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David Goddard QC / Diane Salter  
Public Submissions,  
Review of Physiotherapy Services,  
Workplace- ACC Policy,  
Department of Labour,  
P O Box 3705,  
Wellington.

**Re: Personal Submissions in response to initial round of  
public submissions**

Dear Sir:

My name is Jordan Salesa. I am a New Zealand born Samoan who has lived and worked in Auckland my entire life. I am the product of an immigrant Samoan and a third generation New Zealander. My roots are from Savaii in Samoa and the King Country / Far North in New Zealand. I qualified as a Physiotherapist in 1998 and have post graduate qualifications in Sports Medicine and Manipulative Physiotherapy. I currently own and run eight physiotherapy clinics in Auckland (with one other owner). These clinics are located in broad geographical, cultural and socioeconomic suburbs, including central Auckland, Kohimarama, Glen Innes and Otara.

I have had varied involvement in a number of professional and community bodies in the Health sector including:

- President, Auckland Physiotherapists Private Practitioners Association
- Chairman, Auckland Branch of the New Zealand Society Physiotherapists (NZSP), the largest branch in NZ
- Trustee, Total Healthcare Otara a Primary Healthcare Organisation (PHO)
- Secretary, Pasifika Physiotherapists Association
- Committee, Physical Activity Advisory Committee Lotu Moui Project - Counties Manukau District Health Board (CMDHB)
- Committee, Physiotherapy Liaison Group – ACC sector group
- Working Group member and Author, National Pacific Diabetes Initiative (NPDI) - CMDHB
- Committee, Cultural Competency Working Group – NZSP
- Committee, Allied Health Services Sector Standard NZS 8171: Physiotherapy Audit Workbook

I have also been privileged to work in my capacity as a Physiotherapist with:

- NZ Swimming Team - Head Physiotherapist

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- Manu Samoa Rugby Team - Head Physiotherapist
- New Zealand Olympic Team Athens 2004 – Team Physiotherapist
- New Zealand Commonwealth Games Team Melbourne 2006 - Head Physiotherapist
- Samoan Olympic Games Team Sydney 2000 - Head Physiotherapist,
- Samoan Commonwealth Games Team, Manchester 2002 - Head Physiotherapist

My submissions form directly from my interactions with the Accident Compensation Corporation (ACC) as a practice owner, physiotherapist, physiotherapy governance representative and most importantly member of the public and ACC claimant.

Jordan Salesa

**Preamble:**

1. I offer my personal submissions after reading the public submissions in regard to the independent physiotherapy review. They are not exhaustive. I have responded to issues I feel are pertinent to the reviewer to assist him in making final recommendations to the Minister.
2. I wish to endorse the submissions of Physiotherapy Trust New Zealand in its entirety, while at the same time supporting the assertions of the NZSP that ACC does not fund physiotherapy services appropriately.
3. I assert that the Endorsed Provider Network (EPN) is not in the best interests of the public of NZ. In fact the EPN in effect penalises ACC claimants who choose not to attend EPN clinics by devaluing the contribution it pays towards a claimant's treatment and rehabilitation.
4. There is a very clear difference between physiotherapists on regulated fees and physiotherapists on specific contracts with ACC. One is ethical bound to the patient while the other is not, they are contracted to work for ACC. Thereby placing themselves in a tenuous position which has effectively been forced upon them by ACC.
5. I also assert that there is no tangible reason for ACC to "purchase" physiotherapy services. ACC claimants (the NZ public) have entitlements under the legislation which allow them to access treatment and rehabilitation services without the burden of the scheme being placed on the healthcare practitioner via cumbersome compliance mechanisms.
6. Compliance costs associated with the EPN (and other ACC contracts) are prohibitive, excessive and unnecessary.
7. Planned, random or specific audits / fraud investigations appear to have taken place as per the NZIER recommendations to increase constraints on non-EPN providers and one of our clinics were part of this process.
8. ACC undervalues the physiotherapy profession.
9. ACC has responsibilities to all New Zealanders including Maori and other ethnic minorities. To date these in relation to physiotherapy services have not been addressed.

**Fraud / Audits Investigations:**

10. There is a lack of transparency in the manner in which ACC conducts audits or fraud investigations. Some audits / fraud investigations appear to have been conducted only on regulated fee providers. This mirrors the assertions of initially the General Manager for ACC Healthwise (1) and subsequently the NZIER 2002 report where it suggests increasing both constraints to regulated providers while simultaneously assisting promotion of non-regulated fee providers (4.2.2 NZIER – ACC submissions document 6).
11. Further to this the former Chief Executive also encouraged providers to pursue accreditation to engage with ACC in the future (2).

12. One of our clinics experienced a “friendly visit” from ACC in 2005. This friendly visitor was in actual fact Paul Barraclough ex-policeman come lawyer and nothing to do with the provider relationship team who are responsible for friendly visits. He did not make it clear why he was visiting our clinic. At the time our clinic was on the regulated fee payment structure.
13. I know of two other physiotherapists who have not come forward for fear of reprisal or slur on their reputation who were fraud investigated (by the risk and assurance unit). The result for both of these physiotherapists was no case to answer yet neither received apologies nor recompense for being investigated as fraudsters. Both providers were on regulated fees and these investigations took place in 2004.

#### **Accreditation / Certification / EPN:**

14. In order to gain an EPN contract a provider must become certified (formerly accredited). It is important to note that an individual physiotherapist does not need to be certified just registered. The physical location and clinic are certified.
15. Our clinics were the first in NZ to go through the revamped certification / accreditation process in late 2005. As previously stated we have 8 practices. The costs directly associated with gaining certification / accreditations for an EPN contract have been significant. Specifically it has cost our business \$9000 in standard operating procedures (SOP), \$12000 p.a. in ongoing SOP / compliance costs, \$10000 in auditing costs, countless hours of both owners to ensure meeting specific criteria. Others costs not included here are further labour and training costs, professional memberships of NZSP and the NZ College of Physiotherapists (these are written into the EPN contracts). All this leads to an accurate assessment of \$65000 in real and labour costs to certify our practices for a three year period.
16. What does accreditation / certification achieve? Prior to the national rollout of the EPN there was no tangible need to become “accredited” via the NZ Physiotherapy Accreditation Scheme (NZPAS). This was evident in the low numbers of those signed up to the scheme. The scheme championed quality as its catch cry, yet an independent organisation (non physiotherapy) began to investigate how they would seek to provide “accreditation” services and as a result uncovered a simple fact. The NZPAS had which purported quality, assessment and audit protocols did not have any external protocols itself. It lacked national or international scrutiny; they and subsequently ACC questioned the scheme’s quality (see Public Submissions – Bruce Monkton).
17. This led to a cascade of events which culminated in ACC contracting Standards NZ to create a new standard after having to purchase the NZPAS for an undisclosed figure (see Public Submissions – Bruce Monkton). Despite this ACC still maintains that accreditation / certification delivers quality clinical outcomes via improved “systems and processes
18. Initial results of pilots run with accredited clinics (2000 – 2002) were inconclusive (ACC submission 3.3.4). A further pilot took place with the only significant finding being a reduction in return to work time of 13% (ACC submissions 3.3.4). These

statistics were subsequently discredited by Professor Triggs (PTNZ submission page 23).

19. The basis of the NZPAS as a prerequisite to an EPN contract is dubious at best, yet it was the cornerstone of the “quality pilot trials” and remains a key criteria for an EPN contract.
20. There is no need for accreditation / certification in its current form. Most if not all of the intent of the current standard NZS 8171: Allied Health Services Sector Standard is met and in some instances exceeded in the roles the Physiotherapy Board is charged with under the HPCA Act 2003.
21. The Physiotherapy Board’s prime role is to protect the public and ensure that physiotherapists are competent and fit to practice. The board “sets clinical standards, cultural competence and ethical conduct”. These ethical guidelines are specific and aimed at ensuring the highest possible ethical standards. Physiotherapists must also maintain their annual practicing certificate and in doing so the must complete specific and ongoing continuing professional development criteria. The board also acts as a watchdog for employers, the Health and Disability Commissioner and ACC. (Public Submissions – Physiotherapy Board).

#### **Value of Profession:**

22. ACC is willing to “employ” providers via the EPN and other contracts thus breaking the patient – health practitioner contract. ACC has not forced these contracts on any other primary care health practitioners.
23. ACC Submissions to this review outline payments on behalf of patients. Table 5, outlines payments under the regulations, while 3.6.2 outlines the EPN pricing structure. These range from \$19.48 - \$83.22. It would seem that the Customer Knowledge division of ACC values physiotherapists time far more than the rest of the corporation \$150 for 30 minutes (3)
24. Until very recently ACC did not consult sector wide. The Physiotherapy Liaison Group only came into existence in 6<sup>th</sup> March 2006 with the first meeting in May 2006.

#### **25. Public / ACC Claimants:**

26. ACC wishes to comply with ILO 17 and remove the burden of cost to all accident victims. In my practice in Otara, South Auckland this already existed prior to the EPN. The national rollout of the EPN just served to increase our compliance costs and remove the more affluent and mobile patients back to their local (residential) treatment providers as Otara / East Tamaki has large industrial day time population. It has not increased access for local populations. I pointed this issue out to the Minister for ACC, who replied and instructed ACC to discuss possible solutions for low socio-economic areas and areas with high Maori and pacific populations (4). This meeting never took place and I have yet to see any programmes targeted at these populations that are not based solely on removal of co-payment or the EPN.

27. Less than 5% of all physiotherapists come from Maori or other ethnic minorities (2004, 2005, NZHIS, MOH). This in terms physiotherapy service provision to ACC claimants leaves obvious equity gaps. Who is responsible? Clearly under the IPRC Act 2001 ACC does share some of this responsibility.

**Solutions:**

28. ACC must cease the experimental EPN and carefully review (with wide consultative processes) the need to purchase contractual services.

29. The government via its agents; ACC and the Physiotherapy Board should use existing monitoring systems to accredit / certify physiotherapists on an individual basis as there is no compelling evidence that accreditation improves patient outcomes. The Physiotherapy Board has robust processes which can be used to accredit / certify practitioners on an annual basis.

30. ACC and the Physiotherapy sector generally must work together to solve the clear work force equity discrepancies immediately.

31. ACC must adopt a non-adversarial approach in dealings with physiotherapists.

32. Physiotherapy NZ Trust have also offered various solutions worthy of thorough consideration.

Sincerely,



Jordan Salesa  
Physiotherapist