

Feedback: SIRA Consultation Paper November 2020

Purpose

To provide SIRA with feedback on the NSW policy and framework underpinning the approval engagement and performance of workplace rehabilitation providers.

- Konekt support the policy framework.
- Konekt support the health outcomes framework.
- Konekt agree that there has been a reduction in RTW rates.
- Konekt have identified a reduction in referrals to WRP's.

Policy/framework

- Konekt very much support the purpose, visions and aims of the framework.
- Konekt agree that this framework requires a clear purpose and vision, detailed governance (high standards of practise, policies, procedures, compliance, etc), practise principles, and outcome measures) which are specific and clearly defined.
- Konekt completely support the person centric and tailored aspects of the framework.

GP Engagement

- Konekt's opinion is that there needs to be a focus on education.
- One consideration could be a compulsory online module required for successful completion before GP's engage in managing workers compensation clients.
- This module could contribute to CPD points.
- Another consideration could be an outcome based incentive program for GP's. This could improve overall engagement and would promote collaboration between GP's and WRP's.
- How can we ensure accountability from our medical providers? When so much of what a WRP is recommending is reliant upon the outcome of a case conference, how can we ensure GP's provide justifications for their decisions regarding capacity and RTW?

Early intervention

- Need incentives for insurers to refer early where there are significant psychosocial issues – e.g. require use of a simple screening tool to identify high risk workers such as the short form OMPQ

with mandatory rehab referral when high risk scores noted. This tool has been successfully applied in the past with clear benefits to claims costs and worker outcomes (WISE Pilot 2012-2015).

Evidence Based Tools

- Consideration could be made for the mandatory use of evidence based tools at different trigger points through service delivery.
- Not only would this allow for a deep understanding of the flags / barriers existing very early on in our service delivery, but would also assist in engaging the worker early on.
- Eg. LSI, psychosocial flags tool, Goal Attainment Scale for non-RTW outcomes that are meaningful for the worker.

Vocational Rehabilitation

- There is usually an expectation for a very fast turn-around for vocational assessments, (e.g. icare SLA asks for 9 day assessment duration). Unless a worker is highly receptive to identifying vocational goals and has enough transferrable skills to match to a role with their certified capacity, this is usually not enough time to develop vocational goals that the worker will be highly motivated to achieve.
- Insurer's seem to want to finalise report quickly after any vocational goals are developed and not allow us enough time to provide vocational counselling services that result in goals that are meaningful for the worker so that there is strong motivation to achieve the outcome.
- The icare SLA doesn't identify additional vocational counselling as part of the vocational assessment process and this is coded as OR03 instead of OR01. This discourages use of vocational counselling even if this would be the most appropriate action to take to help identify suitable vocational goals.
- We have noted multiple instances of push back re: vocational programs even when workers clearly meet the criteria for these (e.g. JobCover Placement Program). This is partly an education issue within the insurer but could be improved with more automated process for acceptance.
- There is also a tendency for insurers to request closure of rehabilitation services as soon as a WCD is made, or as soon as PID's are achieved, even if the worker is still job detached. This period of time may often be when workers may feel most in need of support. This period of time also represents a strong opportunity to obtain employment for a worker who may be even more motivated to return to work than before, however they may not always have enough confidence or support to find that employment quickly. The legislation allows for additional rehabilitation support after the worker ceases to be eligible for income payments, however in reality this is rarely applied.

Additional service offerings

- Actively promote services such as counselling, mediation, workplace training etc.

Possible outcome measures

- Consideration for quality of life & wellbeing outcomes.
- Could include:
 - Achieving PIH and sustaining that
 - Achieving PID and sustaining that
 - Sustained new employer placement
 - Community engagement
 - Number of vocational programs utilised
 - Positive changes in medical certification / Increase in functional capacity / Increase in work capacity
 - Progression with SMART goals
 - Positive worker feedback / worker experience / NPS scores
 - Positive employer and/or referrer feedback / experience / NPS scores
 - Utilisation of / positive changes through use of evidence based tools (eg. LSI, flags tool, etc)
 - Reduction in wage payments

Efficiencies and Customisation

- Consider continued Development of Early Intervention Services that expedite the process of return to work, working in close conjunction with the employer, will provide continued inroads into reducing claims' costs and improving both customer experience and injured person outcomes. In particular, Konekt believe there is benefit in providing more structure around facilitating this process for mental health injury claims, where employer knowledge gaps can be a barrier to facilitating early return to work and thereby exponentially increase claims cost in this cohort;
- Konekt believe there will be greater requirement for our services to be specific, discrete and applied at appropriate intervals across the life cycle of the claim rather than the more traditional, "full case management approach". Using technology to assist in tracking risk factors at regular intervals across the life cycle of a claim rather than just at the time of referral, Konekt are gaining greater insight and awareness into the use of discrete services at the right time in the case, in order to assist with progression. By more accurately being able to predict when a particular service such as a GP Case Conference, Worksite Assessment or Functional Capacity Evaluation might be

employed on a case to greatest effect, we believe we will be able to more quickly achieve outcomes and potentially, at reduced cost per case.

Other

- Seeking more consistency on best practise approach to vocational rehabilitation – why should there be so many different ways to assist injured workers to achieve their goals?
- Consideration for clearer single service descriptors – so that there can be no misconceptions between insurer's and WRP's about what the expectations of those services are. For example, the SIRA guidelines allow for assessment and development of a job seeking strategy, or assessment and development of a vocational program proposal and strategy. In practice, insurers rarely allow us to use these services (for example, icare SLA does not outline these services as part of the allowable invoiced single services).
- Consideration for those circumstances where insurers request services of WRP's which are not vocational rehabilitation defined services, and how SIRA can influence and educate insurers on those services falling outside of the practise principles.