

21 February 2007

The way in which physiotherapy services are funded and Accredited by ACC  
- Ministerial Review

Initial Submission from District Health Boards

The following comments addressing the terms of reference for the ministerial review include feedback from the District Health Board (DHB) Physiotherapy leaders and managers group, Allied Health Workforce Strategy Group and ACC/DHB Hospital Services.

### **ACC Payments to Physiotherapists**

Current regulations do not meet the cost of providing physiotherapy treatment within the DHB setting. Historically the gap between cost and payment has continued to grow with the lack of increases to physiotherapy payments.

Other areas that impact on cost of treatment within DHB's:

- A large percentage of patients present with complex often multiple problems (ie following significant or multi trauma). This is not reflected in a fee structure that reflects this complexity.
- The current fee structures for EPN and regulations does not allow for appropriate capture of services provided via group sessions, such as hydrotherapy.
- Current EPN and regulations are not structured to account for travel time/costs that is incurred with community based visits.
- Historically the public sector has not charged co-payments which has compounded the gap between cost and payment.

Current physiotherapy contracts would be enhanced by having appropriate contract reviews included. This would allow for review of regulation payments, and incorporating an appropriate CPI adjustment.

## **The EPN**

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The biggest concern to DHBs around the EPN contract is the accreditation/certification process.

- Currently hospitals undergo accreditation and certification of their entire operations as a mandated requirement. However, physiotherapy departments are required to have an additional and individual accreditation/certification process. During this hospital accreditation all physiotherapy sites are visited and reviewed along with close scrutiny of all departments policies and procedures. This includes human resource, risk management, infection control, cultural policy, advocacy and documentation standards, which to a large part is duplicated in the physiotherapy specific process.
- Public hospitals have a central physiotherapy department but many also have a number of satellite sites. While these work to the same policy and procedures there is a requirement under the EPN to have each site individually certified. This comes at considerable cost.

## **Culture of ACC/Audits**

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- It is understood the need for regular audits to be carried out.
- The EPN contract and its significant certification/accreditation requirements are unique to the physiotherapy profession. These requirements are not attached to any other ACC contracts held by other professional groups. A focus on contracts that work well such as Hand therapy should be included when establishing and reviewing physiotherapy contracts.
- There is a culture in many branches throughout the country in terms of the perception of preferred providers with case managers. There is a need for consistency across all providers who have been awarded contracts with ACC.

## **Physiotherapy Profession Generally**

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- There is significant work occurring within the DHB sector around future workforce development and sustainability of the allied health professions including physiotherapy. The wording within the terms of reference implies significant influence of a funder on the profession generally. Ensuring that the profession is not reliant on a single funding agency must be considered long term to guarantee the sustainability of the physiotherapy profession.
- It is believed that post graduate experience/qualification could be reflected in reimbursement adjustment such as occurs in the ACC hand therapy contract.
- There is a need for reimbursement to remain appropriate for services provided.

This submission was completed by:

Gillian Campbell  
Physiotherapy Advisor  
Taranaki District Health Board  
(06) 753 6139 ext 7722  
[gillian.campbell@tdhb.org.nz](mailto:gillian.campbell@tdhb.org.nz)

Martin Chadwick  
Physiotherapy Advisor  
Waikato District Health Board  
(021) 356 362  
[ChadwicM@waikatodhb.govt.nz](mailto:ChadwicM@waikatodhb.govt.nz)