



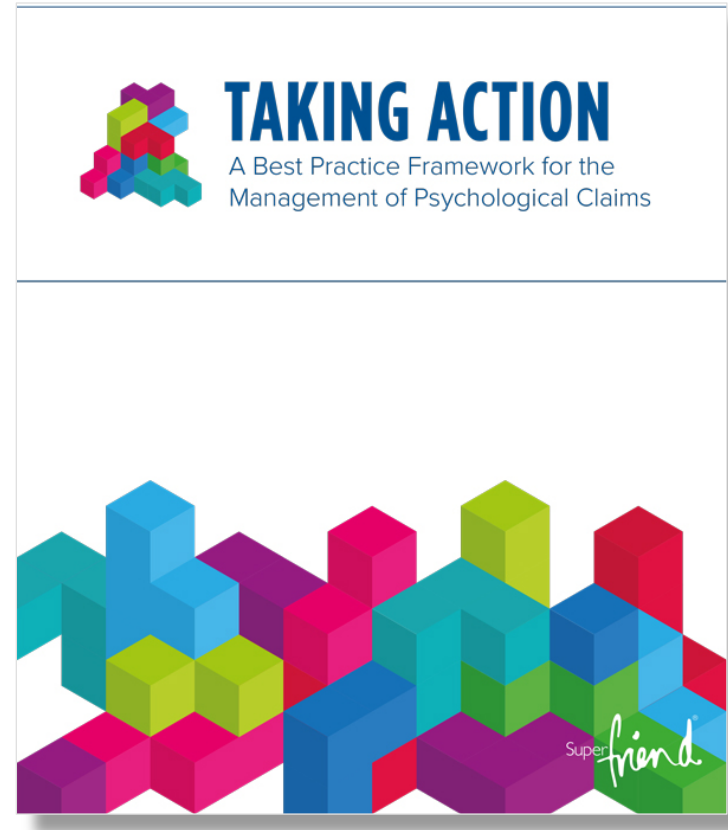
Emerging best practice for case management by insurance schemes: Implications for occupational physicians

Professor Niki Ellis
AFOEM NSW CPD Session
24 March 2018
RACP, Sydney

Best Practice Framework

Available from

www.superfriend.com.au



Methodology for developing the Framework

RESEARCH AND CONSULTATION



DEVELOPMENT AND TESTING

Rapid review of evidence - draft

Consulting with insurer & expert panels

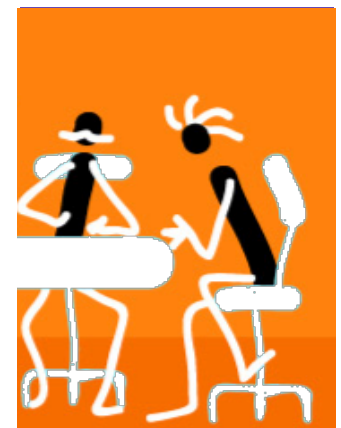
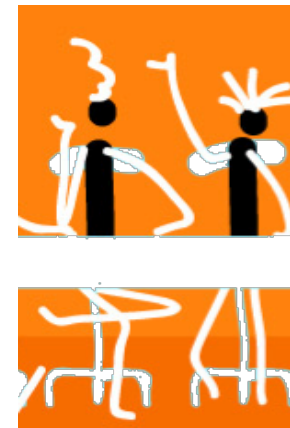
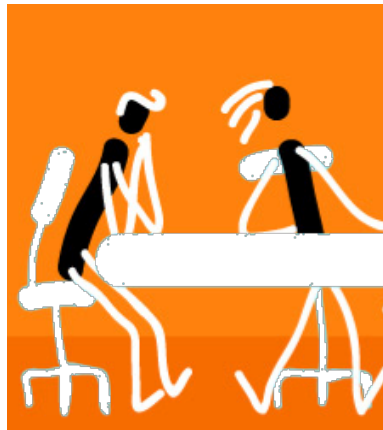
Synthesis of evidence

Writing up Framework

Collection of innovation case studies

Theory of Change workshop

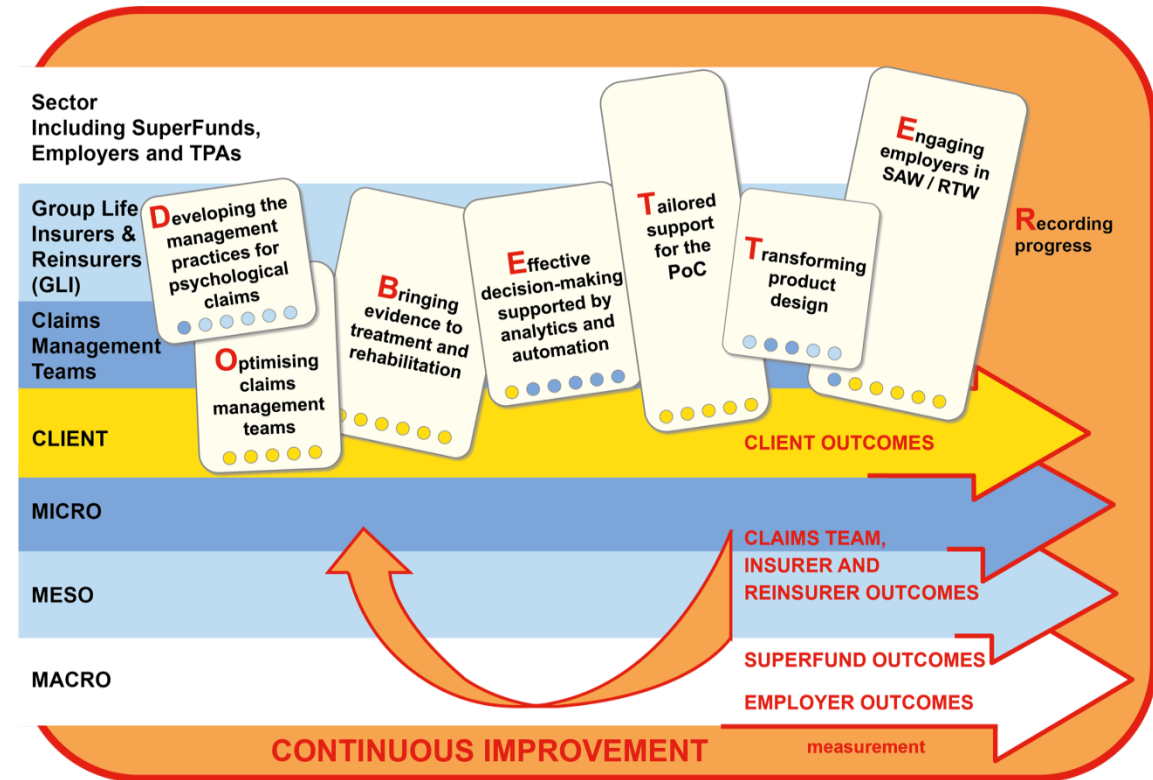
Testing: Implementation Workshop



Best Practice Framework

‘LOOSELEAF’ MODULES TO BE SELECTED & ADAPTED BY EACH ORGANISATION.

A PROCESS OF CONTINUOUS IMPROVEMENT IN OUR OUTCOME SPACES.

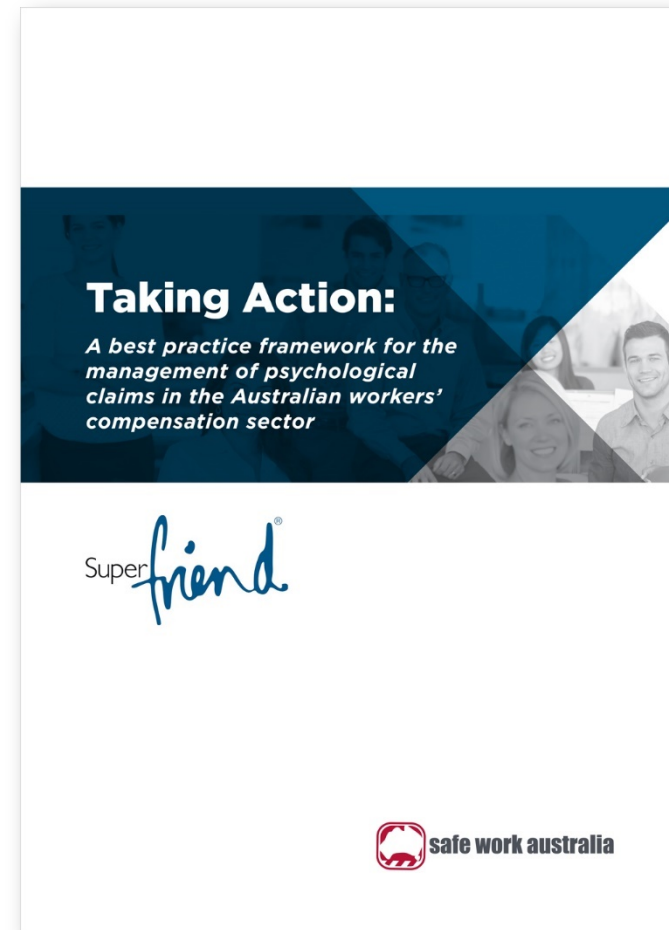


Best Practice Framework

Workers Compensation

Available from:

<https://www.safeworkaustralia.gov.au/doc/taking-action-best-practice-framework-management-psychological-claims-australian-workers>



Life insurance Workers Compensation

MAJOR AMENDMENTS



Increase relationship with employer



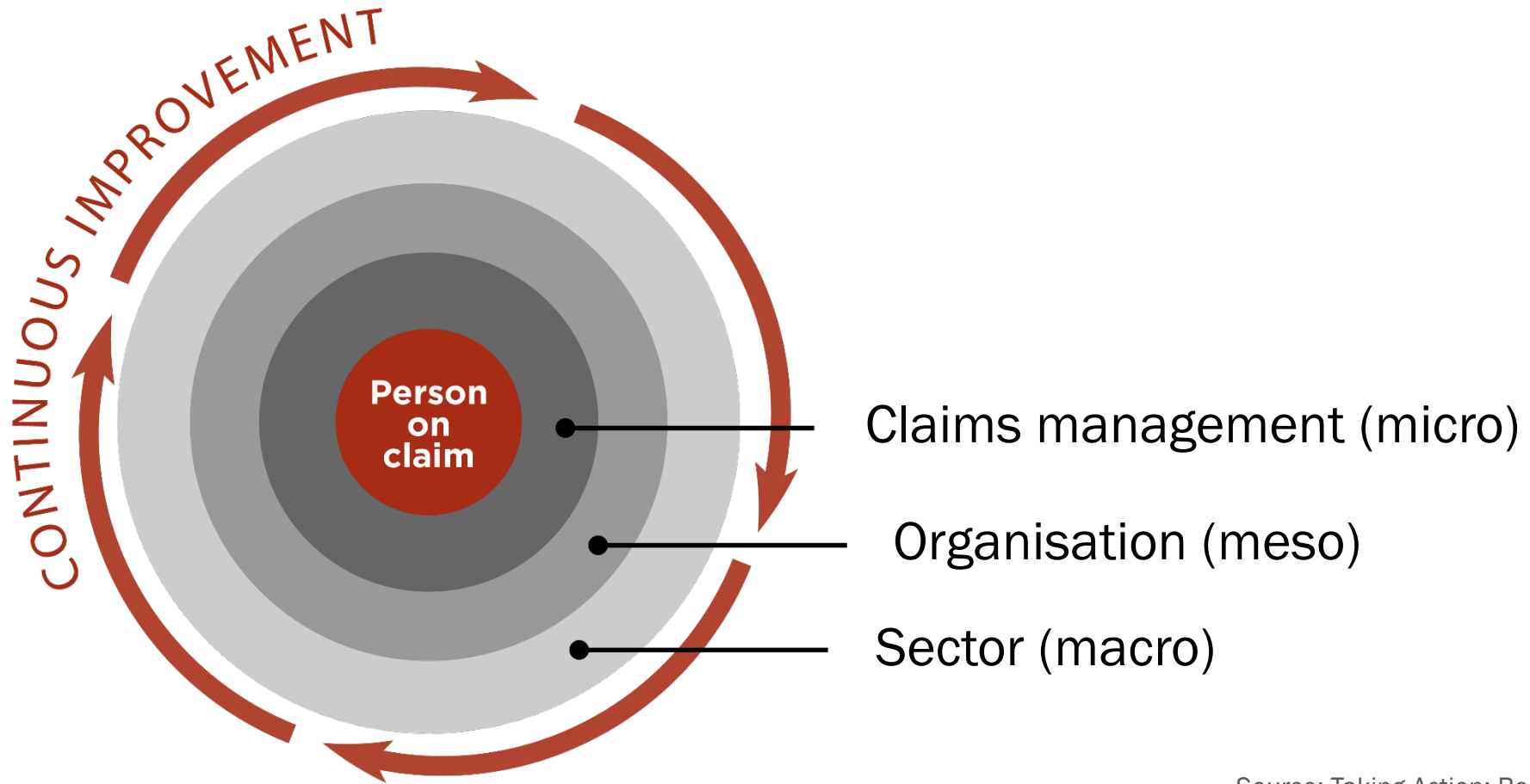
Remove engagement with other work disability sectors



Remove transforming product design

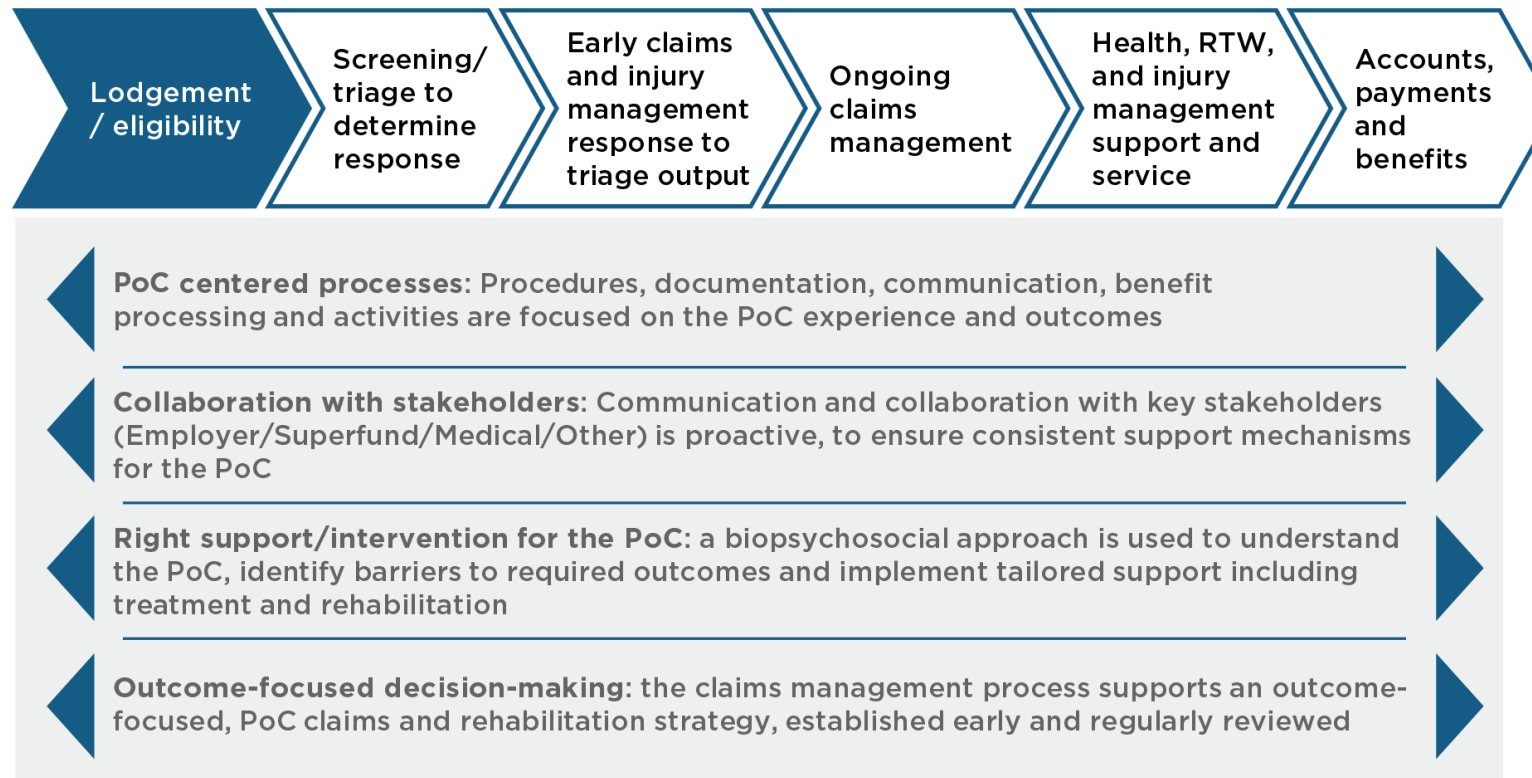
In workers compensation treatment is funded.

Three principles



Source: Taking Action: Best practice framework

Developing the management practices for psychological claims



Source: Taking Action: Best practice framework

Optimising Claims Management teams

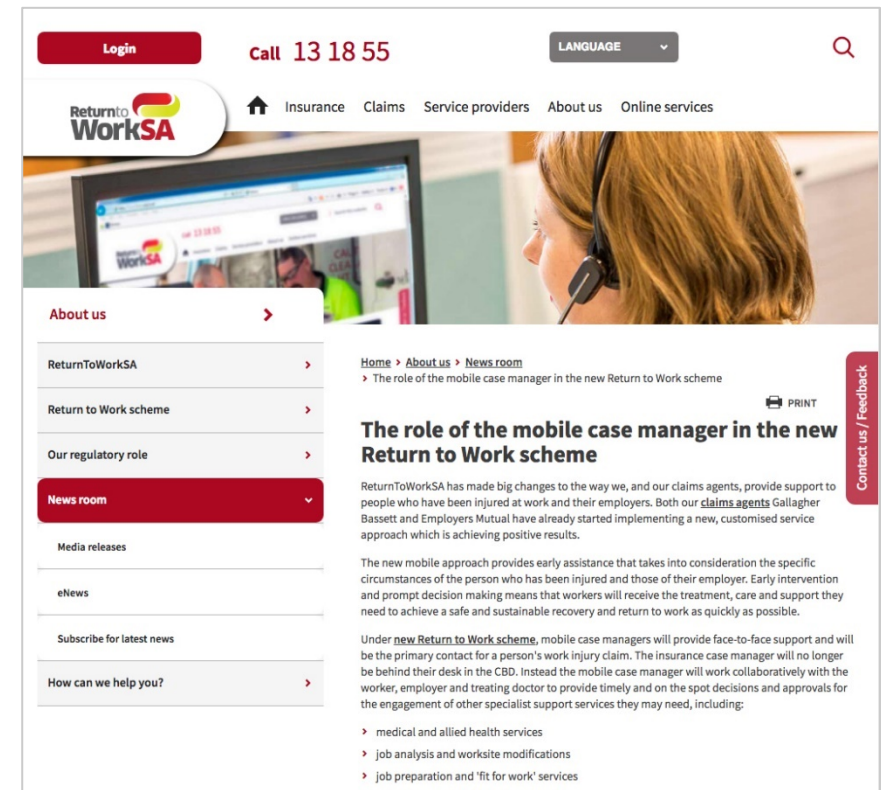
BEST PRACTICE:

- ➡ Claims Manager single point of contact for PoC
- ➡ Capability of case managers - Builds trust, has good motivational interviewing skills, customer-centric, BPS lens
- ➡ Has delegations and protocols
- ➡ Appropriate case load
- ➡ Role clarity with other advisors and stakeholders
- ➡ Outcome focus
- ➡ Team structure – ????????

Case study – Mobile Case Manager Model ReturnToWork SA

OPTIMISING REHABILITATION WITHIN LIFE CLAIMS MANAGEMENT PROGRAM

- Aimed: To lift capability of claims assessors in identifying and managing claims suitable for rehabilitation
- Achieved:
 - Average claim duration decreased from 3 months to 2
 - Rehab utilisation increased from 9% to 16%,
 - Claims assessor capability 3x increase in self efficacy
 - QA increased (including in dealing with drs).

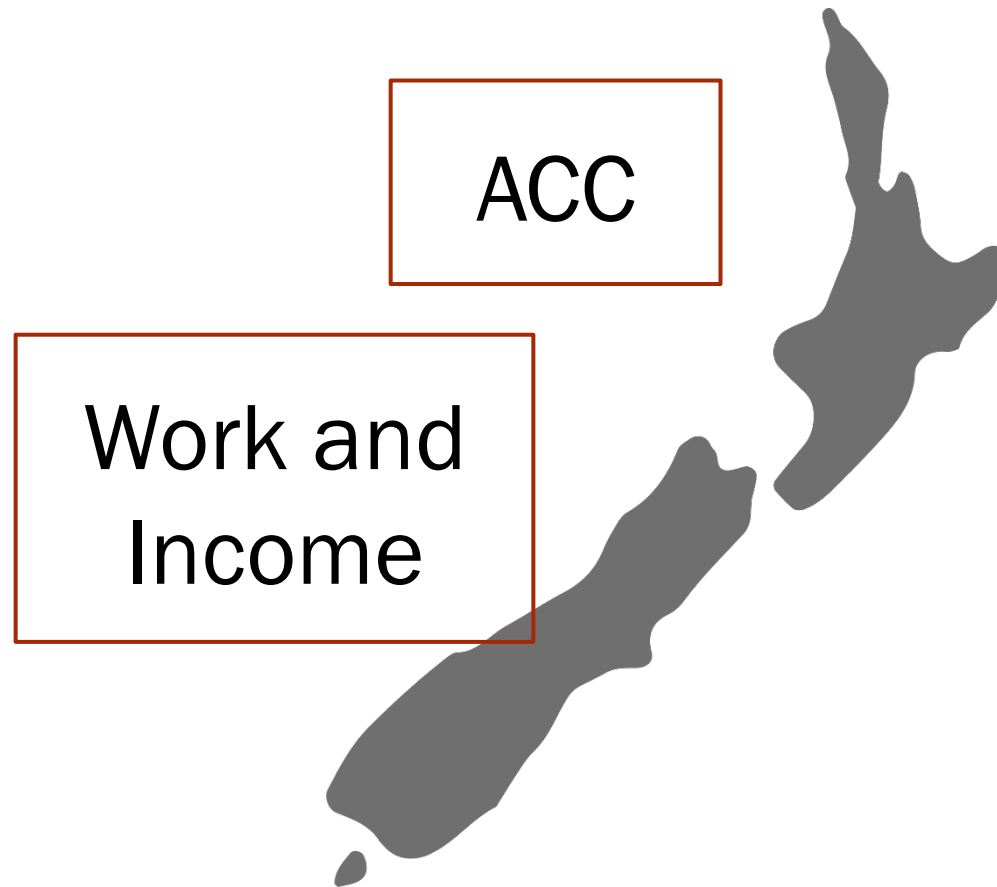


Case study – Mobile Case Manager Model ReturnToWork SA

HIGH RISK CLAIMS:

- Meet regularly with PoC, employer and medical practitioner
- Organise:
 - Job analysis and worksite modifications
 - Counsellors
 - Treatment approvals
 - Vocational guidance
 - Job preparation
 - RPL assessments
 - Retraining
 - Travel or other temporary support.

Case study – Review of case management for NZ Treasury



Engaging employers in SAW/RTW

BEST PRACTICE:

- ➡ Single point of contact for PoC, employer and medical practitioner
- ➡ Appropriate person in workplace identified
- ➡ Encourage early and ongoing supportive communication between employer and PoC
- ➡ With consent, keep employer informed of progress eg case conferencing
- ➡ Timely assessment of likely RTW outcome
- ➡ Resolve workplace risks and issues

Engaging employers in SAW/RTW

BEST PRACTICE cont'd:

- ➡ Speed up dispute resolution
- ➡ Help with reasonable work adjustments in consultation with treating practitioner
- ➡ Facilitate work-focussed treatments
- ➡ Encourage integrated approach to work disability management
- ➡ Improve employer knowledge of organisational risks and protective factors for mental health, and mentally healthy workplaces.

Case study – PTSD in FRNSW, EML

JANUARY 9 2017 - 7:00PM

Veteran firefighter tells of feeling isolated and ignored after PTSD diagnosis

Lisa Allan

Local News



- [State of distress – More PTSD stories](#)

Bringing evidence to treatment and rehabilitation

BEST PRACTICE:

- ➡ Claims managers have access to constantly updated information on effective treatment and rehabilitation of mental ill health
 - Experts
 - Online repository
- ➡ More robust provider management partnerships and arrangements
- ➡ Use purchasing power and authority to influence provision of evidence-based care and better quality of medical/health reports
- ➡ Use influence with claimants and treating health care providers
 - Cultivate relationships with GPs at insurer and sector levels
- ➡ More realistic and better defined relative roles between claims managers and medical/health advisors.

Bringing evidence to treatment and rehabilitation cont'd

BEST PRACTICE:

- ➡ Tele-health prevent delays in receiving care, support co-ordinated care and facilitate collaboration across professions
- ➡ Web-based interventions significant benefits to clients and providers
- ➡ Health and RTW outcomes improved with work-focused treatments
- ➡ Addressing low expectations of recovery early in the course of illness reduces likelihood of chronicity
- ➡ Multifaceted rehab interventions more effective in RTW.

Bringing evidence to treatment and rehabilitation cont'd

THE ROLE OF THE TREATING DOCTOR

- ⇒ Diagnose and manage PoC's injury
- ⇒ Contribute to RTW process by communicating to insurer and employer:
 - What is diagnosis and prognosis?
 - What is recommended treatment?
 - Is it evidence-based?
 - What is it that the PoC can and can't do?
 - What is the PoC's attitude and situation to RTW?

Case study – Collaborative Partnership to improve work participation

THE GP SUPPORT PROJECT AIMS TO DELIVER:

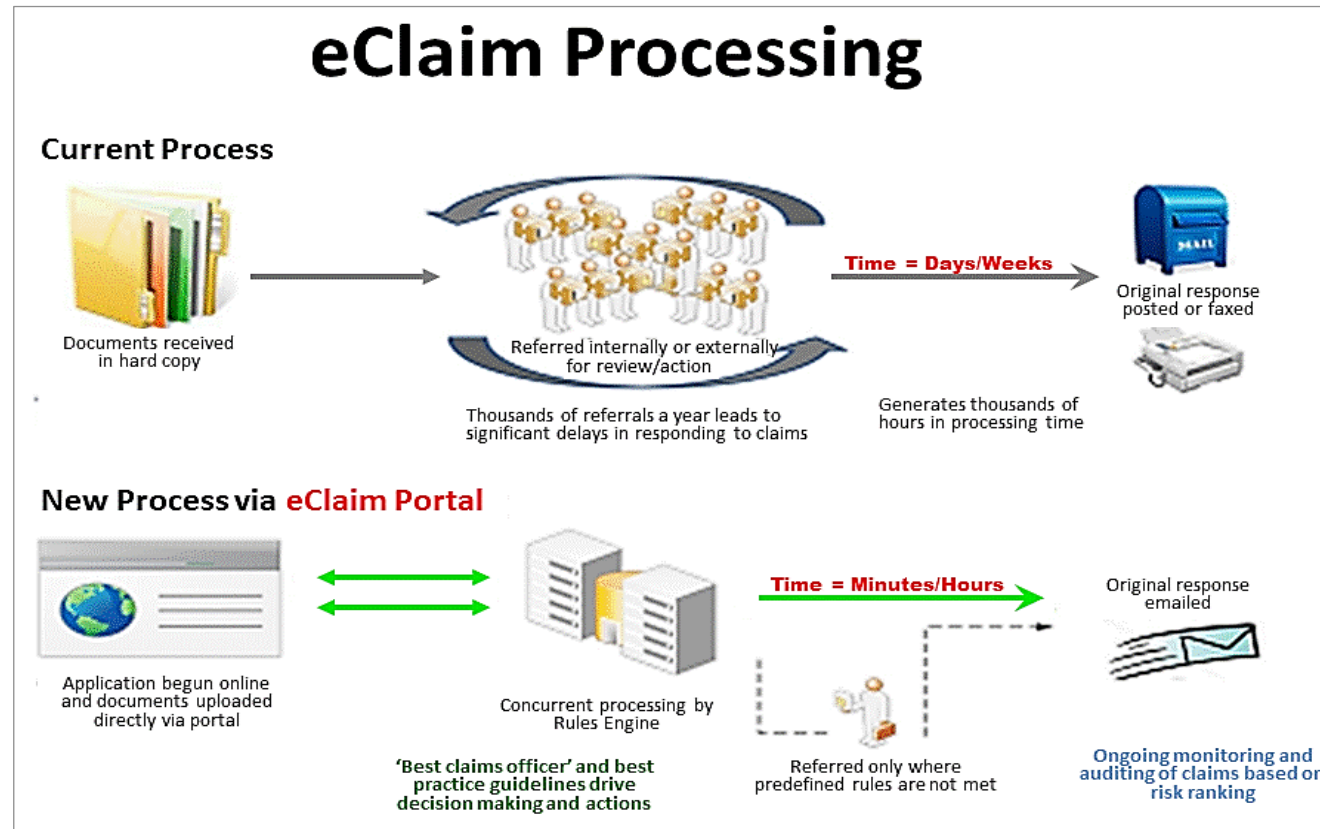
- ➡ general principles to articulate role and responsibilities of stakeholders to support work engagement, recovery and return to work
- ➡ a Statement of Principles or consensus statement agreed by all parties to clarify the role of the GP in the assessment and management of injuries or illnesses that impact work participation
- ➡ endorsement of the principles from the Royal Australian College of General Practitioners (RACGP)
- ➡ a suite of case examples, policies and position statements to ‘Bring the general principles to life’ within the context of the various sectors.

Discussion: Role of doctors in RTW

What would be the optimum relative roles of treating doctors, IMEs, claims managers, vocational rehab advisors (insurers), vocational rehab advisors (employers) in RAW, RTW?



Effective decision-making supported by analytics and automation



Source: John Wise Technology

Effective decision-making supported by analytics and automation

BEST PRACTICE:

- ➡️ Triaging includes psychosocial data
- ➡️ Retriaging based on progress against expected outcomes for that category of claim
- ➡️ Decision support tools.

Case study – Adding psychosocial data

Renee-Louise Franche, WorkSafe BC, ISCRF Forum, 2014

1. How are you doing?
2. Are you getting better/worse/staying the same?
3. How are you coping?
4. Who is supporting you through this at work and outside work?
5. If pain is identified, please rank the pain. What is your pain level now on a scale from 1 to 10?
6. Tell me about your job? What is your job like?
7. Have you spoken with your employer?
8. When do you think you will return to work?
9. What is your regular healthcare provider telling you about your recovery and return to work?

Recording progress

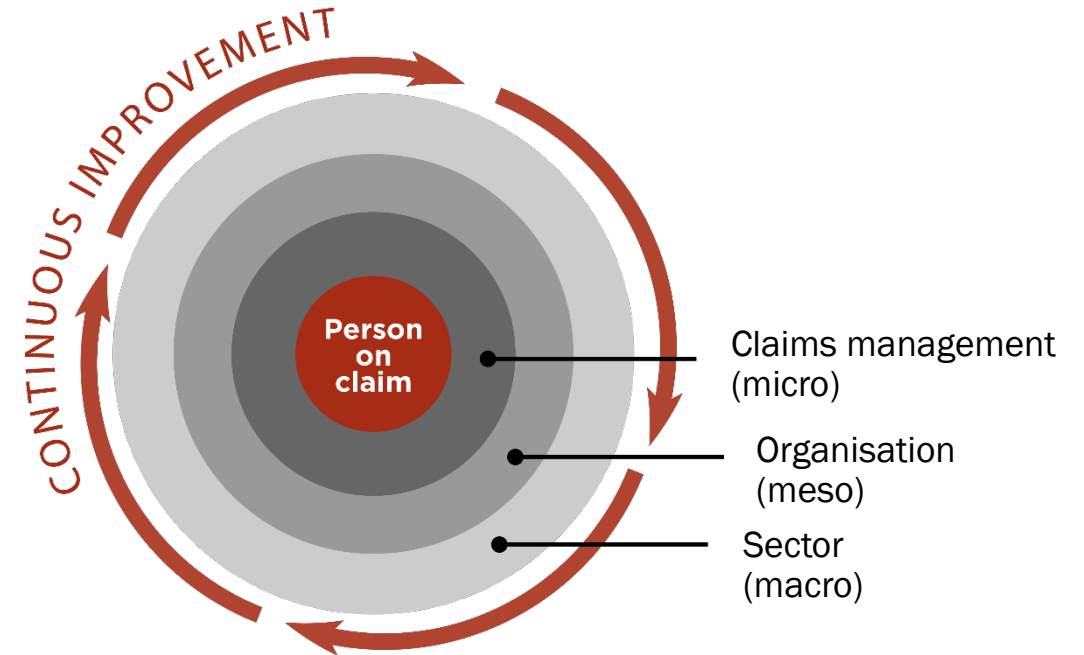
BEST PRACTICE:

Continuous improvement

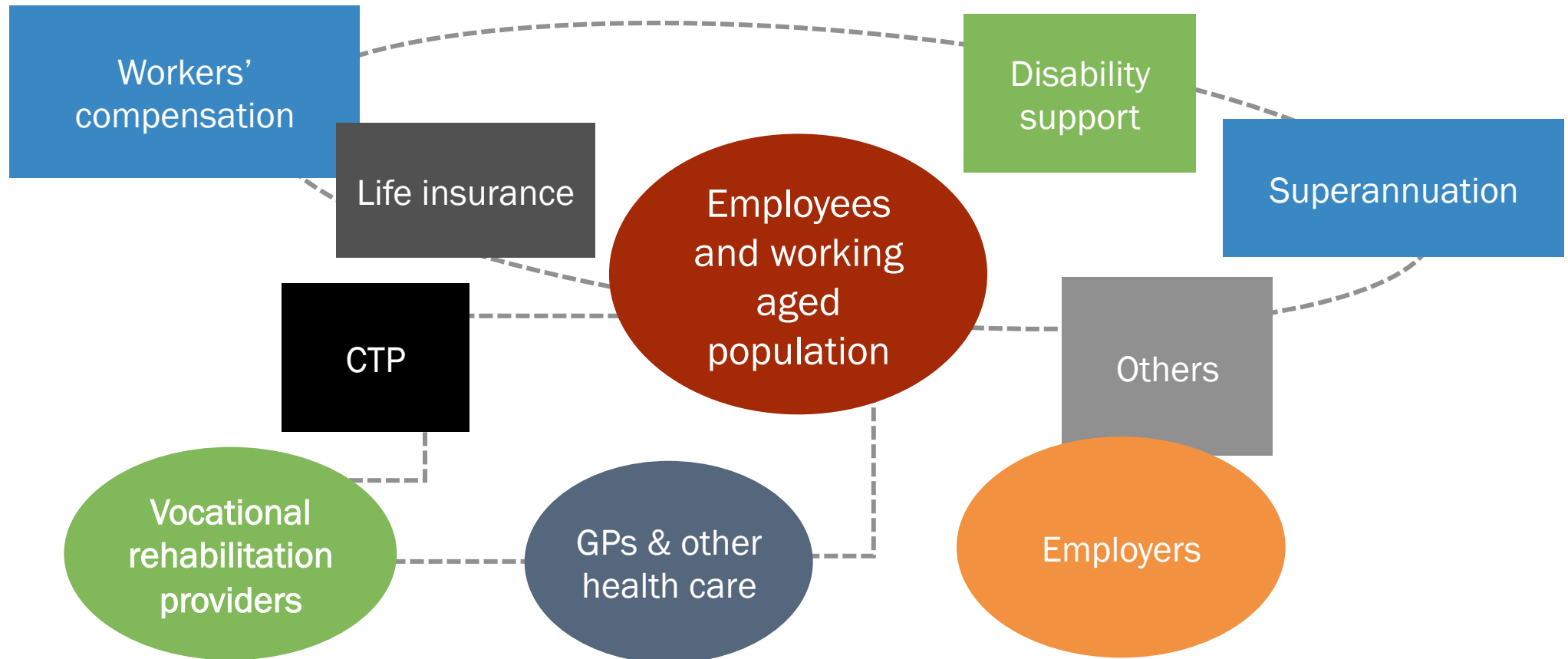
→→→ incremental change.

Measurement of outcomes for all stakeholders:

- Claimant – health and social outcomes, experience
- Insurer – staff competency, performance, satisfaction, costs
- Employers – satisfaction, absenteeism, presenteeism, costs.



Cross sectoral collaboration to improve work participation



Priority Areas

- 1 Cross sector system research
- 2 Employer mobilisation
- 3 Employee awareness
- 4 GP support
- 5 Vocational rehabilitation services

Conclusion

- Workers compensation sector innovation seems to be restrained by its highly regulated environment, although EML are an example of what can be done if there is a will
- Current trends in claims management will have an impact on relationships between key players, including medical practitioners.

Discussion

Which of the following trends will have an impact on your work, and how?

1. PoC centred management led by claims manager
2. Enhanced support for employers by insurers
3. Greater co-ordination of key players using case conferencing, face to face meetings, online platforms
4. Expectation of evidence-based healthcare from health providers by insurers
5. Triaging and decision support tools/automation
6. Integrated work disability management
7. Better measurement of health, social and financial outcomes



College President-Elect

Professor Judy Savige

Associate Professor Susan Moloney

Professor John Wilson

The RACP reform Candidates 2018



Vote for change! RACP elections March 5th - April 3rd.

Member Directors (3 positions)

Professor Timothy Geraghty

Dr Tristram Smyth

Professor Paul Komesaroff

Professor Niki Ellis

Professor Paul Colditz

Dr Jacqueline Small

Adjunct Clin Assoc Professor
Ian Fraser



@ProfNikiEllis



niki@nikiellis.com.au



www.nikiellis.com.au