

How to submit this form

Submission form: Proposed updates to ACC regulated payments for treatment

The Ministry of Business, Innovation and Employment (MBIE) would like your feedback on proposed updates to the ACC regulated payments for treatment. Please provide your feedback by **18 October 2022**.

When completing this submission form, please provide comments, evidence, and any data that may aid your submission. Your feedback provides valuable information and informs decisions about the proposals.

We appreciate your time and effort taken to respond to this consultation.

Instructions

To make a submission you will need to:

1. Fill out your name, email address, phone number and organisation.
2. Fill out your responses to the discussion document questions. You can answer any or all of the questions. Where possible, please provide us with evidence to support your views. Examples can include references to independent research or facts and figures.
3. If your submission has any confidential information:
 - i. Please state this in the email accompanying your submission, and set out clearly which parts you consider should be withheld and the grounds under the Official Information Act 1982 (Official Information Act) that you believe apply. MBIE will take such objections into account and will consult with submitters when responding to requests under the Official Information Act.
 - ii. Indicate this on the front of your submission (eg, the first page header may state "In Confidence"). Any confidential information should be clearly marked within the text of your submission (preferably as Microsoft Word comments).
 - iii. Note that submissions are subject to the Official Information Act and may, therefore, be released in part or full. The Privacy Act 1993 also applies.
4. Submit your feedback:
 - i. As a Microsoft Word document by email to ACregs@mbie.govt.nz with subject line: *Consultation: ACC regulated payments for treatment*, or
 - ii. By mailing your submission to:

The Manager, Accident Compensation Policy
Ministry of Business, Innovation and Employment
PO Box 1473

Wellington 6140
New Zealand

Submitter information

Submitter information

MBIE would appreciate if you would provide some information about yourself. If you choose to provide information in the section below it will be used to help MBIE understand the impact of our proposals on different occupational groups. Any information you provide will be stored securely.

Your name, email address, phone number and organisation

Name:

Privacy of natural persons

Email address:

Privacy of natural persons

Phone number:

Privacy of natural persons

Organisation:

The Physio Clinic Ltd

- The Privacy Act 2020 applies to submissions. Please tick the box if you do **not** wish your name or other personal information to be included in any information about submissions that MBIE may publish.
- MBIE may upload submissions or a summary of submissions received to MBIE's website at www.mbie.govt.nz. If you do **not** want your submission or a summary of your submission to be placed on our website, please tick the box and type an explanation below:

I do not want my submission placed on MBIE's website because... [insert reasoning here]

Please check if your submission contains confidential information

- I would like my submission (or identifiable parts of my submission) to be kept confidential, and **have stated** my reasons and ground under section 9 of the Official Information Act that I believe apply, for consideration by MBIE.

Proposed updates to ACC regulated payments for treatment

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Questions on increases to rates set by the cost of treatment regulations

Question 1

Do you agree that tailored payment increases reflecting wage increases in the main occupational groups (option D in discussion document), which will result in the increases detailed in Table 4 reproduced below, best meets the following policy objectives:

- Claimants are able to access treatment, meaning co-payments should be affordable
- Costs to ACC are sustainable, affordable and predictable (gradual increases)
- Payments are not too dissimilar between the health and ACC systems.

If you do not agree, why not? Please provide reasons for your view.

I do not believe these increases will achieve the first bullet point of making co-payments affordable to all (or most) in my community. A rise of 9.36%, after many years of minimal increases, will make a marginal impact on practice viability and sustainability in the short term but will make no impact on my surcharges. At best it might delay the pending increase in surcharges required to assist with staffing/recruitment/retention challenges, inflation and increasing overhead (including increasing regulatory and administrative) costs.

Furthermore, co-payment increases will be required to cover the increasing case complexity I now see day-to-day in our practice due to the challenges facing the wider primary care sector – namely patients unable to access GP appointments in a timely fashion, local General Practices not having locally skilled/knowledgeable GPs in attendance and patients simply being unable to enrol or access local GP care.

A key challenge facing our practise is the increasing time spent on clinical administration, communication, liaison, ACC emails and answerphones, pursuing increasingly complex referrals and inter-disciplinary case liaison – none of which attracts any funding unless charging direct-to-patient.

Essentially, in my opinion our existing models of care and the Cost of Treatment Regulations funding model is increasingly not sustainably fit for modern clinical purpose in its current state.

Table 4: Services eligible for payment increases

Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003			
Treatment Provider	Regulation	Service	Proposed Increase
Counsellors	9	Consultation	9.36%
Dentists	10 and Schedule	Consultation and treatment costs	5.70%
Medical practitioners	13 and Schedule	Consultation and treatment	5.70%
Nurses	14 and Schedule	Consultation and treatment	7.85%

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Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003			
Medical practitioners and nurses	15 and Schedule	Combined consultation and treatment	4.60%
Nurse practitioners	15A and Schedule	Consultation and treatment	7.85%
Specialists	16 and Schedule	Consultation and treatment	5.70%
Hyperbaric oxygen	11 and Schedule	Treatment costs	5.70%
Radiologists	12 and Schedule	Consultations and imaging	5.70%

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Specified Treatment Provider	Regulation	Service	Proposed Increase
Acupuncturists	17 and Schedule	Treatment costs	9.36%
Chiropractors	17 and Schedule	Consultation, treatment and imaging	9.36%
Occupational therapists	17 and Schedule	Treatment costs	9.36%
Osteopaths	17 and Schedule	Consultation, treatment and imaging	9.36%
Physiotherapists	17 and Schedule	Consultation, treatment and imaging	9.36%
Podiatrists	17 and Schedule	Consultation, treatment and imaging	9.36%
Speech therapists	17 and Schedule	Treatment costs	9.36%

Question 2

Do you have any concerns about the impact the regulated payment regime has on particular population groups who have difficulty in accessing treatment? If so, please provide examples and reasons for your view.

Absolutely. I provide subsidised services, voluntarily, to Māori within our local Māori health provider. Many of these clients' needs are complex and I observe that their engagement with the health sector is poor and their experience of physiotherapy is often non-existent. I have had to progressively raise my co-payments in recent years and struggle ethically with the reality that I am overtly being forced to price many in our community out of the market for accessing physiotherapy. The availability of the public physiotherapy service is largely ineffective/inappropriate for many of these people and as such, despite widespread rhetoric about addressing inequities across health, it is my observation that access issues and inequality between those that can and cannot afford care are only worsening/widening.

Question on the hearing loss regulations**Question 3**

Do you have a view on the proposed nil increase to the payments listed in Table 5 reproduced below? Please provide reasons for your view.

Table 5: Hearing Loss Services

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Accident Compensation (Apportioning Entitlements for Hearing Loss) Regulations 2010 (the Hearing Loss Regulations)			
Provider	Regulation	Service	Increase
Audiologists	5, 5A, 6, 8, 9, 10, 10A	Assessment, consultations, fittings, service, repairs and replacement ear moulds	0.00%

No comment

Questions on the proposed new Nurse Practitioner and Nurse combined rate

Question 4

Do you agree with introducing a new nurse practitioner and nurse combined treatment rate, and the specific rates (before the general increase proposed in section 3) listed in Table 6 reproduced below? Please provide reasons for your view.

Table 6: Nurse Practitioner and Nurse combined treatment rates

Definition	Treatment rate
If the claimant is 14 years old or over when the visit takes place and is not the holder of a community services card or the dependent child of a holder	\$29.33
If the claimant is under 14 years old when the visit takes place	\$54.21
If the claimant is 14 years old or over when the visit takes place and is the holder of a community services card	\$50.88
If the claimant is 14 years old or over but under 18 years old when the visit takes place and is the dependent child of a holder of a community services card	\$55.71

No comment