to work; and
- whether a claimant is attending other ACC-funded programmes e.g. an Activity-based Programme.

ACC acknowledges the feedback given in submissions regarding the issues in this area and will review this process.

### Activity-based Programme Referral

ACC agrees that the improved Activity-based Programme referral process needs to include consultation with the existing treatment provider before an Activity-based Programme referral occurs (pg 98 9.11). ACC is currently drafting a referral framework that includes this step and anticipates this will be complete within the next three months after consultation with the Physiotherapy Liaison Group.

ACC is also undertaking pain champion training. This will be completed by August 2007. We anticipate that this training will also improve the referral process.

### Analytical Advice

The draft report recommends that ACC's quantitative analysis explains the limitations of its value to those who rely on that analysis for decision making purposes (pg 105 9.39). ACC agrees with the reviewer's recommendations.

ACC wants to be able to make high quality informed policy and analytical decisions and agrees that the information used in making these decisions needs to be fit for the purpose.

The newly formed Operations Group Support area within ACC has recently set up structures and processes to ensure that a more considered approach is used by analysts for quantitative analysis. This approach addresses the scope and purpose of analysis, processes, methodologies, understanding how the data is

collected and the assumptions used, through to how it is reported. It also covers the limits of the analysis, and the level of confidence that can be placed on the analysis.

In addition, ACC is developing guidelines to improve the quality of reports that include and rely on analytical information. The guidelines will be implemented across the whole organisation to ensure that analytical information is 'fit for the purpose'. These initiatives should improve the quality of advice for decision making.

#### **ACC Treatment Provider Handbook 2007**

The Reviewer has recommended that additional information be included into the next edition of the ACC Treatment Provider Handbook (pg 97 7.77). However, the updated 2007 edition has recently been published, two copies of which are included with this submission. It is also available at [www.acc.co.nz/providers/resources](http://www.acc.co.nz/providers/resources) .

Please note that the next version of the Handbook will incorporate the additional information recommended by the Reviewer, including the provider complaints process.

## Further Information Sought by the Reviewer

This section responds to specific requests for further information as detailed in the draft report.

### **1. Further explanation on ACC's rationale for having two separate service monitoring processes for EPN providers and regulation providers, and why fraud is identified as a risk in respect of regulation providers, but not EPN providers, in its service monitoring plans. (Pg 68 7.8)**

The criteria for the first review of EPN providers (as detailed in the service monitoring process) were not the same as for regulation providers because the purpose of the two reviews was (then) different.

The first EPN review, undertaken in 2005, was primarily to get an impression of how the new services were being used by providers and to gauge the providers' interpretation of the contract and operational guidelines. It was intended as a service review. However, the regulation provider review, also undertaken in 2005, was a formal analysis of physiotherapy providers that provided information on potential outliers.

Paragraph 7.8 also states that ACC has identified fraud as a risk for regulation providers, but not EPN providers, in the service monitoring plans. However, ACC considers that fraud is also identified as a risk with regard to EPN providers, although this is stated in less direct terms. Please see the EPN Service Monitoring Plan page 11 (under Tab 18 ACC Supporting Documents Folder 2).

While not specifically stating 'provider fraud', as it does for regulation providers, the fraud risk for EPN providers is discussed in terms of 'wide distribution in invoicing patterns from vendors'. The bullet points specifically identify contract manipulation, claims churning, and submitting multiple ACC32s. The mitigation listed for this is monitoring and follow-up of outliers, further education, and termination of contract for fraudulent behaviour.

The mitigation of provider fraud risk is very similar for regulation providers, with monitoring and follow-up of outliers, and Risk, Assurance and Fraud investigations and subsequent action taken. ACC does not consider that provider fraud is a greater risk for regulation providers than EPN providers.

ACC will ensure there is consistency in the terminology when the documents are next updated.

### **2. Outlier analysis for regulation physiotherapists - only one round of analysis? (Pg 68 7.10)**

Only one round of outlier analysis has been undertaken for regulation physiotherapists since 2005. From 1999 to 2003, outlier analysis was undertaken on a regular basis.

### **3. Outlier analysis - were providers identified through this the subject of further data analysis? (Pg 69 7.11)**

The providers who appeared as outliers for the regulation providers were the subject of further data collection and analysis. The initial data alone could not explain the findings. The analysis involved collecting key claim information per provider and using pivot tables to identify or exclude evidence of outlier behaviour. The tables were used to identify claims and claimants the provider had treated to allow them to reconcile this data with their own records. Along with a letter detailing the specific areas of concern,<sup>2</sup> these tables were sent to the providers to seek their assistance in clarifying the anomalies. This allowed them to respond to the enquiries and identify any ACC process errors.

### **4. Factors in ACC's provider complaints process (Pg 87 7.79)**

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<sup>2</sup> See template letter provided under Tab 16 ACC Supporting Documents Folder 2. This details the eleven areas of concern. No provider demonstrated all eleven areas.

ACC's Office of the Complaints Investigator (OCI) receives only a small number of complaints from providers. However, the OCI follows the same complaints process as it would for a claimant. The only difference being that provider complaints fall outside the Code of ACC Claimants' Rights (the Code).

In the first instance, all complaints are dealt with by ACC's Customer Support Service (CSS). The emphasis at this stage of the process is on quickly restoring a high quality working relationship. This recently implemented approach, called Service Recovery, places the recovery of the relationship on the business unit that primarily manages the most direct contact with that particular complainant.

In this case, the CSS would work with the provider to identify the issue(s) quickly, refer it to the relevant business unit, and facilitate a resolution. The timeframe for this is four working days.

Alternatively, a provider may raise a complaint with their Relationship Manager (formerly known as a Provider Relationship Manager). Relationship managers work in the community with providers and may be able to resolve the complaint at an early stage, as well as enhance ACC's relationship with the provider.

However, where Service Recovery or a Relationship Manager does not produce an acceptable resolution, or the provider chooses to forego either of these routes, the complaint is escalated to the OCI for a formal investigation.

After gathering all relevant information, a robust, impartial investigation is undertaken and a decision is issued. When the complaint is valid, recommendations are made to ACC as to how the situation may be remedied.

As with Service Recovery, significant emphasis is placed on repairing the relationship with the provider. To this end, the recommendations consider the outcome the provider was seeking when they first submitted their complaint. For example, an apology may be issued where appropriate. In addition, follow-up contact is made with the provider to ensure they are satisfied with the outcome of the investigation and to verify that ACC has implemented any recommendations. If a systemic error is identified, action is taken to ensure that a similar issue does not occur again. The provider is advised of this and further follow-up contact may be initiated to inform the provider of any changes resulting from their complaint.

Should a provider be unhappy with the decision issued by the OCI, they are able to raise their concerns with the Chief Complaints Investigator. The Chief Complaints Investigator can then review the investigation and issue a further finding as required.

If the provider is still dissatisfied, they are able to approach the Office of the Ombudsman.

Information about this process will be placed on the ACC website and will also be included in the next Treatment Provider Handbook update.

#### **5. Proportion of claims where subsequent consent is obtained (Pg 91 7.97)**

The Reviewer is seeking information on the proportion of claims where a written authorisation is obtained subsequent to the ACC45. ACC is unable to provide this information, as there is no baseline figure to calculate a proportion (i.e. the subsequent forms received by ACC may relate to claims made this year or several years ago.)

For the year ending June 2007 ACC received the following forms that have the claimant's signature and further authorisation for release of information subsequent to an ACC45 injury claim:

Form	Number received
ACC18 Medical Certificate	350,000
ACC32 Request for Prior Approval of Additional Treatment*	85,000

ACC250 Transport to Treatment	67,000
ACC42 Dental claim	33,000

\*Note this is treatment that is additional to the recommended number in the Treatment Profiles. It is assumed that the additional treatment request is for more complex cases than the Treatment Profiles cover.

**6. Removing confidential information from clinical notes (Pg 92 7.103)**

ACC does not require any information held by treatment providers that is not related to the issue of determining ACC cover and/or entitlements. However, information about non-injury conditions and/or treatment may be required if it impacts on the injury (e.g. an injury to a knee where there is also a degenerative condition of that knee).

**7. E-lodgement consent and is IPRC Act amendment required? (Pg 92 7.100)**

ACC provides instructions to treatment providers about electronic claiming in the Treatment Provider Handbook. The 2007 update states the necessity of having the ACC45 form signed by the claimant (pg 57) and, when e-lodging, directs providers to keep a signed copy to show the patient authorised them to lodge the claim on their behalf (pg 138).

ACC's view is that it is not necessary for the IPRC Act to be amended to provide for this process.

## Clarifying Inaccuracy

There was one inaccuracy found in the draft report that ACC would like to address.

### **EPN hourly rate** (Pg 37 5.17)

The draft report uses \$103 per hour as a current implicit hourly rate (pg 2 1.8.2) for EPN providers. However, the current implicit hourly rate is actually \$95 per hour (2005/06 data with two years of LCI inflation applied) - refer Appendix 4. The correct use of \$103 per hour refers only to the 2007/08 hourly rate for EPN providers from the Deloitte's model (pg 37 5.17).

This means that the percentage increase referred to in paragraph 1.12 (pg 3) would be 45%, not 34%.

## Next Steps

ACC has agreed to the following:

- work further on reaching a sustainable price;
- review the EPN contract name - to commence before the year end;
- revise the 'no-fault' termination period in all ACC contracts;
- complete the implementation of changes to the Relationship Management team approach by December 2007;
- place information on the ACC website for providers on:
  - the monitoring process
  - the provider complaints process;
- review the ACC32 process;
- include consultation with the treatment provider into the ABP referral process - due for completion by November 2007;
- develop and implement organisation-wide guidelines to improve analytical-related reports used in decision making;
- include additional information as directed by the Reviewer in the next update of the Treatment Provider Handbook; and
- update the fraud risk terminology when the service monitoring plans are updated to gain consistency with they are next updated.

ACC will also initiate other work streams following the recommendations in the final report. Following decisions on the Review by the Minister for ACC, we will work with the Department of Labour to seek government funding.

## Appendix 1 ACC's Fixed Assets Pricing

<b>Total Costs for New 4 Four-bed Treatment Room Clinic</b>			
<b>Inventory</b>	<b>NZSP</b>	<b>ACC</b>	<b>Comment</b>
	<b>\$</b>	<b>\$</b>	
IT Inventory	24,000	12,563	
4 x Treatment Rooms	34,000	37,192	
Reception / waiting room	13,000	8,037	Excluding set-up stationery, supplies, and magazines, which are not fixed assets. Printer/fax already under IT.
Kitchen / utility room	10,000	4,359	
Gymnasium	65,000	N/A	
Physiotherapy / staff room	12,500	3,940	Additional computers already allowed for under IT
Staff / patient toilets	2,500	5,000	Increased costs for disabled toilets
Sundries	14,000	10,000	Excluding advertising and brochures that are not fixed assets
<b>Total Set-up Costs</b>	<b>\$175,000</b>	<b>\$81,091</b>	
5% contingency		<b>\$85,145</b>	

A more detailed breakdown of costings is available to the Reviewer on request.

## Appendix 2 ACC Correspondence on Proposed ACC Data Collection

ACC Request to NZSP

**From:** Anne O'Connell  
**Sent:** Thursday, 9 August 2007 10:39  
**To:** 'Gail Leach'  
**Cc:** Chrissie Cope; Sacha O'Dea; Gail Kettle; Kevin Morris  
**Subject:** Request for further information

Hi Gail

As discuss ACC would like to approach (through the NZSP) a selection of regulation physiotherapist practices to gather further information on the cost of services particularly in the metropolitan centres as per the comments in the draft review under section 5.43 and to address points raised in 5.80. We have informed Diane Salter that we will be approaching you with this request.

The information that we need would be the following:

- Total Revenue
- Total Expenditure
- Cost of capital
- Total Salary costs
- Number of FTE physiotherapists (not including admin staff/practice manager)
- # of sessions for year
- # of individual customers for year

From this information we should be able to gain the following

- Cost and revenue per customer for treatment
- Cost and revenue per session
- Cost and revenue per Physio hour
- Cost and revenue per Physio FTE
- Cost of capital
- Return on investment (ROI) or profit margin

These findings relate to section 5.80.2 of the draft report to enable us to make "reasonable assumptions" as to remuneration rates, cost of capital and ROI, along with the Regulation Physios income and expenditure per hour and session.

It is information that is mainly available in annual reports with a few addition requests.

I have attached a list of those who are on regulations for you to approach if you agree to this.

The top 13 highlighted in Yellow have EPN registration pending - would probably exclude those.

The second worksheet (City Metro Areas), has all the regulation providers for Auckland, North Shore, Wellington and Christchurch.

If we could have a selection of these bigger clinics and maybe a few single operator ones, we would have a good selection of costs.

If it is not possible for us to use these practices can the NZSP come back to us with how we could gather this information.

As I said I am away tomorrow but if you have any questions Amanda Dyason, senior pricing analyst, is happy to talk to you. Here are her details: [Amanda.Dyason@acc.co.nz](mailto:Amanda.Dyason@acc.co.nz) , ph 918 7406

**I will be back in the office next week to discuss.**

Thanks Anne

Anne O'Connell

National Manager Rehabilitation Service Development

## **Appendix 3 NZSP Correspondence on Proposed ACC Data Collection**

## Appendix 4 - Actual cost paid to Physiotherapists per hour

The figure of \$103 per hour is NOT the current level paid to EPN Physiotherapists. The figure of \$103 per hour is the figure arrived at in the Deloitte model as the effective minimum cost per hour of running a Physiotherapist practice. Based on analysis of 2005 figures, the actual cost per hour currently paid to Physiotherapists is circa \$89.20. Two LCI increases of 2.74% and 3.68% have been added since then, which brings the payment to around \$95.00. So the increase being recommended to \$138 is a 45.3% increase on current costs.

Regulation Payments		
Year	Claim Number	Claim Costs
2002	360,192	\$ 43,380,493
2003	358,031	\$ 42,524,257
2004	348,506	\$ 40,318,012
2005	245,997	\$ 28,337,327
2006	189,214	\$ 21,913,475

EPN Payments		
Year	Claim Number	Claim Costs
2002	19,806	\$ 3,183,250
2003	48,523	\$ 8,656,616
2004	84,352	\$ 14,858,170
2005	212,099	\$ 44,070,949
2006	305,510	\$ 66,643,023

### Regs

2005 Claim Cost	\$ 115.19
2004/05 Avg visit per claim	5.25
2005 Avg fee per visit	\$ 21.94
Consult total time in Minutes	119.85
Fee per hour	57.67

### Avg Visits per claim Regs

5.25

Visit times from NZSP		
Initial	31.60 minutes	31.60
Followup	20.76 minutes	88.25
Total Regs Consult time in minutes		119.85

### EPN

2005 Claim Cost	\$ 207.78
2004/05 Avg visit per claim	6.21
2005 Avg fee per visit	\$ 33.46
Consult total time in Minutes	139.77
Fee per hour	89.20

### Avg Visits per claim EPN

6.21

Visit times from NZSP		
Initial	31.60 minutes	31.60
Followup	20.76 minutes	108.17
Total EPN Consult time in minutes		139.77

The NZSP recommendation is that the consult times for regulation consults in the model would be as follows:

- \* Initial consultation time - NZSP proposed time – 31.60mins.
- \* Follow-up consultation time - NZSP proposed time 20.76 mins.

Source: Internal Memo - Deloitte Physiotherapy (Physio) Review - Rationale and Development Process, 20 April 2007

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