

Item A)

M [REDACTED] TM
(Exercise as Therapy)

Monte Elissa

B.App.Sc., Pthy., M.A.P.A.

PHYSIOTHERAPIST

[REDACTED] NSW [REDACTED]

Tel: [REDACTED]
Fax: [REDACTED]
Mob: [REDACTED]

March 9, 2005

[REDACTED]

Sydney 2000

Dear [REDACTED],

My name is Monte Elissa. I am a physiotherapist.

My provider number is 2233774B.

The purpose of this letter is to request **all** the current information that you have about **group physiotherapy**. Including the rules and regulations for service.

It is my desire to provide the best possible professional service to your members, within your guidelines.

Kindest regards,

Monte Elissa

B.App.Sc.Pthy. M.A.P.A.

Extra note-

[If the above letter was addressed- We would not be talking today. I also would have been able to build my business much more effectively.]

Item B)

Email sent via yahoo to [REDACTED] - **11/11/09**

Hi Mr M [REDACTED],

Thank you for dropping in today and pointing out the statistics on my Health Professional Profile. I am a little unclear about the visit, other than to say the " * " figures have highlighted my practice as an outlier due to the nature of how I practice- namely Group Physiotherapy. I am currently going through a transformation stage. I have only just expanded 5 weeks ago and so in the near future the way the practice is being run will be taken to a new expanded level. I am interested to know if there are any actions I need to take. To the best of my knowledge I am complying with all requirements. If this is not the case I request that I be advised ASAP. I would like to put my attention and focus on the patients/clients. I have just taken on a large responsibility with a substantial increase in rent starting in a few months. If there are any adjustments required for the service, I would be grateful to be given time, so I can plan well in advance to guide my patients/clients and plan for the growth of the business. If there is any way I can assist with any of your queries or concerns I am very willing to work in partnership with you. Your understanding is appreciated at this time.

[REDACTED] REVIEW PERSON:

G [REDACTED] M [REDACTED] - [REDACTED]

Mobile- 04 [REDACTED]

Email- [REDACTED]@bigpond.net.au

12/11/09- The [REDACTED] REVIEW PERSON called back today at about 11.00. All is good. Just a normal routine visit. I asked him if there were any actions that I could take, he said no. Just make sure people claim in the correct category ie Group Physiotherapy. I also said to let me know in the future if I need to change anything.
No issues or problems noted.

Item C)

M [REDACTED] **TM**

Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST

[REDACTED] NSW
Tel: [REDACTED]
Fax: [REDACTED]
Mob: [REDACTED]

14th January, 2010

Matters relating to Best Practice for Group Physiotherapy

To Whom It May Concern:

I am writing to enquire in regards to the regulations governing group physiotherapy. We have been slowly growing over 8 years and would like to continue growing inline with best practice. Just to be clear, I have no issues with any individual, institution or regulating body. I am just seeking to maintain the highest standards of practice. I am enquiring as to what resources are available pertaining to group physiotherapy practice. If there are any published guidelines or other material relevant on the matter, could you please forward it to me. Also, I am wondering if you could suggest a current contact within your organisation to direct any future questions as we continue to build and transform the service.

Yours sincerely,

Monte Elissa,

B.App.Sc.Pthy. M.A.P.A.

Owner of M [REDACTED]

Cc: Physiotherapy Registration Board, APA, All major health funds.

Sent to:

[REDACTED] Provider Relations Manager
GPO Box [REDACTED]
Sydney 2000

[REDACTED] Provider Relations Manager
50 Bridge Street (level 2),
Sydney 2000

[REDACTED] Provider Relations Manager
GPO Box 9999,
Melbourne Victoria 3001

Item D)

21/7/2011- I sent photocopied files through to [REDACTED] as requested- but there was no response for the next 2 years (which is when the onsite audit occurred)

Why were we not advised of anything for over 2 years? As a response to the notes.

It looks like [REDACTED] was building a case against me, was [REDACTED] being stealth in their approach. I prefer transparency, open communication, support and acting upon ideas/ thoughts. This seems like bad-faith insurance practices to me.

I must say I am disappointed with the recent process as the context did NOT seem to come from assisting and directing our service to improve, but to heavily slap someone who was trying to do the right thing- without ANY warning or idea anything was wrong. If I was in [REDACTED]'s situation I would have done things differently- meaning- more feedback, a chance to correct any honest mistakes and a short time to realign practices to satisfy your requirements (as previously stated your policies state 7 days).

Item E)

M [REDACTED] **TM**

Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST

[REDACTED] Rd
[REDACTED] NSW
Tel: [REDACTED]
Fax: [REDACTED]
Mob: [REDACTED]

22/8/2011

Dear M [REDACTED] [REDACTED],

Thank you for your letter dated Thursday the 21, July 2011, (asking for patient notes) plus your reminder letter dated the 16th of July 2011 that followed our phone call the previous day. It is great to see that careful diligence is being taken to monitor and oversee that appropriate care is being given to appropriate clients/patients.

My clients/ patients have been informed of this spot check and have signed a letter to release their group physiotherapy notes as such, please find enclosed a copy of their records dating back to 2009 as requested plus notes from their original attendance. I support my clients fully in the reasons and benefits they have been getting relating to the service. Please note there are two files which have not been included. Firstly, C [REDACTED] D [REDACTED] has been overseas and is unable to complete my authority to release information form. She is due to return on the 13th of September 2011 and I will forward her information soon after that. Secondly, S [REDACTED] A [REDACTED], formally S [REDACTED] L [REDACTED], has declined for me to release her information. If you contact her directly and obtained her approval, I have her notes ready to send.

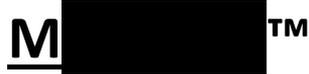
I would be **very interested on getting feedback from you and/ or your colleagues** on how we are going as a standalone breakthrough service within the community and leading the way in Group Physiotherapy **without the luxury of specific group physiotherapy guidelines**. (please see attached letters from the past, requesting such printed material)

Your interest has sparked a thought I have had for a while. Please see a separate attachment titled-**“Group Physiotherapy Guidelines- Open to collaborating with a working party on guidelines and standards”**

We are very proud in the community service that we have created and are very transparent to any further discussions and co-operating fully with your organization relating to the service, client/patient care and any other related matters.

Kindest regards,
Monte Elissa
B.App.Sc.Pthy. M.A.P.A.

Item F)



Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST

[Redacted]
[Redacted] NSW
Tel: [Redacted]
Fax: [Redacted]
Mob: [Redacted]

22/8/2011

**“Group physiotherapy Guidelines”
Open to Collaborating for Guidelines and Standards**

Dear Sir/ Madam,

This is a brief note to advise I have been doing Group Physiotherapy for almost 10 years. In the past I have mentioned if any printed information could be sent to me regards for group physiotherapy. I haven't received anything. I took that as being that there was no information available. It is for this reason I would like to offer my 10 years experience towards what I feel may be one of, if not the first independent private practice set up for community group physiotherapy independent of a standard physiotherapy practice. I would be delighted to be asked what has worked, what hasn't worked and creating a pathway in line with maximizing the health and wellbeing of clients. This could be used as a basis/ working document to create written guidelines for group physiotherapy.

I look forward to your reply.

Warm regards,

Monte Elissa

B.App.Sc.Pthy. M.A.P.A.

No response or guidance
was given for
Group Physiotherapy
rules whatsoever, prior
to the onsite audit.

16/9/2013

I was also disappointed that my professional association did not supply any Group Physiotherapy rules, when I asked prior to this onsite audit date.

Note: Prior to this date, I had not even heard of the term 'service descriptor', which outlines the fundamental requirements for each type of service.

*** Most of my information was gained indirectly from a nearby service, as we shared patients. I later found out that they had been using the 'Group Physiotherapy' code when the service was **not** even 'Group Physiotherapy' it was 'Classes'. A service/business format found in almost every gym.

Item H)



Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST
Provider No: 2233778Y

NSW
Tel:
Fax:
Mob:

5th of February 2014

(CEO)
NSW

Dear ,

It is with deep regret, that I inform you that I have contacted the Private Health Insurance Ombudsman regarding an issue that has arisen.

My numerous letters over the years have not been responded to.

The main person I have been recently corresponding with is M - **Provider and Claims Compliance Officer.**

I do not have confidence in how Group Physiotherapy and Physiotherapy in classes is being managed.

Could you please advise me on how I could get my questions answered (has them) so I can continue to build upon the strong foundation we have created and adapt my service as required.

Kindest regards,

Monte Elissa
B.App.Sc.Pthy. M.A.P.A.

Item I)

M [REDACTED] **TM**

Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST
Provider No: 2233778Y

[REDACTED] Rd
[REDACTED] NSW
Tel: [REDACTED]
Fax: [REDACTED]
Mob: [REDACTED]

20/11/2013

Dear Sir/madam,

RE: Health Fund Rebates for [REDACTED] (Patients Name)

DOB: [REDACTED]

We would like to make an enquiry in regards to [REDACTED] who has lymphodema. The lymphodema was caused by his prostate cancer treatment (radiotherapy) which is in remission.

He was referred by Dr [REDACTED], would he be eligible to claim this off group physiotherapy if he was to start a therapeutic exercise rehabilitation program with us?

If so, would it be possible to reply promptly as he is waiting to start.

If not, does this fit under the Group Exercise Physiology guidelines?

Kindest regards,

Monte Elissa

B.App.Sc.Pthy. M.A.P.A.

Item J)



Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST
Provider No: 2233778Y

[Redacted] Rd
[Redacted] NSW 2008
Tel: [Redacted]
Fax: [Redacted]
Mob: [Redacted]

20th of December 2013

Re Group Physiotherapy / Group Exercise Physiology.

Dear Sir/Madam,

Many developments have happened over the last 12 years, so this letter is to keep communication open and keep our service up to date with latest developments in **Group Physiotherapy and Exercise Physiology**. The following questions are not in any order and is not a final list.

A) As administrators, would it be possible to obtain ALL your current terms and conditions, policies and guidelines re: group Physiotherapy and Group Exercise Physiology. (if you are unable to provide these, could you please direct me to the source of where I can find them)

B) Would it be possible to obtain the details of the main person who wrote terms and conditions, policies and guidelines re: Group Physiotherapy and Group Exercise Physiology on behalf of your health fund.

C) Would it be possible to obtain the details of the final person who authorized the terms and conditions, policies and guidelines re: group Physiotherapy and group Exercise Physiology for your health fund and the date they were completed.

D) I would also like to learn the whereabouts of where the idea of group physiotherapy and group exercise physiology started- who (or which group) first thought of the idea, what they envisaged, what they had in mind and what would be the perfect scenario for health funds and patients would be.

F) **If the idea for Group Physiotherapy was external- where did this idea come from?** This may be at the level of federal, state government or this may be within health insurance companies or another other entity. I intend to trace EXACTLY back to who came up with the idea of Group Physiotherapy, to the very person or members of the meeting where the idea was hatched.

K) What conditions are physio/ what conditions are exercise physiology? Is there any exclusivity to either?

I have been doing **group physiotherapy** for over twelve years. We have been doing group physiotherapy even before it was a claimable item with the major health funds. With the experience I have gained, would you like my input or opinion with any points in this area?

M) What is the difference between Group Physiotherapy and Group Exercise physiology.

N) How is Group Physiotherapy and Group Exercise Physiology defined?
Are they exercise sessions, education sessions and / or any other type of format?

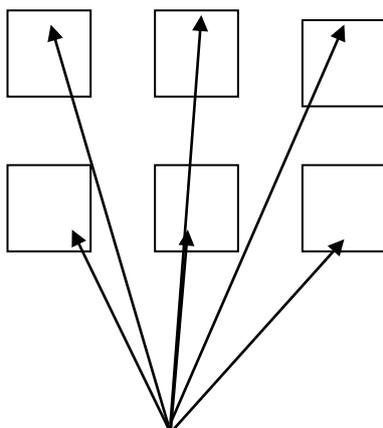
I hope the questions are clear enough to answer. Thank you for your ongoing communication and partnership.

Kindest regards,

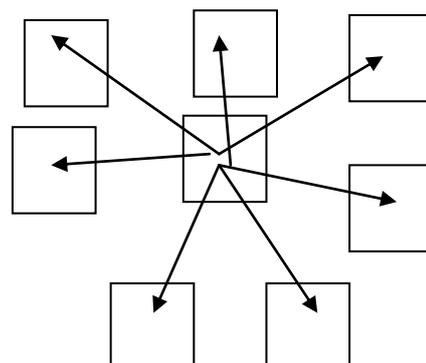
Monte Elissa
B.App.Sc.Pthy. M.A.P.A.

P) Ps. I have heard that the rise in Group physiotherapy has been a lot in the last 2-3 years. I feel that consideration should be looked into for the – as I see it- the two types of models seen below. I believe that group physiotherapy should be reserved only for Model B below as this is a clinical model which does individual programs, NOT a business model (Model A) where it is all “follow the leader”. Any thoughts?

Model A) Patients all doing the same thing.



Model B) A service where each patient is an individual, doing individual exercises and different levels at a different pace.



Item K)

Below is summary of issue prior to and after the audit.

M [REDACTED] TM

Monte Elissa

B.App.Sc., Pthy., M.A.P.A.
PHYSIOTHERAPIST
Provider No: 2233778Y

[REDACTED] Rd
[REDACTED] NSW
Tel: [REDACTED]
Fax: [REDACTED]
Mob: [REDACTED]

11/3/2014

Dear Mr [REDACTED],

Thank you for your reply. Just to bring to your attention- In the attachment you will find that my first letter dates back to the March 9, 2005 to L [REDACTED] M [REDACTED] [REDACTED] Provider Relations Manager. "The purpose of this letter is to request **all** the current information that you have about **Group Physiotherapy**. Including the rules and regulations for service." That is 6 years before the mentioned date.

With almost every letter I wrote to [REDACTED], I asked about the policies, guidelines for group Physiotherapy and I **did not received a personal response**.

When [REDACTED] contact was made:

A) By your investigator G [REDACTED] [REDACTED] - I ask was everything Ok, do we need to do anything to update, improve? The answer was **no**.

B) For a request of patient notes- on the 16 July 2011 , I sent the notes through without delay. I followed up by saying is there anything we need to do to adjust or improve our practices. **There was no reply**.

C) Two years later- on the 16th of September 2013, M [REDACTED] [REDACTED] organises an audit.

Without any feedback whatsoever from [REDACTED], without a chance to discuss anything, without a chance to rectify any point, [REDACTED] went to the HCCC.

M [REDACTED] [REDACTED] requests our documents- DONE

M [REDACTED] [REDACTED] requests a visit- DONE

M [REDACTED] [REDACTED] goes through the files – DONE

M [REDACTED] [REDACTED] takes actions to stop HICAPS with [REDACTED]. – NO discussion.

[apparently [REDACTED] has a 7 days "make good" clause] – never mentioned.

M [REDACTED] [REDACTED] contacts HCCC- NO discussion.

M [REDACTED] [REDACTED] – does not answer reply to my letter and simple questions. NO RESPONSE

WHATSOEVER.

So unfortunately, I reiterate my letters have not been responded to. I am not making this point to make anyone wrong- I just want to know how to best serve my/ your patients and request even a small degree of co-operation. If, I am mistaken or the letters were lost in delivery, it would help out a lot if a copy of the letters addressing my direct questions could be resent. I value open and transparent discussion and would like to open communication channels so we can understand each other better and ultimately serve our patients/clients better.

At the very least, I am asking M [REDACTED] [REDACTED], to advise me of the exact points to address to enable the reinstatement of HICAPS and when that would be. This is causing, what I believe to be, an unnecessary inconvenience to the patients.

Whilst I have this contact open with you, I am interested on your point of view, for group physiotherapy classes to be a claimable item (as many Physiotherapists are doing clinical Pilates), at university I was taught individual assessments and individual treatment. Classes are group treatments? I am confused.

I would also like to bring to your attention **“for learning purposes only”** said again **“for learning purposes only”**, I share a patient with another well know practice. My patient says that after the initial assessment 8 years ago, she has never been reassessed. *** [corrected after clarifying- 3 assessments in 8 years]. The practitioner would not know what her medical condition was. No goals, no reassessment. In comparison, our model does a reassessment every 3 months. My patient/client says that the degree of detail in what we do is superior. Any comments?

I really do hope we can forge a strong relationship into the future. I am standing by to follow any █ guidelines/policy adjustments over time and would be willing to (out of my own time) to express my views regarding Group Physiotherapy if ever wanted or required.

Kindest regards,
Monte Elissa
B.App.Sc.Pthy. M.A.P.A.

Ps: In summary, I am looking to build bridges (not walls), which will be the title of my letter to the Ombudsman. The intention is to open communication and work favourably in partnership with █ and get back to focussing on patient/ client care.