

Tuesday 29<sup>th</sup> October 2019

## **SIRA REVISED REGULATORY REQUIREMENTS RELATING TO HEALTHCARE ARRANGEMENTS**

### **IMMEX SUBMISSION**

SIRA is seeking views to inform revised regulatory requirements relating to the healthcare arrangements within NSW Workers Compensation and CTP systems, to manage costs and improve outcomes for injured motorists and workers.

SIRA is investigating key categories of expenditure which are:

- Private and public hospital fees
- Ambulance
- Surgery
- Medical attendance
- Allied Health.
- Imaging investigations

SIRA is furthermore investigating service utilisation, looking at the outcome of the person having the right treatment, for the best outcome at the right time.

SIRA is seeing that there are some areas where **costs are changing due to greater utilisation**. Is this utilisation that SIRA would support, or that SIRA would question.

**IMMEX** is a specialised occupational medical and physiotherapy organisation. Our purpose is the maintenance of health and wellbeing in the workplace, preventing and treating workplace injury and illness, and providing independent, expert medical opinion. **IMMEX'** doctors and physiotherapists have a special interest and training in occupational medicine, and knowledge of the Workers Compensation Legislation. We have been doing this within the NSW Workers Compensation Scheme for over twenty years.

As occupational medical providers, IMMEX is aligned with SIRA's mission and values that a workers compensation system ought to be:

- Equitable and fair
- Efficient in delivery of services
- Delivering effective outcomes
- Providing positive experiences.

**Our observation is that the most specific factors influencing the costs to the system are:**

- **Evidence-based management not being followed**
- **Communication**
- **Return to work/lost time injuries.**

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We believe people ought to receive objective, evidence-based healthcare that will result in early recovery and early return to appropriate suitable duties.

A particular emphasis here is that there ought to be good evidence-based management, investigations and treatment. The system ought to ensure healthcare delivery follows current recommended clinical guidelines where they exist.

**The system ought not support, allow, or encourage management, investigations, or treatment that is not evidence based, objective, or in accordance with current clinical guidelines.** For example, requesting images that are not clinically indicated, are inaccurate for the circumstance, and the results of which will not alter the management of the injured worker at that point in time, waste resources, delay proper management, and often medicalise or catastrophise benign or even normal anatomical findings. A classic example being the unnecessary and inappropriate ordering of X-rays and MRIs of uncomplicated neck and back pain without clinical indication/ “red flags”.

We feel it is very important that the current system takes a much closer look at the treatments and management being requested by healthcare providers, not just medical practitioners, and questions whether there is good evidence to support the benefits to health for some of the treatments and strategies being paid for by the system. It is not just the fee, but rather is the treatment, and or management correct, with good scientific evidence to support it.

To properly assess a person with a workplace injury and understand the work-place role and how that person can have their workplace injury managed while they continue to work in appropriate suitable duties when they have that capacity, and to communicate that to the worker and each of the stakeholders, including the employer and others involved in managing the person back to recovery, not only is time consuming but also a specialised skill. For a primary care medical practitioner or GP to be expected to do this, it is reasonable to have a fair remuneration, and that is not less than the AMA fee. Treatment of workplace injury and illness does require extra knowledge, and communication from the treatment provider to the stakeholders, and to expect this it is important to continue remunerating the doctor for time spent and willingness to communicate those things that are needed.

We believe that it is not a matter of decreasing fees, rather a matter to ensure the healthcare providers receiving fees in a worker’s compensation system are practicing objectively and in accordance with evidence and contemporary best practice.

We believe that early recovery, return to work and function is what ethically everyone wants for a worker’s compensation system to achieve for an injured or ill person, and by doing that, it is a very significant cost saving opportunity for the system as it stands.

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