

Letter to (HF) advising that patients would be referred to my Exercise Physiologist.

To [REDACTED] (HF)

As you may or may not know, we have been in discussion with [REDACTED] trying to find a way to work within the guidelines which keep changing, where we can service out patients with individual programs, for medical conditions following a clinical practice model.

I am unsure even after repeated attempts to find exact guidelines on how to service our patients within [REDACTED] group physiotherapy guidelines. It seems that some of the patients have not been able to claim under group physio, with a reason that I am not sure.

I have responsibilities including patients, staff, students, business dynamics which require me to have an efficient service.

The simplest thing I could do remedy this current situation, would be to refer my [REDACTED] patients to my exercise physiologist colleague.

I am unwilling to do this as [REDACTED] has not been able to provide me with enough details for me to comfortably advise, manage, support, this transfer.

I would be extremely grateful if some specific guidelines could be provided prior to referring any of my [REDACTED] patients to my exercise physiologist colleague so he can service these patients to a level that is above and beyond the requirements that you require.

Unfortunately, my response to letters in the past have been none to minimal at best. This has left me with no option but to contact the private health insurance ombudsman.

I hope that in the interest of our patients ([REDACTED] and [REDACTED] patients) and health professionals in the allied health professional industry we may be able to obtain guidelines so we can fulfil our duty to help people and make a difference to the community.

I look forward to your reply.

Email from my staff member (exercise Physiologist) who heard back from (HF) after his audit.

[REDACTED]@gmail.com> To: [REDACTED]@yahoo.com.au, 23 Oct. 2014 at 4:29 pm
From: [REDACTED] <[REDACTED].com.au> Date: Thu, Oct 23, 2014 at 4:03 PM
Subject: RE: Group Exercise Physiology Question

Dear [REDACTED]

Whatever are the outcomes for our discussions with ESSA about service descriptors, we will not be regarding supervised gym sessions (even when supervised by an allied health professional) as anything other than a Health Management Program.

Regards

[REDACTED]
Ancillary Benefits Manager

It is important to note here, all other Group Physiotherapists and Group Exercise Physiology therapists can claim.

Both professions are taught are rehabilitation and clinical exercise principles using exercise techniques at University. Gym equipment is a standard tool for rehabilitation. We also supplemented our service with many many rehabilitation gadgets. Our techniques were largely based on the American College of Sports Medicine research based principles.

Our methods and programs were medically orientated – Physio/E.P.

We believe we had updated our methods to what (HF) wanted and were fulfilling requirements.

I do not know why (HF) are so adamant, we were simply a gym. We were so comprehensive in our work and methods, but willing to evolve if required, but (HF) didn't want to know about it.

This is not making sense at all.

(HF) for over a decade been switching codes for one business, that did a gym type format, included athletic patients with no issues, that did not fulfil service descriptor requirements.

Why were (HF) so lopsided in their perceptions and treatments of practitioners.

What is going on at (HF)?