

SIRA

Value-based Healthcare

Implementing value within the NSW
personal injury schemes

Value-based healthcare at SIRA

SIRA is implementing a value-based healthcare program to transform health care of people injured at work and on the road.

Our vision for healthcare:

“The workers compensation and Compulsory Third Party schemes assist injured persons in their recovery through value-based healthcare.”

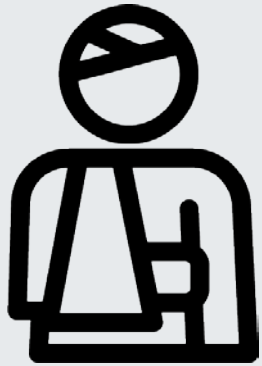


Why should we implement value-based healthcare?

- Healthcare expenditure in WC and CTP is over \$1 billion
- Annual growth rate of 11% between 2017-2021

- People in compensation schemes generally have worse health outcomes
- RTW rates have been declining cross schemes
- Non-evidence-based health treatment is occurring in the schemes, as is leakage from over-servicing, over-charging, poor payment and billing practices

What were the key drivers for the development of the implementation plan?



Providing better healthcare and better outcomes for injured people



Ensuring healthcare expenditure in the schemes delivers value



Responding to recommendations of the SIRA Healthcare Review

Implementation Plan for WC and CTP Schemes

Implementation plan for value-based healthcare in NSW WC and CTP schemes

December
2021

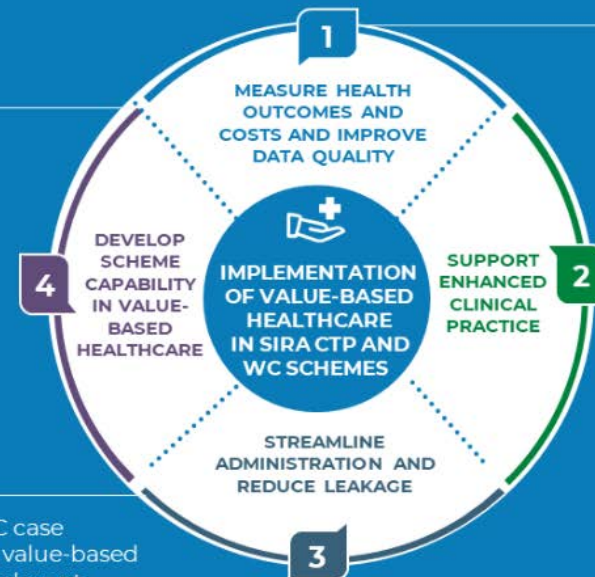


IMPLEMENTATION PLAN FOR VALUE-BASED HEALTHCARE IN CTP AND WC SCHEMES



Stream 4 outcome: A consistent approach to value-based healthcare across the CTP and WC schemes. SIRA, in partnership with scheme participants, will provide education, advocacy and increased cross-scheme participant knowledge sharing.

Stream 3 outcome: CTP and WC case management aligns to the SIRA value-based healthcare approach including relevant benchmarks, guidelines, and frameworks.



Stream 1 outcome: Scheme participants can determine whether the CTP and WC schemes are delivering value-based healthcare as well as provide benchmarks to identify areas for improvement.

Stream 2 outcome: Evidence-based clinical practice is consistently embedded within CTP and WC schemes to maximise recovery for injured people and promote effectiveness and efficiency in care.

How did we develop the Implementation Plan?

The plan was developed through a co-design process with key stakeholders.

A range of activities were undertaken to inform the Plan.



Co-design and feedback



Roundtable engagement



Focus groups and interviews

2

Roundtables

2

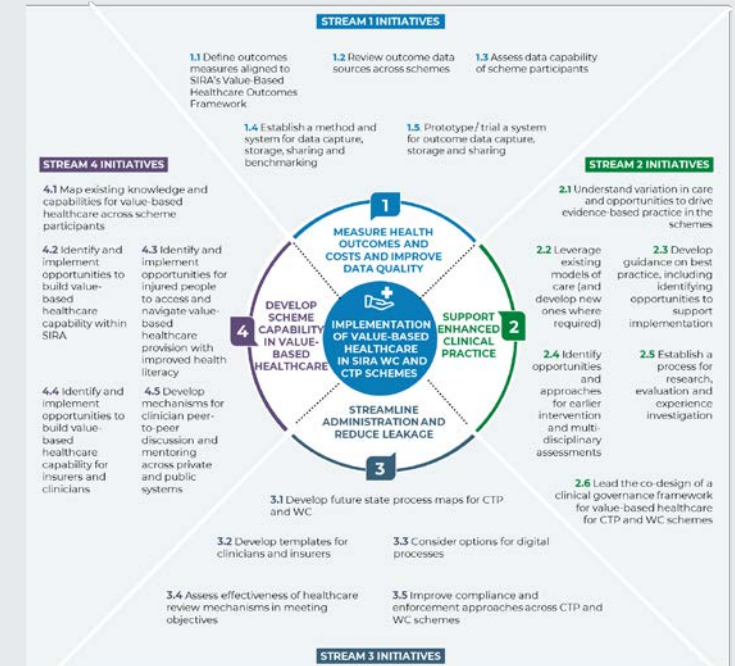
Focus groups

6

Interviews

80+

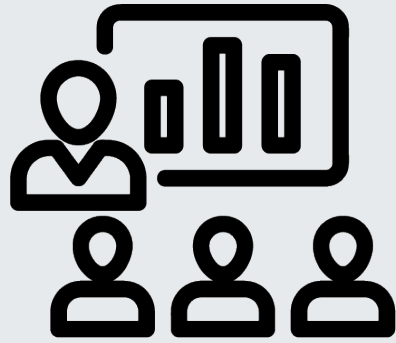
People with lived experience
Clinicians and providers
Insurers and employers



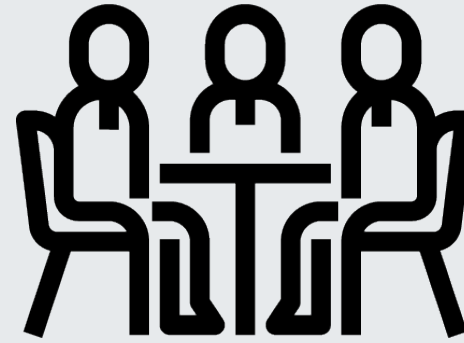
Implementation Plan for CTP and WC schemes

How are we delivering the plan?

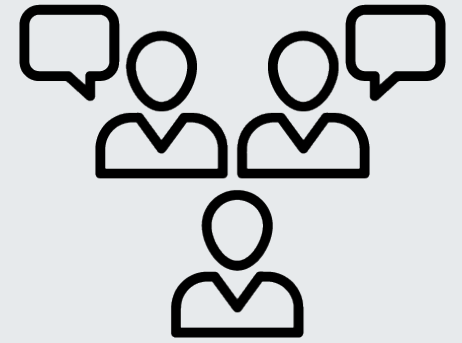
To help in delivering the value-based healthcare program, SIRA is taking a change and program management approach to embed value across the schemes.



Building our internal
capability and
capacity



Establishing
governance and
leadership



Ongoing stakeholder
engagement and co-
design

A range of activities are being delivered to achieve our vision.

Implementation plan

STREAMS OF WORK

STREAM 1 MEASURE HEALTH OUTCOMES AND COSTS AND IMPROVE DATA QUALITY

- 1.1 Define outcomes measures aligned to SIRA's Value-Based Healthcare Outcomes Framework
- 1.2 Review outcome data sources across schemes
- 1.3 Assess data capability of scheme participants

STREAM 2 SUPPORT ENHANCED CLINICAL PRACTICE

- 2.1 Understand variation in care and opportunities to drive evidence-based practice in the schemes

STREAM 3 STREAMLINE ADMINISTRATION AND REDUCE LEAKAGE

- 3.1 Develop future state process maps for CTP and WC
- 3.2 Develop templates for clinicians and insurers
- 3.4 Assess effectiveness of healthcare review mechanisms in meeting objectives

STREAM 4 DEVELOP SCHEME CAPABILITY IN VALUE-BASED HEALTHCARE

- 4.1 Map existing knowledge and capabilities for value-based healthcare across scheme participants
- 4.2 Identify and implement opportunities to build value-based healthcare capability within SIRA

HORIZON 2

Support capability uplift and establish key processes

- 1.4 Establish a method and system for data capture, storage, sharing and benchmarking
- 2.3 Develop guidance on best practice, including identifying opportunities to support implementation
- 2.4 Identify opportunities and approaches for earlier intervention and multi-disciplinary assessments
- 2.5 Establish a process for research, evaluation and experience investigation
- 3.3 Consider options for digital processes
- 4.3 Identify and implement opportunities for injured people to access and navigate value-based healthcare provision with improved health literacy
- 4.4 Identify and implement opportunities to build value-based healthcare capability for insurers and clinicians

HORIZON 3

Embed systems, models of care and capability.

- 1.5 Prototype / trial a system for outcome data capture, storage and sharing
- 2.2 Leverage existing models of care (and develop new ones where required)
- 2.6 Lead the co-design of a clinical governance framework for value-based healthcare for CTP and WC schemes
- 3.5 Improve compliance and enforcement approaches across CTP and WC schemes
- 4.5 Develop mechanisms for clinician peer-to-peer discussion and mentoring across private and public systems

VISION

"Compulsory Third Party and workers compensation schemes help injured people in their recovery through value-based healthcare"

HORIZON TIMEFRAMES



What are the expected benefits?

Objective statement

Support optimal recovery through driving improvements in composite wellbeing that best achieve the outcomes of return to activity, return to work and/or quality of life

Stakeholders



Injured person and family



SIRA
State Insurance
Regulatory Authority

SIRA



Insurers



Employers



Clinical providers



Non-clinical and other providers



Healthcare regulators and peak bodies

Benefits

Better health and wellbeing outcomes

Injured people within the schemes receive quality, high value care

Ability to recognise varying risk and support recovery services accordingly

Knowledge of how to help injured employees more effectively

Shared understanding of the injured person's complexity and needs

Able to help injured persons as part of a multidisciplinary team

Practitioners incentivised to provide safe and high quality care

Easy, timely access to evidence-based care matched to needs

Improved recovery and health outcomes

Improved recovery and health outcomes

Improved return to work and productivity rates

Easy to deliver quality care within the scheme

Shared understanding of the injured person's complexity and needs

Increased capability of practitioners over time

System is easy to navigate, fair and not unnecessarily bureaucratic

Optimal use of resources

Optimal use of resources

Able to refer to non-clinical services and use social prescribing

Easy to deliver quality services within the scheme

Everyone involved has a clear focus recovery

Improved performance and viability of the schemes

Improved performance and viability

Rewarded and recognised for achieving outcomes for injured persons

Rewarded and recognised for achieving outcomes for injured persons

Reduced likelihood of dependence

Fewer disputes as the system is easy to deal with, transparent and fair

Measures and metrics used demonstrate ability to achieve results

Measures and metrics used demonstrate ability to achieve results

Feel believed and trusted

Minimal time directed towards administrative and reporting tasks

Minimal time directed towards administrative and reporting tasks

What have we achieved so far in our journey?

Outcomes and data

- Developed measurement targets and trajectories
- Healthcare dashboard published online
- Interviews with injured people

Clinical practice

- Outcome measures published online
- Back pain model of care
- Commenced drafting regulation and guidelines to implement health provider amendments

Key achievements

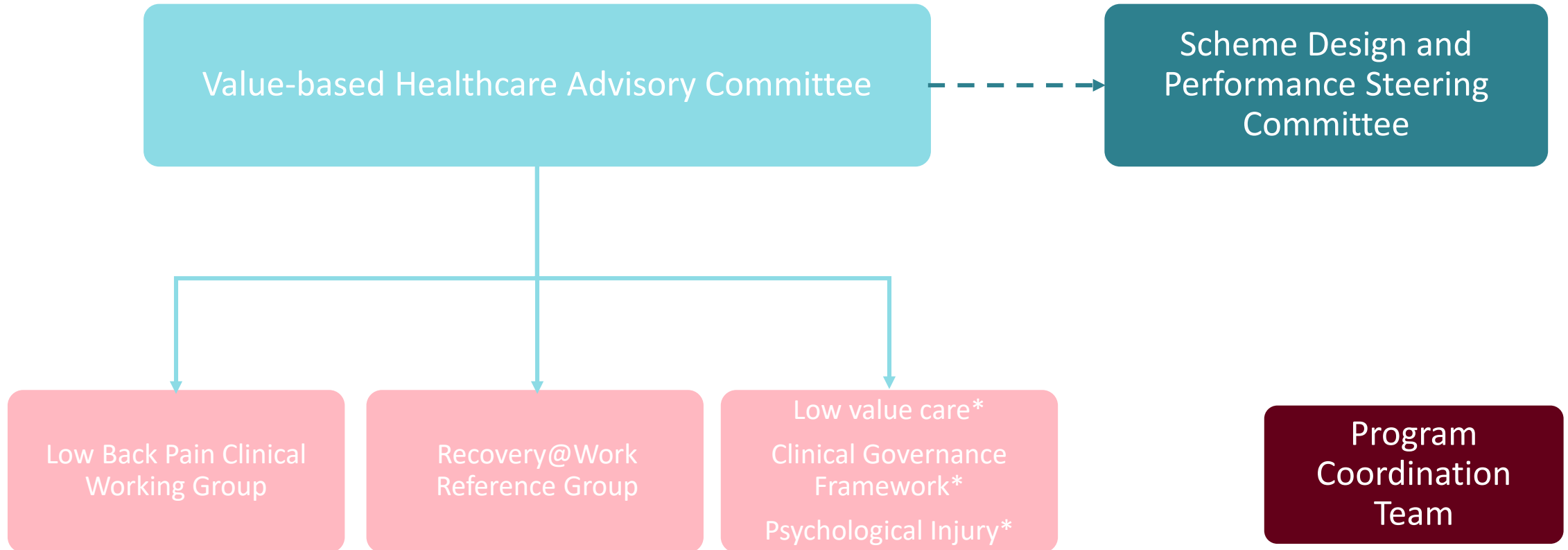
Admin and leakage

- Identifying low value care
- Fee reforms
- Alignment of allied health recovery request form

Capability

- Improve internal capability
- Consultation and presentations to stakeholders

Value-based healthcare governance model



***to be established**

How will we measure success?

The *Value-based Health Outcomes Framework* underpins our delivery of value-based healthcare. It provides a transparent and systematic approach to monitoring and reporting on the achievement of health outcomes.

It defines a set out outcomes to be delivered for healthcare that is provided within the personal injury schemes and a series of aspirational metrics by which progress towards these outcomes can be measured and accessed.



Physical and
mental health



Wellbeing



Injured person
experience and
accessibility



Safety and quality
of healthcare









Provider expertise,
delivery and
experience



Effectiveness and
efficiency of
healthcare

What are our indicators for success?

-  % of people meet their pre-injury health when exiting the WC and CTP schemes
-  in return to work rate
-  satisfaction rate for injured people and healthcare providers
-  in the length of time injured people spend in the WC and CTP schemes
-  % of injured persons on high risk medication
-  prevalence of low value care

Why are we focusing on low back pain?

Recent SIRA funded research found sub optimal outcomes for people with low back pain in the WC scheme who receive surgery, including:

- High rates of additional surgery
- Ongoing need for pain medicine at 2 years post-surgery
- Low return to work rates (RTW)
- High cost of treatment, average cost of \$35.5k



\$400m

average lifetime claims cost
for the back injury cohort
each year

Back injuries
account for
approximately:

25%

of all
musculoskeletal
injuries

18%

of all injuries in
the WC scheme

“People in the WC & CTP schemes experiencing higher degrees of pain are more likely to report poor customer experience, lower trust & reduced perceptions of fairness in the scheme”

(Customer Experience Trust & Outcomes Study, 2020)

How will the model of care address the issue?

The MoC is a primary care based model. The primary care team members are considered to include the patient & their family, treating GP & practice nurse, and treating AHP's

It provides different care pathways for people with LBP based on a triage approach in which the result of an initial assessment determines which care pathway is suitable for each patient.

Pathway A – non-specific low back pain

Pathway B – acute low back pain with progressive neurological loss

Pathway C – acute low back pain with leg pain, or

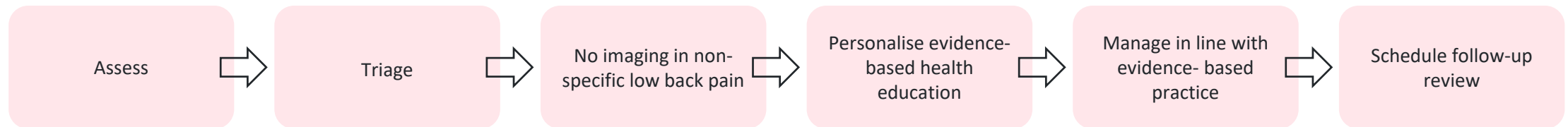
Referral to multidisciplinary pain management program

The MoC will support people to receive VBHC through the early assessment, management, review and appropriate referral of people with back injury in the NSW personal injury schemes.



It aims to ensure that people get the right care, at the right time, in the right place and by the right team

The MoC is underpinned by basic standards of care in six areas:



Back injury implementation plan

Phase 1: Implementation

MoC launch

- MOC & injured person resource endorsed and published
- Health pathway updated
- Patient reported outcome measures (PROM) published
- Patient reported experiences published (PREM)

Embedding into practice

- Training & resources developed using expert clinician opinion leaders (APA, RACGP)
- Partnering with PHNs to localise MOC to GPs
- Insurer – embedding into practice (webinars, training, procedures, guidance)
- Employee & Union planning re messaging and access to care

Phase 2: Digital Solution Development

Digital solution options

- Collaborate with GPs and health providers to develop a digital solution for scheme navigation and access
- Capture and reporting of PROMs & PREMs

Deliver digital platform

- Complete digital platform delivery
- Commence monitoring of key indicators via dashboard.

What is next for value-based healthcare?



