

Post Implementation Review of the Authorised Health Practitioner (AHP) Framework

RESPONSE TO SIRA CONSULTATION PAPER

August 2021

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Introduction

icare welcomes the opportunity to comment on SIRA's discussion paper *Post Implementation Review of the Authorised Health Practitioner (AHP) Framework* (AHP framework). This feedback is provided by icare on behalf of the Lifetime Care and Support Authority (LTCSA) in relation to its functions under the *Motor Accident Injuries Act 2017* (MAI Act).

The MAI Act introduced a new role for the LTCSA, making it the relevant insurer for the purpose of the payment of statutory benefits for treatment and care for people who have needs and entitlements to these, five years from their motor vehicle accident. CTP Care is the name used by the LTCSA when exercising its functions under the MAI Act. In accordance with the legislation, CTP Care is expected to begin from 1 December 2022, with the ability for early transfers to occur earlier than five years, through an agreement with the licensed CTP Insurer.

CTP Care has had limited exposure to the implementation of this framework owing to the CTP Care early transfer pilot that commenced in October 2020, with a small number of clients. This pilot will assist in informing requirements when the full CTP Care function commences on 1 December 2022. As CTP Care continues to develop over time, experience in the implementation the AHP framework will increase with particular application to people with long term treatment and care needs. We are interested to ensure the AHP framework remains appropriate for these circumstances.

Response to Consultation Paper Questions

icare provides feedback to the following two Questions relevant to CTP Care.

1. Question 2 - How can the AHP framework better deliver on its key objective to improve the injured person's customer experience, and encourage the early and just resolution of disputes?

icare agrees with the importance of the key objective to improve the person's customer experience. SIRA has defined the importance of the AHP meeting appropriate training, education and reporting requirements. icare recommends that an additional area to enhance the customer experience is to ensure the AHP can demonstrate a person-centred approach. This would ensure the AHP is able to adjust their practice according to the person's individual needs with regards to the attendance and participation of the injured person in the appointment (such as accessibility of the physical environment, times available for a person currently working, or their communication with the injured person). icare believes a person-centred approach will result in greater engagement from the injured person and lead to an early and just outcome.

2. Question 8 - Can SIRA's published list be improved to ensure it is simple for injured people, insurers and legal professionals to use?

icare recommends that SIRA considers improving the functionality of the list by making the form an interactive PDF with smart features. This will enable the list to be sorted and manipulated to avoid the reader having to scroll through many pages to access the required information.

Some suggested criteria to sort by include:

- profession/speciality
- status
- location
- permanent impairment modules

As an alternative to improving the functionality of the current list, icare recommends consideration of portal access, which can provide a more interactive experience for the user, additional fields and/or inclusion of further details of the AHP.

Regardless of the approach that SIRA may adopt, to ensure simpler access to this information, icare recommends that SIRA reviews the field content and headings on the list to remove or replace terminology that is not easily understood by the general public and requires understanding of workers compensation and medical professions.

Further, given the AHP may be involved in matters other than permanent impairment such as treatment and care, or minor injury decisions, the column labelled '*permanent impairment modules*' should reflect this.