Introduction

I can only comment on the WC system and my experience as an injured worker since 2012. I have shared some key points of my case to show how the system currently works and issues that I see arising in the new framework. My latest surgery was in May 2020. I have supplied my name and wish for my submission to be published so that I can give injured workers a voice in the consultation process. I often feel like I don't have a voice and injured workers are often treated differently, like they are fraudulent. Access to treatment requires jumping through many hoops, many which take a long time and result in high costs, to both your physical and mental health.

If you would like to clarify any of the information contained please do not hesitate to contact me. I would like to be involved further to give a voice to injured workers and if any other opportunities exists to provide input, I would appreciate notification. The system will only improve if we have strong relationships and active involvement of all.

Kind regards,

Melissa Matthews

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

1.1 Value Base Care Model Education & Tracking;
1.2 Continuity of Care;
1.3 Minimise Costs to the Community;
1.4 Facilitates Prompt Treatment; and
1.5 Reduce Costs that Result from Treatment Delays.

1.1 Value Base Care Model Education & Tracking

The WC and CTP schemes regulated by SIRA deliver value-based care to injured persons covered by the schemes[1]. Elizabeth Koff, Secretary for NSW Health explains value-based healthcare as a "contemporary model of care where health systems put the ***patient experience at the centre of the care we deliver***. Not only is it the patient experience, it's also the measurement of those clinical outcomes that are so critical."[2]

Further, Ms Koff explains that health care systems traditionally measure inputs and outputs and are not so good at measuring outcomes sometimes. Ms Koff explains, "value-based care is about ***measuring the outcomes and the outcomes that matters to the patient***". Ms Koff explains that value-based care is not about saving money, "[I]t's about ***doing the right things that achieve the best outcomes for the patients***".[3]

[1] Health Outcomes Framework for the NSW Workers Compensation and Motor Accident Injury/Compulsory Third Party Schemes: Consultation Paper, State Insurance Regulatory Authority, 21 July 2020.
[2] NSW Health, https://www.health.nsw.gov.au/Value/Pages/transcript-ekoff.aspx
[3] Ibid 2

Finally, Ms Koff explains "in my perspective, ***our focus on the patient experience and measurement of that outcomes has been the missing piece in the puzzle***."[4]

SIRA explains, "[o]ver recent years healthcare costs have risen in the workers compensation scheme, without a corresponding improvement in return to work rates.[5] I would argue that health care costs are an input, return to work rates are outputs. If SIRA is to take the advice of Ms Koff, the missing piece to the puzzle would be to focus on the patient experience and measure outcomes, not inputs and outputs as per the current system. ***This would require putting the injured worker at the centre***, as is practice for the delivery of services in NSW.

SIRA identifies that the legislative purpose of SIRA's personal injury schemes is "to ensure that persons injured in the workplace or in motor vehicle accidents have access to treatment that will assist with their recovery" also "to minimise the cost to the community of workplace injuries arising from motor vehicle accidents and to minimise the risks associated with such injuries.[6]

SIRA explains that healthcare in the schemes help achieve this purpose through "***timely access to appropriate healthcare*** (i.e. right care, right place at the right time), and "improved patient outcomes (e.g. improved health-related quality of life, improved physical function, improved mental health outcomes, improved physical function, improved mental health outcomes, etc.)

<u>1.2 Continuity of Care</u>

As an injured worker, this year I have not been able to get access to timely, appropriate healthcare. This has resulted in an extended period of acute pain, following years of using pain management techniques. The delay of access to surgery has also now extended my recovery time due to secondary disability resulting from extended time using opioids (used as prescribed). I am now dealing with severe withdrawal symptoms as I try to reduce my pain medication, but my body has developed a physical dependence on the opioid. I am choosing to reduce, but my body responds violently when I reduce my medication.

The framework provides the opportunity to overcomes the challenges experienced by me in May this year, through the implementation of the value based care model.

In 2012, I was injured in a workplace incident and I am lucky, the nature of my injury has never been questioned and liability has never been disputed, yet ***access to treatment has been delayed due to a lack of continuity of care.***

Although my injury was simple in nature, it was very complex to diagnose and treat. I endured three (3) surgeries by 2014, the third being a high tibial osteotomy which required chiselling a piece of bone along the length of my tibia and inserting a one inch wedge of bone, cut from my hip, between the broken bones in my tibia. This was significant surgery and was completed as an alternative to a knee replacement due to my age. My surgeon's (the opinion of more than one) considered that I was too young to have to have a knee replacement because of the requirement that once a knee is replaced it will require further surgeries throughout your lifetime, the younger and more active you are. I was thirty-six years old when I fell and sustained my injury.

[4] Ibid 2
[5] Ibid 1 at pg 3.
[6] Ibid 1 at pg 5

The screws that were inserted into my leg, one 65mm long and two 55mm long, six (6) mm in diameter, were removed in December 2015. It was always known that this surgery was to delay a knee replacement but would not replace the need for further treatment.

The surgery did not assist with my pain, in fact, rendered me in further pain. I was forced to use pain management techniques which included pacing my daily activities, reduced activity and the ongoing use of pain medications. My surgeon told me to bear it as long as possible, as the longer I waited, the less knee replacements I would require over my life.

On 1 February 2018 I received a letter from my insurer headed, NOTICE TO WORKER CESSATION OF MEDICAL BENEFITS – 2 YEAR RULE. Payments of my medical expenses and medication ceased due to the legislation and its application to my case.

The effect of the legislation is that it breaks understanding of the customer journey, there is no continuity of care. The Case Manager in 2016 was aware of my surgeries and the decision to endure the current scenario until the knee replacement. The effect of transferring my case to another insurer and the subsequent closing of my case, resulted in poor information transfers which resulted in delayed decision making when the time came to perform the knee replacement and the increased time out of the workforce and worse medical outcomes, due to poor decision making and administrative delays.

I hope that the new framework will rid delays that currently exist for injured workers cause by a break in continuity of care.

Although, I believe work needs to be done to amend the graphics that have been developed to represent the framework. I have elaborated on this at question 2. I believe if the system changes where the focus aligns with that of all other NSW Government Departments, and is customer centric, a customer centric approach would have assisted with the Case Management of my file and resulted in reduced delays to treatment, achieved better health outcomes sooner and resulted in reduced medical costs.

1.3 Minimise Costs to the Community

SIRA identifies one of the legislative purposes of SIRA's personal injury schemes is to "minimise the cost to the community of workplace injuries"[7]. Currently, when injured workers are exited from the scheme and ongoing costs remain, the cost is borne by the injured worker, their children, and also the Community.

When I was exited from the system, my medication costs continued, as did the ongoing regular GP costs for appointments to obtain scripts for pain medications.

My family is personally many thousands of dollars out of pocket, money from our family budget was used to pay for ongoing, regular pain medication and medical appointments.

The NSW Community also paid the cost when I was exited from the scheme. On occasion, my GP would feel sympathetic and bulk-billed his services, even though it was not a practice to bulk bill at the surgery. He felt sorry that his fees were coming out of my family budget, when I was no longer supported by the system.

[7] Health Outcomes Framework for the NSW Workers Compensation and Motor Accident Injury/Compulsory Third Party Schemes: Consultation Paper, State Insurance Regulatory Authority, 21 July 2020, p 5.

An additional cost to the Community when injured workers are exited by the system is PBS medications. These medication should be paid for by the system, not by the Community.

The practice of exiting injured workers needs to be reviewed so that costs legitimately borne because of a workplace injury, are covered by the framework and not transferred to the injured worker or the Community.

1.4 Facilitate Prompt Treatment

On 6 December 2019 I received a referral to seek further advice from my specialist due to the deterioration of my knee and associated pain resulting in being unable to continue working from mid-December. I contacted my insurer on 20 January and all necessary documents were forwarded the following day and the surgeon's review was booked 28 days from submission of required forms.

When I followed up with the insurer, I was told they received some information, but not the required information, hence they still had 21 days once I submit the missing form. The Insurer did receive the information but had not processed it correctly internally, and were pushing for more time.

At this point, I had been unable to work since mid December, it was now mid February, several days prior to my appointment with my surgeon and my Insurer still had not processed the required paperwork and was pushing for a further delay.

Much later after a formal complaint, ***the Insurer advised me that they use off-shore countries to process their email correspondence*** and the form which triggered opening a file was not correctly processed and hence the delay in decision making. Although, I had called and spoken to the insurer on 20 January and they were put on notice that I was completing and submitting the form, provided by the insurer.

It was news to me that the Insurer used off-shore staff for administrative duties and this was also in February when other countries were struggling with COVID 19.

I also suffered further delays as a result of off-shore processing of some claim items, but not processing of others, due to the dis-jointed administration of the claim. I was several thousands of dollars out of pocket for longer than the twenty-one days (processing time in guidelines), due to ***poor administration associated with off-shore processing***.

I was finally able to see the surgeon on 17 February 2020 and by 19 February 2020 I had a clear diagnosis (including relevant imaging) that I had no remaining cartilage, resulting in bone on bone and we could no longer delay the knee replacement due to the pain I was experiencing and the disability that it was causing, unable to work, sleep and contribute.

The Insurer denied liability for the surgery on 17 March 2020 and most importantly excluded information relating to the relevant surgeries in 2014 and 2015 described above. The decision was made by a ***Case Manager with three months experience in the industry and no qualifications***.

The Insurer later apologised for the treatment during this period and the delays but my surgery was still not approved until 7 May 2020, over two months after the diagnosis. During this time I was required to rely on opioids to treat the pain.

1.5 Reduce Costs that Result from Treatment Delays

SIRA published a Rapid Review report on Best Practice Opioid Management that identified that "***easier access to effective treatment can create a better, more humane approach to care***." [8]

The report highlights,

> "there is ***increasing concern about the use of opioids*** for the management of chronic pain. Furthermore, there is growing concern about people requiring escalating doses when used in the chronic setting and accumulating evidence of harm. This is due to intolerance that can result in ***dose escalation with major side effects*** with high dose, long term use, as well as ***problems with dependence*** and misuse."[9]

I was out of options for pain management when I returned to my surgeon in February. I had used all of the pain management strategies that I had learned reading "Manage Your Pain", Michael Nicholas, following my intake session for the Adapt program in 2013.

I would like SIRA to ***understand the disability that is being experienced by participants*** in the current Workers Compensation System in the hope that these learnings can be incorporated into the new framework. I believe if used correctly, the framework can result in faster, better decision making, integrating the current learnings into the new framework.

I am now recovering from my surgery in May, yet I have hit a new hurdle to my recovery being by bodies dependence on the opioid medication and the disabling symptoms that I am now trying to navigate including vomiting, diarrhoea, nausea, fatigue among others. As I should be increasing my functionality and getting back to enjoying life, I am again navigating another secondary problem caused by the delay in accessing treatment.

My surgeon considered that my case was urgent due to the disability the pain was causing me and completed the surgery 10 days after the surgery was approved. ***The Hospital I attended was only completing urgent surgeries and my case was considered medically urgent, yet took from February to May to navigate through the workers compensation system.***

In order to avoid poor outcomes from opioid use, it is my opinion that the framework must ***prioritise treatment and identify significantly injured workers and escalate decision making for these identified workers.***

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[8] https://www.sira.nsw.gov.au/__data/assets/pdf_file/0011/823988/Best-Practice-Opioid-Management_Rapid-Review.pdf pg 2.

[9] https://www.sira.nsw.gov.au/__data/assets/pdf_file/0011/823988/Best-Practice-Opioid-Management_Rapid-Review.pdf p 2

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?

2.1 NSW Government Customer Centric
2.2 Framework not Customer Centric
2.3 Aligning and Clarifying Vision and Direction
2.4 Regional Challenges in delivery

2.1 NSW Government Customer Centric

Yes, the outcomes framework is useful to clarify for me, an injured worker, the vision and direction for healthcare in the WC scheme, although I believe that the framework direction needs to be amended to align with the direction adopted by NSW Health and more widely, the NSW Government.

The ***NSW Government*** explains "***A customer centric government is one that recognises its people as customers and puts them at the centre of decision making***."[10] The Customer Experience Unit works with NSW government departments and agencies to ensure the customer is at the centre of policy and service design, funding, delivery and evaluation across the public sector.

2.2 Framework not Customer Centric

It would seem that the graphics should be amended to reflect the customer centric approach that is afforded to all NSW Government Services, and ***I don't understand why participants in the workers compensation system should be treated differently***.

In order to reflect the customer centric approach of the NSW Government, the graphic should be inverted to reflect that the injured worker in in the centre.

As an injured worker I feel the current graphics does not reflect the framework outlined.

I feel graphic on page 9 represents the current system and maybe is the reason why we are experiencing increasing costs and decreasing RTW rates. The existing system is fragmented, lacks effective co-ordination and is not achieving outcomes for workers.

The graphic on page 9 with the Vision as the centre and the injured worker being secondary, or on the peripheral of the graphic does not reflect the framework. ***The worker is on the fringe, the systems are fragmented and the worker is secondary to the central purpose.***

Visually placing the injured worker at the centre of the graphic would go along way to changing attitudes and understandings of insurers and service providers, actually placing the injured worker at the centre, inline with the Value Based Care model that underpins the framework.

Jason Parker, President and Senior Work Disability Consultant, Centrix, presented to the WIRO annual conference in February 2020 and spoke about the unmotivated worker and presented *"Unmotivated worker? Understanding how workers think about recovery and RTW".* Mr Parker discussed the importance of placing the worker at the centre.

[10] www.nsw.gov.au/customer-experience-unit

Mr Parker also provided advice for scheme participants in how to better support the injured worker and decrease unnecessary delays and particularly of the importance of the development of a positive relationship with the injured worker. His presentation is available on the link below and would help educate others as to the research that supports movement to a customer centric approach.

2.3 Aligning and Clarifying Vision and Direction

The framework is useful for me to clarify the vision and direction for the healthcare. The problem that we need to overcome presently relates to finger-pointing and lack of accountability and this framework certainly outlines the Values Based Care model and should overcome problems I experienced recently.

I was referred to an Occupational Therapist by my Doctor well prior to the surgery***. In May I contacted WIRO*** to assist as the insurer had not made a decision even though twenty-one days had elapsed. WIRO's response to me was that WIRO had followed up with the Insurer and the Insurer had advised that they had not denied treatment. ***This was technically correct, the insurer had not denied treatment, but they had also not approved treatment. The insurer had not made a decision, they were beyond the allowable 21 days and still had not made a decision.*** **I heard no more from WIRO and the services were not received until August.**

The fact that the insurer has twenty-one days to make a decision and the insurer takes all of this time available to them, results in delays and the correct supports not being available in a timely manner.

I required a handrail to be installed in my shower so that I could shower independently which was extremely important to my independence. This request was submitted to the Insurer in April but I did not receive notice to install the handrail until August, twelve weeks post-operatively, four months after receiving the relevant referral.

WIRO was right, the insurer had not denied, but the delay in the decision making process, the time taken between each element on the customer journey, means that supports are not reaching workers. From referral, to approval, to finding an Occupational Therapist, to them attending the house for review, the time taken to write the twelve page report required, time taken by the insurer to approve suggested supports (another 21 days) and then a person instructed to install the handrail. By this point, the handrail was no longer required but had resulted, in the meantime, in me being dependent on my husband to shower and a loss of self-respect that I could not complete my own self-care without assistance for many months.

2.4 Regional Challenges in delivery

Another note is the difficulty to employ Occupational Therapists in country areas. Existing businesses cite lower pay rates under the WC system compared to the NDIS system and when it is difficult to recruit to rural areas consideration should be given to higher rates (as exists under the NDIS system) to ensure rural clients receive the same level of access to treatment as those in the City areas.

3. [For scheme participants] Will the outcomes framework affect your approach to health care in WC and/or CTP? And if so, when and how?

As an injured worker in the system, this system currently happens to me, not with me.

I received a copy of my Injury Management Plan(IMP) quickly pulled together by my Case Manager before my case was handed to the new Case Manager back in July. I was not consulted, information was missing, even that which was known to the case manager at the time. It was pulled together so that there was a plan on file, my first since my claim opened again in January, even though I had been out of work since mid December.

We conducted a Case Conference on 20 August that I co-ordinated personally, I organised the Doctors appointment, invited the Insurer and the Rehabilitation Provider in order to progress my RTW. Even though reports have been submitted, and twenty-one days have passed, I am still waiting for the Insurer to approve support.

The IMP plan was due to be update by the end of August. I have requested an updated plan but this has not been forthcoming.

I have requested a copy of the report submitted by the Rehabilitation Provider to the Insurer but this has not been forthcoming.

The Insurer required any study request to be accompanied by statements from employers that the study would result in increased employability. The requirements set by the insurer was that it had to be a short course, also one studied from home at the moment. I am not sure where the bar to jump over was developed, but the Insurer blames SIRA.

Hopefully, you can see how I feel like this ***system happens to me, not with me***.

A recent report commissioned by SIRA under the Rapid Review, "*Best Practice for Vocational Programs"* [11]outlines best practice for return to work, particularly involving a long and complex recovery resulting in an absence from the workforce, and engagement in vocational programs improves return to work rates.

I suffered after my surgery in 2014 and 2015 and lost opportunities when I tried to return to work in 2016. I was interviewed and made it to the final two candidates but once the employer determined my career break was injury related, I was not offered the position.

I have not been able to work full time since my injury in 2012 due to pain and pacing to manage my pain.

I am pleased that finally this surgery should result, eventually in the resolution of my pain, fingers crossed, but I have certainly suffered income loss over the eight years since 2012.

I have used my time wisely, I have studied and hope that my study should pay off once I get the opportunity to return to work.

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[11] https://www.sira.nsw.gov.au/__data/assets/pdf_file/0006/869568/Best-practice-for-vocational-programs.pdf

The resilience skills that I have developed being a participant in this system are also invaluable. Having come from a point of suicide following my surgery in 2014, and loss of all hope once my insurer refused to pay for equipment to help me leave the house, I was told that I was not financially worth it, by the insurer. I began to believe this, coupled with the lack of mobility, depression was not a choice but a result of my circumstance.

Funny note, now, following my knee replacement I would now qualify for the modification that I needed to my house following my surgery in 2014 due to the automatic level of permanent impairment recognised by a knee replacement. The surgery in 2014 although it involved the breaking of bones and cutting of bone from my hip, and much disablement, the surgery was not considered sufficiently permanently disability to qualify for assistance.

We need to change the model and ***deliver the care that is needed, when it is needed otherwise people get permanently damaged participating in the system.***

The framework should change my approach, but I am too busy surviving the system. I should feel excited that things will change but as my psychologists and physiotherapists tell me, you cannot heal physically while you are hurting mentally. ***In order to calm the pain systems in my body, the best I can do is ignore the system and endure the decisions made to me.***

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

4.1 Improve the Quality of the Decision Makers;

4.2 Map the Customer Journey;

4.3 Improve Transparency and Reporting on Case Management;

4.4 Change the model to be Customer Centric to Address Delays; and

4.5 Increase Transparency.

4.1 Improve the Quality of the Decision Makers

Require Case Managers to be educated and to be registered and held to a standard of ethical practice like doctors, lawyers, financial advisers, mortgage brokers. The Case Managers should be required to perform their duties to an ethical standard and when they make decisions that are reviewed and found to have involved delay or deliberate omission of relevant information, there must be professional repercussions in order to personally hold the Case Managers professionally accountable, in which instance, Case Managers would not agree to put their name to decisions they know they could be held accountable for.

I believe this would identify the importance the role of Case Manager is in the system. This would be more costly as the Case Managers would require a higher pay rate than the customer service rate that they currently pay, although I believe better educated Case Managers, like Rehabilitation Providers are required to be highly educated, would result in more timely access to the best medical interventions, which would in turn, save on secondary medical costs incurred as a result of delays to treatment, and clearly align with the framework of value based healthcare.

4.2 Map the Customer Journey

The NSW Government in all other areas recognises its people as customers and puts them at the centre of decision making. I question why this approach is not relevant to injured workers? Why are injured workers treated differently? Why doesn't this framework place the injured worker at the centre of the framework, rather than around the outside of the framework?

In my opinion, the delays to access medical treatment, were not disputes as to liability, but were disputed because the correct information was not considered and was not held in a timely manner by the Insurer.

My claim was held by one insurance company and was then transferred to another with the system changes. In addition, because my case was closed under the legislation, it feels like my Case file was in a jumble. I am one of the lucky ones, my case has been clear and there has never been any dispute as to liability, but poor decisions have been made when the correct information was not considered.

4.3 Improve Transparency and Reporting on Case Management

Stability of quality Case Managers, without too many cases to manage, would also assist the customer journey. There needs to be transparency and reporting around how many cases are being managed by each Case Manager and how often injured workers are transferred around Case Managers.

I have had many Case Managers since January and in my experience delays to access essential services resulted because my case was un-managed from 7 July through until 31 July and I could not follow up and get access to assistance.

On 7 July I received an email from my Case Manager informing me my case was being moved to a different office and I would be shortly advised of the new Case Managers name and contact details.

On 9 July I emailed details of my Specialist Appointment that I required travel arrangements to be made and requested assistance. I followed up on 21 July via email and it was not until 22 July I was assigned a new Case Manager and told she would be in contact shortly.

Emails go unanswered for weeks. I have only called once and spoken to the Case Manager, other times have resulted in "their inbox is full, please send an email" or " is on the telephone but will return your call within twenty four hours". I email, but there is not response to emails for weeks.

My new Case Manager finally spoke to me on 31 July, she apologised for the delay but it was clear after not very long that even after the delay in getting to me, she had not spent one minute getting to understand my file. She asked me "why did you lose capacity in May".

I lost access to a Case Manager on 7 July, and the assigned case Manager three weeks after this point still had no idea that I had a knee replacement and at this point I was still waiting for the installation of a handrail to help me shower and access to any domestic support, all of which should have been ready for me on my return home in May.

I understand case management was the centre of a previous review but surely a requirement that a key facts summary be included as a headnote to the file would assist injured workers.

This is also a key reason that I feel the framework needs to be amended to put the injured worker at the centre so it is clear to all that getting timely access to treatment is at the centre. At the moment, which is represented in the current imagery and framework explanation is that all of the elements of care for the worker seem fragmented around the outer layer of the framework.
This approach means that service timeframes will not change for injured workers. First we have the referral from the GP, then we have the approval from the insurer (21 days), then we have the engagement of another fragment of the system allied health, then we have the report writing time due to the complexity of the reporting requirements, then we have a further approval time (21 days) then we have the engagement of the personnel to delivery the services. This process took me from April to August to have a handrail approved and domestic assistance available to me.

4.4 Change the model to be Customer Centric to Address Delays

In my case, the delay in access to treatment has increase the costs of my claim through secondary disability of opioid dependence. I would be actively back in the workforce, but instead, battling vomiting, diarrhoea, fatigue, migraines as just some of the symptoms of withdrawal that I am experiencing as a result of use of opioids due to treatment being delayed from February to May.

My current Case Manager feels sorry for me now, but this does not help my current medical situation. My Case Manager supports me obtaining access to specialised pain management specialists, lets see how long that approval process is. Until then, I will keep actively seeking my own information to learn how to safely reduce the use of opioids, without ending up on the floor and

maintaining some level of living, given the extended period of time it seems this process will take me.

I wish to return to work and helping out in my community and being an active mother of my three children. My youngest child is currently 9, he was only 1 when I was injured, he doesn't know me and my life before pain management became central to my life in 2012. I am looking forward to showing him the real me.

4.5 Increase Transparency

SIRA states that the framework will provide a transparent and systematic approach to monitoring and reporting on the heathcare provided. One of the key elements as an injured worker that I have struggled with in the current system is lack of transparency.

My problem when the Insurer denied liability for my surgery in March but excluded two major surgeries from their decision making, I could not get access to the reports to provide this information to the Insurer because I as an injured worker do not have a right to access reports such as Xrays, MRI's, Surgical Reports etc. I tried to get these documents but I was refused because I don't have the right to access this information.

In a system that promotes transparency, how can this be just?

This was obviously compounded when this information was held by the insurance company but was not produced.

For the framework to shine, true transparency must be fostered. A lack of transparency equals a lack of trust and certainly does not foster a strength of relationship. Current performance of RTW rates echo the learnings of the research of the presentation of Jason Parker and the key take way message which was a system must be customer centric and success is achieved when there are strong relationships[12]. Changing the system to foster transparency and trust would be a good step forward.

[12] Parker, J, https://vimeo.com/veritasevents/review/393358127/e2403ca616

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

5.1 Training & Education

Education of the value-based care model to insurers so they understand the direction of the system.

Measures developed to measure outcomes for injured workers. Case Managers should be required to complete an academic qualification to be able to make decisions under the system which would avoid the situation that I found myself in with a decision being made by someone with only a number of months experience in the industry.

Although, I do know that the insurer did have the decision reviewed by qualified members of staff and these staff should be required to sign off on the decision. The current system allows the second layer of the review of the decision by the insurer to be then completed by someone else in the organisation. If ***decision makers were required to be qualified and were able to be held accountable professionally for their decisions, I believe better decisions would be made first time,*** aligning with the value based healthcare framework, "***doing the right things that achieve the best outcomes for the patients***"[13].

The work on the framework must encourage timely outcomes and measure outcomes like provision of healthcare to worker, including all necessary elements, rather than be a string of approval processes that mean that the supports do not arrive to the worker until it is too late.

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

Scheme Providers should also be educated about pain.

Kathy Hubble, Amelio Health was recently interviewed by Mark Pew, Rx Professor[14]. Kathy has been working in chronic pain management for twenty years and discussed the changes in the way pain is understood and needs to be treated. Kathy discussed the Amelio program and explained that in order to help people suffering pain we need to discover their needs in order to deliver Values Based Care.

The Amelio program has a number of outcomes that are tracked and measured and hopefully the NSW Workers Compensation System can review the research and developments of the Amelio program as brings together a changed approach to pain management, incorporating evidence based measures i.e. pain questionnaires etc.

Kathy spoke of some of the elements that effect the perception of pain, one being the effect of perceived injustice. ***My question is, what if that perceived injustice is real? What if people have been treated unjustly in the system, what effect will that have on RTW rates and worker motivation***. I hope that all of the research at hand and consultation results in better outcomes for injured workers.

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[13] Secretary for NSW Health, NSW Health, https://www.health.nsw.gov.au/Value/Pages/transcript-ekoff.aspx

[14] https://ameliohealth.com/about