

Regulatory requirements for health care arrangements

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Do you think that injured people are receiving high quality, evidence-based health care in the personal injury schemes (workers compensation and motor accidents schemes)?

On some occasions

Which issues need to be addressed to ensure injured people receive high quality, evidence-based health care?

Regular use of prognostic and risk screening tools in the early stage of a claim to guide timely, matched, high value care

Continued updating and circulation of evidence based guidelines to all stakeholders

Training of evidence based guidelines being delivered by non-biased sources- eg professional associations/ bodies like the APA

Reward/ recognition for all stakeholders facilitating/ delivering high value/ outcome achieving care

Identification and then direct support for providers who are providing low value care or care not associated with RTW outcomes

Encouraging a greater balance between insurers seeking NPS targets and encouraging high value care

How can SIRA, insurers and providers help injured workers and motorists access the best outcomes?

SIRA- greater resources to identify and address low value care providers through individualised training and mentoring, reward/ recognition for allied health providers delivering high value/ outcome achieving care, partnering with professional bodies (APA, ACI, etc) to provide training on high/ low value care to insurers and allied health providers.

Insurers- resourcing of quality staff to ensure early prognostic screening and mitigation of low value care in the early stages of a claim (setting a framework for recovery), finding a sensible balance between NPS targets and supporting recovery oriented strategies, allowing staff to undertake unbiased training from reputable sources (rather than free training provided by rehab providers. work conditioning providers with whom a potentially unhealthy partnership can exist)

Providers- Allow online access to relevant information to aid RTW such as workplace assessments, cert of caps, RTW plans, keep the provider aware/ involved with a 'RTW progression' barometer, reward collaborative problem solving to aid RTW, enable accredited providers to complete cert of caps

From your observation what are some of the reasons for the increase in service utilisation (ie the increase in the amount of services each injured person is receiving)?

Poor identification and control of highly frequent/ low value care

Poor early identification of Wkr's with high risk of poor RTW prognosis and direction towards matched care

Over-referral by insurers to specific programs (Change room, RAWI) without appropriate and independent screening and discussion with existing care providers

Continuing approval by insurers for services not advocated by SIRA NSW (concurrent physical treatment, supervised gym based programs)

Continuing approval by insurers for low value care so as not to impact NPS targets

Disconnect between care providers and RTW outcomes

How can fee-setting and indexation be better used to improve outcomes in the schemes?

Create a tiered system for payment of allied health services which rewards high value, outcome achieving providers and a level greater than other providers

How could SIRA appropriately set and index private and public hospital fees with the aim of better outcomes?

Establish a clear connect between service provision and achievement of timely RTW outcomes

How could SIRA appropriately set and index allied health fees with the aim of better outcomes?

Commensurately reward higher achieving practitioners with fee rates appropriate within the community and fees to encouraging high functioning practitioners to want to be involved in the system

Establish a clear connect between service provision and achievement of timely RTW outcomes

What could help improve administrative processes – including reducing paperwork and leakage – for providers, insurers and other scheme participants?

Have an online portal for submission of AHRR's and an ability for allied health providers to access relevant RTW information/ documentation from claimscentre

Have an automatic approval (with boundaries) when high value and RTW outcome achieving care is being provided

Have an automated payment system when approval for services have been provided

Create a 'RTW progression' barometer so that all parties can see how closer Wkr is to achievement of the vocational goal

What enhancements to claims administration requirements would help ensure scheme sustainability and improve understanding of the outcomes being achieved?

Online access by all stakeholders to relevant RTW information/ documentation from claimscentre

Ability to see RTW progression through the 'RTW progression' barometer

What improvements to monitoring, data collection and reporting would help ensure scheme sustainability and improve understanding of the outcomes that are being achieved?

Ability for all stakeholders to access relevant information in a timely way

What opportunities does a value-based care approach present for the personal injury schemes? How could these be implemented?

Better outcomes, better allocation of resources

Provision of funding for a 'course' of intervention when sustained outcomes are demonstrated

What options are there to better understand and influence the health outcomes and patient experiences within the personal injury schemes?

Continued encouragement of patient centred and recovery oriented care

Further research into compensable schemes to aid claims and injury management

Are there any other issues you want to raise or comments you would like to make?

The rapid changes at insurers since 2018 would appear to have led to an under-resourcing of quality staff at key points of the claim, resulting in reduced vigilance with mitigating low value care and more liberal interpretation of SIRA guidelines relating to allied health providers