NSW SIRA Consultation

Submission by OSTEOPATHY AUSTRALIA to:

NSW SIRA on:

Health Outcomes Framework for the NSW Motor Accident Injury/Compulsory Third Party (CTP) Schemes

September 2020

SUMMARY

Osteopathy Australia thanks NSW SIRA for the opportunity to lodge a submission addressing core issues raised by the consultation paper *Health Outcomes Framework for the NSW Motor Accident Injury/Compulsory Third Party (CTP) Schemes* (September 2020).

In focusing our submission, we address consultation terms of reference crucial to Osteopathy Australia and our members; namely:

1) What can Worker's Compensation & CTP participants (insurers, health practitioners, claimants, and employers) do to help advance the vision of value - based care within the schemes?

2) For scheme participants, is the outcomes framework useful to your organisation in clarifying the vision and direction of healthcare in the Worker's Compensation & CTP schemes?

3) **As an additional issue**, we outline outcomes and process data useful to osteopathy and other physical disciplines

4) When and how will the outcomes framework influence your approach to healthcare in the Worker's Compensation and CTP schemes?

We raise points for consideration and recommendations within sections dedicated to each focus issue.

Our overall feedback is that:

a) The draft framework requires significant definitional clarity above its current form before reporting can commence

b) NSW SIRA should extract data for health care benchmarking using existing tools (AHRRs) and use the AHRR as the baseline for revisions to reporting requirements. Practitioners should be remunerated accordingly for any additional reporting.

OSTEOPATHY AND OSTEOPATHY AUSTRALIA

Osteopaths in Australia are government regulated allied health professionals having inbound and outbound referral relationships with other health professionals.

Osteopaths complete a dual Bachelor or Bachelor/ Masters qualification covering functional anatomy, biomechanics, human movement, the musculoskeletal and neurological systems as well as clinical intervention approaches. Significant commonalities exist between the health science units undertaken by osteopaths and those undertaken by peers of other allied health professions, including physiotherapy.

As a defining characteristic, the osteopathic profession emphasises the neuromusculoskeletal system as integral to a client's function and uses biopsychosocial and client-centred approaches in managing functional limitations from workplace and motor vehicle injuries. The *Capabilities for Osteopathic Practice*[i] outlines the required capabilities for professional skill, knowledge, and attributes; osteopaths are required to possess many professional skills common across allied health and health professions. Osteopathic practice capabilities have an interdisciplinary grounding in shared capabilities frameworks for evidence-based neuromusculoskeletal and allied health care practice.

Clients---injured workers and users of compulsory third-party motor vehicle accident schemes---present to osteopaths with a range of musculoskeletal functional impairments.

Osteopaths conduct comprehensive functional examinations. Evidence informed reasoning is fundamental to case management and clinical intervention. Osteopaths prescribe skilled clinical exercise, including general and specific exercise programming aimed at enhancing functional capabilities. [ii] Many clients consult an osteopath for advice on physical activity, positioning, posture and movement. Self-management is key objective in the clinical services provided by osteopaths, consistent with the nationally endorsed *Clinical Framework for the Delivery of Health Services* to which Osteopathy Australia is a key signatory under our previous entity name, the Australian Osteopathic Association.

Osteopathy Australia is the peak body representing the interests of osteopaths, osteopathy as a profession, and consumer's rights to access osteopathic services. We promote standards of professional behaviour over and above the requirements of AHPRA registration. A vast majority of registered osteopaths are members of Osteopathy Australia.

Our core work is liaising with state and federal government, and all other statutory agencies, professional bodies, and private industry regarding professional, educational, legislative, and regulatory issues. As such, we have close working relationships with the Osteopathy Board of Australia (the national registration board), the Australian Health Practitioner Regulation Agency (AHPRA), the Australasian

Osteopathic Accreditation Council (the university accreditor and assessor of overseas osteopaths), compensable injury schemes in each jurisdiction, and other professional health bodies through our collaborative work with Allied Health Professions Australia (AHPA).

In our capacity, we welcome the opportunity to provide feedback to NSW SIRA's inquiry *Health Outcomes Framework for the NSW Motor Accident Injury/Compulsory Third Party (CTP) Schemes* (September, 2020).

ISSUE ONE: WHAT CAN WORKER'S COMPENSATION AND CTP SCHEME PARTICIPANTS DO TO HELP ADVANCE THE VISION OF VALUE-BASED HEALTHCARE IN THE SCHEMES?

NSW SIRA specific observations

We note that it is the overarching legislative responsibility of NSW SIRA to encourage timely and appropriate care for claimants.[iii] To this extent we consider the agency to be a scheme participant, although an exceptional one with regulatory oversight.

Despite this crucial governance role, however, the absence of NSW SIRA from the data governance framework and its emphasis on selective components of the injury management system (insurers, claimants, health providers and employers) is, in our view, detrimental to comprehensive value-based care on a systemic level. We believe NSW SIRA's efficacy, outcomes and processes should in themselves be core components of the governance framework transparently reported on for all scheme stakeholders, who in turn, would report transparently.

Our view that NSW SIRA requires data metrics for its own performance is grounded in frameworks to which the agency is a signatory under its previous separate entity names, the NSW Motor Accidents Authority and WorkCover. *The Clinical Framework for the Delivery of Health Services (2012)* notes 'Black Flags' that are of equal and significant importance for mitigation to all other flag categories in optimising appropriate claimant rehabilitation. 'Black Flags' concern threats to financial security, litigation, and compensation thresholds.[iv]

NSW SIRA should generate metrics and data governance for its own role in mitigating 'Black Flags' as a primary risk holder for this category.

Some possible indicators for NSW SIRA might include:

a) *Average time for mitigating concerns between SIRA reviewers and approved insurers for claimant status, compensation and/or payment*

b) *Claimant payment levels and adequacy for daily costs of living stratified by Socio-Economic-Status or employment type*

c) *NSW SIRA regulated treatment approval minimum consultations and average administrative time lapsed for further treatment approval*

d) *NSW SIRA performance related complaints broken down into complaint domains as a percentage*

e) *Percentage of NSW SIRA performance complaints resolved and ongoing in each financial year.*

These indicators sway toward quantitative datasets, however, qualitative inquiries exploring meanings of how or why for each indicator are needed in tandem for transparent reporting in each reporting cycle.

Health provider and claimant observations

In 2019 via a separate inquiry, NSW SIRA asked scheme stakeholders how to prevent rising costs, cost leakage and red tape. Osteopathy Australia made several recommendations for this inquiry and we encourage NSW SIRA to review those recommendations.[v]

We reinforce that for practitioners, any revised data collection and reporting responsibilities must be balanced with the overall objective to service approved claimants. To this effect, practitioners, whether osteopaths or other, already report frequently in the treatment review cycle. For example, in lodging Allied Health Recovery Requests (AHRRs).

Without judicious planning and configuration with existing reporting requirements, any updated data collection may bring key risks:

- Additional untimely and inappropriate delays to claimant care through an emphasis on reporting rather than frontline clinical management--- a point linking back to Black Flags through system design

- Disincentivising practitioner participation, thus minimising healthcare supply and inadvertently increasing the price that can be demanded by remaining healthcare providers.

We would not wish to see a situation where less necessary care is given for more administrative reporting. This would be counterintuitive to the purpose of NSW compensable injury management schemes.

Where any revised reporting requirements are introduced, our strong recommendations are that these should be incorporated seamlessly into the AHRR

and the cost of completing an AHRR increased at a measure suitable for the revision.

Claimants themselves are primarily focused on recovery, rehabilitation and returning to activities of daily living. Caution must be born in attempts to involve claimants, some of whom have biopsychosocial complexities, in additional data collection efforts to capture indicators on optimal care beyond reported outcomes. Each claimant deserves a person-centred rather than system-centred experience.

ISSUE TWO: FOR SCHEME PARTICIPANTS IS THE OUTCOMES FRAMEWORK USEFUL TO YOU/YOUR ORGANISATION IN CLARIFYING THE VISION AND DIRECTION OF HEALTHCARE IN THE WORKER'S COMPENSATION AND CTP SCHEMES?

The framework is a high-level blueprint needing further discussion and refinement in consultation with scheme stakeholders.

It requires significant work to be useful in operational monitoring or health outcomes reporting contexts, and for use by us as a peak professional association. Below we reflect on specific outcome indicators relevant to the osteopathic profession and outline areas needing clarity.

For expediency, we provide our questions and suggestions in tables.

Outcomes reporting domain 1: physical and mental health		
Sub outcome	**Data definitional issues**	**Remediation suggestions**
1.1 Physical health improved or maintained at level supporting return to work or activity	What levels of reparation will NSW SIRA consider appropriate for improved or maintained function by injury or biopsychosocial context?	Round table with industry representatives /systematic review of the clinical literature/ review of AHRRs by client/injury type
1.3 Harmful dependence of injured persons on unnecessary treatment is minimised or avoided	How is harmful dependence/unnecessary treatment to be defined referring to biopsychosocial individual variance, considering what may work for one claimant may not work for another overall? How will harmful dependence be defined consistently across health providers and modalities for equity?	Systematic review of iatrogenic response and recovery rates literature by injury and claimant group cluster/ round table with industry representatives/ review of AHRRs by client or injury type

Outcomes reporting domain 2: injured person experience and accessibility		
Sub outcome	**Data definitional issues**	**Remediation suggestions**
2.1 Injured persons are satisfied with treatment and care processes, experience, and dispute resolution	How can claimant care satisfaction, influenced by factors broader than outcomes alone, be reconciled in a way that does not contradict 1.1 and 1.3?	Round table with industry representatives /round table with claimants, their families and carers
2.3 Healthcare services are inclusive and respond to culture, identity, and individual circumstance	How can the compensable injury management schemes balance claimant cultural and identity expectations/roles with its view of value based clinical outcomes?	Round table with diverse claimant groups /round table with industry representatives
2.4 health care is integrated across the continuum of need	How will integration be defined, by referral (and time taken to action referral or claimant attendance to a referred service), service colocation, or other metric, and how will the definition suit providers of differing modalities?	Round table with industry groups /AHRR analysis identifying pathways of optimal integration

Outcomes reporting domain 3: injured person attains high levels of wellbeing, empowerment, interconnectedness		
Sub outcome	**Data definitional issues**	**Remediation suggestions**
3.1 Injured persons achieve recovery milestones in a timely manner	How is 'timeliness' to be defined in a biopsychosocial context relevant to cultural roles and identities of claimants in a way that does not contradict 2.3? What are some other measures of management success beyond timeliness related to quality of life, non-return to work outcomes or community participation?	Round table with industry representatives /round table with claimants, their families and carers /systematic review of the clinical literature, with emphasis on impact measures correlating with longevity, participatory or quality of life outcomes

Outcomes reporting domain 4: cost of healthcare		
Sub outcome	**Data definitional issues**	**Remediation suggestions**
4.1 Healthcare provided within compensable injury management schemes is cost efficient	How can or should cost efficiency be balanced with long term clinical outcomes in value-based care? Is cost efficiency to be measured over a short, medium or longer term?	Round table with industry representatives/ round table with claimants, their families and carers /consult MBS average bills data /AHRR analysis by client and injury type / discussion with other jurisdictional compensable injury schemes, including within Victoria and South Australia
4.3 Level of health care provided is appropriate, caps overserving, and in line with relevant benchmarks	How will 'no over servicing' be balanced in a biopsychosocial context pertinent to individual need, culture, identity and related roles? How will NSW SIRA govern and remain current with what could be many metrics associated with appropriate servicing across client/injury types, and between professions and modalities?	Systematic review of literature accommodating injury, age, culture, sex, disability, and other status groups/ cost and outcome analysis of the long-term consequences of varied numbers of service occasions, consultations or treatments

Outcomes reporting domain 5: safety and quality of health care		
Sub outcome	**Data definitional issues**	**Remediation suggestions**
5.2 Treatment offering no or little benefit is discouraged or avoided	How will SIRA define no or little benefit, and what mitigating factors would it accept as influencing benefit independent of provider intervention?	Round table with industry representatives/ AHRR analysis by client and injury type and biopsychosocial context across modalities

Outcomes reporting domain 6: health care provider capability, delivery and experience		
Sub outcome	**Data definitional issues**	**Remediation suggestions**
6.2 Clinician and staff wellbeing is upheld by NSW SIRA, insurers/claim agents	How will NSW SIRA respect clinician judgement as a determinate of overall wellbeing where its views of value and that of a clinician diverge?	Round table with industry representatives
6.4 Compensable injury management schemes approve suitable providers and refer unsuitable providers to health care regulators	How closely aligned will NSW SIRA's definition of unsuitable provider behaviour align with AHPRA's requirements? How will associations be empowered to educate members on SIRA's own definitions of these behaviours?	Round table with industry representatives and AHPRA representatives

ADDITIONAL ISSUE THREE: DATA VALUABLE TO DETERMINING VALUE OF CARE IN OSTEOPATHY AND OTHER PHYSICAL TREATMENT GROUPS

Drilling down specifically, we suggest NSW SIRA can gauge value outcomes for physical treatment groups using data on:

- Comparative injuries presenting between musculoskeletal professions
- Comparative modalities used between musculoskeletal professions
- Comparative recovery rates between musculoskeletal professions
- Types of PROMs predominantly used between musculoskeletal professions
- Return to activity rates by modality used and consultation frequency between musculoskeletal professions
- GP referrals versus agent referrals or walk-in presentations as a percentage of claimant load between musculoskeletal professions
- Reported claimant treatment injuries between musculoskeletal professions.

Data for each of these indicators can be captured from AHRRs in their current form where completed in full by practitioners.

In the **Appendix** we display a possible 'dashboard' of comparative outcome reporting for physical professions from New Zealand. This dashboard model was suggested within our previous submission to NSW SIRA (2019).

ISSUE FOUR: WHEN AND HOW WILL THE OUTCOMES FRAMEWORK INFLUENCE YOUR APPROACH TO HEALTHCARE IN THE CTP AND WORKER'S COMPENSATION SCHEME?

With adequate framework development as recommended in prior sections, we would work with NSW SIRA in issuing core messages to NSW members about the general importance of continued reporting against the framework.

Where NSW members indicate lack of clarity in their role under the framework, we would use this as an opportunity to make recommendations for continuous improvement. An issues log for interorganisational engagement could be kept and updated.

Where the framework itself leads to systematic reviews of best treatment evidence for conditions or claimants, we would be willing to integrate further quality standards into our Advanced Practice Recognition (credentialing) arrangements.

Osteopathy Australia has impartial interdisciplinary panels dedicated to transparent assessment of candidates with an advanced scope of practice in functional movement and rehabilitative fields, including Pain Management, Exercise-Based Rehabilitation and Occupational Health.

The assessment process could benefit at any stage from NSW SIRA's clear understanding of high value specific assessments or management approaches. To learn more about Advanced Practice Recognition and consider how the future outcomes framework could be integrated into practitioner assessment go to: https://www.osteopathy.org.au/about-osteopathy/advanced-practice-recognition

APPENDIX- NEW ZEALAND ACC PERFORMANCE REPORTING EXAMPLE

National Service Report: Osteopathy
1 July 2014 – 30 June 2015

June 2016

About this report

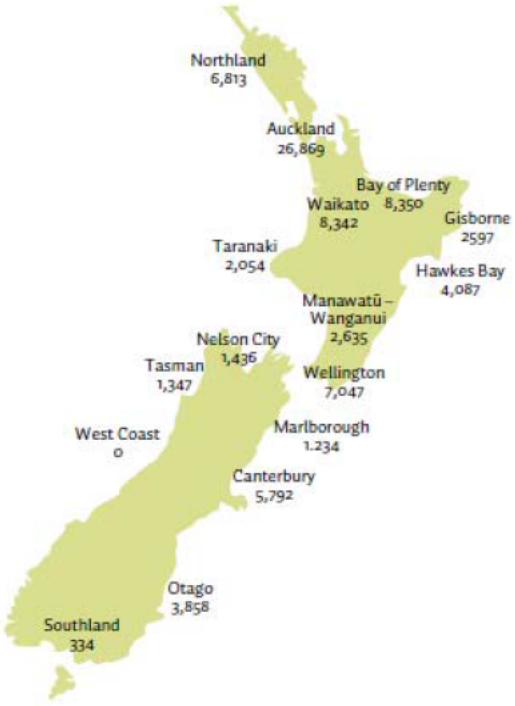
This report provides high-level data that you can compare with your own practice data to see how you're doing; you can also use it as the basis for professional discussion. It uses the Results Based Accountability Framework™. This framework uses three key performance criteria: How much did we do? How well did we do it? Is anyone better off?

How much did we do?

Claim spend by region and average spend per claim

Region	Total osteopathic spend $	Average osteopathic spend per claim $
Auckland	4,566,144	170
Bay of Plenty	1,506,818	180
Canterbury	918,117	158
Gisborne	411,944	158
Hawkes Bay	661,891	171
Manwatū – Wanganui	335,745	127
Marlborough	130,878	106
Nelson city	202,805	141
Northland	1,360,428	200
Otago	471,851	122
Southland	73,531	220
Taranaki	261,574	127
Tasman	185,144	137
Waikato	1,462,188	175
Wellington	1,182,416	168
West Coast	0	0

Claim volumes by region



How well did we do it?

To establish how well or efficiently osteopathic services were delivered, we've looked at the number of visits by the top five injury types (identified by Read Codes) and compared them with the data of another allied health service (physiotherapy). In each group, claims where clients received clinical services from another clinical group have been excluded. The percentages are for the total number of claims with that Read Code for that professional group.

Read Code	Professional group/number of visits per claim by percentage							
	Osteo 0–5	Physio 0–5	Osteo 6–10	Physio 6–10	Osteo 11–20	Physio 11–20	Osteo 21+	Physio 21+
Lumbar Sprain	74%	62%	18%	25%	8%	12%	<1%	1%
Neck Sprain	73%	65%	24%	29%	3%	6%	<1%	<1%
Sacroiliac ligament sprain	75%	67%	21%	24%	4%	8%	<1%	<1%
Thoracic sprain	66%	72%	20%	23%	14%	4%	<1%	<1%
Sprain of shoulder and upper arm	65%	59%	23%	26%	12%	13%	0%	<1%

Is anyone better off?

'Return to Independence' (RTI) is the measure we use to establish whether a client is better off after receiving services. For the purposes of this report RTI is defined as an absence of activity on a claim six weeks after the last service was received.

The tables below compare the RTI measure of clients who only received osteopathic services with those who received a mix of clinical services. Serious injury claims have been excluded from these tables.

RTI by payment and service type

% RTI osteopathic services only	
Payment type	% achieved RTI
Flat rate	96%
Hourly rate	99%

% RTI mixed services	
Payment type	% achieved RTI
Flat rate	60%
Hourly rate	65%

- 64% of osteopaths charge under the hourly rate.
- 27% of clients received a mix of clinical services eg osteopathy and GP services.
- Where the client received a mix of clinical services, the RTI was achieved in 58% of claims.

REFERENCES

[i] Osteopathy Board of Australia (2019), Capabilities for osteopathic practice [online] https://www.osteopathyboard.gov.au/Codes-Guidelines/Capabilities-for-osteopathic-practice.aspx

[ii] Adams et al (2018), A workforce survey of Australian osteopathy: analysis of a nationally-representative sample of osteopaths from the Osteopathy Research and Innovation Network (ORION) project, BMC Health Services Research December 2018, 18:352

[iii] NSW SIRA (2020), Health Outcomes Reporting Framework for the NSW workers compensation and motor accident injury/compulsory third party schemes [consultation paper], page 3

[iv] Work Safe Victoria (2012), Clinical Framework for the Delivery of Health Services [signatories], page 4

[v] Osteopathy Australia (2019), Submission to NSW SIRA on rising health care costs, quality health care and regulatory change [online] https://www.osteopathy.org.au/Advocacy/submissions