

# **Enhancing NSW SIRA's Research Program**

**Submission by OSTEOPATHY AUSTRALIA to:  
NSW SIRA**

**July 2021**

## Contact

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## Recommendations

Osteopathy Australia thanks NSW SIRA for the opportunity to lodge a submission addressing core issues raised by the consultation paper *Enhancing SIRA's Research Program (May, 2021)*. We recognise the scope of the consultation is expansive; resultantly, we address issues of direct pertinence to the osteopathic profession and its interface with the agency's research program. Our recommendations are as follows:

**Recommendation 1:** NSW SIRA should transparently and clearly reveal how its initial health outcomes reporting and research consultation opportunity (September 2020) has or is now informing research efforts independently of this second consultation.

**Recommendation 2:** NSW SIRA should report to peak bodies and stakeholders the specific research initiatives/deliverables Professor Nikki Ellis deemed to be meeting agency objectives, provide access to reports containing relevant research observations, and more concretely specify research projects planned beyond mere guiding principles.

**Recommendation 3:** NSW SIRA must more transparently promulgate any systematic reviews, evidence-based or quality practice guidelines it has developed through its research program.

**Recommendation 4:** NSW SIRA should engage research consultants or institutions in analysing real-time data lodged by thousands of practitioners (AHRRs) and clients over time (complaints, feedback, and PREMs) to both the agency and insurers, while seeking to fund research projects relying upon general analyses of academic literature from outside the NSW service delivery context. Indicators for analysis and reporting should include:

- Client complaint numbers/themes by physical discipline or profession

- Patient reported experience measure numbers/themes (PREMs) received by physical discipline or profession
- Average treatment relationship duration for specific neuromusculoskeletal injuries by physical discipline or profession, for example average number of consultations by injury
- Average client recovery timeframes for specific neuromusculoskeletal injuries by physical discipline or profession
- Average claim costs for specific neuromusculoskeletal injuries by physical discipline or profession
- Key clinical management strategies applied for specific neuromusculoskeletal injuries by discipline or profession
- Key patient reported outcome measures (PROMs) used for specific neuromusculoskeletal injuries by discipline or profession.

**Recommendation 5:** where barriers impeding the implementation of recommendation 4 apply, NSW SIRA should clearly specify the barriers to peak bodies and other stakeholders.

**Recommendation 6:** NSW SIRA should apply the following benchmarks to determine the success of its research program in generating knowledge collaboratively to improve care, recovery and return to work outcomes for injured people:

- Number of data-driven guidelines and summary snapshots released to peak bodies, clients and insurers concerning practices in client care and optimal management interventions
- Number of webinars/ e-learning modules and presentations delivered by NSW SIRA to peak bodies and other stakeholder groups year on year concerning optimal care delivery models and management strategies for clients
- Satisfaction with (complaints, suggestions received for) data-based guidelines, summary snapshots and webinars released to peak bodies, clients and insurers
- Number of claims closed year-on-year and clients returning to work pre and post guideline and summary snapshot release.

**Recommendation 7:** NSW SIRA should apply the following benchmarks to determine the success of its research program in investing in research and translation activities:

- Year on year financial contributions to research initiatives
- Proportion of NSW SIRA funding allocated to research on scheme financial or administrative pressures versus evidence-informed client management practice
- Number of client management practice process evaluations, impact evaluations and outcome evaluations funded by NSW SIRA year on year
- Number of tailored summaries released to peak bodies and stakeholder groups relating process, impact and outcome evaluation study findings to the practices and approaches of individual physical professions/disciplines as observed in AHRRs, insurer data and client feedback.

## About the osteopathic profession

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*<sup>i</sup> 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. <sup>ii</sup> 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 and its commitment to evidence-based research

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).

Further, as the national peak body, we are committed to disseminating evidence-based guidelines, encouraging adherence to such guidelines, and investing in research into best practice. As a concrete sign of this commitment, Osteopathy Australia has recently established a research foundation to fund osteopathic and/or interdisciplinary research into modalities and practices; this innovative initiative is aimed at identifying management strategies giving optimal outcomes to clients and requires research institutions and universities to lodge competitive tenders. Both Osteopathy Australia and NSW SIRA have a shared interest in insightful client-oriented research that helps reduce the burden of neuromusculoskeletal injury, and all comments reflected in this submission should be seen in this light. We wish to see NSW SIRA reflect a similar concrete commitment in its organisational activities beyond successive consultation papers about the matter.

## General remarks and recommendations

### ***Successive NSW SIRA consultations have occurred regarding research priorities, and we are unclear of the outcomes of these, if any...***

As a general comment, we question why this consultation is occurring given submissions informing this very issue were requested from peaks and professional associations in September 2020 via NSW SIRA's consultation on *Health Outcomes Reporting*. Osteopathy Australia contributed a robust submission in that feedback round, which requested information on research priorities, benchmarks, and guidelines to be developed; in many ways, the then consultation focus was far more specific than this subsequent consultation opportunity.

We ask NSW SIRA, what was done with those lodged submissions and how indications highlighted within them are now being incorporated into agency activities, if at all, now that this second consultation is underway?

**Recommendation 1:** NSW SIRA should transparently and clearly reveal how the initial submission opportunity that closed in September 2020 has or is now informing research efforts independently of this second consultation document.

***NSW SIRA currently appears to invest in a limited scope of research activities, despite its claims to the contrary...***

In the consultation document *Enhancing SIRA's Research Program* (p. 4), the agency refers to a claim made by Professor Nikki Ellis, who, following a review, confirmed that the program was funding research relevant to the challenges of the sector; the agency claims that the impact of this research was being felt.

However, the discussion paper contains a single foot note referencing who the professor is and her personal biographical website; the consultation paper does not specify any research that that would support this conclusion. Any specific research supporting the claim should be clearly cited. Peak bodies and other sector stakeholders ought to be able to self-assess and scrutinise this claim.

Overall, the consultation document is extremely high level and contains many general statements regarding research program guiding principles, without any indication of research projects or initiatives in progress, planned over the coming financial year and any outcomes to be achieved by such initiatives.

As it stands currently, we are unaware of any substantive research contribution from NSW SIRA beyond audits into claim expenses and costs, evidently relating to the agency's perception of cost pressures and need to cap cost in the NSW worker's compensation and motor vehicle accident schemes (i.e. Ernst and Young audit, 2019). This does not mean other more substantive research does not exist, but that it instead may have been inadequately communicated to sector stakeholders.

**Recommendation 2:** NSW SIRA should report to peak bodies and stakeholders the specific research initiatives/deliverables Professor Nikki Ellis deemed to be meeting agency objectives, provide access to reports containing relevant research observations, and more concretely specify research projects planned beyond mere guiding principles.

**Recommendation 3:** NSW SIRA must more transparently promulgate any systematic reviews, evidence-based or quality practice guidelines it has developed through its research program.

***We reinforce, once more, that NSW SIRA should invest in research initiatives that systematically evaluate and report on agency internal data lodged by health and allied health practitioners, as well as clients and insurers themselves...***

According to NSW SIRA, the agency aims to 'facilitate evidence-informed policy, scheme design and supervision activities that support high-quality health and return to work outcomes for injured people receiving care under the NSW workers compensation and motor vehicle accident schemes' (*Enhancing SIRA's Research Program*, p.4).

We have long advocated for the agency to make better use of its expansive scheme internal data, from Allied Health Recovery Requests (AHRs), client feedback and insurers, to provide snapshots and longitudinal observations on the performance of professions, quality services, and interventions. However, no action has occurred on this front.

Our strong position is that the agency should make sure of its internal data and engage consultants on systematically organising and reporting on this data, in addition to general analysis of compensable injury management literature. Jurisdictions abroad, including New Zealand's Accident Compensation Corporation, have successfully made use of such data for reporting (Attachment 1).

We question why NSW SIRA with its vast organisational resources is unable to facilitate the same sorts of snapshot summaries? Any barriers to facilitating such snapshot summaries should be revealed if applicable.

Osteopathy Australia reinforces that it would be particularly helpful to review snapshot summaries for the following areas, drawing on AHR data, client feedback/complaints to the agency directly and client feedback/complaints received by insurers:

- Client complaint numbers/themes by physical discipline or profession
- Patient reported experience measure numbers/themes (PREMs) received by physical discipline or profession
- Average treatment relationship duration for specific neuromusculoskeletal injuries by physical discipline or profession, for example average number of consultations by injury
- Average client recovery timeframes for specific neuromusculoskeletal injuries by physical discipline or profession
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This research and reporting would be useful not only for clients to make informed choices of the practitioners they wish to see, but also for SIRA itself to apply continuous improvement benchmarks in compensable injury management. Further, such data and reporting would assist professional associations including Osteopathy Australia in building NSW member capacity for quality practice through educational initiatives, credentialing initiatives and the like.



Osteopathy Australia is committed to supporting its members through innovative e-learning, as well as encouraging adherence to quality standards in mitigating the burden of neuromusculoskeletal injury; such information would aid these efforts.

**Recommendation 4:** NSW SIRA should engage research consultants or institutions in analysing real-time data lodged by thousands of practitioners (AHRRs) and clients over time (complaints, feedback, and PREMs) to both the agency and insurers, while seeking to fund research projects relying upon general analyses of academic literature from outside the NSW service delivery context. Indicators for analysis and reporting should include:

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**Recommendation 5:** where barriers impeding the implementation of recommendation 3 apply, NSW SIRA should clearly specify the barriers to peak bodies and other stakeholders.

***Both qualitative and quantitative measures of success should apply to NSW SIRA's research program...***

NSW SIRA intends to measure success in its research program against four key indicators, all of which we support and agree with. Below we comment on the two indicators most relevant to our engagement and relationship with NSW SIRA; we suggest quantitative and qualitative benchmarks relevant to the two most relevant success measures:

*Success measure a) generate knowledge collaboratively to improve care, recovery and return to work outcomes for injured people*


**Recommendation 6:** NSW SIRA should apply the following benchmarks to determine the success of its research program in generating knowledge collaboratively to improve care, recovery and return to work outcomes for injured people:

- Number of data-driven guidelines and summary snapshots released to peak bodies, clients and insurers concerning practices in client care and optimal management interventions
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## Attachment 1: NZ Accident Compensation Corporation data snapshot example



# National Service Report: Osteopathy

## 1 July 2014 – 30 June 2015



PREVENTION. CARE. RECOVERY  
Te Kaitiaki Takekōwhiri

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
Manawatū – 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



The map shows the following claim volumes by region:

- Northland: 6,813
- Auckland: 26,869
- Bay of Plenty: 8,350
- Waikato: 8,342
- Gisborne: 2,597
- Hawkes Bay: 4,087
- Taranaki: 2,054
- Manawatū – Wanganui: 2,635
- Nelson City: 1,436
- Wellington: 7,047
- Tasman: 1,347
- Marlborough: 1,234
- West Coast: 0
- Canterbury: 5,792
- Otago: 3,858
- Southland: 334

## 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		% RTI mixed services	
Payment type	% achieved RTI	Payment type	% achieved RTI
Flat rate	96%	Flat rate	60%
Hourly rate	99%	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

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

<sup>ii</sup> 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