



Te Kaporeihana Āwhina Hunga Whara



PHYSIOTHERAPY SERVICES COPAYMENT CHARGES SURVEY

2004/05 and 2005/06 Comparative Analysis

Final Report – September 2005

Prepared for: ACC

Consultants: BRC Marketing & Social Research

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Introduction and methodology

Efficient rehabilitation requires access to needed injury treatment services. Co-payment charges for such services are an important factor of service affordability to consumers, and for some can become a barrier to service access. The Accident Compensation Corporation (ACC) now intends to monitor co-payment charges for injury treatment services. The information garnered from this monitoring will be used to inform policy and further operational development.

This supplementary report is comprised of tables that detail comparisons by treatment procedure for the 'average practice co-payment' charged to consumers in 2004/05 and 2005/06 for an ACC related visit at those practices surveyed. This charge is in excess to the charge paid by ACC for these visits.¹ Separate from this report, a summary report of the full tabular results of the survey, and an anonymised database of each practice's reported co-payment charges for the service in question have been provided to ACC for more detailed analysis.

Interpreting the tables

Tables 1, 2, and 3 provide comparative results of 2004/05 and 2005/06 co-payment charges for an initial and follow-up consultation, an initial and follow-up consultation for ankle sprain requiring strapping, and after hours consultation by the rate at which ACC is charged (i.e. hourly, per treatment, and EPN contract rate) as varied according to the person's age; specifically:

- Adults aged 18 years and over.

¹ Note: The results of the tables have not been weighted to reflect the volume of ACC related service visits at the practices surveyed. As such, the results reported may not be reflective of the true 'average co-payment' paid by New Zealand consumers, bearing in mind that the results demonstrate that charges vary from region to region and tend to be higher in urban areas where the majority of visits are likely to occur. The true 'average co-payment' charged nationally is therefore likely to be greater than that implied by these tables.

Interpreting the statistics

The tables include the following descriptive statistics:

1. **Mean** is the average co-payment charge reported by practices surveyed.
2. **Standard error** is the estimate of sampling error associated with the combined 2004/05 and 2005/06 measures and can be used to determine whether the observed difference found between the average co-payments is within the expected range of variance resulting from sampling error, or that the average co-payment charge has in fact changed significantly since it was last measured.

To determine the 95% confidence level of an observation, the standard error can be multiplied by 1.96 to determine the threshold point for considering a change from one measure to the next as being significant. For example, with a standard error of 1.15 one would need to observe a change in co-payment charges greater than \$2.25 before considering it to have changed significantly (at the 90% confidence level the standard error is multiplied by 1.65 and one would need to observe a change in co-payment charges greater than \$1.90 before considering it to have changed significantly).

3. **Significance p=** denotes the probability that the observed differences between the average co-payments is a result of sampling error, or how likely the average co-payment charge has in fact changed. At the 95% confidence estimate, p= values of 0.05 or less denote statistically significant differences, at the 90% confidence estimate p= values of 0.10 or less denote statistically significant differences.
4. The **Median** is the 'middle value' in a range of co-payment charges (or at times may be the mean of the two middle values in the range of payments).

A final note of caution, any observed differences in tables with sub-samples of less than 30 respondents should be viewed as indicative only.

Summary of findings

When comparing co-payment charges between 2004/05 and 2005/06, the following changes were observed:

Indicative changes

The data suggest general decreases in co-payment charges between 2004/05 and 2005/06 across different consultation types for the following, however, please note that most of these changes are not statistically significant and should be viewed as indicative only:

- EPN contract rate:
 - Initial consultation of ankle sprain requiring strapping - normal adult charge.
 - Follow-up with strapping of ankle sprain requiring strapping - normal adult charge.
 - After-hours consultation - normal adult charge.
- Hourly rate:
 - Follow-up consultation - normal adult charge.
 - Follow-up with strapping of ankle sprain requiring strapping - normal adult charge.
- Per treatment rate:
 - After-hours consultation- - normal adult charge.

The data suggest general increases in co-payment charges between 2004/05 and 2005/06 across different consultation types for the following, however, please note that most of these changes are not statistically significant and should be viewed as indicative only:

- Per treatment rate:
 - Follow-up consultation - normal adult charge.
 - Initial consultation of ankle sprain requiring strapping - normal adult charge.
 - Follow-up with strapping of ankle sprain requiring strapping - normal adult charge.

Significant changes

Statistically significant decreases, at the 95% confidence level, were found in co-payment charges between 2004/05 and 2005/06 for the following:

- Hourly rate:
 - Initial consultation of ankle sprain requiring strapping (2005/06: \$15.50 cf. 2004/05: \$17.29).

Table 1: Normal co-payment charge: EPN normal adult charge.

	Mean							Median	
	2004/05		2005/06		Standard error	Significance p=*		2004/05	2005/06
	n=	Mean	n=	Mean		one-tailed	two-tailed		
Ankle sprain requiring strapping: Initial consultation	92	6.67	136	5.27	1.35	0.15	0.30	5.00	3.00
Ankle sprain requiring strapping: Follow-up with strapping	104	6.16	137	5.26	1.12	0.21	0.42	5.00	3.00
After hours consultation	80	14.94	112	11.51	2.18	0.06	0.12	10.00	2.50

*Note: p values of 0.05 or less denote a statistically significant difference at the 95% confidence level in the observed means of 2004/05 versus 2005/06; p values of 0.10 or less denote a statistically significant difference at the 90% confidence level in the observed means of 2004/05 versus 2005/06.

Table 2: Normal co-payment charge: Hourly rate- normal adult charge.

	Mean							Median	
	2004/05		2005/06		Standard error	Significance p=*		2004/05	2005/06
	n=	Mean	n=	Mean		one-tailed	two-tailed		
Initial consultation	238	16.65	176	16.69	1.08	0.49	0.98	15.00	15.00
Follow-up consultation	236	14.06	175	13.66	0.89	0.33	0.66	12.00	12.00
Ankle sprain requiring strapping: Initial consultation	215	17.29	150	15.50	1.06	0.05	0.09	17.50	15.00
Ankle sprain requiring strapping: Follow-up with strapping	213	15.26	147	13.71	1.00	0.06	0.12	15.00	13.00
After hours consultation	139	19.52	106	19.06	2.03	0.41	0.83	18.00	15.00

*Note: p values of 0.05 or less denote a statistically significant difference at the 95% confidence level in the observed means of 2004/05 versus 2005/06; p values of 0.10 or less denote a statistically significant difference at the 90% confidence level in the observed means of 2004/05 versus 2005/06.

Table 3: Normal co-payment charge: Per treatment rate - normal adult charge.

	Mean							Median	
	2004/05		2005/06		Standard error	Significance p=*		2004/05	2005/06
	n=**	Mean	n=**	Mean		one-tailed	two-tailed		
Initial consultation	108	15.69	100	15.63	1.58	0.49	0.98	12.00	15.00
Follow-up consultation	106	10.50	98	11.57	0.94	0.13	0.26	10.00	10.00
Ankle sprain requiring strapping: Initial consultation	98	14.90	94	15.71	1.60	0.31	0.62	13.00	15.00
Ankle sprain requiring strapping: Follow-up with strapping	97	11.06	93	12.54	1.13	0.10	0.19	10.00	10.00
After hours consultation	67	20.06	56	15.84	3.05	0.08	0.17	15.00	15.00

*Note: p values of 0.05 or less denote a statistically significant difference at the 95% confidence level in the observed means of 2004/05 versus 2005/06; p values of 0.10 or less denote a statistically significant difference at the 90% confidence level in the observed means of 2004/05 versus 2005/06.