

Review of the Way in Which Physiotherapy Services are
Funded and Accredited by ACC

Cameron Green
30 August 2007

Introduction

Thank you for the opportunity to address this Inquiry. By way of a short introduction my name is Cameron Green. I qualified as a Physiotherapist in 1985 and for the last 16 years have specialised in the area of Spinal Rehabilitation. For the last 11 years I have presented at the Auckland School of Physiotherapy as a guest lecturer in my area of expertise. What follows is a summary of some of the points and trends I have observed over the years that I would ask you to consider when preparing the final report.

ACC and Evidence Based Medicine

ACC state a desire to positively influence the quality of treatment claimants receive. The EPN was established under this banner. Yet the design of the pilot study highlighted how little the results were going to matter in its eventual introduction nationally. The study design eliminated ACC's ability to even look at treatment quality or outcomes. What right did ACC have to walk into the regions where the pilot study was to occur and destroy the financial viability of non-accredited practices? What justification has ACC ever had to run such a study, indeed what right did they have even calling it a study? Probably the best information ACC was likely to obtain is to see how long practices could survive on regulated fees after they had introduced the pilot and how quickly the majority were forced to switch onto the EPN. There seems to me no other point to a study of this nature, and no place for a study of this design in the future.

In point 6.11 of the Draft Report (23 July 2007) it is clear that ACC retain this central theme of improving outcomes yet their actions belie this. At no time have accreditation schemes been shown to influence clinical outcomes, a fact ACC proved with the EPN pilot and yet it was rolled out nationally. ACC have remained dismissive of the influence of experience and post-graduate qualifications because ACC have no evidence that it influences outcomes. So on the one hand ACC tested the influence of certification and found that it has no proven influence on outcomes but retain it as the corner stone of the EPN and yet ACC have no evidence of the influence of experience / education (haven't even tested it) so it can be largely ignored. This is not an organisation that has shown much respect for evidence based decision making

Unfortunately ACC don't appear to have altered in their use of dubious 'statistical evidence'. Point 6.10 of the Draft Report 27 July 2007 illustrates this fact, as did the claim that there is an 8% incidence of fraud within the profession. We are used to this form of miss information being generated within ACC. I am disappointed at the low quality of data analysis that ACC find acceptable and the biased nature of its use. I am concerned that it appears to be such an established practice within ACC it will be a hard behaviour to remedy.

Justification of Fee Structure

Since I returned from the UK and re-entered practice in Auckland in 1991 ACC has increased its contribution to claimant's treatment costs by approximately \$5.00 and that only came through this year. That equates to around 0.31 cents a year. It has been in this environment of gross under funding that the EPN was introduced and I suspect this is certainly a factor in its uptake.

There is no evidence that the EPN has ever shown itself to improve the quality of treatment and yet it has been persisted with. Not only that but the disparity in fee structures between regulation and EPN means that practices are essentially forced into the EPN for reasons of financial viability. This appears more a strategy than a justifiable fee arrangement and suggests an ongoing desire to achieve a Managed Care Model in the Physiotherapy sector.

ACC may attempt to highlight the high uptake of the EPN as some form of validation of its scheme. However given the embarrassing level to which ACC had neglected the sector over a considerable time frame increasing the ACC contribution to claimant's costs was unavoidable. I remain sceptical as to the EPN arrangement being the appropriate vehicle for such increases and the ongoing under funding of regulated fees. These are hardly the actions of an organisation that will consult and negotiate in good faith.

Preoccupation with Bureaucratic Process.

Significant value is placed on business process but what degree of complexity is warranted or indeed cost effective in Physiotherapy practice? Given that there are no tangible improvements in the clinical management a claimant receives what is the increase in compliance costs really going to achieve. Common sense dictates that the process of accreditation could be significantly streamlined, made cheaper, and less time consuming. That some proof of standards is warranted but one questions whether there is truly any attempt to fit the standard to the relative need.

The waste associated with this business process focus ultimately leads to increased costs being born throughout the sector, business owners, claimants and funders. There could be significant savings for ACC by targeting its certification needs, thereby reducing the provider's business costs, making profitability of business easier and ultimately reducing the cost to ACC. It is also a timely reminder that the Physiotherapy profession is most helpful to ACC when focused on the clinical management of the claimant rather than bureaucratic process.

Strategic Alliance ACC / Physiotherapy Providers

While I commend the new ACC leadership in its apparent attempts to change the long held ACC culture I feel it will be a long road. In the mean time I am asked to forget the past and look forward. My problem with this is that the past shows clear patterns of behaviour that are tangible whereas looking to the future is more subjective and somewhat of a leap of faith.

A collaborative relationship between ACC and the Physiotherapy profession would bring significant benefits to ACC in its planning and implementation of new strategies etc. This was perhaps evidenced as recently as the PLG meeting on 23 August 2007. Several of the ACC initiatives (patient information brochures / pain management initiative) that were presented or raised by the Physiotherapy representatives evidenced how not involving the profession from early stage planning would result in either more costs or less satisfactory outcomes for ACC. This lack of consultation by ACC is possibly not a conscious exclusion as in the past, rather an example of business as usual within ACC. With this in mind I remain cautious about the proposed strategic alliance. Not because there isn't perhaps a genuine intent for it to occur but I believe it will require such a significant paradigm shift within the workings of ACC and it might be easier said than done.

The fact that ACC were able to compromise the livelihoods of the non-accredited practices in running its EPN pilot highlights some other points for the profession. Firstly just how ineffectual the profession, and especially the NZSP and NZPPA were in protecting its members from the EPN pilot. Up till the introduction of the EPN pilot I was a member of both organisations. As a non-accredited practice owner I knew how I would feel having this situation imposed on me without justification. After correspondence on these very concerns it became obvious that the NZPPA were solely interested in its accreditation scheme and the NZSP were simply ineffectual. It showed the absolute power imbalance that existed between ACC and the profession and ACC's willingness to exploit its position. ACC has not been an organisation that consults or negotiates in good faith.

This means the Physiotherapy profession remains firmly disadvantaged in its relationship with ACC. The NZSP would appear to be one of the primary contacts between ACC and the Physiotherapy profession. However the NZSP's current structure precludes it from actively negotiating with ACC as it can't represent its membership due to their diversity and the different needs of the collective group. Therefore some changes would need to actually occur before the profession could feel it was being truly represented in its dealings with ACC.

- Either ACC would have to enter all negotiations in good faith and be truly collaborative with the Physiotherapy Provider groups, something that it has largely failed to do in the past and is a work in progress at best presently.
- Or the NZSP would need to enter into a relationship with an external negotiating team to actively represent the sub groups of the NZSP membership, or alternatively alter its structure to allow true negotiation to occur.

The current relationship remains unacceptable and my real concern is that nothing will change. Many of the representations made by Physiotherapy Groups including the NZSP have highlighted the inequities of ACC policy and have been largely ignored by ACC and the Minister. During David Rankin's tenure ACC were openly hostile towards and dismissive of the profession and while he is gone the organisation will take time to change.

ACC Minister

I believe it is worth pointing out that this has largely occurred under the current Minister for ACC. The Hon Ruth Dyson must be one of, if not the longest serving Minister for ACC, and prior to that was involved as Associate Minister.

The Minister has been well apprised of our concerns with regards of ACC throughout her time in office. This includes the serious concerns regarding the EPN pilot study, Assoc. Professor Triggs concerns regarding the data prior to national rollout of the EPN, the concerns regarding the fraud investigations and ACC culture in general etc. The Minister has been as dismissive of the profession as the senior ACC management of the time and I believe a party to the current problems with the culture within ACC.

To be honest it is hard to see where the Hon Ruth Dyson has acted to address any of these issues and yet between this inquiry and the report into the ACC Fraud Unit it is apparent there was a need for action well before now. It is disappointing that ACC has been able to deteriorate to the point that requires inquiries of this nature and all while the Hon Ruth Dyson has been at the helm. (Indeed I believe it entirely inappropriate that an individual who has chosen to drive home from Parliament with excess breath alcohol should ever act as Minister for ACC in the first place).

Treatment Profiles

These are in dire need of being revisited. At the PLG meeting on 23 August 2007 the the ACC32 forms were once again raised as a concern for both parties. One of ACC's concerns centred around the high number being filled out. The need to do an ACC 32 is based around a set number of treatments being reached requiring this form to be completed to request approval for a continuation. The Treatment Profiles underpin the process, dictating at what point the ACC32 must be completed. It is my view that the Treatment Profiles were not intended by the profession to be used as such a fixed benchmark. The intent at the time was to give a subjective ballpark figure of treatment numbers required to treat the simple presentation of each injury type, based on no more than anecdotal evidence. This fact is born out by the high number of ACC32 requests being made presently. We know the profession has made significant improvements in efficiencies of treatment with average treatment numbers falling steadily over time. Therefore logic dictates that the primary problem is the trigger numbers set out in the Profiles being poorly suited to their current use by ACC.

With this in mind ACC and the Physiotherapy profession need to revisit the Treatment Profiles, and soon. ACC need to give a clear intent as to the proposed function of the Profiles and how they are to be used. That way a more appropriate set of Profiles can be produced and while still being subjective in nature they should better reflect their intended purpose. It would be useful if ACC representatives sat in on the process to clarify the ACC perspective so that the final product is a more satisfactory document for all concerned. As recently as the PLG meeting last week ACC has no timeline for this process to begin but I believe ACC would do well to give it a higher priority as it stands to gain via reduced administrative costs not to mention the improved goodwill of the Physiotherapy profession.

Conclusion

This forum has given the Physiotherapy profession a unique opportunity to be heard and I doubt we will see its like again. Despite my criticisms of ACC I believe the organisation is a valuable asset for the public of New Zealand. I am under no illusions as to the significant challenges faced by ACC in meeting its obligations. I am also mindful of the fact that I have focused on the negative aspects of ACC rather than the things that have improved, for example the Provider Helpline.

My main reason for making these points is the underlying concern that for all ACC's stated intent for a strategic alliance and the remedying of past indiscretions it may prove very difficult to actually achieve. The current workings of ACC have been bedded in over such an extended time frame that they will likely take a long time to change. Just one example is the difficulty ACC has had correcting the inappropriate actions of some Case Managers. This has been a recognised problem for years but is still occurring despite ACC's best efforts at management level to stop it.

In the past it has been all too easy for ACC to ignore the views of the Physiotherapy profession and as it stands there is no reason why ACC can't continue to do so. While a more effective and inclusive relationship is proposed as a goal of ACC it is yet to eventuate. As I've already stated this is not necessarily due to an unwillingness of individuals within ACC to affect change, but more a feature of bringing change to an organisation of this size. I am worried that if the recommendations made within your report are not compelling enough then over time it will be easy for ACC to lose the focus they currently have.

Thank you again for your time. I believe we have been fortunate that this review has had people of the quality of yourself and Diane Salter charged to undertake it.