

National Disability Insurance Scheme (NDIS) 2023-24 Annual Pricing Review

Submission by the
Australian Physiotherapy Association

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Introduction

The Australian Physiotherapy Association (APA) thanks the National Disability Insurance Agency (NDIA) for providing an opportunity to provide feedback to the 2023-24 Annual Pricing Review (APR).

In order to respond to the consultation questions, we have surveyed APA members via Survey Monkey in January and February 2024. Responses to the consultation questions draw on the responses of 111 APA members. Testimonials from open ended questions are reported in blue in the present submission. Minor edits were included for clarity and ease of reading.

We would like to note that our members volunteer their time to respond to consultations. They often have to forgo income to provide feedback and draw and analyse the business data that is requested from them. We also acknowledge the contribution of APA's National Disability Advisory group.

We would welcome to meet with the APR team to discuss further the points raised below.

Background: Physiotherapy and Disability

Physiotherapy is a highly trained, Ahpra-regulated discipline with expert knowledge, skills and training in understanding how people move and learn to move, and the development of movement, specifically, as these relate to the health, wellbeing and quality of life of people of all ages. Physiotherapists are trained in the biomechanics of movement, combining knowledge of physics, physiology and anatomy to analyse movement and determine movement difficulties.

Physiotherapists are movement and participation experts in disability who provide expertise in improving function, participation and building capacity. Physiotherapists analyse an individual's quality of movement, identify motor impairment, and investigate the interrelationship between movement and other neurological and physiological factors such as sensory perception and pain.

Physiotherapists are committed to providing evidence-based, patient-centred, safe and high-quality care to people with disability and contributing to an effective and equitable disability sector.

Physiotherapists promote social inclusion through optimising a person's function and encouraging participation and inclusion in the economic and social life of the community.

Within the NDIS, a physiotherapist's scope of practice is very broad. Physiotherapists work in multidisciplinary and transdisciplinary teams to support capacity building goals and the functional and participation outcomes for all their participants. These supports will often occur in natural environments such as homes, day care, workplaces and in the community, in order to achieve participation outcomes, one of the pillars of NDIS's insurance-based approach. Often, supports will require communication with both a participant's family, carers, and their formal supports. All this service provision occurs in addition to the face-to-face services that a participant receives.

Scope of the 2023-24 Annual Pricing Review

The APR will examine, through targeted research and through engagement with participants, providers, community, and government stakeholders, whether the Scheme's existing price control framework (pricing arrangements and price limits) continue to be appropriate or if modifications are required.

In particular, the APR will review the pricing arrangements and price limits:

- a) that apply to supports delivered by disability support worker (DSW) by updating the *NDIS Cost Model for Disability Support Workers*;
- b) for therapy supports to ensure participants receive value for money, while providers strive to improve quality of services and increase efficiency, with a particular emphasis on pricing benchmarks;
- c) for support coordination to promote service quality and value for money, with a focus on participants' experiences when utilising support coordinators to oversee their supports; and
- d) in relation to the NDIS cancellation policy, which changed from two days to seven days in line with the *Social, Community, Home Care and Disability Services (SCHADS) Award*. The analysis will examine the impact of this change on participants' choice and control.

Our ask

Price limits for supports delivered by physiotherapists have not changed since July 2019. This means that they have decreased in real terms as the costs of providing supports have increased in line with wage and price increases.

We note that indexation of NDIS price limits in line with the Wage Price Index (WPI) and Consumer Price Index (CPI) was granted to nursing supports in the June 2022 update of the price guide.

We ask for the price limits for physiotherapy supports to be indexed in line with the Wage Price Index and Consumer Price Index from 1 July 2024.

If the above was not granted, we request a **one-off increase of 10% to take into account part of the cost of providing supports increases since 1 July 2019**. At the very least, we seek to secure a one-off increase of 4.1% to compensate for CPI increase in calendar year 2023.

Preliminary comments

NDIS Review and anticipated changes

We note that the NDIS Review has made a number of recommendations related to registration and payments. The absence of details regarding potential changes in the near future of the regulatory conditions of providing supports in the NDIS limits how we can inform this consultation.

The unseen data

The APA received anecdotal evidence of physiotherapists ceasing to provide supports to NDIS participants or choosing to deregister because of the impact of the NDIS pricing caps on the viability of their practice. For the purpose of this consultation, we were not able to capture this data in a meaningful way. We encourage the APR to engage with the NDIS Commission and with the NDIA department in charge of engaging with exiting providers in order to understand better the impact of the price guide on continuity of provision of supports.

APA survey for the APR

The survey ran from 30 January to 20 February 2024 and attracted a total of 111 responses; 55 were 100% completed; other respondents ignored at least one question.

The raw data from the survey was provided to the APR team in confidence.

Profile of the respondents:

Location	NSW VIC QLD ACT	88
	WA SA TAS NT	22
	Remote	0
	Very remote	1

NDIS Registration	Registered	42
	Non-registered	68
	Didn't say	1

Number of physiotherapists in the practice FTE	1 or less	36
	>1 and < 5	33
	5 to 9	16
	10 to 20	11
	41	1

Response to the (relevant) consultation questions

Please note that the numbering of the questions follows the consultation paper.

Topic - Your organisation and market conditions

1. In which segments of the care and support sector does your organisation provide services?

Disability (outside of NDIS)	37
NDIS	78
Aged Care	36
DVA	27
State compensable schemes	36
Community health organisation	8
Private practice	63
Other (please specify) <i>Medicare, Support school, Workcover / CTP / SIRA, Home care, Community neurological rehabilitation, Community mobile service</i>	6
Total respondents:	82

2. How has your organisation responded to recent economic conditions, like inflation and rising interest rates?

Respondents report facing challenges related to rising costs in the absence of rising revenues, thus dramatically reducing margins or worse, leading to losses. Beyond practice viability, it is the availability of physiotherapy supports for NDIS participants that is jeopardised.

Most often mentioned challenges include:

- Rising costs: general inflation drives up costs across the board, including rent, supplies, fuel, utilities, equipment, and other operational expenses.
- Increased wage pressure: physiotherapists need to offer competitive salaries to attract and retain talent, especially with increases to healthcare wages and the superannuation guarantee.
- Stagnant NDIS pricing: the NDIS price guide hasn't kept pace with inflation, which significantly impacts practices that have a high percentage of NDIS participants.
- Overall financial strain: these combined factors lead to decreased profit margins, reduced cash reserves, and threaten the long-term sustainability of some physiotherapy practices and therefore the availability of supports.

To respond to these challenges, physiotherapists report:

- Increasing fees: including raising prices for private patients, home visits, aged care services, and other funded services where possible.
- Cutting costs: reducing expenses in areas like supplies, subscriptions, professional development, and non-billable time. Some practices are even reducing clinic space or hours.
- Focusing on efficiency: streamlining operations.
- Diversifying revenues: offering additional services, exploring alternative funding streams, and shifting away from heavy reliance on NDIS funding.
- Absorbing losses: some sole traders and practice owners have had to accept lower profits, take pay cuts, and deplete their cash reserves.
- Considering deregistration from NDIS: some are opting out of the NDIS to enable more flexibility in pricing.
- Changing the caseload: by actively increasing the share of private patients vs NDIS participants, some even report capping the number of NDIS participants in their caseload.

Many respondents express concerns related to the long term viability of their practice. Employers find themselves struggling to balance the need to support their staff in a context of rising cost of living by increasing wages while trying to keep their own costs under control.

While mobile physiotherapists report having slightly lower overheads, they face unique challenges like rising fuel and travel costs.

Quotes:

“We have cut costs as much as possible, but we are now at a limit with this. We have increased our prices for private paying clients to be markedly higher than NDIS clients, and have focused on building our private caseload and decreasing our NDIS caseload so that our revenue can be boosted and our operating margins safer. We have commenced developing alternative income streams including client education programs and product sales to bring in other forms of revenue. We have made the decision to deregister from the NDIS to give us more options regarding pricing in the future if the pricing doesn’t change. We have pulled all the levers possible to remain a financially viable business, but we do not have much left to play with if prices are not increased.”

1. Have reduced administration staff hours to reduce over heads.
2. Have moved premises to reduce rent costs.
3. Have increased fees.
4. Have increased physio staff pays.
5. Now charge for small item used by patients for therapy.
6. Have capped number of NDIS patients active in books.
7. No longer take standard DVA patients.”

3. What is the primary business risk that your organisation is concerned about? How are you preparing for this challenge?

The overwhelming concern for physiotherapy practices is financial sustainability. By extension, physiotherapists are also concerned about the availability and accessibility of supports for NDIS participants as they find themselves reducing their NDIS caseload for financial reasons.

Key factors include:

- Stagnant fees while costs escalate: many practices cite funding from sources like NDIS as not keeping pace with rising expenses including wages, rent, insurance, etc. This forces them to consider measures such as capping numbers of participants. In other schemes, like DVA, physiotherapists report stopping providing services.¹
- Inability to pay staff competitively: attracting and retaining skilled physiotherapists becomes difficult when practices can't increase salaries to counter inflation and competing offers from the public health sector.
- Administrative cost and burden: particularly related to NDIS, physiotherapists report significant uncompensated time spent on reporting, assistive technology (AT) prescription, and navigating the complex NDIS system.

Common strategies to mitigate the financial risks include:

- Cost reduction: minimising expenses and investment in technology or latest equipment.
- Diversification: trying to move away from reliance on NDIS and into areas like private work or insurance-based treatment.
- Staff retention efforts: providing benefits beyond salaries, such as CPD and support, to keep experienced physiotherapists.

In some extreme cases, respondents report considering leaving private practice and practice ownership, or closing down their practice as they find themselves unable to meet their financial obligations. One respondent discloses serious mental health distress.

Quotes:

“May have to close the business and find an employment.”

“Stagnant wages vs increased cost of business - pursuing other employment opportunities to reduce NDIS work.”

¹ Australian Physiotherapy Association (APA). (2023). *Physiotherapy in veterans' care: the evidence is clear*. APA Member Survey Report, APA, Melbourne. Available at https://australian.physio/sites/default/files/APA_VETERANS_July2023_FW.pdf

“Longevity and ability to continue providing physiotherapy to our community amidst rising costs. Fewer physiotherapy practices are maintaining or gaining their NDIS approved provider status due to the overall costs and time required to move through the government processes with poor long term financial gain following. This means less providers for our NDIS community and participants and increased difficulty for many to access appropriate health care.”

“Try to move away from NDIS.”

“Definite slowdown in NDIS and what seems to be a tightening of NDIS plans. It’s clear that just maintaining this type of business is unsustainable long term so looking at more aged care / insurance type work.”

“We can’t afford to continue to run at a loss.”

4. Does your organisation currently have any vacancies? If so, what proportion of your potential workforce do these vacancies represent?

50 respondents indicated having no vacancy – noting that many indicate they are sole traders.

27 respondents indicated having vacancies ranging between 10% and 80% of their workforce – most respondents indicated a range of 20 to 30%.

Topic - Therapy Supports

7. Has there been significant changes to the costs of delivering your services over the past 12 months? If yes, please provide additional information.

54 out of 57 respondents answered Yes to this question.

In line with what was reported above, almost every respondent reported significant increases in costs of doing business across the board. The most common areas of increased costs include:

- Wages and superannuation – mentioned specifically by 49% of respondents.
- Fuel and transport - 32% of respondents.
- Rent and utilities – 37% of respondents.
- Consumables and equipment – 30% of respondents.
- Insurance – 18% of respondents.

As mentioned above, many respondents are extremely concerned about the impact of these rising costs on the financial sustainability of their practices in a context of NDIS pricing freeze.

On wages, respondents report that in order to attract and retain skilled physiotherapists, they need to increase wages beyond award rates.

On top of the cost increases, several respondents also mention that a significant change in the last 12 months is noting decreased funding for physiotherapy supports in participant's plans and / or lower funding in plans.

Quotes:

"All staff pay rates have gone up. I am unable to attract or retain staff if I pay the award rate, so our salaries are much higher than this. Due to inflation and cost of living, I have had to increase staff rates, but a large amount of our clients are NDIS, so I have not been able to increase the amount of income for these clients."

"Increased staffing costs, overheads - electricity, internet, phone all increased by 10%, insurance cost increased by 300%."

"Increased wages, superannuation, 50-100% increase on cost of practice consumables, cleaning products, etc. Inflation has increased electricity and rental costs for clinic spaces dramatically - electricity is almost double what it was 12 months ago."

"I am unable to retain good staff paying the Health Professionals and Support Services award rates despite this being the award against which staff are employed. Above award wages are required to recruit and retain good staff, paying them in line with the QLD Government Health Professionals (HP) Pay structure. This is also an expectation because staff often have the belief they could work privately as an individual provider to NDIS and bill at the full NDIS rate. The clinic I run is well respected professionally and retain experienced clinical staff, due to the support and opportunities to work within an evidence based team while also recruiting new graduates due to the level of professional support provided - however wages increases are having a higher impact than previously on clinic sustainability, due to no change in the NDIS pricing structure, despite these rising costs."

8. Do you offer therapy supports/early childhood supports to non-NDIS participants?

48 out of 56 respondents (85.71%) reported providing supports to non-NDIS participants.

a. What is the proportion of NDIS participants and non-NDIS participants?

The proportion of NDIS participants in the respondents' respective caseloads varies from 10% of NDIS participants in the total caseload to 100% of NDIS participants in the total caseload. A majority of respondents have more than 80% of NDIS participants in their caseload. The distribution is as follows:

% of NDIS participants	
10 to 19%	3
20 to 39%	6
40 to 59%	5
60 to 79%	12
80% and above	24

3 respondents indicated they only provided supports to NDIS participants (100%).

b. What is the typical duration of these appointments compared to appointments for NDIS participants?

Averages from the responses of 55 respondents show that the typical duration of an appointment with an NDIS participant is a little over 56 minutes, while the typical duration of an appointment for a non-NDIS participants is a little over 45 minutes.

c. How much do you charge for these appointments? If you provide various types of therapy, please indicate the amount for each and whether there is a price difference between NDIS and non-NDIS clients? If so, why?

Prices

All respondents – 54 respondents

	NDIS participants	Private patients
Average	\$191.39	\$214.18
Highest	\$225	\$270
Lowest	\$145	\$160
Median	\$193	\$220

Registered providers - 31 respondents

	NDIS participants	Private patients
Average	\$193.81	\$207.29
Highest	\$225	\$260
Lowest	\$180	\$140
Median	\$193	\$198

Unregistered providers - 23 respondents

	NDIS participants	Private patients
Average	\$194.13	\$212.39
Highest	\$224	\$270
Lowest	\$145	\$150
Median	\$193	\$215

Price differences

All respondents – 54 respondents			
NDIS fees are	number / %	range of delta (in \$)	average delta (in \$)
higher	11 / 20 %	10 to 53	27.27
same	13 / 24 %		
lower	30 / 56 %	3 to 77	31.7

Fee difference unregistered providers – 31 respondents			
NDIS fees are		range of delta (in \$)	average delta (in \$)
higher	5 / 16 %	13 to 43	26.6
same	9 / 29 %		
lower	17 / 55 %	3 to 77	30.76

Fee difference registered providers – 23 respondents			
NDIS fees are		range of delta (in \$)	average delta (in \$)
higher	6 / 26 %	10 to 53	27.83
same	4 / 17 %		
lower	13 / 57%	5 to 66	32.92

While acknowledging the small sample size, in summary, more often than not there is a price difference between prices to NDIS participants and prices to private patients.

We note that usually, the price charged to NDIS participants is lower than the price charged to private patients (56% of respondents).

We also note that in the comments, physiotherapists report charging their private patients less than what they charge NDIS participants when they operate in areas with people with low economic background meaning that they would struggle to access physiotherapy at market rate. If anything, in those cases, physiotherapists provide a discount on market rates to ensure self-funded private patients can access physiotherapy services.

Reasons mentioned to explain the price difference are consistent with what we have been reporting year on year:

- Administrative workload and regulatory compliance: physiotherapists continue to mention that the administrative workload related to NDIS participants is considerably higher compared to that for private patients. This includes complex documentation, reporting, compliance requirements, and coordination with various stakeholders. Physiotherapists also highlighted the additional time and resources required for audits, compliance, and regulatory issues associated with NDIS participants, contributing to higher costs.
- Market rate and cost coverage: several physiotherapists highlighted that the market rate for physiotherapy services is higher than the current NDIS rate. They charge higher fees for private patients to reflect the actual cost of providing therapy, including wages and overhead expenses, and to ensure the financial sustainability of their practices.

- Sustainability: some physiotherapists emphasised the importance of maintaining a financially sustainable practice. They charge higher fees for private patients to ensure profitability and cover expenses, especially during downtimes.
- Complexity of cases: physiotherapists noted that NDIS participants often require more time, resources, and coordination due to the complexity of their cases, leading to higher costs associated with their treatment.
- Accessibility: physiotherapists in lower socioeconomic areas mentioned that they aim to keep private fees affordable for their patients who do not have access to third party funding (including NDIS, aged care or private insurance).

Quotes:

“The administrative workload related to NDIS participants is considerably higher compared to that for private patients. This heightened workload stems from the complex documentation, reporting, and compliance requirements associated with NDIS services. Engaging with NDIS necessitates thorough record-keeping, detailed assessments, and regular reporting to meet the stringent guidelines set by the scheme. Additionally, the coordination with various stakeholders, such as support coordinators and other healthcare professionals, adds another layer of intricacy to the administrative processes involved in catering to NDIS participants.”

“We are based in a lower socioeconomic region and do not want to be too expensive for private paying clients to access therapy (90% of our private paying clients are elderly and don't have access to NDIS/My Aged Care). I have slowly raised my prices for them over the years but do not want them to be out of reach.”

“We charge much higher than the NDIS limit for private patients as this price is required to have a profit at the end of the day. If all our patients were at the NDIS limit rate we would be out of business very quickly. We charge private fees to self-managed participants as we feel completely comfortable that we are charging a fair rate based on our expenses. Our staff are worth our private rate. The NDIS limit is disrespectful to allied health professionals and businesses. The NDIS rate was an appropriate market rate when it was set 5 years ago. The pricing then matched our private fees. We have only increased our fees in line with inflation and to keep up with wages growth. Our staff work on an incentive models so price rises are the only way to keep up with wage demands. Our staff deserve wage increases at a minimum to be in line with inflation. NDIS fees are becoming less appealing to staff as seeing too many plan/agency-managed participants significantly impacts their wages. Our paediatric staff have a much greater exposure to NDIS participants in their caseloads compared to our musculoskeletal physios so this impacts them to a greater extent.”

“NDIS refuse to pay my higher rate.”

“I charge more for private clients, as this reflects the cost to us. I used to charge the same, but with inflation have had to increase.”

“Private patient fees are determined based on cost of running a business and covering wages. NDIS fees have not increased to keep up with costs of providing services which is why private fees are higher.”

“NDIS rate is not high enough to support cost of delivery. Private is more in line with actual cost to provide a valuable service.”

9. When determining the hourly rate charged for NDIS participants:

- a. What factors does your organisation consider? For example, report writing, complexity of participants, non-face-to-face preparation time, administration, quality and safeguarding.**
- b. Are these considerations different when determining the rate for non-NDIS clients? If so, how?**

Out of 54 respondents, 40 mentioned that considerations are different when determining rates for non-NDIS patients.

Physiotherapists who are registered providers tend to charge NDIS participants at the highest limit of the price guide. Interestingly, non-registered providers tend to also charge at the highest limit of the price guide even though they don't have to. Depending on the individual circumstances of their practice, this price will be higher, the same or lower than what they charge to private patients.

Factors considered for determining hourly rates for NDIS participants:

- Documentation and case notes including outcome measures and progress tracking.
- Communication with carers and other team members.
- Provision of resources in suitable formats.
- Research into rare or complex conditions.
- Liaison with tertiary service providers for best practice management.
- Administrative load for setting up appointments and agreements.
- Support provided to families navigating NDIS and diagnoses.

Factors considered for determining hourly rates for private patients:

- Cost of providing the service and covering overheads in order for the practice to remain viable.
- Experience and specific skillset of physiotherapists (for those who have undertaken further training in neurology or paediatrics for example).
- Socio-economic background of patients. Several physiotherapists operating in low economic areas report adapting their price to private patients to remain affordable and accessible. In those cases, the price charged to NDIS participants tends to be higher.

Quotes:

“Report writing - taking time to consider all reasonable and necessary criteria, how to quantify and communicate this. Allowing time for participant and support coordinator feedback and then revising as indicated. Includes sourcing and referencing evidence-based practice regularly. Complexity of participants - takes much longer to assess someone who has complex medical presentations. Often we see patients who have severe neurological compromise as well as respiratory dysfunction and it takes a long time to understand each facet of their disability, as well as to gradually make changes without risking causing complications. Carers also need regular support, training and upskilling. Non face to face preparation time e.g. home exercise programs, aquatic exercise programs, sourcing equipment for trial, contacting family members, liaising with the multidisciplinary team including allied health professionals, providing medical updates to GPs and specialists, devising escalation plans for when complications arise and liaising with key stakeholders around this. Quality and safeguarding. Regular clinical supervision and performance management which involves meetings that are not patient-facing but also clinical supervision in person with a participant present in services. Case reviews, presentations around physiotherapy evidence for neurological and respiratory conditions, contacting and meeting with suppliers that are providing new assistive technology to explore whether these would be useful for our participant cohort.”

“PD, supervision, admin coordinating appointments with childcare/ kinder/ school/ day program and also letting families know. Provider emails, NDIS webinars, reading updates of pricing arrangement. Chasing up payment with plan managers and participants.”

“Delivering services to NDIS clients increases the administrative burden of our business significantly. I have several more administration and accounts team members than I would otherwise need if I did not see NDIS clients. We charge the full rate because if we charged any less, we would not be able to sustain the business.”

“The cost of an NDIS participant can be much higher when it comes to complexity of cases and report writing required for the NDIS. NDIS participants have a lot more administration and red tape linked to assist in their care.”

“Unfortunately the NDIS has publicly valued therapy at \$193.99, which has therefore become the market rate. The community widely criticize therapists who charge more than this or implement a cancellation policy calling citing 'price gouging.' It is super disappointing that other physiotherapists in private practice charge on average (in Canberra) \$130/30 min appointment or \$175/45 min appointment, yet the NDIS has valued therapists at lower than this. We are not able to go higher than the NDIS price limit for NDIS clients as they are mostly plan managed and wouldn't be able to afford to pay the market rate for a therapy appointment. Additionally, we really want the best for the kids we see, and do a lot of unbilled work in the form of report writing/case conferencing with other therapists.”

“NDIS patients should be charged the same rate as all patients for care. NDIS patients take more time outside of the appointment for costs with financial administration burden following up payments, excessive report writing for reviews of plans, etc... NDIS patients are usually more complex with multiple health difficulties being managed than non-NDIS patients. They require more case coordination time outside of the direct treatment to advocate for their wellbeing. These tasks go uncharged. They are standard professional behaviors usually completed but buffeted for remuneration with higher service fees paid in our private patient fee structure. Hence the capping of NDIS participant numbers in our clinic.”

“For all clients I charge what it costs me. For example, if I need to write a report, I will charge however long it takes, regardless if it is NDIS or non-NDIS participants. The hourly rate for non-NDIS participants is more than for my NDIS participants, I just charge at the hourly rate. I do not charge for admin, and only charge if things take more than 15 minutes.”

“We are a specialised Neurology practice. Therefore we charge what is required to upskill staff. Each year, staff might undertake courses costing \$3,000 each to upskill in specific Neurology areas. We contribute to that and allow PD time, etc. Therefore, we feel charging an hourly rate is a reflection of our specialised skill set.”

“We base our non NDIS prices on market rates, skills/experience and business costs”

“As NDIS fees are below our standard rates, we charge the maximum chargeable rate which is still not covering costs. NDIS participants require additional administration involvement in management of documentation around plans, service agreements, quotes for therapy and/or equipment/assistive technology. Report writing time needs to be factored into all participants support and regular reviews of policies and procedures and NDIS guidelines to remain up-to-date.”

“Private clients need to subsidise NDIS participants or we will have to close our service.”

“1. Much less admin associated with non-NDIS patients - no plan managers to deal with, no requirement to have a service agreement in place, only need to consider physio goals (i.e. don't generally need to consider goals set by another agency).

2. Non-NDIS patients generally a lot less complex - less need for liaison with tertiary centres and other providers, less likely to need to research the diagnosis.”

“1. Documentation of service and case notes including outcome measures and progress towards goals.

2. Communication with carers and other team members.

3. Provision of resources in a suitable format e.g. pictures, simple language, videos.

4. Research into rare/unusual conditions.

5. Liaison with tertiary service providers (e.g. local children's hospital) re best practice management for unusual and /or complex participants.

6. Administration load required to set up an appointment e.g. obtaining NDIS details and copies of NDIS goals, creating service agreements, obtaining details of plan managers and other support services.

7. Provision of support to families learning to navigate their child's diagnosis as well as the extremely complex workings of the NDIS.”

10. What is unique to the cost of providing early childhood supports for NDIS participants?

Respondents indicate that differences in the provision of early childhood supports that have an impact on cost span across the following categories:

- Liaison and communication: There is a significant need for communication with a range of stakeholders, including carers, medical staff, other allied health professionals, and educators. This coordination is time-consuming and requires dedicated effort beyond typical clinical services.

- **Family support:** Early childhood is a period when families, often dealing with the trauma of a disability diagnosis, require extensive support, including help navigating the complex NDIS system. Engaging with parents and caregivers requires additional communication, which can be time-consuming. Additionally, parents may require summaries of therapy sessions to keep them informed.
- **Complexity and expertise:** Early childhood intervention is a complex and specialised area that requires experienced staff or well-supported junior staff. The complexity of participants and the need to keep up with changing NDIS procedures also add to the cost.
- **Multidisciplinary team collaboration:** Working with a multidisciplinary team is crucial for providing a holistic and family-centred approach, which involves more time and coordination.
- **Extended appointments:** Young children may take longer to engage and require more creativity, patience, and physical and mental effort from therapists.
- **Equipment and resources:** There is a greater need for therapy equipment and devices (including therapy toys), and their maintenance and cleaning.
- **Service environment:** Best practice for young children often involves providing services in their natural environments, such as at home, childcare centres, or schools, rather than solely in a clinic. Providing services in various settings requires additional travel, increasing time and cost burdens and there can be fees associated with using external facilities such as hydrotherapy pools.
- **Administrative burdens:** Specific administrative requirements, such as using different price codes for children of different ages and extensive reporting requirements.

Quotes:

“Specific administrative burdens include having to use 2 different price codes for children who are under 7-year old vs over 7-year old. Unique costs include providing specialised training to our therapists to ensure they are delivering good quality best practice care. Best practice recommends children are seen in their natural environments which include home and day care type settings, which requires therapists to travel to these locations. Best practice also recommends supporting children and families in a child-centred way, which means providing support to the whole family using a collaborative partnership approach which takes more time. The reporting requirements are significant, which also uses up more time and funds.”

“Complexity of the clients. Keeping up to date with changing NDIA procedures. Advocating for clients with the NDIA. Corresponding with schools, following multiple different procedures in the DET, working with other professionals via email, telehealth, texts and phone calls. Lots of supporting anxious families concerned about losing their funding. Having a very short timeframe between NDIA requesting reports for funding (often only 2 weeks which may coincide with annual leave or a full diary).”

“Space - you need a lot more physical space to probe evidence-based support to children. They need to be able to run, jump, hop, skip, climb, etc. There is a lot of additional time spent on non-face-to-face. Over the years of no price rise we have become more diligent at charging for this but there is still a lot of additional communication with parents, carers and support teams that is done without billing. We

also find that phone enquiries from parents to admin are much more time consuming than adult patients.”

“Additional case conferencing time, liaising with schools/teachers/other therapists/parents to advise on therapy homework for the child. Additionally, we use much more equipment that needs to be sanitized after each appointment. Children take longer to transition into/out of a therapy session and we need to ensure there is time set aside to clear the space and get ready for the next client. There is a lot more report writing. There is a lot more mobile/school-visit/home-visit therapy appointments required. Parents are often exhausted and use therapy appointments as a time to 'relax' whilst their child is engaged with the therapist. Unfortunately this means that we then need to send a summary after the appointment to advise what exercises were completed/homework needs to be completed. We cannot complete notes/admin whilst in the appointment with a child as they need 100% attention to remain safe.”

“1. Liaison, liaison, liaison. Time needs to be allocated for communicating with carers (parents, grandparents, childcare centres) as well as medical staff, other allied health providers and educators.
2. A purely clinic-based service is not best practice in this field. Young children often require services in their natural environments e.g. home, childcare, the local park, school environment.
3. This is a time when families require a lot of support – often there are other young children in the family, trauma of dealing with a disability diagnosis, support required to navigate complex NDIS systems.
4. Complex and specialised area requiring senior staff or well-supported junior staff.”

“Various settings of care - home, day care, school, etc. - requires support / visits to multiple settings and knowledge of how to integrate therapy into these daily routines with various perspectives - staff require support to learn how to navigate this well and problem solve challenges. Emotional and therapy support planning required by families navigating early and complex diagnosis - this means service cannot always be provided in the most 'efficient' way as families require time to process grief / loss, information and gentle navigation towards appropriate choices / interventions. Need for multi-disciplinary input and communication across extended team - which may not initially be understood or seen by a family as an effective use of funding - much of which is therefore initially un-billed time. Knowledge of evidence base to guide families well with goal setting, choice making around therapy interventions - this requires support from senior staff to assist with challenging conversations - for example when clients are wanting to engage in intensive models of non-evidence-based interventions and how to gently guide / support families towards the evidence. Resource development within a service to support all of the above areas. Professional support / training for staff to support all of the above areas.”

“Nothing is simple with NDIS participants! Their families are usually chronically stressed and so need far more intensive support than other people. Upskilling families takes a lot longer with NDIS participants than other children. Many families have multiple children with disability, which makes it harder to implement change. Most children are vastly underfunded, so we spend an enormous amount of time doing unpaid, unofficial support coordination and advice on early reviews, because it's impossible for therapy to be effective if we don't - children do well when their families are well supported, but our families typically start with minimal support.”

Topic - Cancellations

12. What is your cancellation policy (notification period and charges) for NDIS participants? Is it different for non-NDIS clients? If so, why?

54 respondents provided feedback to the section on cancellations. Cancellation policies vary across providers. It is important to note that many respondents report that there is a difference between their cancellation policy and what they do in case of a cancellation. Some have a cancellation policy to charge a cancellation fee for late cancellation but never enforce it.

Regarding notice periods we note that:

- 24 hours or 3pm the day before or 1 pm the day before or same day cancellation are the most frequent notice periods required in which cancellation fees are charged;
- 48 hours is a common alternative; and
- a few therapists align with the NDIS price guide of 7 days (4 respondents – including one only charging within the 7 days for pool based appointments) but don't necessarily enforce it.

Cancellation charges also vary:

- 100% of session fee - for very short-notice cancellations (especially within 24 hours) or for no-show without notification;
- 90% of scheduled fee; or
- 50% of session fee.
- Discretionary: Many therapists mention exercising flexibility and waiving fees due to extenuating circumstances (illness, emergencies on the patients' end, no-shown for no fault of their own like if a support worker didn't show up).

To mitigate last-minute cancellations, some physiotherapists offer telehealth, phone support, or other non-face-to-face alternatives, to still provide some service.

Most respondents indicate no difference in cancellation policy between NDIS and non-NDIS participants. The reasons for any differences (17 respondents) in policy primarily revolve around contractual obligations and the perceived fairness in treatment between NDIS and non-NDIS participants.

Quotes:

"We have implemented a comprehensive cancellation policy in place from July 2023. This cancellation policy is as follows: <https://activerecovery.net.au/cancellation-policy/>. This cancellation policy is in line with NDIS Commission cancellation policy guidelines. We also use this policy for all of our patients."

“Cancellation within 48 hours of appointment, we try our best to fill the time with billable tasks but if we are not able to then we bill the cost of the appointment (\$193.99). We have not implemented the 7-day cancellation policy that is in the price guide as feel this is unreasonable for participants.”

“Full fee within 24 hours - we use the same cancellation fee for every client NDIS or not.”

“Rarely charge cancellation fees in service agreement - fee may be applied if 24-hour notice is not provided.”

“If cancelled an hour before then full fees will be charged.”

“Same day cancellations plus a continuous pattern of no shows. We do not charge if patients have a genuine reason e.g. their supports do not show up, or they are genuinely sick.”

“We bill if within 48 hours and no other billable work can be found.”

Related to the difference with private patients – if any:

“We are introducing a deposit payment for private paying clients. They forfeit the deposit if they cancel with less than 3-day notice.”

“We only have 10% private so it only fills gaps in our schedule rather than to be relied on. The cancellation policy is the same but there are less cancellations privately. More often waived as the client would not return.”

“Can’t get late cancellation fee out of a private client that you may never have seen.”

“Cancellation is charged on a case by case basis for non NDIS clients.”

“Same policy, and fee is charged for all clients.”

“Non-NDIS clients are expected to pay the cancellation fee, except they typically don't come back, so we can't enforce it.”

13. How often do you face short-notice cancellations or no shows and on average and how frequently do you claim for these instances monthly? What approach does your organisation take when a participant has an unusually high frequency of cancellations?

The frequency of short-notice cancellations or no-shows varies widely among respondents, from daily or several times a week to 4-5 per month or less. Some respondents note variability and rare instances of no-shows.

Claims for these cancellations also vary, with some practitioners claiming for most instances of short-notice cancellations or no-shows, while others do so less frequently or not at all. The decision to claim often depends on the circumstances surrounding the cancellation.

Approaches to managing participants with frequent cancellations include sending reminders the day before appointments, and consulting with participants or support network to understand the reasons behind frequent cancellations. The emphasis is on understanding and mitigating the causes of frequent cancellations. By identifying the root cause for the frequent cancellations, physiotherapists can work with participants to find solutions. These can include: organising transport, change the frequency of sessions, taking a break from therapy, organising home visits or telehealth. In some extreme cases, in case mitigation failed, some physiotherapists will cease providing supports to free time slots for another participants.

Quotes on the approach to high frequency cancellations:

“Try to understand why, have conversations with family, work on strategies to increase attendance, remove barriers where possible, seek alternative arrangements if needed, increase promoting and reminders.”

“We discuss their goals of attending and negotiate or apply motivational interviewing strategies to improve attendance. We have also discussed having breaks from therapy and seeking alternate interaction to address their goals.”

“Discussion with participant and support coordinator as necessary - discussion of barriers to therapy and if any adaptations can be made i.e. time / day, etc.”

“We contact them to discuss any barriers to attendance, and work with them to adjust their therapy schedule to better meet their individual needs and capacity. If a client continues to cancel, even with the above supports, then we cease services with them.”

“We tailor our approach to each individual participant based on their living or traveling circumstances. In instances of frequent cancellations, we typically engage in communication with the care manager or house manager to address the situation effectively.”

“Working with them to figure out why they have to cancel and see if other appointment times work better.”

14. What service offering does your business have as an alternative to short notice cancellations? For example, telehealth, other indirect support such as follow up with mainstream supports.

Telehealth is the most mentioned alternative to short notice cancellations; other alternatives include home exercise programs. Some respondents also mention using the time allocated for cancelled appointments for billable non –face-to-face supports such as administrative tasks or report writing, assistive technology trials, liaison with care team, updating a home program, etc.

Additional comments

Respondents were given the opportunity to provide further comments.

Overall, their comments indicate a high level of distress and anxiety related to pricing and practice viability under the current NDIS pricing structure. They highlight issues such as stagnant rates over several years, increased costs of living, and insufficient compensation for their expertise and the complexity of cases they handle.

The current public discourse around price gouging is also very distressing for physiotherapists who are dismayed to keep seeing false comparisons being used in the media (price per session - usually 20 to 30 minutes - being compared to an hourly price for example).

Issues around the compliance and administrative burden of registration – with no guarantee that registration ensures quality and / or safety – is also a recurring theme. Some express concerns around uncertainty regarding the future of the NDIS following the NDIS review.

Quotes:

“NDIS prices must be raised if businesses are to remain viable. No change in 6 years is a joke as business costs have risen considerably. Service providers will leave the scheme soon if prices aren’t increased as we - a 12 employee company - may soon have to if the price guide is not increased.”

“We are being penalised and crucified by the media for providing excellent value services to participants. Instead of shooting us down, the government should build us up.”

“The NDIA needs to recognise that mainstream musculoskeletal physio pricing is advertised at half the appointment duration as their sessions typically only go for 30 minutes. This has been the biggest downfall of all their reviews.”

“The current pricing is not sustainable, does not reflect current market value for therapy supports, and if the pricing is not improved to be closer in line with market rate, the NDIS risks market failure.”

“Providers are not all dodgy, money hungry parasites as described by some politicians and media. The majority of us are trying our utmost to provide child-centred, best practice therapy in a family focused way. We work at weekends, in the evenings, keep up with PD and ever changing NDIA policies, connect with other therapy providers and schools, all in our own time. I love my work and would not like to change. The \$193.99/hr may sound like a lot but I am struggling to keep my head above the water. I am 64, have been working with childhood disability for 43 years. I feel sorry for younger therapists having to continuously explain why they are worth the \$193.99/hr.”

“NDIS rates need to increase to keep up with market rate otherwise physios will stop providing services much like DVA with some proposed changes in current review that have been mentioned. Physiotherapists and other registered health professionals should not be required to go through further accreditation or costly auditing to be NDIS providers. If someone is suspected of being fraudulent investigate them rather than adding extra admin and costs to everyone.”

“I believe the price guide has been fair for many years. Given the recent inflation, it is no longer tenable. Though we are not registered, I believe people on the NDIS have significant disabilities requiring specialised services. Registration should be proof that a practice has those qualifications or a training plan to upskill their workforce. I am not registered because the paperwork required,

cost and audits is not a reflection of a practices skillset but rather a reflection of their ability to keep logs the way the NDIS want it and not a show of general administrative ability.”

Final word

After pages of this submission dedicated to the cost and price of physiotherapy supports in the NDIS, we invite the APR team to take a minute to read a recently released story that highlights the value of physiotherapy supports.

It's the story of two-and-a-half-year-old Joseph who, with the support of his physiotherapist and therapy team, has attained the majority of age-appropriate skills just-in-time to start pre-school this year: <https://australian.physio/media/joseph-can-hold-his-head-high-thanks-ndis-and-physiotherapy-support>

About the Australian Physiotherapy Association

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups representing more than 32,000 physiotherapists who conduct more than 23 million consultations each year.

The APA's vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.