

## **APA Response on Health outcomes framework for the NSW workers compensation and motor accident injury/compulsory third party schemes**

### **Feedback on the proposed health outcomes framework for the schemes**

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**Authorised by:**

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## Introduction

- The Australian Physiotherapy Association (APA) is pleased to provide this submission to the review of regulatory requirements for healthcare arrangements in the NSW Workers Compensation and CTP Schemes.
- The APA has taken an approach to respond to the review with a forward looking response, but also we also note that, for valuable input on managing increasing data specific to physiotherapy, inclusive of regions, frequency of servicing from onset of injury and including headline scheme measures would be highly valuable in the future.
- APA recognises that sensible reform is required to deliver favourable return to work and recovery outcomes.
- Physiotherapy has further significant potential, as yet unused within NSW CTP insurance and Workers Compensation schemes, to achieve this. Physiotherapists are key personnel in managing the physical needs of compensable clients and are well positioned to certify and facilitate return to work<sup>1 23</sup>
- Research shows that physiotherapists:
  - Are well placed to facilitate return to work because they have a good understanding of worker's functional status and requirements of work roles and set goals to increase functional capabilities;
  - Influence recovery and self-management strategies;
  - Identify barriers to recovery and return to work and implement necessary strategies;

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<sup>1</sup> Gosling C, Keating J, Iles R, Morgan P, Hopmans R. Strategies to enable physiotherapists to promote timely return to work following injury. Melbourne: ISCRR and Monash University; 2015. p.1-170.

<sup>2</sup> Johnsston V, Beales D. Enhancing direct access and authority for work capacity certificates to physiotherapists. Manual Therapy; 2016. p 100-103

<sup>3</sup> Papagoras H, Pizzari T, Coburn P, Sleight K, Biggs A. Supporting return to work through appropriate certification: a systematic approach for Australian primary care. Australian Health Review; 2018. P 165- 167

- Have a high level of evidence-based medicine; and
- Have an improved ability to implement a biopsychosocial approach.

The following is the data previously provided by SIRA on medical spend:

- Health care costs are rising. Medical spend represents more than 30% of the cost of NSW CTP and WC schemes, and continued growth could pose a risk to workers compensation scheme sustainability.
- Current data collections do not contain sufficient information to analyse health outcomes within the schemes.
- The WC scheme is undergoing faster medical spend growth, particularly in recent years, than either Private Health Insurers in NSW, or Medicare.
- Percentage change in costs year on year.

To complement the above analysis costs was the information on utilisation:

- There has been consistent year-on-year increases in spend on surgery across both schemes. The growth includes increases in items billed and earlier approvals of surgery.
- Increased service utilisation has been observed in both schemes.
- There are variations in billing practices including how codes are used.
- There is increased utilisation of some technologies, such as imaging, that the evidence suggests may be contra-indicated.
- Clinical pathways are not always available to guide leading practice and evidence-based medical care.

The APA is supportive of models of care which incentivise optimal, patient centred and outcome focused care and support. Currently, the incentives to provide a high level of service and hence provide high quality do not exist.

### Overview of APA recommendations

1. There be an approach to improving education and support for providers to deliver best practice care and focus on improvement to health outcomes for patients. This also includes an approach to taking note of seemingly low value care and helping stakeholders become more aware of this and the impacts on health outcomes and overall costs.
2. A focus on decreased red tape and administration challenges for providers that rewards collection of information (screening and outcomes) to help focus on recovery and return to function for patients, and communication with stakeholders to assist in the collaborative approach to recovery.
3. Strong consideration of timely and reasonable reimbursement for the delivery of high value care, including screening, outcome measurement, communication and assistance in helping patients achieve optimal outcomes.

### Terms of reference

The APA has noted the discussion paper of July 2020 and compliments SIRA for taking a broad collaborative approach to the complex issue of measuring impacts and outcomes of people who have been injured in Compensation schemes.

The APA has structured the response around the questions at the end of the consultation paper for ease of reading and compiling feedback.

## Response to Questions

### 1. How can the health outcomes framework be most effectively used to improve health outcomes and the value of healthcare expenditure?

The APA believes SIRA could incorporate guidelines on using conservative management early, avoiding imaging and surgery early on, and a wide range of currently available best practice guidelines. By providing a range of strong evidence based models of care, this will help providers and patients and a range of stakeholders be held more accountable for treatment decisions.

The APA strongly believes that if SIRA were able to collect improved data sources this would help significantly. In the documentation it mentions metrics. One suggestion is to build into the framework better data collection about patient screening initially, patient outcomes and patient experience that is currently absent.

The APA has commenced a research project within the profession around collecting on a broader population base a selection of Patient Reported Outcome Measures <sup>4</sup>. The APA would be keen to discuss the options for future use of information that will help with improving patient outcomes.

The APA encourages SIRA to take a strong education approach instead of just regulation, work with APA and create better education framework and support structure for physios rather than just rules.

Some other considerations the APA believes SIRA could consider in the Health Outcomes framework is to:

- Identify and advocate high value care pathways from the date of injury, specific to the injury type and vocational/ claim goals.
- Equally increase awareness of low value care to all stakeholders.
- Identify barriers to recovery and return to work/ activity in the immediate period post incident which will additionally identify specific needs.
- Ensure all stakeholders are aware of the above so that consistent education, reassurance and application is provided.
- Seek and articulate to all the recovery and treatment expectations and value-based goals of the injured person so that planned intervention will equally address their needs/ expectations.
- Streamline intervention approval and provision for high value care and alternatively create greater checkpoints to approval and implementation of low value care.

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<sup>4</sup> [https://australian.physio/sites/default/files/PRF\\_Project\\_Brief\\_PROMs\\_v2.pdf](https://australian.physio/sites/default/files/PRF_Project_Brief_PROMs_v2.pdf)

**2. (For scheme participants) Is the outcomes framework useful to you/your organisation in clarifying the vision and direction for healthcare in the WC and CTP schemes?**

Yes, it is good to provide structure and help get us all on the same page. The APA also believes it provides clarity on the scope of the framework and a clear timeframe of the plan for implementation.

It seeks to address key issues likely to be contributors to sub-optimal scheme outcomes such as the injured persons, healthcare providers and other stakeholders' experiences, advocacy for high quality, outcome focused intervention choices and timely collaboration for stakeholders.

It seeks to address some of the current issues that the healthcare provider has with working within the schemes and some of the factors which may discourage high quality providers from choosing to be engaged in both schemes.

**3. (For scheme participants) Will the outcomes framework influence your approach to healthcare in WC and/or CTP? And if so, when and how?**

The APA believes that when there is better metrics and information available such as has been previously mentioned, we will be able to see what interventions and activities are most effective and what doesn't, and also know what is valuable and what isn't. Right now we are guessing.

This can be occurring immediately by supporting access for all stakeholders to the same unbiased evidence based guidelines which in turn allows for collaborative clinical decision making and prompt approval.

As greater metrics are obtained over the implementation period, this will allow for greater refining of strategies that are most effective.

**4. What can WC and CTP scheme participants (insurers, health practitioners, claimants, employers) do to help advance the vision of value-based care in the schemes?**

Support the APA and the physiotherapists to gather the data. The previously mentioned research project around PROMs is an example of changing the belief sets around outcome measurement and collection, however support in turn by Compensable bodies such as SIRA also encourages and rewards providers to collect and collate this information and will build stronger reform.

Another consideration is to enable all healthcare providers and other stakeholders to equally access the same unbiased evidence-based guidelines so that consistent clinical decision making is occurring, understood by all and supported by the insurers.

In addition, having greater definition of roles to aid this process (i.e. who will undertake early risk screening, who will advocate and articulate identified high value care, who will identify when low value care is being provided and address this). There is some risk around measures being taken by different stakeholders and having different numbers / categories and how this then impacts collaboration and patient outcomes is a concern.

Finally, the APA encourages greater collaborative decision making and liaison (both clinical, work-related and claim related) to ensure that the expectations from all stakeholders are being addressed and a positive experience is occurring for all.

**5. Are there areas where you believe SIRA should focus its implementation efforts to best promote achievement of value-based care?**

The APA has a belief that investment in the following will help promote value-based healthcare for SIRA:

- Education and support for stakeholders to implement and adapt to new systems.
- Ensuring and enacting consistent value-based care guidelines by insurers.
- Provision of unbiased training/ education resources to all stakeholders.
- Streamline intervention approval and provision for high value care and alternatively create greater checkpoints to approval and implementation of low value care.

**6. Do you have any comments on the implementation plan?**

Overall, the framework is a great start for the improvement of health outcomes, but there is some concern that the pace of change and increased burden placed on the physiotherapist and practice will not come with additional support both financially and with education and time to implement.

The concern is that it could be another task the insurers put onto physiotherapists to do, like the 5 page AHRR which is essentially a document gathering insurance data not a document that covers what is needed to decide if treatment is necessary.

It will be imperative to share the responsibility for collection and review of metrics across all stakeholders proportionately.

### Conclusion

The APA is committed to improving the value of the health system. Physiotherapists constitute a valuable resource which is being utilised in many countries to streamline services and make them more efficient and cost-effective.

We would welcome the opportunity to provide evidence to the Committee and to work with the Committee and other stakeholders on the reforms that emerge.

### About the APA

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 28,000 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.