

From the President's Office
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State Insurance Regulatory Authority

Lodged via online portal

Dear Sir/ Madam,

Health Outcomes Framework for the NSW Workers Compensation and Motor Accident Injury/ Compulsory Third Party Schemes

Thank you for the opportunity to provide feedback regarding the Health Outcomes Framework for the NSW Workers Compensation and Motor Accident Injury/ Compulsory Third Party Schemes (*the Consultation Paper*).

AMA (NSW) is a medico-political organisation that represents more than 9,000 doctors-in-training, career medical officers, staff specialists, visiting medical officers and specialists and general practitioners in private practice in NSW.

The Consultation Paper provides that healthcare costs have risen in the workers compensation scheme, without a corresponding improvement in return to work rates. It is noted that given the new CTP scheme has been in place for less than three years, trends are not yet clear. AMA (NSW) is concerned that injured persons under both schemes are not able to access timely treatment in all cases and are often made to feel that are doing something wrong when seeking the treatment they need. Patients are questioned every step of the way when seeking treatment to improve their health.

While return to work is one measure of assessing health outcomes, it is not the only, or in some cases, the appropriate, measure. First and foremost, patients want to return to health. The role of the nominated treating doctor is to take care of the patient as a person. While return to work is always one of the treatment goals it should never be the primary obligation of the treating practitioner.

Traumatic injuries and degenerative conditions are not necessarily mutually exclusive. Most people over the age of 30 years will have some form of degenerative disease. This makes the immediacy of treatment important because if there are delays in treatment this only adds to degenerative changes.

There needs to be a psycho-social approach to the management of injured persons. Access to timely evidence-based treatment is important. That said, insurers have variable interpretations of what is evidence-based treatment. The use of medical imaging is often resisted when the reality is that it is important in the diagnosis and treatment plans and should be employed early. If patients are pressured to return to work too early and are unable to access timely favourable treatment, then there is an increased likelihood that the person will become unemployable.

One of the biggest challenges is that reasonable expectations of all involved are not set early in the process. An early case conference attended by the injured person, the nominated treating doctor, the employer and the claims manager may assist with the setting of reasonable expectations. An early return to work will not be achievable or appropriate in all cases and in fact may make the patient's condition worse particularly if there is a psychological component. While employers often press for an early return to work (as this keeps premiums down), it may only serve to add to the issues. Better engagement and involvement of insurers in the process from the outset is important.

The efficacy of case conferences will be increased if attended by persons familiar with the patient's case and who are able to meaningfully engage in the conference. Often claims/ case managers are more junior members of staff and/ or frequently change which means consistency and confidence in the process and decision making on the part of the injured persons and others including treating medical practitioners suffers.

AMA (NSW) and its members seek schemes that are patient focused, placing at its core access to timely evidence-based care to improve health outcomes. Return to work is only one measure, and for the reasons set out above, should not be the determining factor for all healthcare decisions.

Yours sincerely,

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President, AMA (NSW)

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