

# Research New Zealand

## Co-payments Survey 2021

September 2021



## Report Co-payments Survey 2021

PREPARED FOR           ACC  
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## 1.0 EXECUTIVE SUMMARY

This report presents the results of a survey of treatment providers, on the subject of co-payments, completed to inform ACC's biennial review of the Cost of Treatment Regulations (CoTR Review). As part of this review, ACC is proposing to make a number of changes; some impacting all providers (e.g. inflationary pricing increases) and others specific providers groups (e.g. Specified Treatment Providers).

The specific provider groups of interest included acupuncturists, chiropractors, occupational therapists, osteopaths, physiotherapists, podiatrists and speech therapists (Specified Treatment Providers), GPs, nurses, radiologists, counsellors and dentists. In addition, hand therapists were surveyed as a further, non-CoTR group.

The survey was completed online between 8 June and 26 July 2021, with an original sample of n=2,589 providers. The survey questionnaire was customised to each provider group.

A further, booster sample of radiologists, occupational therapists and hand therapists was subsequently added to this original sample. In total, n=3,328 providers were invited to complete the survey.

In the initial survey invitation and reminders, it was made clear that the survey should provide one response per practice and that this could be provided by a practice manager.

To supplement the reminder activity that was undertaken, ACC coordinated communications about the survey with providers' professional organisations, encouraging providers to visit a 'registration website' to complete the survey. In addition, a desk research exercise was completed to supplement the co-payment information collected via the survey with co-payment information on providers' websites.

A total sample of n=738 respondents completed the survey, based on those who were in the original and booster samples. This is a participation rate for the survey of 22%.

However, in addition to this, n=408 respondents completed the survey after self-registering as a result of the communications from their professional organisations. Therefore, the results presented in this report are based on a combined total of n=1,146 respondents.

## Main findings

### Barriers to treatment

By way of context, respondents were asked whether the **cost of treatment was a barrier** to specific groups of patients. The results shown in Table 1 overleaf are based on the percentage 'agreeing' or 'strongly agreeing' that cost was a significant barrier to each group.

Overall, cost was identified as a barrier for between 23% and 57% of each group, with five groups mentioned by **at least one-half** of all respondents; namely:

- Community Card holders (57%).
- Māori (53%).
- Pasifika (52%).
- Adults (18-25 years) (51%).
- Adults (65+) (51%).

These results are largely consistent across all provider groups, although there are some notable exceptions. For examples, respondents representing dentists were more likely to identify other groups as being impacted by costs to the same extent as those above (e.g. adults aged 26-64) and those representing counsellors were more likely to identify members of the rainbow community as being affected by cost.

**Table 1 Barriers to treatment**

*Q17 How much do you agree or disagree that cost is a significant barrier to treatment for each of the following groups of clients?*

% 'agreed' or 'strongly agreed' that cost is a significant barrier to treatment for each of the following groups of clients	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radiologists	OTs
	1136	279	198	168	110	89	79	60	49	48	36	20*
	%	%	%	%	%	%	%	%	%	%	%	%
Community Service Card holders	57	68	42	48	62	55	80	37	56	75	47	60
Māori	53	55	54	37	58	48	54	51	54	75	50	70
Pasifika	52	56	54	36	58	48	49	51	54	79	53	70
Adult (18 - 25 years)	51	52	48	43	74	57	52	56	38	44	36	45
Adult (65+)	51	49	50	48	61	60	51	51	33	56	42	70
Adult (26 – 64 years)	39	32	44	38	61	42	29	53	29	33	22	45
Youth (14-17 years)	39	47	31	39	31	39	44	41	33	40	28	50
Other ethnicities	36	35	39	30	48	33	28	41	35	40	31	55
Child (0-13 years)	31	39	12	32	25	38	44	31	31	38	25	45
New Zealand European	30	27	34	24	45	30	22	36	29	29	25	45
Female	27	23	25	28	41	31	23	37	13	27	19	35
Male	26	21	25	24	45	31	19	36	13	27	19	35
Rainbow community	23	17	32	17	25	24	16	44	21	15	19	40

Total may exceed 100% because of multiple response.

\*Caution: small sample size.

## Factors affecting providers' costs

All respondents were asked to identify the extent to which six specific factors affected their **practice's costs**. The results shown in Table 2 are based on the percentage stating that each factor affected their costs 'reasonably' or 'significantly'.

Overall, two factors (viz. **overheads** and **COVID-19**) were identified most frequently as affecting costs; 75% and 66% respectively stated they had a 'reasonable' or 'significant' impact on their practice's costs.

However, this varies by provider group. For example, staff costs were more frequently identified by respondents representing physios, GPs and dentists. Respondents representing GPs and dentists also more frequently identified equipment costs.

**Table 2: Factors affecting providers' costs**

% rated a 'reasonable' or 'significant' impact on costs	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radiologists	OTs
	1139	279	198	168	111	89	81	60	49	48	36	20*
	%	%	%	%	%	%	%	%	%	%	%	%
Overheads	75	83	75	58	79	78	80	58	69	88	81	60
COVID-19	66	70	67	67	59	71	69	37	57	88	58	80
Staff costs	62	73	78	40	74	55	40	27	53	67	83	65
Cost of equipment	61	58	71	58	79	56	36	28	61	83	86	60
Staff shortages	34	39	43	19	34	22	27	15	37	40	50	60
Population changes in our area	32	37	43	32	26	27	25	12	27	27	31	30

Total may exceed 100% because of multiple response.

\*Caution: small sample size.



Having identified the factors impacting practice costs, respondents were asked whether these cost areas had increased, decreased or stayed the same in the last 12 months. Table 3 shows how over one-half stated that costs have increased in three of the six areas; namely, overheads (69%), equipment costs (62%) and staff costs (56%).

Again, this varies by provider group. For example, overheads were more frequently identified as having increased by respondents representing physios, GPs, dentists and some of the other smaller groups. Cost of equipment was more frequently identified as having increased by respondents representing dentists.

**Table 3: Extent to which factors impacting provider costs increased in the last 12 months**

*Q16 Which of these have been increasing, decreasing or staying much the same in the last 12 months?*

% rated as increasing over the last 12 months	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radio logists	OTs
	1136	279	198	168	110	89	79	60	49	48	36	20*
	%	%	%	%	%	%	%	%	%	%	%	%
Overheads	69	75	74	48	72	74	77	67	57	85	72	45
COVID-19	38	39	49	35	41	30	41	25	22	58	14	40
Staff costs	56	66	81	30	67	54	30	20	45	63	69	55
Cost of equipment	62	59	69	60	80	53	58	23	67	94	53	40
Staff shortages	27	29	34	8	37	16	23	13	37	38	36	50
Population changes in our area	38	35	49	22	38	43	42	35	45	54	47	10

Total may exceed 100% because of multiple response.

\*Caution: small sample size.

## Changes to co-payments

All respondents (except those representing hand therapists) were asked **when** their practice **changed their co-payment rates** most recently, as well as whether their practice had changed its rates on the last occasion ACC increased the regulated rates (i.e. on 1 May 2021).

Table 4 shows that most respondents stated their practice charges co-payments, with most also stating their practice most recently changed its co-payment rates in either the last 12 months or the last 1-2 years. The table also shows that most left their rates unchanged when ACC increased the regulated rates in May 2021.

Results are not provided for counsellors because of the small sample of respondents who stated their practice charges co-payments (n=5), or occupational therapists (n=12) and radiologists (n=25).

**Table 4: Changes to co-payments**

	<b>Total</b>	<b>GP Total</b>	<b>Physio Total</b>	<b>Acupuncturist Total</b>	<b>Chiropractor Total</b>	<b>Counsellor Total</b>	<b>Dentist Total</b>
Unweighted base =	1146 %	199 %	282 %	168 %	89 %	60 %	111 %
<b>Charge co-payment</b>	85	100	99	86	99	8	87
<b>Last changed co-payments</b>	n=978	n=199	n=278	n=144	n=88	n=5*	n=97
In the last 12 months	40	33	44	39	40	NA	46
In the last 1-2 years	21	28	22	15	17	NA	18
In the last 3-4 years	17	16	22	18	18	NA	6
5 years ago or more	11	11	6	17	17	NA	6
Don't know	11	13	6	12	8	NA	24
Total	100	100	100	100	100	NA	100
<b>What happened to co-payments May 2021 (when ACC last increased regulated rates)</b>	n=978	n=199	n=278	n=144	n=88	n=5*	n=97
Stayed the same	71	78	76	71	78	NA	37
Increased	10	6	14	8	14	NA	5
Other (decreased/ don't know)	19	16	10	21	8	NA	58
Total	100	100	100	100	100	100	100

Continued

**Table 4: Changes to co-payments (continued)**

	<b>Total</b>	<b>Osteo Total</b>	<b>OT Total</b>	<b>Podiatrist Total</b>	<b>Radiologist Total</b>
Unweighted base =	1146 %	81 %	21* %	50 %	36 %
<b>Charge co-payment</b>	85	99	57	100	69
<b>Last changed co-payments</b>	n=978	n=80	n=12*	n=50	n=25*
In the last 12 months	40	43	NA	50	NA
In the last 1-2 years	21	26	NA	16	NA
In the last 3-4 years	17	15	NA	16	NA
5 years ago or more	11	13	NA	6	NA
Don't know	11	4	NA	12	NA
Total	100	100	100	100	100
<b>What happened to co-payments May 2021 (when ACC last increased regulated rates)</b>	n=978	n=80	n=12*	n=50	n=25*
Stayed the same	71	75	NA	62	NA
Increased	10	13	NA	10	NA
Other (decreased/ don't know)	19	12	NA	28	NA
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

\*Caution: small sample size.

NA = Not available (because of small sample size).

NB: Results from all the provider groups are included in the total results (except hand therapists).

## Standard consultation times

Detailed information is provided in the following sections of this report in terms of the standard times for various types of consultations, for most of the provider groups, with the exception of counsellors, dentists, and radiologists.

Below, we summarise for the **mean** (average) times for each provider group, for a normal duration **initial and follow-up consultation** (Table 5).

**Table 5: Consultation times – Initial and follow-up consultations (normal duration)**

	GP	Physio	Acupuncturist	Chiropractor	Counsellor	Dentist
	Total	Total	Total	Total	Total	Total
Unweighted base =	199	278	144	88	5	97
	Mins	Mins	Mins	Mins	Mins	Mins
Initial consultation	17.14	46.09	49.62	44.17	NM	NM
Follow-up consultation	15.14	35.19	42.50	18.30	NM	NM

**Table 5: Consultation times – Initial and follow-up consultations (normal duration) (continued)**

	Hand therapist	Osteopath	Occupational therapist	Podiatrist	Radiologist
	Total	Total	Total	Total	Total
Unweighted base=	49	81	19*	88	36
	Mins	Mins	Mins	Mins	Mins
Initial consultation	40.88	47.48	58.42	40.49	NM
Follow-up consultation	29.63	40.31	44.06	27.61	NM

NM = not measured.

\*Caution: small sample size, results are indicative only.

## Co-payment rates

Detailed information is also provided in the following sections of this report in terms of the co-payment rates charged by providers. Below, we summarise the **mean** (average) co-payment charge for each provider group, for a normal duration **initial and follow-up consultation**, by patient group defined on the basis of age (Table 6). Note that these results exclude practices with zero co-payments.

Results are not provided for dentists and radiologists because they were not asked to provide their co-payment charges for these consultations.

In addition, results are not provided for counsellors because of the small sample of respondents who stated their practice charges co-payments (n=5). Similarly, results are not provided for respondents representing occupational therapists because only n=20 responded to the survey.

Additional questioning around co-payment rates point to the fact that many provider groups vary their rates by the patient groups identified earlier as having cost as a barrier to treatment (e.g. Community Card holders, etc.) and generally, on the basis of their patients' socio-economic status.

**Table 6: Mean co-payment charges – Initial and follow-up consultations, normal duration**

	GP Total	Physio Total	Acupuncturist Total	Chiropractor Total	Counsellor Total	Dentist Total
Unweighted base =	199	278	144	88	5	97
	\$	\$	\$	\$	\$	\$
<b>Child (0-13 years)</b>						
Initial consultation	30.44	35.76	29.54	50.99	NA	NM
Follow-up consultation	28.80	29.22	25.10	26.33	NA	NM
<b>Youth (14-17 years)</b>						
Initial consultation	29.15	36.26	29.34	53.65	NA	NM
Follow-up consultation	26.58	29.66	25.63	27.32	NA	NM
<b>Adult (18-25 years)</b>						
Initial consultation	36.41	38.76	29.32	65.05	NA	NM
Follow-up consultation	34.00	31.75	26.85	33.19	NA	NM
<b>Adult (26-64 years)</b>						
Initial consultation	37.57	38.90	31.10	66.41	NA	NM
Follow-up consultation	35.16	31.99	28.28	33.27	NA	NM
<b>Adult (65+)</b>						
Initial consultation	37.08	38.67	31.36	62.13	NA	NM
Follow-up consultation	34.27	31.56	28.28	30.78	NA	NM

Continued

**Table 6: Mean co-payment charges – Initial and follow-up co-payments (continued)**

	Hand therapist Total	Osteopath Total	Occupational therapist Total	Podiatrist Total	Radiologist Total
Unweighted base =	49 \$	81 \$	20 \$	88 \$	36 \$
<b>Child (0-13 years)</b>					
Initial consultation	28.50	47.51	NA	50.99	NM
Follow-up consultation	24.64	45.15	NA	26.33	NM
<b>Youth (14-17 years)</b>					
Initial consultation	29.25	48.16	NA	53.65	NM
Follow-up consultation	25.00	45.68	NA	27.32	NM
<b>Adult (18-25 years)</b>					
Initial consultation	31.65	52.57	NA	65.05	NM
Follow-up consultation	26.20	49.87	NA	33.19	NM
<b>Adult (26-64 years)</b>					
Initial consultation	31.94	53.21	NA	66.41	NM
Follow-up consultation	26.20	50.21	NA	33.27	NM
<b>Adult (65+)</b>					
Initial consultation	32.44	51.84	NA	62.13	NM
Follow-up consultation	26.20	49.34	NA	30.78	NM

NA = Not available (because of small sample size).

NM = Not measured.

## 2.0 Introduction, objectives and method

### 2.1 Introduction

A co-payment is a 'surcharge' that patients pay to the provider when receiving an ACC-covered treatment. This is a payment **above and beyond** what the health care provider invoices ACC.

ACC is currently conducting its biennial review of the Cost of Treatment Regulations (CoTR Review) and as part of this is proposing to make a number of changes; some impacting all providers (e.g. inflationary pricing increases) and others specific providers groups (e.g. Specified Treatment Providers).

### 2.2 Objectives

To inform the pricing review for the CoTR Review, ACC commissioned a survey of providers in order to understand:

- What the average length of time for initial and follow up consultations is.
- How much providers charge for co-payments for both initial and follow-up consultations and being able to compare these with data from previous surveys to identify trends.
- How both of these may be affected by provider type, geographic area and socioeconomic status of clients.
- The impact the regulations may have on claimants' ability to access treatment and rehabilitation.

In addition, ACC sought to capture providers' opinions about:

- Whether pricing is a barrier to treatment.
- Co-payments in general.

In scope were Specified Treatment Providers (acupuncturists, chiropractors, occupational therapists, osteopaths, physiotherapists, podiatrists and speech therapists), GPs, nurses, radiologists, counsellors and dentists. In addition, ACC added a further, non-CoTR group comprising hand therapists.

## 2.3 Method

The survey questionnaire was developed in collaboration with ACC, based on a core set of questions, with specific questions for each provider group. The questionnaire was customised for each provider group.

A copy of the questionnaire for general practitioners is included in this report in Appendix A, as an example.

The main specifications for the 2021 Co-payments Survey were:

- ACC provided an original sample of n=2,589 providers. The sample was not deduped; meaning that the sample contained multiple providers from within the same practice. It is important to note this because the co-payments survey is an organisational rather than provider-based survey.

It was decided not to dedupe the sample but send a survey invitation to all providers on the basis that some might not see the invitation. The invitation included a clear instruction that it should only be completed once (and, if possible, by the practice manager).

Two further booster samples were received, containing potential respondents from the radiologist, occupational therapist and hand therapist survey groups.

- On 8 June 2021, survey invitations began to be sent on a progressive basis, provider group by provider group, by email. The last group was sent its invitations on 15 June 2021.
- This was followed by up to two reminder emails, before reminder calls began to be made, targeted to low-responding provider groups.
- To supplement the reminder activity, ACC coordinated communications about the survey with providers' professional organisations, encouraging providers to visit a 'registration website' to complete the survey.
- In addition, a desk research exercise was completed to supplement the co-payment information collected via the survey with co-payment information on providers' websites.
- The survey was closed off on 26 July 2021.

Please note that the information gathered by the desk research is reported separately from the results of the survey.



## 2.4 Response

Table 7 provides the response to the survey by provider group, based on the original sample received from ACC and the booster sample. In addition to the n=738 respondents shown in the table as having completed the survey, an additional n=408 completed the survey after self-registering as a result of the communications from their professional organisations. Therefore, the results presented in this report are based on a combined total of n=1,146:

- The first column shows the number of providers who were in the original sample by provider group.
- The second column shows the number of **individual respondents** who responded to the survey (not necessarily a provider).
- The third column shows the survey response on an **organisational** basis, after deduping.
- This fourth column shows the additional number of respondents who completed the survey via the registration website. This is shown separately because it is not possible to dedupe these respondents against the original sample.

Overall, the survey participation rate based on the original sample received from ACC and the booster sample is 22%.

**Table 7: Response**

	Online survey invitations			Registration website
	Providers who were in the original samples	Individual respondents who responded to the survey*	Organisations that responded to the survey* **	Respondents who completed the survey via the registration website
Unweighted base =	3328	738	664	408
	n=	n=	n=	n=
Physios	551	165	150	117
GPs/Nurses	794	149	143	50
Acupuncturists	208	86	78	82
Dentists	386	84	83	27
Chiropractors	132	43	42	46
Osteopaths	106	40	39	41
Counsellors	205	56	42	4
Hand Therapists	258	44	28	5
Podiatrists	83	26	23	24
Radiologists	98	25	25	11
OTs	507	20	11	1
<b>Total n=</b>	<b>3328</b>	<b>738</b>	<b>664</b>	<b>408</b>

\* Based on samples provided by ACC only.

\*\* Deduped within each survey, so one organisation may be counted twice e.g. under both Physio and GP. Excludes responses that did not have a named practice.

## 2.5 Respondent profile

Table 8 provides a profile of respondents by DHB region and whether their practice is located in an urban, rural or remote area. Note that the table is based on frequencies and not percentages.

**Table 8: Sample profile**

	Physios 282 n=	GPs/Nurses 199 n=	Acupuncturists 168 n=	Dentists 111 n=	Chiropractors 89 n=	Osteopaths 81 n=	Counsellors 60 n=	Hand Therapists 49 n=	Podiatrists 50 n=	Radiologists 36 n=	OTs 21 n=	Total 1146 n=
<b>In which DHB region of New Zealand is this practice located?</b>												
Northland	17	6	2	5	1	3	1	5	0	1	1	42
Waitemata	21	23	7	4	4	8	1	6	7	6	2	89
Auckland	59	29	89	30	27	23	9	6	8	8	4	292
Counties Manukau	13	21	3	0	8	2	2	4	3	0	2	58
Waikato	12	11	5	9	5	5	6	7	5	2	2	69
Lakes	5	2	0	0	0	3	0	0	0	0	0	10
Bay of Plenty	19	13	4	7	10	8	4	0	0	3	1	69
Tairāwhiti	2	3	0	1	1	1	1	2	0	0	1	12
Taranaki	8	3	0	3	1	1	4	1	2	3	0	26
Hawke's Bay	10	4	5	5	6	5	1	0	1	2	2	41
Whanganui	4	0	2	0	2	1	0	1	1	0	0	11
MidCentral	8	6	1	3	3	1	3	1	2	1	1	30
Hutt Valley	1	7	3	4	2	0	1	1	4	0	0	23
Capital and Coast	10	14	18	8	4	3	5	4	0	2	2	70
Wairarapa	4	2	0	1	1	0	1	1	3	0	0	13
Nelson Marlborough	15	9	7	8	3	7	3	1	1	2	0	56
West Coast	3	2	0	0	0	0	0	0	0	0	0	5
Canterbury	42	28	15	12	5	2	15	3	8	3	3	136
South Canterbury	6	1	1	2	1	0	0	0	2	0	0	13
Southern	23	15	6	9	5	8	3	6	3	3	0	81
<b>Is the practice urban or rural based?</b>												
Mainly urban	225	164	142	96	67	59	48	37	35	32	18	923
Mainly rural	28	17	9	6	8	11	8	7	5	3	0	102
Not clearly urban or rural	29	9	14	9	14	10	4	5	10	1	3	108
Remote rural	0	9	3	0	0	1	0	0	0	0	0	13

## 2.6 Structure of report

The report has been organised into nine co-payment-related sections, each based on a provider group.

We have not provided detailed results for counsellors because only n=5 of the n=60 responding to the survey stated they charged co-payments. Similarly, we have not provided results for occupational therapists because only n=21 responded to the survey.

In addition to the co-payment sections, a further three general sections are provided for the results to the following contextual questions:

- Factors impacting providers' costs.
- Cost as a barrier to treatment for patient groups.
- Patients' comments about the cost of treatment.

## 2.7 Approach to analysing the survey results

This report provides the high-level survey results by provider type. A dataset of the results has been provided to ACC to allow for more detailed analysis.

However, because of the number of respondents responding to the survey, the absolute response from some provider groups is relatively low (e.g. occupational therapists, radiologists, podiatrists and hand therapists).

Therefore, this imposes a limitation in terms of the extent to which the results can be examined by provider group, although not necessarily by other derived groups of respondents based on other criteria (e.g. urban vs. provincial vs. rural).

## 3.0 General Practitioners

This section is based on the response from 199 respondents who identified as working in a general practice (via the original sample and online registration).

When asked to identify whether they were a regulated or contracted provider, most (83%) stated that they deliver services to ACC clients under ACC's Cost of Treatment Regulations, while 11% come under ACC's Rural General Practice Contract. Another four percent come under ACC's Urgent Care Clinic Contract, and six percent were unsure of the arrangement their practice uses to deliver services to ACC clients.

### 3.1 Standard consult times

**Initial consultation** times for GPs range from 10 to 38 minutes, with a mean of 17.14 (Table 9).

**Follow-up consultation** times were generally shorter, ranging from 5 to 25 minutes, with a mean of 15 minutes.

Consulting times were longer for a GP and nurse combined with a mean of 27.85 minutes for an initial consultation and 22.93 minutes for a follow-up one.

**Table 9: General practitioners – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

Standard consultation times	n=	Minimum minutes	Maximum minutes	Mean minutes	Median minutes	Standard Deviation
Initial consultation – GP	183	10.00	38.00	17.14	15.00	4.28
Initial consultation – Nurse practitioner	45	0.00	30.00	17.76	15.00	8.66
Initial consultation - Nurses	155	5.00	38.00	18.45	15.00	5.72
Initial consultation – GP and nurse combined	136	5.00	60.00	27.85	30.00	8.74
Follow-up consultation - GP	169	5.00	25.00	15.14	15.00	2.70
Follow-up consultation - Nurse practitioner	40	5.00	30.00	18.08	15.00	5.64
Follow-up consultation - Nurses	149	5.00	30.00	17.07	15.00	5.04
Follow-up consultation - GP and nurse combined	121	5.00	45.00	22.93	20.00	7.13

## 3.2 Co-payment rates

All respondents representing general practices were asked to provide the co-payment rate that their practice charged for different age groups, for consultations with a GP only, a GP and a nurse, a nurse practitioner, and a nurse. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

### 3.2.1 Co-payment rates – Initial Consultation – only a GP

The GP co-payment rates for an initial consultation range from a minimum of \$5 to \$10 and up to a maximum of \$73 (Table 10). The mean charges range from \$29.15 for a youth (14-17 years), to \$37.57 for an adult (26-64 years).

**Table 10: General practitioners – Co-payment rates – Initial consultation – Only a GP**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation – only a GP	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	9	5.00	60.00	30.44	25.00	17.63
Youth (14-17 years)	141	10.00	70.00	29.15	30.00	12.91
Adult (18-25 years)	167	10.00	73.00	36.41	39.00	13.69
Adult (26-64 years)	166	10.00	73.00	37.57	40.00	13.98
Adult (aged 65 and over)	160	10.00	71.00	37.08	39.50	13.39

### 3.2.2 Co-payment rates – Follow-up consultation – only a GP

The GP co-payment rates for a follow-up consultation range from a minimum of \$5 to \$68 for two groups of adults (18-25 years and 26-64 years) (Table 11). The mean charges range from \$26.58 for a youth (14-17 years) to \$35.16 for an adult (26-64 years).

**Table 11: General practitioners – Co-payment rates – Follow-up consultation – Only a GP**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – only a GP	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	5	19.00	36.00	28.80	29.00	7.09
Youth (14-17 years)	121	5.00	52.00	26.58	26.00	12.78
Adult (18-25 years)	136	5.00	68.00	34.00	35.00	14.06
Adult (26-64 years)	137	5.00	68.00	35.16	35.00	14.66
Adult (aged 65 and over)	136	5.00	66.50	34.27	35.00	14.28

### 3.2.3 Co-payment rates – Telehealth consultation – only a GP

GP co-payment rates for a Telehealth consultation range from \$5 to \$73 (Table 12). The mean charges range from \$24.50 for a child (0-13 years) to \$37.38 for an adult (26-64 years).

**Table 12 General practitioners – Co-payment rates – Telehealth consultation – Only a GP**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth consultation – only a GP	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	4	10.00	35.00	24.50	26.50	10.66
Youth (14-17 years)	99	5.00	52.00	27.21	27.00	12.49
Adult (18-25 years)	119	5.00	73.00	35.73	38.00	13.71
Adult (26-64 years)	118	5.00	73.00	37.38	40.00	14.04
Adult (aged 65 and over)	116	5.00	71.00	36.39	39.00	13.81

### 3.2.4 Co-payment rates – Community Service Card holders – only a GP

GP co-payment rates for Community Service Card holders range from \$3 to \$73 (Table 13). The mean charges range from \$15.09 for youth (14-17 years) to \$21.19 for an adult (26-64 years).

**Table 13: General practitioners – Co-payment rates – Community Service Card holders – Only a GP**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Community Service Card holders – only a GP	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	8	3.00	26.00	17.88	19.50	7.82
Youth (14-17 years)	130	5.00	45.00	15.09	13.00	6.13
Adult (18-25 years)	153	10.00	73.00	20.88	19.50	7.19
Adult (26-64 years)	153	10.00	73.00	21.19	19.50	7.60
Adult (aged 65 and over)	151	10.00	71.00	21.02	19.50	7.44

### 3.2.5 Co-payment rates – After-hours/weekend consultation – only a GP

GP co-payment rates for after-hours/weekend consultation range from \$5 to \$95 (Table 14). The mean charges range from \$25.29 for a child (0-13 years) to \$41.57 for an older adult (65 years or over).

**Table 14: General practitioners – Co-payment rates – After hours/weekend consultation – Only a GP**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

After-hours/weekend consultation – only a GP	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	7	5.00	65.00	25.29	20.00	22.22
Youth (14-17 years)	36	10.00	95.00	34.72	35.00	19.59
Adult (18-25 years)	42	10.00	95.00	41.35	35.00	22.11
Adult (26-64 years)	42	10.00	95.00	41.35	35.00	22.11
Adult (aged 65 and over)	41	10.00	95.00	41.57	35.00	21.59

### 3.2.6 Co-payment rates – Initial Consultation – a GP and nurse

Co-payment rates range for an initial consultation with both a GP and a nurse, range from \$10 to \$73 (Table 15). Although a very small number of practices charge a co-payment rate for children under 14 years, the mean charges for this type of consultation generally ranged from \$28.83 for youth (14-17 years) to \$37.70 for an adult (26-64 years).

**Table 15: General practitioners – Co-payment rates – Initial consultation – A GP and nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation – a GP and nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	3	20.00	24.00	21.33	20.00	2.31
Youth (14-17 years)	108	10.00	65.00	28.83	30.00	12.53
Adult (18-25 years)	129	10.00	73.00	36.16	38.50	14.35
Adult (26-64 years)	129	10.00	73.00	37.70	40.00	14.71
Adult (aged 65 and over)	126	10.00	71.00	36.82	39.00	14.22

### 3.2.7 Co-payment rates – Follow-up consultation – a GP and nurse

Co-payment rates range for a follow-up consultation with both a GP and a nurse, range from \$5 to \$68. Although one respondent reported that they charge a co-payment of \$19 for a follow-up consultation with a child under 14 years of age, the mean rates generally ranged from \$26.74 for youth (14-17 years) through to \$35.13 for an adult aged 25-64.

**Table 16: General practitioners – Co-payment rates – Follow-up consultation – A GP and nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – a GP and nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	1	19.00	19.00	19.00	19.00	
Youth (14-17 years)	92	5.00	65.00	26.74	26.25	12.68
Adult (18-25 years)	106	5.00	68.00	33.76	35.00	14.66
Adult (26-64 years)	107	5.00	68.00	35.13	35.00	15.54
Adult (aged 65 and over)	105	5.00	66.50	34.18	35.00	15.00

### 3.2.8 Co-payment rates – Telehealth consultation – a GP and nurse

Co-payment rates range for a Telehealth consultation with both a GP and a nurse, range from \$5 to \$73. Although one respondent reported that they charge a co-payment of \$24 for this type of consultation with a child under 14 years of age, the mean rates generally ranged from \$26.68 for youth (14-17 years) through to \$36.71 for an adult aged 25-64.

**Table 17: General practitioners – Co-payment rates – Telehealth consultation – A GP and nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth consultation – a GP and nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	1	24.00	24.00	24.00	24.00	
Youth (14-17 years)	79	5.00	52.00	26.68	27.00	12.08
Adult (18-25 years)	95	5.00	73.00	34.89	37.00	14.31
Adult (26-64 years)	95	5.00	73.00	36.71	40.00	14.88
Adult (aged 65 and over)	93	5.00	71.00	35.58	38.00	14.47



### 3.2.9 Co-payment rates – CSC holders – a GP and nurse

The GP and nurse co-payment rates for CSC holders range from \$1.90 to \$73. The mean co-payment rates generally ranged from \$15.46 for youth (14-17 years) to \$21.47 for an adult aged 25-64.

**Table 18: General practitioners – Co-payment rates – Community Service Card holders – A GP and nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>CSC holders – a GP and nurse</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	2	24.00	26.00	25.00	25.00	1.41
Youth (14-17 years)	99	10.00	44.00	15.46	13.00	6.61
Adult (18-25 years)	116	1.90	73.00	21.24	19.50	8.43
Adult (26-64 years)	117	10.00	73.00	21.47	19.50	8.39
Adult (aged 65 and over)	115	10.00	71.00	21.37	19.50	8.43

### 3.2.10 Co-payment rates – After-hours/weekend consultation – a GP & nurse

GP and nurse co-payment rates for an after-hours/weekend consultation range from \$10 to \$86. Although a very small number of practices charge a co-payment rate for children under 14 years, the mean rates for this type of consultation generally ranged from \$33.30 for youth (14-17 years), to \$41.36 for older adults (over 65 years).

**Table 19: General practitioners – Co-payment rates – After-hours/weekend consultation – A GP and nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>After-hours/weekend consultation – a GP and nurse</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	3	20.00	42.00	30.67	30.00	11.02
Youth (14-17 years)	22	10.00	62.00	33.30	31.50	17.86
Adult (18-25 years)	29	10.00	86.00	40.72	35.00	22.43
Adult (26-64 years)	29	10.00	86.00	40.72	35.00	22.43
Adult (aged 65 and over)	28	15.00	86.00	41.36	35.00	21.43

### 3.2.11 Co-payment rates – Initial Consultation – a nurse practitioner

Nurse practitioner co-payment rates for an initial consultation range from \$7 to \$50, with no charge for children under 14 years of age. The mean rates ranged from \$24.66 for youth (14-17 years) to \$31.56 for adults (26-64 years).

**Table 20: General practitioners – Co-payment rates – Initial consultation – Nurse practitioner**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation – a nurse practitioner	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	0					
Youth (14-17 years)	25	10.00	41.00	24.66	25.00	10.20
Adult (18-25 years)	31	7.00	50.00	29.29	30.00	11.39
Adult (26-64 years)	31	10.00	50.00	31.56	34.00	11.63
Adult (aged 65 and over)	30	10.00	50.00	30.18	31.00	11.39

### 3.2.12 Co-payment rates – Follow-up consultation – a nurse practitioner

Nurse practitioner co-payment rates for a follow-up consultation range from \$7 to \$50, with no charge for children under 14 years of age. The mean co-payment rates ranged from \$23.04 for youth (14-17 years) to \$31.33 for adults (26-64 years).

**Table 21: General practitioners – Co-payment rates – Follow-up consultation – Nurse practitioner**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – a nurse practitioner	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	0					
Youth (14-17 years)	23	7.00	41.00	23.04	25.00	9.66
Adult (18-25 years)	25	10.00	50.00	29.48	30.00	10.60
Adult (26-64 years)	26	10.00	50.00	31.33	33.00	11.68
Adult (aged 65 and over)	25	10.00	50.00	29.82	30.00	10.90

### 3.2.13 Co-payment rates – Telehealth consultation – a nurse practitioner

Nurse practitioner co-payment rates for a Telehealth consultation range from \$7 to \$50. The mean co-payment rates for this type of consultation ranged from \$24.71 for youth (14-17 years) to \$32.18 for adults (26-64 years).

**Table 22: General practitioners – Co-payment rates – Telehealth consultation – Nurse practitioner**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth consultation – a nurse practitioner	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	0					
Youth (14-17 years)	19	10.00	41.00	24.74	25.00	9.92
Adult (18-25 years)	22	7.00	50.00	29.43	30.00	12.46
Adult (26-64 years)	22	10.00	50.00	32.18	34.50	12.32
Adult (aged 65 and over)	22	10.00	50.00	30.86	33.00	11.49

### 3.2.14 Co-payment rates – CSC holders – a nurse practitioner

Nurse practitioner co-payment rates for CSC holders range from \$10 to \$45. The mean co-payment rates for this type of consultation ranged from \$16.67 for youth (14-17 years) to around \$20 for adults.

**Table 23: General practitioners – Co-payment rates – Community Services Card holder – Nurse practitioner**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Community Service Card holders – a nurse practitioner	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	0					
Youth (14-17 years)	23	10.00	41.00	16.67	13.00	8.48
Adult (18-25 years)	26	10.00	45.00	20.48	19.50	6.20
Adult (26-64 years)	28	10.00	45.00	20.36	19.50	5.98
Adult (aged 65 and over)	27	10.00	45.00	20.26	19.50	7.61

### 3.2.15 Co-payment rates – After-hours consultation – a nurse practitioner

Nurse practitioner co-payment rates for an after-hours/weekend consultation range from \$10 to \$86. Although one respondent reported that their practice charges an after-hours co-payment rate (of \$20) for nurse practitioners to see children under 14 years of age, the mean co-payment rates for this type of consultation typically ranged from \$27.32 for youth (14-17 years) to \$35.42 for young adults (18-25 years).

**Table 24: General practitioners – Co-payment rates – After-hours/weekend consultation – Nurse practitioner**  
*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

After-hours/weekend consultation – a nurse practitioner	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	1	20.00	20.00	20.00	20.00	
Youth (14-17 years)	11	10.00	52.00	27.32	27.00	14.99
Adult (18-25 years)	12	10.00	86.00	35.42	31.25	20.58
Adult (26-64 years)	12	10.00	86.00	33.71	28.25	21.01
Adult (aged 65 and over)	12	10.00	86.00	33.71	28.25	21.01

### 3.2.16 Co-payment rates – Initial Consultation – a nurse

Nurse co-payment rates for an initial consultation range from \$5 to \$50. Although a very small number of practices charge a co-payment rate for children under 14 years, the mean co-payment rate for this type of consultation typically ranged from \$19.43 for youth (14-17 years), to \$23.48 for adults (26-64 years).

**Table 25: General practitioners – Co-payment rates – Initial consultation – A nurse**  
*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation – a nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	3	15.00	40.00	25.00	20.00	13.23
Youth (14-17 years)	80	5.00	41.00	19.43	18.63	9.56
Adult (18-25 years)	98	5.00	50.00	22.83	21.00	10.55
Adult (26-64 years)	99	5.00	50.00	23.48	22.00	10.98
Adult (aged 65 and over)	98	5.00	50.00	23.05	21.00	10.80

### 3.2.17 Co-payment rates – Follow-up consultation – a nurse

Nurse co-payment rates for a follow-up consultation range from \$5 to \$48. Although a very small number of practices charge a co-payment rate for children under 14 years, the mean co-payment rate for this type of consultation generally ranged from \$17.73 for youth (14-17 years), to \$20.93 for adults (26-64 years).

**Table 26: General practitioners – Co-payment rates – Follow-up consultation – A nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – a nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	2	15.00	40.00	27.50	27.50	17.68
Youth (14-17 years)	70	5.00	41.00	17.73	15.00	9.51
Adult (18-25 years)	76	5.00	45.00	20.51	19.50	9.89
Adult (26-64 years)	77	5.00	48.00	20.93	19.50	10.41
Adult (aged 65 and over)	75	5.00	45.00	20.40	19.50	9.99

### 3.2.18 Co-payment rates – Telehealth consultation – a nurse

Nurse co-payment rates for a Telehealth consultation range from \$5 to \$50. The mean co-payment rates for this type of consultation ranged from \$18.40 for youth (14-17 years) to \$23.37 for adults (26-64 years).

**Table 27: General practitioners – Co-payment rates – Telehealth consultation – A nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth consultation – a nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	0					
Youth (14-17 years)	51	5.00	41.00	18.40	17.00	9.10
Adult (18-25 years)	57	5.00	50.00	22.55	20.00	11.32
Adult (26-64 years)	58	5.00	50.00	23.37	21.00	11.87
Adult (aged 65 and over)	57	5.00	50.00	22.73	20.00	11.43

### 3.2.19 Co-payment rates – Community Service Card holders – a nurse

Nurse co-payment rates for CSC holders range from \$5 to \$45. Although a very small number of practices charge a co-payment rate for children under 14 years, the mean co-payment rate for this type of consultation generally ranged from \$13.99 for youth (14-17 years), to \$17 for adults (18 years and over).

**Table 28: General practitioners – Co-payment rates – Community Services Card holder – A nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Community Service Card holders – a nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	2	20.00	40.00	30.00	30.00	14.14
Youth (14-17 years)	76	5.00	41.00	13.99	13.00	6.81
Adult (18-25 years)	88	5.00	40.00	17.02	19.00	6.02
Adult (26-64 years)	89	5.00	45.00	17.11	19.00	6.51
Adult (aged 65 and over)	88	5.00	45.00	17.02	19.00	6.58

### 3.2.20 Co-payment rates – After-hours/weekend consultation – a nurse

Nurse co-payment rates for an after-hours consultation range from \$10 to \$74. Although a very small number of practices charge a co-payment rate for children under 14 years, the mean co-payment rate for this type of consultation generally ranged from \$24.11 for youth (14-17 years), to \$28.70 for older adults (65 years and over).

**Table 29: General practitioners – Co-payment rates – After-hours/weekend consultation – A nurse**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

After-hours/weekend consultation – a nurse	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	2	20.00	40.00	30.00	30.00	14.14
Youth (14-17 years)	22	10.00	53.00	24.11	20.00	13.20
Adult (18-25 years)	26	10.00	74.00	28.15	22.50	15.83
Adult (26-64 years)	26	10.00	74.00	28.15	22.50	15.83
Adult (aged 65 and over)	27	10.00	74.00	28.70	25.00	15.79

### 3.3 Changes to co-payments by patient type

One-half of GP practices indicated they charge lower rates to ACC clients who are enrolled patients at the practice (53%), while almost two-fifths (38%) do not change the co-payment rates depending on whether they are enrolled patients.

**Table 30: General practitioners – Changes to co-payment rates by patient type**

*Q12 Does this practice apply a different co-payment rate for ACC visits for enrolled and not enrolled patients?*

	Unweighted base =	Total 199 %
Yes, lower rates apply to ACC clients who are enrolled patients		53
No, the co-payment for an ACC consultation does not change depending on whether they are enrolled		38
Yes, higher rates apply to ACC clients who are enrolled patients		3
Don't know		8
Total		100

Total may not sum to 100% due to rounding.

### 3.4 Changes to co-payments

One-third of GP practices (33%) had changed their co-payment rates in the last 12 months, and a further 28% had changed in the last one to two years. So overall, three-fifths (61%) had changed their rates in the last two years.

**Table 31: General practitioners – Most recent changes to co-payment rates**

*When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 199 %
In the last 12 months		33
In the last 1-2 years		28
In the last 3-4 years		16
5 years ago or more		11
Don't know		13
Total		100

Total may not sum to 100% due to rounding.

Almost four-fifths of GP practices (78%) indicated their co-payment rates did not change as a result of the increases to the regulated rates that ACC pays that came into effect on 1 May 2021.

**Table 32: General practitioners – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Increases to the regulated rates that ACC pays came into effect on 1 May 2021. What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 199 %
They stayed the same		78
No decision has been made yet, but they are likely to change		8
They increased		6
They decreased		2
Don't know		7
Total		100

Total may not sum to 100% due to rounding.



## 4.0 Physiotherapists

This section is based on the response from n=282 respondents who identified as working in a physiotherapy practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

In addition to exploring physiotherapy practices' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 4.1 Standard consult times

The mean **initial consultation** times for physiotherapists ranged from just under 40 minutes (39.64 minutes) for a normal duration initial consultation via Telehealth, to almost one hour (56.61 minutes) for a face-to-face complex or extended duration session.

**Follow-up consultation** times were generally shorter, ranging from half an hour (29.10 minutes) via Telehealth, to three-quarters of an hour (46.82) for a face-to-face complex or extended duration session.

**Table 33: Physiotherapists – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

Standard consultation times	n=	Minimum minutes	Maximum minutes	Mean minutes	Median minutes	Standard Deviation
Initial consultation – normal duration	279	20.00	90.00	46.09	45.00	11.54
Initial consultation – complex or extended duration session	195	30.00	120.00	56.61	60.00	12.06
Telehealth initial consultation - normal duration	186	20.00	90.00	39.64	40.00	12.69
Telehealth initial consultation - complex or extended duration session	119	20.00	90.00	47.47	45.00	15.76
Follow-up consultation normal duration	279	18.00	80.00	35.19	30.00	10.89
Follow-up consultation complex or extended duration session	212	20.00	90.00	46.82	45.00	11.20
Telehealth follow-up consultation - normal duration	181	10.00	80.00	29.10	30.00	9.66
Telehealth follow-up consultation - complex or extended duration session	120	15.00	90.00	38.84	40.00	13.18

## 4.2 Co-payment rates

All physiotherapy respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, the results shown are **only** based on those who charged a co-payment for each respective service.

### 4.2.1 Co-payment rates – Initial Consultation – normal duration

The physiotherapy co-payment rates for an initial consultation (of a normal duration) range from a minimum of \$5 to \$14 and up to a maximum of \$159. The mean charges are relatively consistent across the board, ranging from \$35.76 for a child (0-13 years) to \$38.90 for an adult (26-64 years).

**Table 34: Physiotherapists – Co-payment rates – Initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	235	10.00	159.00	35.76	30.00	18.81
Youth (14-17 years)	240	10.00	159.00	36.26	30.00	19.19
Adult (18-25 years)	253	5.00	159.00	38.76	35.00	18.87
Adult (26-64 years)	249	14.00	159.00	38.90	35.00	18.70
Adult (aged 65 and over)	249	10.00	159.00	38.67	35.00	20.48

### 4.2.2 Co-payment rates – Initial Consultation – complex or extended duration session

The physiotherapy co-payment rates for complex or extended initial consultations ranged from a minimum of \$10 to a maximum of \$220. The mean charges ranged from \$41.72 (for children 0-13 years) to \$44.51 (for young adults 18-25 years of age).

**Table 35: Physiotherapists – Co-payment rates – Initial consultation, complex/extended consultation**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - complex or extended duration session -	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	152	10.00	220.00	41.72	35.00	26.27
Youth (14-17 years)	155	10.00	220.00	41.73	35.00	26.08
Adult (18-25 years)	162	15.00	220.00	44.51	40.00	25.25
Adult (26-64 years)	163	15.00	220.00	43.78	40.00	24.74
Adult (aged 65 and over)	162	10.00	220.00	44.82	40.00	26.79

### 4.2.3 Co-payment rates – Follow-up consultation – normal duration

The physiotherapy co-payment rates for follow-up consultations of normal duration ranged from a minimum of \$5 to a maximum of \$100. The mean charges were very consistent across the board, ranging from \$29.22 (for patients under 14 years of age) to \$31.99 (for an adult 26-54 years of age).

**Table 36: Physiotherapists – Co-payment rates – Follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	231	10.00	100.00	29.22	27.00	13.37
Youth (14-17 years)	239	5.00	100.00	29.66	27.00	13.56
Adult (18-25 years)	249	5.00	100.00	31.75	30.00	13.26
Adult (26-64 years)	250	5.00	100.00	31.99	30.00	13.13
Adult (aged 65 and over)	249	5.00	100.00	31.56	30.00	14.24

### 4.2.4 Co-payment rates – Follow-up consultation – complex or extended duration consultation

The physiotherapy co-payment rates for complex or extended follow-up consultations ranged from a minimum of \$7 to a maximum of \$130. The mean charges ranged from \$37.42 (for patients under 14 years of age) to \$40.30 (for an adult 26-54 years of age).

**Table 37: Physiotherapists – Co-payment rates – Follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	165	10.00	130.00	37.42	33.00	20.96
Youth (14-17 years)	167	10.00	130.00	37.83	33.50	19.95
Adult (18-25 years)	179	15.00	130.00	39.98	35.00	19.60
Adult (26-64 years)	178	15.00	130.00	40.30	35.00	19.36
Adult (aged 65 and over)	179	7.00	130.00	39.78	35.00	20.21

#### 4.2.5 Co-payment rates – Telehealth initial consultation – normal duration

The physiotherapy co-payment rates for initial Telehealth consultations of normal duration ranged from a minimum of \$10 to a maximum of \$130. The mean charges ranged from \$36.03 (for patients under 14 years of age) to \$38.60 (for an adult 65 years of age).

**Table 38: Physiotherapists – Co-payment rates – Telehealth initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth initial consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	87	10.00	130.00	36.03	30.00	20.38
Youth (14-17 years)	90	10.00	130.00	36.47	30.00	20.27
Adult (18-25 years)	97	10.00	130.00	37.24	32.00	20.17
Adult (26-64 years)	97	10.00	130.00	37.24	30.00	20.10
Adult (aged 65 and over)	95	10.00	130.00	38.60	30.00	22.18

#### 4.2.6 Co-payment rates – Telehealth initial consultation – complex or extended duration

The physiotherapy co-payment rates for complex or extended initial Telehealth consultations ranged from a minimum of \$10 to a maximum of \$220. The mean charges ranged from \$43.48 (for adults 26-64 years of age) to \$45.96 (for an adult 65 years of age).

**Table 39: Physiotherapists – Co-payment rates – Telehealth initial consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth initial consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	49	10.00	220.00	44.38	40.00	31.81
Youth (14-17 years)	50	10.00	220.00	44.36	40.00	31.72
Adult (18-25 years)	53	10.00	220.00	43.62	39.00	31.07
Adult (26-64 years)	54	10.00	220.00	43.48	37.50	30.82
Adult (aged 65 and over)	54	10.00	220.00	45.96	40.00	32.43

#### 4.2.7 Co-payment rates – Telehealth follow-up consultation – normal duration

The physiotherapy co-payment rates for follow-up Telehealth consultations of normal duration ranged from a minimum of \$9 to a maximum of \$87. The mean charges ranged from \$29.95 (for youth 14-17 years of age) to \$31.64 (for an adult 65 years of age).

**Table 40: Physiotherapists – Co-payment rates – Telehealth follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth follow-up consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	87	10.00	80.00	30.02	30.00	13.29
Youth (14-17 years)	90	9.00	80.00	29.95	30.00	13.23
Adult (18-25 years)	96	10.00	80.00	30.85	30.00	12.77
Adult (26-64 years)	95	10.00	80.00	30.80	30.00	12.83
Adult (aged 65 and over)	95	10.00	87.00	31.64	30.00	14.43

#### 4.2.8 Co-payment rates – Telehealth follow-up consultation – complex or extended duration

Physiotherapy co-payment rates for complex or extended follow-up Telehealth consultations ranged from a minimum of \$4 to a maximum of \$130. The mean charges were relatively consistent across the board, ranging from \$40.31 (for adults 18-25 years of age) to \$42.25 (for an adult 65 years of age).

**Table 41: Physiotherapists – Co-payment rates – Telehealth follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Telehealth follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	53	10.00	130.00	40.47	35.00	21.87
Youth (14-17 years)	55	10.00	130.00	40.34	35.00	21.36
Adult (18-25 years)	58	4.00	130.00	40.31	35.00	21.89
Adult (26-64 years)	58	10.00	130.00	40.93	35.00	21.35
Adult (aged 65 and over)	59	10.00	130.00	42.25	35.00	22.14

### 4.3 Changes to co-payments by patient type

Two-thirds of physiotherapy respondents (68%) reported that they charge the same co-payment for specific types of treatments regardless of the patient's age.

Twenty-two percent stated they have different charges for children and adolescents and 17% reported that the charge depends on the patient's personal situation.

**Table 42: Physiotherapists – Changes to co-payment rates by patient type**

*Q15. Are the co-payment charges for specific types of treatments (e.g. an initial consultation) all the same, regardless of the patient's age?*

	Unweighted base =	Total 278 %
Yes - we charge the same co-payment charge for specific treatments		68
Have different co-payment charges for children and adolescents, aged under 18		22
Depends on the patient's personal situation		17
Would rather not say		2

Total may exceed 100% because of multiple response.

## 4.4 Changes to co-payments based on socio-economic status

Although most reported having the same set co-payment charge regardless of the patient's age, one-half (50%) respondents who reported their practice charges co-payments stated that, at times, their practice varies the co-payment charges for patients based on their socio-economic status.

Most frequently, the n=141 respondents who reported they vary their patient's co-payment charges, did so for students (59%), older adults (50%) and/or Community card holders (49%).

**Table 43: Physiotherapists – Co-payment rates – Changes to co-payment rates by socio-economic status**

*Q13. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 278* %
No		48
Yes		22
Depends on the patient's personal situation		28
Prefer not to say		2
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from physiotherapy practices that charge co-payments.

**Table 44: Physiotherapists – Co-payment rates – Co-payment charges varied by patient groups**

*Q14. Which of the following does it vary its co-payment charges for?*

	Unweighted base =	Total 141** %
Students		59
Community Card holders		49
Older adults (65 years and over)		50
Other adults		43
Prefer not to say		10

Total may exceed 100% because of multiple response.

\*\*Sub-sample based on those who reported that their practice varies its co-payment charged based on patient's economic status.

## 4.5 Changes to co-payments

Two-thirds of physiotherapy respondents from practices that charge co-payments reported that their practice had changed its co-payment rates within the past 2 years. In fact, 44% reported it had changed its rates within the last 12 months.

**Table 45: Physiotherapists – Co-payment rates – Most recent changes to co-payment rates**

*Q17. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 278* %
In the last 12 months		44
The last 1-2 years		22
The last 3-4 years		22
5 years ago or more		6
Don't know		6
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from physiotherapy practices that charge co-payments.

Most respondents (76%) reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

Fourteen percent reported that they had increased their co-payment charges as a result of these changes, while another six percent said that no decision had been made yet, but changes were likely.

**Table 46: Physiotherapists – Co-payment rates – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Q18. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.*

*What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 278* %
They stayed the same		76
They increased		14
No decision has been made yet, but they are likely to change		6
They decreased		1
Don't know		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from physiotherapy practices that charge co-payments.



## 5.0 Acupuncturists

This section is based on the response from n=168 respondents who identified as working in an acupuncturist practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of providers who answered each question.

In addition to exploring acupuncturists' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 5.1 Standard consult times

The **initial consultation** times for acupuncturists ranged from 5 minutes for a normal duration consultation, to two and a half hours (150 minutes) for a complex or extended duration session.

**Follow-up consultation** times were generally shorter, ranging from 3 minutes to just over 2 hours (125 minutes) for a complex or extended duration session.

**Table 47: Acupuncturists – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

<b>Standard consultation times</b>	n=	Minimum minutes	Maximum minutes	Mean minutes	Median minutes	Standard Deviation
Initial consultation - normal duration	164	5.00	135.00	49.62	60.00	22.68
Initial consultation - complex or extended duration session	143	5.00	150.00	55.83	60.00	26.11
Follow-up consultation - normal duration	164	3.00	110.00	42.50	50.00	20.56
Follow-up consultation - complex or extended duration session	144	5.00	125.00	47.23	55.00	23.81

## 5.2 Co-payment rates

All acupuncturist respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

### 5.2.1 Co-payment rates – Initial Consultation – normal duration

The acupuncture co-payment rates for an initial consultation (of a normal duration) ranged from a minimum of \$5 up to a maximum of \$123.50. The mean charges are relatively consistent across the board, ranging from \$29.32 for an adult (18-25 years) to \$31.36 for an adult (aged 65 and over).

**Table 48: Acupuncturists – Co-payment rates – Initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	66	5.00	80.00	29.54	30.00	15.41
Youth (14-17 years)	91	5.00	113.50	29.34	30.00	16.77
Adult (18-25 years)	114	5.00	90.00	29.32	30.00	14.89
Adult (26-64 years)	122	5.00	123.50	31.10	30.00	17.59
Adult (aged 65 and over)	103	5.00	113.50	31.36	30.00	16.72

### 5.2.2 Co-payment rates – Initial Consultation – complex or extended duration session

The acupuncture co-payment rates for complex or extended initial consultations ranged from a minimum of \$5 to a maximum of \$150. The mean charges were relatively consistent, ranging from \$30.83 for a youth (14-17 years) to \$33.42 (for an adult aged 65 and over).

**Table 49: Acupuncturists – Co-payment rates – Initial consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - complex or extended duration session	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	53	5.00	120.00	31.74	30.00	19.52
Youth (14-17 years)	69	5.00	120.00	30.83	30.00	18.77
Adult (18-25 years)	94	5.00	120.00	30.88	30.00	18.97
Adult (26-64 years)	100	5.00	150.00	32.77	30.00	22.21
Adult (aged 65 and over)	81	5.00	120.00	33.42	30.00	21.09

### 5.2.3 Co-payment rates – Follow-up consultation – normal duration

The acupuncture co-payment rates for follow-up consultations of normal duration ranged from a minimum of \$5 to a maximum of \$90. The mean charges ranged from \$25.10 for a child (under 14 years) to \$28.28 (for adults 26 years and over).

**Table 50: Acupuncturists – Co-payment rates – Follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	64	5.00	70.00	25.10	20.00	14.59
Youth (14-17 years)	87	5.00	90.00	25.63	24.00	13.92
Adult (18-25 years)	109	5.00	90.00	26.85	25.00	14.22
Adult (26-64 years)	116	5.00	90.00	28.28	28.00	14.88
Adult (aged 65 and over)	98	5.00	80.00	28.28	30.00	14.30

### 5.2.4 Co-payment rates – Follow-up consultation – complex or extended duration consultation

The acupuncture co-payment rates for complex or extended follow-up consultations ranged from a minimum of \$5 to a maximum of \$90. The mean charges ranged from \$26.44 for youth (14-17 years) to \$29.42 (for an adult aged 65 and over).

**Table 51: Acupuncturists – Co-payment rates – Follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	52	5.00	70.00	27.08	26.50	15.57
Youth (14-17 years)	68	5.00	90.00	26.44	20.00	14.76
Adult (18-25 years)	91	5.00	90.00	27.36	25.00	15.76
Adult (26-64 years)	97	5.00	90.00	28.96	30.00	15.87
Adult (aged 65 and over)	77	5.00	80.00	29.42	30.00	15.24

### 5.3 Changes to co-payments by patient type

One-half of respondents who reported their practice charges co-payments stated that they charge the same co-payment for specific types of treatments regardless of the patient’s age (49%).

Thirty percent stated they have different charges for children and adolescents and a quarter (26%) reported that the charge depends on the patient’s personal situation.

**Table 52: Acupuncturists – Co-payment rates –Changes to co-payment rates by patient type**

*Q17. Are the co-payment charges for specific types of treatments (e.g. an initial consultation) all the same, regardless of the patient's age?*

	Unweighted base =	Total 144* %
Yes - we charge the same co-payment charge for specific treatments		49
Have different co-payment charges for children and adolescents, aged under 18		30
Depends on the patient's personal situation		26
Would rather not say		8

Total may exceed 100% because of multiple response.

\*Sub-sample based on those respondents from acupuncture practices that charge co-payments.

## 5.4 Changes to co-payments based on socio-economic status

Forty percent of respondents who reported their practice charges co-payments stated that their practice varies its co-payment charges for patients based on their socio-economic status. Another 19% said that they may do so depending on the patient's personal situation.

Just over one-third (36%) said that they do not vary their charges.

Most frequently, the n=86 respondents who reported that they do vary their patient's co-payment charges, said they do so for older adults (62%), students (57%) and/or Community card holders (56%).

**Table 53: Acupuncturists – Co-payment rates – Changes to co-payment rates by socio-economic status**  
*Q15. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 144* %
Yes		40
No		36
Depends on the patient's personal situation		19
Prefer not to say		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from acupuncture practices that charge co-payments.

**Table 54: Acupuncturists – Co-payment rates – Co-payment charges varied by patient groups**  
*Q16. Which of the following does it vary its co-payment charges for?*

	Unweighted base =	Total 86** %
Adults (65 years and over)		62
Students		57
Community services card holders		56
Other adults		36
Prefer not to say		5

Total may exceed 100% because of multiple response.

\*\*Sub-sample based on those who reported that their practice varies its co-payment charged based on patient's economic status.

## 5.5 Changes to co-payments

Just over half of respondents who reported their practice charges co-payments (54%) stated that their practice had changed its co-payment rates within the past 2 years. In fact, 39% reported they had changed their rates within the last 12 months.

**Table 55: Acupuncturists – Co-payment rates – Most recent changes to co-payment rates**  
*Q19. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 144* %
In the last 12 months		39
The last 1-2 years		15
The last 3-4 years		18
5 years ago or more		17
Don't know		12
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from acupuncture practices that charge co-payments.

Most respondents (71%) reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

Eight percent reported that they had increased their co-payment charges as a result of these changes, while another 13% said that no decision had been made yet, but changes were likely. Two percent said they had decreased their charges.

**Table 56: Acupuncturists – Co-payment rates – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Q18. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.  
 What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 144* %
They stayed the same		71
They increased		8
They decreased		2
No decision has been made yet, but they are likely to change		13
Don't know		6
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from acupuncture practices that charge co-payments.

## 6.0 Chiropractors

This section is based on the response from n=89 respondents who identified as working in a chiropractic (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

In addition to exploring chiropractors' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 6.1 Standard consult times

The mean **initial consultation** times for chiropractors ranged from just under half an hour (28.57 minutes) for a normal duration initial consultation via Telehealth, to almost one hour (58.00 minutes) for a complex or extended duration Telehealth session.

**Follow-up consultation** times were generally shorter, ranging from quarter of an hour (14.67 minutes) via Telehealth, to half an hour (28.85) for a face-to-face complex or extended duration session.

**Table 57: Chiropractors – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

Standard consultation times	n=	Minimum minutes	Maximum minutes	Mean minutes	Median minutes	Standard Deviation
Initial consultation – normal duration	86	5.00	172.00	44.17	45.00	19.95
Initial consultation – complex or extended duration session	42	26.00	90.00	55.10	60.00	15.36
Telehealth initial consultation - normal duration	7	5.00	60.00	28.57	30.00	19.30
Telehealth initial consultation - complex or extended duration session	6	15.00	123.00	58.00	45.00	38.00
Follow-up consultation normal duration	86	5.00	60.00	18.30	15.00	10.24
Follow-up consultation complex or extended duration session	60	10.00	60.00	28.85	30.00	12.04
Telehealth follow-up consultation - normal duration	6	3.00	30.00	14.67	12.50	9.42
Telehealth follow-up consultation - complex or extended duration session	6	8.00	40.00	21.33	15.00	14.72

## 6.2 Co-payment rates

All respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

### 6.2.1 Co-payment rates – Initial Consultation – normal duration

The chiropractor co-payment rates for an initial consultation (of a normal duration) ranged from a minimum of \$5 to a maximum of \$184. The mean charges ranged from \$50.09 for a child (0-13 years) to \$66.41 for an adult (26-64 years).

**Table 58: Chiropractors – Co-payment charges – Initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	66	5.00	100.00	50.09	48.50	22.01
Youth (14-17 years)	72	5.00	138.00	53.65	50.00	24.31
Adult (18-25 years)	77	5.00	184.00	65.05	60.00	30.28
Adult (26-64 years)	75	10.00	184.00	66.41	60.00	29.38
Adult (aged 65 and over)	75	5.00	184.00	62.13	55.00	30.79

### 6.2.2 Co-payment rates – Initial Consultation – complex or extended duration session

The chiropractor co-payment rates for complex or extended initial consultations ranged from a minimum of \$5 to \$25, up to a maximum of \$280. The mean charges ranged from \$54.87 (for children under 14 years of age) to \$67.73 (for an adult 26-54 years of age).

**Table 59: Chiropractors – Co-payment charges – Initial consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - complex or extended duration session -	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	39	5.00	280.00	54.87	50.00	43.67
Youth (14-17 years)	43	5.00	280.00	58.14	50.00	42.14
Adult (18-25 years)	44	20.00	280.00	66.70	60.00	40.93
Adult (26-64 years)	44	25.00	280.00	67.73	60.00	40.29
Adult (aged 65 and over)	45	5.00	280.00	63.00	55.00	41.74



### 6.2.3 Co-payment rates – Follow-up consultation – normal duration

The chiropractor co-payment rates for a follow-up consultation of normal duration ranged from a minimum of \$5 to a maximum of \$60. The mean charges were relatively consistent across the board, ranging from \$26.33 (for children under 14 years of age) to \$33.27 (for an adult 26-54 years of age).

**Table 60: Chiropractors – Co-payment charges – Follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	69	5.00	55.00	26.33	25.00	11.00
Youth (14-17 years)	74	5.00	55.00	27.32	25.00	10.58
Adult (18-25 years)	79	10.00	60.00	33.19	32.00	9.27
Adult (26-64 years)	78	10.00	60.00	33.27	32.00	9.43
Adult (aged 65 and over)	79	5.00	55.00	30.78	30.00	10.64

### 6.2.4 Co-payment rates – Follow-up consultation – complex or extended duration consultation

The chiropractor co-payment rates for complex or extended follow-up consultations ranged from a minimum of \$5 to a maximum of \$100. The mean charges ranged from \$32.05 (for children under 14 years of age) to \$40.26 (for an adult 26-54 years of age).

**Table 61: Chiropractors – Co-payment charges – Follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	42	5.00	100.00	32.05	27.95	18.25
Youth (14-17 years)	45	10.00	100.00	33.02	30.00	17.29
Adult (18-25 years)	50	15.00	100.00	39.36	35.00	16.75
Adult (26-64 years)	50	15.00	100.00	40.26	35.00	17.10
Adult (aged 65 and over)	51	5.00	100.00	37.08	33.00	17.86

Note that only 1-2 respondents provided co-payment rates with regard to Telehealth consultation rates, therefore those results have been suppressed.

### 6.3 Changes to co-payments by patient type

One-third of respondents representing practices that charge co-payments (35%) reported that their practice charges the same co-payment for specific types of treatments regardless of the patient’s age.

Over one-half (58%) stated they have different charges for children and adolescents and 24% reported that the charge depends on the patient’s personal situation.

**Table 62: Chiropractors – Co-payment charges – Co-payment charges varied by patient age**

*Q16. Are the co-payment charges for specific types of treatments (e.g. an initial consultation) all the same, regardless of the patient's age?*

	Unweighted base =	Total 88* %
Have different co-payment charges for children and adolescents, aged under 18		58
Yes - we charge the same co-payment charge for specific treatments,		35
Depends on the patient's personal situation		24
Would rather not say		1

Total may exceed 100% because of multiple response.

\*Sub-sample based on those respondents from chiropractic practices that charge co-payments.

## 6.4 Changes to co-payments based on socio-economic status

Similar to the finding above, approximately one-third of respondents (36%) reported that their practice charges the same co-payment for specific types of treatments regardless of the patient's socio-economic status.

However, 24% reported that their practice did not vary their co-payment charges based on socio-economic status, whilst another 39% said it depends on the patient's personal situation.

Most frequently, the n=55 respondents who reported that they do vary their patient's co-payment charges, did so for students (75%).

**Table 63: Chiropractors – Co-payment charges – Co-payment charges varied by socio-economic status**  
*Q14. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 88* %
Yes		24
No		36
Depends on the patient's personal situation		39
Prefer not to say		1
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from chiropractic practices that charge co-payments.

**Table 64: Chiropractors – Co-payment charges – Co-payment charges varied by patient groups**  
*Q15. Which of the following does it vary its co-payment charges for?*

	Unweighted base =	Total 55** %
Students		75
Older adults (65 years and over)		58
Community Services Card holders		42
Other adults		47
Prefer not to say		9

Total may exceed 100% because of multiple response.

\*\*Sub-sample based on those who reported that their practice varies its co-payment charged based on patient's economic status.

## 6.5 Changes to co-payments

Over one-half (57%) of respondents representing practices that charge co-payments reported that their practice had changed its co-payment rates within the past 2 years. In fact, 40% reported it had changed its rates within the last 12 months.

**Table 65: Chiropractors – Co-payment charges – Most recent changes to co-payment rates**

*Q18. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 88* %
In the last 12 months		40
The last 1-2 years		17
The last 3-4 years		18
5 years ago or more		17
Don't know		8
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from chiropractic practices that charge co-payments.

Most respondents (78%) reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

Fourteen percent reported that they had increased their co-payment charges as a result of these changes, while another seven percent said that no decision had been made yet, but changes were likely.

**Table 66: Chiropractors – Co-payment charges – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Q18. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.*

*What happened to the co-payments this practice applies as a result of these increases??*

	Unweighted base =	Total 88* %
They stayed the same		78
They increased		14
They decreased		0
No decision has been made yet, but they are likely to change		7
Don't know		1
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from chiropractic practices that charge co-payments.

## 7.0 Dentists

This section is based on the response from n=111 respondents who identified as working in a dental practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

This section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 7.1 Co-payment rates

All dental respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

### 7.1.1 Co-payment rates – Dental Consultation including examination – Codes DE1 & DY1

The co-payment rates for a dental consultation (including examination) ranged from a minimum of \$3.83 up to a maximum of \$384.03. The mean charges are relatively consistent across the board, ranging from \$61.19 for young people under 18 years of age to \$66.15 for young adults (18-25 years).

**Table 67: Dentists – Co-payment charges – Dental consultation, including examination (Codes DE1 and DY1)**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Dental Consultation including examination – Codes DE1 & DY1	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	19	3.83	214.75	61.19	50.00	52.03
Youth (14-17 years)	19	3.83	214.75	61.19	50.00	52.03
Adult (18-25 years)	28	5.32	384.03	66.15	44.32	76.55
Adult (26-64 years)	30	5.32	384.03	63.61	40.16	74.52
Adult (aged 65 and over)	28	5.32	384.03	63.65	37.50	77.52

### 7.1.2 Co-payment rates – Periapical or bitewing x-rays for film – Codes DX1

The co-payment rates for Periapical or bitewing x-rays for film ranged from \$0.59 to a maximum of \$89. The mean charges ranged from \$12.59 for older adults (65 years and over) to \$27.77 for youth (14-17 years).

**Table 68: Dentists – Co-payment charges – Periapical or bitewing x-rays for film (Codes DX1)**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Periapical or bitewing x-rays for film – Codes DX1	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	9	1.66	56.00	18.18	7.66	20.47
Youth (14-17 years)	9	1.66	89.00	27.77	12.66	30.20
Adult (18-25 years)	14	0.66	56.00	14.16	7.66	17.12
Adult (26-64 years)	15	0.66	56.00	13.42	7.66	16.75
Adult (aged 65 and over)	14	0.59	56.00	12.59	7.66	17.07

### 7.1.3 Co-payment rates – Non-metallic filling more than one surface per tooth – Codes DR7

The co-payment rates for non-metallic fillings on more than one surface per tooth ranged from \$20 to a maximum of \$481. The mean charges ranged from \$128.55 for older adults (65 years and over) to \$142.10 for youth (14-17 years).

**Table 69: Dentists – Co-payment charges – Non-metallic filling more than one surface per tooth (Codes DR7)**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Non-metallic filling more than one surface per tooth – Codes DR7	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	26	20.00	350.00	135.86	117.85	93.05
Youth (14-17 years)	27	20.00	481.00	142.10	114.00	108.55
Adult (18-25 years)	45	30.00	481.00	133.46	114.00	90.63
Adult (26-64 years)	46	30.00	481.00	131.65	113.85	90.46
Adult (aged 65 and over)	45	30.00	481.00	128.55	113.70	89.31

### 7.1.4 Co-payment rates – Complete preparation and obturation – Codes DN3

The co-payment rates for a complete preparation and obturation were also very diverse, ranging from \$50 to \$1,800. The mean charges ranged from \$400.23 for older adults (65 years and over) to \$451.18 for youth (14-17 years).

**Table 70: Dentists – Co-payment charges – Complete preparation and obturation (Codes DN3)**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Complete preparation and obturation – Codes DN3	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	22	50.00	1400.00	436.34	350.67	398.78
Youth (14-17 years)	25	50.00	1400.00	451.18	400.00	366.87
Adult (18-25 years)	47	50.00	1800.00	404.48	339.34	316.34
Adult (26-64 years)	47	50.00	1800.00	404.48	339.34	316.34
Adult (aged 65 and over)	46	50.00	1800.00	400.23	336.17	318.47

### 7.1.5 Co-payment rates – Porcelain fused to metal crown – Code DC16

The co-payment rates for porcelain fused to metal crowns ranged from a minimum of \$100 to a maximum of \$1,780, while the mean charges ranged from \$332.57 for children (under 14 years of age) to \$452.66 for youth (14-17 years).

**Table 71: Dentists – Co-payment charges – Porcelain fused to metal crown (Codes DC16)**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Porcelain fused to metal crown – Code DC16	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	11	126.00	597.56	332.57	354.00	153.22
Youth (14-17 years)	14	126.00	1780.00	452.66	399.00	407.59
Adult (18-25 years)	44	100.00	1780.00	441.35	399.00	287.28
Adult (26-64 years)	45	100.00	1780.00	437.10	398.00	285.43
Adult (aged 65 and over)	44	100.00	1780.00	415.77	396.78	252.49

### 7.1.6 Partial Denture 1 tooth – Codes DP1

The co-payment rates for partial dentures (1 tooth), varied greatly from a minimum of \$66.97 to a maximum of \$1,750, while the mean charges ranged from \$388.89 for children (under 14 years of age) to \$422.78 for young adults (18-25 years).

**Table 72: Dentists – Co-payment charges – Partial Denture 1 tooth (Codes DP1)**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Partial Denture 1 tooth – Codes DP1	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	14	100.00	922.42	388.89	366.21	221.39
Youth (14-17 years)	21	70.00	1750.00	441.28	375.00	364.81
Adult (18-25 years)	47	70.00	1750.00	422.78	350.00	324.82
Adult (26-64 years)	49	70.00	1750.00	413.68	322.42	321.25
Adult (aged 65 and over)	48	66.97	1750.00	402.17	322.42	315.18



### 7.1.7 Co-payment rates – Dental Implant Crown single tooth superstructure

The co-payment rates for a dental implant crown single tooth superstructure varied greatly, from a minimum of \$18.58 to a maximum of \$3,000. The mean charges for this particular treatment ranged from \$601.03 for children (0-13 years of age) to \$858.51 for adults aged 26-64 years.

**Table 73: Dentists – Co-payment charges – Dental Implant Crown single tooth superstructure**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Dental Implant Crown single tooth superstructure	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	8	177.30	1177.30	601.03	539.30	300.72
Youth (14-17 years)	8	375.00	1177.30	635.11	539.30	258.29
Adult (18-25 years)	38	19.56	3000.00	793.16	539.30	626.09
Adult (26-64 years)	40	19.56	3000.00	858.51	639.30	704.71
Adult (aged 65 and over)	40	18.58	3000.00	854.61	639.30	701.28

## 7.2 Changes to co-payments by patient type

Over one-half of respondents representing dentistry practices that charge co-payments (57%) reported that their practice charges the same co-payment for specific treatments regardless of the patient's age.

One-third (32%) stated they have different charges for children under 18 years old, while three percent have different co-payment charges for older patients (of 18-25 years and/or those aged 65 and over).

**Table 74: Dentists – Co-payment charges – Changes to co-payment rates based on patient age**

*Q10. Are the co-payment charges for specific types of treatments (e.g. an initial consultation) all the same, regardless of the patient's age?*

Unweighted base =	Total 97* %
Charge the same co-payment charge for specific treatments, regardless of the patient's age	57
Have different co-payment charges for children under 18 years old	32
Have different co-payment charges for people aged between 18 to 25 years old	3
Have different co-payment charges for people aged 65 years and over	3
Depends on the patient's personal situation	8
Would rather not say	10

Total may exceed 100% because of multiple response.

\*Sub-sample based on those respondents from dental practices that charge co-payments.

### 7.3 Changes to co-payments based on socio-economic status

Two-thirds of respondents reported that their practice does not vary its co-payment charges for patients based on their socio-economic status. Thirteen percent said they do, while 15% said it depends on the patient’s personal situation.

Although the base number is very small (n=13) and therefore the results are indicative, Table 76 suggests that the practices that do vary their charges are most likely to do so for students.

**Table 75: Dentists – Co-payment charges – Changes to co-payment rates based on socio-economic status**  
*Q8. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 97* %
Yes		13
No		66
Depends on the patient's personal situation		15
Prefer not to say		5
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from dental practices that charge co-payments.

**Table 76: Dentists – Co-payment charges – Co-payment changes varied by patient groups**  
*Q9. Which of the following does it vary its co-payment charges for?*

	Unweighted base =	Total 13 * ** %
Students		77
Community Card holders		62
Older adults (65 years and over)		62
Other adults		8
Prefer not to say		8

Total may exceed 100% because of multiple response.

\*Caution very small sample size.

\*\*Sub-sample based on those who reported that their practice varies its co-payment charged based on patient’s economic status.

## 7.4 Changes to co-payments

Two-thirds of respondents representing dental practices that charge co-payments (64%) reported that their practice had changed its co-payment rates within the past 2 years. In fact, almost one-half (46%) reported it had changed its rates within the last 12 months.

**Table 77: Dentists – Co-payment charges – Most recent changes to co-payment rates**

*Q12. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 97* %
In the last 12 months		46
The last 1-2 years		18
The last 3-4 years		6
5 years ago or more		6
Don't know		24
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from dental practices that charge co-payments.

Just over one-third (37%) of respondents reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

However, a similar proportion (36%) reported that they had decreased their co-payments as a result, while another 10 percent said that no decision had been made yet, but changes were likely.

**Table 78: Dentists – Co-payment charges – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Q13. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.*

*What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 97* %
They stayed the same		37
They decreased		36
They increased		5
No decision has been made yet, but they are likely to change		11
Don't know		10
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from dental practices that charge co-payments.

## 8.0 Hand Therapists

This section is based on the response from n=49 respondents who identified as working in a hand therapy practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

In addition to exploring hand therapists' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 8.1 Standard consult times

The mean **initial consultation** times for hand therapists ranged from 15 minutes for a normal duration consultation to an hour and a half (90 minutes) for a complex or extended duration session.

**Follow-up consultation** times were similar in duration, ranging from 10 minutes for a consultation of normal duration, to an hour (60 minutes) for a complex or extended duration session.

**Table 79: Hand therapists – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

<b>Standard consultation times</b>	<b>n=</b>	<b>Minimum minutes</b>	<b>Maximum minutes</b>	<b>Mean minutes</b>	<b>Median minutes</b>	<b>Standard Deviation</b>
Initial consultation – normal duration	49	15.00	60.00	40.88	40.00	12.02
Initial consultation – complex or extended duration session	43	20.00	90.00	59.72	60.00	12.70
Telehealth initial consultation - normal duration	41	15.00	60.00	40.61	40.00	12.56
Telehealth initial consultation - complex or extended duration session	25	30.00	75.00	51.92	60.00	13.68
Follow-up consultation normal duration	49	10.00	45.00	29.63	30.00	5.24
Follow-up consultation complex or extended duration session	45	15.00	60.00	49.00	53.00	11.38
Telehealth follow-up consultation - normal duration	41	10.00	45.00	29.76	30.00	5.12
Telehealth follow-up consultation - complex or extended duration session	25	25.00	60.00	39.32	40.00	11.47

## 8.2 Co-payment rates

All respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

Please note that as relatively few provided co-payment rates, the results in the tables following should be treated as **indicative** only. In fact, the co-payment tables for Telehealth consultations and Community Card holder consultations have not been provided for this reason.

### 8.2.1 Co-payment rates – Initial Consultation – normal duration

The hand therapy co-payment rates for an initial consultation (of a normal duration) ranged from a minimum of \$10 to \$17 up to a maximum of \$48. The mean charges are relatively consistent across the board, ranging from \$28.50 for a child (0-13 years) to \$32.44 for an older adult (65 years and over).

**Table 80: Hand therapists – Co-payment charges – Initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>Initial consultation - normal duration</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	16	10.00	45.00	28.50	30.00	9.85
Youth (14-17 years)	16	12.00	48.00	29.25	30.00	10.54
Adult (18-25 years)	17	15.00	48.00	31.65	30.00	10.59
Adult (26-64 years)	17	17.00	48.00	31.94	30.00	10.16
Adult (aged 65 and over)	16	17.00	48.00	32.44	32.50	9.86

## 8.2.2 Co-payment rates – Initial Consultation – complex or extended duration session

The hand therapy co-payment rates for complex or extended initial consultations ranged from a minimum of \$5 to \$17 to a maximum of \$53. The mean charges were around \$30; ranging from \$28.46 (for children 0-13 years) to \$32.36 (for an adult 26-54 years of age).

**Table 81: Hand therapists – Co-payment charges – Initial consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>Initial consultation - complex or extended duration session -</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	13	10.00	48.00	28.46	30.00	12.30
Youth (14-17 years)	13	11.00	53.00	28.92	30.00	12.90
Adult (18-25 years)	14	15.40	53.00	31.67	30.00	12.64
Adult (26-64 years)	14	17.00	53.00	32.36	30.00	11.93
Adult (aged 65 and over)	14	5.00	53.00	30.93	30.00	13.91

## 8.2.3 Co-payment rates – Follow-up consultation – normal duration

The hand therapy co-payment rates for follow-up consultations of normal duration, ranged from a minimum of \$5 to a maximum of \$48. The mean charges ranged from \$24.64 (for children 0-13 years) to \$26.20 (for adults 18 years and over).

**Table 82: Hand therapists – Co-payment charges – Follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>Follow-up consultation - normal duration</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	14	5.00	43.00	24.64	30.00	12.59
Youth (14-17 years)	14	5.00	48.00	25.00	30.00	13.20
Adult (18-25 years)	15	5.00	48.00	26.20	30.00	12.82
Adult (26-64 years)	15	5.00	48.00	26.20	30.00	12.82
Adult (aged 65 and over)	15	5.00	48.00	26.20	30.00	12.82

## 8.2.4 Co-payment rates – Follow-up consultation – complex or extended duration consultation

The hand therapy co-payment rates for complex or extended follow-up consultations, also ranged from a minimum of \$5 to a maximum of \$48. The mean charges ranged from \$22.92 (for children 0-13 years) to \$24.85 (for adults 18 years and over).

**Table 83: Hand therapists – Co-payment charges – Follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	12	5.00	43.00	22.92	25.00	12.54
Youth (14-17 years)	12	5.00	48.00	23.33	25.00	13.32
Adult (18-25 years)	13	5.00	48.00	24.85	25.00	12.88
Adult (26-64 years)	13	5.00	48.00	24.85	25.00	12.88
Adult (aged 65 and over)	13	5.00	48.00	24.85	25.00	12.88

## 8.3 Changes to co-payments based on socio-economic status

Approximately one-in-three respondents representing practices that charge co-payments reported having the same set co-payment charge regardless of the patient’s socio-economic status (36%). Twenty-four percent said they do vary their co-payment charges, while another third (36%) said that it depends on the patient’s personal situation.

**Table 84: Hand therapists – Co-payment charges – Changes to co-payment rates based on socio-economic status**

*Q13. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 25* %
Yes		24
No		36
Depends on the patient's personal situation		36
Prefer not to say		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from hand therapy practices that charge co-payments.



## 9.0 Osteopaths

This section is based on the response from n=81 respondents who identified as working in an osteopathy practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

In addition to exploring osteopaths' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 9.1 Standard consult times

The mean **initial consultation** times for osteopaths ranged from just under around three-quarters of an hour (43.46 minutes) for a normal duration initial consultation via Telehealth, to one hour (58.24 minutes) for a face-to-face complex or extended duration session.

**Follow-up consultation** times were slightly shorter, ranging from half an hour (32.08 minutes) via Telehealth, to just over three-quarters of an hour (49.00) for a face-to-face complex or extended duration session.

**Table 85: Osteopaths – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

Standard consultation times	n=	Minimum minutes	Maximum minutes	Mean minutes	Median minutes	Standard Deviation
Initial consultation – normal duration	81	30.00	75.00	47.48	45.00	10.87
Initial consultation – complex or extended duration session	52	30.00	120.00	58.29	60.00	14.93
Telehealth initial consultation - normal duration	13	30.00	60.00	43.46	45.00	12.97
Telehealth initial consultation - complex or extended duration session	11	30.00	60.00	47.73	45.00	13.11
Follow-up consultation normal duration	81	30.00	60.00	40.31	40.00	9.32
Follow-up consultation complex or extended duration session	52	30.00	60.00	49.00	45.00	9.11
Telehealth follow-up consultation - normal duration	12	15.00	45.00	32.08	30.00	12.15
Telehealth follow-up consultation - complex or extended duration session	10	30.00	60.00	42.00	37.50	13.78

## 9.2 Co-payment rates

All osteopathy respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

Tabulations for co-payment charges relating to Telehealth consultations have not been provided because of the small sample sizes.

### 9.2.1 Co-payment rates – Initial Consultation – normal duration

The osteopathy co-payment rates for an initial consultation (of a normal duration) ranged from a minimum of \$20 to a maximum of \$95. The mean charges are relatively consistent across the board, ranging from \$47.51 for a child (0-13 years) to \$53.21 for an adult (26-64 years).

**Table 86: Osteopaths – Co-payment rates – Initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	68	25.00	95.00	47.51	45.00	15.12
Youth (14-17 years)	70	25.00	95.00	48.16	45.00	14.79
Adult (18-25 years)	73	20.00	95.00	52.57	50.00	13.68
Adult (26-64 years)	75	20.00	95.00	53.21	53.00	13.96
Adult (aged 65 and over)	72	25.00	95.00	51.84	50.00	13.43

## 9.2.2 Co-payment rates – Initial Consultation – complex or extended duration session

The osteopathy co-payment rates for complex or extended initial consultations ranged from a minimum of \$25 to a maximum of \$100. The mean charges ranged from \$46.77 (for children under 14 years of age) to \$54.48 (for adults 26-64 years of age).

**Table 87: Osteopaths – Co-payment rates – Initial consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>Initial consultation - complex or extended duration session -</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	41	25.00	96.00	46.77	45.00	15.92
Youth (14-17 years)	42	25.00	96.00	47.32	45.00	14.95
Adult (18-25 years)	43	30.00	100.00	53.85	50.00	15.71
Adult (26-64 years)	43	30.00	100.00	54.48	50.00	15.46
Adult (aged 65 and over)	44	30.00	100.00	52.60	48.50	15.83

## 9.2.3 Co-payment rates – Follow-up consultation – normal duration

The osteopathy co-payment rates for follow-up consultations of normal duration ranged from a minimum of \$20 to a maximum of \$75. The mean charges ranged from \$45.15 (for children under 14 years of age) to \$50.21 (for adults 26-64 years of age).

**Table 88: Osteopaths – Co-payment rates – Follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>Follow-up consultation - normal duration</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	62	20.00	75.00	45.15	45.00	12.48
Youth (14-17 years)	65	20.00	75.00	45.68	45.00	12.05
Adult (18-25 years)	67	20.00	75.00	49.87	50.00	11.28
Adult (26-64 years)	68	20.00	75.00	50.21	50.00	11.41
Adult (aged 65 and over)	67	25.00	75.00	49.34	50.00	11.24

## 9.2.4 Co-payment rates – Follow-up consultation – complex or extended duration consultation

The osteopathy co-payment rates for complex or extended follow-up consultations ranged from a minimum of \$20 to a maximum of \$105. The mean charges ranged from \$45.88 (for children under 14 years of age) to \$54.65 (for adults 26-64 years of age).

**Table 89: Osteopaths – Co-payment rates – Follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	39	20.00	105.00	45.88	45.00	16.53
Youth (14-17 years)	41	20.00	105.00	46.94	45.00	15.64
Adult (18-25 years)	42	25.00	105.00	53.85	50.00	15.22
Adult (26-64 years)	41	25.00	105.00	54.65	50.00	15.11
Adult (aged 65 and over)	42	25.00	105.00	53.25	50.00	15.04

## 9.3 Changes to co-payments by patient type

One-in-two respondents from practices that charge co-payments (51%) reported that they charge the same co-payment for specific types of treatments regardless of the patient's age.

Forty-one percent stated they have different charges for children and adolescents, while 21% said the charge varied, depending on the patient's personal situation.

**Table 90: Osteopaths – Co-payment rates – Co-payment charges varied by patient groups**

*Q15. Are the co-payment charges for specific types of treatments (e.g. an initial consultation) all the same, regardless of the patient's age?*

	Unweighted base =	Total 80* %
Yes - we charge the same co-payment charge for specific treatments, regardless of the patient's age		51
Have different co-payment charges for children and adolescents, aged under 18 years old		41
Depends on the patient's personal situation		21
Would rather not say		0

Total may exceed 100% because of multiple response.

\*Sub-sample based on those respondents from osteopathy practices that charge co-payments.

## 9.4 Changes to co-payments based on socio-economic status

Although one-in-two previously reported having the same set co-payment charge regardless of the patient’s age, osteopathy practices appear to be slightly more flexible when considering patient’s socio-economic status.

Twenty-eight percent of respondents said they do vary their practice varies its co-payment charges for patients based on their socio-economic status, while another third (35%) said it depends on the patient’s personal situation.

Most frequently, the n=50 respondents who reported that they vary their patient’s co-payment charges, did so for students (52%) and varied others including those in financially difficult circumstances (72%).

**Table 91: Osteopaths – Co-payment rates – Changes to co-payment rates based on socio-economic status**

*Q13. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 80* %
Yes		28
No		38
Depends on the patient's personal situation		35
Prefer not to say		0
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from osteopathy practices that charge co-payments.

**Table 92: Osteopaths – Co-payment rates – Co-payment charges varied by patient groups**

*Q13a. Which of the following does it vary its co-payment charges for?*

	Unweighted base =	Total 50* %
Students		52
Community Card holders		34
Older adults (65 years and over)		36
Other (e.g. financial hardship, children, beneficiaries)		72
Prefer not to say		4

Total may exceed 100% because of multiple response.

\*\*Sub-sample based on those who reported that their practice varies its co-payment charged based on patient’s economic status.

## 9.5 Changes to co-payments

Two-thirds of osteopathy respondents reported that their practice had changed its co-payment rates within the past 2 years (69%). In fact, 43% reported it had changed its rates within the last 12 months.

**Table 93: Osteopaths – Co-payment rates –Most recent changes to co-payment rates**

*Q16. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 80* %
In the last 12 months		43
The last 1-2 years		26
The last 3-4 years		15
5 years ago or more		13
Don't know		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from osteopathy practices that charge co-payments.

Most of the osteopathy respondents from practices that charge co-payments (75%) reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

Thirteen percent reported that they had increased their co-payment charges as a result of these changes, while another eight percent said that no decision had been made yet, but changes were likely.

**Table 94: Osteopaths – Co-payment rates – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Q17. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.*

*What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 80* %
They stayed the same		75
They increased		13
They decreased		1
No decision has been made yet, but they are likely to change		8
Don't know		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from osteopathy practices that charge co-payments.

## 10.0 Podiatrists

This section is based on the response from n=50 respondents, who identified as working in a podiatry practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

In addition to exploring podiatrists' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

### 10.1 Standard consult times

The mean **initial consultation** times for podiatrists ranged from half an hour (31.05 minutes) for a normal duration initial consultation via Telehealth, to almost one hour (55.33 minutes) for a face-to-face complex or extended duration session.

**Follow-up consultation** times were generally shorter, from an average of 23.13 minutes via Telehealth, to three-quarters of an hour (36.48) for a face-to-face complex or extended duration session.

**Table 95 Podiatrists – Standard consult times**

*What is the average length of time for each of the following ACC-covered treatments?*

Standard consultation times	n=	Minimum minutes	Maximum minutes	Mean minutes	Median minutes	Standard Deviation
Initial consultation – normal duration	47	20.00	69.00	40.49	40.00	11.73
Initial consultation – complex or extended duration session	30	30.00	90.00	55.33	60.00	10.82
Follow-up consultation - normal duration	46	15.00	45.00	27.61	30.00	8.08
Follow-up consultation - complex or extended duration session	31	20.00	60.00	36.48	30.00	12.31
Telehealth initial consultation - normal duration	19	10.00	45.00	31.05	30.00	9.06
Telehealth initial consultation - complex or extended duration session	10	30.00	60.00	41.90	42.50	11.99
Telehealth follow-up consultation - normal duration	16	10.00	30.00	23.13	20.00	6.29
Telehealth follow-up consultation - complex or extended duration session	10	20.00	45.00	30.50	30.00	7.62
Treatment for abscess or haematoma-POD3	26	20.00	75.00	32.31	30.00	10.70
Simple removal of nail-POD4	35	20.00	90.00	38.71	30.00	15.55
Wedge resection or removal of nail-POD5	41	30.00	90.00	61.54	60.00	12.99

## 10.2 Co-payment rates

All podiatry respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

Tabulations for co-payment charges relating to Telehealth consultations have not been provided because of the small sample sizes.

### 10.2.1 Co-payment rates – Initial Consultation – normal duration

The podiatry co-payment rates for an initial consultation (of a normal duration) ranged from a minimum of \$15 to a maximum of \$127.23. The mean charges are relatively consistent across the board, ranging from \$45.51 for a child (0-13 years) to \$47.27 for adults 18-64 years.

**Table 96: Podiatrists – Co-payment rates – Initial consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	44	15.00	127.23	45.51	40.00	19.16
Youth (14-17 years)	34	15.00	127.23	46.92	42.50	20.00
Adult (18-25 years)	34	15.00	127.23	47.27	42.50	19.94
Adult (26-64 years)	34	15.00	127.23	47.27	42.50	19.94
Adult (aged 65 and over)	35	15.00	127.23	46.55	40.00	19.84

### 10.2.2 Co-payment rates – Initial Consultation – complex or extended duration session

The podiatry co-payment rates for complex or extended initial consultations ranged from a minimum of \$30 to a maximum of \$127.23, with a mean charge of just over \$50.

**Table 97: Podiatrists – Co-payment rates – Initial consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Initial consultation - complex or extended duration session -	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	29	30.00	127.23	51.08	45.00	23.29
Youth (14-17 years)	24	30.00	127.23	51.63	45.00	24.08
Adult (18-25 years)	24	30.00	127.23	52.13	45.00	23.91
Adult (26-64 years)	24	30.00	127.23	52.13	45.00	23.91
Adult (aged 65 and over)	24	30.00	127.23	52.13	45.00	23.91



### 10.2.3 Co-payment rates – Follow-up consultation – normal duration

The podiatry co-payment rates for follow-up consultations of normal duration ranged from a minimum of \$10 to a maximum of \$65, with a mean charge of approximately \$36.

**Table 98: Podiatrists – Co-payment rates – Follow-up consultation, normal duration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation - normal duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	41	10.00	65.00	35.64	35.00	11.98
Youth (14-17 years)	31	10.00	65.00	35.94	36.00	13.07
Adult (18-25 years)	31	10.00	65.00	36.10	37.00	13.09
Adult (26-64 years)	31	10.00	65.00	36.10	37.00	13.09
Adult (aged 65 and over)	32	10.00	65.00	35.66	35.00	12.97

### 10.2.4 Co-payment rates – Follow-up consultation – complex or extended duration consultation

The podiatry co-payment rates for complex or extended follow-up consultations ranged from a minimum of \$20 to a maximum of \$70, with a mean charge of \$40.

**Table 99: Podiatrists – Co-payment rates – Follow-up consultation, complex or extended**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Follow-up consultation – complex or extended duration	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	24	20.00	70.00	39.59	40.00	15.47
Youth (14-17 years)	20	20.00	70.00	40.51	40.00	15.22
Adult (18-25 years)	20	20.00	70.00	40.76	40.00	15.17
Adult (26-64 years)	20	20.00	70.00	40.76	40.00	15.17
Adult (aged 65 and over)	20	20.00	70.00	40.76	40.00	15.17

### 10.2.5 Co-payment rates – Treatment for abscess or haematoma-POD3

The podiatry co-payment rates for treatment for abscess or haematoma-POD3 ranged from a minimum of \$15 to a maximum of \$65. The mean co-payment charges are relatively consistent across the board, ranging from \$41.67 for youth (14-17 years) to \$43.09 for adults aged 26-64 years.

**Table 100: Podiatrists – Co-payment rates – Treatment for abscess or haematoma-POD3**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Treatment for abscess or haematoma-POD3	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	25	15.00	65.00	41.79	40.00	12.93
Youth (14-17 years)	22	15.00	65.00	41.67	40.00	13.54
Adult (18-25 years)	21	15.00	65.00	42.61	41.70	13.48
Adult (26-64 years)	21	15.00	65.00	43.09	45.00	13.63
Adult (aged 65 and over)	21	15.00	65.00	42.85	45.00	13.82

### 10.2.6 Co-payment rates – Simple removal of nail-POD4

The podiatry co-payment rates for simple removal of nail-POD4 ranged from a minimum of \$20 to a maximum of \$305. The mean co-payment charge for this type of treatment ranged from \$68.59 for children (0-13 years) to \$75.02 for youth (14-17 years).

**Table 101: Podiatrists – Co-payment rates – Simple removal of nail-POD4**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Simple removal of nail-POD4	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	28	20.00	305.00	68.59	41.00	73.39
Youth (14-17 years)	23	20.00	305.00	75.02	42.00	79.71
Adult (18-25 years)	24	20.00	305.00	74.19	45.00	78.01
Adult (26-64 years)	24	20.00	305.00	74.19	45.00	78.01
Adult (aged 65 and over)	24	20.00	305.00	73.98	45.00	78.12

### 10.2.7 Co-payment rates – Wedge resection or removal of nail-POD5

The podiatry co-payment rates for wedge resection or removal of nail-POD5 ranged from a minimum of \$30 to a maximum of \$450. The mean co-payment charge for this type of treatment ranged from \$206.05 for youth (14-17 years) to \$212.20 for children (0-13 years).

**Table 102: Podiatrists – Co-payment rates – Wedge resection or removal of nail-POD5**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Wedge resection or removal of nail-POD5	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	33	30.00	450.00	212.20	200.00	109.64
Youth (14-17 years)	26	45.00	399.00	206.05	200.00	103.23
Adult (18-25 years)	26	45.00	399.00	208.16	210.00	106.69
Adult (26-64 years)	26	45.00	399.00	208.16	210.00	106.69
Adult (aged 65 and over)	26	45.00	399.00	208.16	210.00	106.69

### 10.3 Changes to co-payments based on socio-economic status

Although many of respondents representing podiatry practices that charge co-payments (64%) stated their practice did not vary their co-payment charges for patients based on their socio-economic status, 14% reported that they did, while another 14% said that it depended on the patient's personal situation.

**Table 103: Podiatrists – Co-payment rates – Changes to co-payments based on social-economic status**

*Q13. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 50* %
No		64
Yes		14
Depends on the patient's personal situation		14
Prefer not to say		8
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from podiatry practices that charge co-payments.

## 10.4 Changes to co-payments

Two-thirds of the respondents representing practices that charge co-payments (66%) reported that their practice had changed its co-payment rates within the past 2 years. In fact, 50% reported it had changed its rates within the last 12 months.

**Table 104: Podiatrists – Co-payment rates – Most recent changes to co-payment rates**

*Q17. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 50* %
In the last 12 months		50
The last 1-2 years		16
The last 3-4 years		16
5 years ago or more		6
Don't know		12
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from podiatry practices that charge co-payments.

Sixty-two percent of respondents reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

Only 10% reported that they had increased their co-payment charges as a result of these changes, although another 18% said that no decision had been made yet, but changes were likely.

**Table 105: Podiatrists – Co-payment rates – Changes to co-payment rates as a result of increases to regulates rates in May 2021**

*Q18. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.*

*What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 50* %
They stayed the same		62
They increased		10
They decreased		6
No decision has been made yet, but they are likely to change		18
Don't know		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from podiatry practices that charge co-payments.

## 11.0 Radiologists

This section is based on the response from n=36 providers who identified as working in a radiology practice (via the original sample and online registration). Note that the base numbers in each of the tables presented in this section vary depending on the number of respondents who answered each question.

In addition to exploring radiologists' standard consultation times, this section focuses on the co-payment fees they charge, if and how those charges vary for particular types of patients and the extent to which the co-payment rates have recently changed.

Please note that as relatively few provided co-payment rates, the results in the tables following should be treated as **indicative** only.

### 11.1 Co-payment rates

All radiology respondents were asked to provide the co-payment rate that their practice charged for different age groups. If the practice did **not** provide the treatment or did not provide services to a particular age group, they were instructed to leave the co-payment box blank. Therefore, each of the results shown are **only** based on those who charged a co-payment for each respective service.

#### 11.1.1 Co-payment rates – X-ray hand/wrist joint

The radiology co-payment rates for a hand/wrist joint X-ray ranged from a minimum of \$10 to a maximum of \$50. The mean charges are very consistent across the board, ranging from \$31.67 for a child (0-13 years) to \$33.25 for patients of all other ages.

**Table 106: Radiologists – Co-payment rates – X-ray hand/wrist joint**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

X-ray hand/wrist joint	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	15	10.00	50.00	31.67	30.00	13.05
Youth (14-17 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (18-25 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (26-64 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (aged 65 and over)	16	10.00	50.00	33.25	30.00	11.96

### 11.1.2 Co-payment rates – X-ray shoulder

The radiology co-payment rates for a shoulder X-ray ranged from a minimum of \$10 to a maximum of \$50. The mean charges range from \$31.67 for a child (0-13 years) to \$33.25 for patients of all other ages.

**Table 107: Radiologists – Co-payment rates – X-ray shoulder**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>X-ray shoulder</b>	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	15	10.00	50.00	31.67	30.00	13.05
Youth (14-17 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (18-25 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (26-64 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (aged 65 and over)	16	10.00	50.00	33.25	30.00	11.96

### 11.1.3 Co-payment rates – X-ray foot

As with the hand/wrist and shoulder X-rays, the radiology co-payment rates for an X-ray of a foot ranged from a minimum of \$10 to a maximum of \$50, with mean charges of \$31.67 for a child (0-13 years) to \$33.25 for patients of all other ages.

**Table 108 Radiologists – Co-payment rates – X-ray foot**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>X-ray foot</b>	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	15	10.00	50.00	31.67	30.00	13.05
Youth (14-17 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (18-25 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (26-64 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (aged 65 and over)	16	10.00	50.00	33.25	30.00	11.96

#### 11.1.4 Co-payment rates – X-ray spine

The radiology co-payment rates for a spine X-ray ranged from a minimum of \$10 to a maximum of \$58. The mean charges are very consistent across the board, ranging from \$31.67 for a child (0-13 years) to \$34.06 for patients of all other ages.

**Table 109: Radiologists – Co-payment rates – X-ray spine**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>X-ray spine</b>	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	15	10.00	50.00	31.67	30.00	13.05
Youth (14-17 years)	16	10.00	58.00	34.06	30.00	13.19
Adult (18-25 years)	16	10.00	58.00	34.06	30.00	13.19
Adult (26-64 years)	16	10.00	58.00	34.06	30.00	13.19
Adult (aged 65 and over)	16	10.00	58.00	34.06	30.00	13.19

#### 11.1.5 Co-payment rates – X-ray knee joint

The radiology co-payment rates for a knee joint X-ray ranged from a minimum of \$10 to a maximum of \$50. The mean charges ranged from \$31.67 for a child (0-13 years) to \$33.25 for patients of all other ages.

**Table 110: Radiologists – Co-payment rates – X-ray knee joint**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>X-ray knee joint</b>	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	15	10.00	50.00	31.67	30.00	13.05
Youth (14-17 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (18-25 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (26-64 years)	16	10.00	50.00	33.25	30.00	11.96
Adult (aged 65 and over)	16	10.00	50.00	33.25	30.00	11.96

### 11.1.6 Co-payment rates – Ultrasound shoulder

The radiology co-payment rates for a shoulder ultrasound ranged from a minimum of \$25 to a maximum of \$80. The mean charges are very consistent across the board at just under \$50.

**Table 111: Radiologists – Co-payment rates – Ultrasound shoulder**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Ultrasound shoulder	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	13	25.00	80.00	48.08	40.00	19.95
Youth (14-17 years)	13	25.00	80.00	48.85	50.00	19.81
Adult (18-25 years)	14	25.00	80.00	49.64	50.00	19.26
Adult (26-64 years)	14	25.00	80.00	49.64	50.00	19.26
Adult (aged 65 and over)	14	25.00	80.00	49.64	50.00	19.26

### 11.1.7 Co-payment rates – Ultrasound other MSK

The radiology co-payment rates for Ultrasound other MSK ranged from a minimum of \$25 to a maximum of \$100. The mean charges are very consistent across the board, ranging from \$47.67 for a child (0-13 years) to \$49.06 for adults 18 years and over.

**Table 112: Radiologists – Co-payment rates – Ultrasound other MSK**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

Ultrasound other MSK	n=	Minimum \$	Maximum \$	Mean \$	Median \$	Standard Deviation
Child (0-13 years)	15	25.00	100.00	47.67	40.00	22.90
Youth (14-17 years)	15	25.00	100.00	48.33	40.00	22.81
Adult (18-25 years)	16	25.00	100.00	49.06	45.00	22.23
Adult (26-64 years)	16	25.00	100.00	49.06	45.00	22.23
Adult (aged 65 and over)	16	25.00	100.00	49.06	45.00	22.23



### 11.1.8 Co-payment rates – Ultrasound injection/aspiration

The radiology co-payment rates for an ultrasound injection/aspiration ranged from a minimum of \$25 to a maximum of \$230. The mean charges ranged from \$80.33 for patients aged 14 years and over to \$88.75 for children (0-13 years).

**Table 113: Radiologists – Co-payment rates – Ultrasound injection/aspiration**

*In the table below, please fill in the co-payment rates this practice charges for each of the different age groups.*

<b>Ultrasound injection/aspiration</b>	<b>n=</b>	<b>Minimum \$</b>	<b>Maximum \$</b>	<b>Mean \$</b>	<b>Median \$</b>	<b>Standard Deviation</b>
Child (0-13 years)	16	25.00	230.00	88.75	85.00	59.93
Youth (14-17 years)	15	25.00	190.00	80.33	80.00	47.53
Adult (18-25 years)	15	25.00	190.00	80.33	80.00	47.53
Adult (26-64 years)	15	25.00	190.00	80.33	80.00	47.53
Adult (aged 65 and over)	15	25.00	190.00	80.33	80.00	47.53

## 11.2 Changes to co-payments by patient type

Reflecting the results in the tables above, radiology co-payment charges are generally the same regardless of the patient's age.

While 12% of radiology respondents from practices that charge co-payments reported that their co-payment charges are not necessarily the same for specific types of procedures for children 0-13 years, only four percent said they vary their charges for patients 14 years or over.

**Table 114: Radiologists – Co-payment rates – Co-payment charges varied by patient groups**

*Q11. For each age group, please indicate whether the co-payment charges for specific types of procedures (e.g. an x-ray) are the same.*

Unweighted base =	Total 25* ** %
<b>Child (0-13 years)</b>	
Yes	88
No	12
Total	100
<b>Youth (14-17 years)</b>	
Yes	96
No	4
Total	100
<b>Adult (18-25 years)</b>	
Yes	96
No	4
Total	100
<b>Adult (26-64 years)</b>	
Yes	96
No	4
Total	100
<b>Adult (aged 65 and over)</b>	
Yes	96
No	4
Total	100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from radiological practices that charge co-payments.

\*\*Caution: low base number of respondents - results are indicative only.

### 11.3 Changes to co-payments based on socio-economic status

Although the base number is relatively small, it appears that most radiologists do not vary their co-payment charges for patients based on their socio-economic status.

While 24% of respondents representing radiology practices that charge co-payments said that their practice does not vary co-payment charges based on patient’s socio-economic status, another four percent reported that the charge may be altered depending on the patient’s personal situation.

**Table 115 Radiologists – Co-payment rates – Changes to co-payment rates based on socio-economic status**  
*Q9. Does this practice vary its co-payment charges for patients based on their socio-economic status?*

	Unweighted base =	Total 25* ** %
No		72
Yes		24
Depends on the patient's personal situation		4
Prefer not to say		0
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from radiological practices that charge co-payments.

\*\*Caution: low base number of respondents - results are indicative only.

## 11.4 Changes to co-payments

Two-thirds of respondents representing radiology practices that charge co-payments (68%) reported that their practice had changed its co-payment rates within the past 2 years, one-third of whom (32%) had done so in last 12 months.

**Table 116: Radiologists – Co-payment rates – Most recent changes to co-payment rates**

*Q17. When was the last time this practice changed its co-payment rates?*

	Unweighted base =	Total 25* ** %
In the last 12 months		36
The last 1-2 years		32
The last 3-4 years		12
5 years ago or more		16
Don't know		4
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from radiological practices that charge co-payments.

\*\*Caution: low base number of respondents - results are indicative only.

Most, however, (88%) reported that their practice did not change their co-payment rates as a result of the increased regulated rates paid by ACC which came into effect on 1 May 2021.

**Table 117: Radiologists – Co-payment rates – Changes to co-payment rates as a result of increases to regulated rates in May 2021**

*Q18. Increases to the regulated rates that ACC pays came into effect on 1 May 2021.*

*What happened to the co-payments this practice applies as a result of these increases?*

	Unweighted base =	Total 25* ** %
They stayed the same		88
They increased		12
They decreased		0
No decision has been made yet, but they are likely to change		0
Don't know		0
Total		100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents from radiological practices that charge co-payments.

\*\*Caution: low base number of respondents - results are indicative only.

## 12.0 Barriers to treatment

By way of context, respondents were asked whether the cost of treatment was a barrier to specific groups of patients. The results shown in Table 118 are based on the percentage 'agreeing' or 'strongly agreeing' that cost was a significant barrier to each group.

Overall, cost was identified as a barrier for between 23% and 57% of each group, with five groups mentioned by over one-half of all respondents; namely:

- Community Card holders (57%).
- Māori (53%).
- Pasifika (52%).
- Adults (18-25 years) (51%).
- Adults (65+) (51%).

These results are largely consistent across all provider groups, although there are some notable exceptions. For examples, respondents representing dentists were more likely to identify other groups as being impacted by costs to the same extent as those above (e.g. adults aged 26-64) and those representing counsellors were more likely to identify members of the rainbow community as being affected by cost.

**Table 118: Barriers to treatment**

*Q17 How much do you agree or disagree that cost is a significant barrier to treatment for each of the following groups of clients?*

% 'agreed' or 'strongly agreed' that cost is a significant barrier to treatment for each of the following groups of clients	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radiologists	OTs
	1136	279	198	168	110	89	79	60	49	48	36	20*
	%	%	%	%	%	%	%	%	%	%	%	%
Community Service Card holders	57	68	42	48	62	55	80	37	56	75	47	60
Māori	53	55	54	37	58	48	54	51	54	75	50	70
Pasifika	52	56	54	36	58	48	49	51	54	79	53	70
Adult (18 - 25 years)	51	52	48	43	74	57	52	56	38	44	36	45
Adult (65+)	51	49	50	48	61	60	51	51	33	56	42	70
Adult (26 – 64 years)	39	32	44	38	61	42	29	53	29	33	22	45
Youth (14-17 years)	39	47	31	39	31	39	44	41	33	40	28	50
Other ethnicities	36	35	39	30	48	33	28	41	35	40	31	55
Child (0-13 years)	31	39	12	32	25	38	44	31	31	38	25	45
New Zealand European	30	27	34	24	45	30	22	36	29	29	25	45
Female	27	23	25	28	41	31	23	37	13	27	19	35
Male	26	21	25	24	45	31	19	36	13	27	19	35
Rainbow community	23	17	32	17	25	24	16	44	21	15	19	40

Total may exceed 100% because of multiple response.

\*Caution: small sample size.

## 13.0 Factors affecting providers' costs

### 13.1 Factors affecting providers' costs

All respondents were asked to identify the extent to which six specific factors affected their practice's costs. The results shown in Table 119 are based on the percentage stating that each factor affected their costs 'reasonably' or 'significantly'.

Overall, two factors (viz. overheads and COVID-19) were identified most frequently as affecting costs; 75% and 66% respectively stated they had a 'reasonable' or 'significant' effect on their practice's costs.

However, this varies by provider group. For example, staff costs were more frequently identified by representing physios, GPs and dentists. Respondents representing GPs and dentists also more frequently identified equipment costs

**Table 119: Factors affecting providers' costs**

*Q15 Please rate each of the following in terms of the cost impacts/pressures they apply to this practice.*

% Rated a significant or reasonable impact on costs	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radiologists	OTs
	1,139	279	198	168	111	89	81	60	49	48	36	20*
	%	%	%	%	%	%	%	%	%	%	%	%
Overheads	75	83	75	58	79	78	80	58	69	88	81	60
COVID-19	66	70	67	67	59	71	69	37	57	88	58	80
Staff costs	62	73	78	40	74	55	40	27	53	67	83	65
Cost of equipment	61	58	71	58	79	56	36	28	61	83	86	60
Staff shortages	34	39	43	19	34	22	27	15	37	40	50	60
Population changes in our area	32	37	43	32	26	27	25	12	27	27	31	30

Total may exceed 100% because of multiple response.

\*Caution: small sample size.

## 13.2 Whether factors are changing in terms of impact

Having identified the factors impacting practice costs, respondents were asked whether these cost areas had increased, decreased or stayed the same in the last 12 months. Table 120 shows how over one-half stated that costs have increased in three of the six areas; namely, overheads (69%), equipment costs (62%) and staff costs (56%).

Again, this varies by provider group. For example, overheads were more frequently identified as having increased by respondents representing physios, GPs, dentists and some of the other smaller groups. Cost of equipment was more frequently identified as having increased by respondents representing dentists.

**Table 120: Extent to which factors impacting provider costs increased in the last 12 months**

*Q16 Which of these have been increasing, decreasing or staying much the same in the last 12 months?*

% rated as increasing over the last 12 months	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radiologists	OTs
	1136	279	198	168	110	89	79	60	49	48	36	20*
	%	%	%	%	%	%	%	%	%	%	%	%
Overheads	69	75	74	48	72	74	77	67	57	85	72	45
COVID-19	38	39	49	35	41	30	41	25	22	58	14	40
Staff costs	56	66	81	30	67	54	30	20	45	63	69	55
Cost of equipment	62	59	69	60	80	53	58	23	67	94	53	40
Staff shortages	27	29	34	8	37	16	23	13	37	38	36	50
Population changes in our area	38	35	49	22	38	43	42	35	45	54	47	10

Total may exceed 100% because of multiple response.

\*Caution: small sample size.



## 14.0 Patient comments about costs to treatment

Respondents were asked what type of feedback their practice gets from its patients about the cost of treatment. Almost two-thirds provided an example of the feedback received, while over a quarter (28%) reported they don't really get feedback from patients about cost. All the comments are shown on the following pages by provider group.

**Table 121: Feedback received by providers on costs of treatment**

*Q18 What type of feedback does this practice get from its patients about the cost of treatment?  
Please be as detailed as possible.*

	Total	Physios	GPs/Nurses	Acupuncturists	Dentists	Chiropractors	Osteopaths	Counsellors	Hand Therapists	Podiatrists	Radiologists	OTs
	1126	277	197	168	106	89	78	59	48	48	36	20
	%	%	%	%	%	%	%	%	%	%	%	%
Provided feedback	64	79	68	43	62	51	72	44	85	67	69	40
Don't really get feedback from patients about cost	28	19	26	37	28	45	28	49	8	25	19	35
Don't know	8	3	7	20	9	4	0	7	6	8	11	25

## 14.1 GPs/Nurses – feedback received about the cost of treatment

*ACC payments are not aligned to capitation payments and therefore our co-payments are what patients complain the most about.*

*Ad-hoc survey.*

*Although we are a very low-cost access practice, our high needs population often struggle to pay the \$19 co-payment, so we have significant outstanding debt. Many assume that ACC treatments are free and don't realise there is a cost to see the GP or nurse.*

*As long as enrolling is cheap.*

*As we are a private specialised clinic, our nurses have specialist skills. Clients complain about ACC surcharges. The reason we have a surcharge is because ACC pays less than \$18 per consultation when the patient sees a registered nurse. Our full consult fee is \$68.*

*Charges are reasonable and expected.*

*Clients are happy with the cost.*

*Comments made at the reception about cost at times. We've only just recently reduced our fees to community services card holders, so that should help.*

*Cost is an inhibiting factor.*

*Cost is high, don't understand the co-payments.*

*Costs are more than just the cost of the visit - e.g. time off work, childcare, prescription and material (e.g. dressings) costs are a huge barrier for our population.*

*Detailed invoice supplied for any invoiced services or products. Verbal feedback the most common type of feedback patient survey option for patients to provide feedback there.*

*Direct verbal feedback through practice staff, written feedback forms and email feedback.*

*Don't think should be paying ACC surcharge - "doesn't ACC cover it all?"*

*Due to the fact we are an integrated IFHC and have been for the last year. Some patients are unaware there is an ACC co-payment if they are not seen in ED. However, we are slowly educating patients.*

*Either no feedback received, but on occasions patients feel it should be free.*

*Even though we try to be competitive and are fairly priced in relation to other practices in our immediate area, some patients still feel that they are paying too much for GP visits.*

*Everybody thinks it's expensive even though we are the cheapest. Especially from the repeat visitors.*

*Everyone wants a cheaper fee, so they always whine about the price. We are much cheaper than all nearby practices so generally our patients appreciate that.*

*Fair, we operate a walking clinic all day and see a high percentage of accidents. Wound suturing/sprains/fractures and casting all included in the cost, but for us a not fit for service contract.*

*Follow up charge is too high.*

*For the demographic of the population that we serve, cost is definitely a significant barrier to access. Additionally, if they have to pay co-payments for services such as x-rays and ultrasounds, this poses an even bigger challenge, leading to fewer presentations and gaps in care. Alongside the cost of services, the cost of medications also plays a big role and can be an inhibiting factor. We provide the service because there is a need in the community.*

*Generally happy as level of service reflects cost. There is often an assumption among the public that ACC covers full consultation cost, and they are surprised when a co-payment is charged.*

*Generally satiated - we have a policy that patients can just pay what they can or not pay at all if they don't feel they can afford what we charge.*

*Happy that it is a free service and local.*

*"I didn't know I had to pay anything with ACC. They should pay it all."*

*I have put don't know for the cost being a barrier as I cannot answer that for our patients, it is very rare anyone says to us that cost is a barrier. We as a practice would never turn someone away due to cost, we would use our flexi funding, or the doctors would see them at no charge. We don't operate like that at our practice. We are one of few privately owned practices left and therefore we don't have a board to answer to, to make decisions.*

*I think mostly we get moans and groans about the ACC surcharge fees because the public don't understand the costs of materials and overheads. They think the government pays us enough to cover these costs. ACC have been very slow over the years to increase fees paid to practices and haven't kept up with the play therefore the 'user' pays.*

*Initially people query the surcharge as they believe that ACC is a free service - especially if they have attended an A + M where there is no surcharge.*

*It depends on the patients you talk to.*

*It is offensive that ACC do not have a non-binary option in their system because this means that we have to deliberately and temporarily, with the patient's permission, change their gender identity to M or F before their ACC45 form is processed to ACC. This is a huge barrier for treatment irrespective of the ACC injury and should not be happening. Non-binary people and their healthcare workers deserve better.*

*It varies from person to person; some say they are grateful for lower fees compared to other GPS, but others complain and believe medical care should be free.*

*It's too expensive to have to keep coming back for treatment and certificates.*

*It's too expensive.*

*Koha based system patient does not pay for visit use income for medication scripts marae based not for profit 98% Maori with high needs.*

*Many patients expect ACC consults to be either free of charge or much cheaper, they don't understand the capitation system and think that we will also receive MoH funding for their visit. We are able to keep the nurse ACC consults free, which is great for patients needing regular dressing changes.*

*Minimal feedback, some query why they have to pay at all as some clinics don't charge, but as our costs are lower, generally accept them okay.*

*Mixed feedback. Patients that have moved from non-VLCA practices find it cheaper, but other patients that have not been elsewhere, are frequent users of services or struggle more financially find it challenging.*

*Most are okay with surcharges, and some expect everything for nothing.*

*Most common is confusion when a patient receives a letter from ACC that the claim is covered and that they paid us. They want to know why they paid us as well. Not a clear understanding of the funding stream between ACC and MoH.*

*Most patients assume because it is ACC then it's all covered including the co-payment.*

*None, happy to pay.*

*Not a lot - we at present usually do not charge for follow up visits, but this is likely to change for non-community service card patients 18 years old and over.*

*Not much, but when it comes is negative. Patients don't appreciate when you give them a discount, but they always complain when the cost goes up. Much difficulty finding staff and having to pay well above award rates to get good staff, so cannot afford to put prices down. Will probably have to put prices up as we have three new staff whose initial pay offer had to increase one by \$3 and hour or more as their previous workplace offered more to keep them.*

*Occasionally I have a query from a patient as to why they need to pay a co-payment when they think their service is fully funded by ACC. I explain very carefully exactly what funding we can access from ACC and what our base cost is for providing a service to them. Once they understand the mechanism, they are usually happy.*

*Often patients think that once they have received letter from ACC advising injury has been accepted that all treatment is free of charge. We have to explain that this is not the case.*

*Often people say it is too much. Community Service Card only covers very low-income people, there is a large group of people without Community Service Card, but low income, who can't afford the full amount. In this situation we would often charge a lower fee or a no charge consult, for ACC and non-ACC consults. Often follow up ACC consults are billed at a lower rate or no co-payment.*

*Often there is surprise they have to pay a co-payment. There is still a common misconception that if the consultation is due to an accident, then there will be no charge at all. It is also commented that it is unfair that co-payments are charged by GPs, but they can see a specialist on ACC and there is no charge whatsoever regardless of the amount of treatment they have.*

*On the odd occasion people think ACC consults are free.*

*Only a few asked why he/she was charged- after explained, accepted. Free service is always welcomed, but some patients agree that the service should be charged to minimise the risk of being abused.*

*Our Maori and Pacific people have struggled. Some have been turned away because of cost issues. Frequently they defer presenting, and struggle with other costs like medication and physio.*

*Our patients are in a higher demographic area, so the cost of treatment is not an issue.*

*Our practice charges NO fees. Our patients are appreciative that we provide all our services free of charge. Our team is mainly volunteering.*

*Our practice is a special area recognised practice therefore has no fees.*

*Patient feedback survey.*

*Patient unsure if ACC consults are fully funded by ACC or whether co-payment applies. Some physios offer free ACC consults, but ACC consults are not fully funded for our clinic. Patients unsure if calling for a chat or a phone consult applies. Unsure if ACC follow up charges apply (as our minor surgical dressings are price included in surgical fee, but ACC follow up still has co-payment).*

*Patients always state that they believe that ACC should cover everything.*

*Patients appreciate that we keep our costs as low as we can. We are significantly less expensive than many other practices in our local area. We have a stable population with very few transfers out to other practices.*

*Patients are never happy with paying even though we have the lowest surcharge in the area.*

*Patients assume because their injury is covered by ACC that it will be totally free - they are often surprised there is still co-payment to pay.*

*Patients don't understand why they are being charged surcharges and believe treatment should be free.*

*Patients don't understand why ACC doesn't pay for the costs of their treatment. I explain that is a political decision and they need to address their questions to the Minister of the crown concerned.*

*Patients expect ACC consult is fully funded. However, there is co-payments for them to cover each visit.*

*Patients feel ACC consultations should be free.*

*Patients generally feel that ACC consultations should be free and are not afraid to let you know.*

*Patients often don't understand that there is a co-payment cost related to ACC. ACC in the past have not been that clear on explaining this to patients. I'm not sure if this has been improved.*

*Patients often think there is no cost to them as 'we get paid from ACC for all costs'.*

*Patients seem to think that medical treatment should be at no cost a lot of the time.*

*Patients tend to think that ACC consults are free. The subsidies we receive don't cover the service we provide. This would be the most common conversation we have about ACC.*

*People are still confused thinking that ACC is free and do not wish to pay co-payment charges. This is exacerbated by the ACC free scheme in Accident and Medical clinics.*

*This causes a lot of pressure where patients want to return to an accident and medical clinic for follow up because it is free rather than visiting their regular GP.*

*People believe that ACC is free.*

*People do comment that the co-payment is high, and they thought ACC covered fully. Often patients are told by DHB staff to go and have a dressing changed (for free) and then makes it difficult as patient expectations are incorrect. Also, when A&E can charge less due to different contracts and being able to claim for "time bands"... it assumes that GPs never see ACC claims that take more than 20 minutes which is not the case.*

*People seem to think that ACC is totally funded and that there isn't a patient surcharge. Often shocked when we ask them for \$50. The 18 - 24 age group often don't have Community Service Cards and some 18-year olds are still at school, so it is \$50 for them if parents are not paying.*

*Q13 - Only see enrolled patients. Q14 - Co-payment rates are set by ACC.*

*Quarterly patient surveys over a two-week period, anonymous results provided to practice - quite specific around a wide range of factors.*

*Regular complaints as ACC's surcharge are close to a normal consult charge.*

*Significant feedback that cost of treatment is far too expensive. Perception from the public that health centres are fully government funded, therefore prices should be cheaper. People are unaware that we are a privately owned business.*

*Since the Community Service Card has dropped our prices, we have brought in another funded scheme to help our patients. As an accounts person I haven't had any complaints about cost.*

*Some patients are unhappy with the surcharge, but usually do not really get feedback from patients.*

*Some patients think because it's ACC there's no cost to them at all. Overall patients don't complain about the co-payment costs.*

*Some patients think that the ACC services are free or should be free, but most are happy to pay the surcharge.*

*Some patients think that there shouldn't be any co-payment because ACC is paying to GPs. The main complaints are from A3 patients. Generally, everyone is happy to pay.*

*Some patients think there should be no charge, but mostly patients are okay with the fees if they satisfied the service they have received. Our population is largely quintile one and two. 16% are Community Service Card holders, which assists patients in the lower socio-economic group.*

*Some people comment the co-payments are expensive.*

*Some query the cost as they think ACC should cover full appointment, and occasional extras such as antibiotic prescriptions.*

*Still patients expect all ACC to be free.*

*Surprised that ACC does not meet all the cost for treatments when they are faced with a surcharge.*

*That it is expensive - quite regular comment from patients when paying bills.*

*The ability to pay fluctuates for all of our patients. Sometimes, minority communities are well off and sometimes NZ Europeans are struggling to pay bills and get to the doctor when needed. All people need to be considered for its funding.*

*The ACC rates are reasonable and affordable.*

*The co-payment costs more than general consultation charges, that patients would like to have clinical consultation without mentioning the issue as an accident or claiming for the accident to avoid higher charges. For example: General consultation costs \$19.50 whereas ACC consultation co-payment would cost \$28, which is a significant cost for someone living pay-check to pay-check.*

*The feedback that we get is that patients are not normally aware that there is a co-payment fee for ACC, they think that their ACC consults are fully covered by ACC.*

*The main feedback regarding ACC costs is that a lot of people think ACC is no charge, so they are not impressed when they are charged a co-payment.*

*The patients are surprised and even annoyed that ACC does not fully fund GP accidents costs despite paying ACC levies.*

*The question we usually get asked is why ACC is not free.*

*There is confusion around the differences in charges between GMS visits and ACC visits. Patients find it hard to understand the difference. Quite often receptionists are having to explain difference charges.*

*They are often told by ACC staff that there is no co-payment, or there should not be which is not the case and can cause complaints to the surgery. I then have to phone or write to explain that ACC does not cover the full cost of a consultation and that ACC consultations are often longer.*

*They are under the impression it should be wholly funded by ACC.*



*They assume ACC is free and are surprised when they are sometimes surprised when charged. We only charge for the first dressing consult then free for patient as otherwise barrier to return.*

*They believe that ACC pay for all the consultation and are surprised that we charge a surcharge.*

*They either pay the bill or they don't.*

*They question why the co-payment for ACC is similar to a normal consult. We have to explain the funding aspects of this.*

*This practice is an NGO, so we don't charge our patients anything, we also don't see people under the age of 10 or over the age of 25.*

*Usually surprised when I refer my students to GP care or A&E, that it's much cheaper than a usual GP visit cost.*

*Usually, patients are pleasantly surprised by costs of treatment as they are lower than typical (VLCA practice). Those who complain are either overly entitled or really struggling financially.*

*Varied. Generally, people to comment on the high cost of getting ACC in primary care.*

*Verbal.*

*We are a low-cost access practice and so have a significant number of low-income persons enrolled. We try and keep costs low as possible, however this does impact on the clinic budget and doesn't leave a lot of funds for additional resources i.e., Covid being a good example. We run a huge debt as many patients unable to afford even the low rates we charge for services.*

*We are a low-cost practice; we are currently not charging patients for ACC.*

*We are a trust and try to keep our prices as low as we can to ensure equity especially for Maori and pacific people. If a patient has challenges paying, we work with them to find solutions including via our own Budget Advisor and Health Coach. To ensure they are accessing our Clinical team for the right reasons and providing them with as much of a wraparound service as possible.*

*We are a VLCA clinic. Patients are happy paying the co-payment amount.*

*We are aware through automatic payment requests to pay off outstanding total bills, that cost is a barrier.*

*We are cheaper than most practices. Don't charge co-payment for follow up consults. VLCA practice so our co-payments aren't really a barrier to presenting.*

*We charge all our patients a max of \$19, but mostly less, we often discount consults 85% of nurse consults are free, after hours is at a different practice. Not associated with our costs, our patients are generally very happy with our charges.*

*We complete an annual patient survey and patient will often discuss with front desk staff and/or practice manager (never the owner/doctor!).*

*We do attempt to be fair to all ethnicities when treating injuries. If we have an understanding of a patient's financial situation, we may use SIA funding or not apply a surcharge. We want to help patients to recover and remove any obstacles to their recovery. If we don't do this then there is an added cost to the NZ health system further down the track. I apologise for taking so long to reply. I needed to discuss this with doctors and check relevant information. Thanks.*

*We do not charge any costs for any purpose through our clinic as we are a free service, so everyone is generally very happy with the costs of treatment here.*

*We get so many complaints saying that ACC have accepted their claim and the cost of their treatment is covered. They don't understand or care that the surcharge doesn't cover the full cost of treatment. We try to explain it is noted in the letter from ACC that there may be a cost from the GP. As there is no difference in price between a medical and an ACC consult it's really hard to explain. Most of our GPs charge a lesser or no fee for follow up ACC consults, depending on the injury and length of care required.*

*We have surcharges for all age groups, lower rates for under 13's and even lower for under 6's. The funding has never been adequate to cover urban costs, so we have never been able to waive the surcharges. We have explained this to patients, and they are understanding. Patients are very concerned that their doctors are not getting adequately reimbursed by ACC for the extended consultations and case management managing complex, but critical, health situations outside minor injuries (for which the urban ACC contract seems incorrectly tailored) i.e., inadequate for sensitive claims/mental health CRiPS, severe concussion consultations.*

*We often don't charge for ACC to make it not a barrier.*

*We often get challenged on ACC co-payments as many people believe all ACC means free care.*

*We provide a free service to 10–24-year-olds, so cost is not charged.*

*We try to be reasonable about charges, but those who complain the most are not always the ones in the greatest need. Some people express surprised that there is a co-payment at all "but it is ACC". Ongoing dressings do not have a co-payment and elderly patients are very grateful for the time spent for no charge.*

*We use the patient experience survey, also conversations with patients who are high needs.*

*When a patient has two ACC claims for different body parts, during the consultation with the doctors, they would look at each of them and do an examination. I think it is unfair that we could not claim for both ACC consults. I know our doctor is very thorough and would spend more time because of multiple sites/claims. Some historic ones take a long time to sort through. Patients always feel very verbally unhappy if we charge them more due to time spent, because they feel the extra ACC consults should be all covered by ACC. We are the one who always have to back down and absorb the cost/running behind time for which we are not compensated.*

*When new patients coming from other towns get charged the ACC co-payment, they are surprised how little it is. Some older people are confused that there is a co-payment (I guess that's because in years past, they didn't have to pay any co-payment). Our locum doctor from [place] remarks on how cheap our visits are for our patients compared to [place].*

*Whether there is a cost for a consultation or not, other factors will have a cost. Getting to the GP has a cost, obtaining medication has a cost. Our patients appreciate that there aren't ongoing costs to the treatment, but due to the regularity of visits they still have expenses to meet.*

*Whilst we don't charge a lot compared to some practices, it can still be a struggle to some families to find the money to pay for an appointment. So, they will often put off coming until they are really unwell or significantly injured.*

*Why do I have to pay for ACC, ACC should be covering the whole cost, they should be free. We get asked weekly why we are charging for ACC and have to explain that ACC do not pay enough to cover 100% of the costs.*

*Why is ACC more expensive than normal medical consults?*

*Why it's not free, what's the point of having it...*

*Working in a lower socio-economic area we have many patients who find the cost of a co-payment to be significant enough, so as to deter receiving appropriate care. Some patients will struggle to pay for the first ACC visit, let alone multiple follow-ups, specialists, etc. Many will even skip the prescribed course of physio just across the hall because of cost.*

*Would like lower costs, but we do try to keep it from increasing as we feel our rates are kept as low as possible.*

## 14.2 Physiotherapists – feedback received about the cost of treatment

*60% of patients say co-payment is fair, 20% no feedback, 20% say it's a barrier for treatment. Almost ALL the co-payments go towards business overheads/ GST. To afford local housing I have been told by banks to double or triple my income as a single income earner.*

*90% of our clients don't complain about surcharges, we have the odd one who thinks physio should be free, but in my professional opinion I didn't do a four year degree to not be charging clients, no other health professional is free to see.*

*A lot of clients still expect ACC appointments to be free of charge.*

*A lot of people cannot afford the time or the cost of treatment, we hardly ever see lower socioeconomic patients. They are not accessing treatment because of cost.*

*A small number stop coming after two or three sessions. Often patients that are unable to work and getting 80% on ACC cannot afford the rehab, they desperately need to return to work. I know there are many patients that I would be able to help but simply do not have the money.*

*A small percentage of clients do not continue treatment because of cost.*

*About 30% of people calling in to book an appointment won't come in for treatment because there is a surcharge. Approx. 20% of patients that do come in for treatment say it is expensive/all adds up.*

*All patients indicate to us that it is good value for money. They appreciate having an accredited and well respected physio practice in their community. Our surcharges are explained not only in the practice, but also when they call to make an appointment.*

*All understand that we face ever continuing rising costs across all aspects of the provision of the service-staff (more stat days, more sick days available), our costs of professional memberships, practising cert, professional insurance.*

*Always get calls asking about costs of surcharge and those that do will often not make a booking. Many still believe that ACC is free for treatment or should be. Some will limit their treatment course. By ACC limiting their cost structure per treatment.*

*An annual survey includes their perception on costs.*

*An even mix of I should put prices up, and that it is too much.*

*Annual survey, physio checking up on DNA's.*

*Approximately 20-30% will state that they are surprised at the cost. Approximately 30% thought there would be no surcharge.*

*As stated earlier, I do not turn people away who are unable to afford treatment, but I am a sole trader and bear that cost myself. This would not be possible if I had staff.*

*At times people think the initial surcharge is too much compared to competitors in the area who have not increased their prices.*

*Because I am a sole practitioner who has a lot of experience and work in high socio-economic area I tend to get more comments that my charges are too low. I am also very clear to people that if they cannot cover the cost of treatment there are options which are there to help them.*

*Because our service provides results our clients are happy to pay. Occasionally a particular group may cease treatment after three-five treatments citing the cost. These are usually from a lower paying occupation or who have large commitments.*

*Before lowering prices, I had comments that it is too expensive, since lowering there have been less comments but it is still a significant cost to many people and can limit their ability to get treatment.*

*Clients always ask why they have to pay vs non co-payment physio clinics. We are always having to justify why our prices exist compared to 'free' physio. There is an expectation for 'free' physio which has decreased the respect for our profession.*

*Clients are happy to pay the surcharge due to the high quality of the service. The way I run my physio service is that every client attends an initial assessment, goal setting and treatment planning sessions. We put a holistic plan in place that is realistic for our patients.*

*Clients are happy with current charges, small percentage still not willing to pay or don't pay.*

*Clients do struggle to cover some costs and will make decisions to visit less than the physio recommends due to costs, then the practice if wanting to follow our recommendations have to wear the cost of no-co-payment. This has an impact on our revenue.*

*Clients often say they think I need to charge more due to the fact I spend time, more time than what they have previously experienced. They feel the time spent for the treatment is very affordable. I would always adjust/ exempt charges if a client was not able to afford it.*

*Clubs and players are happy with services provided and cost.*

*Cost is a barrier which results in poorer outcomes.*

*Cost is a barrier, request for Community Services Card holder charge.*

*Cost is justified due to the high skill level of staff.*

*Costs are in line with other health care providers but seeing a physiotherapist a number of times over a period of time becomes too costly for many, as a result treatment is often cut short to save money, which is not good for long term outcomes.*

*CSC holders - struggle with co-payment beneficiaries struggle with co-payment.*

*Currently they can afford the co-payment. Those who we believe can't have a subsidised rate. When discussing an increase from \$20-\$40 they don't believe they will be able to afford to come.*

*Depending on the client's socioeconomic status - if they are poor they think it is too expensive or only book one or two treatments. Most other clients just pay the cost.*

*Depends, some don't mind others will go elsewhere if not happy with it.*

*Disgruntled regarding paying for functional rehab during SAW programme.*

*Do get some phone calls asking about cost before they book an appointment. Some patients think that ACC appointments are free and don't realise about the surcharge. Generally, this practice's costs are low for this area.*

*Equal numbers of people have remarked that the co-payment is too much as they have said it is too little.*

*Expensive, but value the expertise and help they receive.*

*Free, it's a life saver!*

*Frequency of treatment affected. I feel disadvantages Maori as a portion of all lower socio-economic groups and feel strongly that this in breach of our treaty obligations. Also, so underfunded as a practice owner, co-payment needs to increase again.*

*Generally [name] physiotherapy clients appear happy with the current surcharges. Occasionally we may get complaints from clients who fit the lower socio-economic demographic regarding the cost of treatment.*

*Generally people are commenting that it is a low surcharge. I have tried to make it affordable for as many people as possible.*

*Given our demographic we experience high amounts of potential patients that feel any charge for treatment is too much and believe it should be free. Some patients would understand the cost after explaining the cost of running a private practice.*

*Gold card and Community Service Card holders usually ask for a discount or free of charge physiotherapy.*

*Good service for costs.*

*Good value.*

*Happy with costs.*

*I do a regular questionnaire and ask about cost, ours is 25 across the board and most are happy. 5% would pay more and no one answered it was a barrier. But these are people that are engaged already I cannot speak for those that do not book due to finance being a barrier.*

*I don't get much feedback apart from some patients saying it is worth every cent. Occasionally I have people ring or message to ask about cost and don't continue. In regard to the previous question there are people in every group that can afford to come in.*

*I don't charge enough for the service that the clinic provides.*

*I don't surcharge at the moment because of the low socioeconomic area that I work in. Some people are surprised as they expect a surcharge, but others probably wouldn't come for treatment if they had to pay for it.*

*I have endeavoured to keep costs low and reasonable for the patients and normally I just ask or discuss the surcharge with the patient. I have not had any complaints. I have found that by being honest with the patient that they have been honest back.*

*I sometimes get the feedback that we are more expensive than other practices however, the staff are extremely qualified, and the patients get real results and keep coming back. We also get multiple weekly word of mouth referrals which is good.*

*I take care to set expectations before assessment. When some recoil at the cost this is when a negotiation occurs, or the cost is removed.*

*I treat complex cases and most patients have paid a lot of money out before seeing me. They mostly consider my fees to be low. The ACC covered patients accept a co-payment without a complaint, but I give a lot of extra support at no cost.*

*I understand from my clients that I have a low or the lowest co-payment in my district.*

*I've heard I do a lot more for the same or less than other physios, but people on WINZ or with Community Services Cards worry about the cost.*

*If clients can't afford treatment we supply a Work and Income letter. Those clients most disadvantaged are the working ones with family who don't qualify for Work and*



*Income. Unemployed seem to be able to get it paid by Work and Income without any hassle.*

*If clients raise a concern with the co-payment costs that they can't afford it, we will contact ACC to see if they will fund the co-payments for these clients to support them. Great support from ACC when it's justified!*

*If patients are struggling with cost then we discuss with them our payment options are we strongly believe that our client's health comes first. There is not a blanket payment plan, it is individualised to each client and their fiscal status.*

*In the lower socioeconomic clinics unable to afford treatment or struggling to pay is a common concern.*

*I take calls every day with people hunting around for "free" treatment as they have seen this advertised by other providers or the doctor has told them they don't need to pay under ACC. Even though we have surcharges we are constantly making concessions free.*

*It better be worth it. Seems fair.*

*It is expensive. We serve a niche market which is strictly 65+ and not everyone can afford our services.*

*It is one of the cheaper rates in town and offers discounts to gym members.*

*It tends to be all or nothing, patients are either willing to pay the co-payment or not. The people that are not willing to pay usually say that they will look for a free clinic, try the DHB wait list or find somewhere with the lowest co-payment.*

*It would be nice if we were all the same. The free clinics put people paying off but then come because they were unhappy with the providers that were free.*

*It's too cheap and people take advantage of the system. They don't value the work.*

*Just passing comments like "can't pay this week sorry".*

*Lower than average in the area.*

*Majority of clients expect a cost and relevant to other professions is less or equivalent for time spent. Younger and low income struggle more so may only attend a few sessions or get re-directed to hospital waiting list or do a letter for WINZ or ACC.*

*Majority of our patients are happy with the cost of ACC treatments. In consultation with the physio and patient, if needed, we do look at a reduced surcharge in some cases. On a case by case basis.*



*Majority of people happy to pay for a good service we adjust prices accordingly if a session is particularly short. Occasionally people still think Physio is fully funded and are surprised they have to pay.*

*Many say they can't afford the charges at the time of booking and either don't go on to book an appointment, or don't complete their course of treatment, or attend as often as would be ideal because they say they can't afford it.*

*Many still think that ACC covers the appointment when it is an ACC injury. Lack of knowledge in the community regarding ACC's role in covering injuries. Healthcare is very expensive for many people in our community. Many stop coming for treatment due to costs.*

*Mixed - some expect to pay more as our local osteopath and chiropractor both charge a much higher co-payment. However, some are still surprised when they have to pay at all and some cease treatment as they cannot afford a co-payment.*

*Mixed results. Some say it is a fair surcharge, others complain it is too high and that they shouldn't have to pay a surcharge at all.*

*Mixed, majority positive that my charges are low, but there is a smaller group that feels it should be less or ideally free.*

*Mixed, some don't come because of cost, others suggest we should charge more.*

*Most are fine with the cost. We do get people expecting a \$0.00 charge.*

*Most clients are shocked they have to pay any surcharge when they have an injury so often they decline treatment when they hear the price. I have to make it clear every time a new client books in what the costs are.*

*Most find the private expensive and don't always rebook, some complain about the surcharge - why doesn't ACC pay for the whole consultation, why do we have to pay. Accidents should be free.*

*Most of our patients are happy with the treatment provided and the cost of treatment.*

*Most patients are fine, but guess some just do not come back because too shy.*

*Most patients are grateful that a service is available. They accept that a co-payment is required. Lower socio-economic groups don't tend to comment but it is known that they struggle. Some patients who are mid to higher income group tend to complain more*

*Most patients are happy to pay the cost however there are some who find the cost too expensive and or still looking for free physio clinics.*

*Most people are willing to pay as they know 'you get what you pay for', We are sometimes asked for the 'free' physios', and we advise they are not free; ACC pay for them however they are funded differently. A lot of the time, they come back to us.*

*Most understanding and happy.*

*Mostly fine, you get the odd occasion when someone realises there is a cost, and they get grumpy and don't come back.*

*My patients are very grateful for the value for money they feel they receive. I know some bring their children when they wouldn't normally, due to cost because it's accessible.*

*No feedback, most clients are gym members at the associated gym that the clinic is linked to therefore they are motivated to improve and get good health care when injured.*

*No one has been unwilling to pay my costs, especially because my sessions are long.*

*No one has ever questioned the cost of surcharge and feels that they receive quality treatment and support from practice staff.*

*No one questions cost I give flexibility of payment options for patients who need it, I keep costs consistent with other providers in the area.*

*No one seems to complain, but we certainly don't see many lower socioeconomic communities.*

*No real complaints at all.*

*None of our clients have ever had any issues with the cost. If they do we open a good line of communication so that we can discuss and adjust payments/co-pay as required.*

*Not sure, but largely told we need to charge more. Will be increasing surcharges shortly.*

*Occasionally people say they can't afford to come. Patients have often said the cost of treatment is worth it.*

*Occasionally we can arrange for ACC top up for person in extreme need. Feedback is verbal mostly I am not involved with admin in this business.*

*Occasionally, patient concerns about co-payment costs.*

*Often complain if they are returning from surgery and then have to pay surcharges again. Not always in position to pay for rehab.*

*Often question why we charge a co-payment when other clinics do not. Often ask if Community Services Card applies to physiotherapy.*

*Our clientele acknowledges that our service is slightly more expensive than other local clinics. However, the regular feedback is that they are happy to pay because they appreciate the level of service and the results they get. They also prefer longer appointment times.*

*Our clinic has comparatively low surcharges and the feedback is generally very positive regarding affordability.*

*Our costs are at the upper end of physiotherapy practices, but we provide a highly skilled service, we also see patients for at least one hour for initial and at least 30 minutes for follow up. We offer patients slow pay option, if cost is a barrier.*

*Our feedback is that we are reasonably priced.*

*Our patient satisfaction survey - no one complained regarding costs. The feedback was that people expect to pay for professionals' time and that physios charge less than osteopaths, chiro and lawyers. Even though we are professionals.*

*Out of all ethnicities Indians often tend to say the price is too much. The elderly even with the Gold card subsidy also tend to say the price is too high.*

*Patients are always given an opportunity to discuss cost and possible financial problems. In terms of ACC, they are given the option of no extra cost/surcharge. Without ACC, I am also prepared to assess and treat for Free.*

*Patients are encouraged to discuss any issues or concerns about payments and are given flexible time frames for paying accounts when there is genuine need.*

*Patients are happy to contribute.*

*Patients are happy to pay for quality physiotherapy despite their being other practices that don't charge or charge less. There is a perception amongst some ethnic groups that ACC covers the total cost of treatment.*

*Patients are more than happy with the cost of treatment (surcharge) because they feel they get value for money and plenty of time per sessions of one hour duration. They keep coming back and I sell packages of five or ten depending on the severity of the injury.*

*Patients are reluctant to make more frequent follow up appointments, despite us being the lowest surcharge in the local area.*

*Patients complete a post treatment survey that establishes a promoter score. This score identifies how likely the client is to refer a new client to the practice, which is an indicator of the full experience, it does not analyse the specifics of the costs.*

*Patients feel it's very reasonable.*

*Patients find the cost expensive - we are located in a semi-rural small community with a high demographic of lower socio-economic clients. It is completely unrealistic to charge the same surcharge fees as our colleagues in the main centres.*

*Patients often ask about the cost of treatment before starting. Sometimes patients will cancel their appointment for no apparent reason. Patients will sometimes ask if they can come in after payday. Patients will sometimes ask to push their next treatment.*

*Patients often reduce the desired frequency of treatment so able to afford it.*

*Patients pleasantly surprised at the lack of surcharge.*

*Patients regularly comment that their GP or other referring medical specialist has told them that physio is free and ask why there is a charge. Most are usually happy with the fee when ACC component being a part payment only is discussed.*

*Patients still query that there is a cost. Most people are happy to pay but we get phone calls daily to enquire about the cost and not all people will book an appointment. Patients modify the frequency they attend if they cannot afford to come.*

*Patients who are in lower socio-economic groups struggle to afford payment and often do not pay the surcharge then do not return for treatment. Some patients still think that ACC covered Physiotherapy is free and are surprised when there is a surcharge.*

*Patients who have had injuries that affect their ability to work have challenges in accessing med fees physiotherapy services. Patients who engage in care are engaged in self-management options.*

*People always note/comment when our prices go up.*

*People are happy paying. I have had people tell me I could charge more!*

*People are never happy about it - some say can't afford to come, so we decrease or abolish costs for those people if it is important they come.*

*People are pretty happy with the cost of treatment here.*

*People are very pleased to pay for quality service. I provide a quality service that includes high power laser, low level laser, and shockwave therapy. This medical equipment is expensive and requires advanced training. The equipment cost alone exceeds \$60,000.*

*People are willing to pay, people ask on the phone and generally don't book if they can't afford the charge meaning they don't access treatment.*

*People do like to pay for a service they value. If they do not pay they can tend to undervalue the good service they are being given.*

*People feel it is a fair price for the treatment received.*

*People never comment that it costs too much and often tell us we don't charge enough in comparison to other healthcare providers.*

*People pay for quality treatment, however there are a lot of people who ask, "How much does ACC provide?" We answer "not much", and "not enough". To give you context, on \$69 include GST is the rate for regulated physios.*

*People seem happy to pay who are regular clients as they value the service they get here. People that ring and ask about co-payments often don't end up coming in.*

*People who have to have extended amounts of treatment sometimes comment.*

*People are generally happy to pay to see me and get better quality service, has come to me from the "free physio" no co-payment, having not improved. I get lots of complex clients that are happy to pay more but I don't believe I charge more than my colleague.*

*People say I'm "cheap" compared with other practices.*

*Pre-existing and existing clients are happy to pay There are new clients who will query the surcharge and think ACC is "free" and there are bargain hunters. People are happy to pay for a good treatment and experienced physiotherapy.*

*Positive, they feel they get great service and worth spending the money. Some people mention its high and don't come back or pay us off or budget to see us.*

*Reasonable fees.*

*Reasonably priced compared to others.*

*Recent raises in our co-payments did not result in any feedback. Occasional feedback is on the good value for length of consultations and quality of services provided. Lower price for CSC holders is commented on positively.*

*Regular questions regarding why there is a surcharge. A lot of people still think ACC pays the whole amount. Our discounted groups (community services/gold card/students) complain when we have to increase our co-payment.*

*Some are very open and say they cannot afford \$40 per session, and we then have conversation about our policy to reduce cost impact to help provide service. To those who need help. Others simply seek out general rehab and go elsewhere.*

*Some clients decline to book due to the cost of the co-payment. However many of our clients are happy to pay the co-payment as they know that the added benefits of using Pilates as a recovery tool and also the ongoing staff training that is undertaken.*

*Some clients try to dispute cost, but the clinics rules are clear, and we offer alternatives.*

*Some patients believe all physio treatment should be free.*

*Some patients expect treatment to be free. It is confusing that hand therapy is free, but other parts of the body aren't. Some clients struggle to pay, and it definitely impacts on whether they will complete their treatment program or not.*

*Some patients will cancel as they weren't aware of a co-payment charge when they were referred by their GP. We get referrals as patients aren't able to access hospital physio in a timely manner. Most patients are happy to pay though for the cost of treatments.*

*Some people are incorrect informed by their GP that there is no surcharge for physiotherapy - very disappointed. Some people cancel their appointment for financial reasons or even don't schedule their first appointment.*

*Some people cancel due to the fact we have a surcharge, they search for FREE physiotherapy. Others on the other hand may come to us because they have been seen at the FREE physio clinics, where they have had many short 15 minute treatment sessions.*

*Some people really struggle with paying the co-payment. Some people can't attend physio due to the costs involved. People want it to be cheaper.*

*Some say it is expensive.*

*Some say it's too expensive and get free acupuncture instead, some says it's a fair price. Depends on the patient's financial situation.*

*Some wonder why there is a surcharge and why that number is. Most do not worry about the cost.*

*Sometimes they are shopping around for free physio as they have heard there is free physio available. That is before they book. If they have booked there is never an issue.*

*Surprised at how good value they get for the small co-payment charge.*

*That I am very inexpensive and need to put up my rates. That I need to increase my surcharge per treatment, but I want to be affordable for patients even to my own detriment fiscally wise.*

*That it can be a struggle to pay.*

*That it is fair.*

*That my fees are low compared to other practices.*

*That they are happy to pay because of the quality of service, but that often their rehab may be cut short due to cost. Therefore they will attend treatment initially but may discontinue before they are fully rehabilitated due to cost. This causes more confusion.*

*That they are on par or lower than expected.*

*The clients are happy to pay for quality providers.*

*The co-payment is the cheapest in our town as I want ACC to be affordable to patients.*

*The majority of the treatment we get about our pricing for treatment is that we don't charge enough actually. Our patients really feel they get value and time for their money.*

*There are still a certain group of the population that feel shouldn't have to pay a co-payment. Generally most are happy to pay it. The ones who have been on contracts with ACC really don't want to pay after having physio covered elsewhere.*

*There are still some patients who believe ACC treatment under physiotherapy is free and so we have to let them know that there is a surcharge for treatment, which can affect compliance with treatment and outcomes.*

*There is never any feedback to say that our charge is too high, many say that it is too low, and we should charge more. We try to maintain a reasonable rate so that all members of our community are able to access our service.*

*They are happy to be able to find treatment for their condition.*

*They are sometimes surprised that under ACC there is a co-payment - most would've expected that we would receive enough to cover the treatment.*

*They cut treatment short because they cannot afford to continue with the follow up treatments. They go to other practices, which have a cheaper surcharge. They feel that they pay their taxes and ACC should cover the cost of treatment.*

*They expect to pay more, as they feel it is a better service than other experiences.*

*They feel necessary co-payment is high.*



*They fully accept my co-payment charge, as they experience the quality time and care they receive. Repeat patients and word of mouth referral is high.*

*They mainly feel initially that there shouldn't be a surcharge as this has been like this previously, but once they understand that they have to pay to receive treatment they are okay, as they want the rehabilitation.*

*They often report financial pressures that result in inability to attend physiotherapy sessions.*

*They realise that we provide treatment by very experienced physiotherapists (more than 20 years and master's degree) in a very niche area and so most are happy to pay what we charge, but always query why it is "free" at some clinics and not at ours.*

*They report excellent value. Over 70% have seen other physios. These people have been let down by the erase to the bottom model of low surcharges and therefore short treatment times. People who are struggling with pain that hasn't resolved appreciate more time.*

*They say our treatment is worth it as we are so effective with our service and as a result very busy and sought after. Some people ring around looking for free clinics and still think ACC covers all their treatment costs.*

*They value seeing a private physio as the public system is overloaded and wait times are too long. They also value a practice with specialised skills and are prepared to pay for that if they can afford it.*

*They were okay about the recent increase in surcharge.*

*This practice used to have a rate for community card holders. These patients are still attending even though the CSC rate is gone. I believe it's due to the style of physio, the length of treatments 45 minutes, and therefore the fewer treatment sessions required.*

*This rural practice has been established for 40 years; its mission statement is to provide affordable evidence based physiotherapy to its patients. Our patients state they understand the costs associated with providing a service over 3500 sq. km and travel.*

*Those that can't afford the surcharge don't attend. People often query the amount as they feel ACC should carry the bulk of the costs. Those who have businesses of their own, wonder how we survive on the 'small amount of remuneration ACC pay'.*

*Unemployed are grateful that I reduce the co-payment for them.*

*Usually complaining. Gold card, super, and youth.*

*Valuable service will recommend. Returning clients. Growing patient numbers.*



*Value for money.*

*Verbal ad hoc.*

*Verbal communication, patient surveys specific to cost. Written feedback if we need it necessary.*

*Verbal feedback.*

*Verbal.*

*Verbal.*

*Very little feedback - not many have issues. Do find those who are on benefits struggle.*

*Very little, occasionally a patient may report that they cannot afford to come in for treatment, if that is the case then they are either offered a payment plan or, in rare circumstances, given treatment for free.*

*Very variable, some cost is a barrier, others see the value of treatment and prepared to pay for this.*

*Virtually every patient is self-referred. Cost of treatment is generally not an issue. If anything I will pre-empt the discussion if I sense that potentially cost may be a barrier and adjust the co-payment accordingly. I am a sole trader in a rural setting.*

*We are a clinic that does not have a surcharge, i.e. we do not have a co-payment, patients will phone our clinic, and one of the first things they ask - is do we have a co-payment or a surcharge. Patients will come to us from other physio clinics that have treatment.*

*We are busy as we are one of the lowest costs in the area.*

*We do hear from time to time that the cost of treatment is high, and occasionally people are unable to continue treatment.*

*We have a lower socio-economic status in our [place] community and wider district and a high percentage of NZ Māori. The surcharge costs are something I have worked hard to keep down as I am a team leader here, but not the practice owner.*

*We have questions as to why we have co-payment which we answer: ACC does not cover our costs. We have post graduate professionals who deserve a decent salary. We have high overheads (even having to pay our clients' parking) being in Auckland. This puts some stress on us.*

*We offer a great service and need to cover our costs. We put our co-payment rates up two months ago and did not have any negative feedback.*

*We provide a thorough service, so they are happy to pay the required cost.*

*We provide an excellent service and so our patients comment on the excellent service and treatment provided and not too put off by the surcharge price.*

*We recently increased our surcharge from \$30 to \$35 for ACC follow ups, so some returning patients are still unaware of this change. The very occasional patient who hasn't been to physio for many years is surprised that there is a surcharge.*

*We take time and value for money much better than other health providers. We take time to listen and help.*

*We yearly take a random busy week, and we ask clients to fill in a questionnaire that asks patients feedback about cost of treatment. Our data shows that patients do not have a problem paying our current surcharges.*

*When I do get feedback it is usually that they are receiving great value for their money and are happy to pay the amount charged for the service they received.*

*When we do surveys it never features as an issue.*

*Whilst clients rarely complain about the cost of treatment there are more cancellations from poorer sectors and those with small children who are finding it harder to pay for regular treatments.*

*Why do I have to pay? I thought ACC covered it all - that's what my GP told me!*

*Why do they need to pay when it is covered by ACC. That they would have more follow up treatment to get to 100% recovery if they didn't have to pay. That it can be difficult to have treatment as often as they should.*

*Why is the other place free down the road?*

*Word of mouth.*

### 14.3 Acupuncturists – feedback received about the cost of treatment

*ACC clients pay ACC levy each year. They would like to benefit from ACC when they've had an injury, they are reluctant to pay more co-payments for their rehabilitation.*

*Acceptable.*

*As we do offer various discounts to suit the patients' needs and situations, we've been getting feedback that the cost is reasonable so far.*

*Cheap.*

*Clients appreciate the fact I haven't increased surcharge over time and that if they could be eligible under MSD for disability that I support their application or refer to their GP. I have offered free service to the Muslim community since the event.*

*Clients find cost of treatment in line with other clinics, so therefore have no complaints.*

*Clients will modify treatment schedule to compensate for any financial concerns. Practitioner operates a 'free list' for disadvantaged clients.*

*Compare with other practitioners.*

*Cost can be a barrier for some and on occasion am asked for discounts or income consideration.*

*Cost is not expensive, but reasonable.*

*Cost of treatment is okay. Some look for cheaper options like free treatments.*

*Directly from patients.*

*Disagreement on current cost.*

*Generally, customers would hesitate to take services because of the cost involved, just like going to a dentist and such.*

*Good value for money.*

*Good value.*

*Happy.*

*I am a little dearer than some, however treatment amounts are usually cut down. E.g., I do eight treatments and discharge them because clients are happy to stop treatments as they feel okay. And other clinics are still treating more than 30 times without a result.*

*I have no charge for ACC, my company does not charge. Clients are very grateful for the Government's benefits. Non-ACC patients, still come and pay, but can't come as much as they need to.*

*If clients are unable to afford treatment, I sometimes don't charge a fee at all or charge a reduced rate. Clients sometimes extend the frequency of their treatment plan to compensate for cost sensitivity.*

*If I ask, they will answer by text or email.*

*Informal conversation at times of booking.*

*It is a little bit dear, but the result is great. Worth to come.*

*It is affordable and if not, the practice aims to assist people with cheaper co-payment so they can receive treatment. I have at times taken no payment for people in desperate need for treatment with no financial means to support their treatment.*

*It is going up high.*

*It is the cheapest for the value of the treatment available on the market, yet still not affordable for most of the population.*

*It's fine to get support by ACC.*

*Kindly accept.*

*Less than others and about the same cost as other practices.*

*Low/Average income clients would think \$30 is too much.*

*Low-income patient needs more support.*

*Many patients feel the burden to pay surcharge.*

*Most agree to pay the surcharge with a small number stating that the ACC fee should cover the full cost of practitioner.*

*Most clients accept it, but some clients do not want to pay any surcharge.*

*Most of my customers are quite happy with the price I charge. They think it's worth it and fair because of the results. They can see good results.*

*Most patients didn't want to pay surcharge (co-payment) under ACC session.*

*Most patients don't want to pay surcharges.*

*New location this year, business had moved to [place] from [place]. Treatment costs are acceptable from clients and happy to pay for quality treatment and relief/change in condition.*

*No issues with paying a surcharge.*

*Normal, compared to other places.*

*Not much.*

*Oral.*

*Patient reports costs are "Very reasonable".*

*Patients are happy with the cost of treatment as they are receiving great treatment.*

*Patients are happy with the fee once they see the level of treatment provided. We do have patients who choose not to book once they hear there is a co-payment.*

*Patients are surprised that ACC does not contribute more for their treatments.*

*Patients aren't happy with co-payments.*

*Patients seem to accept the cost of treatment.*

*Patients want free treatment.*

*People are grateful I hold my prices as low as possible, although I have people travel from all over the South Island for treatment and most are local. I am in a lower socio-economic area.*

*People are happy to pay the charge for good service & effective treatment.*

*People are happy to pay the surcharge. Some suggest that the surcharge should be increased, based on time & effort put into their treatment.*

*Reasonable cost.*

*Reasonable.*

*Reasonable.*

*So far, I have received positive feedback from the majority of my patients that have been treated. No one have really complained about the pricing at my clinic and is very accepting of the price that I have set.*

*Some Asian patients say it's dearer (when they compare only the fees) but after treatment says it's worth the surcharge. Some patients say that the fees need to be increased for the service and the quality provided; as for some, they come here as a last resort.*

*Some patients feel ok, and some feel too much.*

*Some people say it's cost effective treatment and others say they have to budget for treatment, and some cannot afford it.*

*Sometimes client directly mention about the cost.*

*That I should charge more.*

*That it is more reasonable than other allied practitioners.*

*That it is reasonably priced and cheaper than most other practices.*

*That we are relatively affordable and do a great job for the price we charge.*

*The patients understand and accept the surcharge. They know that most ACC treatment clinics surcharge patients. Some even surcharge more. A few patients who required the surcharge which I need to explain. The reasons are I charge normal patients \$99/hour.*

*They don't want to pay, they thought they have free treatment with ACC.*

*They think reasonable and accept.*

*They usually don't want to pay extra fee for treatment. Also think every medicine cost should be free.*

*Very few people specifically tell me if they are experiencing financial hardship, but the few who do are probably experiencing mental health difficulties so might not be working and earning, or they simply stop rebooking and come back when they can afford it.*

*Very happy with cost of treatment. Quite often patients comment on this.*

*Very little. Most seem happy to pay \$20 a treatment. We will no doubt increase the co-payment shortly to help cover increasing costs.*

*We could charge more.*

*Without ACC they wouldn't be able to come. They have to think carefully whether they have acupuncture or osteopath or physio as they cannot afford all of them. Many clinics charge WAY too much top up fee!*

## 14.4 Chiropractors – feedback received about the cost of treatment

*Affordable.*

*Can't afford.*

*Cost is often a factor, even though our practice endeavours to accommodate.*

*Don't really get feedback from patients as they have usually already decided to spend the money. Difficulty is more from people that don't know about the service they will be receiving, or with patients receiving multiple therapies concurrently.*

*For the most part people comment on how affordable our charges are.*

*Generally, don't get too much feedback. Have a lot of referrals so partly know what to expect plus it is informed to them over the phone before they confirm appointments.*

*I have asked if people feel satisfied and if the treatment has been effective and 95% have said yes, happy and effective. On occasion people will inform us they cannot afford it, so we essentially ask what they can afford and just do that.*

*I offer a varied fee scale according to a family's situation, if patients require treatment, fees are a barrier I will vary my fees accordingly and even offer some sessions via koha.*

*In general, my prices are considered low/very accessible. I recently put all of my prices up at the beginning of 2021 and I have had no real complaints or issues from retuning or new clients. My prices are low compared to many other practices in Auckland.*

*It is expensive.*

*Many patients are surprised that my fees have not increased.*

*Many struggle to pay privately, so will wait until injury occurs before they see us. Usually that a surcharge is too much or too financially hard for them to pay for.*

*Mixed feedback - there are some people who feel that what we provide is expensive (compared to other practitioners such as physiotherapy etc.). Others who think our care is well worth the price we charge. Once patients consider the value of what they get.*

*Mixed feedback. Most people don't mention price.*

*More affordable than elsewhere.*

*Most people expect to pay a minimal or no co-payment so are surprised that they have to make a significant contribution to the cost of their ACC related care. The ACC reimbursement has not kept pace with the real costs of providing care.*

*Most say it is too cheap for what they receive.*

*My children fees are generally well accepted, they provide access to care that doesn't overly burden family income. I try and keep children fees lower, so that it allows whanau to access my care for their health care needs.*

*New Zealanders just don't seem to value paying towards their health care. Many believe it is the responsibility of ACC and not their own. Their value on health is low, so they don't see the value of investing in their health. A very reactive and quick fix.*

*Not much feedback. You do get the odd people that say it's too expensive or they have an expectation that they don't need to pay anything at all.*

*Only time anyone makes comment is when they call to inquire about costs the first time. Some want free treatment. We are up front, and people know what the charges are before they get treatment. Our bad debt ledger is very low, so vast majority happy.*

*Our surcharge is high.*

*Over the last 35 years there has been little response or back pressure to fee changes. A couple of people have commented, but always the same ones and they have remained patients. Most are surprised that ACC covers only approximately a third of the charge.*

*Patient dependent, some find it a barrier and others just want treatment. Cost isn't an issue.*

*People don't mind paying a surcharge as it is less than our regular treatment cost.*

*People that come in, seem fine. If they aren't, then I lower the fee.*

*Prices are reasonable.*

*Reasonable considering the specialisation of the diagnostic equipment and training rehabilitation equipment.*

*Some can't afford and go elsewhere, or we absorb the cost.*

*Some clients do report the cost of treatment is too high. In these circumstances unique charges can be implemented.*

*Some feedback - it is expensive to get checked.*

*Some say it is too cheap, most don't comment. Others don't come back for a variety of reasons including that the cost adds up and budget constraints limit their spend on healthcare.*

*Survey.*



*The last year has had a significant increase in clients stating they can't afford care and want it fixed in one session because that's all they have. Community Services Card and University students have not changed in the last year as they have always had.*

*They want it to be free.*

*Varies from shock from some through to majority of patients saying it is reasonable in comparison to other practices and clinics.*

*We are cheaper than other treatment modalities out there.*

*We don't get much feedback, however if people need the care, we help them to find something that is achievable for them financially.*

*We feel we have kept our costs to match what people can afford and have not changed them for the last two years even when Covid hit. We have found other ways to absorb our rising costs.*

*We get clients who cancel their appointments and hold off making further appointments until they have enough money. New clients will also hesitate to book appointments when they hear the fees. We offer a concession discount for people who need to come regularly.*

*We remain competitive.*

*We tend to charge less than other clinics and it is easier for them to pay.*

*Well-priced.*

*When a person has an acute, severe injury patients can find the cost prohibitive. However, when we offer the options to work within the boundaries of what they can afford people are incredibly grateful.*

*Why are you the cheapest in the area? ACC is free, why do you charge a co-payment?*

## 14.5 Counsellors – feedback received about the cost of treatment

*As a counsellor, as far as I am aware, is not able to charge for treatment charges or an excess fee.*

*Can't afford travel.*

*Client feedback is generally satisfaction with ACC Sensitive Claims.*

*Clients have to stop counselling.*

*Clients mostly can't afford treatment if it is not paid for by ACC or WINZ.*

*Costs are covered by ACC, so no feedback.*

*From my ACC clients I am struggling with clarity around the ISSC-OG whether I can charge for DNA when client exceeds the given DNAs from ACC. My suppliers are in confusion about what it means, and I have been looking for clarity around this for over a year now. I get conflicting information from ACC, too. I think if clients had to pay for the DNA - at the same rate I charge my private clients - then they would have a greater respect for the space in my time I reserve for them. Either tell me prior to sessions that they wouldn't be coming, so I can fill their space with someone else needing counselling, or they would be motivated to attend regularly. At the moment only the osteopath in the practice is allowed under the ACC contracting to charge extra for sessions etc. As a counsellor I have been told I am not allowed to do any of this. We work with an affluent population and their parents can afford the private counselling rates.*

*Generally, are happy to pay as they find value in the therapy.*

*I don't get feedback about treatment cost because under ISSC contracts the provider is not allowed to charge a co-payment. This means that for providers under ISSC contracts we do not get the market rates for our services, particularly in highly priced Auckland. We have received a minimal increase for the last two years, about \$1.00 per hour. This minimal increase had not kept up with increases in costs for professional development, professional rents, or transport costs. I have to pay a \$35 co-payment for my ACC funded physiotherapy for a few sessions. ISSC providers do not have this option. I would like to say that I highly value ACC ISSC provision and value that clients in this sector do not have to pay a co-payment. I would like to see more pay parity for ISSC providers and would like to see parity across the disciplines. For instance, counsellors who have twenty years of experience with trauma, receive a significantly lower per hour rate than a freshly graduated psychologist (approximately \$60). This seems inequitable and experience of years is not taken into account.*

*I have never charged a top up as I am ethically opposed to placing that burden on my clients. This does of course come at a significant cost to my practice.*

*I tell clients there is no cost to them. My fee is what I get paid from ACC, which should be at least \$20 higher an hour.*

*If ACC did not offer to cover the full cost of therapy, 99% of the clients I see would not be able to attend therapy, and these are the members of our society who need it and benefit from it the most. They engage effectively, are committed to their recovery, and do everything they can to help themselves outside of treatment. However, they could not even consider this treatment if they had to cover the fees involved.*

*It's not usually an issue because the clients I see are under ACC.*

*My clients are happy that they do not have to pay for their counselling and that they can help with travel to and from sessions.*

*My clients are mostly ACC registered for sensitive claims ISSC and so patients get free treatment. Many clients who are not ACC registered cannot afford services. I see one client free of charge monthly because of this.*

*None - Under the ISSC contract we're not allowed to charge a surcharge, so I'm surprised to receive this survey.*

*Not applicable, only work under contract payments.*

*Our service provides free counselling, so there is no feedback about the cost.*

*Patients' barriers to receive treatment involves transport and traveling to and from sessions, rural and non-rural.*

*People are so pleased when they find out that we don't charge people a top up to ACC ISSC. Misconception that they have to pay.*

*People are surprised that they get counselling got free if sensitive claims, but not for major childhood trauma like physical violence.*

*That as a provider I am flexible with costs, though some of my private clients find it hard to come up with the money. I don't have a flat rate as the need is more important than the money.*

*That the surcharge is very reasonable.*

*There is no cost to the clients as I don't charge a surcharge. In fact, we are told by our supplier that we are not allowed to charge a surcharge.*

*They are happy there is no additional surcharge for them to pay (but then I lose income so is a win for them and a loss for me personally compared to my full paying clients).*

*Very positive, and regular feedback given.*

## 14.6 Dentists – feedback received about the cost of treatment

*Affordable.*

*Majority of patients do not realise the cost of dental consumables, we are in a low economic area, and we do not see people in the community at all, ever, because cost prohibits them from coming. They do not see the value in a \$69 exam every year to stay on top of issues before they become worse. There needs to be nationwide education campaign about the benefits of flossing and brushing twice daily - as we have people in our community who don't buy toothbrushes/toothpaste because of the cost. Let alone come to us for fillings. Oral health is seriously underfunded in NZ.*

*Complimentary on keeping cost to patient down.*

*Cost of treatment is expensive and essentially being subsidised by small business owners who don't take a salary for the work it takes to run a business.*

*Costly at times but the best/quality treatment available on [place]. Can it be less? Why is dentistry so costly?*

*Dental prices in general are too high.*

*Dental treatment is generally considered to be an expense that most households find difficulty to budget for when unfortunately, it has consequences if left unattended to a patient's general health.*

*Dentistry in general is too expensive.*

*Dentistry is expensive and hate having to pay for dental treatment.*

*Dentistry is expensive for most of the patients. We are trying our very best to deliver an exceptional service with quality dentistry. We offer payment plans, and our patients are very well looked after and some of them are part of the practice for over 15 years - this reflects value for money and dentist that really care about their oral health.*

*Dentistry is expensive.*

*Dentistry is expensive.*

*Every single patient complains that the cost of dentistry is too high.*

*Feedback is generally good as our fees seem to be placed at a level, which is acceptable to most people.*

*For our area, my practice fees are considered standard and are generally accepted, especially if they are able to get ACC co-payment.*

*Generally happy with the cost.*

*I have received feedback of both spectrums of affordable and not affordable. When patients call for a quote over the phone, it can be difficult to give exact figures, so we also give a rough estimation based on the type of treatment they require. Some people have told me its reasonable and others that says that expensive. Can't please everyone but we sometimes take into consideration people's personal situations and charge as appropriate (if someone is in serious hardship financially). We do offer WINZ help if applicable.*

*If any comment is made on cost, it is about the expense of treatment, there is currently no real government funding (apart from Ministry of Health for under 18's and Winz help for emergency treatment) in New Zealand while needs are increasing.*

*In relation to ACC cases, there are a few each year where crowns are placed where an additional cost is paid by the patient. This is usually dependent on the material required for the crown. The price of the crown and the potential fee payable by the client are discussed with the client prior to the work commencing. The patients are told an application for approval from ACC may not be fully covered or that cover may be declined.*

*It varies from person to person with most not commenting. A few complain it is expensive.*

*It's expensive is a comment we hear very frequently.*

*Just passing comments. Generally lower socioeconomic patients will select cheaper treatment options or get the most urgent treatment done first.*

*Most are comfortable with our prices.*

*Most comment on that ACC should fund the whole amount, which we remind them it's a set fee.*

*Most of the time our patients are quite happy about their co-pay and any cost that may need to be paid.*

*Most people are happy regarding the costs. We are upfront about any treatment cost so there are no surprises including ACC co-payment fees.*

*Most think the treatment is expensive and many will comment as such.*

*Not a lot of negativities - we are a well-established practice with the majority of our patients visiting annually - we also fully inform cost of treatments if they need to return.*

*Not much. Majority is happy with our charges.*

*Nothing specific other than the patient elects to have treatment elsewhere and we ASSUME that this is because of cost, but it could be because of other reasons.*

*Online feedback reviews.*

*Our costs are reasonable in comparison to others.*

*Patients don't understand the cost of business.*

*Patients expect ACC to cover all the treatment costs especially for those under 18 years old. Also, that ACC should pay more towards their treatments. "I am going back to my general dentist because their fees are lower. Therefore, I have less to pay." This is despite the fact they were referred because the general dentist believe that they are likely to get a better outcome from having their tooth treated by a specialist.*

*Patients expect there to be no surcharge.*

*Patients have expectation there will be a co-payment, and most think it is about what they thought it would be.*

*Patients return if they feel the fee is okay. If they feel the fees are too high, they don't return.*

*People always have a perception that dentistry is expensive but in reality, we have payment plans from \$4.50 per week. If I have a client comment on price, I explain that the \$269 they paid for 30 minutes for a filling has to cover the cost of my wage, the day's wage and the dentist wage for that period of time. Also includes the cost of at least seven different products (high quality as well, not cheaper, inferior options), burs and instruments used, sterilisation equipment, rent, power and other overheads for the 30 minutes they are with us. When this is explained they realise we are only breaking even on the amount we charge for these. People are used to subsidies with healthcare but obviously we don't receive these in dentistry to pass to our clients, so they have to absorb the full cost.*

*People are often surprised that there is a co-payment of any kind. They think that ACC should cover the whole treatment. Especially when it has been due to an injury caused by a third party, they don't understand why they should carry any of the financial responsibility for the injury. They feel that carrying the injury is bad enough. I see their point, but it is the way it is.*

*People can't even afford \$35 relief of pain co-payment for non-ACC treatment. We are an accessible clinic in a poor area.*

*Positive feedback that our fees are very reasonable. They appreciate that we don't charge a surcharge for ACC treatment.*

*Reasonable.*

*Some complain about the cost, some remark how reasonable we are, depends on the person.*

*Some say dental is expensive and that's why they can't keep up with coming regularly.*

*That we are one of the most reasonable in the region, but a lot still complain about cost.*

*The cost of dentistry is expensive.*

*No real feedback about costs. Just people don't attend when they should or understandably need to know costs ahead of time and cost comes into decisions about treatment options.*

*They appreciate that we see the demographic is retired people and young families and we try and keep costs down - some patients that haven't been in for a long time are surprised by the cost.*

*They ask for payment terms, if unable to pay the account on the day of treatment.*

*They get disappointed when we tell them there's a surcharge.*

*They would like to have the same treatments at a cheaper price.*

*This practice has been in existence for some 40 years and I have been a part of it for eight months. Treatment plans are discussed with patients, so that they are informed about the cost of treatment, prior to continuing on to its completion. We also provide WINZ quotes. There are always patients who complain about prices, but as a norm - our patients accept our prices, as they compare favourably to other clinics in [place].*

*To clarify previous answers, we group cost of filling and obturation etc. as a whole per tooth so I could not break down into separate costings. We have found some patients decide to have their teeth removed rather than saved due to the cost to fix it. We offer a repayment programme which some people do. Most others put the cost on their credit card. We do split the cost into two payments in line with treatments which seems to help. Feedback from ACC patients is often surprising that ACC does not cover whole cost when an accident has caused the problem. In the cases of children from under privileged households and ACC (where MoH is not going to pay for treatment) we have at times removed the co-payment. It means that we just get our costs covered.*

*Too high costs are barrier to access dental treatment.*

*Usually negative feedback.*

*Very few complaints. 1/100 say we are too expensive.*

*Very happy that there is no surcharge as they wouldn't be able to get treatment otherwise.*

*We are a specialist practice and advise patients in advance that our cost structure reflects this; and that while we are a specialist, we can still only work off the same ACC fee schedule as a general dentist does.*

*We do get some negative feedback relating to costs however all patients are made aware of consultation costs at time of booking appointments. All patients also receive a very detailed report following consultation which clearly outlines costs as well as extra possible costs.*

*We get mixed reaction.*

*We get the general comments "dentists are so expensive" all the time and that it is a major barrier to patients getting the work they need done. However, because we are in a slightly lower-cost and lower-socioeconomic area, we can be a little cheaper with our prices and most patients realise that we are cheaper than a lot of other dentists that they have been to before (especially ones in the city centre or areas like Remuera/Mission Bay etc.).*

*We have had patients upset that all cost was not covered as with medical. I have had patients refuse treatment/payment due to extra costs.*

*We only receive generalised comments about dentists being expensive.*

*We treat a number of Winz patients, and the need is very great for a number of our patients for affordable dental care.*

*We try not to make cost a barrier, so usually don't charge if the family is unable to pay. However, this often results in a cost to me personally as I provide the same standard of care (specialist care) to every patient. This is not sustainable. I do notice that some families don't attend for follow-up appointments following the initial treatment and suspect that cost may be a factor in this. We have a higher failure to attend rate for ACC patients than other patients.*

*Would be nice if government cared enough to help.*



## 14.7 Hand Therapists – feedback received about the cost of treatment

*Affordable.*

*Annual customer survey.*

*Can be costly when a lot of appointments are needed or a complex injury, which is not a hospital referral. We do discuss and lower surcharges or remove them with some patients.*

*Client survey Feedback at reception - often surprised I don't charge more.*

*Clients are happy that cost is not a factor.*

*Clients are very happy there is no co-payment and are often surprised.*

*Clients report our services are good value for money and our co-payments are the lowest in our area.*

*Cost is something that limits attendance as this town to live in, is considered expensive with high rent prices and many do not have money to pay for interventions.*

*Cost of petrol to access clinic can be difficult for rural clients, we do not charge a surcharge for ACC treatment.*

*Happy that there are no surcharges and happy ACC assist with travel expenses.*

*I can only afford to attend weekly or fortnightly. The ongoing cost makes it hard to attend as often as I should. I have to make choices about what therapy appointments to attend due to the cost.*

*Is that all?*

*It varies as our practice covers a wide socio-economic area. I notice it is a factor in some of my complex cases. I therefore adjust it at times to help them to get the care they need if cost is a barrier.*

*Like not having a surcharge for follow up appointments. Reported to help with being able to attend and compliance.*

*Lots of costs for an injury all add up.*

*Most are happy with the covered visit and splint costs, but there can be some claimants who want ALL consumables, other items and services fully paid.*

*Most patients are happy to attend as there is no surcharge.*

*No cost to patients unless a private patient.*

*No surcharge makes it more accessible.*

*Our patients are aware of the high calibre of therapists they see and are generally happy to pay a co-charge.*

*Our practice catchment area, low socio-demographic areas - clients would not be able to come to appointments if we charged a co-payment and majority of our cases are acute trauma, so really need treatment. Patients are very grateful for the service.*

*Our surcharge rate is reasonable compared to other practices.*

*Patients are often surprised and pleased to learn that there is no surcharge involved. Patients love the fact they can receive their treatment and splints for free. Some patients question why their wound dressings, scar management or oedema management products are not covered by ACC.*

*Pleasantly surprised that there is no co-payment at this stage.*

*Pleased there is no cost at all!*

*Since opening my practice six years ago I have chosen to never charge co-payments. The reason for this is whilst working in a DHB and GP practice in area of high deprivation, I saw how co-payments and access to physio services outside the hours of nine - five was a barrier. Initially I was able to set up physiotherapy practice treating upper and lower limbs services as I had low overheads in community gym. This closed down overnight, so I now have to pay commercial rent (500% greater). I also now have additional costs such as electric, this has put pressure on sustainability, and I am now only able to treat Upper limb injuries. I still have a physiotherapy regulation contract but mainly treat hand injuries under the hand therapy contract which does allow me to review clients with no extra payments as it is what I would call a fair contract. ACC and other government compliance costs continue to increase - being audited for allied health contract has cost at least \$5k with no increase in rates. The majority of my clients are not affluent and would struggle to pay any co-payments.*

*Some people complain, but most people are okay. Some ask how much ACC pay and some tell us they think it should be free. I know we are on the higher end, but we are in a very high-cost area. We have had some people visiting from cities complain that we aren't "free", like lots of the Auckland clinics. It takes a while to explain to them why we are more expensive and the differences in appointment lengths, levels of experience etc...*

*Survey, but then we only have patients coming for physio who can afford it and currently no surcharge for hand therapy patients.*

*The co-payment cost is accepted by people and recognised as being cheaper than the GP and significantly cheaper than a dentist. (Who are the health services used when comparing the cost of accessing hand therapy?)*

*The cost of surcharges influences the number of apps that a patient can afford to attend. Often near the end of treatments patients will not return. Then returning two months' time and still unresolved. It also influences the frequency of their attendance - e.g. two times weekly appointments.*

*This clinic does not have a co-payment and therefore attracts a majority clientele for whom paying would be a limiting factor to attendance. For many feedbacks is that travel costs, taking time off work or childcare are significant personal costs already that ensure investment into the program. Hand injuries frequently require an extended number of treatments over months and affects proportionately large numbers of laborers and ethnic minorities so the cumulative effect of even a small co-payment adds up. Because we all contribute to ACC funding, but lower socioeconomic families have little disposable income, an ACC co-payment disproportionately impacts this group. We've had private pay clients working three jobs to care for their extended family pay us \$10 per week because that was all they could afford - still value their treatment but indication of how tight finances are and how important it is to maintain pride / mana, by paying their share. We feel strongly that a co-payment impacts access to treatment for injuries and through ACC is a patient right.*

*Usually surprised and much appreciate their being no cost to their treatment.*

*Usually surprised not to have any further costs for ACC covered visits.*

*Varies some believe that ACC should pay all. If this was to happen, we would close. I believe we are under paid by ACC.*

*We absorb all costs and do not expect our patients to have to pay for anything. There is optional rehab equipment they can choose to purchase; all treatment and splinting costs are covered.*

*We do not charge a co-payment for hand therapy at present but have patients with difficulty paying \$5-10 for a dressing change who often do not return for treatment as they are embarrassed. We also have patients cancelling or not attending appointments due to costs of transport.*

*We do not charge for treatment in ACC patients. In private treatment clients are happy to pay our charges.*

*We do not have co-payments. However, we do charge for consumables such as dressings, strapping materials, strength equipment and the majority feedback they would rather not pay, and some decline the intervention due to cost.*

*We don't charge a surcharge as we work under hand therapy contract and most clients are very appreciative of this.*

*We don't have a surcharge and all patients are very appreciative of this.*

*Well, it's free and splints are covered by ACC, so patients are happy with this, more likely to come back for follow up or check-in's. More likely to come in just for a splint modification, or to be more understanding if you run out of time and ask them to come in later that week. More understanding of less experienced therapists needing extra time and/or support from colleagues.*

## 14.8 Osteopaths – feedback received about the cost of treatment

*A lot of high-income earning patients say we are very cheap for our level of education and service.*

*As this practice is in a relatively low socio-economic area, patients tend to attend a smaller number of treatments due to cost. The question is often asked why osteopaths have bigger surcharges than physiotherapists due to the discrepancy in ACC co-payments.*

*Central city professionals are time poor, and quality of services outweighs costs. I have been prompted regularly to put my fees up.*

*Cheaper than most places.*

*Cost is less important than results. Many patients have said that my fees are very reasonable and on the low side.*

*Difficult for low income, pensioners to afford.*

*Generally, patients I see come because they see value in the service and don't have a problem or query the cost. Very few queries the cost because they are well aware of the charges before coming into clinic and have researched through our website the cost. The patient demographic is a mix of rural/urban, and people just want to be functional and pain free in order to work, socialise or participate in meaningful activity.*

*Gold card holders would like discounts across the board with all health care providers. Families of patients with disabilities struggle with funding from their specific disability group. We have a few patients that manage to get funding from WINZ, they do require a statement from the previous year though. Patients would also prefer the ACC payment to be higher, so they paid a lower co-payment. Parents of new-born babies struggle to bring their babies in as the cost of paying for a private treatment is prohibiting.*

*I charge 40 dollars for an hour.*

*I have never had bad feedback about my charges.*

*I personally charge a little more as I am specialised. I have instigated a payment online feature for my own patients as they like the option of paying by credit card which you cannot in the clinic. We have the option in clinic of some practitioners who treat for a shorter time frame and therefore charge less. There is choice for the patient. Most patients only need a few treatments to feel better and are happy to pay.*

*Individual straight up conversation with every patient with what they can afford, and review if life circumstances changes. Nothing formalised/standardised.*

*It is very affordable and cheaper than other practices for more time.*

*Low socio-economic area - so clients come here mainly because of no surcharge for patients with an injury. About 10-20% of patients don't mind paying a small amount of surcharge (up to \$30.00). When attempts made to introduce surcharge, clients stop coming and try other practitioners where surcharge is not charged.*

*Mixed - when costs raised lose some patients due to cost - others no concern - some physios in area have significantly lower cost.*

*Most are surprised we haven't put up our charges for a few years.*

*Most have no issue or don't mention it.*

*Most patients are happy with the cost, like all professional services - some can't afford the needed amount of treatments, some can. I endeavour to help the patients out as much as I can - extended treatment payments / altered treatment plans etc. to assist them as much as possible. The amount paid for a four to five years academic profession is relatively low and the general charges in the area are low which does compromise rates.*

*Most people pay quite happily, they are really pleased to be able to get in to see one of us. People who may have financial difficulties are requested to speak to us on their first visit and we adjust the co-payment to what suits them, which they are generally really appreciative of. Our clinic puts people before money. Everyone should be able to have osteopathic treatment not just the people who are in a better financial position. Feedback is generally positive.*

*Most people think that osteopathic treatment is good value for money. It is effective and efficient. Non-wage earners or those on low salary cannot always afford to have enough treatment for optimum recovery.*

*My clients have the money, so no problem. But I can't afford to access lower socio-economic clients.*

*My patients were happy to have the rates increased as I hadn't put them up before.*

*Not much feedback at all.*

*On an individual basis if patients need to have the cost revised in order to be able to access treatment, they need to carry on doing what they need to in their live. Otherwise, we don't explore this too often from patient perspective.*

*Only rarely will a patient say they need to discontinue or space out treatments due to cost.*

*Some think I should put my charges up!*

*Our practice charges roughly the same if not slightly less than other practices in our area so our clients have commented that is helpful to them. We don't get a lot of feedback about cost though - most patients are happy to pay for our great service.*

*Patients are happy because we take the time to sort their problems fully and we provide a safe enjoyable holistic experience where they feel they are being listened to validated and given the best treatment possible to resolve all their issues and allow them to function in their lives, return to work, care for their families etc.*

*Patients are happy to pay the cost of treatment.*

*Patients are happy with treatment costs. I put up prices this year due to now paying GST.*

*Patients are very appreciative of the experienced osteopaths working in the clinic. They understand and accept our fee structure and how it is in line with other clinics in the area with a similar level of experienced osteopaths.*

*Patients over 65 say they are on a fixed income and complain when cost of treatment increases.*

*Patients seem happy with my charges which are \$60 or \$30 with ACC but \$50 for minors and students.*

*People do comment at times that they cannot afford treatment. In many cases I offer a significant discount.*

*People usually say if they find the cost excessive, just as they also tell us that it is good value.*

*Positive feedback overall - it is at an affordable and accessible price point. Great for getting back to full health rather than just having minimal treatment to get out of severe pain.*

*Some comments believe that it is on the costly side compared to physio - however the appointment time is considerably longer.*

*Some find the cost of ongoing treatment too expensive.*

*Some patients consider ACC pay the full cost and unwilling to pay the surcharge. They might just not turn up at the next visit.*

*Surprised that get the time we do for the cost compared to seeing the doctor.*

*They are happy to pay due to the level and value of treatment provided.*

*They generally think it's reasonable and good value.*

*The patients are happy to pay the co-payment and often comment on how reasonable our fees are.*

*They feel the lower co-payment cost allows them to afford more treatments and therefore have the ability to resolve an issue with the burden or juggle of a financial pressure.*

*They think it is unfair how physio appointments don't cost anything and that when we say there is a surcharge why is this. I think it's a [expletive] system how physios don't have to charge surcharges because they milk the system for all its worth.*

*Treatment is more affordable than some providers in the area, however for those on lower incomes it would not be affordable to visit our practice.*

*Usually very reasonable considering the amount of time and quality of treatment the patient/client receives.*

*Value for quality of services and time provided.*

*Verbal feedback on individual basis from time to time.*

*Very little feedback. If there is any, it is generally that we provide value, as we try to keep treatment affordable and therefore available to all.*

*Very little feedback. If anything, it is considered low.*

*Very reasonable for the time and care they receive.*

*We are lucky enough to be in a part of Auckland with a high socio-economic level. So, I am sure our clientele does not accurately represent the rest of the country. It is affordable for most of our clients.*

*We are positioned as a higher end clinic and as such occasionally get comments on the fees from low economic patients who we adjust fees for, but we usually see patients who can easily afford our fees.*

*When fees go up some people complain, others suggest they should go up by more.*

*Would like to say that the surcharge is the same for all but got tired or entering the amount for the entire sheet. On one occasion last year, with someone who had been on ACC balked at paying the private fee when ACC no longer covered his injuries. He felt that paying \$50 for GP and getting pain meds patch was better than paying the private fee and getting root causes addressed for full recovery. Personal preference. The value is not about the time spent, but about the level of freedom in life attained.*



## 14.9 Occupational Therapists – feedback received about the cost of treatment

*At times they can't afford the surcharge, however we will advise of clinic that do not charge a surcharge to ensure they get treatment.*

*Confused as to why they have to pay for physio treatment, but not for hand physio treatment.*

*Cost is a barrier.*

*Expectation that ACC fully funds.*

*If clients cancel DNA appointments, it's often due to cost.*

*It is too much.*

*They are very surprised that we don't have any surcharges.*

*We are reasonably within the town physio.*

## 14.10 Podiatrists – feedback received about the cost of treatment

*A few are surprised when they find out the cost when enquiring about our services. The same people often finish the consult and say, 'worth every penny'. They see the value in what we are doing and what we are contributing to their injury management.*

*All positive, very happy with our prices.*

*A lot of patients think that if they have an ACC injury that ACC cover the full appointment cost and they should not have to pay anything. Plus, they also think that ACC will cover all costs (orthotics, moonboots etc.) for that injury years later, they can get upset when we have to advise them, we need to get prior approval.*

*Generally happy to pay additional surcharge only one complaint.*

*Have had comments that our costs were much lower than what they expected. Have also had comments that costs were more than the patient expected. I think like any service or product you will get this response.*

*Honestly people mostly are delighted to get health help that works. The only time regardless of ACC or not they are disappointed is if they don't follow the plan set for them and agreed to together. I can alter it to accommodate changes in their life, which is always the best approach. I am happy to spread payments out, which always helps.*

*I have only increased the prices once in ten years (May last year) so generally the feedback was very good. I think our pricing compares well to others and the quality of service is higher.*

*I mainly see patients with high disposable income and most have private medical insurance.*

*I think ACC should pay more.*

*Most patients accept cost and understand why costs are what they are.*

*Most people assume when an ACC claim is approved, they get free treatment. When we explain our costs and that ACC paid 33.00 towards it, they are surprised.*

*My clinics costs are the lowest in our area, but still difficult to pay for in some circumstances.*

*Patients give very positive feedback regularly about treatment quality and costs.*

*Patients have (in the past) deferred from my practice mid-treatment to the EPN physiotherapy practice where I am situated simply because the co-payment that the physios charge is significantly less (50%) than what I need to charge to cover my costs. It's frustrating for both the patient and me. The co-payment I charge has been*

*challenged by patients who know the physios will charge a smaller co-payment but don't understand the different funding pathways between a profession that sits under the Cost of treatment Regs and one which is an EPN.*

*Positive feedback for the services they are provided though there are always patients that complain about the cost whether it's for consultation or orthotics. Patients do mention about the amount of cost that ACC don't pay towards their consultation compared to other allied health practitioners such as physios.*

*Reasonable co-payment, but sometimes some people still believe ACC should pay everything.*

*So, on rare occasions I think we have had some feedback on the ability to afford a surcharge. So, in cases of financial hardship our policy is to not charge any surcharge.*

*Sometimes they mention that we are cheaper than others when they talking to receptionist or podiatrist. We don't actively ask though.*

*Specifically, ACC rates people mention we are quite competitive however are only able to compare us to local physios.*

*Surprised that they are able to get the treatment at a discounted rate, they are happy to know that time has been taken to get it right and are aware that a charge is needed and are happy to pay it. We work with Winz and other community support and whanau groups to make the part payment achievable. We find that when no part payment is needed, the treatment isn't valued as much, we get higher DNA's and less compliance as the patient isn't as invested in their treatment.*

*That if they've seen specialist and they get referred to us, the specialist is fully funded but not us.*

*That it is quite expensive for those private clients especially those on superannuation.*

*That we provide an excellent service that is exceptional value for money. We have not had one patient in one and a half years of being opened that has given negative feedback about our fees. A few patients have questioned the cost of the surcharge, but when explained that if they had to pay for the service privately and the small amount that ACC gives us per consultation then they are very understanding and see it as great value.*

*The large majority of patients are agreeable to the surcharge and understand that it is required. Our Podiatrists are able to use their discretion to waive the surcharge for compassionate reasons and we are also able to provide WINZ quotes for the surcharge if required. In the end a business has to be able to cover its costs and have cash reserves, otherwise it will fail. Covid has illustrated this.*

*Typical response – "Oh well, everything is going up".*

*Usually cheaper than elsewhere.*

*Very mixed feedback. Some saying very reasonable for treatment we are providing. Some say it is too expensive before booking.*

*We do not collect survey examples of this however most feedback comes from our referrers who try to refer to us and are told by the patient that cost is a barrier. Some patients will tell us this directly, others allude to this but don't say directly. Cost is a clear barrier to care for many people. A lot of people tell us that they think it's unfair that we charge more than other providers for ACC appointments, e.g., physio may charge \$25, and specialist has no charge, we are often viewed as the specialist that someone is referred to for their injury and people don't understand why we charge more than various other providers. Podiatrists have a very high running cost business more similar to a dentist, with infection control and consumables costs that are quite high compared to other professions. On the flip side of the coin there are also many who cost is not a problem depending on their personal situation, or that don't mind spending the money as they see value in spending money on their health.*

*We have feedback on a daily basis as to the co-payments for ACC and that ACC don't pay for everybody's Formthotic even if they have had an injury. Our understand for this is that ACC will cover for Formthotics if the patient has a fracture of tear not a sprain. We try to keep co-payment costs down but have to set to cover costs of treatment.*

*While the patient often comments the cost is higher than the average podiatrist charge rate, but our patients are satisfied with the quality of services received.*

*Why do they still have to pay a co-payment for ACC related. Although that is a small number. Most of our clients pay with no complaint. I think there is an understanding that ACC do not cover the full cost of treatment. We do get a number of people querying by phone what our co-payments are prior to making a booking and get a mix of acceptance or no booking. By in large that is the biggest feedback, but it is not a significant number. We get no feedback at all from private clients. They pay and keep coming back. The other point to make is we pride ourselves on the service we provide. Clients keep coming back because of that and happy to pay for that service we provide.*

*Why is there more of a surcharge for consults for podiatry than physio? Why do I have to have done a major injury to access a custom orthosis under ACC when I have done multiple minor/moderate injuries to the same site historically and am at risk of more. Ambulance at the bottom of the cliff.*

## 14.11 Radiologists – feedback received about the cost of treatment

*A number of patients are surprised not to be charged a surcharge. A group of patients report they would not have come if there was a surcharge.*

*Cheaper than elsewhere but most still don't want to pay. Those with community cards don't want to pay anything.*

*Currently we have no ACC co-payment except for after hours.*

*Feedback is varied. Some patients don't comment or have any concerns regarding co-payments cost. Some wonder why there is a charge when their claim is covered by ACC. Others are frustrated that they pay a surcharge for their x-ray and then for their physio. So it's more the accumulated costs rather than the individual radiology fee.*

*Grateful that there is no surcharge for ACC private costs are more affordable than other practices.*

*I have had a few patients who have asked why there is a fee, as they believed ACC would cover all costs involved. Others have seemed uneasy as they do not have a lot of money and have been paying other surcharges for the same injury.*

*It is the wait time, some cannot afford it, but we get positive feedback as we do not charge as much as others and no ACC surcharge. The cost of our service is at a loss for ACC rather than private paying costs (about 75% of private charge). It would be nice to have a system that covered urgent care not just ACC and to alleviate the public health system.*

*Most patients are happy to pay the surcharge and don't even question it.*

*Most patients think it is fair. We try to treat patients with financial difficulties with dignity, often not charging /pro-bono.*

*Most patients understand that the payment we get from ACC doesn't cover the cost of an x-ray so don't mind paying a co-payment. For other exams the patients don't seem to mind.*

*Most people across Auckland accept this. It is only our [place] clinic that people complain about the \$20 co-payment, and these are mainly Pacifica people. We DO NOT get complaints from the other [place] clinics.*

*Oh you're free, how nice!!! (Referring to no surcharge.)*

*Our practice issues an online survey to its patients via a text message link following the appointment or the bookings process, which invites patients to respond to their experience, they can include cost here.*

*Patients and referrers appreciate that we do not have a co-payment with ACC. However we are going towards a co-payment for obs and gyn ultrasound work. This takes time and the required skill it demands from sonographers which then in turn demands increasing wages costs.*

*Patients are always pleased there is no surcharge.*

*Patients are happy enough to pay the surcharge. The ability to get into us for an examination in a timely manner is currently more important to patients. We do not surcharge for X-RAYS - only ULTRASOUND.*

*Patients don't like having to pay for things that have previously been paid for out of their taxes and ACC levies. Surcharges are becoming a regular thing in practices like ours so it's not a huge surprise. We currently only charge a co-payment for ultrasound guided injections and not for MSK ultrasounds, but we will probably have to introduce a surcharge to those in the near future also to cover costs as there is a big difference between what we get paid from ACC and our private rate.*

*The most unpaid debts to the business are from the community card holders \$25 fee and the under-fourteen year old \$20 fee, which seems unfair because we have already given them a generous discount and they end up paying nothing for it. To send them to Baycorp seems unfair because then the fee with collection fees soars to over \$100 and you know they are struggling anyway so I just encourage them to pay it off online in small increments, but a lot just don't bother so it's at OUR cost.*

*They are happy, we have a fair price.*

*Varies from people not liking it and people accepting it.*

*We do not charge any co-payments Monday-Friday, so patients are very happy with this! We offer an on-call x-ray service at two minor injury clinics on weekends/public holidays for which we charge an on-call fee to the patient of \$40 (we do not apply this charge to patients 5 years old and under or to those with a current community services card). Some patients question 'this examination is covered by ACC' but understand that out of hours there is a cost. The reality is that patients are not usually made aware that they have a choice of imaging provider and that we do not charge a co-payment where other local providers do. The referrers need to be reminded that the code of rights mandates patient choice!*

*We get both positive and negative, we are cheaper than other places, but do not have the funding for community card holders here.*

*We get little to no feedback, our annual patient survey is not a major issue, cost is more an issue in non ACC cases especially high tech. We do discount if an X-ray Ultrasound only pay surcharge once, no one is declined treatment, so non-payment is written off. One branch in [place] doesn't have a surcharge.*

*We have no surcharge so no cost to patients.*

*We routinely encounter resistance to the payment of ACC co-payments. It regularly puts our staff into conflict with the patients they are trying to serve. It is not uncommon for patients to forgo examinations due to this cost. Pursuing unpaid ACC co-payments is by far the largest component of our debtor management. We write off a significant proportion of these debts as it is simply uneconomic to pursue them. Medical imaging under "regulations" has been underfunded for years. This places unnecessary pressure on our Public Hospital Emergency Departments as minor injuries, which could easily be treated in the private sector, end up in EDs to avoid the cost of the co-payments.*

# Appendix A: GP Co-payments Survey Questionnaire

## ACC – PROVIDER CO-PAYMENTS SURVEY – **BASE & GP/NURSE**

Research New Zealand #5229

DATE May 2021

Thank you for agreeing to take part in the ACC co-payment survey.

This survey can be completed by a practice manager, nurse or GP. It just needs to be someone who knows what the different co-payment rates are for your practice.

If this survey invitation has been received by others in your practice, it just needs to be completed once.

### TO COMPLETE THE SURVEY

Please use the **Save and Continue** buttons - do not use your browser buttons. If you prefer, you can complete it in a number of visits, reconnecting through the invitation email.

### CONFIDENTIAL

At no stage will ACC know whether or not your practice has completed the survey. Furthermore, if you do complete the survey, ACC will not have access to your practice's answers.

For more information about confidentiality and Research New Zealand's Code of Practice, click [here](#).<sup>1</sup>

### ANY QUESTIONS?

If you have any technical difficulties completing the survey, please contact Sarah Major at Research New Zealand by email [copayacc@researchnz.com](mailto:copayacc@researchnz.com).

If you would like to contact ACC about this survey, please email Sonja Myburgh at ACC [sonja.myburgh@acc.co.nz](mailto:sonja.myburgh@acc.co.nz).

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<sup>1</sup> Research New Zealand is a member of the European Society of Marketing & Social Research (ESOMAR). ESOMAR's Code of Practice is used by the Research Association of New Zealand as the basis of its Code of Practice. This Code has stricter requirements in terms of confidentiality than the Privacy Act (2020).



## About your practice

15.0 In which DHB region of New Zealand is this practice located?

- 1 .....Northland
- 2 .....Waitemata
- 3 .....Auckland
- 4 .....Counties Manukau
- 5..... Waikato
- 6..... Lakes
- 7..... Bay of Plenty
- 8..... Tairāwhiti
- 9..... Taranaki
- 10.... Hawke's Bay
- 11.... Whanganui
- 12.... MidCentral
- 13.... Hutt Valley
- 14.... Capital and Coast
- 15.... Wairarapa
- 16.... Nelson Marlborough
- 17.... West Coast
- 18.... Canterbury
- 19.... South Canterbury
- 20.... Southern

Q2 What is this practice's postal code? This is so we know which part of the DHB region it is located in.

- 1..... Text box
- 98 Don't know

Q3 Is the practice urban or rural based? The way you answer this question doesn't need to be based on your eligibility for rural funding support.

- 1..... Mainly urban
- 2..... Mainly rural
- 3..... Remote rural
- 4 Not clearly urban or rural

Q4 Which of the following describes the arrangement this practice is using to deliver services to ACC clients?

- 1 ACC's Cost of Treatment Regulations
- 2 ACC's Rural General Practice Contract
- 3 ACC's Urgent Care Clinic Contract
- 98 Don't know

Q5 Which **one** of the following best describes the number of GPs that work in this practice?

- 1 Sole full-time General Practitioner
- 2 Two or more General Practitioners *Please specify number*
- 99.... Prefer not to say

Q6 And the number of nurses?

- 1 None
- 2 One nurse
- 3 Two or more nurses *Please specify number*
- 99.... Prefer not to say

Q7 And the number of other health professionals?

- 1 None
- 2 One other health professional
- 3 Two or more other health professionals *Please specify number*
- 99.... Prefer not to say

Q8 In the practice where you work, in your opinion would more than 50% of enrolees meet the Ministry of Health definition of "high need" (defined as Maori, Pacific or New Zealand Deprivations Index quintile 5)?

Note: For more information on this, please follow this link: <http://www.health.govt.nz/our-work/primary-health-care/primary-health-care-subsidies-and-services/very-low-cost-access-scheme>

- 1..... Yes more than 50% high needs
- 2..... No 50% or less high needs
- 98.... Don't know

Q9 On average, what percentage of visits to this practice would you say are ACC-related?

- 1..... Under 10%
- 2.....10%-19%
- 3.... 20% to 29%
- 4..... 30% to 39%
- 5..... 40% to 49%
- 6..... 50% to 59%
- 7..... 60% to 69%
- 8..... 70% to 79%
- 9..... 80% to 89%
- 10.... 90% or more
- 97...None (0%)
- 98....Don't know

## Standard consult times

Q10 What is the **average length of time** for a consultation with ACC clients?

**Important note:** Please answer in minutes using numeric values (e.g. 10).

Please indicate the overall time for the consultation, when each of the following professions acts as the lead clinician for the consultation.

**Important note:** If your practice doesn't have the health professional, leave the column **blank**.

	GP	Nurse practitioners	Nurses	GP and nurse combined
Initial consultation	Mins	Mins	Mins	Mins
Follow-up consultation	Mins	Mins	Mins	Mins

## Co-payments

Q11 A co-payment is a 'surcharge' that patients pay to the provider when receiving an ACC-covered treatment. This is a payment above and beyond what the health care provider invoices ACC.

In the table below, please fill in the **co-payment rates** this practice charges for each of the different age groups.

**Important note:** If this practice doesn't provide services to the age group, leave the column for the age group **blank**.

Similarly, if this practice doesn't provide the treatment.

The table is repeated for when the treatment is provided by:

- Only a GP.
- A GP and nurse
- A nurse practitioner
- A nurse

**Important note:** If this practice doesn't have the health professional, leave the table **blank**.

**Important note:** Only enter the actual co-payment rate, **without** the ACC contribution.

Please answer in dollars and cents using numeric values (e.g. 30.50). **Include** GST.

**Only a GP:**

	Child (0-13 years)	Youth (14 to 17 years)	Adult (18 to 25 years)	Adult (26-64 years+)	Adult (aged 65 and over)
Initial consultation co-payment rate	\$	\$	\$	\$	\$
Follow-up consultation co-payment rate	\$	\$	\$	\$	\$
Telehealth consultation rate	\$	\$	\$	\$	\$
Co-payment rate for Community Service Card holders	\$	\$	\$	\$	\$
After-hours/weekend consultation co- payment rate	\$	\$	\$	\$	\$

Nb: 'Initial' is the first consultation with the client regarding the injury in question.

**A GP and nurse:**

	Child (0-13 years)	Youth (14 to 17 years)	Adult (18 to 25 years)	Adult (26-64 years+)	Adult (aged 65 and over)
Initial consultation co-payment rate	\$	\$	\$	\$	\$
Follow-up consultation co-payment rate	\$	\$	\$	\$	\$
Telehealth consultation rate	\$	\$	\$	\$	\$
Co-payment rate for Community Service Card holders	\$	\$	\$	\$	\$
After-hours/weekend consultation co- payment rate	\$	\$	\$	\$	\$

Nb: 'Initial' is the first consultation with the client regarding the injury in question.

**Nurse practitioner:**

	Child (0-13 years)	Youth (14 to 17 years)	Adult (18 to 25 years)	Adult (26-64 years+)	Adult (aged 65 and over)
Initial consultation co-payment rate	\$	\$	\$	\$	\$
Follow-up consultation co-payment rate	\$	\$	\$	\$	\$
Telehealth consultation rate	\$	\$	\$	\$	\$
Co-payment rate for Community Service Card holders	\$	\$	\$	\$	\$
After-hours/weekend consultation co- payment rate	\$	\$	\$	\$	\$

Nb: 'Initial' is the first consultation with the client regarding the injury in question.

**A nurse:**

	Child (0-13 years)	Youth (14 to 17 years)	Adult (18 to 25 years)	Adult (26-64 years+)	Adult (aged 65 and over)
Initial consultation co-payment rate	\$	\$	\$	\$	\$
Follow-up consultation co-payment rate	\$	\$	\$	\$	\$
Telehealth consultation rate	\$	\$	\$	\$	\$
Co-payment rate for Community Service Card holders	\$	\$	\$	\$	\$
After-hours/weekend consultation co- payment rate	\$	\$	\$	\$	\$

Nb: 'Initial' is the first consultation with the client regarding the injury in question.

Q12 Does this practice apply a different co-payment rate for ACC visits for enrolled and not enrolled patients?

1. No, the co-payment for an ACC consultation does not change depending on whether they are enrolled or not.
2. Yes, lower rates apply to ACC clients who are enrolled patients
3. Yes, higher rates apply to ACC clients who are enrolled patients
- 98.... Don't know

Q13 When was the **last time** this practice changed its co-payment rates?

- 1 .....In the last 12 months
- 2 .....The last 1-2 years
- 3 .....The last 3-4 years
- 4 .....5 years ago or more
- 98.... Don't know

Q14 Increases to the regulated rates that ACC pays came into effect on 1 May 2021. What happened to the co-payments this practice applies as a result of these increases?

- 1 .....They decreased
- 2 .....They stayed the same
- 3 .....They increased
- 4 .....No decision has been made yet, but they are likely to change
- 98.... Don't know

## Additional costs

Q15 Please rate each of the following in terms of the **cost impacts/pressures** they apply to this practice.

	No impact on costs	Little cost impact	Reasonable impact on costs	Significant impact on costs	Don't know
Staff shortages	1	2	4	5	98
Cost of equipment	1	2	4	5	98
Staff costs	1	2	4	5	98
Population changes in our area	1	2	4	5	98
Overheads	1	2	4	5	98
COVID-19	1	2	4	5	98

Q16 Which of these have been increasing, decreasing or staying much the same in the last 12 months?

	Increasing	Staying the same	Decreasing	Don't know
Staff shortages	1	2	3	98
Cost of equipment	1	2	3	98
Staff costs	1	2	3	98
Population changes in our area	1	2	3	98
Overheads	1	2	3	98
COVID-19	1	2	3	98

## Barriers to treatment

Q17 How much do you agree or disagree that **cost is a significant barrier to treatment** for each of the following groups of clients?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
Child (0-13 years)	1	2	3	4	5	98
Youth (14-17 years)	1	2	3	4	5	98
Adult (18 - 25 years)	1	2	3	4	5	98
Adult (26 – 64 years)	1	2	3	4	5	98
Adult (65+)	1	2	3	4	5	98
Male	1	2	3	4	5	98
Female	1	2	3	4	5	98
Māori	1	2	3	4	5	98
Pasifika	1	2	3	4	5	98
New Zealand European	1	2	3	4	5	98
Other ethnicities	1	2	3	4	5	98
Rainbow community	1	2	3	4	5	98
Community service card holders	1	2	3	4	5	98

Q18 What type of feedback does this practice get from its patients about the cost of treatment? Please be as detailed as possible.

1..... Text box

97.... Don't really get feedback from patients about cost

5 Don't know

## Closing questions

Q19 Thank you for completing this survey. Do you have any final comments to make about ACC co-payments?

1..... Text box

2..... No

You may now close the browser window.