

NSW SIRA  
Policy & Design Team

### **Re: new standard for Return to Work - Early Intervention**

Thank you for the opportunity to comment on NSW SIRA's new standard for Return to Work- Early Intervention (consultation draft, December 2021).

Osteopathy Australia represents most osteopaths participating in the state's worker's compensation and transport accident schemes as approved providers, non-approved providers for exempt workers, and as authorised health practitioners. Being key health professional stakeholders for the schemes, osteopaths work with insurers, other health professionals and scheme stakeholders to wherever possible promote best return to work outcomes early. As such, the new standard for Return to Work- Early Intervention is important to us and our NSW members. Our points herein clarify our concerns with the draft standard.

*General comment – is a standard document the best way to make early intervention expectations clear to all stakeholders?*

Osteopathy Australia supports sound clinical governance and all reasonable efforts to implement systems and processes enabling such. Early intervention for optimal return to work outcomes is a goal that should be promoted by NSW SIRA; however, we question whether a standalone document featuring an early intervention standard is needed for this promotion and the overall extent to which the standalone document for insurers is appropriate to encourage compliance and engagement of insurers and injured workers.

There is very little that is innovative within the standard; in fact, need for early intervention and early monitoring of risk are core practice standards within the Clinical Framework for the Delivery of Health Services, to which all participating in the scheme, whether health professionals or insurers, adhere. That framework has existed for some years now.

The draft standard obviously sets an expectation for how insurers are to work with approved injured workers and their health professional networks from an early point of injury notification, but the standard is only specific to insurer operations despite other stakeholder interfaces. Instead, we believe the spirit of the standard should be distilled into documents that are relevant to a range of target audiences per the recommendations below.

**Recommendation 1:** NSW SIRA should incorporate information impacting insurer operations from the current standard into any formal service agreements/contracts between NSW SIRA and insurers.

**Recommendation 2:** NSW SIRA should create a fact sheet for injured workers on early intervention principles and what these mean for how insurers will work with them.

**Recommendation 3:** NSW SIRA should develop a fact sheet for health providers on early intervention principles, what these mean for how insurers will work with them, information the insurer may request and by when.

*General comment – what is the auditing/monitoring process for early intervention compliance and what imposts will it bring?*

As part of the draft standards, compliance indicators are offered in parts but what is not outlined anywhere are related compliance or audit assessments to occur. Would for example, compliance be checked through existing audit mechanisms or new mechanisms? Would compliance be checked through a systematic accreditation review of all client cases in an annual or other cycle, or on a more ad hoc basis via random client case samples? These are questions needing an answer given they have potential to impact insurer operations, case manager functions, insurer availability and responsiveness for injured workers if resources are not well matched to the compliance impost.

Another question that remains unanswered concerns the expected impact of insurer compliance operations, including information collection processes involved, for health and allied health professionals, provider business models and operational resources. This information is of the essence and NSW SIRA should disclose any health provider impacts for sector feedback.

**Recommendation 4:** NSW SIRA should describe the auditing, compliance initiatives and/or monitoring processes applicable to insurers, their frequency and scope.

**Recommendation 5:** NSW SIRA should explain all interfaces between insurer compliance initiatives and health service provider operations, so that health and allied health providers can understand the anticipated impacts early and comment on feasibility for their resource levels and operations.

*Standard 34.2- Identifying risk factors for delayed recovery*

Standard 34.2 pertains to insurer processes for injured workers with a likely significant injury and requests insurers gather evidence to assess likelihood of delayed recovery over several domains: personal, healthcare, work related, legislative/scheme related.

NSW SIRA should consider that a significant injury in and of itself indicates a longer recovery timeframe than minor or moderate levels of injury. NSW SIRA should not presume minor, moderate and significant injuries recover within the same or similar timeframes, nor should it expect this.

The risk assessment process should not be used to deny workers with a significant injury services they need to recover over a longer period of time that might apply, in acuity and/or persistence. To be more direct: any tools should not be used to force self-management or an extreme rationing of services in the hope of 'quick recovery' when it is either not attainable or would lead to higher medium to longer term scheme costs. We fear the standard could encourage perverse incentives to speed up the claim and management process toward

expedient closure, and/or cut out interventions such as manual therapy (useful in acuity and in combination with adjunctive therapeutics in persistence).

**Recommendation 6:** early intervention is not synonymous with early case closure and NSW SIRA should outline what checks and balances it will apply to wherever possible prevent early intervention principles from being used to justify cessation of formal service provision by insurers for workers with a significant injury.

*Standard 34.3- Matching interventions to risk*

This now draft standard requires insurers to match 'appropriate' interventions to risks identified in the assessment process, using the assessment tool. 'Appropriate' remains undefined and we consider this to be problematic given the scheme's overall prioritisation of self-management. Again, the standard ought not be framed in such a way that insurers are led to believe that service rationing or an inadequate level of service provision is synonymous with 'appropriateness'.

**Recommendation 7:** NSW SIRA should contextualise and define 'appropriate' for Standard 34.3 with examples that would assist insurers to understand the type, intensity and level of service expected for a given risk. The examples need not be exhaustive, but illustrative.

*Standard 34.7- Develop Injury Management Plan*

This standard requires insurers to create a tailored injury management plan for each injured worker specifying risks of delayed recovery and strategies to manage such risks.

For lack of detail, we are unaware of how the insurer management planning process proposed would impact health provider assessments and interventions to be applied to an injured worker and would hope for this information before the standards are released. For example:

- Would providers be offered insight from the insurer management plan and be asked to check or verify the biopsychosocial risks insurers identify, and would additional funding be provided for this monitoring?
- If the above point applies, would this data collection effort be integrated into or separate from the AHRR reporting process?
- If flags detected and transmitted in the practitioner AHRR reporting process conflict with those noted by an insurer in its initial risk assessment, how would the two insights be reconciled?

**Recommendation 8:** NSW SIRA should more clearly explain the interface between the insurer management plan and practitioner data collection/assessments, including the relationship between practitioner submitted AHRRs and insurer management planning.

For further information about the points made in this correspondence, and/or to communicate next steps and amendments to be made to the policy, please contact me via phone: 02 9410 0099 or email: [clinicalpolicy@osteopathy.org.au](mailto:clinicalpolicy@osteopathy.org.au)

I trust this correspondence and its recommendations are of assistance

Regards

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