

GMCP Ep. 080 - Reforms in the Private Health Sector and Getting Involved with Associations

[INTRO MUSIC]

This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

JACK: Well welcome back to another episode of the [Grow My Clinic](#) podcast. My name is Jack O'Brien. Thank you for sharing your earbuds with us today. First of all, I want to say thank you for your reviews, ratings and feedback that we're getting through all the different platforms. We really appreciate that and we love spending some time with you while you walk the dog, spend the time in the gym, or wherever you listen today's podcast.

Today, we have a very special guest. We have Scott Willis with us from the [Australian Physiotherapy Association](#) and a clinic owner as well. Scott, how are you today?

SCOTT: I am very good, mate. Very nice day down here in Tassie so it's very nice.

JACK: It's always a nice day in Tasmania, isn't it?

SCOTT: It is always.

JACK: For those who are unfamiliar, Scott is the National Chair of the [Physiotherapy Business Australia](#), the business arm of the Australian Physiotherapy Association, and he is a clinic owner down in Tasmania for over two decades now I believe, Scott, is that right?

SCOTT: Yes, that's it. As an owner, it's twenty years this year. I've been down here in Tassie for about twenty five years, so it has been a good transition and a good journey as well.

JACK: Yeah, super stuff. What we're going to touch on today, listeners—make sure you stick around until the end. We're going to be talking about how you, as the clinic owner in a private practice, can engage with your association, whether that's

physio or other professions. We'll talk about some of the reforms coming in, from a government level.

We'll talk about advocacies. There's plenty to get through today on this episode. But firstly, Scott, tell us. Who is Scott Willis? What is your background, mate? What lead you to Tasmania? Or are you a Taswegian from birth?

SCOTT: No, I came from Sydney. I did my training at Sydney Uni and I graduated back in 1993. At that time, there weren't a lot of jobs around in New South Wales, Sydney area. So, I found a little lad in Sydney Morning Herald that said that physios are wanted in Tasmania. I rang them, and they said, "Can you start tomorrow?" I said, "Give us a couple of weeks." That's how it all started pretty much.

I just got into that groove of a rural area and community spirit. I started to play sports down here, and I just thoroughly enjoyed it. Then, I met my now wife. That usually keeps you in an area as well. I got married and set up a clinic with another physio. It's growing quite well there from twenty years ago.

JACK: I love it. Now, your clinic is multidisciplinary and you're looking after a few corporate stuff and pilates. Can you tell us a little bit about [Coastal Physiotherapy](#) and what it looks like nowadays?

SCOTT: Yeah. It's definitely multidisciplinary in a rural area. We don't know what is going to be walking through the door. We've got exercise physiologists. We've got new grads right through to APA sports physio as well. So, we get aged care, corporate, peds, NDIS, multiple of things, and anything that comes off the street that anybody could see, we see it here on the Northwest Coast of Tasmania.

JACK: Yeah. I guess that's the nature of a rural practice. We have a lot of regional and rural listeners who would definitely have an affinity with that. It's whatever walks through the door, you have the solution.

Scott, tell us about your role with the APA. What is that all about?

SCOTT: It started just being on a branch council of the Tasmanian Branch Council and grew to the Physiotherapy Business Australia. Then it went on the National Committee and now, the last four years being the national chair of that entity. That comes to a close at the end of this year. So, I have done my two terms.

Now I have just been elected to the board of the Australian Physiotherapy Association which will start in the first of January next year, which is another exciting but scary times ahead. Another step up, but we're going to step outside of our comfort zone every now and then.

JACK: I love it. Congratulations on your appointment and it's fascinating. Obviously I haven't been around forever, but to see the change and the progression in our profession over the last four years under your leadership in the private practice space is fascinating.

I'm mindful that there's a lot of listeners here who aren't physios. If you're not a physiotherapist, there's going to be a lot from this conversation that will be applicable across professions. We'll probably use physiotherapy as a case example. Scott, can you highlight some of the changes in the business or the private practice world in regards to our association? What are some of the changes or things that you're really proud over the last four years?

SCOTT: I think the Association has really stepped back and thought private practice is a really significant entity within our profession. We need to be able to develop the private practice because I think, in the future the private practice is going to be the major employer of any physio coming out.

I'm really proud of the APA as well because they've taken that on them and really listened to the members to say, "We need to really develop this area," because it was underdeveloped, say, four or five years ago. The offerings were quite low and I think physios as a whole is very hard to think as a business. At the Uni, it was always just look after the patient, don't worry about the money side of it. If you're a good physio you're going to make money possibly. But we all know that's not true. You can be a good physio and you can be a poor business person as well.

I think we have really highlighted that and really put a framework together and a pathway to try and develop a lot of the skills that are required for private practice, especially if you're in the business as a business owner, but also as a new graduate—a pathway when you come out to possibly be a clinic owner. So I think that is the biggest thing that we've really started to go along the pathway and it is a journey. It's not going to be a short term journey. It's going to be changing, which we've been in it. At the end of the year, it's going to change especially with the new government and third party funding involved, you've got to be flexible, you've got to be agile. That's what we are trying to develop now.

We're going to get the skill set available to the private practice owners so that they can be mobile and agile as the policy and advocacy changes, whether [inaudible] out the next five to ten years.

JACK: I admire the ability of a large association or a large profession to embrace change. The reality is that some of the institutional elements are slow to move. Universities, with respect, are often a little bit behind the time and often associations are.

But I think the APA has made some really impressive stride. Scott, just to press on that a little more, what is the ratio of private practice to public practice in the physio association? Does that translate across other professions as well?

SCOTT: Yeah, definitely. I'd say, I'm not exactly sure about the percentage of it, but it's something like 65-35 of private practices now, private practitioners compared to public practitioners where you go back ten or fifteen years ago, it was probably the opposite. With the new grads coming out now, ten years ago, it was 60% going to the public, and 40% in the private.

Now it has flipped completely. New grads now come into 60% into private practice, and 40% in the public. Now, I think in another five or ten years, it will be up to 70% with the cuts and changes to the public system. There will be more and more demand to go into private practices.

JACK: Yeah. I love it. On that, when it comes to being a private practitioner whether a business owner or not, and a relationship with your professional association, if I can ask a candid question. Why should a private practitioner be a member of an association? What is the benefit?

SCOTT: Yeah, mate, a very good question. Sitting on a national group and national committee, we often say, "So, why should someone join an association? Why should someone actually join a PBA or a sports physio group and things like that?" I suppose, when you're in around like I have for a significant amount of time and seen the amount of work that goes on behind the closed doors and the background, that's when you start thinking, "I'll pay whatever amount of money, I think, it's about a thousand dollars or something for a membership [inaudible] with your insurance and things like that."

JACK: What are some of those things that you've been advocating for? Maybe speak to us a little bit about private health insurance reform or your DVA reform.

SCOTT: I think what other people don't realize is that, possibly there's some funders out there that will cut physio or allied health from being funded completely. It was going to be significant cut, and it was pretty much the APA that stopped that. We bounced around and tell people that because it's just something that we do.

Other things are with the pilates funding and things like that. It's going to be stopping at the first of April. There's a huge amount of background work that is going on in that. To demonstrate the pilates is just a word. We're actually talking about an exercise component to a treatment, so it's just like the McKenzie. It's just like the Maitland. It's just like another tool in your tool kit pretty much when you're treating patients. There are those types of things.

There's the NDIS that is going through a huge amount of reform at the moment. That is with the Quality and Safety Commission with the accreditation issue that is happening.

Last week at a standing committee, the APA was represented very well by Jules Lock. It looks like that there could be some movement there because of the cost that is going to be associated with the accreditation if you want to be an NDIS provider.

Then you've got your private health insurance with Telehealth. We've done a huge amount of work over the last two years with the private health insurers trying to get them to fund telehealth. We're nearly there. It's just those background things that people don't see where your money goes.

JACK: I think, Scott, that's a really good summary because I think there might be a perception out there that associations just stop being and are going backwards. When you mentioned the private health around cutting physios or stopping the profession going backwards, but I see the APA and other associations—let's be clear the OCA do a great job on [inaudible] among others—are really progressing our industries forward, not just professions.

Things like telehealth, and really pushing that forward, the education, branding and reform around what happens in universities. I love the work that you guys do and

it's not just stopping things going backwards which has been a bit of a scarcity-type mindset but the progress is really awesome.

SCOTT: Definitely. I think the APA would be the first one to say that we have done some wrong things over the time, but I think every business owner would say that they've done that as well in their own business. You cannot stop doing things if you think are going to be wrong. It's a passion that you think that is going to be successful. Sometimes it doesn't work out that way.

Sometimes there are other parties involved who are going to stop that from happening. Within the association, we have over 26,000 members and we could actually go to these funders and say, "We've got 26,000 people." It's a big pool rather than going and say, "I represent 500 people." There is a significant difference.

Especially, the APA, under the leadership of [Phil Calvert](#), he can actually text the Minister for Health now. He has actually got a direct line to him. Before, there was no way that that would happen. We have regular meetings with all the ministers and the [inaudible] ministers where before, we will be reactive and if something happens, we would go and see them there.

Now, we're going to them saying, "You think about this policy, how about we look at it this way, because this might get you a better outcome?" Then they're starting to listen.

There has been a multiple of things that are happening, such as the rural workforce incentive program for GPs to employ physiotherapists or allied health out in rural areas in competition to practices that have already been set up.

They did not see that. We went to them and they go, "We didn't even look at it that way," So they are actually looking at ways to change that. Those types of things. With regular meetings, regular advocacy and policy issues that are coming up. If you have regular meetings, you can actually set up before it happens.

JACK: I love it. That's the fruit of years and years of blood, sweat, tears, labor and they've been chipping away across all professions. That's super stuff. Scott, what is on the horizon? When you look at things like data collection or DVA, what things should private practitioners and private practice owners be mindful of?

SCOTT: I think the one biggest thing is that it always comes back to this, and it is data collection. You mentioned it just now. When we go to a private health insurer, when we go to DVA, or when we go to [Medicare](#), when we go to [NDIS](#), when we go to [inaudible], and we say to them, "Look. How about if you fund physio to do this because we can save you so much money down the track?" They would go, "Okay. Show us the data."

It is like we go, "But we've got the studies and now the universities have done the studies. They showed that there's a 15% reduction in this. There's a study that shows that internationally, telehealth is if not better than face-to-face consultations in the clinic." And they go, "Yeah. That is good. But where is your data for it locally? Show me your local data." We go, "We haven't got it."

So the APA is taking the biggest challenge now into actually investigating how we can collect data at the right place, the right time, at ease, to try and get some of these data.

Now, the Orthopedic Surgeons do it very well with their joint registry. They can actually demonstrate what their infection rate is, what their length of stay is, what their complication rate is to the percentage. We can't do that.

We can't say that before a back pain patient comes to us, we can save the X amount of money because of our intervention. We cannot do that yet. Unless we can do that, our policy is a bit stunted, and I think it's in every association. Every association out there has got the same problem. That is going to be the game changer. If we can get that right, I think it will change the whole outlook for funding for the whole allied health.

JACK: And in light of that, what role do individual practice owners have to play? Is there anything that we can be doing better?

SCOTT: So what we are trying to get people do is to actually look at, "What deficits are there with our practice software? What can't we get? What outcome measures can't we access? Can they use telehealth? Can they download the new patient registry and things like that? Can they have secured messaging?"

All those types of things. If they cannot, ring up the vendor and demand that because they're telling us that practices don't want it. They aren't looking for it. Well

I don't think practices know what they really need in the future and that's what we're trying to develop now.

JACK: Sure. Anything else from the horizon?

SCOTT: Just with the pilates. We've touched on it before. So in the first of April, pilates and also natural therapies will be discarded by private health insurance. Any natural therapy will not be funded at all. I think this really demonstrates that the government have a type for high value care where it's going to be demonstrated to be over significant advantage and benefit to the consumer, to the funder, and to the government.

Now, APA is on the background trying to do quite a bit of work and in conjunction with [Private Health Care Australia](#), which is the association [inaudible] of all the major private health insurers such as [Bupa](#), [Medibank](#), [inaudible], St. Luke's - all those funds, they're coming back with us. They still want physiotherapy to provide this, but we've got to try and give it a way that is fair, equitable and goes along the lines of a medical model type of thing, not a fitness model.

So we're working on that at the moment. The other things are just the [Department of Veteran's Affairs](#) changing their treatment cycles. Next year, you're going to have to have a referral every 12 treatments, and you don't have [inaudible] write back to the GP. It's very up along the line of the **Enhanced Primary Care (EPC)**, that type of thing as well.

JACK: Have you seen any change in the EPC program? That's probably a burning question from a lot of practitioners.

SCOTT: Yeah. I think if we have a change of government, we might be at a federal level. We might see a change there. It's always on the table and has been on the table. I suppose this is where the negotiations in the background lobbying is really crucial for all organizations because it is on the table. It has been for the last few year and it has been more and more [inaudible].

If there is anywhere in the government that they want to save, this is one area. Especially, again, we've got no data. We can't demonstrate anything. We can't demonstrate what all of these have achieved. No, we cannot say to them, "If you keep funding EPC's, our osteoarthritis rate will reduce by 15%, or our chronic disease management improves by 30%." We cannot demonstrate that. That's what

the government is looking for is, "Okay, if we are giving you extra amount of millions of dollars, what are we getting in return?"

JACK: It's all about that ROI.

SCOTT: Yeah, it is. It certainly is.

JACK: It's funny isn't it? You have mentioned right at the top that we're getting to private practice - we get into health care because we care. We just want to create great outcomes and great experiences. As we continue to do that - not just stop there but provide the data about our outcomes and experiences, and do provide a return - things like advocacy with the government becomes easier.

Things like the commercial reality of running a practice, making money and making a healthy profit. It is not evil to make a profit. It's a reflection of the value that you provide. But as we stay focused on our patients and doing the right thing, the rest flows naturally.

Is there anything Scott that you'd love to say to our private practice owners, our listeners across all professions? How can they better engage with their associations? Any pearls of wisdom from the great Scott Willis for our listeners?

SCOTT: Get out there and just make contact with your association, especially at a local level, then possibly at a national level. If you don't understand why the association is going a certain direction, go and talk to them. There's always people that are willing to talk to you. When I first started, I want to know why they are doing that.

When you start looking at the bigger picture, you start thinking, "There are so many other things that are happening in the background that is why they have got to do it this way." We cannot just go to this office and start demanding. We have got to set up those. It's just business. You cannot go into an organization and say, "I want to provide physiotherapy to your corporation."

You have got to actually get their trust. You've actually got to demonstrate your worth, your commercial reality to it is exactly same with that. It's those types of things I think that if you're getting involved with an association, you actually see it, and you start breathing it. It follows through into your own business or even into the public system into your own culture, in your workplace as well.

Try and get involved. Try and have a look, and see what's happening. It's not everyone's cup of tea to get involved in a committee, but also just about actually knowing what's happening is the biggest thing. With social media now, we're trying to get that out a lot more with the Facebook pages, LinkedIn and all that. It's getting better.

We've got work on other avenues or other ways to get these information out to members as well because it is hard. We get so many emails now and so may bits and pieces have come across you're your desk. There has got to be other ways that we get the information out.

JACK: I love it. For me, it speaks to that mindset. Clinic owners, we expect our team to not just be consumers but contributors. Yet sometimes we sit back and I think we don't have the right to whinge unless we've contributed. I think the listeners of this podcast are pretty open-minded. That encouragement of having conversations, getting involved and getting to know people—we don't have to sign up hours and hours of going to work in a committee.

But get to know that it is who you know. It's not what you know. That's awesome. I want to honor you. On behalf of the Clinic Mastery listeners, we really appreciate all the work that happens behind the scenes. The years and decades of contribution from yourself is really appreciated, and we are really stoked that you can join us on this podcast. If people want to check out your clinic, where should they go? What website?

SCOTT: So it's www.coastalphysio.com.au. Down here in Tasmania, along the Northwest coast. Then also, the PBA Facebook page and the new Physiotherapy Association's website as well. They can check that out.

JACK: So to be clear, that is www.australian.physio, is that correct?

SCOTT: Yeah, that is correct.

JACK: Awesome. And the PBA Facebook group is [APA Physiotherapy Business Australia](#), is that correct?

SCOTT: That's it. Yes.

JACK: Scott, thank you so much. Listeners, all of those will be linked up in the show notes for you. You'll find those over at www.clinicmastery.com/podcast. You'll be able to check out all of the resources mentioned today.

Thank you so much for sharing your earbuds with us. Again, thank you for your reviews, ratings, and feedback. They definitely do not go unnoticed. Scott, thank you so much for joining us on the podcast today, mate.

SCOTT: No thank you. Thanks for having me. Have a good Christmas. Talk to you in the meantime.

JACK: Thank you so much. Listeners, have a great day. We look forward to bringing you another episode again, really soon.

This is the Grow My Clinic Podcast by Clinic Mastery where we help you deliver amazing client experiences to grow your clinic.

[OUTRO MUSIC]