

## **SIRA consultation – Regulatory requirements for workplace rehabilitation service provision in NSW personal injury schemes**

icare welcomes the opportunity to provide feedback on the NSW policy and framework underpinning the approval, engagement and performance of workplace rehabilitation providers (WRP) in NSW personal injury schemes. The development of an overarching policy framework that supports effective service delivery of workplace rehabilitation (WR) is integral to the performance and quality of service delivery.

icare's submission and feedback aims to provide constructive input to the development of a policy framework that support scheme objectives and claimant outcomes.

### **1. In the current landscape, are there aspects of the WC or CTP schemes that should be extended to the other scheme to optimise WR service provision?**

#### SIRA funded vocational programs

- icare recommends a consistent overarching policy framework which will result in a consistent approach by WRPs allowing for the provision of vocational programs, supports and resources to be available across both the WC and CTP schemes.
- icare recommend expanding the current WC SIRA funded vocational programs, including vocational re-education pursuant to section 53 of the *Workplace Injury Management and Workers Compensation Act 1998* (the 1998 Act) and compensation for return to work (RTW) assistance pursuant to section 64B and 64C of the *Workers Compensation Act 1987* (the 1987 Act), to the CTP scheme. This would enable CTP claimants and participants in the Lifetime Care and Support scheme to benefit from these programs and would enhance redeployment outcomes for claimants through increased opportunities to network and market their skills to prospective employers.

#### Resources

- Given the changing nature of work and community expectations, the role of the WRP has evolved, which can bring an element of ambiguity in the absence of a clearly defined framework. icare supports the development of resources or fact sheets explaining the role of a WRP and the services they provide in both the CTP and WC schemes. This would assist with role clarity for WRP's and assist employers and insurers through clarity of expectations when engaging their services.
- Any current WC educational tools or resources should be modified to support the CTP scheme where the employer does not have a direct obligation.

#### Holistic biopsychosocial approach

- There has been a gradual shift within society of the acknowledgement of the "whole person" and the impacts of biopsychosocial factors on an injured persons recovery. icare suggests the biopsychosocial model is adopted across both WC and CTP with regards to WRP's and the delivery of services.

#### Use of technology

- Changes to the current working environment have seen a shift in employment arrangements including working remotely and increased use of technology. In response to this, icare recommends that WRP services also transition to increase the use of, and efficacy of remote or online workplace rehabilitation support.
- icare consider that increasing the utilisation of tailored online platforms would optimise the WRP service provision by increasing access to services and support for individuals, especially for those who reside in rural and remote areas.

#### Outcome and performance measures

- icare welcomes a more streamlined approach to measuring results and success across the schemes to assess WRP outcomes and to achieve a larger pool of insightful claims data.
- icare suggests aligning the outcome measures for WC and CTP with consistent and more holistic measures to monitor claimant and WRP outcomes.
- As distinct from a transactional performance framework, icare recommends consideration through consultative design of a value based performance framework for WRP's, a framework that incentivises services that deliver desired outcomes aligned to sustainable scheme performance objectives, e.g. upgrades in work status codes, a work status based RTW metric for WRP's, wellness measures and use of a decrease in disability index.
- A value-based performance framework would need to normalise for complexity. icare recommends full transparency of relative provider performance be published regularly to create a competitive tension between WRP's in the best interests of customers and the schemes. This would also provide visibility of relative performance and allow greater opportunity to scale successful initiatives and interventions that deliver actual RTW or quality of life outcomes.

#### Nationally Consistent Framework for Rehabilitation Providers and Codes

- icare recommend that the Nationally Consistent Framework for Rehabilitation Providers is applied across both schemes, including aligned billing codes, to improve consistency of service delivery and reporting.

## **2. Do we have the breadth of WR services, interventions and supports required for optimal recovery and RTW outcomes for injured people in NSW?**

#### Specialist WRP's

- icare support engaging WRP's with specialist capabilities for working with people with psychological or severe injuries such as traumatic brain injury (TBI) and spinal cord injury (SCI).
- The current expectations and measures on WRP's working in the specialist areas of TBI or SCI to become SIRA accredited or to maintain accreditation is limiting the viability of providers practicing in this space. A more flexible approval process to better support specialist providers will ensure greater scope for sole traders and/or those working in specialised areas.

#### Uplift in New Employer services

- icare suggests enhanced training in the essentials of New Employment services be implemented to support an uplift in the experience, skills and capabilities for consultants within the new employer service.

#### Community services

- icare believes WRPs should be encouraged and supported to connect with community services to assist in addressing biopsychosocial issues that may be impacting the claimant's recovery or RTW.

#### Partnering with experts

- icare suggests there is value in a model that supports and encourages dynamic approaches to WR which could see improved quality programs and services. For example, WRP's partnering with universities and/or other service providers to obtain more knowledge and develop practical programs.

#### Customer Centricity:

- icare recommends that customer centricity be an integral component of the WRP policy framework. icare recognises that in order to be effective at optimising health and recovery, WR service provision must adopt a customer-centric approach, which is focused on early and timely intervention, individually tailored programs, and multi-component programs that extend to healthcare, workplace and service coordination.

#### Assessment tools

- icare believes WRP's should be encouraged to incorporate assessment tools which measure resilience, psychological readiness and genuine commitment to change when assisting claimants to re-

enter employment. Understanding the motivational and behavioural factors that can affect return to work is critical to identifying the barriers and implementing strategic solutions. This assessment would support the triage of claimants into the most appropriate service stream for either return to work placement or resilience-building services as a precursor to RTW.

#### Appropriately qualified consultants

- In implementing a WRP policy framework, icare recognise the ongoing need for qualified and skilled consultants to achieve optimal outcomes. icare suggests this be incorporated into the framework to ensure retention of capability and continual upskilling, with tailoring to the varying range and complexity of injuries.

#### Tailored programs

- Currently, various WRP's offer tailored supports and services. To ensure consistency in delivery of these services, icare recommends an alignment of services under the WRP policy framework, in addition to a combination of short education modules and implementation of a quality assurance framework.

#### Increased support to regional/rural services

- In order to better support claimants in regional and rural areas, icare suggest the policy framework promotes/incentivises WRP's to operate out of such areas for the delivery of services. This may take the form of technological solutions as identified by the recent COVID pandemic and adaptation of business operations across all industries.

#### Mediation

- icare suggests there may be value in expanding the scope of WR to include mediation services where a workplace or interpersonal conflict may be impacting the claimant's recovery and/or RTW, particularly for example with regards to psychological injury. icare has commenced a review of the value of mediation services in personal injury schemes and would welcome ongoing dialogue with SIRA.

### **3. What would be the best approach to building capability in WR service provision?**

#### Ongoing and continued education

- icare suggests that the introduction of scheme specific education requirements for addressing the core competencies for consultants would ensure that WRP's are well versed on current WC and CTP changes and expectations. This would also provide an avenue to ensure WRP's are well versed in understanding the expectations of the insurers with regards to reports, assessments and services.
- icare recognise the value in specialised consultants, for example those that specialise in psychological injuries or TBI/SPI and would support greater investment in the building of WRP capability in such areas.

#### Conflict resolution

icare recommends additional training for WRP's in conflict resolution and having difficult conversations to ensure that the WRP's remain independent in escalating matters and can facilitate swift resolution.

#### Communities of practice

- icare suggests the establishment and implementation of structured communities of practice may play a role in facilitating knowledge transfer and trends sharing, enhance service delivery and opportunities for innovation, to foster a culture of continual improvement.

#### Addressing competition for talent

- WRP's operating in the WC and CTP schemes are faced with the competing challenge for talent with other schemes requiring similar talent. As an example, many talented and qualified staff are attracted to schemes such as NDIS who pay relatively higher salaries for often less complex roles. Finding ways to encourage WRP talent to remain in or be attracted to NSW personal injury schemes would be valuable to consider.

#### **4. How do we support WR service provision to achieve optimal outcomes?**

##### Optimal outcomes for individuals

- icare suggests there is a risk in “simplistic” outcome measures such as sole reliance on the work status code and no consideration of the broader context and interdependencies that can hinder or promote recovery and RTW. icare suggests more holistic outcomes measures would better support the delivery of services that achieve optimal outcomes for that individual claimant and the scheme.

##### Severe injury incentive

- icare encourages WR specialisation to support those with the most severe injuries such as TBI, SCI and psychological injuries. icare suggests there is an opportunity to enable WRP’s to take on such claimants without disadvantaging their RTW rates and/or program costs, given that these claimants require more time and benefit from specialist providers.

##### Billing

- icare supports SIRA in reviewing funding arrangements and the current payment models to better reflect service requests being structured around outcomes, as opposed to billable hours. Service requests that provide more autonomy to the individual WRP consultant in utilising their expertise in instigating tailored services may assist in aligning return to work outcomes with WR costs.

##### Fees

- icare notes that the equity of fees amongst schemes and insurance companies can impact service provision, WRP availability and outcomes. icare recommends a fair, market aware and consistent fee order is implemented across all schemes.

##### Incentives

- icare suggests the addition of outcome fee measures to incentivise WRP’s to achieve positive outcomes and ensure service provision is delivered to promote RTW could support optimisation of WR service provision. This needs to be balanced against the risk of introducing perverse incentives.
- As well as considering the potential of an outcome fee option, icare also recommends consideration of volume based referral secondary to relative performance of providers. In essence, those providers who perform better than peers against agreed metrics, could be afforded greater opportunity for referral volume through appropriate mechanisms. This would minimise the potential cost inflation of an outcome payment model and would equally provide certainty to providers that investing in the areas to improve performance, would result in increased revenue opportunity through a greater volume of work.

##### Communication and collaboration

- icare recommends communicating the implementation of the framework via media releases, training and reference material to ensure clarity of intent, consistency in interpretation and that all stakeholders involved in facilitating the workers recovery goals are aligned to the framework. icare suggests that in communicating and releasing the policy framework SIRA reference evidence and analytics that support the benefits of WR to support claimant outcomes.

#### **5. How do we promote best practice and continued innovation in WR service provision in NSW?**

##### Definitions

- icare suggests the adoption of “best practice” be clearly defined and expectations clearly articulated to minimise the risk of “best practice” being used as a buzz word rather than services embedded in evidence.

##### Research

- icare recommends further research in the areas including:
  - What encourages/supports employers to assist RTW of their employee or employ someone with a pre-existing injury and the labour market influences of this;
  - Improving employment opportunities for people who have been severely injured by considering the introduction of programs similar to “support employment services” offered in the NDIS space;

- Development of a multi component RTW model that provides for the health care, service coordination and workplace /employer component; and areas of specialisation required, and the specific supports required.

#### Trials and pilots

- icare supports the continued promotion of innovation and the trial of different services and approaches specific to customer needs. To maximise the opportunity for new trials/pilots, it is recommended that a protocol is implemented to support the use of such initiatives, and ensure they are conducted in a consistent manner, within the correct parameters and with appropriate participants, which should therefore produce reliable results.

#### Trend identification and data analysis

- icare supports the greater utilisation of WR data through enhanced data capturing and analysis to support claim outcomes.
- icare believes there is an opportunity for further data-driven innovation to improve WR service provision. An outcome-reporting regimen with standardised auditing guidelines coupled with the pooling of data resources across the schemes will better drive innovation in WR.
- This will allow SIRA, insurers and WRP's to further refine, adapt and facilitate data-led initiatives to improve claimant outcomes and overall scheme performance. In particular, a more collaborative and open approach to claim data analysis across the schemes will not only increase transparency, but also provide key stakeholders with valuable reporting sets to analyse the consistency, efficacy, and opportunities to improve claimant outcomes.

#### Multidisciplinary service delivery

- icare supports adopting a multidisciplinary approach to service delivery. Guiding principles should consider the widely accepted position that effective WR programs must include core health care aspects, service coordination components and workplace employer components, as referenced in the consultation paper. As WRP consultants have a role in facilitating service coordination between various stakeholders (including treatment providers) this would ensure aligned understanding, expectations and co-operation to improve outcomes.

#### Innovation Framework

- icare supports the development of a balanced and flexible framework so that the guiding principles do not restrict a WRP from developing tailored services or specialty offerings in response to emerging trends, research, or as stipulated above, complex injuries.
- Additionally, consideration should be given to the potential value that the “innovative” product/service brings based on evidence (and history) to avoid the introduction of re-packaged services/products.

#### Tripartite working group

- icare recommends the establishment of a “working group” between WRP organisations (and/or industry associations), the regulator and insurers to explore macro level innovation opportunities, guided by latest research and contemporary understanding of the customer and scheme needs.

### **6. How do we most effectively measure outcomes associated with WR?**

#### Define desired outcomes

- Currently there is inconsistency amongst scheme stakeholders as to the scope and role of the WRP when considering the work disability and medical disability an injured person needs to overcome in order to achieve maximum rehabilitation.
- icare suggests it must be determined whether it is within the scope of the WRP to influence and take carriage of rehabilitation from both work and medical disability aspects or whether the WRP is only responsible for providing support from a work disability perspective, and the medical disability aspect remains solely with the nominated treating doctor.
- While it is important for us to arrive at a consensus regarding the above, the following are key indicators of whether the services being provided by a WRP are being effective:
  - Did the worker RTW?
  - Is the worker performing suitable, meaningful and appropriate duties?
  - Is the worker recovering at work?

- What % of the pre-injury hours is the worker at work for?
- What % of the PIAWE is the worker earning?
- How long did it take for the service to be completed?
- How reasonable are the service costs given the outcome?
- What was the customer (worker and employer) experience?

#### Metrics definition and benchmarking

- Whilst icare submit that outcome measures should be aligned between WC and CTP where applicable, icare suggests that both schemes should also have specific measurements to respond to their differences. To support data consistency and accuracy, we believe metrics definition and benchmarking should be considered and developed through further consultation.
- The *Health Outcomes Framework* outlines six key domains and an overall set of criteria over which outcomes are to be achieved. The principles of the Framework also align with what could be considered best practice rehabilitation offerings – person-centred care, tailored support for every individual, multi-component and the service coordination to optimise health and recovery for the claimant. First phase priorities include metric definitions and benchmarking and a focus on delivering a routine ‘Health Outcomes Dashboard’ integrated with SIRA’s systems. WR outcomes could be effectively measured with alignment to these metrics and included within any developed dashboard synced with SIRA’s systems.
- The effectiveness of such metrics relies on a number of dependencies which warrant further consultation which would include agreed definitions.
- icare suggests that establishing aligned metrics to assess the cost benefit of WR interventions would support the WRP’s facilitating return to recovery and return to work in a way that is cost effective and aligns to incentive measures.

#### Broader outcome measures

- icare recommends that outcome measures take into consideration the diverse circumstances and goals of the claimant. Costs, reduction in weekly benefits and RTW outcomes alone may not reflect the individual circumstances of the claimant and the efforts that the WRP contribute. In instances of severely injured people, limited measures may deter WRP’s from entering into this space. icare recommend the introduction of broader measures that could take into consideration the goals and outcomes for the injured person.

### **7. How can we drive value – as articulated in the SIRA Health Outcomes Framework – for WR in NSW personal injury schemes?**

#### Promote best practice

- icare believes that incorporating the recommendations from the commissioned “Best practice in WR” review will assist. All vocational rehabilitation programs should:
  - Incorporate healthcare, service coordination and workplace/employer components
  - Commence early after injury/illness (where applicable)
  - Be individually tailored
  - Target workers who are at a higher risk of delayed return to work – this should be supported by a clear definition of ‘high risk’ and how this is screened
  - Involve the employer and claim stakeholders
  - Encourage stakeholder awareness of the value of work for health and recovery

#### Value-based service

- The consultation paper outlines a key goal is to shift from volume to value-based service, and icare supports this position. It is key to note, considerations should be given to case complexity when designing such a model and icare would welcome the opportunity to partner in this endeavour.

### **8. What elements does a policy framework need to drive quality, innovation, capability and outcomes in WR in NSW?**

#### Flexibility and tailored approach

- The policy framework needs to be flexible enough to cater for the diverse requirements of the people injured. icare suggest this is to be achieved through expanding the parameters under which a provider is measured.
- Whilst focus on early RTW may be appropriate for a proportion of claimants, it may not be appropriate for people who require work rehabilitation for extended periods of time after their injury or if they sustained their injury as a child.
- Severely injured claimants may take a more significant amount of time to undertake their RTW including pre-vocational support, community participation or ongoing support when they obtain employment, particularly those with a TBI who will likely require support to maintain their employment.
- The employment rates for severely injured claimants, such as those with SCI and TBI is around 40% and is dependent upon many factors such as severity of injury, pre-injury employment and compensation status. Of note however, is that employment is associated with improved outcomes for this cohort of claimants.

#### Clear definitions and expectations

- icare recommends the policy framework clearly defines and sets out lines of accountability, responsibility, and expectations, as well as areas that will be measured, expectations for continuing education and upskilling (CPE) and delivery of services aligned to best practice standards.
- icare recognise the Principles of Practice for Workplace Rehabilitation Providers (2019) as the national standard, however icare suggests there is considerable scope for better implementation within NSW personal injury schemes. The Principles in their current format guide expectations for service delivery, but governance and measurement of outcomes need to address the theory-practice gap currently presented.

#### Structured framework governance

- icare recognises that governance is central to any policy framework. icare suggests the policy framework would benefit from clear governance structures which provide a clear process of what will occur if WRP's are not meeting the set (and agreed-upon) expectations.

#### Service delivery and quality assurance

- icare suggest the implementation of a complimentary quality assurance and reporting framework would provide transparency of performance and allow the analysis of consistency, efficacy, and outcomes against best practice service delivery. This would also provide opportunity to incorporate compliance and accountability into WR service provision, promoting a culture of innovation and improvement.

#### A practical balance between competency and innovation

- icare suggests it's important that a policy framework firmly cements the elements of competency and the expected standard of service delivery to drive desired WR outcomes. However, this needs to be balanced and flexible to allow WRP's to respond in innovative ways to the evolving workplace, emerging science, data, community expectations and trends within personal injury schemes. icare believes this would support improved outcomes and ensure the implementation of compassionate, individualised and evidence based WR services for those who need it most.