



## Physiotherapy packages of care: information for participating clinics

### BACKGROUND

The purpose of this scheme is to provide packages of care to non-ACC patients requiring orthopaedic and musculoskeletal physiotherapy who could not otherwise afford treatment and where all other funding options are exhausted.

The need for packages of care has arisen through the Physiotherapy Single Point of Request (SPOR), which is streamlining general practice access to publicly-funded physiotherapy at Christchurch and Burwood Hospitals. Patients who no longer meet the criteria for publicly funded orthopaedic and musculoskeletal outpatient physiotherapy, and who cannot afford to pay for private care, may be referred for a funded package of care by their general practice team.

### WHO WILL HAVE ACCESS?

#### Entry Criteria

Patients referred by their general practice team who:

- have an [Impact on Life](#) score of 21 or higher
- hold a Community Services Card (CSC), could not otherwise afford physiotherapy and all other funding options are exhausted by the general practice team AND
- are ready to engage in the therapeutic process with a high level of commitment and self-motivation and have realistic expectations for intervention AND
- have the potential to benefit from a short course of physiotherapy intervention

#### Exit criteria

- realistic treatment goals have been met, OR
- patient has not responded to therapy and further therapy is unlikely to change this.

We do not anticipate this to be a high-volume initiative, so may loosen the entry criteria if the above are too stringent.

## REFERRAL PROCESS

Details of physiotherapy clinics participating in the packages of care scheme will be available via Community HealthPathways. General practice teams will choose a provider from this list and then send a request to the physiotherapy clinic via a new ERMS form specifically for the packages of care.

There will be no change to the overall Community HealthPathway listings or ERMS directory for private physiotherapy: the packages of care information will be listed in addition to this, so clinics who do not participate in the scheme are not disadvantaged from receiving other requests.

## WHAT IS INCLUDED IN THE PACKAGE OF CARE?

Physiotherapists will deliver clinical treatment in response to the individual patient's needs of up to \$300 worth of treatment excluding GST over a maximum period of **six months**. This is modelled on an estimated cost of \$100 excluding GST per hour of treatment. However, there is flexibility in how clinics can use this \$300 per package of care to provide treatment. There is not a set expectation to deliver three hours of care for this rate. Payment for the package of care is up to a maximum of **\$300 excluding GST** per package for actual treatment provided. Travel time, materials, and any fees your clinic charges for 'no shows' or late cancellations must be included in this \$300: there is no additional funding available for these. A maximum of 2 'no shows' can be claimed per patient.

Clinics have flexibility in how they choose to deliver the physiotherapy intervention to referred patients, once patients are receiving appropriate clinical treatment. Treatment provided must be under the direct control of the physiotherapy clinic, e.g.; one-on-one physiotherapy treatment, physio-led interventions, including physio assistants, group sessions or physio-led inductions to community-based programmes.

Clinics cannot subcontract other non-physiotherapy, external services or providers under the packages of care.

## CAN CLINICS CHARGE A CO-PAYMENT FOR PATIENTS UNDER THE PACKAGES OF CARE?

This service is free to patients and a co-payment cannot be charged.

## WHAT HAPPENS IF A PATIENT WOULD BENEFIT FROM MORE PHYSIOTHERAPY AFTER THE PACKAGE OF CARE FUNDING IS USED UP?

The Canterbury Initiative will fund one package of care per eligible patient in a twelve month period. If, after the initial package of care, the physiotherapy clinic feels the patient would benefit from further treatment, the options are for the patient to self-fund this, or to discuss other options with the referring general practice team, e.g.; using Enhanced Capitation.

Access to a further package of care after twelve months requires a new referral from the patient's general practice team.

## CAN CLINICS PROVIDE WOMEN'S HEALTH PHYSIOTHERAPY, OTHER SPECIALISED PHYSIOTHERAPY OR HAND THERAPY UNDER THE PACKAGES OF CARE?

The packages of care are specifically aimed at patients requiring orthopaedic and MSK physiotherapy rather than other physiotherapy areas or hand therapy: general practice teams are still able to access other physiotherapy areas and hand therapy at Christchurch and Burwood Hospitals.

## MEDICAL OR PHYSICAL COMORBIDITIES

Patients with medical or other physical comorbidities that deteriorate during the course of physiotherapy treatment and who require medical follow-up should be directed back to their referring GP.

## HOW WILL THE SCHEME BE EVALUATED?

Physiotherapists will need to complete the Patient-Specific Functional Scale before and after a course of treatment. Scores will be used to help evaluate the effectiveness of the service and shape future service delivery. It is also expected that physiotherapists will communicate treatment outcomes back to the referring general practice team.

Referrals will be audited to ensure those receiving treatment are the intended patient cohort.

## TIMEFRAME

Information about the packages of care will be available on Community HealthPathways and ERMS from Monday 12 November 2018. The anticipated contract term is twelve months in the first instance.

## HOW DO CLINICS INVOICE FOR TREATMENT PROVIDED?

Physiotherapy clinics will invoice the Canterbury Initiative by on a monthly basis for actual treatment provided. Invoices must include patient's NHI number, treatment start date, date and number of treatments and hours of work. Invoices received by the 5th of the month following treatment will be paid by 25th of that month. Patient-Specific Functional Scores before and after treatment must also be submitted (the 'before' score is to be submitted with the first invoice and the 'after' score with the final invoice).

Your invoice should include:

- Patient's NHI number.
- Patient-Specific Functional Scales before and after treatment must also be submitted (the 'before' score is to be submitted with the first invoice and the 'after' score with the final invoice).
- Treatment start date, date and number of treatments and hours of work.
- Bank account details – payments will be direct credited.

## Payments are processed only on receipt of the above information.

Email invoices to Ally Friend, Canterbury Initiative administration team, [ally.friend@cdhb.health.nz](mailto:ally.friend@cdhb.health.nz)

Invoice to be addressed to:

Physiotherapy packages of care

Canterbury Initiative

Level 2 CDHB Corporate Office

PO Box 1600

Christchurch 8142

## AGREEMENT TO DELIVER PACKAGES OF CARE

Clinics who sign up to deliver the physiotherapy packages of care agree:

- To deliver the packages of care as outlined in this document
- That they will be paid a total of \$300 (+GST) for the package of care
- That the patient will not be surcharged in addition to this fee
- To provide all required outcome measures and discharge reports