



AUSTRALIAN PHYSIOTHERAPY ASSOCIATION

**APA SUBMISSION TO THE INQUIRY INTO
PRIVATE HEALTH INSURANCE BILL 2006
[PROVISIONS] AND RELATED BILLS –
*ADDITIONAL INFORMATION***

Presented to the Community Affairs Committee of the Department of the Senate

Prepared by the

Australian Physiotherapy Association

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INTRODUCTION

This submission provides additional comment on the Private Health Insurance Bill 2006 [provisions] and related Bills. In particular, this submission provides comment on the rules released by the Department of Health and Ageing on Thursday 1st February.

RECOMMENDATIONS

The APA makes the following recommendations in this submission:

- The current level of direct public access to safe and effective treatment by physiotherapists is maintained in the draft business rules. They should not be altered in any way that undermines this level of access.
- The current aspects to the draft rules which do not insert doctors as gatekeeper to broad treatment options must be maintained.
- Physiotherapists should be afforded the same level of protection as Doctors under Section 172-5.
- Allied health providers that choose not to accept preferred provider contracts issued by health funds should be protected by 'tier two' default benefits similar to those allowed for private hospitals.
- The accreditation start date should be maintained at 1st July 2008

The APA would be pleased to discuss further any elements of this submission with the committee.

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Maintaining direct access to registered practitioners.

The APA is most concerned at public comments made by the Australian Medical Association that appear contrary to the purpose of the legislation. The legislation aims to provide broader access to primary care and innovative programs through multiple access points. The AMA appear to be arguing for a default position that undermines broader access by placing the general practitioner as the gatekeeper of all treatment. This position directly contradicts recommendations contained in the Productivity Commission research report on Australia's Health Workforce and significantly reduces the likely take-up of innovative approaches to hospital substitution and chronic disease management.

Further public statements by the AMA suggest that allied health providers are "not trained to diagnose and make decisions on the treatment or prevention of chronic disease". Such statements reflect a lack of understanding of the role of physiotherapists in the management of injury and chronic disease. This position neglects the fact that physiotherapists currently treat and prevent a wide variety of injury and disease as primary contact practitioners.

The APA strongly supports the current intent of the rules to maintain primary contact status for physiotherapists under broader health cover. The Australian public have long been able to directly access their chosen physiotherapist without a referral from a doctor. This system has provided an efficient and safe mechanism for patients to access appropriate treatment. The APA is pleased that the draft rules continue to support direct access to physiotherapy for both general treatment and hospital substitute-treatment.

Additionally, the APA applauds Government for making direct legislative reference to physiotherapy for 'general treatment' and 'hospital-substitute treatment'.

Recommendations

The current level of direct public access to safe and effective treatment by physiotherapists is maintained in the draft business rules. They should not be altered in any way that undermines this level of access.

The current aspects to the draft rules which do not insert doctors as gatekeeper to broad treatment options must be maintained.

Protection of clinical freedom.

In today's market, in circumstances where patients regularly use the reasonable benefit limit set by their health fund, the physiotherapist would be subjected to a review of their preferred provider status by several private health funds. The physiotherapist could possibly be 'delisted' which means the preferred provider status is removed without any access to an appeal or conciliation process. The rebate to patients on future services would drop by around forty five percent and the fund would write to each of the practitioner's patients and make every effort to direct the patient to a more compliant practitioner. The patient would be led to believe that this was for their benefit as it would ensure a known gap. Some funds have reported a significant shift in patients when this occurs, undoubtedly due to the substantial impact of greatly reduced rebates.

Whilst the 'delisting' of physiotherapists from preferred provider schemes occurs infrequently, the threat of this action can have a profound impact on clinical independence and quality care.

The APA urges the committee to seek amendments that protect the clinical freedom of physiotherapists similar to that provided to doctors under S172-5. There is no valid reason for such protection not to be extended to all registered professionals.

For clinical freedom to exist practitioners must have a genuine choice of whether to participate in contract arrangements and patients must have a genuine choice of practitioner. If private health funds choose not to fund a particular treatment or to limit a benefit, this should be done through policy design rather than by manipulating practitioners through contract arrangements.

Recommendations

Physiotherapists should be afforded the same level of protection as doctors under Section 172-5.

Allied health providers that choose not to accept preferred provider contracts issued by health funds should be protected by 'tier two' default benefits at 85% of the relevant contract amount similar to those allowed for private hospitals.

Allowing practitioners time to accredit for Broader Health Cover.

A considerable number of physiotherapy practices are currently not accredited. The date set for required accreditation is currently 1st July 2008.

Bringing forward the date for required accreditation will prove difficult given the logistics involved in accrediting a substantial number of practices in a short time. Another challenge to an earlier implementation date would be the anticipated June 2007 launch of revised standards for physiotherapy practice accreditation.

Physiotherapists are registered professionals with an exceptional safety record. Providing for accreditation will lead to a likely improvement in patient experience however there is no evidence to suggest that patient safety is currently at risk when attending a practice that is not accredited.

Recommendations

The accreditation start date should be maintained at 1st July 2008

ABOUT THE APA

The Australian Physiotherapy Association (APA) is the voice of the physiotherapy profession in Australia and leads the profession internationally. Physiotherapists must be fully qualified and eligible for registration with the Physiotherapists' Registration Board in their respective state or territory to be eligible for full APA membership. Australia has approximately 13 000 registered practising physiotherapists. The APA has more than 11 000 non-student members. The APA national office is located in Melbourne, with branch offices in every state and territory. Further information on the APA is available at www.physiotherapy.asn.au.

APA VISION

All Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

APA POLICY CONTEXT

The following extracts from key APA policies may assist in contextualising the views of the APA on private health insurance.

The APA Platform supports a universal, publicly funded Medicare system, equitable access to publicly funded health services, and contends that:

- The APA opposes private or government monopoly of healthcare or health purchasing.
- The APA contends that clinical independence must not be corrupted by pressure being applied by large health purchasers or providers.
- Payments to insured patients should be a rebate to the patient and that patients should have the choice to choose treatment of greater value from a private provider through gap fees.
- Affordable ancillary cover is vital to the continued viability of physiotherapy in the private health sector.
- Payment for physiotherapy services should reflect the true cost, variety and complexity of these services.
- Market price is the most appropriate indicator of the relative value of physiotherapy services in the private sector (APA 2004).

The APA Strategic Plan includes to:

- Safeguard interests of consumers and providers of physiotherapy services.

- Advocate for equitable access to physiotherapy and optimal health care for all Australians.
- Lobby key stakeholders to overcome identified barriers to consumer access to physiotherapy.
- Improve access to physiotherapy services to meet the needs of consumers (APA 2005).

The APA Code of Conduct includes that:

- APA members shall advance the common good.
- Physiotherapists shall work towards achieving justice in the provision of health care for all people (APA 2001).

The APA Position Statement on Health Funding Provider Agreements includes:

- Price caps that interfere with the clinical decision making of a physiotherapist or limit the quality of patient care are unacceptable.
- Physiotherapy is a core health service and health funds should offer fund members reasonable rebates for standard as well as special or complex physiotherapy services such as two-area treatment, neurological treatment, lymphoedema and continence management (APA 2000).