

# Revised Workers Compensation Guidelines for Allied Health Care and Hearing Services Provision: icare submission to SIRA, September 2020

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## Introduction

icare welcomes the opportunity to provide comment on the Revised Workers Compensation Guidelines for Allied Health Treatment and Hearing Service Provision (Draft for Consultation, SIRA 29 July 2020) (Revised Guidelines).

icare strongly supports scheme changes that will support the transition of health care service provision within the workers compensation (WC) and motor accident injury/Compulsory Third Party (CTP) schemes to a value-based, evidence-based paradigm. In this context, revision of the existing Guidelines is an important part of the journey toward value-based care. We believe that a more robust, evidence-based framework for the provision of allied health treatments and hearing services forms a vital part of this journey. Revision of the Guidelines presents an important opportunity to take a broader view of how approval and accreditation for allied health and hearing services can better support the value-based care model.

Because the Guidelines form part of an interdependent regulatory framework, icare believes that the review should go further to consider the applicable guidelines, gazetted notices and orders, regulations, instructions and training that also forms part of this framework. We believe there remains an opportunity to further clarify a number of these components in order to support the goal of providing high quality care within a value-based model. Taking the time to re-visit and revise the complete regulatory framework will be a worthwhile step towards the goal of clear, consistent, measurable service delivery for injured workers and better outcomes for the scheme.

This submission is presented in two parts: firstly, our overarching comments about improvements to the allied health and hearing services regulatory framework that we consider will best support the overall delivery of value-based care within the WC and CTP schemes; and secondly, our detailed feedback specific to the Revised Guidelines.

In addition, we note that we continue to advocate for and work with SIRA to ensure that there is the right operational environment and decision-making support in place across the total WC and CTP systems to deliver value-based care. We believe that unless systemic issues and barriers to the value-based care model are addressed, it will remain challenging to make real progress on improving vital scheme metrics. Although progress has been made on some of the key priorities that emerged from SIRA's 2019 consultation on the regulatory policy that supports the provision of healthcare within the personal injury schemes, icare believes that there is still a need to continue to progress a number of these fundamental reforms, especially within the broader workers' compensation ecosystem.

## A value-based approach to allied health and hearing services provision in the WC and CTP schemes

### Systemic improvements to the allied health care and hearing service provision framework will support value-based care

The Revised Guidelines form part of an interdependent regulatory framework. As such, we think that it is vital to ensure that all of the components of the framework work together toward the goal of ensuring that people receiving health care within the WC and CTP schemes receive the same effective, evidence-based treatment, and the same quality of care as they would in the public or private health insurance systems.

At present, elements of the allied health and hearing services framework are vague or imprecise, and icare is concerned that this lack of clarity creates opportunities for service delivery that does not meet the standard of care that is appropriate within a value-based and evidence-based health care model.

We think that the following elements of the allied health and hearing services framework are of particular concern, and should be reviewed alongside the Guidelines:

- The need for additional, and more detailed payment classification codes: In some instances, payment codes such as OTT006 is used as a 'catch all' code for both providers and insurers to capture services deemed reasonably necessary which do not have their own specific payment code. This means little visibility around the services provided, their associated costs and utilisation trends. Introducing additional payment classification codes which capture these specific services will enable transparency of services delivered.
- Pre-approved limits are inconsistent with value-based care: The use of pre-approved limits for allied health services is inconsistent with the principles of value-based care; icare believe that a better approach would be to adjust limits for the services that do not require pre-approval and amend the Allied Health Recovery Request (AHRR) form to ensure that comprehensive treatment plans, including outcome measures, are defined early.
- Automatic approval of an AHRR: The existing Guidelines indicate that the 'insurer has five working days from receipt of the AHRR to **respond** to the practitioner [for requests made within three months of the injury] [our emphasis]. If no response is received from the insurer within five days, the services in the AHRR are automatically approved'.<sup>i,ii,iii</sup> There is some confusion among scheme participants about what this provision of the Guidelines requires: some providers and agents consider that this provision requires a simple acknowledgement of the request within five days, however others consider that the provision requires a decision to approve or decline the request to be made within five days. The workflow required for each of these interpretations differs vastly. We think that the ideal pathway for approval requires acknowledgement of a request within five days, allowing the insurer to thereafter comprehensively review the request and obtain any necessary additional information to inform the decision relating to the request. It is less achievable for insurers to make a fully informed decision within the five day timeframe. In some cases the lack of clarity regarding the obligation for a five day 'response' has meant that providers have delivered services with little input from the insurer.

### Approve and accredit all medical and health care services providers delivering services to NSW WC and CTP

The Revised Guidelines propose a range of useful changes to the existing Guidelines, in particular:

- conditions of approval that set clear expectations and standards for providers;
- a robust regulatory framework to address provider non-compliance;
- application of approval requirements to hearing service providers;
- a three-year term of approval to align with approval terms for other SIRA-approved providers;

- a 12-month period for currently approved providers to transition to approval under the new guidelines; and
- bringing the regulation of audiologist and audiometrists into the scope of the Guidelines.

However, icare submits that there would be clear benefits if the regulatory framework also extended to approval and accreditation of all medical and allied health service providers who deliver services under section 60 (1) of the NSW Workers Compensation Act 1987 (1987 Act) outside the hospital setting.

At present there are fifteen National Boards for health service providers, and each has a Council established in NSW covering the following Health Care Practitioners (HCPs)<sup>iv</sup> (examples of those providers delivering services within the WC and CTP scheme as listed below). The Revised Guidelines specifically regulate the providers noted with an asterisk, leaving the majority of health care providers who deliver services within the WC and CTP schemes outside the scope of the Guidelines. We think that this presents significant risks to those who receive care under the schemes and is simply unsustainable from either a risk management or scheme governance perspective.

- Aboriginal and Torres Strait Islander Health Practitioners
- Chinese Medicine Practitioners
- Chiropractors\*
- Dental Practitioners
- Medical Practitioners
- Nurses (specifically those performing home/personal care services)
- Occupational Therapists
- Optometrists
- Osteopaths\*
- Pharmacists
- Physiotherapists\*
- Podiatrists
- Psychologists\*

While s 60(2A)(b) of the 1987 Act provides that an employer is not liable to pay the cost of any treatment or service if provided by a person who is not 'appropriately qualified' to give or provide the treatment or service, in practice the question of what constitutes 'appropriate qualifications' for health care providers who are not registered with AHPRA remains vague and would benefit from clarification.

As previously suggested to SIRA, icare believes that the medical management of an injured person should be the same regardless of how and where they are injured. By driving approval and accreditation of all medical and health providers within the WC and CTP schemes, SIRA would be ensuring that those providing treatment are held to the same accountabilities, expectations and standards of service – which will ultimately drive consistent quality outcomes for the injured workers of NSW.

### Recommendations

1. Over the short term, the icare recommends that as a minimum, the following providers be included in the Guidelines, as these providers provide a reasonably significant number of services within the WC and CTP schemes. Where no payment classification codes exist for these providers, it is recommended that new codes also be created:
  - Podiatrists
  - Occupational Therapy
  - Speech Pathologists

- Remedial Massage Therapists
  - Independent Medical Examiners<sup>1</sup>
2. Over the long term, we recommend expanding approval and accreditation to all medical and health care providers who deliver services for any injured worker under s 60(1) of the 1987 Act. This would include:
- any other health provider who may lack a robust accreditation framework but provide treatment and services within the scheme (such as NTDs and acupuncturists)<sup>2</sup>
  - All interstate or international providers (or at least a memorandum of understanding)
  - Providers delivering services to exempt workers

## Strengthen the conditions of service provider approval and accreditation

### *Introduce competency-based assessments*

Accreditation and approval of medical and health care providers could be strengthened by driving a competency-based approval and accreditation process. This practical approach would support evidence-based care within the WC and CTP schemes by ensuring that there is clear understanding across all scheme participants in regard to the obligations and expectations of medical and allied health and hearing services providers working in the WC and CTP schemes. We believe that the current emphasis on administrative compliance could usefully be augmented by further detail in regard to the specific competencies of service providers.

Furthermore, we suggest that the accreditation and approval process could be further strengthened by placing accreditation obligations within a staged framework, which would provide for conditional approval or accreditation for providers who are still developing competencies required for unconditional accreditation/approval. Final approval and accreditation would be available to service providers who have been assessed as fully competent in accordance with all relevant competency domains (such domains to be specified within the Guidelines).

### *Incorporate operational requirements*

icare submits that there are also some aspects of the existing approval and accreditation in the Guidelines process that could also be improved to optimise provision of allied health and hearing services:

- Creation of detailed performance criteria against which providers can be measured
- Introduction of performance or compliance reviews scheduled at regular intervals
- Inclusion of detailed requirements and expectations surrounding:
  - complaints made in relation to the provider

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<sup>1</sup> As indicated in icare's submission to SIRA titled "Independent Medical Examiners Submission to the State Insurance Regulatory Authority (SIRA)" in September 2017, whilst additional requirements exist for IMEs who assess Whole Person Impairment, IMEs who report on questions of treatment and causation are not required to undertake a SIRA accreditation process in order to work in the Scheme. They are required only to meet the eligibility requirements gazetted in the *Workcover Guidelines on Independent Medical Examinations and Reports*. These requirements are far less stringent than in other jurisdictions, and has such, has potentially exposed injured workers to unacceptable conduct by IMEs working on WC claims. It was recommended by icare at the time, that all IMEs undergo minimum level of training and be accredited by SIRA in order to be eligible to work in the WC Scheme, and refresh their initial training after a certain period of time in order for continued accreditation.

<sup>2</sup> Consideration could be given into the introduction of a two tiered billing system as suggested previously in icare's submission "Regulatory requirements for health care arrangements in the NSW workers compensation and CTP schemes, Submission to SIRA, November 2019". Doing so may be similar in nature to what was in place for SIRA approved and non-approved Allied Health Providers prior to April 2014.

- adverse incidents, such as a complication of treatment (eg. allied health provider treatment resulting in a dislocation or heat burn)
- provision of a clear methodology for tracking notifications/complaints against providers
- processes that providers must follow in instances where they are at risk of non-compliance due to performance
- clearly defined mechanisms for providers to track and report outcome information to SIRA as a condition of ongoing accreditation.

*Recommendations:*

1. SIRA to consider incorporating a series of ‘competency assessments’ which the provider must complete, as part of the approval and accreditation process.
2. Consideration be given into a ‘probationary period’ or conditional accreditation/approval for newly accredited and approved providers
3. SIRA to incorporate additional measures and processes, to create uplift in overall provider performance.

**Clearly define the metrics of success and monitor provider performance against these metrics**

At present there is no consistent method of measuring outcomes by providers, beyond measures that relate to cost and utilisation. It is a significant concern to icare that we are unable to track whether providers are delivering good outcomes at a scheme level. We think that some means of tracking provider performance against metrics that indicate ‘good performance’ (by which we mean, value-based and evidence-based performance) is essential if the WC and CTP schemes are to provide optimal outcomes for workers.

For example, Section 1.4 of the Revised Guidelines provides for the general expectations of allied health providers practicing within personal injury schemes. These expectations include adherence to the Clinical Framework for the Delivery of Health Services to individuals with a compensable injury, as well application of the principles of the health benefits of good work. However, in our view the Guidelines do not provide sufficient detail to enable providers to understand how this requirement should be operationalised to ensure universal compliance. We think that if compliance with the Clinical Framework is required, the Guidelines should also make clear provision for monitoring, evaluation and (in appropriate circumstances) enforcement of providers’ compliance in relation to this requirement.

icare believe that all scheme participants will benefit from clear definition of expectations and measures of success. Clearer Guidelines will inform provider practice and ultimately drive better outcomes. For example, when considering the Clinical Framework principles, the following measures of provider success could be considered:

Principle	Examples of provider success criteria
1: Measure and demonstrate the effectiveness of treatment	<p>Evidence of incorporating standardised and functional assessment measures in the AHRR to demonstrate progress in patient recovery. icare believes there are a number of approaches to measurement that could be applied within the AHRR to demonstrate progress in patient recovery. Examples include:</p> <ul style="list-style-type: none"> <li>• <b>Patient Reported Outcome Measures (PROMs)</b> including pain, functional improvement, disability, mental health.</li> </ul>



	<ul style="list-style-type: none"> <li>• <b>Patient Reported Experience Measures</b> (PREMs) to obtain patients' views and observations on aspects of services they have received.</li> <li>• <b>Goal achievement Measures</b>; as used in the NDIS where achievement of SMART (Specific Measurable, Achievable, Realistic and Timely) goals are assessed.</li> <li>• <b>Clinically validated outcomes</b>, including complications, re-operations, readmissions, and outcomes from physical and psychological assessments.</li> <li>• <b>Work-related outcomes</b>, including time to return to work, sustainability of return to work.</li> <li>• <b>Other outcomes</b>, including compliance and receipt of income compensation benefits.</li> </ul>
2: Adopt a biopsychosocial approach	Adherence to a standardised assessment tool as defined by SIRA
3: Empower the injured person to manage their injury	Distribution of health literacy brochure to workers as part of consultations, and incorporation of 'self management' activities such as home exercises as part of the goal.
4: Goals are focussed on optimising function and RTW	Evidence in file notes demonstrating provider is working with the worker, NTD, employer and others (e.g. surgeon) on a "shared treatment and return to work plan"
5: Treatment to be based on the best evidence available	Evidence of adhering to practices outlined in the Physiotherapy Evidence Database (PEDro <sup>v</sup> ) or alignment with NSW Government Human Services Outcomes Framework <sup>vi</sup> , the work being driven by ICHOM (the International Consortium for Health Outcomes Measurement), Choosing Wisely <sup>vii</sup> , or ePPOC (the Electronic Persistent Pain Outcomes Collaboration).

Where no measurable or tangible guidance exists or is unavailable, SIRA could use its powers to develop additional evidence-based guidelines to support providers in delivering the right services to their injured workers.

icare believes that clearer success criteria will encourage service providers to implement practices and behaviours aimed at meeting or exceeding specified metrics; it will also enable SIRA to regularly monitor each provider against clearly defined metrics on an ongoing basis, and if required take remedial action or termination of approval in a timely manner.

Equally important to defining metrics, is the requirement to monitor and report on a providers' performance against scheme measures (which may include risk adjusted peer measures). Equally important is the performance benchmarking against services delivered by peers **outside** of WC and CTP – performance outside of the WC and CTP schemes have generally been noted to be better across all categories. Regular and transparent reporting which focuses on the providers' ability to optimise health and work outcomes for



workers, while maintaining a sustainable workers compensation system will help inform both the scheme and its stakeholders of the overall progress towards achieving value-based care. For further information regarding the measurement and performance reporting of health outcomes, please refer to icare's submission to SIRA's Health Outcomes Consultation Paper.

### *Recommendations*

1. icare recommends that SIRA provide sufficient and specific detail in relation to each of the expectations provided in the Revised Guidelines. The more specific the expectations, the more likely that providers will deliver services in line with scheme objectives.
2. SIRA to develop regular and transparent reporting framework which focuses on the providers' ability to optimise health and work outcomes for workers, while maintaining a sustainable workers compensation system

### **Develop medical and health care provider workers compensation scheme competencies**

As previously mentioned in our response to the Regulatory requirements for health care arrangements in the NSW workers compensation and CTP schemes<sup>viii</sup>, SIRA-approved providers do not undergo further monitoring or review by SIRA upon completion of a one-off training program as part of their approval or accreditation.

The accreditation and training of healthcare providers mandated in other Australian jurisdictions are almost universally more stringent than the demands in NSW (see Appendix A). By addressing this gap, better operational controls can be realised across the NSW workers compensation system, enabling the delivery of value-based care.

However, one-off training is not enough; we believe that ongoing monitoring of scheme providers is essential to ensuring compliance and competence. Working within the NSW personal injury schemes requires medical and health care service providers to have additional capabilities. For this reason, we recommend that SIRA consider developing a robust and regular training and development program to support allied health service delivery within the WC and CTP schemes. This will align the NSW schemes with the schemes operating elsewhere in Australia, where evidence shows that increased monitoring of scheme providers better supports providers in delivering services which lead to optimal outcomes for WC and CTP scheme participants and also the viability of schemes.

As part of approval/accreditation requirements provided under the Guidelines, it is suggested that SIRA could offer a range of ongoing development and competency building sessions relating to service provision in the WC and CTP scheme setting. Examples of competencies that could be usefully increased among providers include:

- Introduction to WC, including review of guidelines, gazettals and processes
- Completion of assessments and reports, including differentiation between schemes and/or jurisdictions
- Correctly completing an AHRR including the utilisation of standardised outcomes measures as previously discussed with SIRA
- How to operationalise the HBOGW consensus statement and principles
- How to operationalise the Clinical framework for the delivery of health services
- Completion of a Certificate of Capacity
- Interpretation and use of the fee schedules
- Expectations in communicating with stakeholders including insurers

## Conclusion

The expectations around service providers should be consistent for all workers and participants. Adopting the value-based care goals of NSW Health means that personal injury scheme patients would receive the same effective, evidence-based treatment, and same quality of care, as they would in the public or private health system. Consistent standards mean:

- Less confusion amongst providers
- Consistency in service
- Ease in monitoring performance

Additionally, with SIRA as the common regulator for both the WC and CTP schemes, there is opportunity to develop a consistent framework for expectations around provider competency that will optimise the standard of care provided under these schemes and also benefit the service providers that participate in the schemes. In our experience, providers can become confused by the varying expectations across schemes, and they sometime get lost in the procedural differences (such as the legislative obligation to provide 'reasonably necessary' care within the WC scheme, compared to the obligation to provide 'reasonable and necessary' care in the CTP scheme). Accreditation of providers for both WC and CTP by SIRA could help streamline and simplify the experience for providers so they can focus on treatment and care of their injured workers.

## Attachment 1 – icare’s detailed comments regarding the Revised Guidelines

Guideline section	Comment
Interpretation	It should also be read in conjunction with all other applicable guidelines, fees orders and other relevant documentations which outlines service requirements of providers.
1.1 Appropriate qualifications for allied health providers	<p>Was there a reason for the change from the existing obligation for General Registration under the Health Practitioner Regulation National Law (NSW) No 86a or equivalent Health Practitioner Regulation National Law in practitioner’s jurisdiction to the Australian Health Practitioner Regulation Agency (AHPRA)?</p> <p>We would also appreciate some clarity about why existing requirements for approval requirements (as below) have been amended?</p> <p>(1) The requirement for a signed undertaking (“the binding undertaking”) confirming agreement to the following requirements:</p> <ul style="list-style-type: none"> <li>- workers compensation legislation,</li> <li>- SIRA procedures as described in the NSW workers compensation guide for allied health practitioners</li> <li>- relevant SIRA workers compensation allied health practitioner Fees Order/s</li> </ul> <p>(2) specific obligations regarding the use of the AHRR (see 4.1 c) ii) of the 2016 Guidelines)</p>
1.4(3) Conditions of approval for allied health providers	<p>(1) Consideration could be given to a greater monitoring role by SIRA to support compliance with notification requirements regarding registration.</p> <p>(2) Suggest that it could be appropriate to require practitioners to notify SIRA within 7 days where an investigation into the practitioner is commenced – since investigations can take months prior to de-registration and SIRA may need to take action (eg. suspend approval) while awaiting release of findings.</p> <p>(3) Consider whether grounds for revocation or suspension could also include circumstances where the provider is not achieving outcomes expected that align with value-based care/Health Outcomes Framework.</p>
1.6 Grounds for suspension or revocation of approval of an allied health provider	Consider specifying that suspension is considered immediate in instances where accreditation under any relevant law is limited or subject to a condition or notification to prevent providers treating patients in the interim period? Currently the Guidelines indicate that suspension takes effect from the date of revocation.
3.4 Timing and notification of a SIRA decision to suspend or revoke approval	Suggest that advice to the practitioner should also include the actual effective date of suspension / when approval was revoked (ie. date of advice plus 28 days).

Guideline section	Comment
3.6 Review of a SIRA decision to suspend or revoke	It is suggested that review processes encompass circumstances where practitioners are not delivering acceptable outcomes, including implementation of a performance management plan.
3.8 Transitional arrangements for providers with current SIRA approval	It is proposed to include an arrangement for identifying providers who may choose to opt out of practicing in WC (eg. retirement, relocation etc)?

## Appendix A – Jurisdiction review

In Australian jurisdictions, the following accreditation and training of healthcare providers is required:

### WorkSafe Victoria

- The mandatory requirements for registered practitioners are governed by the Australian Health Practitioners Regulation Agency (AHPRA) under the National Registration and Accreditation Scheme.
- To provide services to injured workers under the Victorian workers compensation legislation, WorkSafe Victoria requires that providers must satisfy the eligibility requirements for the specified service type or specialisation.
- WorkSafe Victoria requires that healthcare providers at all times maintain board registration in order to be a WorkSafe registered provider.
- For non-board registered allied health providers, the qualifications of the service provider, business registration and insurance coverage must be acceptable to WorkSafe Victoria. To support the application, the provider may be required to provide evidence such as relevant tertiary qualifications, professional experience or membership of a professional association (or evidence of eligibility for membership).

### Comcare

- Medical practitioners, including dentists, must be registered with AHPRA.
- Allied healthcare providers must be qualified by their registration or training to provide the specified treatment; and a registered provider may supervise the treatment being provided.
- Investigations must be ordered by a qualified medical practitioner or dentist.

### ReturntoWorkSA (RTWSA)

- General Practitioners are provided with extensive education, including onsite delivery (30 mins per module, 2 areas of education – RTW scheme literacy and work injury management), education workshops (free for GPs) and online modules (including the health benefits of good work, how GPs can help their patients return to work, how to navigate a return to work).
- Guidance is available on the RTWSA website to assist with filling out certificates of capacity appropriately.
- All allied healthcare providers must be registered to provide services with RTWSA, have the appropriate training, and have registered with the appropriate organisation.
- Materials to assist allied healthcare providers are available online, including psychosocial screening tools, outcome measurement and practice resources.

### WorkCover Queensland

- Webcasts, podcasts and short films are available on a range of process and clinical issues.
- Allied healthcare providers must be registered with the appropriate board.

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<sup>i</sup> Allied health recovery request (AHRR) – instructions for ... (n.d.). Retrieved September 10, 2020, from <https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/health-professionals-for-workers-compensation/SIRA08032-0917-AHRR-Instructions-1.pdf>

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- <sup>ii</sup> More information for SIRA approved allied health practitioners. (2020, April 06). Retrieved September 10, 2020, from <https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/health-professionals-for-workers-compensation/workers-compensation-guide-for-allied-health-practitioners/allied-health-recovery-request/insurer-decision-following-submission-of-an-allied-health-recovery-request/more-information-for-sira-approved-allied-health-practitioners/more-information-for-sira-approved-allied-health-practitioners>
- <sup>iii</sup> Appendix 2: Practice guidance - Pre-approval of treatment. (2020, April 06). Retrieved September 10, 2020, from <https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/workers-compensation-policies/standards-of-practice/appendix-2-practice-guidance-pre-approval-of-treatment>
- <sup>iv</sup> National Boards. (n.d.). Retrieved September 10, 2020, from <https://www.ahpra.gov.au/National-Boards.aspx> and, Allied health. (n.d.). Retrieved September 10, 2020, from <https://www.healthdirect.gov.au/allied-health>
- <sup>v</sup> Physiotherapy Evidence Database,. (n.d.). Retrieved September 10, 2020, from <https://www.pedro.org.au/>
- <sup>vi</sup> Antony.kukac. (2018, June 15). The Human Services Outcomes Framework. Retrieved September 10, 2020, from [https://www.finance.nsw.gov.au/human\\_services](https://www.finance.nsw.gov.au/human_services)
- <sup>vii</sup> Home. (n.d.). Retrieved September 10, 2020, from <https://www.choosingwisely.org.au/>
- <sup>viii</sup> icare. (2019). Regulatory requirements for health care arrangements in the NSW workers compensation and CTP schemes, Submission to SIRA, November 2019. Retrieved September 10, 2020, from [https://www.sira.nsw.gov.au/\\_data/assets/pdf\\_file/0010/598645/Submission-039-icare.pdf](https://www.sira.nsw.gov.au/_data/assets/pdf_file/0010/598645/Submission-039-icare.pdf)