

# **Recommendations for Queensland WorkCover's Allied Health Table of Costs in the 2020-2021 financial year**

**Submission by OSTEOPATHY AUSTRALIA to:  
Queensland WorkCover**

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## Contact

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## Opening comment

Osteopathy Australia thanks the WorkCover Queensland for this opportunity to lodge a submission on 2020-2021 financial year Allied Health Table of Costs. We commend the agency for engaging on the subject and seeking feedback.

In keeping with the submission Terms of Reference, we cover the following issues:

- 1. The costs and emergent challenges of musculoskeletal workplace injuries in Queensland*
- 2. Changes recommended for the table of costs to best incentivise practitioner participation within the scheme and assure adequate supply for future public demand*

## The osteopathic profession & Osteopathy Australia

Osteopaths in Australia are government regulated allied health professionals having inbound and outbound referral relationships with other health professionals.

Osteopaths complete a dual Bachelor or Bachelor/ Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches. There are significant commonalities between the health science units undertaken by osteopaths and those undertaken by peers of other allied health professions, including physiotherapy.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to a client's function and uses biopsychosocial and client-centred approaches in managing functional limitations from workplace injuries. The *Capabilities for Osteopathic Practice*<sup>i</sup> outlines the required capabilities for professional skill, knowledge and attributes; osteopaths are required to possess many professional skills common across allied health and health professions.

Clients, including injured workers and users of workplace injury schemes, present to osteopaths with a range of musculoskeletal functional impairments.

Osteopaths conduct comprehensive functional examinations. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming aimed at enhancing functional capabilities. Exercise programming and manual therapies are the most common clinical interventions offered by osteopaths in client management<sup>ii</sup> Many clients consult an osteopath for advice on physical activity, positioning, posture and movement. Self-management is the primary objective of clinical services provided by osteopaths, consistent with the nationally endorsed *Clinical Framework for the Delivery of Health Services* to which Osteopathy Australia is a key signatory under our previous entity name, the Australian Osteopathic Association.

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of AHPRA registration. Over 80% of all registered osteopaths are members of Osteopathy Australia.

Our core work is liaising with state and federal government, all other statutory and professional bodies regarding professional, educational, legislative and regulatory issues as well as private enterprise. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australian Health Practitioner Regulation Agency (AHPRA), the Australian Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), the Heads of Workers Compensation (HWCA) compensable

injury schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health Professions Australia.

In our capacity of peak body for the osteopathic profession, we welcome the opportunity to provide a submission requesting consultation and dialogue regarding WorkCover Queensland's Allied Health Table of Costs. We request dialogue to inform amendments to occur to schedule of costs from July 1 for the 2020-2021 financial year.

## The implications of musculoskeletal workplace injury in Queensland

The crucial and urgent clinical need meeting roles of osteopaths in the Queensland worker's compensation system are underscored by the growing incidence and increasing costs of musculoskeletal workplace injuries.

Safe Work Australia's most recent statistical compilations from the 2017 to 2018 annual period reveal musculoskeletal mechanisms of injury, such as crush injuries, trapping injuries, falls, general physical bodily stress, or being hit with an object, comprise the largest drivers of serious injuries for which worker's compensation and rebated treatment is claimable.<sup>iii</sup>

Unsurprisingly, owing to the generally higher risk of musculoskeletal mechanisms of injury in workplaces, musculoskeletal injuries are the most prevalent of all compensable injury types. Musculoskeletal injuries include traumatic joint, ligament, muscle or tendon injuries. From 2014 to 2015, the most recent annual period for which Queensland data is available, musculoskeletal injuries equated to over 50% of all workplace injuries, or over 40,000 occasions of injury.<sup>iv</sup> An increasing prevalence for this broad class of injuries is evident on a national level also, and from 2017 to 2018 across Australia, musculoskeletal workplace injuries represented a staggering 88.5% of all serious claim injuries across states and territories.<sup>v</sup> We expect a similar upward trend to be manifesting in Queensland, which forms an important part of national average calculations.

Musculoskeletal injuries bring a range of associated costs like absence from the workplace and resulting workplace productivity declines. In Queensland, clients with a musculoskeletal injury have the second highest average lost 'workhours and costs', just after those with workplace related psychological injuries.<sup>vi</sup>

The trends touched upon above indicate growing demand for preventive interventions, appropriate and timely musculoskeletal clinical management, as well as rehabilitation programming aimed at helping clients to participate in and remain at work. With this demand, Queensland must place importance on assuring practitioner supply through appropriate fee-based incentives for best public value and outcomes.

Osteopaths form a crucial part of the Queensland supply network for meeting increasing client demand and have a growing presence across the state as an AHPRA professional registration category. Osteopathy is one of the fastest growing allied health professions in the country.<sup>vii</sup>

National registration data for the profession reveals that roughly every three years, 50 additional osteopaths have been added to Queensland's health professional landscape (based upon data from years 2012 to 2019).<sup>viii ix x</sup> These osteopaths are distributed across the state in metropolitan, regional and rural areas, lending convenient service intake and access points to approved WorkCover clients.

All recommendations within this submission are made with the aim of assuring adequate practitioner supply through appropriate incentives, maximising the contribution of a growing number of osteopaths for Queensland, and assuring osteopaths provide the fullest scope of worker's compensation services they are trained to provide for best public value, timeliness and continuity of care.

### Changes recommended for incentivising practitioners and assuring adequate supply for public demand

#### ***Recommendation 1: equalise the initial consultation fee paid to both osteopaths and physiotherapists***

Currently, and we believe due to a typographical oversight, osteopaths are paid \$86 for an initial consultation (item 900021) in comparison to physiotherapists who are paid \$87 for the same initial consultation item (item 100021).

This discrepancy presents itself to us as needing amendment, given that for all other common items between the two professions, the associated costs and item specifications mirror one another. For example, both professions have consistent fee schedule amounts and item descriptions for initial consultation (multiple area), subsequent consultations (Levels A, B, C and D), reassessments and program reviews. Why osteopaths would be paid a lesser amount for item 900021 when all other common items are paid at a consistent amount between osteopaths and physiotherapists is perplexing to us.

Assuming indexation is added to the Allied Health Table of Costs in the 2020-2021 financial year, we would request any indexation be added to an increased amount of \$87 for the osteopathy initial consultation item.

#### ***Recommendation 2: add two new items to the osteopathy table of costs for exercise program development (initial and subsequent consultations)***

Osteopaths are highly trained in skilled exercise-based rehabilitation for musculoskeletal conditions, general and specific exercise frameworks, including but not limited to strengthening, conditioning, range of motion, gait, proprioceptive and other exercises for functional recovery.

We are aware that many osteopaths in the Queensland worker's compensation scheme develop phased and staged exercise programs for all manner of workplace musculoskeletal injuries and pain presentations, whether acute or persistent. Despite their valuable contribution to client self-management and independence from passive manual therapy treatments consistent with *Clinical Framework for the Delivery of*

*Health Services*, osteopaths are not paid anywhere near the rates of other musculoskeletal professions developing comparable exercise programs within the scheme.

Physiotherapists for instance, have two specific items for exercise program development and review, both currently rebated at \$183 per hour or more (i.e. items 100314 and 100402). By contrast, osteopaths developing similarly rigorous programs are forced to charge lesser fees for like work; osteopaths can only develop exercise programs using subsequent consultation items Levels A to D, with current costs ranging from \$58 to \$147. We view this discrepancy to be an impediment to mobilising the growing resources of the osteopathy profession in service of WorkCover Queensland and its clients.

Adding two new items for osteopaths within the Allied Health Table of Costs offering appropriate and consistent remuneration for movement-based rehabilitation program development is advisable to mitigate avoidable days to client care, early intervention, and care continuity risks. We wish to help Queensland WorkCover avoid a situation where osteopaths are forced to unnecessarily refer to other health professionals for exercise program development when this therapeutic approach is within their scope of practice. Unnecessary referrals can result in avoidable delays to a client accessing necessary indicated clinical management and can result in increased administrative burden for insurer case managers approving additional practitioners and their services.

Adding the two recommended items is a logical extension given Work Cover Queensland's own understanding of the scope of osteopathic practice, which overall implies therapeutic exercise programming is a core component. Osteopaths in Queensland have a specific fees schedule item allowing them or their clients to claim gym and pool entry fees for assessment and clinical management purposes (i.e. item 300228). This very item acknowledges that osteopaths and their clients access spaces beyond a treatment room to assess and deliver movement and activity based rehabilitative programs. Therefore, we reiterate that our recommendation for these additional items would serve to consolidate WorkCover's existing understanding of the role of osteopaths while mobilising the full resources of osteopathy for approved clients.

***Recommendation 3: add two new items for osteopathic group exercise and education sessions***

As established previously, exercise programming is already occurring in one-to-one rebated consultations involving osteopaths.

In addition, education for movement efficacy, movement avoidance, pain management, and managing pain triggers is a common aspect of contemporary osteopathic practice for injured clients. Managing neuropathic and comorbid complex pain syndromes forms a core component of accredited osteopathic university courses completed by practitioners prior to AHPRA registration. Information creation and provision geared toward empowering clients, reducing their reliance on passive

treatment and encouraging active lifestyle change are all core skills possessed by osteopaths.

The developed competencies of osteopaths in providing these services are not limited to one-to-one consultations and can be extended more broadly to groups.

Group - based interventions allow timely and appropriate services to be provided to a greater number of approved clients within a single occasion of service, eliminating 'waitlist' related delays to service. Further, these consultations enable insurers to minimise costs in clinical management and help assure the sustainability of the worker's compensation system.

WorkCover Queensland can have confidence in approving group-based items for osteopaths given risk is already underwritten by Guild Insurance, the endorsed professional indemnity insurer for the osteopathic profession and provider for most registered osteopaths. Guild Insurance indemnifies osteopaths to provide group classes to up to five people as part of its standard cover for the general osteopathic scope of practice. Resultantly, we suggest any WorkCover group items for osteopaths allow up to five people.

WorkCover Queensland would need to check coverage for osteopaths not insured by Guild Insurance.

***Recommendation 4: add two new items for complex osteopathy assessments and interventions***

A musculoskeletal injury can be complex for many reasons, whether because of the nature, positioning or grade of the injury itself, or due to client coping, biopsychosocial risks and contributing factors that might compound injury or pain presentations. Osteopaths are consulted by clients with complexity due to one and/or both these factors: physiological and biopsychosocial.

Osteopaths offer a range of special tests for identifying factors contributing to a complex presentation, including sensitisation tests, Patient Reported Outcome Measure (PROMs) questionnaires, neurological assessments, functional capacity assessments, other movement-based assessments, and orthopaedic testing.

Despite this broad capacity to assess and manage complexity, osteopaths are required to request a multiple area consultation item as the most appropriate consultation type for complex injuries, when complexity is not limited to multisite physiological injuries. This is not the case for physiotherapists, who in addition to multiple area consultations are given access to specific items for injuries that cannot be adequately assessed within a standard or multiple area consultation due to the complexity of the condition (i.e. items 100406 and 100407). These conditions include complex neurological and pain presentations, as well as spinal cord injuries, all of which are complex presentations for management under the osteopathic scope of practice. Once more, we reiterate that like work should be remunerated appropriately via item codes appropriate to facilitating the type of clinical work required.

If WorkCover Queensland has evidence suggesting clients of community based private physiotherapy practices present with higher complexity than in other private

practice settings, we would wish to obtain this data for review toward understanding WorkCover Queensland's considerations and reasoning.

***Recommendation 5: engage with us to learn about our Advanced Practice Recognition program and how it could support WorkCover objectives***

Osteopathy Australia has credentialing systems for recognising Advanced Practice advanced skillsets in members of the organisation. These systems require no government investment nor funding specifically, but give governments, regulators and other third-party funders enhanced confidence of quality assurance.<sup>xi</sup>

Our system involves candidate members lodging substantial clinical portfolios (including educational records for further tertiary and other ongoing studies, clinical case studies, independent third-party referee reports and evidence of career focus) to a multidisciplinary panel for blind assessment against a clinical quality framework. Credentialed practitioners are those that, in theory and practice, exceed the minimum requirement for registration as an osteopath and have been validated as such. We have three recognition streams of major significance to WorkCover Queensland: Musculoskeletal Exercise-Based Rehabilitation, Occupational Health (work injury prevention, management, and rehabilitation) and Pain Management. Each of these streams has a strong focus on client empowerment and functional improvement for activities of daily living.

Beyond this submission, we wish to further explain our models of credentialing and how they can support WorkCover in signposting the most appropriate practitioners.

## Endnotes

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<sup>i</sup> Osteopathy Board of Australia (2019), Capabilities for osteopathic practice [online]; <https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx>

<sup>ii</sup> Adams et al (2018), A workforce survey of Australian osteopathy: analysis of a nationally-representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project, [BMC Health Services Research](#) December 2018, 18:352

<sup>iii</sup> Safe Work Australia (2018), Australian Worker's Compensation Statistics 2017-2018, p.37

<sup>iv</sup> WorkSafe Queensland, 'The three big causes of musculoskeletal injuries', article published 2016 [online]; <https://www.worksafe.qld.gov.au/news/2016/the-big-three-causes-of-musculoskeletal-injuries>

<sup>v</sup> Safe Work Australia (2018), Australian Worker's Compensation Statistics 2017-2018, pp. 18-21

<sup>vi</sup> Queensland Government, Queensland Worker's Compensation Statistics 2017-2018, p.5



vii Health Times, 'Rapid Growth in Osteopathy', article written by Karen Keast [online]; <https://healthtimes.com.au/hub/allied-health/66/news/kk1/rapid-growth-in-osteopathy/769/>

viii Osteopathy Board of Australia, Data tables: March 2012 [online]; <https://www.osteopathyboard.gov.au/About/Statistics.aspx>

ix Osteopathy Board of Australia, Data tables: December 2015 [online]; <https://www.osteopathyboard.gov.au/About/Statistics.aspx>

x Osteopathy Board of Australia, Registrant data: 01 October 2019 to 31 December 2019 [online]; <https://www.osteopathyboard.gov.au/About/Statistics.aspx>

xi Osteopathy Australia, Advanced Practice- Information for Health Professionals [online]; <https://www.osteopathy.org.au/about-osteopathy/advanced-practice-recognition-/information-for-health-professionals>